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Health and Wellbeing Board

Thursday, 9th December, 2021 at 9.30 am

in Council Chamber Council Offices
Market Street Newbury

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Date of despatch of Agenda: Wednesday, 1 December 2021

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
e-mail: gordon.oliver1@westberks.gov.uk

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

West Berkshire Health & Wellbeing Board

West Berkshire Council

To: Zahid Aziz (Thames Valley Police), Raghuv Bhasin (Royal Berkshire NHS Foundation Trust), Councillor Dominic Boeck, Councillor Graham Bridgman, Shairoz Claridge (Berkshire West CCG), Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty, Matthew Hensby (Sovereign Housing Association), Paul Illman (Royal Berkshire Fire & Rescue Service), Dr Abid Irfan (Berkshire West CCG), Jessica Jhundoo Evans (Corn Exchange), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director - Communities 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 Joanne Stewart, Katie Summers (Berkshire West CCG) and Councillor Martha Vickers (Shadow spokesperson for H&WB)

Agenda

Part I

Page No.

1 **Apologies for Absence** 7 - 8
To receive apologies for inability to attend the meeting (if any).

2 **Minutes** 9 - 20
To approve as a correct record the Minutes of the meeting of the Board held on 30 September 2021.

3 **Actions arising from previous meeting(s)** 21 - 22
To consider outstanding actions from previous meeting(s).

4 **Declarations of Interest** 23 - 24
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.

The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings:

- Councillor Graham Bridgman – Governor of Royal Berkshire Hospital NHS Foundation Trust, and Governor of Berkshire Healthcare NHS Foundation Trust; and

- Andrew Sharp – Chair of Trustees for West Berks Rapid Response Cars

Items for discussion

Strategic Matters

Operational Matters

Other Information not for discussion

20 **Future meeting dates**

- 17 February 2022
- 19 May 2022

Sarah Clarke
Service Director: Strategy and Governance

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

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Health & Wellbeing Board – 09 December 2021

Item 1 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 30 SEPTEMBER 2021

Present: Zahid Aziz (Thames Valley Police), Raghuv Bhasin (Royal Berkshire NHS Foundation Trust), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Graham Bridgman (Chairman) (Executive Portfolio: Deputy Leader and Health & Wellbeing), Councillor Lynne Doherty (Leader of Council), Matthew Hensby (Sovereign Housing Association), Councillor Owen Jeffery (Shadow Portfolio Holder: Health and Adult Social Care), Jessica Jhundoo Evans (Corn Exchange), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director - Communities and Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Joanne Stewart (Executive Portfolio: Adult Social Care) and Katie Summers (Berkshire West CCG)

Also Present: Christine Elsasser (Democratic Services Officer), Susan Halliwell (Executive Director - Place), Dom Hardy (Royal Berkshire NHS Foundation Trust), Councillor Rick Jones, Gordon Oliver (Corporate Policy Support), Carolyn Richardson (Civil Contingencies Manager), Michelle Sancho (Principal EP & Service Manager) and Janet Weekes (Housing)

Apologies for inability to attend the meeting: Paul Illman, Dr Abid Irfan (Vice Chairman), Gail Muirhead, Meradin Peachey, Andy Sharp and Councillor Martha Vickers

Councillor(s) Absent:

PART I

The Chairman noted that Meradin Peachey was due to leave her post in November. He thanked her for her work with the Health and Wellbeing Board and on behalf of Public Health in West Berkshire.

The Chairman also noted that Kamal Bahia was due to leave her post at the end of September. He thanked her for her contribution as Chairman of the Health and Wellbeing Engagement Group (including organisation of the annual conference) and her contribution to the Health and Wellbeing Board Steering Group.

40 Minutes

The Minutes of the meeting held on 22 July 2021 were approved as a true and correct record and signed by the Chairman.

41 Actions arising from previous meeting(s)

Progress was noted as follows:

151 - The employer representative remained vacant. The Local Enterprise Partnership had been approached, but had declined due to uncertainty about their future. Councillor Owen Jeffery proposed approaching British Gas and SSE as major employers. The Chairman noted that AWE had also been proposed and encouraged Board Members with links to these organisations to make approaches.

153 – The peer review would be undertaken in 2022.

160 – Phase 1 of the Covid Recovery Dashboard was complete and Phase 2 would be completed using local data.

164 – Review of Continuing Healthcare would report back in December.

165 – The transition between CYP and adult mental health services would be addressed as part of the Health and Wellbeing Strategy.

168 – Discussions regarding local data had not happened due to leave and illness.

169 – Discussions on joint working between PPP and HWEG had not happened.

171 – Iain Wolloff had agreed to provide an update on the work of the Skills and Enterprise Partnership at the December meeting.

42 Declarations of Interest

There were no declarations over and above the standing declarations of interest .

43 Public Questions

A full transcription of the public and Member question and answer sessions is available from the following link: Transcription of Q&As.

a) The question submitted by Paula Saunderson on the subject of the breakdown by age bands and care types of long-term care clients reported in Key Influencer measure 35.
b) The question submitted by Paula Saunderson on the subject of the main sources of ailments giving rise to the increase in the number of long-term care clients supported by West Berkshire Council Adult Social Care.
c) The question submitted by Paula Saunderson on the subject of capacity in West Berkshire managed care homes for those in the later stages of Dementia who are self-funding their care.
d) The question submitted by Paula Saunderson on the subject of the supply of adapted housing for older adults available for private rental or private purchase, including advice on any sources available for those not on Housing or Adult Social Care registers.

44 Availability of GP Appointments for Residents

[The Chairman agreed to bring this item forward in the agenda.]

Richard Wood (CEO of Berkshire, Buckinghamshire and Oxfordshire Local Medical Council) gave a presentation on the Availability of GP Appointments (Agenda Item 11. Key points included:

- GP numbers were falling, with 1 in 15 permanent salaried partners leaving or retiring since 2016.
- In Berkshire, GP patient lists sizes had increased by 186% since 2014.
- The list sizes were 150% above the threshold where it had been shown there was a decline in patient health outcomes.
- At the same time as GP numbers were declining, patient demand was increasing.
- Safe workloads were agreed to be 25 consultations per day for simple matters, or 15 per day for complex cases - within Berkshire, GPs were averaging 32 consultations per day.
- Some GPs had had to deal with 76 consultations per day, which was neither sustainable nor safe.

- Clinical encounters only comprised 20% of medical record entries in patient notes – the remainder included workflow around patient care (e.g. reading letters, processing lab reports, documenting discussions with colleagues, etc).
- NHS England data only captured data in relation to booked appointments – it did not count the other 80%.
- November 2020 was busier than the preceding year, but since November 2020, there had been a further 23% increase in activity. This had mostly been related to workflow around patient care. This may be attributable to transfer of work from hospitals and patients remaining on waiting lists for longer. Also, there was more administration (e.g. letters from patients).
- Demand was outstripping supply across the whole health system, including A&E and Outpatients Departments.
- Remote consultations were universal across the healthcare system and it was inappropriate to single out GPs for doing this.
- General practice operated under an independent contractor model and partners had unlimited liability for their business.
- GPs chose how they delivered their services to align best with their patient populations and the sustainability of their businesses.
- Clinical triage was critical when demand outstripped supply in order to identify those most vulnerable and in need.
- Telephone consultations were invaluable to identify who should be contacted first or seen face-to-face. They were also more convenient for patients, allowing them to get on with their day and minimising transport.
- Messages about returning to face-to-face consultation undermined safety.
- Practices were also using 'bottom-slicing' to allocate minor medical tasks to others such as paramedics, minor ailment practitioners, or pharmacists.
- Patients were able to submit queries online rather than booking an appointment. Some practices got up to 700 letters / online messages on a Monday morning.
- Telephone consulting was very efficient – 8 minutes vs 14 minutes for a face-to-face consultation for the same ailment. This freed up more time for dealing with the workflow around patient care.
- More than 90% of diagnoses were made on the basis of history alone, including what the patient described – it was unusual that a face-to-face consultation changed the formulation or management plan.
- It was accepted that a doctor's touch may be considered part of the therapy.
- Remote consultations were heavily pushed as part of GP contracts pre-pandemic, with the expectation that it would be increased over time.
- If individual practices had particular issues with access, this was usually because there was a particular issue at the practice that needed support from the LMC and commissioners.
- NHS England changed data capture in relation to consultations in Summer 2020, so pre- and post-pandemic data could not be compared.
- GPs and receptionists were getting a lot of abuse from the media and a minority of patients and this must be challenged at every level.
- GP practices must be supported to make their own decisions about how they managed access, which was their contractual right.
- The public needed to be educated about hybrid models and new ways of working.
- Hospital colleagues needed to stick to interface protocols so GPs did not end up doing their work as well as their own.
- The long-term solution was to reallocate resource to core GP work of seeing patients.

Councillor Rick Jones asked what was being done in terms of GP recruitment. He also asked how Social Prescribers could help to manage demand.

Richard Wood noted that GP recruitment had been an issue for years and there was insufficient funding for retainer schemes. He stressed that it was important to for junior doctors to have more exposure to general practice as part of their training. He explained that the work demand had increase and the contract value had been squeezed to such an extent that it was no longer an attractive proposition – Dr Wood worked 12-14 hours per day, but was only paid for 8 hours. An audit of a busy city practice had shown that for every 4 hours of contracted time, GPs were logged onto medical notes for 6 hours 40 minutes.

Richard Wood indicated that he had found social prescribers useful for patients where he was unable to do anything. However, they did not help to address medical issues.

Councillor Lynne Doherty was sorry to hear about the abuse that GPs were facing. She suggested that residents were only hearing one side of the story from the media and asked what GP practices were doing on communications to aid public understanding about the issues GPs were facing. She also asked if there were any figures specifically for West Berkshire.

Richard Wood indicated that there were not enough practices contributing data to provide meaningful data for West Berkshire, and he did not want to expose individual practices to performance management.

Regarding communications, he had written to MPs to promote discussion, learning and understanding. He explained that each GP practice had its own access arrangement, but GPs struggled to find time to engage in communications. He was looking at how to support practices in educating people about their access policies. Elsewhere, there were media campaigns by the BMA and GP practices were putting up posters. He noted that press releases were not always picked up by the media.

Sean Murphy suggested that changes to triage and remote consultation coincided with the pandemic and the public were wrongly expecting things to return to pre-Covid conditions. He stressed the need for the public to understand that this was the 'new normal' and why new ways of working had been introduced.

Richard Wood agreed and while there was a need to protect against Covid, it was more about managing demand. He noted that the population was grieving for what had been lost and it was normal to lash out. Therefore it was a natural phase of recovery, but there was a need to limit the damage to the profession.

Councillor Jo Stewart indicated that she was an advocate of the hybrid model of working and recognised the benefits for her as a patient. She asked what the Board could do to help with the media issue.

Richard Wood indicated that this was a new area for him and he would be grateful for the views of Board Members on how best to tackle the issue.

Councillor Owen Jefferey noted that his daughter's GP surgery in Burnham had used WhatsApp to disseminate information throughout the pandemic, which had been useful. He suggested that this could be template for others to use.

Richard Wood felt the most successful campaigns would be led by the practices. He noted that local media were more supportive than national outlets.

The Chairman indicated that his GP practice used Facebook to communicate with patients, which was good, but their online booking system allocated appointments two weeks out and failed to mention that urgent appointments were still available.

Andrew Sharp noted that there was perfect storm of conditions. He suggested that the board had levers to help and the health service should not be left on its own to cope. He indicated that the communications deficit was systemic across the NHS and it was not seen as a priority area for funding. Also, he highlighted that NHS campaigns repeatedly told people to visit their GP rather than their local health provider. He noted that the public had gone from clapping the NHS to giving them abuse. This needed comms professionals to address the issue and he advocated using Healthwatch services to talk to patients. He suggested that the NHS tended to make changes and just expected the public to know.

Richard Wood accepted that comms had to be refined, so people understood what GPs did / did not do. He concluded by suggesting that children needed education on how to self-manage minor conditions.

Katie Summers gave a separate presentation setting out the impact of Covid-19 on primary care:

- Demand had increased with easing of restrictions.
- Pressures were linked to a backlog in demand and extra secondary care work.
- She showed a table setting out the change in monthly activity by GP surgery across Berkshire West since the start of the pandemic – this showed that the Kennet PCN had experienced a 17% increase vs a 149% increase for West Berkshire Rural PCN.
- There had been an overall increase in the number of telephone and face-to-face consultations across Berkshire West.
- The expectation was for more practices to triage consultations going forward.
- The CCG was building up intelligence about Primary Care activity and report on activity other than consultations.
- The access points to GPs had increased (e.g. 111 call handlers were now able to book into Primary Care).
- Efforts were being made to standardise telephone messaging for GP practices.
- An extra £1 million had been allocated to Berkshire West GPs to increase capacity by 170 appointments per day until March 2022, with 50% of these as face-to-face appointments. This was in response to requests from the PCNs themselves. Longer term, the public needed to be educated about what was happening in Primary Care and how it was changing.
- There was a pilot with Royal Berkshire Foundation Trust's Emergency Department to allow them to book GP appointments.
- Community Pharmacy consultations were being established as an alternative to visiting GPs.
- A poster had gone out to GP practices about the differences in how GPs were working and asked if this could be promoted by the Council and partners.
- The CCG was concerned about the pressures that GPs were under and they were actively seeking to relieve these pressures.

Councillor Doherty noted that there were not enough GPs and asked how the additional 170 daily appointments would be delivered.

Katie Summers explained that the GP practices would be able to get in extra locum GPs. The PCNs had confirmed that the capacity was available. It was recognised that locums would not have historic knowledge of patients, so it was being seen as a 'sticking plaster solution'. Longer-term, more medical students had to be encouraged to see general practice as a career.

Andrew Sharp advocated increased use of pharmacists to relieve pressures on GPs. They could make referrals as appropriate. He also highlighted the lack of comms within the CCG's proposal and stressed that the Comms Team was very small. He stressed that comms were critical to counter national media outlets.

Katie Summers acknowledged that the Comms Team was depleted. She indicated that she would raise the matter with the Integrated Care Team.

Action: Katie Summers to raise the issue of comms with the ICP.

45 Berkshire Suicide Prevention Strategy 2021 - 2026

[The Chairman agreed to bring this item forward in the agenda.]

Sushma Acquilla presented the Suicide Prevention Strategy 2021 – 2026 (Agenda Item 9) and explained that it had been written by Karen Buckley who was now on maternity leave. Key points from the presentation included:

- The strategy would apply across Berkshire.
- Strategy principles were:
    1. Reduce suicide in high-risk groups
    2. Tailor approaches to improve mental health in specific groups
    3. Reduce access to means
    4. Information and support to those bereaved or affected by suicide
    5. Promote sensitive media reporting
    6. Support research, data collecting and monitoring
    7. Self-harm
- The Strategy was a refresh of the 2017-2020 version.
- It utilised the experience of the Suicide Prevention Steering Group.
- It was informed by professionals who supported those directly affected by suicide.
- A Working Group was set up to identify priorities, derived from local data, intelligence and information.
- A Steering Group subgroup defined content for each priority and provided regular updates to the Steering Group.
- ONS and RTSS data was used with data from audits on suicide prevention, NHS 0-25, and a deep dive session on female suicides. The impact of Covid-19 was also considered.
- The vision was: 'To reduce deaths by suicide in Berkshire across the lifecourse and ensure better knowledge and action around self-harm'.
- Key focus areas were:
    1. Children and young people
    2. Women
    3. Self-harm
    4. Economic pressures
    5. People bereaved or affected by suicide

Councillor Dominic Boeck noted that young people may be influenced to self-harm or take their own life through social media. He asked if this was addressed in the Strategy.

Sushma Acquilla stated that Children and Young People were a key focus. She did not think social media was mentioned in the strategy, but recognised the importance of the issue.

Councillor Doherty expressed surprise and disappointment that there had been no public consultation, and that this had been a lost opportunity to raise awareness of the Strategy.

Also, she noted that there were only 3 out of 60 people on the Steering Group from West Berkshire.

Garry Poulson stated that the West Berkshire Suicide Prevention Action Group had attended as many of the meetings as possible (80%+) and Rachel Johnson from West Berkshire Council's Public Health Team had also been attending. Others had attended on an ad hoc basis.

Councillor Adrian Abbs noted that the suicide rate for men was twice that for women and asked why women were a key focus of the Strategy.

Sushma Acquilla explained that for Berkshire as a whole, suicide rates were higher for women.

Katie Summers asked if there was a Delivery Plan for the Strategy.

Garry Poulson agreed that there needed to be actions on the ground. In West Berkshire, a zero tolerance approach to suicide had been adopted. A local Steering Group had been established four years ago with a wide membership. They had: run training sessions for front-line workers and business owners; given talks at various clubs; organised signs to be erected at key sites; developed a website to provide immediate and non-immediate support; an outreach worker had been employed; and, through the Surviving to Thriving Fund, the outreach worker was being trained to be a frontline trainer.

Andrew Sharp commended the work undertaken, but noted that there was a deficit in how suicide was discussed within the health community, since it tended to sit in Secondary Care and it was rarely discussed in Primary Care. He noted that there were new roles coming into Primary Care specifically to deal with Mental Health and so there was an opportunity to join things up.

Sushma Acquilla stressed that this was a Berkshire-wide Strategy, and it would be presented to each local authority in turn. It could either be presented in its current form or amended prior to adoption.

The Chairman proposed that the Strategy be adopted. This was seconded by Councillor Jo Stewart. At the vote, the motion was carried.

RESOLVED that: the Berkshire Suicide Prevention Strategy 2021-2026 be adopted.

46 ICP Priority - Rapid Discharge Programme

[The Chairman agreed to bring this item forward in the agenda.]

Dom Hardy (Chief Operating Officer of Royal Berkshire Foundation Trust) gave a presentation on the ICP priority around Rapid Community Discharge (Agenda Item 12). Key points from the presentation included:

- The scheme sought to ensure that patients were discharged from all hospital settings as soon as they were ready.
- It applied national guidance that was introduced (with additional funding) in April 2020.
- It included a Discharge to Assess approach – rather than patients waiting in hospital to be assessed, patients were discharged to their own home with assessment preformed there.
- The scheme covered all of the Berkshire West Local Authorities, Berkshire Healthcare Foundation Trust and Royal Berkshire Foundation Trust.
- It focused on four pathways:
    - 0 – patients with no ongoing care needs
    - 1 – patients in need of domiciliary care

  - 2 – patients needing rehabilitation in community hospital beds
  - 3 – patients requiring residential care
- Benefits included:
  - Improve outcomes for patients around infection, independence, mental health and muscle conditioning
  - Equality of support when leaving hospital.
  - Opportunity to make decisions away from a hospital setting.
  - Avoids delay for self-funders who find it challenging to source alternative support of who are concerned about the cost of care.
- At Royal Berkshire Hospital, there had been a marked reduction in the number of patients waiting more than 7 days and those waiting more than 21 days for discharge.
- Challenges to sustaining this model were:
  - Sustainable funding
  - Unintended consequences (e.g. high level of care need at discharge)
  - Capacity constraints in the care market
  - Increased numbers of patients awaiting discharge on a daily basis.
- The scheme would remain in place until the end of 2021-22 –discussion about extending it were ongoing within the ICP.

Dom Hardy asked how the Board could help to tackle current issues in the care market.

Councillor Jo Stewart noted the benefit that everyone received the same level of support when leaving hospital, but observed that this posed a huge challenge for the care market. She indicated that work was ongoing with partners in the ICP and work was underway in relation to care recruitment. While she accepted that getting people home as soon as possible supported their recovery, she did not wish to see the problem pushed from hospital to domiciliary care.

Dom Hardy indicated that he worked closely with Andy Sharp and his team. He was pleased at the commitment to continue to work on this issue, since the aim was to achieve the best and safest place for all residents, which was usually their own home. He felt that the more domiciliary care capacity could be increase the better it would be for everyone.

Councillor Adrian Abbs supported the approach, but asked who set the target and why it had been set for April 2020.

Dom Hardy explained that it was an internal target for Royal Berkshire Hospital and was used to challenge their teams.

Councillor Abbs asked if there was any pressure to change the target at that time due to Covid.

Dom Hardy confirmed that this was not the case and that it had been adjusted due to the sharp fall in admissions and the benefits that were being delivered.

47 Petitions

There were no petitions presented to the Board.

48 Membership of Health and Wellbeing Board

The Chairman asked Members to note that Raghuv Bhasin had replaced Dom Hardy as the representative of the Royal Berkshire NHS Foundation Trust.

49 Berkshire West Health and Wellbeing Strategy 2021 - 2030

Sarah Rayfield presented the final version of the Berkshire West Health and Wellbeing Strategy (Agenda Item 8) to the Board for endorsement. She noted that it had been in development since March 2020 and the Board had been provided with regular progress reports.

The Strategy set out five priorities underpinned by eight principles. A six week consultation had taken place between June and August 2021 and the results had been used to further refine the Strategy.

While the Strategy was shared across the three Berkshire West local authorities, each of the Health and Wellbeing Boards was responsible for implementation in its own area and work had started on a Delivery Plan for West Berkshire. This had been informed by a workshop in June and by further work with the Board's Sub-Groups and other stakeholders.

A first draft of the Delivery Plan was included with the Strategy for the Board's consideration. This included actions shared with the other local where there were clear advantages from working at the larger footprint. Discussions had taken place with the other Health and Wellbeing Boards to understand where actioned aligned and how governance would take place.

The Delivery Plan included timescales for implementation with targets and indicators to measure progress. It would have a three years life after which it would be reviewed and refreshed. Sarah Rayfield invited comments from the Board on the level of detail that they wished to see included.

Councillor Lynne Doherty noted that there was no group with oversight of the second priority relating to supporting individuals at high risk of bad health. She felt that if nobody was taking responsibility and ownership, then there was potential for delivery to get lost. She also suggested breaking down delivery by years and to identify 'quick wins'. She confirmed that she had no issue with the content of the Delivery Plan.

The Chairman also emphasised the importance of the Delivery Plan and noted that discussions had taken place within the Steering Group about how the Delivery Plan was formatted and potential use of specialist software such as Roadmunk.

Sarah Rayfield noted that the final version would be presented in a different format and agreed that it would be helpful to provide a breakdown by year and understand where the 'quick wins' were and which actions would be delivered in the longer term. She noted that there would be a discussion on the shape of the sub-groups and future governance.

RESOLVED that: the Board endorse the Berkshire West Health and Wellbeing Strategy 2021-2030 prior to submission of the Strategy to Council for formal approval.

50 Provision of Defibrillators in West Berkshire

[The Chairman agreed to bring this item forward in the agenda.]

The Chairman explained that a Councillor Adrian Abbs had put a motion to Council about the provision of defibrillators in West Berkshire (Agenda Item 14) and particularly the use of redundant phone boxes to house them. Council had referred the motion to the Health and Wellbeing Board for further consideration. He invited Councillor Abbs to speak on the motion and the associated report.

Councillor Abbs indicated that he was keen to take every opportunity to install defibrillators. He circulated a link to a database of defibrillator sites within West Berkshire.

He stressed that they had the potential to save lives and even if just one phone box was used the Council should position themselves to do this.

The Chairman indicated that he was in favour of installing more defibrillators provided they were in appropriately located. He stated that one had been installed in his parish following a Member's bid and he had been trained in their use.

RESOLVED that:

a) The Health and Wellbeing Board (via the Councils' Public Health Team) undertakes the following research/actions:

- Ask all town/parish councils to confirm the locations of telephone kiosks within the town or parish and whether they are in use or defunct and, if defunct, identify whether they have been adopted via the BT scheme, and if so by whom and for what purpose.
- Ask all town/parish councils to also identify publicly accessible Automated External Defibrillators (AEDs) within their local area and to check these against the locations on the Save a Life App, with any missing devices registered via The Circuit.
- A cost-benefit analysis to assess whether additional defibrillators should be provided and where any new devices would be most effectively deployed.
- Following that analysis, and where additional units are considered likely to be effective, to approach town/parish councils and local communities to identify suitable sites (including phone boxes), and to ask those respondents if they would be willing to take responsibility for the installation and ongoing maintenance of any new AEDs.
- An investigation into all available funding streams for new AEDs.
- Initial publicity to ensure residents are aware of existing AED locations and how to locate them in the event of encountering someone experiencing cardiac arrest.
- Consideration of funding a programme of First Aid training in schools and colleges and the wider community, to include the use of AEDs.

b) That following the research and a Report as to findings, the Board considers what recommendations should be made to Council (and possibly to other partners) in response to the Motion and as to how funding and resources can best be used to address the health and wellbeing needs of local residents.

51 Working with Refugees and Migrants in West Berkshire

Carolyn Richardson gave a presentation on recent work undertaken with refugees and migrants in West Berkshire (Agenda Item 10). Key points from the presentation were:

- The current focus was the Afghan resettlement and assistance programme set up by the Home Office, which had picked up pace since August.
- Evacuees had initially spent two weeks in hotels as part of the managed quarantine service.
- Due to the large numbers of families affected, the Home Office had then procured bridging / holding hotel accommodation, two of which were in West Berkshire.
- The Council had been given less than 24 hours' notice and it had been a significant challenge to prepare, since so little was known about the individuals involved.
- Three families would be resettled within West Berkshire.
- The families had arrived with nothing.
- There were many children and a number of pregnant women.

- There were concerns about their general health status:
    - Covid vaccines
    - Other routine vaccine status – MMR / flu
    - Basic screening – TB, smears, etc
    - Mental health and wellbeing
    - Dentistry
- There were language and cultural challenges, but there were significant numbers of translators within the group.
- They were keen to get on with their new lives and learn English.
- There had been an overwhelming amount of support (e.g. donations, teaching English, etc).
- There was a local authority liaison officer on site every day.
- Links had been made with the Community Furniture Project and Greenham Common Trust regarding donations of goods and money to cover everyday essentials.
- The Department of Work and Pensions was on site every day.
- The Clinical Commissioning Group had provided support for:
    - Registrations with GPs
    - Midwife engagement
- There had also been engagement from:
    - Health visitors
    - My Family First
    - Family Hub Teams
- Children had been placed in education/entertainment.
- Support had been provided with transport/basic integration.
- Current activities included:
    - Education programmes in schools/on site
    - Programme of integration for all (e.g. public transport)
    - Alleviation of boredom
    - Work with CCG around mental health
    - Work with voluntary sector and other specialists
    - Work with the Home Office over the next steps
    - Transitioning from 'critical incident' to core services management of the additional activity.
- Resettlement activity included:
    - Three homes offered in West Berkshire
    - Started matching process with the Home Office
    - Multi-agency coordination to ensure wrap-around care in place to support families.
    - The work has been based on that done for the Syrian programme in 2015, which had been successful.

(The Chairman noted that Councillor Lynne Doherty and Katie Summers had just left the meeting, so it was no longer quorate, but since no further votes were required, it was decided to carry on with the meeting.)

Councillor Jo Stewart thanked officers for taking on the challenge and going above and beyond what was expected of them. She also praised members of the public who had been very keen to be involved and offer help. Similarly, voluntary sector organisations had stepped forward to be involved.

Councillor Dominic Boeck echoed Councillor Stewart's comments and thanked officers for their efforts.

Janet Weekes confirmed that the first family would be rehomed by the following week.

52 ICP Priority - Emotional Health and Wellbeing for Children and Young People

It was agreed that this item be deferred to the next meeting.

53 Health and Wellbeing Conference

The Chairman explained that the Health and Wellbeing Conference had been scheduled for 15 October, but following the departure of Kamal Bahia, this had been deferred to 21 January. This would coincide with the launch of the Health and Wellbeing Strategy and associated Delivery Plan.

54 Members' Question(s)

There were no questions submitted by Members to this meeting.

55 Health and Wellbeing Board Forward Plan

The Chairman invited Members to contact Gordon Oliver with any proposed changes for the Forward Plan.

56 Future meeting dates

The dates for the 2021/22 Municipal Year were noted.

(The meeting commenced at 9.30 am and closed at 11.55 am)

CHAIRMAN …….

Date of Signature …….

Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Action	Action Lead	Agency	Agenda item	Status	Comment
153	24/09/2020	Seek another peer review of Health and Wellbeing Board.	Cllr Graham Bridgman	WBC	Health and Wellbeing Board Meetings	**On hold**	To be undertaken post-Covid.
160	28/01/2021	Develop Covid Recovery Dashboard Tracker to monitor the broader effects of the pandemic on our community	Matt Pearce	WBC	Member Questions	**In progress**	Phase 1 is complete, which involves key data sets for nationally available data: https://westberkshire.berkshireobservatory.co.uk/coronavirus Further work will be done to add other local data sets as part of Phase 2, which is yet to start.
164	20/05/2021	CCG to undertake a review of Continuing Health Care and its local application with a view to harmonising this across the Berkshire West footprint and to understand the reasons for the awarding of eligibility.	Katie Summers / Niki Cartwright	CCG	Public Questions	**Complete (30/11/2021)**	Review completed in November with a report back to Health and Wellbeing Board in December 2021.
165	20/05/2021	Ensure the Strategy addresses the transition between mental health services for children and young people and for adults.	Sarah Rayfield	WBC	Joint Health and Wellbeing Strategy	**In progress**	"Improving the process of transition to adult mental health services" is a specific objective in the Strategy. This will be reflected in the Delivery Plan.
166	20/05/2021	Co-ordinate activity between the Inequalities Taskforce and the Integrated Care Partnership's Prevention and Health Inequalities Board.	Sarah Rayfield	WBC	Inequalities Taskforce	**In progress**	The Taskforce will be engaging with the Prevention and Health Inequalities Board as part of delivery of the Health and Wellbeing Strategy. This will help to ensure alignment across the system and also set the foundations for coordination of activity going forward.
168	22.07/2021	Public Health and CCG to discuss data availability for the Covid Recovery Dashboard	April Peberdy / Katie Summers	WBC / CCG	Covid Recovery Dashboard	**In progress**	Preliminary discussions have taken place
169	22/07/2021	Public Protection Manager and HWEG Chair to discuss potential for joint working / learning on communications	Sean Murphy / Kamal Bahia	PPP / HWEG	Health and Wellbeing Board Engagement Group Communications Toolkit	**On hold**	Awaiting appointment of new HWEG Chair.
171	22/07/2021	SEP representative to be invited to a future meeting of HWB to provide an update on work being undertaken to promote sustained employment of people from under-represented groups.	Gordon Oliver	WBC	Delivering the Health and Wellbeing Strategy Q4 2020/21	**Complete (30/11/2021)**	Iain Wolloff to update to Health and Wellbeing Board in December 2021
172	30/09/2021	Investigate whether Key Influencer Measure 35 can be presented as a clustered stat column chart.	Cllr Jo Stewart	WBC	Public Questions	**Complete (16/11/2021)**	The request has been reviewed by the Performance Research and Consultation Team. There is currently no operational need for data to be presented in this way and the information is published annually by NHS Digital. The PRC Team is happy to provide data
173	30/09/2021	Look at the existing supply of adapted housing for Older Adults which might be available for private rental or private purchase, including advice on any sources that are currently available for those not on Housing or Adult Social Care registers	Cllr Jo Stewart / Janet Weekes	WBC	Public Questions	**Complete (03/11/2021)**	Janet Weekes contacted Paula Saunderson to discuss this in more detail. This will be dealt with in the Housing Strategy and Delivery Plan as an action.
174	30/09/2021	Consider how Priority 2 of the Health and Wellbeing Strategy can best be managed	Sarah Rayfield	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	**In progress**	This is being considered as part of the Terms of Reference for HWB Steering Group
175	30/09/2021	Provide a breakdown of the delivery plan by year and identify quick wins	Sarah Rayfield	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	**In progress**	Quick wins identiffied - a full breakdown by year will be provided once the Delivery Plan is transposed to its final programme management software.
176	30/09/2021	Raise the issue of inadequate comms with the ICP	Katie Summers	CCG	Availability of GP Appointments for Residents	**In progress**	
177	30/09/2021	Public Health Team to undertake research regarding the locations of existing AEDs, undertake cost benefit analysis, investigate available funding and prepare a report on defibrillators to a future Health and Wellbeing Board.	Matt Pearce / April Peberdy	WBC	Provision of Defibrillators in West Berkshire	**On hold**	This has been put on hold due to current work pressures

Last Updated: 01 December 2021

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Health & Wellbeing Board – 09 December 2021

Item 4 – Declarations of Interest

Verbal Item

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Public Questions to be answered at the Health and Wellbeing Board meeting on 09 December 2021.

Members of Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.

(a) Question submitted to the Portfolio Holder for Adult Social Care by Karen Swaffield:

"What is the total number of children currently in temporary accommodation in West Berkshire, how many families does this relate to, how many families are there by ward and what are the trends for these statistics?"

(b) Question submitted to the Portfolio Holder for Adult Social Care by Karen Swaffield:

"What is the shortest, longest and average time that a family has been in temporary accommodation in West Berkshire, and what are the trends for these statistics?"

(c) Question submitted to the Portfolio Holder for Adult Social Care by Paula Saunderson:

"Please can the report from West Berkshire CCG in relation to the CHC scheme be referred to an appropriate WBC Scrutiny Board as soon as possible?"

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Health & Wellbeing Board – 09 December 2021

Item 6 – Petitions

Verbal Item

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Health & Wellbeing Board – 09 December 2021

Item 7 – Membership of Health & Wellbeing Board

Verbal Item

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The Berkshire West Health and Wellbeing Strategy 2021 – 2030

Report being considered by:	Health and Wellbeing Board
On:	09 December 2021
Report Author:	Sarah Rayfield
Report Sponsor:	Matt Pearce
Item for:	Decision

1. Purpose of the Report

To present the Berkshire West Health and Wellbeing Strategy 2021 - 2030 and the accompanying delivery plan for how the Strategy will be implemented in West Berkshire.

2. Recommendation(s)

2.1 For the Health and Wellbeing Board to formally adopt the Health and Wellbeing Strategy 2021 – 2030.

2.2 For the Health and Wellbeing Board to note the update on the development of the delivery plan for the implementation of the strategy in West Berkshire.

3. Executive Summary

3.1 The Berkshire West Health and Wellbeing Strategy 2021 – 2030 has been developed through a process of data analysis, stakeholder engagement, prioritisation and public engagement and consultation.

3.2 The new strategy includes five health and wellbeing priorities:

(1) Reduce the differences in health between different groups of people

(2) Support individuals at high risk of bad health outcomes to live healthy lives

(3) Help families and children in early years

(4) Promote good mental health and wellbeing for all children and young people

(5) Promote good mental health and wellbeing for all adults.

4. Supporting Information

4.1 The Berkshire West Health and Wellbeing Strategy 2021 – 2030 will be shared by Reading, Wokingham and West Berkshire local authority areas over the next ten years. Each of the three local authority areas have their own delivery plan describing how the strategy will be implemented in each area.

4.2 The delivery plan for West Berkshire has been developed through engagement with stakeholders and partners across the system, including members of the Health and Wellbeing Board Steering Group and its sub-groups. It includes actions that will be taken at a West Berkshire level, but also actions at a Berkshire West level, where there are clear benefits to working at scale across a larger geographical footprint.

4.3 Development of the delivery plan at a Berkshire West level has been challenging due to the current ongoing response to the coronavirus pandemic, including operational demands on stakeholders to deliver the vaccination programme alongside the changes happening across the Integrated Care System and development of Place Based Partnerships. Therefore, these conversations and development of actions are ongoing.

4.4 The delivery plan will remain as a live document, reflecting that actions continue to be developed. It is proposed that there will be an annual light touch review on progress made against actions, incorporating national priorities and initiatives as they emerge. In addition, there will be a formal refresh of the delivery plan, after the first three years of the Strategy.

4.5 The following groups will take ownership of delivering the new priorities in West Berkshire:

Reduce the differences in health between different groups of people	Health Inequalities Taskforce
Support individuals at high risk of bad health outcomes to live healthy lives	Actions within this priority are owned by a number of groups including: • Dementia Friendly West Berkshire • Communities and Wellbeing • Carer's Strategy Group • MH/LD Board for Berkshire West • Berkshire West CCG • Local Integration Board • Homelessness Strategy Group • West Berkshire Domestic Abuse Board
Help children and families in early years	Children's Delivery Group
Promote good mental health and wellbeing for all children and young people	Children's Delivery Group
Promote good mental health and wellbeing for all adults	Mental Health Action Group Suicide Prevention Action Group

4.6 It is proposed that the Health and Wellbeing Board Steering Group monitors progress against the actions contained within the delivery plan though exception reporting. Regular updates will be provided to the Board itself, with a proposal to consider having a focus on one priority area at each Board meeting. Further input into the delivery plan by the Board will be via informal Health and Wellbeing Board Workshops.

4.7 This Strategy will be resourced through a number of different mechanisms:

(a) Funded through existing resources and ongoing workstreams

(b) Public Health Grant

(c) National or Government grants as appropriate

(d) The resource for some pieces of work has not yet been identified, but these conversations will continue as actions are developed.

4.8 The next steps for the Health and Wellbeing Strategy include the following:

(1) To identify the most appropriate programme management software to use for the delivery plan.

(2) To develop a series of high level indicators to monitor progress of the Strategy and impact it has over the next ten years.

(3) To continue the ongoing discussion about governance of the Strategy at a Berkshire West level.

(4) Discussions will continue, alongside the new Director of Public Health of Berkshire West, to further consider economies of scale and where shared actions are appropriate across Berkshire West.

5. Options Considered

5.1 To accept the Berkshire West Health and Wellbeing Strategy 2021 – 2030

OR

5.2 To not accept the Berkshire West Health and Wellbeing Strategy 2021 - 2030

6. Proposal(s)

6.1 For the Board to adopt the Berkshire West Health and Wellbeing Strategy 2021 - 2030.

6.2 For the Board to receive the information and update on the development of the delivery plan for implementation of the Strategy in West Berkshire.

7. Conclusion(s)

This paper presents the Berkshire West Health and Wellbeing Strategy 2021 – 2030 along with the delivery plan for West Berkshire.

8. Consultation and Engagement

8.1 Key stakeholders have been consulted through monthly steering group meetings during the Strategy development and also as part of the development of the delivery plan by engaging with the individual subgroups of the Health and Wellbeing Board.

8.2 This Health and Wellbeing Strategy was developed with extensive public engagement, including a three month period of public engagement to develop the priorities themselves. There has also been a six week public consultation on the final Strategy itself.

9. Appendices

Appendix A – The Berkshire West Health and Wellbeing Strategy 2021 – 2030

Appendix B – West Berkshire Delivery Plan

Background Papers:

None

Health and Wellbeing Priorities Supported:

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

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy priority / priorities as this paper describes the Strategy itself and the delivery plan for how the Strategy will be implemented in West Berkshire.

BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030











Reading Borough Council
Working better with you

West Berkshire Council

Wokingham Borough Council

CONTENTS

INTRODUCTION

Health and wellbeing are fundamental for individuals and communities to be happy and healthy; providing the foundations to prosperous societies. Wellbeing has been defined as a state in which every individual can realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their economy[1].

Reading, West Berkshire and Wokingham Health and Wellbeing Boards (HWBs) bring together local leaders from the health and social care system, along with voluntary and community organisations, in shared work to improve the health and wellbeing of their local residents.

Each Health and Wellbeing Board has a statutory duty to produce a Health and Wellbeing Strategy, providing a commitment to improving health and wellbeing by setting out priorities for where members of the Board will work together in planning and delivering local services.

The three HWBs come together with the Berkshire West Integrated Care Partnership (ICP) to promote integrated working and strive to secure improvements in population health.

In 2019, the HWBs for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health.

Although each of the individual Health and Wellbeing Boards for Reading, West Berkshire and Wokingham are responsible for their own residents, all three boards have populations in common, with people living, working, socialising and being educated across the three local authorities.

This Strategy has been developed by working closely with local partners from health, social care, local authorities and the voluntary sector along with residents of the three areas. Our Strategy is ambitious, it identifies five key areas in which we will make a difference to people's lives. It takes a ten-year view, understanding that we need a long-term perspective in order to drive real change on the underlying causes of poor health and wellbeing. It seeks to bring together individuals and communities along with professionals in a shared direction, targeting work and resources where they are needed and where we know we can have an impact.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021 – 2030 establishes our priorities for the system, and aims to enable all of our residents to live happier and healthier lives.

INTRODUCTION

Reading, West Berkshire and Wokingham make up Berkshire West – an area stretching from rural communities and local, vibrant market towns in West Berkshire and Wokingham, to the commercial urban hubs located in Reading.

The three localities of Berkshire West hold a population of over 500,000 people. It is an area of great diversity and rich culture, representing all age demographics, religious affiliations and ethnicities.

Across the three localities, people travel to work, go to school, socialise and engage with activities and attractions, and as neighbouring local authorities, the residents of Reading, West Berkshire and Wokingham share many services in common including the Berkshire Healthcare NHS Foundation Trust.

East Ilsley Volunteer group

READING

161,780
Total Resident Population

100%
Urban population

12.5%
Population aged 65+

25.3%
Ethnically diverse population

69%
Children achieving a good level of development at early years

7,090
Total number of businesses

9.6%
Full time students age 18+

Unemployment rate
3.6%

7.9%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

50.2%
People with very good health

Data collected from multiple sources.
Sources found in Appendix A.

WEST BERKSHIRE

158,450
Total Resident Population

63%
Urban population

19.3%
Population aged 65+

5.2%
Ethnically diverse population

75%
Children achieving a good level of development at early years

8,800
Total number of businesses

2.1%
Full time students age 18+

Unemployment rate
2.4%

9.3%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

51.6%
People with very good health

Data collected from multiple sources.
Sources found in the Appendix A.

WOKINGHAM

83%
Urban population

171,119
Total Resident Population

17.6%
Population aged 65+

11.6%
Ethnically diverse population

77%
Children achieving a good level of development at early years

9,005
Total number of businesses

3.2%
Full time students age 18+

Unemployment rate
2.35%

9.0%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

54.3%
People with very good health

Data collected from multiple sources.
Sources found in Appendix A.

WORKING TOGETHER: OUR LOCAL SYSTEM

The three Health and Wellbeing Boards for Reading, West Berkshire and Wokingham work both alongside and within the Berkshire West Integrated Care Partnership (BWICP), allowing collaboration between health and social care organisations to improve all services for the local residents.

Established in April 2019, the BWICP brings together seven public sector organisations that are responsible for the health and social care of Reading, West Berkshire and Wokingham residents, providing joined up and better coordinated care in the process.

The BWICP comprises of the Berkshire West Clinical Commissioning Group (BWCCG), Reading Borough Council, West Berkshire Council, Wokingham Borough Council, Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust and South-Central Ambulance Foundation Trust. This integrated system ensures people can smoothly access care across a number of different settings, moving between institutions and support settings as needed.

This shared strategy will serve to ensure greater collaboration between these organisations, empowering and supporting people to take care of their own health and wellbeing and also making sure that all services meet the diverse health and care needs of our residents.

Newbury Rugby Club delivering food parcels during the pandemic (2020)

OUR CHALLENGES

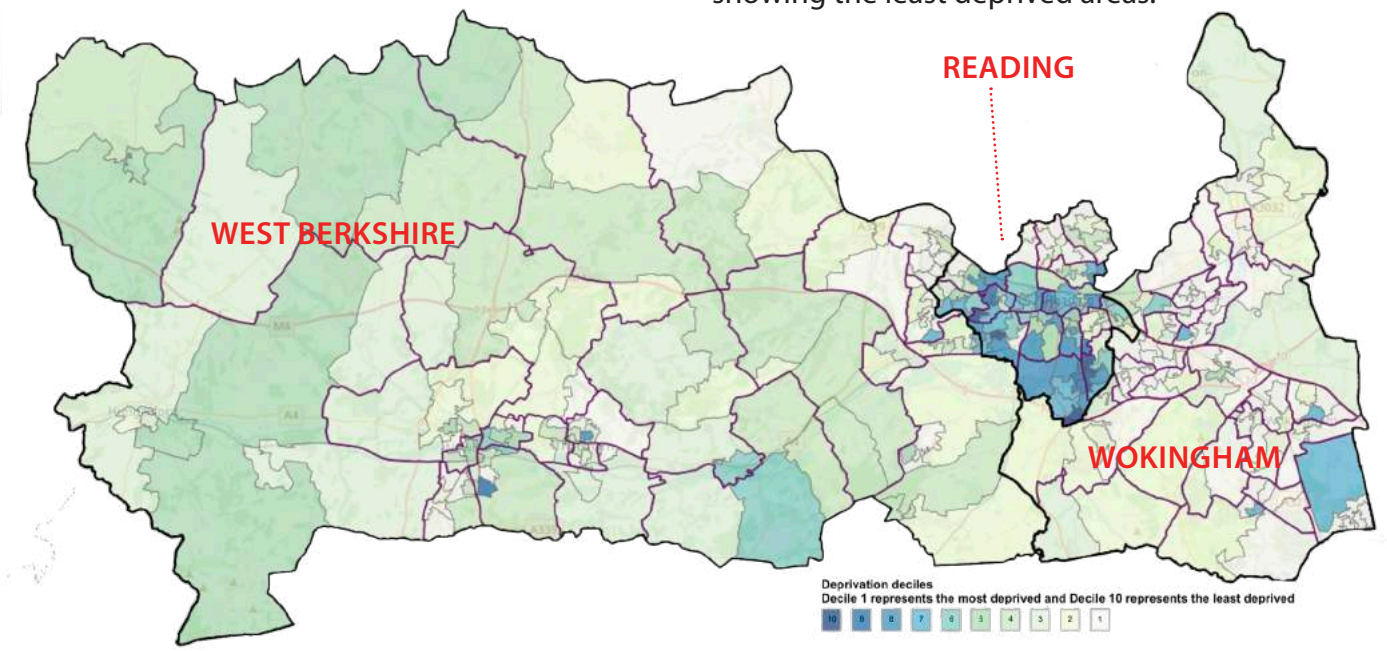
The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships and put all of our resources together to use in the best way possible. The growing population (with over 10,000 new houses across all three areas to be built by 2026) gives uncertainty of who will make up our diverse and vibrant local population in the future and what their needs may be. This will also mean new families too, giving us opportunities to focus on ensuring every child gets a good start to life.

The three areas already have a growing older population of people aged 65 years and older. As this continues, it is likely to place more pressure on health and social care; with more people living with long term conditions or Dementia. People over 65 across Berkshire West are culturally and socially engaged; making up a large part of voluntary and community sectors, and so their life experience and knowledge adds enormous value to our communities. However, the way people need care and support is changing – we want to empower older people to manage their conditions, through encouraging and supporting healthy lifestyles.

Although the Berkshire West population is generally affluent and healthy, there are pockets of deprivation across the three areas where health outcomes tend to be worse. Health is not just about medicine and accessing health services, but also about the wider social and environmental factors that can influence a person's health and wellbeing. Studies have shown that health services provide only 10% of the influences on whether a person dies prematurely.[2] Social and behavioural determinants of health such as housing, employment and education play a bigger, and sometimes more important role.

These differences mean that the life expectancy of our population varies depending on where people live[3]; those living in the poorest parts of West Berkshire and Wokingham, will live seven years less of healthy life, compared with those people living in the richest areas. In Reading, the healthy life expectancy of those living in the poorest areas is 13 years lower for men and 14 years for women when compared to those living in the richest areas.

The map below shows the Index of Multiple Deprivation (IMD) of Reading, West Berkshire and Wokingham in 2019[4]. This is the official measure of relative deprivation, with blue areas showing the most deprived and green areas showing the least deprived areas.



OUR CHALLENGES: THE IMPACT OF COVID-19

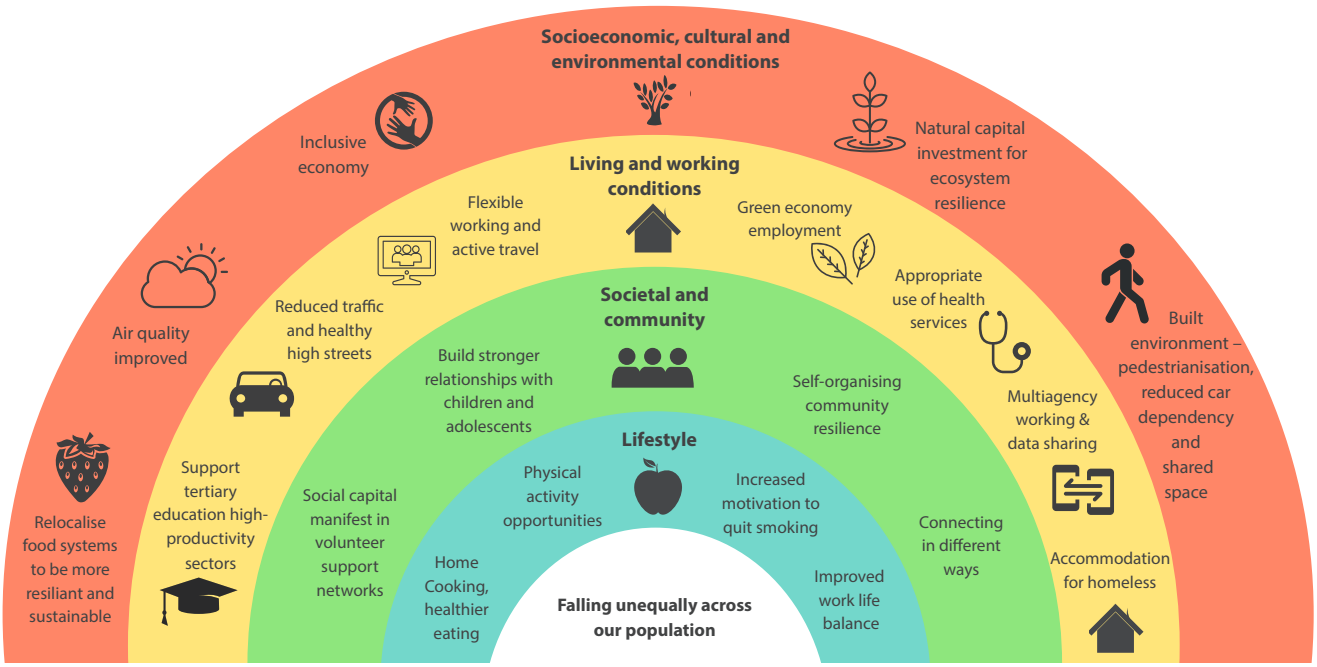
Covid-19 has had a powerful impact across the three areas; businesses have had to shut and health services have been stretched - sometimes to their limit. Covid-19 has affected segments of the local population differently, exacerbating existing inequalities.

Yet in times of adversity there has been ingenuity and wider digitisation in how we deliver health services and work together across the different areas. Additionally, Reading, West Berkshire and Wokingham residents have benefitted from cleaner air, returning nature, and reduced greenhouse emissions during this time.

This pandemic has made it all too clear how intertwined the nation's economic health is with its physical health – better social and economic conditions had led to better health outcomes and vice versa. Covid-19 has also shown us the importance of social cohesion, giving us opportunities to build community resilience and collectively win the fight against the virus.

It is important that Reading, West Berkshire and Wokingham reflect on this episode— the good and the bad — in order to take these lessons forward with a long-term view to "build back fairer" from Covid-19[5] . Enhanced integration and efforts to empower citizens to have everyday resilience, including emergency preparedness, and adaption to other long-term threats such as environmental and climate risk, are here to stay[6]; with the diagram below depicting the growing opportunities and how they should be actioned to rebuild from this pandemic and move forward together.

Opportunities during Covid-19 recovery: rebuilding and moving forward together



OUR VISION

Our vision for Reading, West Berkshire and Wokingham over the next ten years is that all people will live longer, healthier and more richer lives. This involves reducing gaps in the differences of health outcomes between the richest and poorest parts of Berkshire West. This vision encompasses our mission statements, all shown below.

Achieving this vision will need strong partnerships between individuals, local communities and statutory and voluntary sectors. We welcome the aspirations of the NHS White Paper[7] that promotes this greater integration. Integrated care means that care will focus not only on treating specific conditions, but will aim to prioritise healthy behaviours, prevention and supporting people to live more independent lives for longer. Developing this more joined up model of care will also enable the NHS, local government, voluntary sector and other partners in Berkshire West to work together to respond to the needs, priorities and challenges facing our local communities during post-pandemic recovery.

OUR PRINCIPLES

RECOVERY FROM COVID-19

The Covid-19 pandemic has presented an unprecedented challenge to Berkshire West's health and care services and the way residents live their lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "Build Back Fairer"[5], taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equity is at the heart of Reading, West Berkshire and Wokingham's local decision-making to create healthier lives for all.

ENGAGEMENT

Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. Reading, West Berkshire and Wokingham will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

PREVENTION AND EARLY INTERVENTION

Prevention and intervening early are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill-health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill-health.

EMPOWERMENT AND SELF-CARE

We want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decisions about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

DIGITAL ENABLEMENT

The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; improving digital literacy and access across the whole of Berkshire West while at the same time ensuring services and support are available for those who prefer not to or who are unable to access them digitally.

OUR PRINCIPLES

SOCIAL COHESION

The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community-specific health inequalities.

INTEGRATION

Whole systems integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)*, linking policies, strategies and programmes with those at the ICS level.

CONTINUOUS LEARNING

The actions that will be delivered through this strategy in Berkshire West will be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

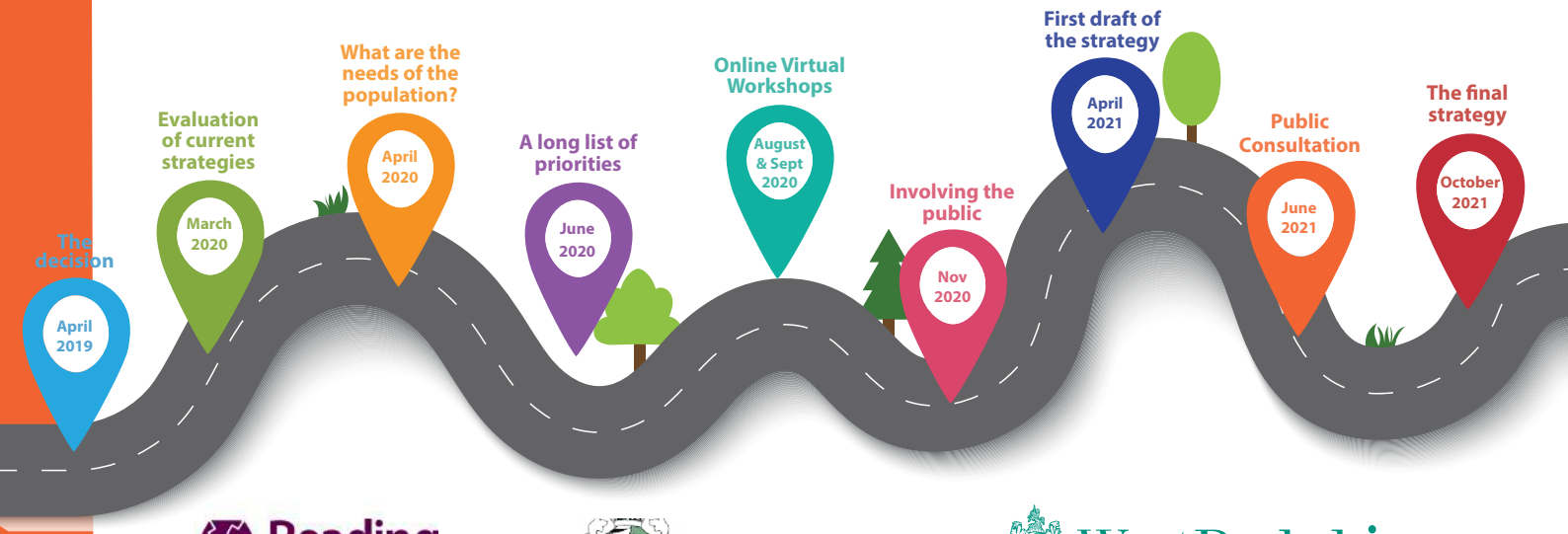
** An Integrated Care System (ICS) brings together health and care organisations to take responsibility for the cost and quality of care for a defined population within an agreed budget. The BOB ICS brings together the Integrated Care Partnerships (ICPs) for Buckinghamshire, Oxfordshire and Berkshire West. The Berkshire West ICP includes: Berkshire West Clinical Commissioning Group (CCG), Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Reading Borough Council, West Berkshire Council, Wokingham Borough Council and South Central NHS Ambulance Trust (SCAS).*

HOW THE STRATEGY WAS DEVELOPED

The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West. The development was overseen by a monthly steering group whose membership spanned the three local authorities, Berkshire West CCG, Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, and representatives from voluntary and community organisations.

Public engagement has been at the very heart of this process. A dedicated Consultation & Engagement Task and Finish Group* was created to lead community consultation and engagement efforts and included representatives from local communities (focusing upon typically underrepresented groups). Collectively, this team co-produced and delivered the public engagement strategy that was crucial to the creation of the HWBS. During the public engagement, residents could comment on 11 different potential priorities, which had been narrowed down from an initial number of approximately 30, during the early stages of the Strategy development. Participants were also invited to comment on whether they thought there were any missing priorities. The findings from this engagement were used to refine our final priorities for the Strategy.

A more detailed report on how the Strategy was developed and the outcomes of the public engagement can be found in the Berkshire West Engagement Report.



The engagement task and finish group included: Healthwatch Reading, Healthwatch Wokingham, Healthwatch West Berkshire, Berkshire West CCG, Reading Voluntary Action, Involve Wokingham, West Berkshire Volunteer Centre, Community United West Berkshire, Berkshire NHS Healthcare Foundation Trust, representatives from the public health teams in each of the three local authorities.

OUR PRIORITIES

FIVE HEALTH AND WELLBEING PRIORITIES

The jointly agreed five priorities over the lifespan of this Strategy which we believe will bring the most positive impact to our health and wellbeing are as follows:

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.

2 SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.

3 HELP CHILDREN AND FAMILIES IN EARLY YEARS.

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

These priorities are interrelated and interdependent, with priority number one of reducing the differences in health between different groups of people and the eight principles driving all implementation plans that fall under the other four priorities.

Health inequities are the avoidable differences in health outcomes, often shaped by influences beyond medicine and access to health services.

This includes factors that are primarily social – the conditions in which people are born, grow, live, work, and age, meaning that economic, environmental and social inequalities can all determine people's risk of getting ill. For this reason, reducing health inequity will act as a pillar, underpinning all that is done for the four other priority areas.

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHY IS IT IMPORTANT?

Health inequities are a matter of fairness and social justice[8]. It is the unfair and avoidable differences in people's health across social groups and between different population groups, often expressed as the "social gradient in health". In England, there are still significant unfair and avoidable inequities and in access to and experiences of NHS services.

Many people in our area experience health inequities. This may include groups who are economically disadvantaged, isolated young people, refugees and asylum seekers and people with physical disabilities or those who may find it harder to communicate. The relationship between a person, their wider environment and their health is shown in the Dahlgren and Whitehead model[9] on the right– health is influenced not only by choices that a person makes (such as smoking, or eating a healthy diet), but also by their living and working conditions and the community that surrounds them.

We know that people who experience health inequities may often be those who are at high risk of bad health outcomes and so there is overlap between the groups identified above within this priority, and those who are also identified within Priority 2 of this Strategy: *Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives*

Local efforts to reduce health inequities means focussing on reducing gaps in healthy life expectancy amongst those who have the worst outcomes. Building fairer areas will ensure everyone has the best opportunity to live a long life in good health.

There are 3 key issues:

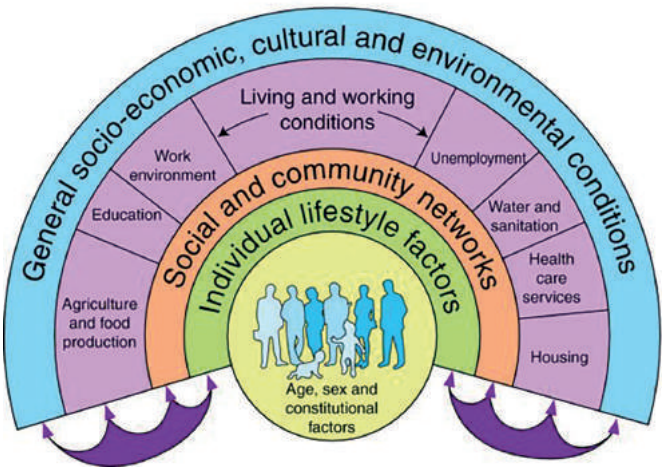
i. Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;
ii. Inequities and lack of access – some people cannot access services, do not know about them cannot use them or need support to use them (for example, due to learning disability or sensory impairment).
iii. Covid-19 – its impact has exacerbated existing health inequities

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

"Lack of income should not mean poor health

"Make (health and social care) services available to everyone"



Model of social determinants of health [9]

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHAT ARE WE ALREADY DOING?

Reading, West Berkshire and Wokingham HWBs have all made significant efforts to reduce health inequalities. All three areas have worked with their residents, statutory organisations and voluntary groups to make sure that residents are empowered to decide where actions should be taken and in what manner to achieve fairness in their community. The three areas have also begun to use a Population Health Management approach; this makes use of rich local population health data to complement and inform these discussions and actions.

SPOTLIGHT

The Alliance for Cohesion and Racial Equality (ACRE)[10] in Reading, is a voluntary organisation that hosts an annual health inequalities conference.

They work to promote equality across nine strands including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, all in order to build an increased sense of community in Reading.

Alafia, the ACRE Family Support Team, also works to support families caring for a child or young people between the age of 0-25 from all backgrounds.

TO MAKE A DIFFERENCE, WE WILL:

- Use information and intelligence to understand our communities, identify those who are in greatest need and ensure that they are able to access the right services and support.
- Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. We have to ensure access to these services are available to all during Covid-19 recovery.
- Take a Health in All Policies approach[11] that embeds health across policies and various services. The aim of this approach is that the impact on health will be considered for all of the work that the three council's do, encouraging closer working relationships between statutory bodies and the voluntary and community sectors.
- Address the variation in the experience of the wider social, economic and environmental determinants of health
- Continue to actively engage and work with ethnically diverse communities, the voluntary sector, unpaid carers and self-help groups, ensuring their voices are heard.
- Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empowers communities to take ownership of their own health.

2

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHY IS IT IMPORTANT?

Differences in health status between groups of people can be due to a number of factors[12], such as income, geography (e.g. urban or rural) and disabilities. The health needs of those groups at high-risk for bad health outcomes could place heavy and unpredictable demands on health services[13], and must therefore proactively be identified and addressed. The broad issues impacting groups at high risk are:

i. Lack of easy access to healthy activities and food;
ii. Limited availability of information about health and wellbeing services;
iii. Increased loneliness and isolation (exacerbated by COVID-19).
iv. Barriers to accessing GPs and primary health services;

People may experience different barriers to accessing services or support. Examples of these include physical barriers such as lack of transportation or barriers due to sensory or communication needs.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between groups with existing health inequities, it is important to adopt a "proportionate universalism" approach[14]. This means allowing some form of effective targeting or tailoring of services to different groups that are at greater risk of bad health. This should take place within a broader universal framework, i.e. where the general services or provision is already available for all.

WHAT YOU TOLD US:

Supporting people facing higher risk to live healthy lives is a very important priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that significant change is required within this priority area. People facing higher risk of bad health outcomes were identified as having a continuing or new need for support (including before and during Covid-19).

Our engagement with the public identified the following groups as being at high risk of bad health outcomes. We will prioritise supporting these groups to live healthy lives, depending on local context and need for each of the three local authorities:

- Those living with dementia
- People with learning disabilities
- Unpaid carers
- Rough sleepers
- People who have experienced domestic abuse

This is our Strategy for the next ten years and we recognise that the groups who are at higher risk may change over this time. We will actively engage with our communities during the life of this Strategy, continuously learning and understanding the needs of our population in order to ensure that we are supporting those at highest risk, even if they are different to those groups that we are starting with.

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHAT ARE WE ALREADY DOING?

Although different groups may be targeted in Reading, West Berkshire and Wokingham, considerable steps have been taken in each area to ensure nobody falls between the cracks through ways that are most suited to local needs as well as joint working to meet common needs.

SPOTLIGHT

In Wokingham, provisions are in place to identify and effectively support those with Special Education Needs and Disabilities (SEND); a co-produced 2020-2023 SEND strategy is being executed to support CYP aged 0-25 years, their parents and carers. SEND Voices Wokingham is an example of a successful parent-carer forum which promotes participation and co-production in local governance by regularly representing or advocating for service users to service planners, commissioners and providers to design and deliver better services.

West Berkshire has recently refreshed its Domestic Abuse Strategy (2020-2023) to provide high-quality, evidence-based interventions for survivors of abuse and their families as well as training for local practitioners and communities to support those currently at risk. A2Dominion is the local Domestic Abuse Service provider that offers emotional and practical support through phone helplines, places of safety and independent domestic violence advisor support.

TO MAKE A DIFFERENCE, WE WILL:

- Raise awareness and understanding of dementia, and ensure support for people for who have dementia is accessible and in place for them and their unpaid carers. We will work together to ensure the Dementia Pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support.
- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers.
- Work together to reduce the number of rough sleepers and improve the mental and physical health of rough sleepers and those who are homeless, through improved access to local services
- Prevent, promote awareness and provide support to those who have experienced domestic abuse in line with proposals outlined in the Domestic Abuse Bill.
- Support people with learning disabilities, engaging with and listening to them, through working with voluntary organisations, in order to concentrate on issues that matter most to them.
- Increase the visibility of existing services and signposting to them, as well as improving access for people at higher risk of bad health outcomes, working with and alongside voluntary and community organisations who are supporting these groups.

3 HELP FAMILIES AND CHILDREN IN EARLY YEARS

WHY IS IT IMPORTANT?

Prevention and early actions are key to positive health outcomes. Setting the foundations for health and wellbeing for families and children in early years is crucial to ensure the best start in life for every child[15]. The first 1001 days[16] - from pregnancy to the first two years of a child's life - are critical ages for development. This sensitive window sets the foundations for virtually every aspect of human development – physical, intellectual and emotional[17].

Key improvements need to be made in:
i. Supporting new parents, including single parents, in the transition to parenthood;
ii. Ensuring access to effective interventions throughout the first 2 years of a child's life;
iii. Guaranteeing affordability and timeliness of services during and after Covid-19.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequities in child health and development start early; they exist at pregnancy, birth and during the early years. Not all children and families have the support they need for their children to be physically healthy, emotionally secure and ready to learn. Reasons for this are often social, including income and poor housing quality, and these factors can often accumulate over the lifecourse[18], having long term consequences on not only health, but also social outcomes such as educational attainment and employment. This is why it is so important to ensure we support families to provide as best a start as possible for their children, helping to break the cycle of reproducing health and social inequalities in the next generations and so building the foundations for a more equal society in the future.

WHAT YOU TOLD US:

Around 40% of all survey respondents across the three areas consider this priority to be an "extremely important" issue.

"I would like to have help with childcare".

"It's unclear what support is available."

WHAT ARE WE ALREADY DOING?

It is evident that children and young people (CYP) are our asset and a very cherished part of Berkshire West from the sheer number of partnerships, actions and advocacy at different levels surrounding children, young people and their families locally.

In addition to the spotlight below, the three areas have committed to align the delivery of local health visiting and school nursing services (Healthy Child Programme), promoting a whole systems approach* to make it easier for children, young people and families to receive the care and advice they need.

*A whole systems approach is when partners and stakeholders, including communities themselves, are brought together to develop a shared understanding of the challenges they face, particularly looking at how different factors are interlinked. By taking the whole picture into account, actions and solutions are developed together, aiming to bring about sustainable, long term change.

HELP FAMILIES AND CHILDREN IN EARLY YEARS

SPOTLIGHT

West Berkshire Children Delivery Group and the ONE Reading CYP Partnership are working towards system change in their respective areas. This includes coordinating the contribution of partner agencies to shared visions, principles and priorities, promoting shared workforce development and information sharing. These organisations have also pushed to embed trauma-informed approaches* to CYP services and in school education programmes.

At the community level, different groups have also been providing training sessions and guidance to help practitioners to meet the diverse, complex needs of families. Areas of work which harness the expertise of voluntary groups range from mentoring to the provision of essential needs. The increase in voluntary sector capacity has increased community resilience and has helped to reduce pressures on specialist services.

TO MAKE A DIFFERENCE, WE WILL:

- Work to provide support for parents and carers, during pregnancy and the early years, to improve personal and collective resilience using research and good practice.
- Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family Hubs, healthy visiting and school nursing to improve the health, wellbeing, developmental and educational outcomes for all children.
- Increase the number of two-year olds (who experience disadvantage) accessing nursery places.
- Ensure that our early years settings staff are trained in trauma-informed* practice and care, know where to find information or help, and can signpost families properly.
- Publish clear guidelines on how families can access financial help, including for childcare costs; tackling stigma around this issue where it occurs.

*The King's Fund describes a trauma informed approach as aiming to provide an environment where a person who has experienced trauma feels safe and can develop trust. Individual trauma results from an event, series of events or set of circumstances that is experienced as an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing[19].

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHY IS IT IMPORTANT?

The mental and emotional health of CYP is as important as their physical health and wellbeing. Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experience symptoms by age 14[20]. The three key issues affecting the mental and emotional welfare for local CYP are[21]:

i. Limited access to mental health education and services to support children and young people and prevention services;
ii. Limited resources, service cuts and the impact of Covid-19 and the lockdowns on the ability to access service;
iii. The waiting time to access Child and Adolescent Mental Health Services (CAMHS).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas[22]. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity . Inequities in the rates of mental illness observed across ethnicities and sexual orientations of CYP also warrant urgent attention[23]. As stated, we know that mental health conditions that start at a young age often persist into later life and limit CYP's opportunities to thrive in both education and in the job market. Closing the gap in CYP mental health and wellbeing in Reading, West Berkshire and Wokingham will therefore be key to ensuring all CYP have the best chance of making the most of the opportunities available to them and fulfilling their potential.

WHAT YOU TOLD US:

Over 70% of people 45 years or younger and about 50% of all survey respondents considered good mental health and wellbeing for all children and young people to be an extremely important issue.

"Not enough support in schools (for mental health)."

"Many families struggle to support their children (with mental health issues)".

WHAT ARE WE ALREADY DOING?

The Berkshire West Future in Mind Plan, is a Local Transformation Plan for CYP Mental Health and Wellbeing in Reading, West Berkshire and Wokingham. Its priorities are to:

- Raise awareness amongst children and young people, families / carers and services to improve confidence in providing informal emotional wellbeing support, as well as better identification and early intervention for children and young people needing additional support for their mental wellbeing.
- Improve waiting times and access to support, including developing support to bridge the gap for those on waiting lists for a mental health assessment or intervention.
- Recognise the diversity of the youth population across Berkshire West and improve both equality of access across all services and reduce stigma attached to mental health.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG

- Develop a systematic approach to hearing the voices of children and young people.
- Strengthen joint working to plan, commission, deliver and promote services which focus on the priority issues for children and young people across Berkshire West.
- Build Berkshire West 0–25-year-old comprehensive mental health offer and review transition arrangements for services offered.

TO MAKE A DIFFERENCE, WE WILL:

- Aim to enable all our young people to thrive by helping them to build their resilience and have the skills to overcome normal life challenges and stresses without long term harm.
- Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition, in order to intervene early to support them with their emotional wellbeing, build self-confidence and so prevent worsening mental health.
- Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will also improve the equality of access across all services by recognising the diversity of our youth population
- Engage with staff, students, parents, the community and mental health support teams to inform interventions for emotional health and wellbeing, supporting a Whole School Approach to Mental Health[24] and embedding wellbeing as a priority across the school environment.
- Each local authority will proactively support the mental health and wellbeing of their looked after children and care leavers, adopting behaviours and attitudes, acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic and fulfilled lives (Corporate Parenting Principles[25]).
- Expand our trauma-informed approach among formal and informal service providers, including charities and voluntary organisations, supporting recovery and resilience in our children and young people.
- Improve the process for transition to adult mental health services for our young people, starting the planning early and including the young person themselves in order to ensure that the process is as smooth as possible.

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

WHY IS IT IMPORTANT?

Mental health problems in adults represent the largest single cause of disability in the UK[26]. Adults could be affected by mental health issues at any time. It impacts all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain[27]. The key issues are[28]:

i. Lack of early identification of and intervention with mental health problems;
ii. Limited social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of death, with evidence that adequate social relationships can help improve life expectancy;
iii. Improving the access, quality and efficiency of current services, including post Covid-19 mental health support.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequities also exist in adult mental ill-health across protected characteristics, including sexual orientation, sex, ethnicity, and whether they belong in socially excluded groups (e.g. people experiencing homelessness, asylum and refugees). People with severe mental illness (SMI), such as psychosis and bipolar disorder, have a life expectancy of up to 20 years shorter than the general population[29].

Much like inequities in physical health, mental illness is also closely linked to broader social inequalities which are complex and interrelated, such as unemployment, discrimination and social exclusion. Therefore, tackling mental health inequalities also requires addressing these broader social inequalities.

WHAT YOU TOLD US:

Over 70% of people of 35 years of age or older and about 50% of all survey respondents considered good mental health and wellbeing for all adults an "extremely important" issue, while more than 40% believe that significant further change is required.

"Ethnically diverse communities find it difficult to access mental health resources".

"(physical health is) linked to mental health"

WHAT ARE WE ALREADY DOING?

In times of a global pandemic, the lockdown social distancing and shielding measures meant that people had less opportunity to spend time with loved ones as before. Understanding their impact on mental health and wellbeing, voluntary and service sectors alike have prioritised combating loneliness and social isolation and expanded efforts to address mental health crises and suicide prevention as part of the Covid-19 response.

Across Berkshire West, during this time, our local services have proactively reached out to existing users for wellbeing checks. There has been an overwhelming and heartening response from volunteers in expanding the capacity of charities for befriending support. As we move forward, partner organisations of the three HWBs will remain vigilant and provide enhanced mental health and suicide prevention support around areas of heightened risk.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

SPOTLIGHT

Wokingham's Link Visiting Scheme is a charity dedicated to reducing loneliness through enabling friendships. Thanks to the immense support from local communities, the charity has seen an 80% spike in growth and has managed to respond to the quadrupled demand in services during the pandemic. From one-to-one phone calls that match volunteers to older people based on personality and interests, to online Friendship Cafes and craft sessions, the charity has seen many friendships blossom during the pandemic.

West Berkshire have signed up to the Prevention Concordat for Better Mental Health[30], working with different organisations to take a prevention focused approach to public mental health. A new Surviving to Thriving fund has also been set up in partnership with Greenham Trust to support projects that will help to reduce the impact of Covid-19 on mental health.

TO MAKE A DIFFERENCE, WE WILL:

- Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness.[31]
- Work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture.
- Continue to recognise the importance of social connection, green spaces and understanding of different cultural contexts for mental wellbeing. We will increase social prescribing[32] by promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.
- Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.
- Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health, and ensure both are treated equally.
- Improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.

NEXT STEPS

THE ROAD AHEAD

As we transition into the post-pandemic era, we now need to look forward to the recovery of population health, rebuilding livelihoods and adapting to a new normal, whilst levelling health inequities across Reading, West Berkshire and Wokingham. In order to do this, each Health and Wellbeing Board will develop their own local delivery plans to implement this Strategy. These plans will be specific to each area, understanding how the five priorities fit in their communities and what local actions need to be taken. This will include the governance and accountability arrangements that will oversee the work.

This Strategy will actively engage with stakeholders to refresh itself on a cycle during its ten-year lifespan. This will ensure that the Strategy is able to meet the needs of our communities as they grow and change during this time.

STRENGTHENING PARTNERSHIPS AND COMMUNITY ENGAGEMENT AS A PLACE-BASED APPROACH

Improving the health and wellbeing of Reading, West Berkshire and Wokingham will always rely on local assets; it is not a task that can be achieved by the Health and Wellbeing Board alone. Faced with these challenges before us, now more than ever is the time to come together to work towards our common goals and recover from the pandemic. We want to strengthen existing partnerships, increase collective action, coordinate the management of common resources, share data and best practices and stimulate innovation at the local level.

We also want to build upon the many conversations we have had with local people and continue directly engaging and involving residents as a way of empowering communities to have a say, take control of their health, find solutions that work for everyone and support one another in this time of crisis. By adopting this place-based approach to health, we can maximise our resources, skills and expertise to increase the pace and scale of change required.

NEXT STEPS

HEALTH AND WELLBEING BOARD COMMITMENTS

Each Health and Wellbeing Board will work towards the five priorities in different approaches to adapt to their local context and reflect on local issues and concerns. Whilst there are specific priorities contained within this Strategy, our ambition is to embed prevention in all that we do. We will achieve this through a public health approach and for each of the five identified priorities, the three HWBs will:

- Assess the current provision and gaps in services compared to national guidance or best practices ensuring that this Strategy coordinates with other strategies across the system and is complementary to those, rather than a duplication of them.
- Define how success may be measured by developing a robust outcomes and indicators framework. This will be presented as outcomes when measuring progress (including the targets), to enable sharper focus and opportunities for the three Boards to discuss progress in their local areas.
- Review the evidence on what works to get us to where we want to be.
- Identify opportunities for improvement.
- Consult the stakeholders for input on the draft implementation plan.
- Identify resources for implementation.
- Oversee implementation of the Strategy and review progress against agreed outcomes.

The diagram below represents a framework that will guide the work in delivering the Health and Wellbeing Strategy

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APPENDIX

APPENDIX A

MEASURE	SOURCE
Total Resident Population	Office for National Statistics (2019)
Urban Population: *The percentage of people living in an urban area, based on the Rural-Urban Classification. The Classification defines areas as rural if they are outside settlements with more than 10,000 resident population, and as urban if inside such settlements.*	Department for Environment, Food and Rural Affairs (2011) https:¬/¬/www.gov.uk¬/government¬/collections-/rural-urban-classification Data
Population Aged 65+	Office for National Statistics (2019)
Ethnically Diverse Population	Office for National Statistics, Census (2011)
Children achieving a good level of development at early years	Department for Education (2019)- Statistics: Early Years Foundation Stage Profile https:¬/¬/www.gov.uk¬/government¬/collections-/statistics-early-years-foundation-stage-profile
Full time students age 18+	Office for National Statistics, Census (2011)
Total number of businesses	Office for National Statistics (2019)
Unemployment Rate	Office for National Statistics (2019)
Percentage of unpaid carers (1-50+ hours of unpaid care per week)	Office for National Statistics, Census (2011)
People with very good health	Office for National Statistics, Census (2011)

Health and Wellbeing Strategy: Delivery plans

1. Reduce the differences in health between different groups of people						
Objective	**Actions**	**Aligns to**	**Owned by**	**Timescale**	**Indicator**	**Target**
1.1 Use information and intelligence to understand our communities, identify those who are in greatest need and ensure they are able to access the right services and support	1.1.1: Undertake a Health needs assessment on health inequalities, including impact of Covid-19	1.2.7 4.3.4	Health Inequalities taskforce	June 2022	Completed HNA	N/A
	1.1.2: Embed Population Health management approach across all programmes, incorporating 2021 census data when available (placeholder)		Public Health/ Berkshire West CCG	ongoing	To be developed	Tbc
	1.1.3: Develop a local index to understand our communities from both an inequalities and resilience perspective	1.4.1	Health inequalities	December 2022	Index created	N/A
1.2: Assess how Covid-19 has differentially impacted our local populations, including through the displacement	1.2.1: To hear from our residents through conducting a representative residents survey every two years (starting December 2021).	1.1.3	West Berkshire Council Consultation Team	March 2022	Survey completed Report to Council (March 2022)	One survey every 2 years
	1.2.2: To understand the impact of Covid-19 on care home residents and their families		Healthwatch West Berkshire	March 2022	Visit Care homes and speak with families	5

or disruption of usual services.	1.2.4: Work on the findings of the Healthwatch Covid-19 report - Assess the impact of Covid-19 on DNA's and availability of services Reassess the impact of covid-19 on the local cancer care		Healthwatch West Berkshire	March 2022	Report on experiences	N/A
	1.2.6: Implementing the Recovery from Covid-19 Strategy	1.2.1 4.2.4	Recovery & Renewal Strategy group		KPIs as under the delivery plan	
	1.2.7: Compete the Covid-19 Dashboard. Including the incorporation of local West Berkshire data	1.1.2	Recovery & Renewal Strategy group (Public Health)	December 2021	Completed dashboard	
1.3: Take a Health in All policies approach	1.3.1: HIAP training/awareness raising sessions with staff across West Berkshire Council	1.3.4	Health Inequalities Taskforce	June 2022	Number of sessions Number of staff trained % increased understanding % saw relevance to current work	2
	1.3.2: Mapping of West Berkshire Strategies to identify areas of opportunity for combined working		Health Inequalities Taskforce	March 2022	Completion of mapping work	N/A
	1.3.3: Develop a HIAP Pilot project: joint initiative between Public Health, Environment, Education and Berks, Bucks and Oxfordshire Wildlife Trust (BBOWT) - focus on promoting a healthy weight in children - Project group established - Mapping of shared goals - Develop project plan		Health Inequalities Taskforce	February 2022	Project plan actions as developed	to be developed

	- Aim to culminate with Children's Mental Health Week (7-13th Feb 2022)					
	1.3.4: Establish local authority support network for HIAP	1.3.1	Health Inequalities Taskforce/PH WB	December 2021	Network created First meeting held ToR produced	N/A
	1.3.5: Refine and improve process for reviewing new council policies and impact on health and emotional wellbeing (including a focus on reducing health inequalities)		Health Inequalities Taskforce	December 2022	Process developed Template implemented	
1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.1: Pilot a whole community approach in a local ward to tackling health inequalities, using data and engaging with local communities	1.1.1 1.1.3 1.4.3	Health inequalities taskforce	December 2022	Approach developed Evaluation to demonstrate impact	N/A
	1.4.2: Public Awareness campaign to promote the sustained employment of people from under-represented groups	1.4.6	Skills & Enterprise Partnership	(tbc)	Delivery of campaign Engagement	One campaign
	1.4.3: Support PCNs to tackle health inequalities through identifying and engaging with a population experiencing health inequalities	1.1.2 1.4.1	Locality Integration Board Berkshire West CCG	Delivery to commence from March 2022	Population identified Intervention designed and implemented	
	1.4.4: Development of a health impact policy for planning to support healthy environments	1.3	Communities and Wellbeing Planning	June 2022	Process developed Process implemented	N/A
	1.4.5: Physical Activity Champion training		Workplace Movement project group	June 2022	Number of Champions trained	15

	1.4.6: Implementation of the Supported Employment Strategy 2020 - 2024		Skills and Enterprise Partnership	2024	Actions as per the Strategy	
1.5: Continue to actively engage and work with ethnically diverse communities, the voluntary sector, unpaid carers and self-help groups, ensuring their voices are heard.	1.5.1: Create a stakeholder map our current Community and Voluntary sector partners who are working to address health inequalities	2.9.4 3.2.4 4.3.2 5.2.1	Health inequalities Taskforce	December 2022	Completion of network map	N/A
	1.5.2: Redevelopment of the Health and Wellbeing Board engagement group and ongoing maintenance of the engagement toolkit		HWB engagement group	June 2022	Promotion of the engagement toolkit Engagement events Annual HWB conference held	To be developed
	1.5.3: Implement the Comms & Engagement Delivery Plan (key actions) • Reviewing engagement with Parish & Town Councils • Voluntary and community sector support • Co-production framework • Maintaining signposting and connections to community support functions • Develop, distribute and evaluate a new grant fund to support community based co-production work. (alignment with Equality and Diversity Strategy)		Engaging and Enabling Communities (BCT)	Dec 2021 April 2022 Nov 2021 April 2022 TBC	KPIs as under Comms and Engagement Delivery Plan	As per plan

	1.5.4: Ethnically diverse advocacy groups: identifying and engaging with key community contacts amongst the ED community (placeholder)	4.3.4	Communities and wellbeing/ HR	Ongoing		
	1.5.5: Increase accessibility of Ethnically diverse advocacy services across West Berkshire: Expansion of Educafe to provide mobile service		Communities and Wellbeing/HR	June 2022	Number of outreach community cafes	
	1.5.6: Promote the range of events that celebrate the diversity of our community		Communities and Wellbeing/HR	December 2022	Number of events	
	1.5.7: Support and develop the Community Conversations forum		Health Inequalities Taskforce/BCT	Ongoing	Number of community conversations forum meetings held Number of community attendees	12 meetings/yr
1.6: Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empower communities to	1.6.1: Increase awareness and uptake of council support services for those most in need e.g. winter grant (placeholder)	1.6.3 1.7.2 2.3.2 2.9.4	Health inequalities taskforce			
	1.6.2: Develop Digital Inclusion Champions (specific actions around recruitment and numbers in place)		BOB ICS		Number of champions in West Berkshire Geographical areas covered/communities of interest	 Top 5 most deprived wards covered
	1.6.3: To improve support and both awareness of and access to services with diverse ethnic communities through the support agency Educafe - Weekly community cafe	4.3.4	Human Resources	Weekly café newly established	Attendance at café Number of services/partners attending weekly	

take ownership of their own health	1.6.4: Develop a Whole Systems Approach to Physical Activity - Undertake system workshops - Develop system map - Physical activity strategy	1.4.5	ICP (Prevention Board)	November 2021 December 2021 December 2022	Number of workshops Development of Physical activity system map Development of physical activity strategy	2 workshops
	1.6.5: Undertake a dental review to understand current provision and identify recommendations for action - Utilising results of the British Dental Survey 2022/23 (placeholder)	2.6.2	Berkshire West CCG Healthwatch West Berkshire	December 2022	To be developed	
	1.6.6: Focus on CVD prevention • Pilot of BP kiosks across West Berkshire • Targeted approach to NHS Healthchecks with at risk groups		Communities and wellbeing (PH) ICP Prevention Board	June 2022	Number of kiosks in place Utilisation of kiosks (evaluation) Targeted NHS Healthchecks delivered	3 80% of overall

2: Support individuals at high risk of bad health outcomes to live healthy lives						
Objective	**Action**	**Aligns to**	**Owned by**	**Timescale**	**Indicator**	**Targets**
2.1: Raise awareness and understanding of dementia and ensure support for people who have dementia is accessible and in place for them and their unpaid carers	2.1.1: Improve Dementia diagnosis rates (partnership work with the ICP)		MH/LD Board Berkshire West	December 2022	Diagnosis rates for Dementia	65% (April 22) 67% (Sept 22)
	2.1.2: Support the development of Memory Café provision across West Berkshire		Dementia Friendly West Berkshire Age UK	December 2022	Development of model template Provision across West Berkshire	tbc
	2.1.3: Engagement with partners to continuously update and expand the Dementia friendly West Berkshire Website		Dementia Friendly West Berkshire	Ongoing	Visits to website Feedback from partners	Increase on previous
	2.1.4: Induction training on Dementia to be undertaken for all Adult Social Care Staff: Event to be held with existing staff to raise awareness. Will be recorded as a webinar for future new staff		Dementia Friendly West Berkshire Adult Social Care	December 2022	Event held with existing Adult Social Care staff Webinar to be incorporated into induction training for new staff	Attendance at event Feedback
	2.1.5: Work with local organisations and businesses in West Berkshire to raise awareness of role with the community, along with role as an employer for those who are unpaid carers		Carer's Strategy group		Number of organisations & businesses that are members of Dementia friendly West Berkshire Number of Dementia Friendly businesses	
	2.1.6: Develop a promotional campaign for the Reading Well books available in West Berkshire	4.1.4 5.3.3	Communities and Wellbeing (Public Health	June 2022	Delivery of promotional campaign	One

	Libraries, linking with Empathy day		and Libraries teams)		No of books No. of books issued	Tbc tbc
2.2: Work together to ensure that the Dementia pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support	2.2.1: Engagement event to understand the person's experience and Journey (placeholder – tbc)		Healthwatch (Wokingham) Berkshire West CCG		To be developed	tbc
	2.2.3: Care home support for residents with Dementia • Medication reviews • Managing behaviour changes • Reduce levels depression (Placeholder action)		Berkshire West CCG		To be developed	To be developed
	2.2.4: Improve the access to and quality of Annual reviews in GP practices to ensure community and partner support for people with dementia (annual health check improvement plan)		MH/LD Board Berkshire West Berkshire West CCG	Ongoing	Proportion of people with dementia receiving an annual GP check Impact of annual review in improving access to services	To be developed
	2.2.5: Commission a Befriending and sitting service for people with more advanced dementia and their unpaid carers		Dementia friendly West Berkshire Age UK		(Subject to funding approval)	
	2.2.6: Develop a journey for people with dementia pre and post diagnosis (service transformation – Berkshire West) Identify key stakeholders for working group Review pathway to identify gaps Review Clinical and non-clinical pathway		MH/LD Board Berkshire West Supported by Public Health Dementia friendly West Berkshire	tbc	Establishment of working group	

	Engage service users and carers in development of proposals		ASC VCS			
2.3: Improve identification and support for unpaid carers of all ages	2.3.1: Use findings from the Carers Strategy Survey to understand gaps in support - Including questions on accessing covid-19 vaccine and barriers encountered		Carer's Strategy group	Survey to take place in October 2021	Number of PwD and carers supported weekly	25
	2.3.2: Embedding new process for online referrals of Young carers and ensuring all partners are aware. • Social media promotion		Young Carers	Ongoing	Numbers of referrals	N/A
	2.3.3: Raise awareness of young carers - Engagement with partner agencies - Advice and information sessions with schools - Young carers groups at schools - Re-establish young carers champions		Young Carers	Ongoing	Number of schools engaged with Young carers champions	No target set
2.4: Work with partner agencies to promote the health and wellbeing of unpaid carers	2.4.1: Update the Health top tips leaflet for carers		Carer's Strategy group	December 2021	Leaflet completed Distribution	N/A
	2.4.2: Review and refresh the Carers Strategy Action plan		Carer's Strategy group	December 2021	Actions as will be contained within the plan	N/A

	2.4.3: Continue to provide access to respite services on an as needed basis		Adult Social Care Carer's Strategy group	Ongoing	Numbers of carers accessing respite	N/a
	2.4.3: Using the young carers dashboard to continuously review engagement with services and outreach to new attendees		Young Carers	Ongoing	Number of new young carers identified	N/A
	2.4.4: Use feedback from young carers to inform and expand the activities on offer: online form		Young Carers	Ongoing	Number of responses to online form New activities offered	No target set
	2.4.5: Recruit volunteers to 1-1 mentoring role to work with young carers with particular challenges		Young Carers	Ongoing	Increase in mentor numbers Increase in young carers supported	No target set
2.5: Reduce the number of rough sleepers	2.5.1: Continue to work together to prevent rough sleeping and reduce the number of people who do sleep rough (Implementation of the Homelessness and Rough sleeping strategy)		Homelessness Strategy group	2025	Number of people sleeping rough	< 2
2.6: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.1: Increase GP registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration (placeholder)		Local Integration Board (Homelessnes s Strategy group) SE inequalities board	December 2022	Process in place for registering	Tbc
	2.6.2: Increase dental registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration	2.6.2	Homelessness Strategy group SE inequalities board	Year 1	Process in place for registering	N/A

	(placeholder – to be determined)					
	2.6.3: Adoption of the Serious Case Review Protocol		Homelessness Strategy group	March 2022	Adoption of protocol	N/A
	2.6.4: Develop a clear process from admission through to discharge from hospital settings, to ensure homeless patients are discharged with somewhere to go with support in place (placeholder)		Local Integration Board (Homelessness Strategy group) SE inequalities board		To be developed	Tbc
2.7: Prevent, promote awareness and provide support to those who have experienced domestic abuse	2.7.1: Continue to implement the action plan from the Local Domestic Abuse Strategy 2020-2023 to meet identified aims		West Berkshire Domestic Abuse Board (BCTP)	Refresh due in 2023	Action plan	Action plan fulfilled by 2023
	2.7.2: Implement the new Domestic Abuse Safe Accommodation Strategy 2021 – 23 and accompanying action plan		West Berkshire Domestic Abuse Board (BCTP)	To be combined with full DA Strategy as part of refresh in 2023	Needs identified being met through action plan	Action plan fulfilled by 2023
	2.7.3: Local needs assessment: need and demand for accommodation based support for all victims		West Berkshire Domestic Abuse Board (BCTP)	Every 3 years (next due 2023)	Less gaps in services identified	N/A
	2.7.4: Review of performance data to identify areas for improvement, opportunities to increase service provision, develop training		West Berkshire Domestic Abuse Board (BCTP)	Quarterly	Discussions at DAB Increase in reporting of DA and decrease in repeat victimisation	

					Further training opportunities offered for 2022/23	
	2.7.5: Establish a Lived Experience subgroup to inform decision making and system change		West Berkshire Domestic Abuse Board (BCTP)	Quarterly	Voices/view captured and reported into DAB	
	2.7.6: Number of multi-agency staff trained in Domestic Abuse Awareness and Domestic Abuse Champions training		BCTP	Quarterly	Number of individuals trained	8 – 15 per each session
2.8: Support people with learning disabilities, engaging with them and listening to them through working with voluntary organisations	2.8.1: Work with Voluntary Community Sector organisations to improve access to health checks for those with learning disabilities Improve the quality of health checks for those with Learning disabilities	4.3.4	Berkshire West CCG NHSE	Annual	% of individuals receiving a health check	67% (target for 2020/21) AHC LTP target is 75% (14+)
	2.8.1: Implement Positive Behaviour Support across Health and Social care		Berkshire West CCG	Oct 2021 – April 2022	4 levels of training to be delivered	
	2.8.3: Enhanced delivery of a Work and Careers Fair – including participation by local schools and supporting the work on employment opportunities for people with learning disabilities		Skills and Enterprise partnership (working with MP Laura Farris)	14th & 15th October 2021 (Annual)	Delivery of event Attendance Feedback	40
2.9: Increase the visibility and signpost of existing services and	2.9.1: Promote alternatives to admission through increased support for people in the community:		Berkshire West CCG BHFT (toolkit)			

improve access to services for people at higher risk of bad health outcomes	- Commission an all age IST - Green light toolkit - Post diagnostic support (Placeholder – work in development)					
	2.9.2: Reduce waiting times for Autism and ADHD Diagnosis: current demand being assessed to plan for workload capacity (placeholder)		Berkshire West CCG; Berkshire East CCG BHFT	TBC	TBC	TBC
	2.9.3: Redevelopment of the Health and Wellbeing Board engagement group and ongoing maintenance of the engagement toolkit	1.5.2	HWB engagement group	June 2022	Promotion of the engagement toolkit Engagement events Annual HWB conference held	TBC
	2.9.4: Create a stakeholder map our current Community and Voluntary sector partners who are working with those at higher risk of bad health outcomes	1.5.1 3.2.4 4.3.1 5.2.1	Communities and wellbeing	December 2022	Completion of the network map	N/A
	2.9.5: Promote awareness and access to the West Berkshire Directory, ensuring that the information within it is kept up to date	1.5.2 2.9.3 2.9.6	HWB Engagement group	Ongoing Quarterly monitoring of access	Hits to Website (?demographic indicators/targets)	TBC
	2.9.6: Maintaining signposting and connections to community support functions by undertaking a review of strategic signposting (including the West Berkshire Directory)	2.9.5	Communities and wellbeing	March 2023	Review completed New digital offer in place	N/A

	2.9.7: Pilot aDoddle map – to include community groups. Feedback on map and use		Communities and wellbeing	September 2021 map goes live	Feedback of use of the map: community groups and individuals using it	
	2.9.8. Use targeted paid adverts on social media to improve knowledge and awareness of services, tips and advice about health and wellbeing (placeholder)		Communities and Wellbeing	December 2022	To be developed	Tbc

3: Help families and children in early years						
Objective	**Action**	**Aligns to**	**Owned by**	**Timescale**	**Indicator**	**Target**
3.1: Work to provide support for parents and carers, during pregnancy and the early years to improve personal and collective resilience using research and good practice	3.1.1: Map the current offer for support to parents and carers from all services		CDG (1001 days)	March 2022	Mapping of provision completed	N/A
	3.1.2: Undertake evidence review of current antenatal classes		CDG (1001 Days)	March 2022	Evidence review completed	N/A
	3.1.3: Promote antenatal classes for expectant parent and improve access		CDG (1001 days)	March 2022	No. of antenatal classes No. of attendees Demographics of those attending	
	3.1.4: Raise awareness of and improve access to parenting support (both 1-2-1 and group support)		CDG 1001 days	March 2022	No. of support classes available No. of attendees Feedback	
	3.1.5. Introduce parental emotional regulation courses for parents (placeholder)		Communities and Wellbeing (PH)	tbc	Number of courses Number of families	1 (12 sessions) 50 families
3.2: Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.2.1: Implementation of the new PHE Healthy Child Programme and Berkshire West 0-19 service (placeholder)		Communities and wellbeing (Berkshire West)	April 2022	Antenatal midwifery notifications to HV service	100%
	3.2.2: Implement 1001 Days project work: • Mapping of core delivery across services. • Produce an infographic for families and services demonstrating core offer • Map targeted offer across services		CDG (1001 days)	April 2022 – March 2023	Mapping completed Infographic completed Distribution of infographic via partners	N/A

	3.2.3: Promote breastfeeding (placeholder)		CDG	June 2023	Increase Breastfeeding rates at 6 – 8 weeks	Tbc (subject to funding approval)
	3.2.4: Create a stakeholder map of our current Community and Voluntary sector partners who are working with families and children in the early years	1.5.1 2.9.4 4.3.1 5.2.1	Communities and wellbeing (CDG)	December 2022	Completion of network map	N/A
	3.2.5 Expand the Dolly Parton Imagination library provision (placeholder)		CDG	tbc	Number of children supported	150
3.3: Increase the number of two year olds (who experience disadvantage) accessing nursery places	3.3.1: To establish a named Health visitor for each EY setting taking vulnerable 2 years olds		Communities and wellbeing (CDG)	March 2023	% of EY settings with named HV	100%
	3.3.2: Monitor the proportion of reviews that are carried out jointly. Ideally this reiew (2 – 2.5 years) should be integrated with the Early Years Foundation Stage progress check at 2 years		CDG	March 2023	Proportion of 2 – 2.5yr reviews that are carried out jointly (no target set)	No target
	3.3.3: Consistent marketing across all sectors, Midwifery, HV, EY, Family Hubs (placeholder)		CDG			
3.4: Ensure that our early years setting staff are trained in trauma informed practice and care, know where to find information or help	3.4.1: Undertake an evidence review of trauma informed training, including cost-analysis	4.6.1	CDG	June 2022 (tbc)	Evidence review completed	N/A
	3.4.2: Establish training programme with Early Years providers (to link to introduce EY ELSA target)		CDG	December 2022 (tbc)	% of EY providers offering training % of staff trained	Tbc

and can signpost families properly	3.4.3: Develop support materials and supervision documentation for EY settings.		CDG	June 2022 (tbc)	Completion of support materials Number of EY providers using materials	
3.5: Publish clear guidelines on how families can access financial help, tackling stigma around this issue	3.5.1: Map out current provision for financial support for families, including childcare costs		CDG	June 2022 (tbc)	Mapping completed	N/A
	3.5.2: Raise awareness of financial support services available through the Family hubs		CDG Communities and wellbeing	June 2022	Number of financial support services published on the West Berkshire directory	
	3.5.3: Undertake focused engagement to ensure that provision and needs are identified from parent groups and across areas in West Berkshire		CDG	June 2022	Number of focus groups Demographics of attendees Consultation report	3 To include under-represented groups

4: Promote good mental health and wellbeing for all children and young people						
Objective	**Action**	**Aligns to**	**Owned by**	**Timescale**	**Indicator**	**Target**
4.1 Enable our young people to thrive by helping them to build their resilience	4.1.1: Health and wellbeing in schools programme. 1.Health and Wellbeing in Schools Award 2.The Public Health and Wellbeing Health and Wellbeing in Schools programme. 3.Living Well – Wellbeing Passports 4. Run Living Well workshops for year 7 5. School sleep champion training (placeholder)	4.4	Communities and Wellbeing (Public Health)	September 21-July 2022	1. No. of schools taking up offer. 2. Universal programme 3. Number of children with a passport 4. Number of workshops	1. 35 schools 2. Universal offer 3. Every Year 5 and 6 child in West Berkshire
	4.1.2: Number of local primary schools who have received a Life Education Performance		CDG	April 2022	Number of schools	12
	4.1.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day	2.1.6 5.2.3 5.3.3	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	June 2022	Delivery of campaign No. of books available No. of books issued	
	4.1.4: Develop and expand the Young Health Champions programme		Communities and wellbeing (Public Health)		Number of champions recruited Number of young people reached	21/22 – 50 22/23 – 100 (total)

	4.1.5: Implement the Recovery curriculum RSH through provision of a suite of resources and workshops for pupils in primary and secondary schools (placeholder – tbc)		Communities and Wellbeing (Public Health)	December 2023	To be developed	tbc
4.2: Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition	4.2.1: Creating a single access and decision-making arrangement across the delivery Partnership		Berkshire West ICP Children's programme Board	Work beginning Autumn 2021	Existing access and referral arrangements realigned into a single Berkshire west approach	Completed Sept 2022
	4.2.2: Building a formal Delivery Partnership arrangement a) A single access and decision-making point that all delivery aligns to b) A joint communication approach and set of tools that explains to CYP, parent and carers, schools, and primary care colleagues how to access support and the type of response and offer they can expect c) A joint workforce development programme.		Berkshire West ICP Children's Programme Board	Autumn conference with Oxfordshire Mind who will work with key parties to build and present a proposal	Berkshire West event in Spring 22	Aligned Commissioning model June 2022
	4.2.3: Meeting the COVID surge demand as it arises		CCG	March 2022	Meeting three weekly to address need, beginning in August 2021.	N/A
4.3: Use evidence to support interventions at the individual, family	4.3.1: Create a stakeholder map of our current Community and Voluntary sector partners who are working on mental health and	1.5.1 2.9.4 3.2.4 5.2.1	Communities and wellbeing (CDG)	December 2022	Completion of network map	N/A

and community levels to prevent and reduce the risk of poor mental health	wellbeing for children and young people					
	4.3.2: Be Well Campaign	5.2.3	MH & LD Board	June 2022	Number of engagements/unique users with new website, by local authority Number of visitors providing feedback on Be Well website Regular emoji feedback rating % of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	Baseline % of West Berkshire residents TBC TBC
	4.3.3: Continuing temporary contract during Covid for Kooth (online support)		Berkshire West ICP Children's programme Board	Recurrent funding from August 2021	Standard Kooth indicators	No formal target but offered to give YP a choice of services
	4.3.4: Addressing gaps in access and service offer due to inequalities. (cohorts LGBTQ+, Ethnically diverse groups, Learning Disabilities)		Berkshire West ICP Children's programme Board	Outline Plan of interventions needed and funding required by March 2022	Plan for data and monitoring improvement April 2022	Plan for data and monitoring improvement April 2022
	4.3.5: Tackling the waiting times in both specialist/ Core CAMHS for access and interventions in key areas: anxiety, depression,		Berkshire West ICP Children's	March 2022	Create a 2 year investment plan with BHFT for Core CAMHs to cover	Plan delivered March 2022

	Specialist CAMHS, Autism and ADHD.		programme Board		2022 – 2024	
	4.3.6: Meeting the Eating Disorder waiting times for response to referrals.		Berkshire West ICP Children's programme Board	Joint partner triage set up Sept 2021	Local Berkshire Protocol	Protocol in place by end of 21/22.
	4.3.7: Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases required locally to meet our 24/7 response commitment in the NHS long term plan		Berkshire West ICP Children's programme Board	Co-production design process with families and partners on model begun July 2021	Go live with phased offer January 2022, full workforce mobilisation March 2022	24/7 access for crisis cases
4.4: Support a Whole School Approach to Mental health, embedding wellbeing as a priority across the school environment	4.4.1 Mobilising 2 further Mental Health Support Teams in schools. - Newbury - Reading (South & East)		Berkshire West ICP Children's programme Board	September 2022	MHST teams established	2 new MHSTs
	4.4.2: Recruit Young Health Champions in Schools		CDG	Sept 21-July 2022	Number of schools engaged	Year 1 – 5 schools 10 YHC per school Year 2 – 5 schools 10 YHC per school
	4.43: Run Living Well Workshops for Year 7 students.		CDG	July 2022	Number of workshops Number of schools engaged Feedback from attendees	tbc
4.5: Support the mental health and wellbeing of looked	4.5.1: Co-production of an 'In-reach' bespoke service for Children in Care.		Berkshire West ICP Children's	Mobilisation meeting end August 2021	To be scoped	To be scoped

after children and care leavers	(placeholder)		programme Board Berkshire West local authorities			
4.6: Expand our trauma informed approach among formal and informal service providers	4.6.1: Develop a trauma informed strategy for West Berkshire. - mapping exercise - options appraisal for TI training across BOB	3.4.1	1.West Berkshire Children's Delivery Group 2 ICS Children's Board	December 2022	To be agreed by Dec 2021 Mapping exercise and Options Appraisal Completed (feedback needed re ICS proposals for BOB and timescales on actions)	
	4.6.2: Expand the provision of Therapeutic Thinking training for all school staff		WB Education service	December 2022	Number of schools engaged Reduced number of suspensions Reduced (FTEs) permanent exclusions Reduced number of Alternative provision Reduced number of SEND specialist placement	
	4.6.3: Provide Therapeutic Thinking Training for Children's Services staff		WB Children's Service	December 2022	Number of staff trained Feedback from attendees	
4.7: Improve the process for transition to adult	4.7.1 (placeholder) Additional Reimbursement Role (ARRs)		B West CCG			

mental health services	placed in a strategic primary care network that has a 16 plus focus					
	4.7.2. Work through the community mental health framework implementation model to test how to target and meet mental health needs of care leavers, those with emotional dysregulation 4.7.3.Ensure clinical pathways review findings are focused on the transition from CYP to Adult Pathways 4.7.4. Ensure models are trauma informed 4.7.5. A place focused (School focused or community focused) pilot, including the role of alternative education					

5. Promote good mental health and wellbeing for all adults						
Objective	**Action**	**Aligns to**	**Owned by**	**Timescales**	**Indicator**	**Target**
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	5.1.1: Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)		Mental Health Action Group	Ongoing	Number of clients supported by CAB Number of clients referred to CAB by social prescribers	As per service specification
	5.1.2: Supporting new residents to West Berkshire with a sense of belonging and awareness of local services	2.9.4 2.9.5	Mental Health Action Group	Ongoing	Number of new residents to West Berkshire	50% of new residents
	5.1.3: Work with the Homelessness Strategy Group to understand gaps and/links to poor mental health and wellbeing (e.g. reason for eviction)		Homelessness Strategy Group	June 2022	Gaps identified in service provision % of homeless people reporting being support with their mental health (place holder)	As per Homeless Strategy Group KPIs
	5.1.4: Raise awareness of resources and interventions that help to address mental health and wellbeing and related issues (e.g. rural isolation and loneliness) to residents, community groups and key stakeholders		Mental Health Action Group Ageing Well	Dec 2022	Number of mental health z cards distributed Number of entries inputted onto aDoddle (community mapping tool) Number of hits on West Berkshire directory	One per household 20 organisations 10% increase from baseline
	5.1.5: Create a tool which allows policymakers to examine the impact of their proposals and decision making on mental health	1.3.5	Public Health and Wellbeing	Dec 2022	Health in all policies tool complete	N/A

5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma	5.2.1: Utilise opportunities to promote existing mental health resources/services at local resident engagement events (e.g. educafe)	1.5.3	Public Health and wellbeing		Number of organisations provided with information	5+ per quarter
	5.2.2: Through the surviving to surviving fund, enable local organisations to provide support and develop services that improve mental health and wellbeing of West Berkshire residents		Mental Health Action Group	March 2022	Number of beneficiaries Amount of funding awarded Key outcomes for beneficiaries	Baseline >£300k TBC
	5.2.3: Develop a new mental health and wellbeing campaign (Be Well) to connect people from all backgrounds with local support and reduce stigma	4.3.2	MH & LD Board	June 2022	Number of engagements/unique users with new website, by local authority Number of visitors providing feedback on Be Well website Regular emoji feedback rating % of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	Baseline % of West Berkshire residents TBC TBC
	5.2.4: Run regular service users engagement events to ensure the continuous improvements of local services e.g. Thinking Together	1.5.3 4.3.4	Mental Health Action Group	Mar 2023	Number of Thinking Together events held Number of service users attending events	As per service specification/ funding agreement

					% service users and % professionals in attendance	
	5.2.5: Ensure services are responsive to the needs of vulnerable and marginalised groups in society, e.g. socioeconomically disadvantaged, ethnically diverse communities (placeholder)	1.2.1	Mental Health Action Group	December 2022	Need to consider how to measure this.	TBC
	5.2.6: Commission a range of public bite-sized awareness training sessions or on a range of life events that can impact mental health and wellbeing (e.g. including but not limited too; self-esteem, anger management, grief and bereavement, coping with redundancy coping with relationship breakdown, sleep death and dying)	1.2.1 4.3.4	Communities and wellbeing (public health)	February 2022	Number of sessions Number of attendees Feedback	As per service specificatio n
5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting	5.3.1 Establish a Creative Health Alliance to improve the availability and promotion of arts and cultural activities		Cultural Heritage Delivery Board	April 2023	Terms of reference developed Number of meetings Number of new members	N/A At least one per quarter As per terms of reference

access and signpost to activities that promote wellbeing	5.3.2. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing		Ageing Well Sub Group		Project officer – nature for health recruited Number of people taking part in health walks	N/A Baseline
	5.3.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day (June 2022)	2.1.6 4.1.4 5.2.3	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	June 2022	Delivery of campaign No. of books available No. of books issued	
5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them	5.4.1: Completion of a 10 year mental health and wellbeing strategy			Dec 2022	Strategy approved by the Health and Wellbeing Board	N/A
	5.4.2 Completion of Adult Mental Health Needs Assessment and regularly review other sources of data e.g. residents survey		Communities and wellbeing (Public Health and Wellbeing)	March 2023	Mental health needs assessment completed and published	N/A
	5.4.3: Provide welcome packs to target people moving home or new to West Berkshire (e.g. resource pack focusing on Health and Wellbeing)	4.7	Mental Health Action Group Public Health and Wellbeing	June 2022	Welcome packs developed Process for distribution identified	N/A
	5.4.4: Develop and promote a range information and tools to support transition across the life course (e.g. birth, school, college/university, employment, moving house, marriage, divorce/separation/widow, bereavement) through Be Well (or similar platform).		Mental Health Action Group	April 2022	Number of resources produced	One per quarter

5.5: Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between mental and physical health	5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment)		Public Health and Wellbeing Skills and Enterprise Partnership	August 2022	Number of relevant training courses held Number of businesses adopting mental health policies (placeholder)	As per service specification
	5.5.2: Increase uptake of annual health checks for people with serious mental illness and ensure appropriate behavioural support is available for people with SMI e.g. smoking cessation and weight management services		Berkshire West ICP Mental Health and Learning Disabilities Programme Board Mental Health Action Group	Mar 2023	% of people on GP SMI registers in receipt of all six elements of SMI health checks (by GP practice and overall) number)	As per NHS KPIs
	5.5.3: Develop and implement a universal mental health education training and delivery package around mental health crisis.		Berkshire West ICP Mental Health and Learning Disabilities Programme Board		Current training models reviewed Training schedule completed Number of people completing the course by organisation	N/A
	5.5.4 Commission services to support people who are in contact with mental health services to find or stay in work (Supported Employment Strategy)	1.4.6	Skills and Enterprise Partnership	January 2023	Employment rates between working age adults in contact with mental health services and the general population.	Baseline

5.6: Improve access to support for mental health crises and develop alternative models which offer sustainable solutions	5.6.1: Evaluate the pilot crisis café: Breathing Space (delivered across Berkshire West)		Berkshire West ICP Mental Health and Learning Disabilities Programme Board	April 2022	Evaluation completed	N/A
	5.6.2: Implement and deliver the priorities of the new Berkshire Suicide Strategy (2021 – 2026)		Berkshire Suicide Prevention Action Group	January 2023	Operational delivery plan produced	N/A
	5.6.3 Raise awareness of the issue of suicide, its causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.		West Berkshire Suicide Prevention Action Group	April 2022	Number of organisations contacted	10 per quarter

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Better Care Fund Plan 2021-2022

Report being considered by:	Health and Wellbeing Board
On:	09 December 2021
Report Author:	Maria Shepherd, Integration Lead.
Item for:	Decision

1. Purpose of the Report

The purpose of this report is to gain formal sign-off for West Berkshire's Better Care Fund Plan 2021-2022, which consists of two parts: narrative plan and planning template.

2. Recommendation(s)

To approve the Better Care Fund Plan for 2021-2022.

3. How the Health and Wellbeing Board can help

Approve the Better Care Fund Plan for 2021-2022.

4. Introduction/Background

4.1 The Better Care Fund Policy Framework for 2021-2022 provides continuity from the previous rounds of the programme.

4.2 The Policy Framework was published in October 2021.

4.3 The Policy Framework sets out four national conditions:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to Adult Social Care to be maintained in line with the uplift to CCG minimum contribution.
3. Invest in NHS commissioned out of hospital services.
4. Plan for improving outcomes for people being discharged from hospital.

4.4 The Policy Framework also sets out four national metrics:

(1) Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

(2) Older Adults whose long term care needs are met by admission to residential or nursing care per 100,000 population.

(3) The previous measure on non-elective admissions has been replaced with a measure of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions)

(4) The previous measure on Delayed Transfers of Care (DTOC) was suspended from March 2020 due to Covid-19. New measures have been introduced to reflect the new hospital discharged policy, which was published in June 2021. These measures are:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

- Improving the proportion of people discharged home using data on discharge to their usual place of residence.

4.5 The BCF planning requirements for 2021-2022 require a short narrative plan and a planning template to be completed (see attached appendices).

4.6 BCF plans will be approved by NHS England following a joint NHS and Local Government assurance process at regional level.

4.7 BCF Plans must be submitted from Health and Wellbeing Boards by 16th November 2021 and delegated Authority was granted by the Chair for this to happen prior to formal sign-off from the Board.

5. Consultation and Engagement

5.1 Graham Bridgeman, Health and Wellbeing Board Chair, Dr.James Kent, CCG Accountable Lead, Nigel Lynn, Chief Executive, Andy Sharp, LA Executive Director, Katie Summers, CCG Director, Paul Coe, Service Director Adult Social Care, Jo Stewart, Portfolio Holder for Adult Social Care, Royal Berkshire Healthcare Trust and Members of the Locality Integration Board.

6. Appendices

Appendix A – West Berkshire's BCF Narrative Plan

Appendix B – West Berkshire's BCF planning template

Background Papers:

None

Health and Wellbeing Priorities 2018/19 Supported:

☐ Promote positive mental health and wellbeing for adults.
☐ Improve opportunities for vulnerable people to access education, employment, training and volunteering.

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

Officer details:

Name: Maria Shepherd
Job Title: Integration Lead, Adult Social Care
Tel No: 01635 519782
E-mail Address: Maria.shepherd@westberks.gov.uk

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DRAFT Better Care Fund Plan for 2021-22

West Berkshire Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

West Berkshire's BCF plan was developed with contributions and agreement from the following partners: -

- West Berkshire Council (Adult Social Care, Housing and DFG Leads, Public Health and elected Councillors)
- Berkshire West Clinical Commissioning Group
- A34 Primary Care Network
- Kennet Primary Care Network
- West Berkshire Rural Primary Care Network
- West Reading Villages Primary Care Network
- Berkshire Healthcare Foundation Trust (BHFT)
- Royal Berkshire Foundation Trust (RBH)
- South Central Ambulance Service
- Representatives from the Voluntary Sector
- West Berkshire Healthwatch
- Community Pharmacy

West Berkshire's BCF plan has been developed as a progression of previous plans but also builds on: -

- what worked well during the height of the pandemic
- supporting our partners to recovery from the pandemic
- assessing how Covid-19 has differentially impacted our local population
- developing actions to mitigate the long term impact of Covid-19 from increasing existing health and social inequities
- Winter Planning

Towards the end of 2019-20 all partners were invited to share what they thought our priorities should be, a list was produced and the Locality Integration Board agreed three priorities for 2021-22. The priorities were shared with the Health and Wellbeing Board and the Integrated Care Partnership and a Senior Responsible Officer was allocated to each of the priorities from across the Health and Social Care System.

The Locality Integration Board provides regular updates to the HWBB and ICP on progress against these priorities as well as performance against the four national metrics.

Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

Local Areas were not required to submit a Better Care Fund (BCF) plan in 2020-21 given the exceptional pressures on systems due to the COVID-19 pandemic, but were required to use the mandatory funding streams locally, to pool these into a joint agreement under section 75 of the NHS Act 2006 and to provide an end of year Report.

During 2020-21 The Health and Social Care System in West Berkshire was able to build on the positive relationships developed through the BCF to support our joined up response to Covid-19. Two key examples of this were the flow of hospital discharges through the creation of the Rapid Community Discharge Group and the support given to our Care Homes in managing outbreaks, infection control and vaccinations in order to support the most vulnerable members of our community.

We also extended membership of our Locality Integration Board to include the Clinical Directors from the Primary Care Networks, Pharmacy, Housing and the Voluntary Sector. Although the Locality Integration Board did not formally meet during the pandemic, the co-chairs from the board met with partners from across Primary Care and Community Health to share vital information and problem solve where required to support our response to Covid-19.

In 2021-22, the Locality Integration Board took the decision to keep its priorities simple, whilst continuing to support recovery from the pandemic. Our priorities for 2021-22 are: -

- Multi-Disciplinary Team (MDT) Development

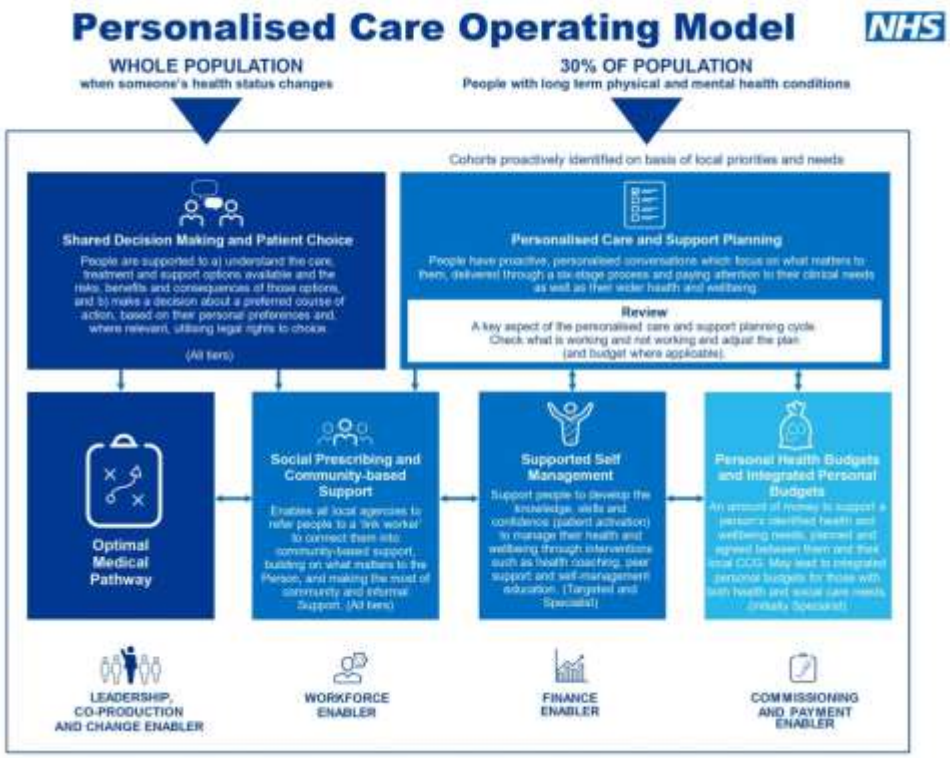
  The aim of this priority is to embed an MDT approach across Health and Social Care aligned to Primary Care Networks building on the work started in 2019-20 and 2020-21. The project will utilise a Population Health Management (utilising Berkshire West's Connected Care System, an integrated Health and Social Care System) approach in identifying a segment of the population and shifting primary care service delivery from reactive to proactive management to ultimately avoid unnecessary hospital admissions.

- Mental Health

  The aim of this priority is to ensure that people with low-acuity mental health are able to seek help and/or information by promoting local resources with the emerging primary and community Mental Health Model and long term efforts to promote self-care to ensure a clear and integrated approach to supporting people who are struggling with their Mental Health.

- Personalisation

  The aim of this priority is to carry out a high level mapping exercise of local and system activities against the Personalised Care Model in order to identify some small, manageable projects that LIB can take forward.



Our vision for better care is based on improving outcomes for individuals through the joint delivery of care which is responsive, enabling and available as close to home as possible is unchanged. We are committed to doing things with, rather than to, service users and therefore meaningful engagement is a key part of how will continue to implement change.

We are committed to delivering: -

- person centred care that focus on outcomes rather than outputs
- provision of good quality information and advice that empowers people to make good choices and self- manage
- care closer to home as the first option
- flexible services that operate across seven days where appropriate
- services will be simpler to access, have less duplication and reach service users earlier
- delivery of health and social care to be localised wherever possible
- A&E and other services that meet local residents' needs
- A greater range of local services that promote independent living
- Reduction in avoidable hospital admissions
- Lengths of stay in hospital will be kept to a minimum with timely discharges
- Increased numbers taking up health and social care personal budgets
- Focus on prevention to enable people to remain as independent as possible, including support for carers

West Berkshire's BCF plan for 2021-22 has been developed as a progression of previous plans but also builds on: -

- what worked well during the height of the pandemic
- supporting our partners to recovery from the pandemic
- assessing how Covid-19 has differentially impacted our local population
- developing actions to mitigate the long term impact of Covid-19 from increasing existing health and social inequities
- Winter Planning

We remain committed to delivering against the national metrics as well as supporting both the Health and Wellbeing Board, the Integrated Care Partnership and the BOB ICS to deliver its priorities through a number of local and national initiatives through the ICP flagship priority programme boards, planned care and long term conditions.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

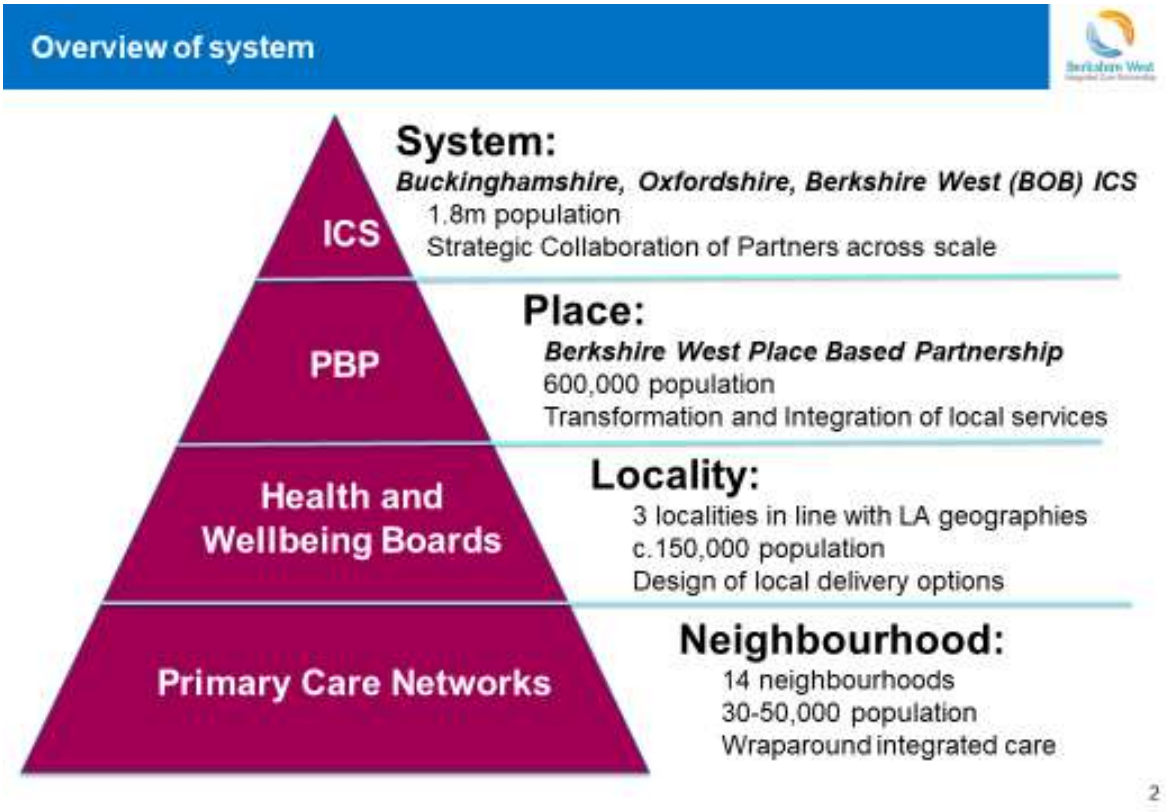
The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) takes strategic decisions at scale for the benefits of its 1.8 million population.

The Berkshire West Place Based Partnership (PBP) brings together the CCG, NHS foundation trusts, ambulance service and Local Authorities which serve the 600,000 residents of Reading, West Berkshire and Wokingham. The partnership works on a **place** basis to transform and integrate local services so patients receive the best possible care.

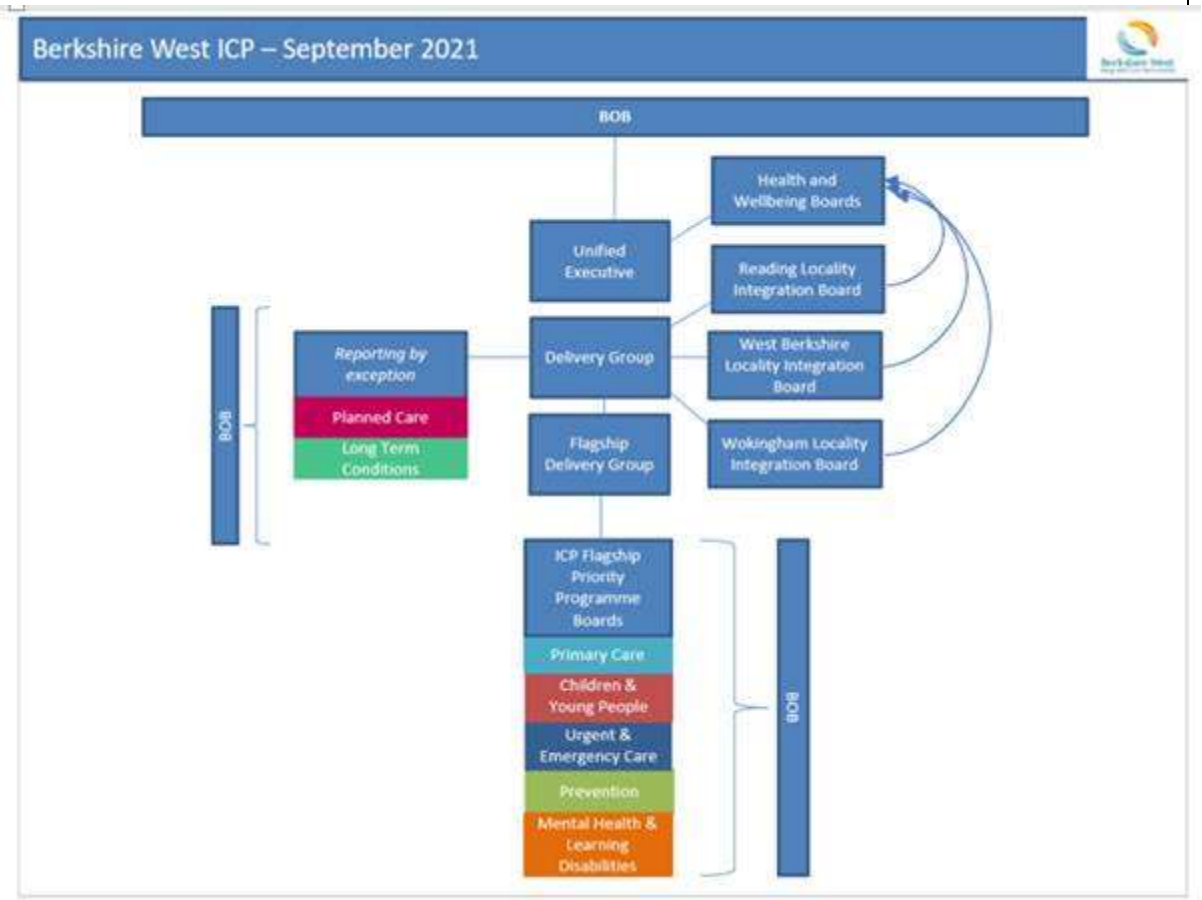
While the ICS and PBP are committed to strong joint working at place level, they recognise that there remains a need to design local delivery options to meet their strategic objectives.

The West Berkshire **Locality** Integration Board fulfils this function for the circa 150,000 residents of West Berkshire.

Primary Care Networks are clusters of GP practices who serve **neighbourhoods** of up to 50,000 patients. Community services will wraparound these emerging networks to deliver care closer to patients.



West Berkshire's Locality Integration Board is a sub-group of the West Berkshire Health and Wellbeing board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for West Berkshire at a locality and neighbourhood level. The Locality Integration Board also provides regular updates to the PBP.


Berkshire West ICP – September 2021
BOB
Health and Wellbeing Boards
Unified Executive
Reading Locality Integration Board
Reporting by exception
Delivery Group
West Berkshire Locality Integration Board
BOB
Planned Care
Long Term Conditions
Flagship Delivery Group
Wokingham Locality Integration Board
ICP Flagship Priority Programme Boards
Primary Care
Children & Young People
Urgent & Emergency Care
Prevention
Mental Health & Learning Disabilities
BOB

Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to support people to remain independent at home, including strengths-based approaches and person centred care.
- How BCF Funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21

In 2019 the three Health and Wellbeing Boards for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health across Berkshire West.

The Berkshire West Health and Wellbeing Strategy consists of five priorities: -

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help Children and Families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

The strategy has eight principles: -

1. Recovery from Covid-19 – The Covid-19 pandemic has presented unprecedented challenge to Berkshire West's Health and Care services and the way residents live their lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "build back fairer", taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equality is at the heart of local decision making to create healthier lives for all.

2. Engagement – Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. We will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

3. Prevention and early intervention – prevention and early intervention are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill health.

4. Empowerment and self-care – we want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decision about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

5. Digital enablement – The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for

those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; improving digital literacy and access across the whole of Berkshire West whilst at the same time ensuring services and support are available for those who prefer not to or who are unable to access the digitally.

6. Social cohesion – The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community specific health inequalities.

7. Integration – Whole system integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader BOB ICS, linking policies, strategies and programmes with those at the ICP, Local Authority and Neighbourhood levels.

8. Continuous learning – the actions that will be delivered through this strategy will be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

The strategy is accompanied by a report (in anticipation of a delivery plan being finalised) for each of the three Local Authority areas, describing how the strategy will be implemented in each area.

The Locality Integration owns a number of the actions within the plan for West Berkshire and will be an enabler to support a number of the other actions within the plan.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021-2030 establishes our priorities for the system, and aims to enable all of our residents to live happier and healthier lives.

The Council has been working with partners to co-produce an integrated community wellbeing model. The aim of the model is to bring together new provision (NHS link workers) and existing provision that supports individuals to self-care and strengthen community assets.

Adult Social Care operates on a number of guiding principles the first of which is to support its residents to maintain or develop their independence. This is seen in a number of services, one of which is funded through the BCF, the Reablement Service. It is also seen in our use of the Three Conversation Model, which is based upon the principle that we should only provide long-term services where absolutely required and that we should first support people to manage without our long-term intervention. These approaches align with the Care Act focus on preventing, reducing and delaying the need for care and support.

Housing are represented on the Health and Wellbeing Board and specific areas of focus has been addressing homelessness. Making Every Adult Matter (MEAM) has been operational in West Berkshire since January 2018 and brings together the Council, Police, Social Services, Two Saints, Probation Service, CCG, Berkshire NHS Trust, Fire and Rescue, DWP, ambulance Service, Sovereign Housing and various voluntary agencies.

MEAM is an approach to homelessness which aims to identify those very vulnerable individuals with complex multiple needs who fall through the net. These people might have mental health issues, addictions, a history of life on the streets and for whatever reason they find it impossible to engage with the system. They tend to lurch from crisis to crisis at great cost to themselves and to the agencies which respond to each emergency as it arises.

West Berkshire has three Extra Care Housing schemes offering 151 units for older and disabled people. We also have a range of offers for adults with Learning Disabilities and Mental Health. We are working on another scheme, which will offer up to 12 units of supported accommodation for adults with Learning Disabilities and Mental Health by 2020/21.

Berkshire West CCG and the 3 Local Authorities in Berkshire West jointly commission a number of services through the BCF to support avoidable admissions and hospital discharge. These services include: -

- Rapid Response and Treatment Service for Care Homes – this is a joined up health and Social Care service reducing avoidable admissions, carrying out medication reviews and provide support and training to care home staff.
- Connected Care – an integrated IT system sharing information across Health and Social care to improve patient care.
- Integrated Discharge Service – this service operates using a multi-disciplinary team across Health and Social Care focussing on a home first approach. It is co-located in RBFT and continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health bed at the point they no longer need clinical care and prevent avoidable admissions.
- Mental Health Street Triage – this service operates from Reading and Newbury Police station with the aim to reduce use of police custody and use of section 136 of the Mental Health Act, allowing the police to take the person to a place of safety from a public place. Enabling the right support at times of potential crisis and reduce avoidable hospital admissions and A&E attendances.
- Falls and Frality – this service aims to improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E Attendances

In addition, following the formation of a Joint Commissioning Board (JCB) in 2019 The Unified Executive for Berkshire West has directed the JCB to explore opportunities to achieve improved outcomes and cost efficiencies that could be delivered through closer working on joint commissioning. To date this work has resulted in each Local Authority producing a Market Position Statement, West Berkshire are due to renew theirs in 2021-2022. The JCB has also agreed to look at a Berkshire West Strategy for Nursing Care in 2022-2023 as this is an area of rising demand.

Another priority that is not funded by BCF but overlaps with some of the outcomes within the BCF is the Ageing Well Programme. West Berkshire are represented on the programme board and working together with health partners to implement this programme across the BOB ICS.

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

How is BCF Funded activity supporting safe, timely and effective discharge?

Our vision for better care is based on improving outcomes for individuals through the joint delivery of care which is responsive, enabling and available as close to home as possible. We are committed to doing things with, rather than to, service users and therefore meaningful engagement is a key part of how will continue to implement change.

We are committed to delivering: -

- person centred care that focus on outcomes rather than outputs
- provision of good quality information and advice that empowers people to make good choices and self- manage
- care closer to home as the first option
- flexible services that operate across 7 days where appropriate
- services will be simpler to access, have less duplication and reach service users earlier
- delivery of health and social care to be localised wherever possible
- A&E and other services that meet local residents' needs
- A greater range of local services that promote independent living
- Reduction in avoidable hospital admissions
- Lengths of stay in hospital will be kept to a minimum with timely discharges
- Increased numbers taking up health and social care personal budgets
- Focus on prevention to enable people to remain as independent as possible, including support for carers

Through our BCF we provide a Joint Care Provider Service (JCPS), Reablement Service, Link Workers to support three Acute Hospitals, a Community Hospital, a Mental Health Hospital and a Health Hub to support safe and timely hospital discharge for all West Berkshire Residents.

The JCPS is an integrated resource staffed by employees from both West Berkshire Council and Berkshire Healthcare Foundation Trust (BHFT). The team's role is to support all local residents through the Hospital system to discharge and follow up in the community.

The service is multi-disciplinary which includes Social Workers, Occupational Therapists, Physiotherapists, Social Care Practitioners, Reablement Officers and Therapy Assistants.

We provide link worker cover to all the hospitals in the area with two dedicated members of staff providing support within the hospital system. This includes three acute hospitals: Royal Berkshire Hospital in Reading, Great Western Hospital in Swindon and the North Hampshire Hospital as well as the Community Hospital in Newbury. We also provide 7 day cover with a Social worker based at the Royal Berkshire Hospital and a duty Director on call to support all Hospitals.

The JCPS operates a pathway desk, which deals with incoming referrals via the BHFT Trust hub, also funded through the BCF and focusses on sourcing care promptly to

expedite discharge for all West Berkshire Residents and support the home first approach using the four pathways defined by the NHS.

The JCPS follows up with all residents discharged from hospital in the community as soon as possible providing welfare checks and therapy visits to assist with rehabilitation and improving outcomes for the residents.

After 4 weeks, residents are discharged from JCPS either with long term care or no ongoing care. Residents who received rehabilitation through our BCF funded reablement service are again followed up 91 days after discharge to ensure the package received meets requirements, we are improving outcomes for residents and helps us to meet the national requirement : proportion of older people (65 and over) who were still at home 91 days after discharge form hospital into reablement services.

In addition to the Local activity above the Berkshire West ICP hold a weekly Directors call to discuss hospital discharges with partners including: Local Authorities, RBH, BHFT, BW CCG and South Central Ambulance Service (SCAS) to problem solve, facilitate and expedite hospital discharges as necessary.

In order to help with Winter planning all of the above continues but with some enhancement to the Reablement Service, capacity in the care market and encouragement for providers to support hospital discharges at weekends. We have recently introduced a dashboard, which is shared with our partners at the Acute Trust and provides the following information in order for us to have a shared understanding of the pressures within the Care Market and manage the capacity: -

- No. of people waiting for Care
- Total hours waiting to be sourced
- No. of care hours waiting to be sourced
- Intensity of Care Being Sourced
- Length of time waiting for Care
- Care Hours to be sourced by location

In the event that the Berkshire West ICP need to implement its escalation system whereby the Acute Trust is at full capacity this meeting is stood up as many times as needed in order to expedite hospital discharges. Berkshire West ICP follows the South East Regional OPEL framework.

From March 2020, in response to the pandemic, the Hospital Discharge Service requirement suspended previous performance standards on delayed transfers of care (DToC) and set out revised processes for hospital discharges in all areas, including the requirement that people should be discharged the same day that they no longer need to be in an acute hospital; and implementation of a “home first” approach.

Our BCF Plan already includes a significant amount of activity and expenditure to support hospital discharge and improving outcomes for people being discharged from hospital as explained above but the “home first” approach is also supported by additional funding in 2021-22 for health and social care activity to support recovery outside hospital and implement a discharge to assess model. This additional funding is drawn down by CCG’s separately to the BCF, based on incurred spend on eligible services. West Berkshire will have spent around £1 million extra funding to support hospital discharge in 2021/22.

Following the publication of the new Hospital Discharge Service : Policy and Operation Model in August 2020 Berkshire West set up two groups: -

1. Rapid Community Discharge (RCD) Steering Group – this group retains the strategic oversight of the development of the RCD pathway and reports to the Urgent and Emergency Programme Board.

2. Rapid Community Discharge Development Group – this group oversees the ongoing development and improvement of the policy.

The membership for both groups is drawn from across all system partners including the Berkshire West CCG, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust, West Berkshire Council, Wokingham Borough Council, Reading Borough Council and Q1 practitioners from across the NHS. The responsibilities for these groups include: -

- Working collaboratively, taking appropriate action to address the issues and opportunities identified through process mapping the discharge pathway both pre and post covid.
- Identifying additional opportunities to improve the flow of patients through the Rapid Community Discharge Pathway.
- Taking responsibility for facilitating identified task and finish groups to progress key pieces of work
- Ensuring communication of agreed actions and service changes takes place with relevant staff members with all organisations

From May 2021, revised metrics to track the implementation of the discharge policy are being collected via the Acute Daily Situation Report. This data is not collected at a Local Authority footprint in national reporting. Therefore, the new discharge metrics for the BCF are based on information available through hospital patient administration systems, available through the Secondary Users Service (SUS) database, which is available on a Local Authority footprint.

The historical data available for West Berkshire for 14 days is as follows:-

19-20 Q1 Actual	19-20 Q2 Actual	19-20 Q3 Actual	19-20 Q3 Actual	20-21 Q1 Actual	20-21 Q2 Actual	20-21 Q3 Actual	20-21 Q4 Actual	21-22 Q1 Actual
9.9%	9.6%	10.3%	13.3%	9.3%	9.6%	9.9%	11.0%	9.7%

The historical data available for West Berkshire for 21 days is as follows:-

19-20 Q1 Actual	19-20 Q2 Actual	19-20 Q3 Actual	19-20 Q3 Actual	20-21 Q1 Actual	20-21 Q2 Actual	20-21 Q3 Actual	20-21 Q4 Actual	21-22 Q1 Actual
5.3%	5.6%	5.7%	8.3%	5.1%	4.5%	4.9%	5.4%	4.9%

The historical data available for West Berkshire for discharge to normal place of residence is as follows:-

19-20 Q1 Actual	19-20 Q2 Actual	19-20 Q3 Actual	19-20 Q3 Actual	20-21 Q1 Actual	20-21 Q2 Actual	20-21 Q3 Actual	20-21 Q4 Actual	21-22 Q1 Actual
93.1%	92.9%	92.6%	90.9%	88.9%	91.8%	91.5%	90.1%	91.1%

West Berkshire facilitates hospital discharges across three Actute Trusts (Royal Berkshire Hospital, Great Western Hospital and North Hampshire Hospital), a community Hospital and a Mental Health Hospital. We will look to maintain a similar level of performance as last year, which will be a stretch given the challenges we are facing in sourcing care and as we enter a difficult winter period with flu and covid.

West Berkshire targets for hospital discharge for 2021/22 Q3 and Q4 are as follows: -

	2021/22 Q3	2021/2022 Q4
14 days or more	9.9%	11.0%
21 days or more	4.9%	5.4%

This target has been shared with partners and is based on the continuation of current funding levels for Hospital Discharge.

Following consultation with the Berkshire West Rapid Community Discharge a target of 91% has been agreed for all three local authorities in Berkshire West for the discharge to normal residence target. Although this is below the national guidance of 95% it is achievable locally based on previous performance in 2019-2020 and 2020-2021.

West Berkshire Target for discharge to normal place of residence for 2021/22 is as follows: -

	2021/22 Plan
Discharge to normal place of residence	91.7%

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Disabled Facilities Grant is partly managed through the Local Authority's Housing team and partly to support the Berkshire Community Equipment Service. The strategic approach to the use of the DFG has raised awareness and increased applications for these grants and has allowed individuals to remain in their own home.

The Housing Grants, Construction and Regeneration Act 1996 enables Local Authorities to provide Disabled Facilities Grants (DFGs) to eligible applicants in order to carry out appropriate adaptations so that they can remain in their homes and live as independently as possible.

With a renewed focus of prevention and collaborative working across the Housing Service and the recognition that housing is a key determinant of health, we look to include any opportunities relating to health in the delivery of our service.

Our revised Grants and Loans policy 2021 sets out West Berkshire Council's approach in terms of how we manage and allocate the Disabled Facilities Grant through the Housing Service's Home Improvement Agency Team (HIA). The HIA Team have systems in place to process Disabled Facilities Grant applications which are then given to the Occupational Therapists whose role is to complete the assessment process by visiting applicants at their home to determine their needs and what aids and adaptations are required. The Technical Officer within the team will then ensure that the assessments for aids and adaptations are drawn up and can fit within the home. This has allowed for a far more efficient service and ability to process DFG applications swiftly and therefore installation of grant funded works quicker.

DFGs help to facilitate a range of adaptations from stair lifts, level access showers, extensions, hoists, through floor lifts and many more. The HIA Team continue to successfully deliver DFGs and our recent customer satisfaction survey returned 100% satisfaction rate. The table below demonstrates the number of referrals received and awards made : -

	No. of referrals	No. of awards
2019-2020	285	136
2020-2021	323	108

The completed adaptations cut across all tenures and ages to deliver o those in need. We also work with Adult Social Care to fund OT equipment from the DFG budget which also enables applicants to remain in their home and move about safely and independently.

The Berkshire Community Equipment Service is jointly commissioned across 6 Local Authorities in Berkshire and their Health Partners. West Berkshire is committed to the

provision of equipment to people in the community to enable them to live more independently.

The service is based on a "recycling" model which means that costs are reduced if equipment is returned once it is no longer needed.

The Hospital Discharge Policy is under review to ensure all elements are pulled together to expedite hospital discharges through urgent DFG applications where necessary. This work slipped due to Covid but should be back on track shortly.

In addition, from 2019-2020 the Local Authority has invested £142,000 into a Technology Enabled Care Project. This project employs a TEC Advisor to provide expert support and advice to Social Workers in delivering some aspects of care in a different way, where possible, by increasing the appropriate use of Assistive Technology and avoiding costs to the Health and Social Care economy by promoting individual choice and independence for as long as possible and avoiding a hospital admission.

This project has seen an 8% increase in the use of TEC in the community since September 2020.

The Local Authority will invest a further £150K in 2022/23.

Equality and health inequalities.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

The Berkshire West Health and Wellbeing Strategy for 2021-2030 consists of five priorities, Priority one is to reduce the differences in health between different groups of people.

The strategy is accompanied by a local delivery plan for each of the three Local Authority areas, describing how the strategy will be implemented in each area.

A Health and Inequalities task group was established in February/March 2021 to develop this delivery and action plan to reduce the differences in health between different groups of people.

The membership of this group consists of representatives from: Public Health, Education, Equality and Diversity Building Communities together, Adult Social Care, Children's Services, Transport, Housing and Planning and the Berkshire West CCG, some of which are also members of the Locality Integration Board, including the Co-chair. Both The Health an Inequalities task group and LIB report to HWB.

The Task group will communicate between stakeholders and group members and develop actions to support the whole system. For example: -

- The Locality Integration Board owns actions to increase GP registration among rough sleepers and those in temporary accommodation and to develop a clear process from admission through to discharge from hospital settings to ensure homeless patients are discharged with somewhere to go with support in place.

- The Chair of the Health and Inequalities group was invited to the last Locality Integration board to share information on: -

    - Mapping out health inequalities in West Berkshire so we all have a shared understanding of which of our communities are most in need
    - Assessing how Covid-19 has differently impacted our local population and how we can mitigate the long term impact of Covid-19 from increasing existing health and social inequalities.

LIB were invited to attend the sub-group recently to share the purpose of the BCF and its priorities for Integration, which will be supported by the task group to avoid any duplication.

In addition the Council is looking to embed inequalities with all the work it does and is looking at incorporating inequalities into all its policies.

This information will help inform the work of the Locality Integration Board through the BCF, support our priorities in 2021/22 and help shape priorities for funding in 2022-2023 and beyond.

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Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in ‘yellow’. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.
The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned.
4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.
7. Provider:
- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
9. Expenditure (£) 2021-22:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.
The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.
1. Unplanned admissions for chronic ambulatory sensitive conditions:
- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric
3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	West Berkshire
Completed by:	Maria Shepherd
E-mail:	maria.shepherd@westberks.gov.uk
Contact number:	01635 519782

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Executive Director, People (DASS)
Name:	Andy Sharp

Has this plan been signed off by the HWB at the time of submission?	No	
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Thu 09/12/2021	<< Please enter using the format, DD/MM/YYYY Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Graham	Bridgeman	graham.bridgeman@westberks.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	James	Kent	james.kent@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Katie	Summers	katie.summers1@nhs.net
	Local Authority Chief Executive		Nigel	Lynn	Nigel.lynn@westberks.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Andy	Sharp	Andy.sharp1@west.berks.gov.uk
	Better Care Fund Lead Official		Maria	Shepherd	Maria.shepherd@westberks.gov.uk
	LA Section 151 Officer		Joseph	Holmes	Joseph.holmes@westberks.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	Serivce Director, Adult Social Care		Paul	Coe	Paul.coe@westberks.gov.uk

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	No
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: West Berkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,065,205	£2,065,205	£0
Minimum CCG Contribution	£10,559,556	£10,559,556	£0
iBCF	£782,810	£782,810	£0
Additional LA Contribution	£468,410	£468,410	£0
Additional CCG Contribution	£0	£0	£0
Total	**£13,875,981**	**£13,875,981**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,857,137
Planned spend	£4,386,605

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£5,235,764
Planned spend	£5,467,632

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£0	(0.0%)
Carers Services	£0	(0.0%)
Community Based Schemes	£357,427	(2.6%)
DFG Related Schemes	£2,065,205	(14.9%)
Enablers for Integration	£370,771	(2.7%)
High Impact Change Model for Managing Transfer of C	£0	(0.0%)
Home Care or Domiciliary Care	£2,749,274	(19.8%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£405,170	(2.9%)
Bed based intermediate Care Services	£1,809,786	(13.0%)
Reablement in a persons own home	£2,823,596	(20.3%)
Personalised Budgeting and Commissioning	£335,927	(2.4%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£1,614,161	(11.6%)
Other	£1,344,663	(9.7%)
Total	**£13,875,980**	

Metrics >>

Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	489.1	618.0

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	9.9%	11.0%
	LOS 21+	4.9%	5.4%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	0.0%	91.7%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	444	603

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.3%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: West Berkshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
West Berkshire	£2,065,205
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£2,065,205**

iBCF Contribution	Contribution
West Berkshire	£782,810
Total iBCF Contribution	**£782,810**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
West Berkshire	£468,410	Carry over from 20/21
Total Additional Local Authority Contribution	**£468,410**	

CCG Minimum Contribution	Contribution
NHS Berkshire West CCG	£10,559,556
Total Minimum CCG Contribution	**£10,559,556**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional CCG Contribution	**£0**	
Total CCG Contribution	**£10,559,556**	

	2021-22
Total BCF Pooled Budget	**£13,875,981**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
Total funds carried over due to the ability to utlise covid funding in the previous year, funding is being carried over to be utlised for project work and support winter planning and hospital discharges.

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: West Berkshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,065,205	£2,065,205	£0
Minimum CCG Contribution	£10,559,556	£10,559,556	£0
iBCF	£782,810	£782,810	£0
Additional LA Contribution	£468,410	£468,410	£0
Additional CCG Contribution	£0	£0	£0
Total	**£13,875,981**	**£13,875,981**	**£0**

Please note:

Scheme Types categorised as 'Other' currently account for approx. 9% of the planned expenditure from the Mandatory Minimum. In order to reduce reporting ambiguity, we encourage limiting this to 5% if possible.
While this may be difficult to avoid sometimes, we advise speaking to your respective Better Care Manager for further guidance.

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,857,137	£4,386,605	£0
Adult Social Care services spend from the minimum CCG allocations	£5,235,764	£5,467,632	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes		Yes	Yes	Yes	Yes

>> Incomplete fields on row number(s):

#NAME?

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Under 65 LD Residential and Supported Living	Residential Placements	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum CCG Contribution	£1,445,418	Existing
2	Carers	Carers Services	Personalised Budgeting and Commissioning			Social Care		LA			Private Sector	Minimum CCG Contribution	£335,927	Existing
3	Reablement	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum CCG Contribution	£402,983	Existing
31	Reablement	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	iBCF	£297,300	Existing
4	Memory and Cognition over 65	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	Minimum CCG Contribution	£465,162	Existing
41	Memory and Cognition over 65	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	iBCF	£34,700	Existing
42	Memory and Cognition over 65	Residential Placements	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum CCG Contribution	£46,943	Existing

5	Physical Support over 65	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	iBCF	£168,800	Existing
52	Physical Support over 65	Home Care or Domiciliary Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	Minimum CCG Contribution	£635,194	Existing
53	Physical Support over 65	Residential Placements	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum CCG Contribution	£49,210	Existing
54	Physical Support over 65	Residential Placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum CCG Contribution	£5,834	Existing
6	Carers Support - Direst Payments	Carers Services	Other		Other	Social Care		LA			Private Sector	Minimum CCG Contribution	£63,180	Existing
61	Carers Support - Other	Carers Services	Other		Other	Social Care		LA			Private Sector	Minimum CCG Contribution	£84,240	Existing
62	Carers Support - Voluntary Sector	Carers Services	Other		Other	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£209,102	Existing
66	Under 65 LD Residential and Supported Living	Residential Placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum CCG Contribution	£722,709	Existing
7	Over 65's Care Homes	Residential Placements	Residential Placements	Supported living		Social Care		LA			Local Authority	Minimum CCG Contribution	£115,746	Existing
71	Over 65's Care Homes	Residential Placements	Residential Placements	Supported accommodation		Social Care		LA			Local Authority	Minimum CCG Contribution	£222,373	Existing
8	Joint Care Pathway	Intermediate Care Services	Other		Support in Care Homes	Social Care		LA			Local Authority	Minimum CCG Contribution	£183,201	Existing
81	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Preventing admissions to acute setting		Social Care		LA			Local Authority	Minimum CCG Contribution	£254,931	Existing
82	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Preventing admissions to acute setting		Other	Joint Health and Social Care service	LA			Local Authority	iBCF	£203,500	Existing
83	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Preventing admissions to acute setting		Other	Joint Health and Social Care service	LA			Local Authority	Minimum CCG Contribution	£210,600	Existing
84	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Preventing admissions to acute setting		Other	Joint Health and Social Care service	LA			Private Sector	Minimum CCG Contribution	£460,719	Existing
9	DFG Schemes	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Private Sector	DFG	£2,065,205	Existing
10	DTOC projects	Other	Other		Mental Health Link Worker	Social Care		LA			Private Sector	iBCF	£60,000	Existing

11	DTOC projects	Other	Other		EDS	Social Care		LA			Local Authority	iBCF	£6,010	Existing
12	CHC reviews	Other	Other		Jointly funded placement - reviews	Social Care		LA			Private Sector	Additional LA Contribution	£200,000	Existing
13	Locality Lead	Other	Other		Lead for CCG and LA	Social Care		LA			Local Authority	Minimum CCG Contribution	£93,717	Existing
14	BCF Data Analyst	Other	Other		Rapid hospital discharge analysis	Social Care		LA			Local Authority	iBCF	£12,500	Existing
141	BCF Data Analyst	Other	Other		Rapid hospital discharge analysis	Social Care		LA			Local Authority	Minimum CCG Contribution	£23,693	Existing
15	IMHA and Veterans	Prevention / Early Intervention	Other		Advocacy	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£42,120	Existing
16	Contingency	Other	Other		Contingency	Social Care		LA			Local Authority	Minimum CCG Contribution	£65,950	New
17	Re-ablement Funding	Intermediate Care Services	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£916,051	Existing
18	BWM10 PMO	Share of cross Berkshire West programme management	Enablers for Integration	Programme management		Other	CCG	CCG			CCG	Minimum CCG Contribution	£85,771	Existing
19	CCG Contingency	Share of cross Berkshire West contingency funding	Other		Contingency	Other	Contingency	CCG			CCG	Minimum CCG Contribution	£65,950	Existing
20	Risk Share	Risk Share	Other		Risk Share	Other	Risk Share	CCG			NHS Acute Provider	Minimum CCG Contribution	£201,000	Existing
21	Care Homes / RRAT	Intermediate Care Services	Residential Placements	Care home		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£451,348	Existing
22	SCAS Falls Service & Fraity	Partnership with SCAS to reduce NEAS due to falls	Community Based Schemes	Integrated neighbourhood services		Mental Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£27,000	Existing
23	Street Triage	To reduce the number of Secont 136's applied by Thames Valley Police	Community Based Schemes	Integrated neighbourhood services		Mental Health		CCG			NHS Community Provider	Minimum CCG Contribution	£62,017	Existing
24	Connected Care	Data integration between health and social care	Enablers for Integration	System IT Interoperability		Community Health		CCG			Private Sector	Minimum CCG Contribution	£285,000	Existing
25	CHS	HICM for Managing Transfer of Care	Other		Other	Acute		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£34,000	Existing
26	Speech & Language Therapy	Intermediate Care Services	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£77,512	Existing
27	Care Home in-reach	HICM for Managing Transfer of Care	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£319,443	Existing

28	Community Geriatrician	HICM for Managing Transfer of Care	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£174,989	Existing
29	Intemediate Care (including integrated discharge, discharge to assess service)	HICM for Managing Transfer of Care	Bed based intermediate Care Services	Step up		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£551,979	Existing
30	Health Hub	Integrated Care Planning and Navigation	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£405,170	Existing
31	Intermediate Care night sitting, rapid response,	Intermediate Care Services	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£763,375	Existing
32	projects to support LIB priorities	Support MDT's, Mental Health and Personalisation	Community Based Schemes	Other				LA			Local Authority	Additional LA Contribution	£268,410	New

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: West Berkshire

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	489.1	618.0	Our system is operating well below the national average of 896.53. In 2020/21, due to the pandemic there were an abnormally low number of Non Elective Admissions (489).

>> link to NHS Digital webpage

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more	Proportion of inpatients resident for 14 days or more	9.9%	11.0%	West Berkshire facilitates hospital discharges across three Actute Trusts (Royal Berkshire Hospital, Great Western Hospital and North Hampshire Hospital), a community Hospital and a Mental Health Hospital. We will look to maintain a similar level of performance as last year, which will be a stretch given the challenges we are facing in sourcing care and as we enter a difficult winter period with flu and covid.
ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 21 days or more	4.9%	5.4%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.7%	Following consultation with the Berkshire West Rapid Community Discharge Group (Made up of senior management staff from the Hospitals, Community Nursing, the CCG and Social Workers), they have looked at the data and have set the target of 91% for all three Local Authority areas.

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	619	543	444	603	Nationally, admissions of people aged 65 and over have decreased to the lowest level over the past six years. The number of permanent admissions in West Berkshire also decreased significantly in 2020/21 and we are currently below the England average.
	Numerator	190	166	138	192	
	Denominator	30,675	30,568	31,106	31,865	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.8%	87.9%	85.3%	Nationally, the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services fell from 82.0 per cent in 2019-20 to 79.1 per cent in 2020-21.
	Numerator	128	102	162	
	Denominator	151	116	190	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: West Berkshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Narrative Plan page 1		
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes	Narrative Plan pages 2, 3, 4, 7, 8,9,10,11 and 12.		
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Narrative Plan page 13 & 14		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Planning Template		
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Planning Template		
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes	Narrative plan pages 10, 11 and 12 and Planning Template		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	Planning Template and Narrative Plan		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes	Planning Template - metrics tab		

Berkshire West CCG

Continuing Heath Care Team

Niki Cartwright

Director of Joint Commissioning

Berkshire West Clinical Commissioning Group

Changes Implemented

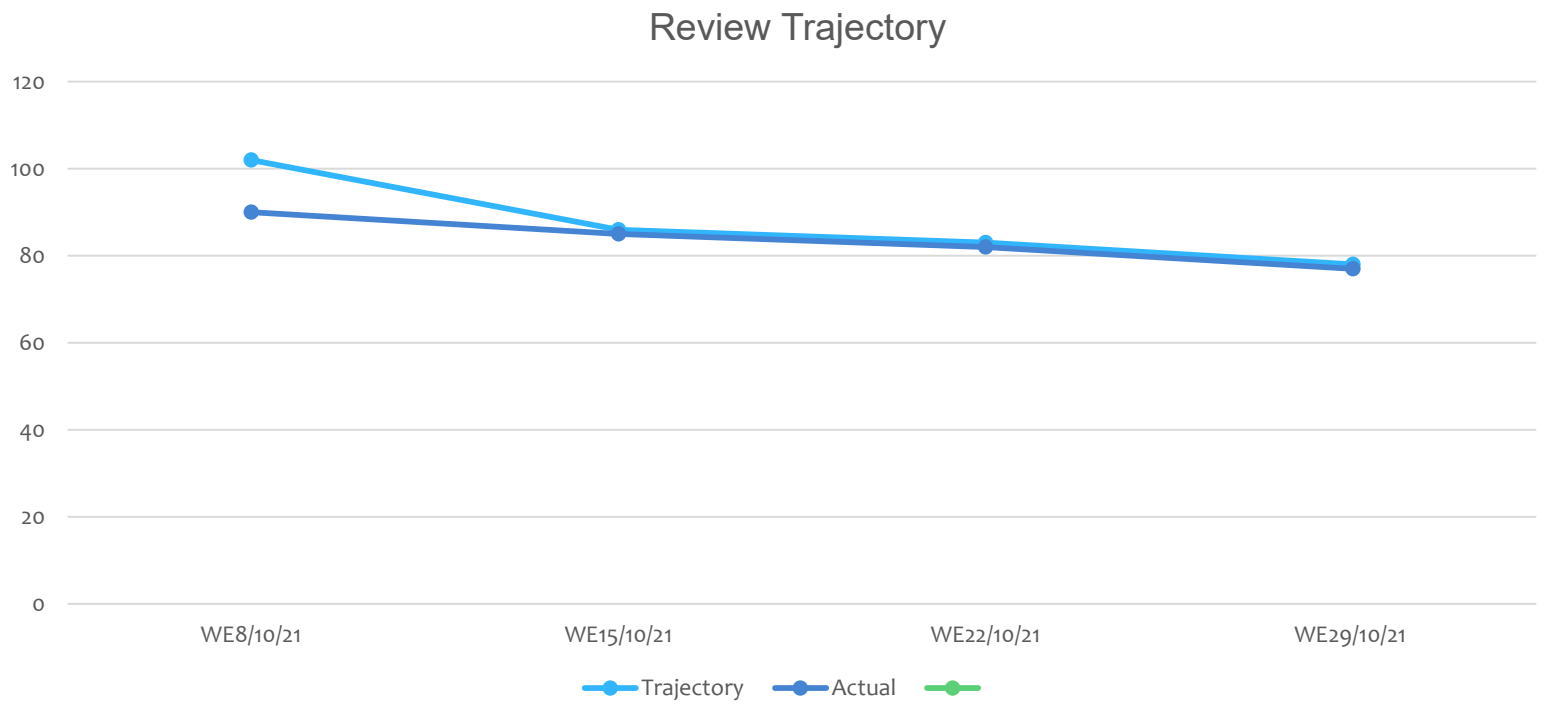
- Complete review of our internal processes and activity with a clear process map for teams to follow.
- A dedicated team for management of all new applications into the service with a 28 day standard to address the previous failing to meet the NHSE expectation delivery
- A dedicated review team focusing on overdue reviews and case management
- Recruitment of new interim staff with significant experience of change management and ability to present quality applications within the 28 expectation consistently.

Changes Implemented

- Effective management of L.A. Dispute Meetings held with reduced delays..
- Improved relationships with stakeholders including Local authority, Evidence of compliments from all 3 Local authorities.
- Start of a Provider engagement forum with support of CCG leads.
- Review and refocus of Free Nursing Care process and activity

Impact On Reviews

A clear trajectory set and being achieved for Review



Impact on 28 Day Targets

Time Period	Trajectory agreed with NHSE	Achieved Actual
Q1 2021/2022	20-29.9%	25%
Q2 2021/2022	30-30.9%	61%

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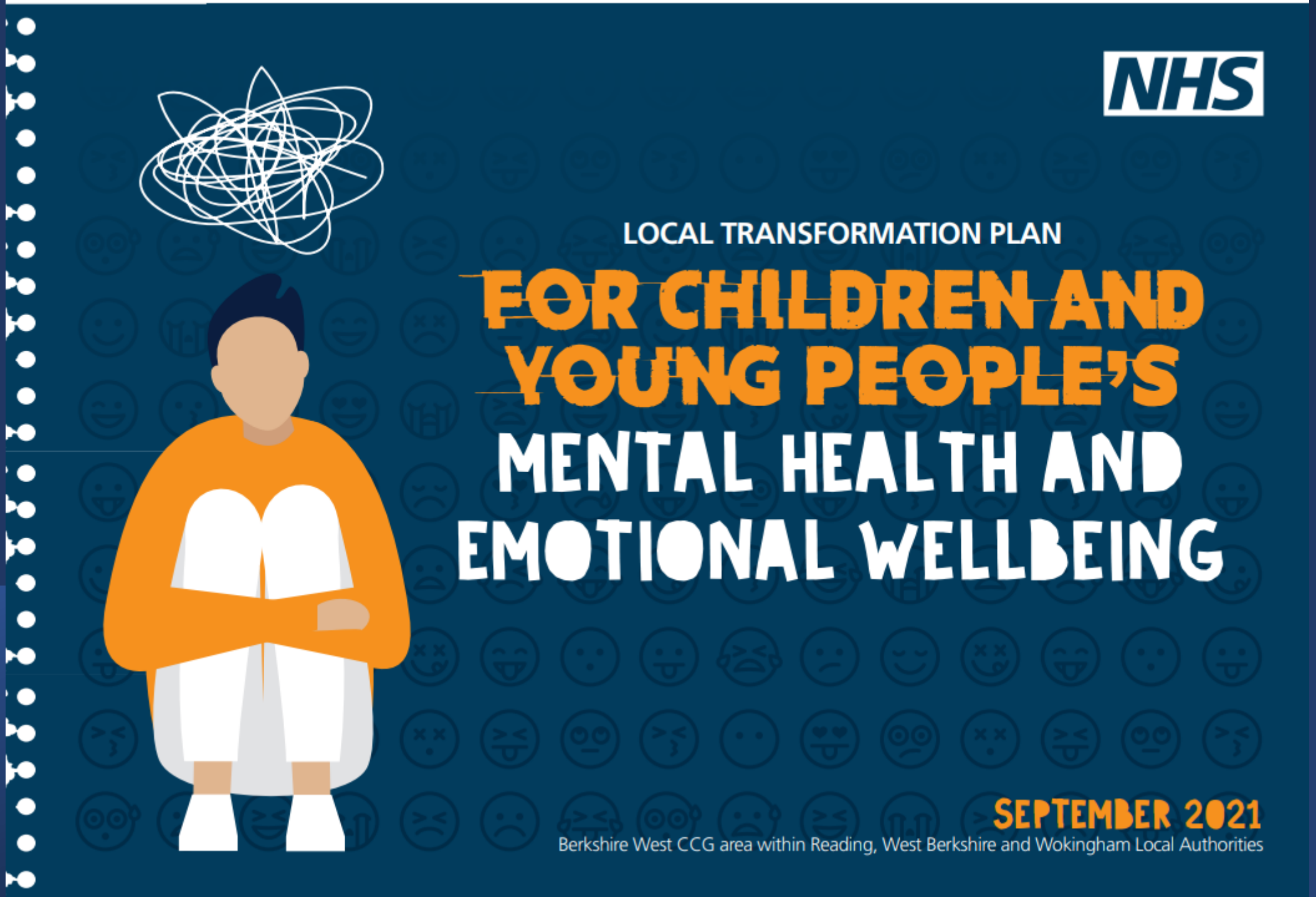
NHS
LOCAL TRANSFORMATION PLAN
FOR CHILDREN AND YOUNG PEOPLE'S
MENTAL HEALTH AND EMOTIONAL WELLBEING
SEPTEMBER 2021
Berkshire West CCG area within Reading, West Berkshire and Wokingham Local Authorities

IMPROVING EMOTIONAL WELLBEING AND MENTAL HEALTH OF ALL CHILDREN AND YOUNG PEOPLE ACROSS BERKSHIRE WEST

This document builds on the 2019 plan and provides an update of:

- What we have achieved so far.
- Local need, trends and the voice of children and young people and their parent / carers.
- Our commitment to undertake the further work that is required.
- Resources required.

children-and-young-people-s-mental-health-and-emotional-wellbeing-ltp_final.pdf (berkshirewestccg.nhs.uk)

1.1 LOCAL CONTEXT INFOGRAPHIC

Established three mental health support teams (MHST) in our three local authority settings who have worked with 872 CYP since starting covering 32% of the pupil population.

Secured funding for two extra MHST's to launch in 2022 to cover 52% of the pupil population.

A children in care offer has been co-produced with our CYP, local authorities and BHFT.

An intensive community and home treatment offer that will build off and integrate with the existing rapid response offer.

Improved CYP access to help 24/7 with our NHS 111 provider, SCAS to ensure crisis support is available.

Increased the rapid response service offer which is now a seven day offer until 8pm and increasing both clinical and skill mix within the team.

Invested to increase the workforce in the Berkshire Eating Disordered service.

Improved CYP outcomes data flow onto MHSDS.

Launched the ASD / ADHD advice and guidance service run by the voluntary sector for CYP and their families and carers.

Digitalised 'The Little Blue Book of Sunshine' and made a hard copy available to each school pupil.

Completed a comprehensive review of CYP services to inform our next priorities.

2// OUR AMBITION

We will ensure promoting resilience and good mental health and wellbeing is a priority across all partners, with a commitment to helping every child and young person experience positive mental health and wellbeing by using the right help, when and where needed.

We strive towards individually tailoring help and support to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing. We continue to make good progress in this. We want to go further. Our Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity.

Our goal is to reduce the number of children, young people and their families whose needs escalate to require specialist intervention, a crisis response or in-patient admission. Our plan has been refreshed in line with the requirements of NHS 10-year LTP.

Successful delivery of the plan will mean that:

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible.
- Children, young people, their families and our communities are emotionally resilient.
- More children and young people with both an emerging emotional health needs and diagnosable mental health condition access evidence-based services in a range of settings.
- Fewer children and young people escalate into crisis, but for those that do; good quality care will be available quickly and will be delivered in a safe place enabling them to recover as quickly as possible.

REFRESHED TRANSFORMATIONAL PRIORITIES

REFRESHED TRANSFORMATIONAL PRIORITIES

Priority 6 — Mobilising two further Mental Health Support Teams (MHSTs)

Priority 7 — Meeting the COVID-19 surge demand as it arises

Priority 8 — Addressing gaps in access and service offer due to inequalities

Priority 9 — Strengthening our adolescent to young adulthood offer (16 – 25)

Project updates November 2021

- P1 is progressing - Engagement with partners has started and themes for the workshops have started to emerge.
- P2 – Provider appointed (SCW CSU). Kick off meeting in November to detail plans and timelines.
- Finalisation of CiC proposal with funding commitments agreed.
- MHST wave 5 Project Implementation Plan assured by NHS E/I; Senior EP recruited in Reading and Admin role advertised. Schools sign up almost completed. Comms activities being planned.
- Advisory group for inequalities on 14/10 to help shape the scoping of this project was a success and helped shape the approach and planning.
- Inequalities T&F have started scoping the work needed to reach recommendations to the steering group.

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Skills & Enterprise Partnership

9th December 2021

#careersnotcourses

Health & Wellbeing In West Berkshire

Skills & Enterprise Partnership

SEP – A Diverse Partnership

#careersnotcourses

SEP – Purpose & Aims

The purpose of the Skills & Enterprise Partnership (SEP) is to act as the delivery arm of the Health and Wellbeing Board and support the delivery of the Strategy

The aims of the SEP are to:

- Promote economic development by ensuring the widest possible pool of talent 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 in order to increase diversity

SEP – Target Groups

Under-represented groups include:

- People with physical disabilities
- People with mental health problems
- People with learning disabilities
- People with long-term health conditions
- Young people

SEP – Key Projects 2019/21

1. Identification of the main groups in West Berkshire who are under-represented in employment, in order to confirm the priorities of planned projects
2. Delivery of a public awareness campaign to promote the sustained employment of people from under-represented groups
3. Development of the second phase of the ‘Working for a Healthier Tomorrow’ initiative
4. Expansion of the ‘Delivering Life Skills’ programme
5. Enhanced delivery of a Work & Careers Fair, including participation by local schools and supporting the work on employment opportunities for people with learning disabilities

Health & Wellbeing In West Berkshire

Skills & Enterprise Partnership

SEP – Key Projects 2019/21

1. Identification of the main groups in West Berkshire who are under-represented in employment, in order to confirm the priorities of planned projects

Work completed by Catherine Greaves (Workplace Health Officer & Project Officer West Berkshire Wellbeing). Discussed and agreed by the Skills & Enterprise Partnership

SEP – Key Projects 2019/21

2. Delivery of a public awareness campaign to promote the sustained employment of people from under-represented groups

Delayed by pandemic. SEP will seek to work with the group 'Employment is everyone's business' (Mark Browne and Lee Hunt) to devise campaign. No further progress.

SEP – Key Projects 2019/21

3. Development of the second phase of the ‘Working for a Healthier Tomorrow’ initiative

Delayed by pandemic. Will be the remit of the new post holder for Workplace Health who will join the SEP and lead on this action. Focus is likely to be on mental health in the workplace.

SEP – Key Projects 2019/21

4. Expansion of the ‘Delivering Life Skills’ programme

The Education Business Partnership (EBP) have now delivered six workshops to local young people in schools, focussing on building self-esteem, confidence, and social & communication skills. The workshops were evaluated very positively, with 96% of students saying that they found the activities valuable and 100% of their teachers confirming that they would like their students to participate in future.

SEP – Key Projects 2019/21

5. Enhanced delivery of a Work & Careers Fair, including participation by local schools and supporting the work on employment opportunities for people with learning disabilities

The University & Careers Fair was delivered as a partnership by the EBP, Newbury College and Laura Farris MP. As a result of continuing Covid restrictions, the first day of the event was delivered through a series of virtual workshops with 1,178 young people in local schools taking part. The second day included a live Q&A panel, held at St Bart's Sixth Form and made available online to the other secondary schools. The panellists were hosted by Laura Farris and included participants from a range of local businesses, including Vodafone, Xtrac, Get Berks Active and AWE. A total of 100 students took part on-site, with many other young people viewing the video online.

SEP – Proposed Future Direction

At the meeting on 4th November the SEP discussed a proposal to divide its activity into two distinct groups:

First, a group will continue to focus on the current core aims of the SEP. This group will continue to report to the Health & Wellbeing Board, though is likely to choose a new name to better represent its purpose. A new action plan is now being developed for the core work on skills and employment for people in vulnerable groups.

A second group is also proposed which will focus on wider economic development, and the skills required to meet the needs of the local economy. Katherine Makant (WBC Economy Manager) agreed to develop a proposal to establish this group, which will seek to include strong representation from local businesses and seek a different reporting line within WBC.

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9th December 2021

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Skills & Enterprise Partnership

Healthwatch West Berkshire - Child and Adolescent Mental Health Services (CAMHS) Survey Feedback Report February 2021

Report being considered by:	Health and Wellbeing Board
On:	09 December 2021
Report Author:	Lesley Wyman / Andrew Sharp
Report Sponsor:	Healthwatch West Berkshire
Item for:	Decision

1. Purpose of the Report

To present the Child and Adolescent Mental Health Services (CAMHS) Survey Feedback Report, which was a follow-up to a CAMHS parents focus group run by Healthwatch in July 2019. We hope this report will be a springboard for root and branch transformations that will improve the mental health and emotional wellbeing of our children and young people in West Berkshire.

2. Recommendation(s)

For the Health and Wellbeing Board to:

(a) note the report;

(b) endorse the report's recommendations; and

(c) ask key partners to act upon the report's recommendations.

3. Executive Summary

This report presents the results of Healthwatch West Berkshire's recent work seeking feedback from the families of children using local CAMHS and the recommendations arising from this work. The report makes a series of 12 recommendations, which are designed to address the issues raised in the survey responses.

4. Supporting Information

4.1 In February 2021, Healthwatch West Berkshire undertook an online survey exploring the views and perceptions of the parents/guardians of children who were currently using the local Child and Adolescent Mental Health Service (CAMHS).

4.2 The survey highlighted the following issues:

- Very long waiting times for help
- Children's conditions worsening due to the long wait times
- Children's education suffering

- Adverse impacts on the mental health and wellbeing of other family members
- Many parents have resorted to paying for private treatment and diagnoses
- A widespread belief that earlier access to CAMHS would have made a difference
- An overall feeling that the CAMHS service was not satisfactory or effective
- Poor feedback about information received on discharge and where to get help.
- The urgent need to reduce waiting times and provide more support at all stages.
- The need for better communication with families.
- A general plea for more / more experienced staff.

4.3 Commissioners have recognised the need to improve CAMHS provision locally and a Local Transformation Plan was developed to this end in 2015. This has been regularly refreshed and in January 2020 a report was taken to West Berkshire Health and Wellbeing Board to present the refreshed version of October 2019. The LTP provided an update on service development and improvement across the comprehensive CAMHS system. Many of the priorities for action listed in the LTP relate strongly to the Healthwatch West Berkshire CAMHS survey.

4.4 The backdrop driving activity and improvement in this area included a continued increase in demand for children's mental health services and thus increased waiting times; difficulty recruiting the CAMHS workforce, despite additional resources for specialist CAMHS teams across Berkshire West; concerns about the self-harm rates in all three Local Authorities for people aged 10–24 and self-harm rates for 15- to 19-year-olds across all three areas that were higher than the national average.

4.5 Since January 2020, we have suffered a Coronavirus pandemic which has taken the lives of over 127,000 people nationwide. Many NHS service developments have had to be put on hold in order to deal with this pandemic. It is evident that there has been commitment at the highest levels locally in Berkshire West CCG and the 3 Local Authorities to improve CAMHS and address the mental and emotional health and wellbeing needs of children and young people. However, this survey demonstrates that the CAMHS in West Berkshire is still not meeting these needs and the service users are unhappy with many aspects of the service.

5. Options Considered

The recommendations listed in this report will dovetail with the action plans that have been developed as part of the LTP to improve the mental and emotional wellbeing services for our children and young people.

6. Proposal(s)

The report makes the following recommendations:

(1) Decrease the waiting times for children and young people to receive a diagnosis, having been referred to CAMHS, to a level that is acceptable and reasonable.

(2) Decrease the amount of time taken for a child/young person and their parents/guardians to be seen by CAMHS for any reason following referral.

(3) Initiate an internal review as to why parents and guardians of young people who have been seen by CAMHS do not believe that it made any difference to their child. Develop an action plan to improve outcomes of the service.

(4) Improve the quality of information and advice that all children and young people and their families receive from CAMHS when they are discharged from the service.

(5) Ensure that all children and young people and their parents and guardians are signposted to other mental and emotional health and wellbeing services as appropriate.

(6) Increase the support given to children and young people and their parents/guardians throughout the whole CAMHS journey from referral, diagnosis and treatment through to discharge or referral to another service.

(7) Improve communication between the CAMHS team and parents/guardians and children and young people being referred to the service at every stage of their CAMHS experience.

(8) Increase the number and quality of staff working within the CAMHS team to meet the needs of the children and young people and their families.

(9) Ensure the most up to date Local Transformation Plan for Children and Young People's Mental Health in Berkshire West is fully implemented and all aims and objectives in any accompanying plans are fulfilled and reported to the Health and Wellbeing Board.

(10) Ensure that all Public Health data relating to the ongoing mental health and wellbeing of children and young people in West Berkshire is regularly reported to the West Berkshire Health and Wellbeing Board and local service commissioners.

(11) Improve the preventative and early intervention services available to all children in West Berkshire in order to improve and maintain their mental health and wellbeing and help to prevent the number of referrals to CAMHS.

(12) Improve communication and liaison between mental health services in schools and CAMHS to help ensure that children and young peoples' needs are met and there is clear and logical continuity of care across settings.

7. Conclusion(s)

Though much investment has come into Children's Mental Health Services recently with some excellent work by commissioners and providers being done, waiting lists for some children experiencing Mental Health issues remain too long and little support

is in place to mitigate this delay. As Children's Mental Health forms a key priority of the newly launched Joint Health and Wellbeing Strategy, all efforts should be made to improve access to services for ALL children in West Berkshire regardless of their condition.

8. Consultation and Engagement

The report was informed by the HWWB CAMHS focus group and residents of West Berkshire who were able to respond to the survey between February and March 2021. The report has also been shared with the Berkshire West Integrated Care Partnership Mental Health and Learning Disability Board, and Berkshire West Clinical Commissioning Group prior to release.

9. Appendices

Appendix A – Child and Adolescent Mental Health Services (CAMHS) Survey Feedback Report February 2021

Background Papers:

The state of children's mental health services 2020/2021:
https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21/

Berkshire West Local Transformation Plan (LTP) For Children and Young People's Mental Health and Emotional Wellbeing 2021:
https://www.berkshirewestccg.nhs.uk/media/5486/children-and-young-people-s-mental-health-and-emotional-wellbeing-ltp_final.pdf

Berkshire West Children and Young People's Mental Health Needs Assessment (2021):
https://www.berkshirewestccg.nhs.uk/media/5485/health-needs-assessment_cyp-berkshire-west_2021.pdf

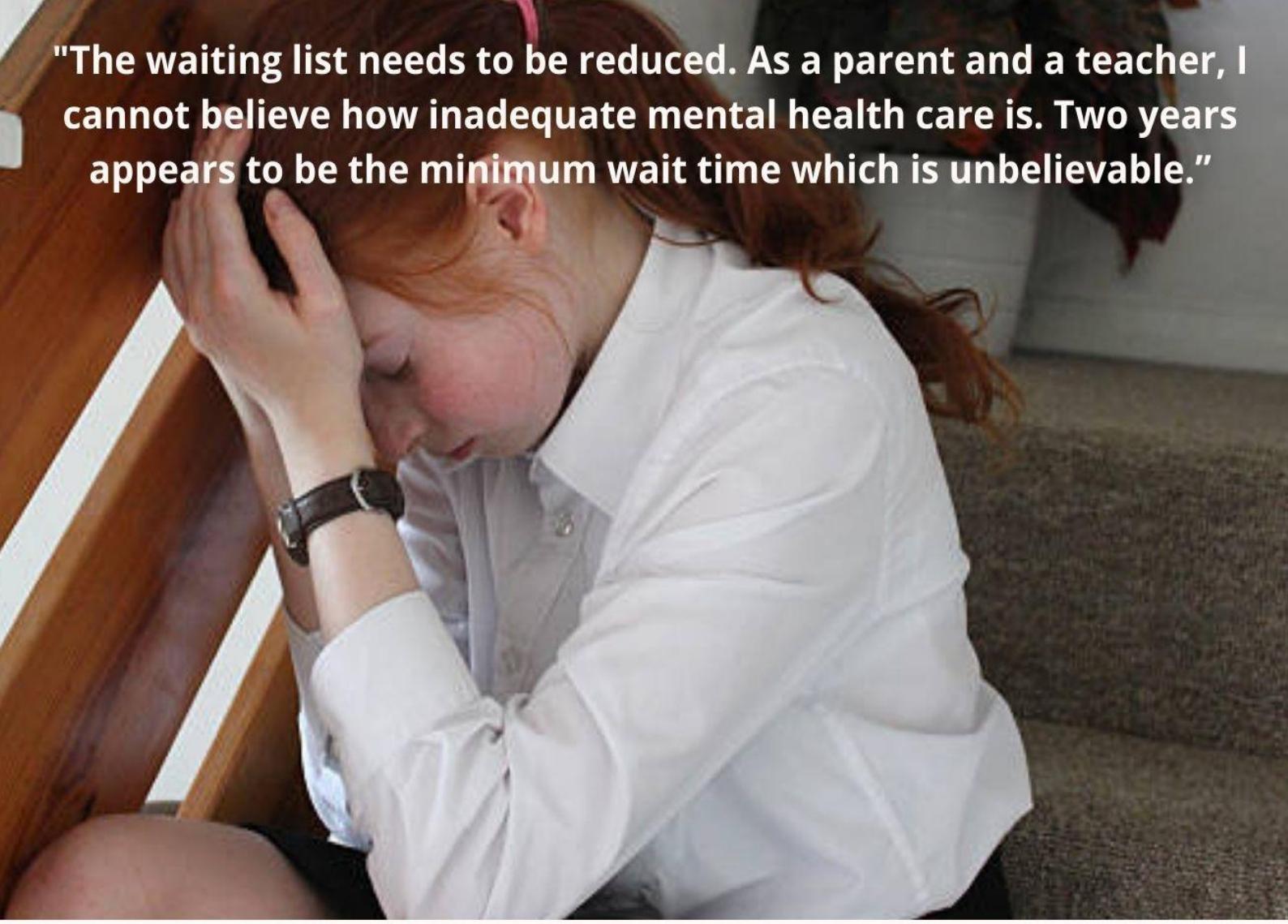
Mental Health of Children and Young People in England, 2017 [PAS]
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

Health and Wellbeing Priorities Supported:

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

☐ Reduce the differences in health between different groups of people
☐ Support individuals at high risk of bad health outcomes to live healthy lives
☐ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☐ Promote good mental health and wellbeing for all adults

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy priority / priorities by focussing attention on Children's Mental Health Services and waiting lists.



Child and Adolescent Mental Health Services (CAMHS) Survey Feedback Report February 2021

healthwatch West Berkshire

Contents

"these are the adults of the future and you are letting them down"

Introduction

According to the BMJ report 10th March 2021, *Mental health of children and young people during pandemic*

"The mental health of the UK's children and young people was deteriorating before the pandemic, while health, educational, and social outcomes for children with mental health conditions are worse than for previous cohorts.[4][5][6] Between 2004 and 2017 anxiety, depression, and self-harm increased, particularly among teenage girls.[7]" (1)

In February 2021 Healthwatch West Berkshire undertook an online survey exploring the views and perceptions of the parents/guardians of children who were currently using the local CAMHS. The survey was a follow-up to a focus group run by Healthwatch in July 2019. Due to covid the survey was available only online and was shared on the West Berkshire Healthwatch website and on social media. The survey ran from February to the middle of March 2021. This preliminary report explores the responses and presents some early recommendations for the way forward.

The key finding on extensive waiting times is of great concern especially given Berkshire West was found to be one the 10 CCGs nationwide with the largest increases in average waiting time from 2017/18 to 2019/20 in The Children's Commissioner's fourth annual report on the state of children's mental health services in England 2020/21 (2)

It is evident from the 128 respondents who took part in the survey that changes are urgently needed, however the recommendations are by no means exhaustive at this stage and involve far more than just the CAMHS service. Only a totally integrated approach will succeed in improving outcomes for the burgeoning numbers of post pandemic young people with Mental Health and other emotional issues.

While acknowledging the workload of those in managing and delivering the service, we hope this report will be a springboard for root and branch transformations that will improve the mental health and emotional wellbeing of our children and young people in West Berkshire. ensuring parity of care with physical health and indeed with other places in mental health.

1. Sadler K, Vizard T, Ford T, Goodman A, Goodman R, McManus S. The mental health of children and young people in England 2017: trends and characteristics. Health and Social Care Information Centre, 2018. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

2. The Children's Commissioner's fourth annual report on the state of children's mental health services in England 2020/21 - https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21-tech-report.pdf

Executive Summary

The online survey undertaken by Healthwatch West Berkshire of views and perceptions of CAMHS users locally in February/March 2021 had 128 responses. The responders were the parents and guardians of young people who were seeking help for their children or had sought help in the past. 93% of the children and young people concerned were of school age (11-18 years).

Many of the responses within the survey highlighted the issue of very long waiting times for help, with 50% of the responders waiting between one to three years to be given a diagnosis for their child. In addition, over half had waited between one to three years to access CAMHS for any reason. Some parents and guardians said that their child's condition worsened due to long waiting times, others believed their child's education had suffered and that the mental health and wellbeing of other family members had been adversely affected. A considerable number resorted to paying for private treatment and diagnoses. Three quarters believed that earlier access to CAMHS would have made a difference to their child.

In response to questions about the effectiveness of CAMHS, there was an overall feeling that the service was not satisfactory. 61% of respondents said the service had not made a real difference to their child. 70% were unhappy with the information received on discharge with 8 out of 10 stating they would have liked more information about where to get help.

Additional comments/requests supported the urgent need to decrease CAMHS waiting times and support parents/guardians and the children and young people at all stages including waiting to be seen and after discharge. Many responders felt there needed to be better communication between the CAMHS team and the families and there was a general plea for more staff and more experienced staff, better able to help the children and young people with complex and challenging mental health problems.

It is important to note that there has been a recognition by Commissioners of the need to improve CAMHS provision locally and a Local Transformation Plan was developed to this end in 2015. The *Future In Mind Local Transformation Plan (LTP) For Children and Young People's Mental Health and Wellbeing* has been regularly refreshed and in January 2020 a report was taken to West Berkshire Health and Wellbeing Board of the refreshed version of October 2019. The LTP provided an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

The refreshed LTP can be found here:

https://www.berkshirewestccg.nhs.uk/media/5486/children-and-young-people-s-mental-health-and-emotional-wellbeing-ltp_final.pdf

The backdrop driving activity and improvement in this area included a continued increase in demand for children's mental health services and thus increased waiting times; difficulty recruiting the CAMHS workforce, despite additional resources for specialist CAMHS teams across Berkshire West; concerns about the self-harm rates in all three Local

Authorities for people aged 10–24 and self-harm rates for 15- to 19-year-olds across all three areas that were higher than the national average.

The LTP listed 7 priorities for action, the majority of which relate strongly to the Healthwatch West Berkshire CAMHS survey, in particular priorities 1,3,5,6 and 7:

Priority 1 – Ensure that we embed and expand the Mental Health Support Teams in Berkshire West

Priority 3: Continue to build a 24/7 Urgent care/Crisis support offer for Children and Young People (CYP)

Priority 5: Improve the Waiting times & Access to support, with particular this year on access to Autistic Spectrum Disorder (ASD) and Attention-deficit/hyperactivity disorder (ADHD) assessments and support.

Priority 6: To improve the Equalities, Diversity and Inclusion offer and access for Children and Young People in Berkshire West

Priority 7: Building a Berkshire West 0 – 25-year-old comprehensive mental health offer.

The foreword to the LTP was signed by the Directors of Children's Services for the Berkshire West 3 Local Authorities plus the Director of Joint Commissioning for Berkshire West Clinical Commissioning Group. The following statement was made:

'We must and we will work together to find creative solutions to get the right help, at the right time, in the right place for our children and young people, and their parents or carers. We are committed to listening and responding to what children and families tell us they need. We will review and learn from what's working well and agree together what we need to do to continue to improve.'

Since January 2020 we have suffered a Coronavirus pandemic which has taken the lives of over 127,000 people nationwide. Many NHS service developments have had to be put on hold in order to deal with this pandemic. It is evident that there has been commitment at the highest levels locally in Berkshire West CCG and the 3 Local Authorities to improve CAMHS and address the mental and emotional health and wellbeing needs of children and young people. However, this survey demonstrates that the CAMHS in West Berkshire is still not meeting these needs and the service users are unhappy with many aspects of the service.

The recommendations listed in this report undoubtedly will dovetail with the action plans that have been developed as part of the LTP to improve the mental and emotional wellbeing services for our children and young people. Healthwatch West Berkshire believes that these recommendations should be urgently addressed.

Recommendations

1. Decrease the waiting times for children and young people to receive a diagnosis having been referred to CAMHS, to a level that is acceptable and reasonable.

2. Decrease the amount of time taken for a child/young person and their parents/guardians to be seen by CAMHS for any reason following referral.

3. Initiate an internal review as to why parents and guardians of young people who have been seen by CAMHS do not believe that it made any difference to their child. Develop an action plan to improve outcomes of the service.

4. Improve the quality of information and advice that all children and young people and their families receive from CAMHS when they are discharged from the service.

5. Ensure that all children and young people and their parents and guardians are signposted to other mental and emotional health and wellbeing services as appropriate.

6. Increase the support given to children and young people and their parents/guardians throughout the whole CAMHS journey from referral, diagnosis and treatment through to discharge or referral to another service.

7. Improve communication between the CAMHS team and parents/guardians and children and young people being referred to the service at every stage of their CAMHS experience.

8. Increase the number and quality of staff working within the CAMHS team to meet the needs of the children and young people and their families.

9. Ensure the most up to date Local Transformation Plan for Children and Young People's Mental Health in Berkshire West is fully implemented and all aims and objectives in any accompanying plans are fulfilled and reported to the Health and Wellbeing Board.

10. Ensure that all Public Health data relating to the ongoing mental health and wellbeing of children and young people in West Berkshire is regularly reported to the West Berkshire Health and Wellbeing Board and local service commissioners.

11. Improve the preventative and early intervention services available to all children in West Berkshire in order to improve and maintain their mental health and wellbeing and help to prevent the number of referrals to CAMHS.

12. Improve communication and liaison between mental health services in schools and CAMHS to help ensure that children and young peoples' needs are met and there is clear and logical continuity of care across settings.

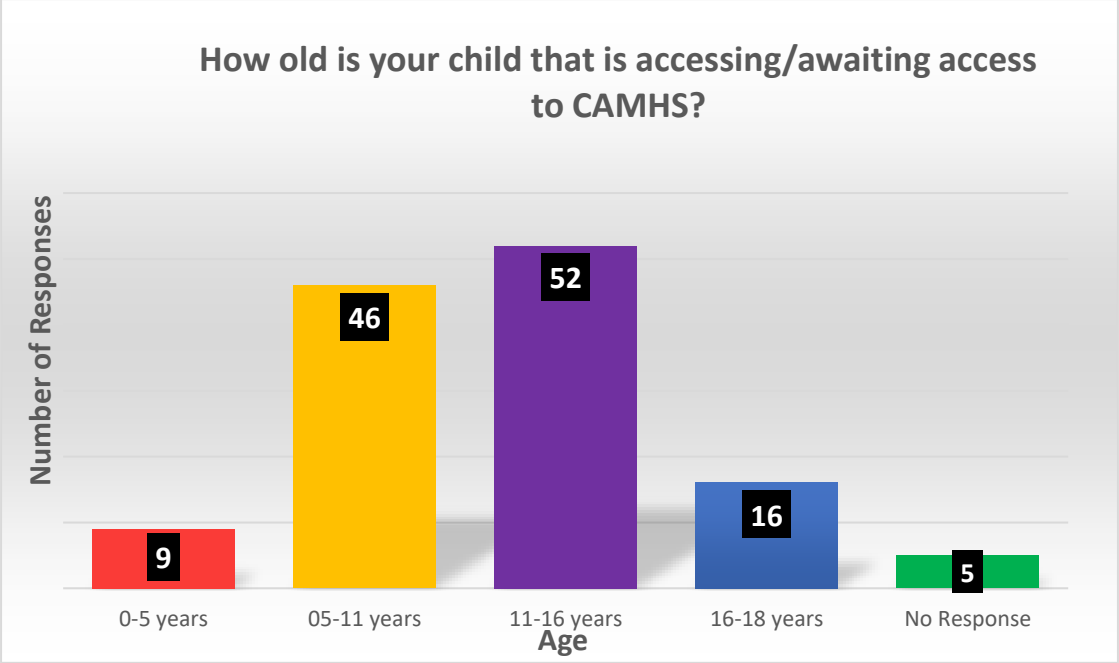
"Post diagnosis my child's mental health has not been good, and she has been self-harming. I contacted CAMHS and was told she didn't meet their criteria for referral, and they closed the case. They told me to wait for the Emotional Health Academy to get back to me, even though the EHA's triage form says if your child is high risk of self-harm, you should contact CAMHS."

"Triage kids earlier! By the time we get seen, it may be too late to effectively help."

"Impossible to access because of the ever-changing goal posts Remember these are the adults of the future and you are letting them down. They are thus starting adulthood on the back foot. Constantly changing staff who never read the notes means that the whole story has to be retold every time".

Survey Findings

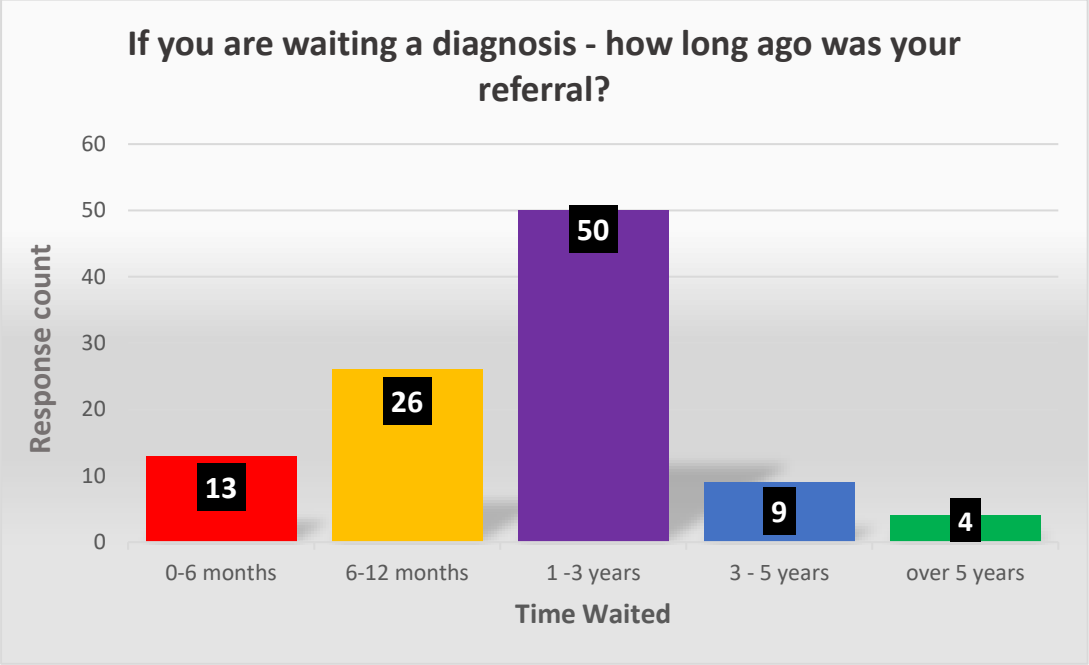
Question 1 - Parents/guardians were asked the age of their child who accessing/awaiting access to CAMHS was.



Out of 123 responses, 43% of children were 11-16 years old and 37% were 5-11 years old. Thus 80% (98 out of 123) were from ages 5 to 16 years. 13% were 16-18 years old, and 7% were in the 0-5-year age group. (5 non responders). For future reference 93% of the children and young people who were accessing CAMHS were of school age.

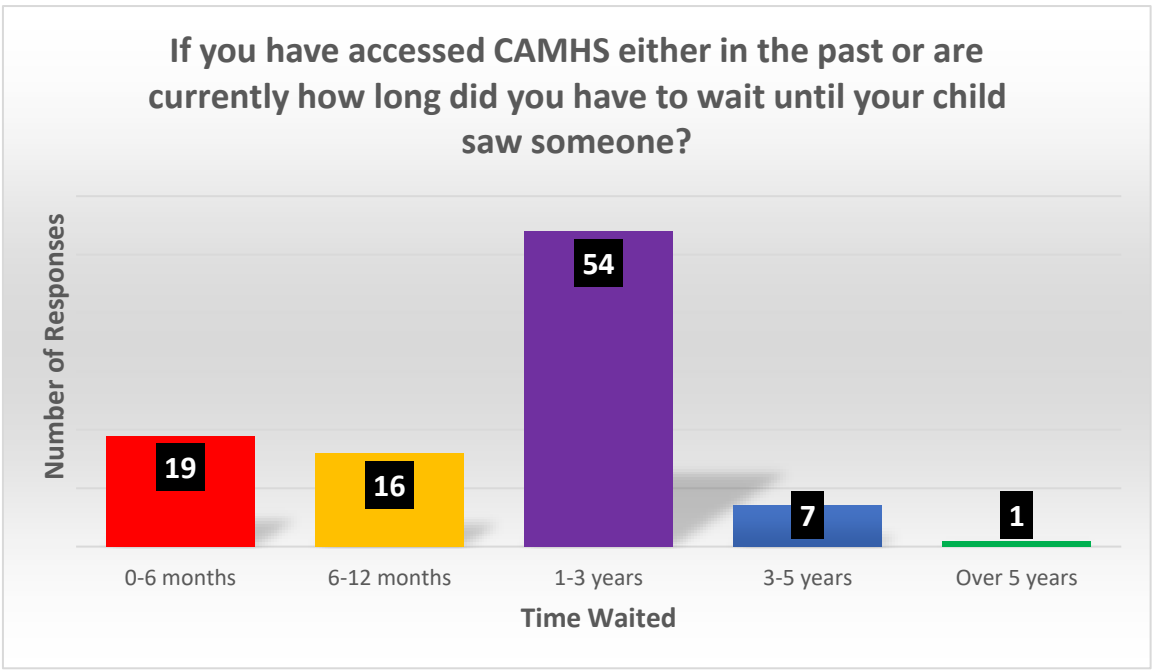
"More funding and more staff. Their waiting times are awful and to offer no help for a self-harming primary school aged child is negligent".

Question 2 - This question examined the length of time a parent/guardian had to wait for a diagnosis if their child was referred for a diagnosis.



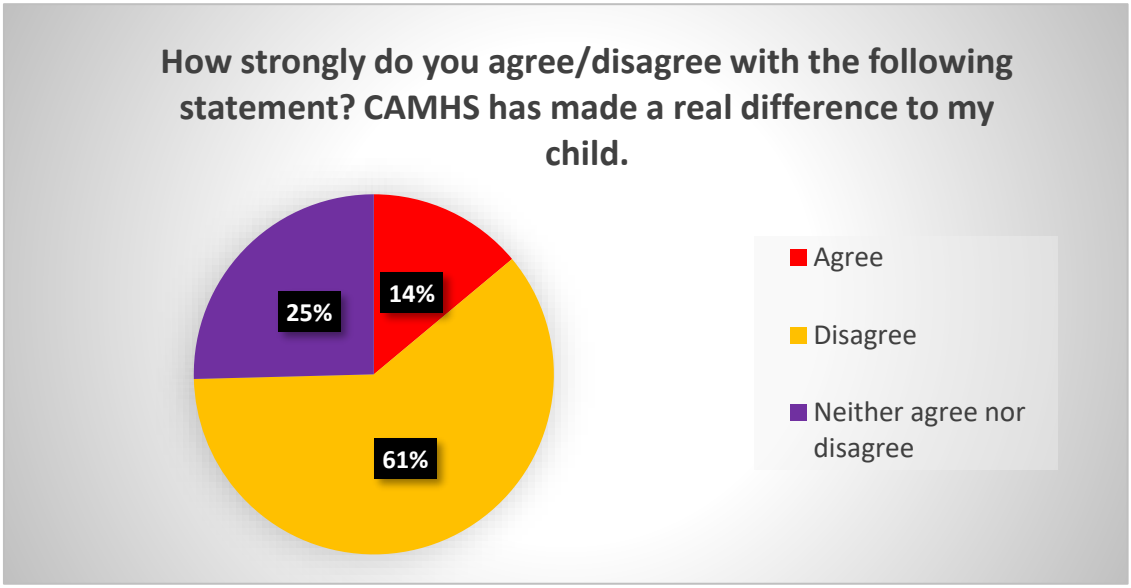
Out of 102 responses, almost half (49%) reported waiting between 1 and 3 years from their referral to CAMHS for a diagnosis. Only 13% said their referral to CAMHS was 0-6 months ago whole another 25% waited 6-12 months. A disturbing 9% said their referral was 3-5 years ago, with a further 4% reporting a gap of over 5 years. (26 non responders). (Recommendation 1)

Question 3 - This question referred to waiting times in particular to be seen for any reason: 'If you have accessed CAMHS either in the past or are currently, how long did you have to wait until your child saw someone?'



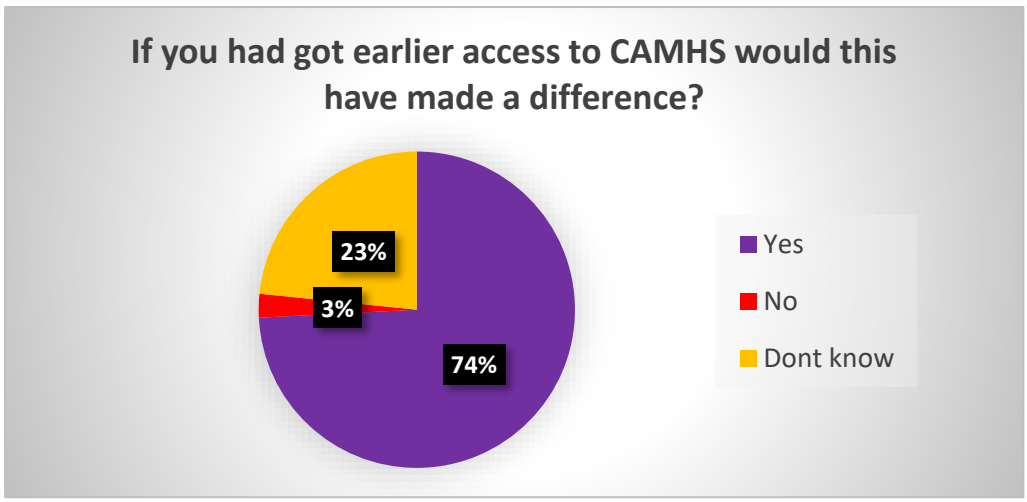
Out of 97 responses, over half (56%) said the wait for CAMHS to see their child was between 1-3 years. Only 20% said the wait for their child to be seen was between 0-6 months while a further 16% waited between 6 to 12 months. 7% of respondents said they waited 3-5 years for CAMHS to see their child with 1% reporting a wait of over 5 years. (31 non responders) (recommendation 2)

Question 4 - Parents/guardians were asked to agree or disagree with the statement 'CAMHS has made a real difference to my child'.



Of 122 who responded (6 non responders), a majority of 61% disagreed or strongly disagreed that CAMHS had made a real difference to their child. Only 14% agreed that CAMHS had made a difference, and 25% of respondents neither agreed nor disagreed. (Recommendation 3)

Question 5 - Parents/guardians were asked the following question: 'If you had got earlier access to CAMHS would this have made a difference?

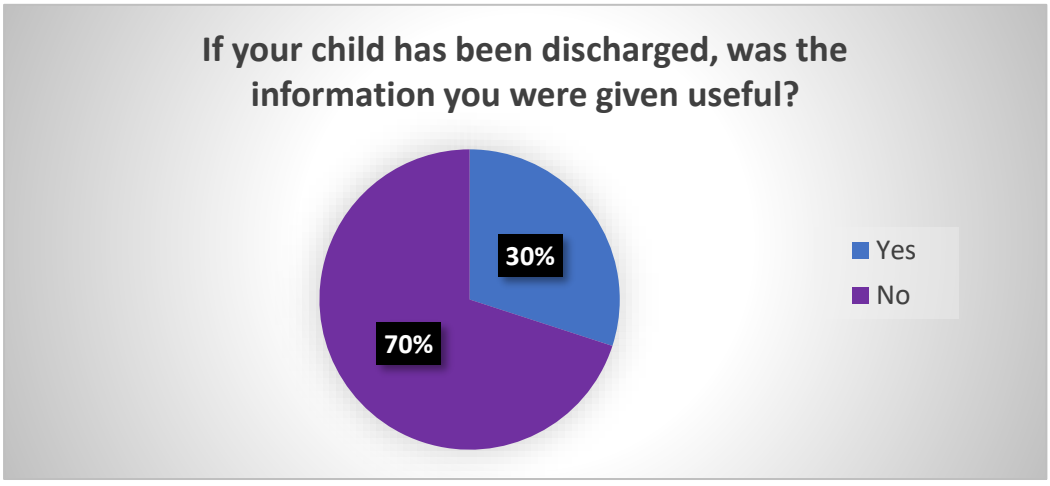


Out of 124 responses, around three quarters (**74%**) believed that if they had got earlier access to CAMHS this would have made a difference to their child's mental health. **23%** reported they did not know whether earlier access would have made a difference while a small percentage (3%) did not believe earlier access would have made a difference. (4 non responders) (recommendations 1 and 2)

Question 6 - Respondents were asked to elaborate on this question and 84 shared their views which have been thematically analysed below. This is not an all-inclusive list but some of the more frequent answers have been grouped and included.

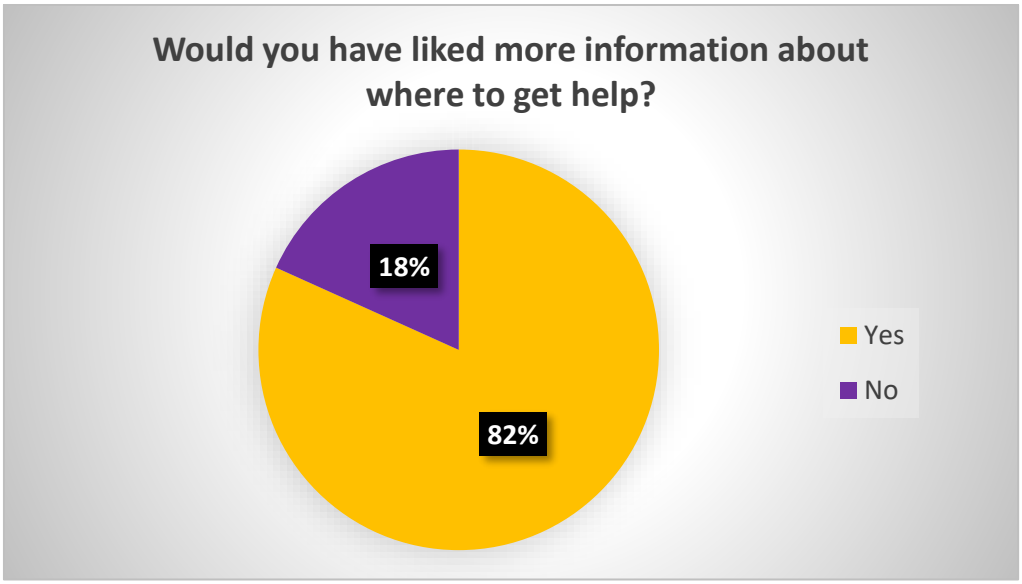
- 62% of responders (52/84) were dissatisfied with the time it took for their child to be seen by CAMHS. This included time taken to be seen, be assessed, be given a diagnosis or to receive treatment (recommendation 1 and 2)
- 20% or 1 in 5 (17/84) were unhappy with the treatment their child did receive from CAMHS (recommendation 3)
- 17% (14/84) believed the condition of their child worsened due to the delay in being seen by CAMHS (recommendation 1 and 2)
- 13% (11/84) believed that their child's education had suffered significantly because they had not received the help they needed from CAMHS in a timely fashion.
- 9 respondents stated that they were forced to pay privately for their child to receive help.
- 7 respondents reported that as a result of their child having to wait to receive the help they needed from CAMHS it had affected other family members.

Question 7 - Parents/guardians were asked the following question: 'If your child has been discharged was the information you were given useful?'



70% (49/70) did not believe the information given to them when discharged was useful, and only 30% (21/70) felt the information given was useful. 58 respondents did not answer this question. (Recommendation 4)

Question 8 - Parents/guardians were asked if they would have liked more information about where to get help?



Of 104 responses, around 4 out of 5, or 82% (85 respondents), said would have liked more information about where to get help from CAMHS. 18% (19 respondents) said they would not have liked more information. 24 people did not respond to this question. (Recommendation 5)

Question 9 - In this question parents/guardians were given the opportunity to elaborate on what recommendations they would make to improve CAMHS locally.

94 people shared their thoughts with 34 non responders. Again, these comments, many of which were emotional, and heartfelt have been clustered to demonstrate the most common recommendations. Further analysis could be undertaken to identify more suggestions.

- 55% (52/94) of respondents urged that waiting times be significantly reduced. (Recommendations 1 and 2)
- 20% (19/94) recommended more support be made available for both children and families while the child was waiting to be seen, from referral, during diagnosis and treatment, and after treatment. (Recommendation 6)
- 22% (21/94) recommended that there was better communication between the CAMHS team, the child/young person and the families at every stage of the process. (Recommendation 7)
- 23% (22/94) wanted to see more staff and more experienced staff within CAMHS. (Recommendation 8)
- 9 responders suggested increased funding was needed to bring down the waiting times and increase the number of staff.

Question 10 - A final section asked parents/guardians to share any other ideas and thoughts they had.

79 parents/guardians shared additional thoughts. Many showed a high level of frustration and dissatisfaction.

- Just over a quarter (21/79) of the comments were critical and negative. Typical phrases included 'appalling service', 'disappointed with the service', 'feel let down', 'awful experience', 'an absolute disgrace'.
- Only 8 respondents, or around 10%, made any positive comments. Some of these comments mentioned 'practical advice', 'excellent clinician who got to the bottom of our problem', 'amazing course of therapy' and 'very thorough and diligent professionals'.
- Waiting times again featured with 18 respondents, or 22%, mentioning this was a problem in their child's diagnosis and treatment. (Recommendations 1 and 2)

THANK YOU

Healthwatch West Berkshire would like to thank all the members of the public who took the time to fill out the survey and everyone who has been in touch to give feedback around the CAMHS services in West Berkshire.

Thanks to Board Member Lesley Wyman for co-authoring the report, placement student Abbie Rickard and all of our amazing volunteers and board members for their help.

Acronym Buster

CAMHS – Child and Adolescent Mental Health Services

BMJ – British Medical Journal

LTP – Local Transformation Plan

CYP – Children and Young People

ASD – Autism Spectrum Disorder

ADHD – Attention Deficit Hyperactivity Disorder

CCG – Clinical Commissioning Group

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BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

Developing our Integrated Care System

Discussion with West Berkshire Health and Wellbeing Board

9 December 2021

Contents

Before we start: context

Bill currently going through parliament

- Significant guidance coming down based on draft legislation

Aim is to put this on a statutory footing for April 2022

- But it will take 12-18 months to evolve to fully functioning

That evolution needs to occur in dialogue with system partners

- Along with developing the system strategy with partners, broader stakeholders and the public

Today is the start of the conversation…

Purpose of an ICS

Four goals:

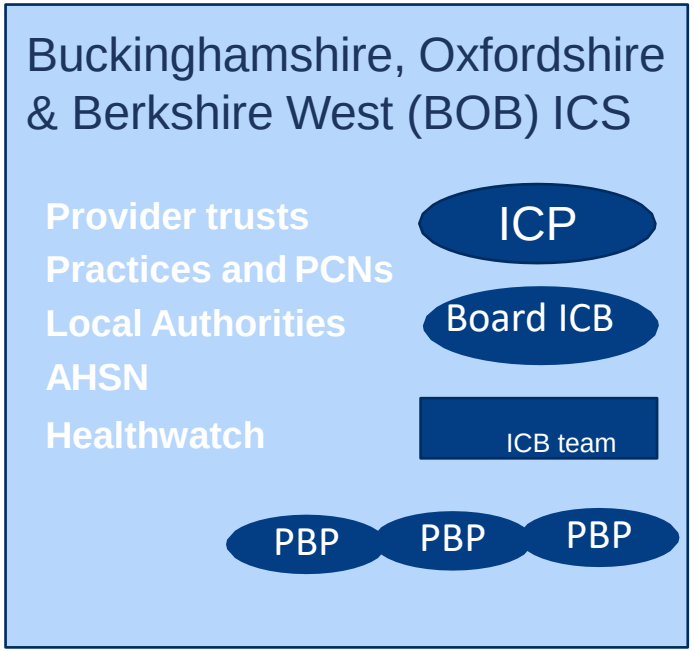
- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**

…these were all goals set out in the Long Term Plan…

…it is how we organise to deliver that is changing

Key components and terminology

- **Integrated Care System (ICS)**
- **Integrated Care Partnership (ICP)**
- **Integrated Care Board (ICB)**
- **Board of the ICB**
- **Place-based Partnerships (PBP)**



From April 2022, Clinical Commissioning Groups will no longer exist
All CCG staff will transfer into the ICB

Three recent national changes to terminology

Health and Care Partnership -> Integrated Care Partnership

- So ICP is now a system level acronym!

Integrated Care Partnership -> Place-based Partnership

- So PBP replaces ICP at Place level

Integrated Care System Body -> Integrated Care Board

- Teams and resources in the ICB will support system and Place

System and Place

We are a system made of three Places

- We do not have the single focal point of other SE ICSs

Most care delivery will be managed at Place

- System orchestrate overall strategy and delegations
- Place manages pooled budgets and delivers on Urgent and Emergency Care (UEC), Long Term Conditions (LTC) and integrated care
- Localities deliver on inequalities
- Provider collaboratives deliver services beyond a Place

We need to work together to evolve system and Place

- Signed off by the Integrated Care Partnership

Places

Today's ICP / Unified Exec -> Place-based partnership (PBP)

- Sub-committee of the Integrated Care Board

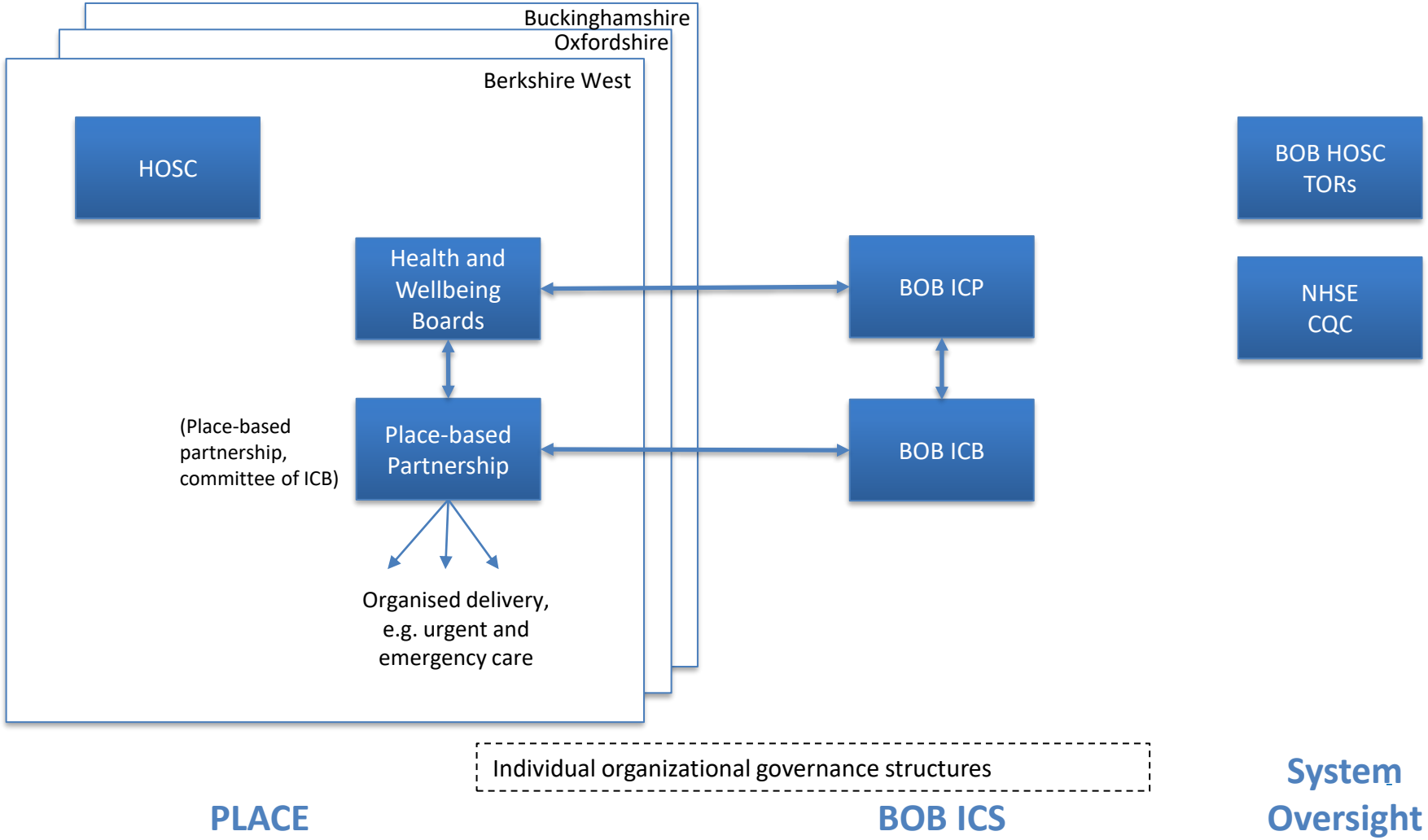
PBP will take many of the decisions that lie in CCGs today

- Eg, resources / capacities across UEC and LTC pathways

They will also drive the changes to enable integrated care

- Eg cardiology, MSK pathways

ICB Place teams will support the PBP – as they do for CCGs today


Buckinghamshire
Oxfordshire
Berkshire West
HOSC
Health and Wellbeing Boards
(Place-based partnership, committee of ICB)
Place-based Partnership
Organised delivery, e.g. urgent and emergency care
BOB ICP
BOB ICB
BOB HOSC TORs
NHSE CQC
Individual organizational governance structures
PLACE
BOB ICS
System Oversight

Governance: ICB Board membership

- Proposing statutory/mandatory membership and review when ICB established
- Membership of 10
  - 1 x Chair
  - 2 x Independent Non-Executive Directors
  - 1 x Chief Executive of Integrated Care Board
  - 3 x Partner Members
    - 1 x Local Authority Officer
    - 1 x Primary Care
    - 1 x NHS Provider
  - 1 x Finance Director
  - 1 x Medical Director
  - 1 x Nursing Director

Discussion

Appendix – detail on elements of ICS

1. What is an ICS?

- **Integrated Care System (ICS):** Partnerships of health and care organisations that come together...

…to plan and deliver more joined up services and improve the health of people who live in their area

There is no change to the system partners we have today.

Buckinghamshire, Oxfordshire & Berkshire West (BOB) ICS

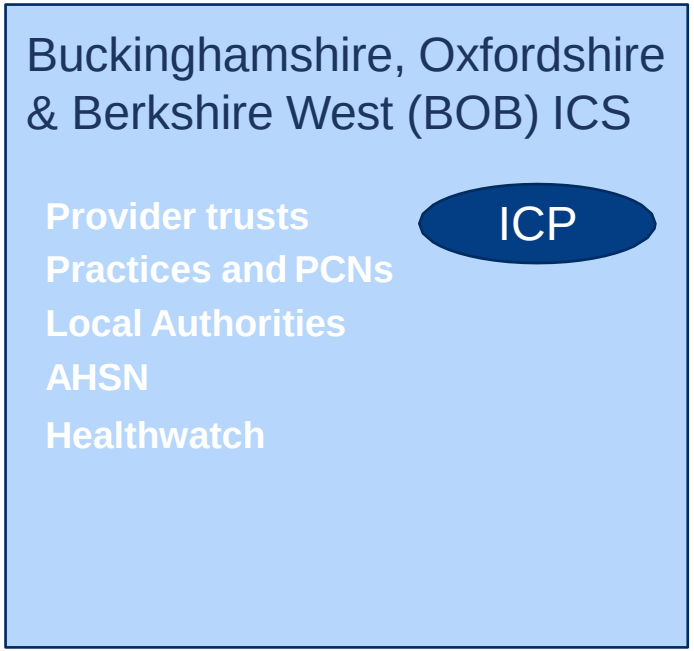
Provider trusts
Practices and PCNs
Local Authorities
AHSN
Healthwatch

1. Components of an ICS?

- Integrated Care System (ICS)

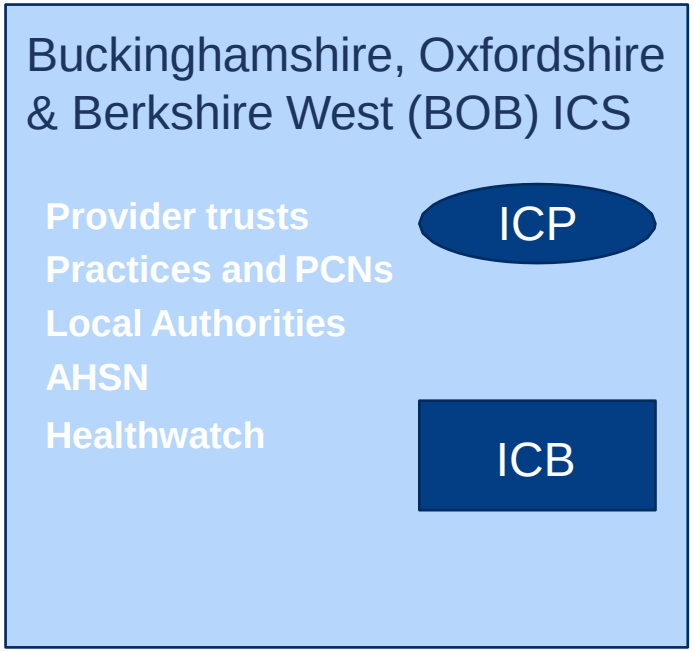
- **Integrated Care Partnership (ICP):** Broad alliance of organisations concerned with improving the care, health and wellbeing of the population, jointly convened by the ICB and local authorities in the area

  Role to develop an integrated care strategy for its whole population



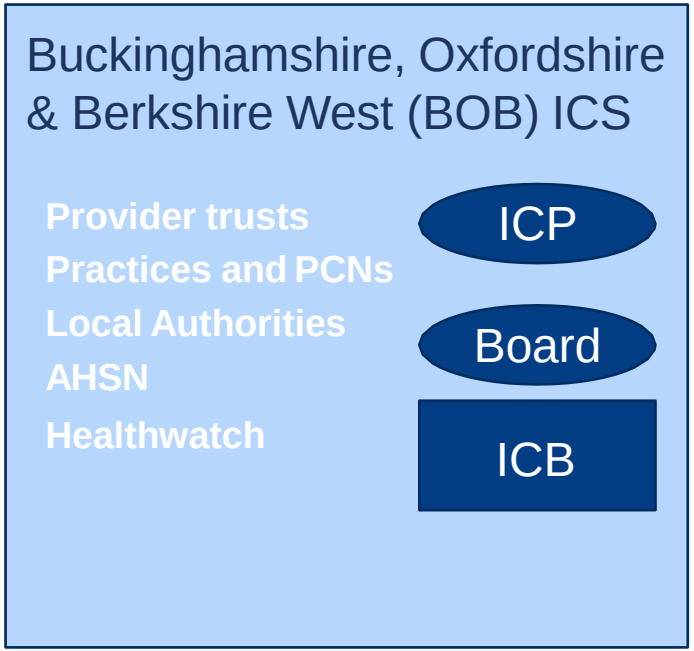
1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- **Integrated Care Board (ICB):**
  Team that develops the plan, allocate resources, establishes joint working and governance arrangements to ensure health provision for the population. Lead system-wide action on data, digital, workforce and estates as well as EPPR for major incidents



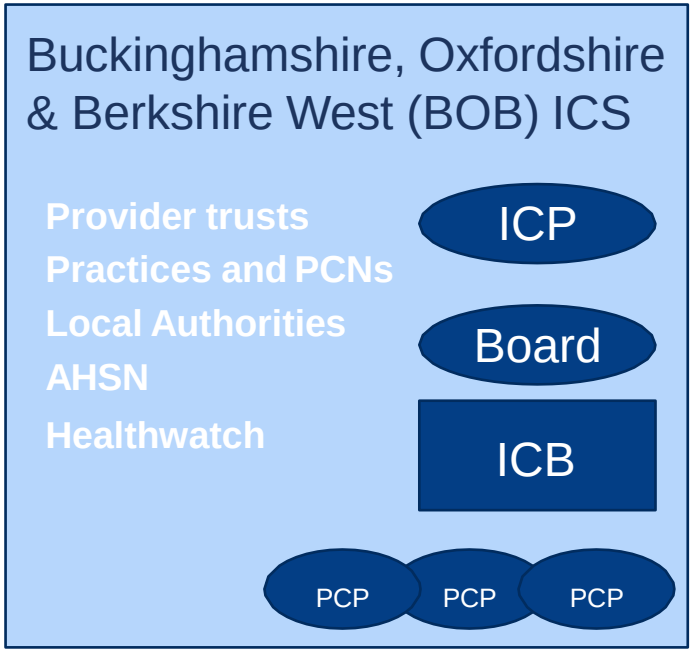
1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- **Board of the ICB**: a unitary board that includes Chair, Chief Exec, CFO, CNO, CMO, and at a minimum one member each from Trusts, PC and LA and minimum two NEDs



1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- Board of the ICB
- **Place-based Partnerships (PBP):** partnerships in each Place that will take on local delegation and replace the current ICPs in Place



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Royal Berkshire NHS Foundation Trust

Building Berkshire Together – New Hospital Programme

Update for Health & Wellbeing Board, West Berkshire Council
Alison Foster, Programme Director
December 2021

1. Introduction

1.1 The Royal Berkshire Foundation Trust (RBFT) is one of 40 Trusts on the Hospital Infrastructure Programme (HIP) 2 which is now called the New Hospital Programme (NHP). There is a 3 stage process to secure funding for the new development, in line with the HM Treasury Green Book for Business Cases.

1.1.1 The Strategic Outline Case (SOC) which makes the case for change and was submitted on 21st December 2020.

1.1.2 The Outline Business Case (OBC) stage which explores in depth the case for a number of options and works with stakeholders to agree a preferred option which demonstrates value for money for the population.

1.1.3 The Full Business Case (FBC) which goes out to procure the resources required to build the new development

2. Business Case Progress

2.1 The SOC proposed taking 3 options forward. Options 4 and 5 are redevelopment on site and option 6 is a new build off site. Land being explored include Thames Valley Science Park and Green Park but the OBC process may explore further options.

2.2 The SOC has not yet been formally reviewed although we have received informal positive feedback on this in January 2021.

2.3 We have not yet received an indication of likely timeline or a scheduled

date for us to submit our Outline Business Case (OBC); however, we have received confirmation from the Senior Responsible Officer of the New Hospital Programme that we continue in the NHP and could commence construction as early as January 2025. We are progressing our work on the next stage towards this, the Outline Business Case (OBC).

2.4 A Programme Director, Alison Foster, has been substantively appointed and commenced 28 July 2021.

3. Enabling work

3.1 Work is progressing on key areas of dependencies, such

3.1.1 Space optimisation

3.1.1.1 The development of the Harborne building at the University of Reading. The Trust has leased this building to provide additional off site pathology space and administration space. This will facilitate enabling decanting and moving staff from buildings which are not fit for purpose.

3.1.1.2 A feasibility proposal for phase 2 demolition (following the phase 1 demolition of Buildings W3 and W4 on West Drive) has now been received as a starting point to support both funding applications and planning for this enabling work.

3.1.1.3 Application of hybrid working, refurbishment, virtual clinical support and increased use of satellite sites.

3.1.1.4 Establishing confirmation of budget and timeline from the NHP team.

3.2 Recruiting patient, community and staff leader(s) to work in partnership with programme clinical and operational leadership.

3.3 Drafting a Programme Implementation Document (PID), which takes into account the production of the OBC in tandem with current developments taking place on site.

3.4 Progressing the development of the RBFT Green Plan which will go to the Trust board for approval in December.

3.5 Reviewing the SOC and evaluating what has changed since December 2020 when the SOC was submitted and evaluating the impact on options going forward.

4. Communications and Engagement

4.1 We have been

- 4.1.1 building a network of stakeholders interested in playing a role
- 4.1.2 holding open engagement events
- 4.1.3 developing a framework for co-production
- 4.1.4 engaging with Healthwatch
- 4.1.5 recruiting to a full time post to support this work
- 4.1.6 reporting progress to health and wellbeing boards

5. Next Steps

5.1 Developing the detail of the clinical model from the new strategy
5.2 Gaining security on funding from the New Hospital Programme
5.3 Building the OBC team, aligned to allocated resources
5.4 Commencing the OBC process
5.5 Progressing enabling works outlined above

Alison.foster@royalberkshire.nhs.uk
Tel: 07831252757

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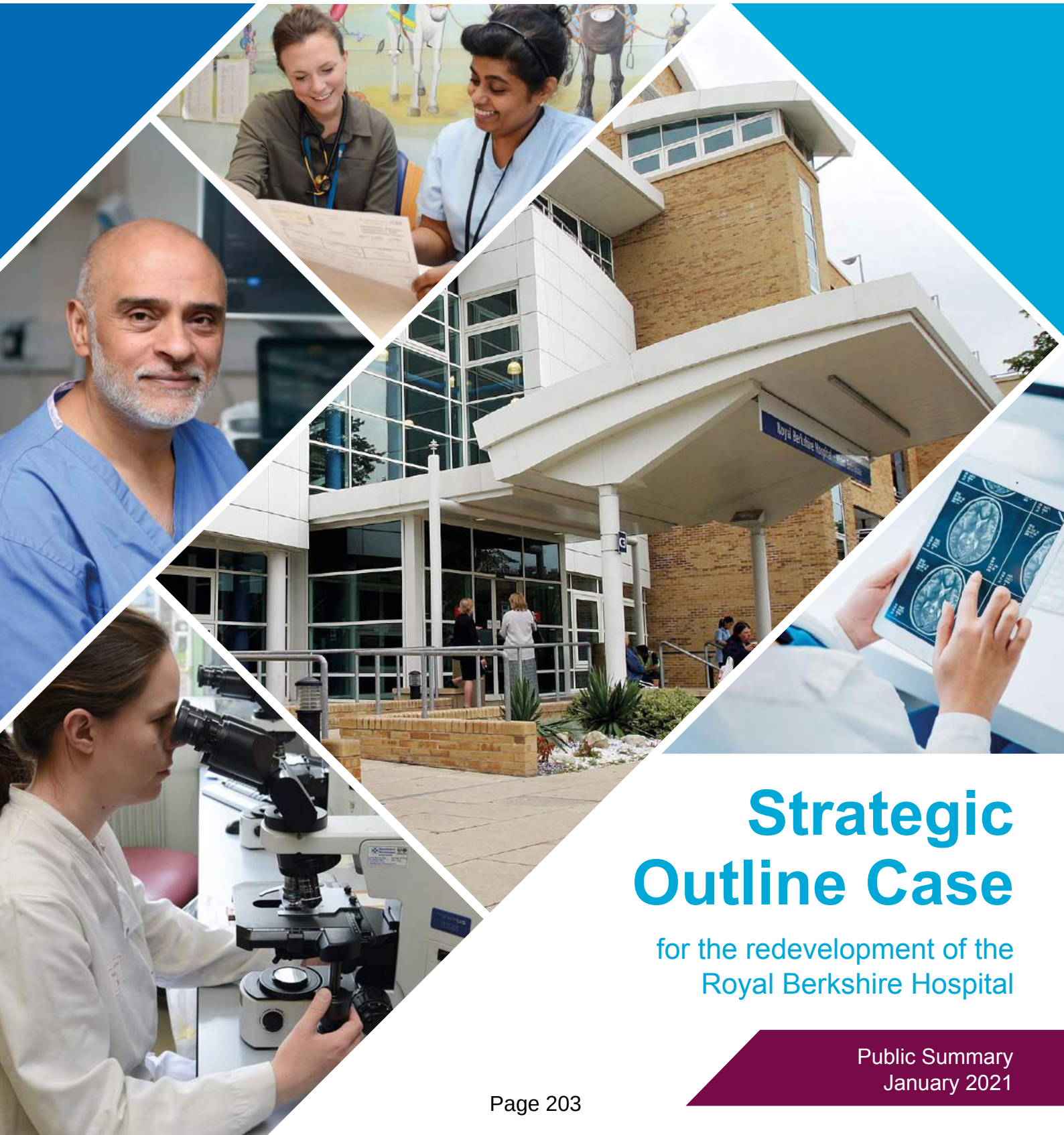
NHS
Royal Berkshire
NHS Foundation Trust

Building Berkshire Together

"Working together to provide outstanding care for our community"



Strategic Outline Case

for the redevelopment of the Royal Berkshire Hospital

Public Summary
January 2021

Foreword

The Royal Berkshire NHS Foundation Trust has a long and successful history of providing healthcare to the people of Berkshire and surrounding areas. We are proud of our achievements, ambitious for the future and committed to providing outstanding care for our local citizens.

The original Royal Berkshire Hospital was constructed in 1839. Today some patients are still treated in wards which are now more than 175 years old. A significant part of the hospital estate is beyond economic repair or too small to meet all the needs of our local communities.

Despite these challenges we consistently provide modern, high-quality, acute and specialist care, and over the past three years we have been rapidly developing our digital capabilities to help improve the care we deliver and our financial performance.

In the autumn of 2019, we were delighted that the Government recognised the need to redevelop the Royal Berkshire Hospital, either on its existing site or on a greenfield site, and that we were to be part of the Department of Health and Social Care's hospital redevelopment programme, the Health Infrastructure Plan.

The plan presents a once-in-a-generation opportunity for our patients, staff and local residents to benefit from state-of-the-art facilities. It will deliver a much-needed hospital building programme and will drive substantial benefits for the wider economy.

Our geographical location within the life sciences "Golden Triangle" of Oxford, Cambridge and London and in the M4 corridor, the UK's "Silicon Valley", presents a unique combination of talent, resources and networks. A redeveloped or relocated hospital, will be a catalyst for collaboration between the NHS, the academic community and local business, stimulating inward investment, research, innovation and jobs.

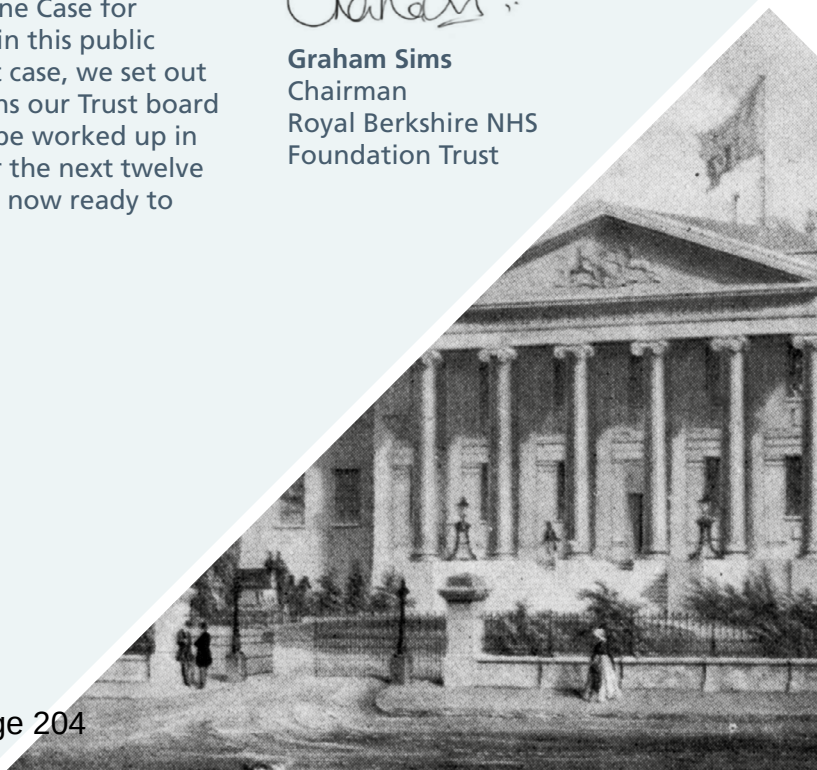
We believe that only the most substantial renewal of the hospital can deliver the health needs of patients, environmental benefits, economic growth and greater health and social care integration.

We have now formally submitted a Strategic Outline Case for investment and in this public summary of that case, we set out the broad options our Trust board believes should be worked up in more detail over the next twelve months. We are now ready to proceed rapidly.

Nicky Lloyd
Acting Chief Executive
Royal Berkshire NHS
Foundation Trust

Graham Sims
Chairman
Royal Berkshire NHS
Foundation Trust

December 2020



Introduction

Background

We started to develop our long-term thinking about the future of the Royal Berkshire Hospital some time ago. We are now able to move rapidly because the Department of Health & Social Care's recently published Health Infrastructure Plan (HIP) confirmed the funding for 40 new hospital building projects over the next 10 years.

The Royal Berkshire NHS Foundation Trust has been chosen as one of the NHS Trusts to receive seed funding to prepare a Strategic Outline Case for the future development of a new hospital. It could be a completely new hospital, or it could be a combination of new building and refurbishment. It could be on the present hospital site in Reading or on a new site elsewhere.

The case for change

The case for change at the Royal Berkshire Hospital is compelling. It is framed around five themes, the 5Cs.

The existing hospital buildings are in poor **condition**, resulting in poor patient experience, poor working conditions for staff, high maintenance costs and safety risks.

The hospital is operating beyond its current **capacity** and expected local population growth will only mean greater health needs and rising demand for services.

The existing buildings were designed to support a 19th and 20th century model of care. The buildings limit our **capability** to provide high quality modern healthcare.

The existing buildings are a poor environment for patients and staff, and they contribute to the **climate** emergency. We need a green, low-carbon hospital.

Developing a modern healthcare campus for Berkshire would generate jobs and economic growth and act as a **catalyst** for the local economy.

Engagement

In developing our Strategic Outline Case for major investment we have engaged extensively with staff and stakeholders, patients and public. We have worked closely with local clinicians and with partner organisations including our NHS partners, local authorities, Healthwatch, the University of Reading and local business interests.

Thousands of people have visited our engagement portal on the Trust website. We have found support for an approach to service provision that could be characterised as "***local where possible, specialist where necessary***" and a feeling that this project is about so much more than just new buildings. It is about the services we provide and how we provide them. We have heard the key message that we should be "future-proofing" any new facilities to ensure they can meet changing patient needs and developing clinical practices.

System working

The Royal Berkshire NHS Foundation Trust is part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), which serves a population of 1.8 million people. We are thoroughly committed to the ICS core objective of ensuring that all the local health and care organisations work together effectively to deliver joined up services with care closer to home wherever possible.

Our Strategic Outline Case is designed to support this objective. It is designed to address the health challenges BOB ICS has identified including a rapidly growing population, a rapidly rising number of people aged over 65 and a large proportion of the population with one or more long term health conditions.

Digital technology

Over the past year we have radically accelerated the implementation of digital technologies in areas such as clinical services, patient experience and smarter working.

The rapid adoption of virtual patient appointments using video conferencing software has allowed clinicians to continue to provide advice, check symptoms, and diagnose patients in a COVID-free setting while maintaining visual contact with patients. Over the past five years the Trust has made a substantial investment in its Electronic Patient Record and has moved from paper to digital records for all inpatient activity.

Our Strategic Outline Case aims to take this work further and to ensure the Royal Berkshire Hospital remains at the cutting edge of new technology as a truly digital-first health facility.

Developing the Options

Working with our staff and local partner organisations we adopted a three-stage approach to the development and appraisal of the options detailed in the full Strategic Outline Case.

The first stage involved the identification of a long list of potential options to redevelop the existing Royal Berkshire Hospital by reviewing approaches considered elsewhere across the NHS.

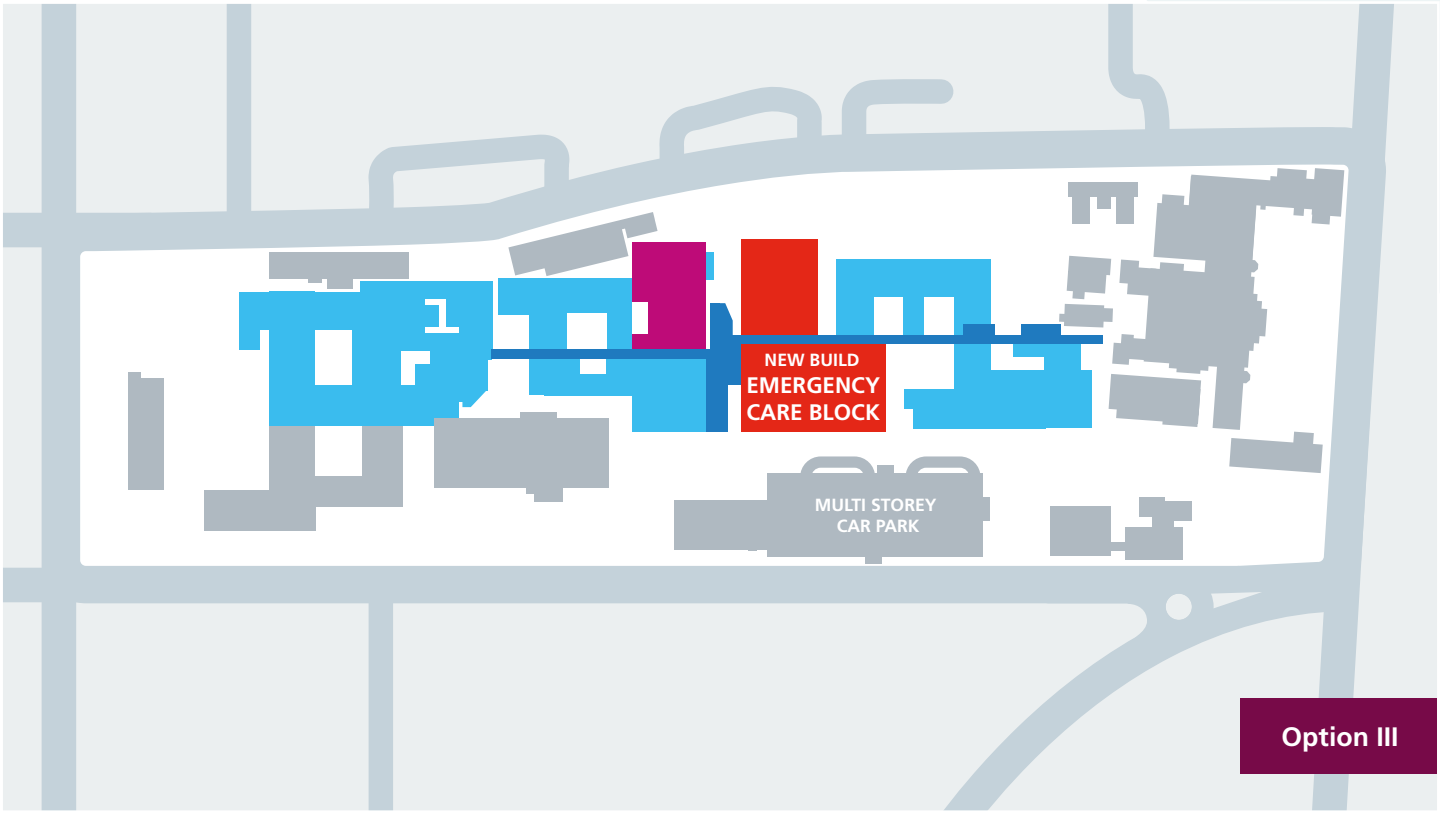
The second stage was informed by the emerging themes from internal and external stakeholder engagement and by discussions with NHS England.

We reduced the long list of options by appraising them against a series of *weighted investment objectives and a group of critical success factors*. These included a commitment to high quality, environmentally friendly facilities that meet the patient needs of tomorrow and stimulate economic growth in the local economy.

The third, and final, stage involved the refinement of the stage 2 options and further input from internal and external stakeholders including our staff, patients, partner organisations and our communities.

This resulted in four options being identified as main redevelopment possibilities along with two further scenarios – the so-called 'Do Nothing' and 'Do Minimum' options – which were included simply as baseline options against which the other options could be compared.

The Options

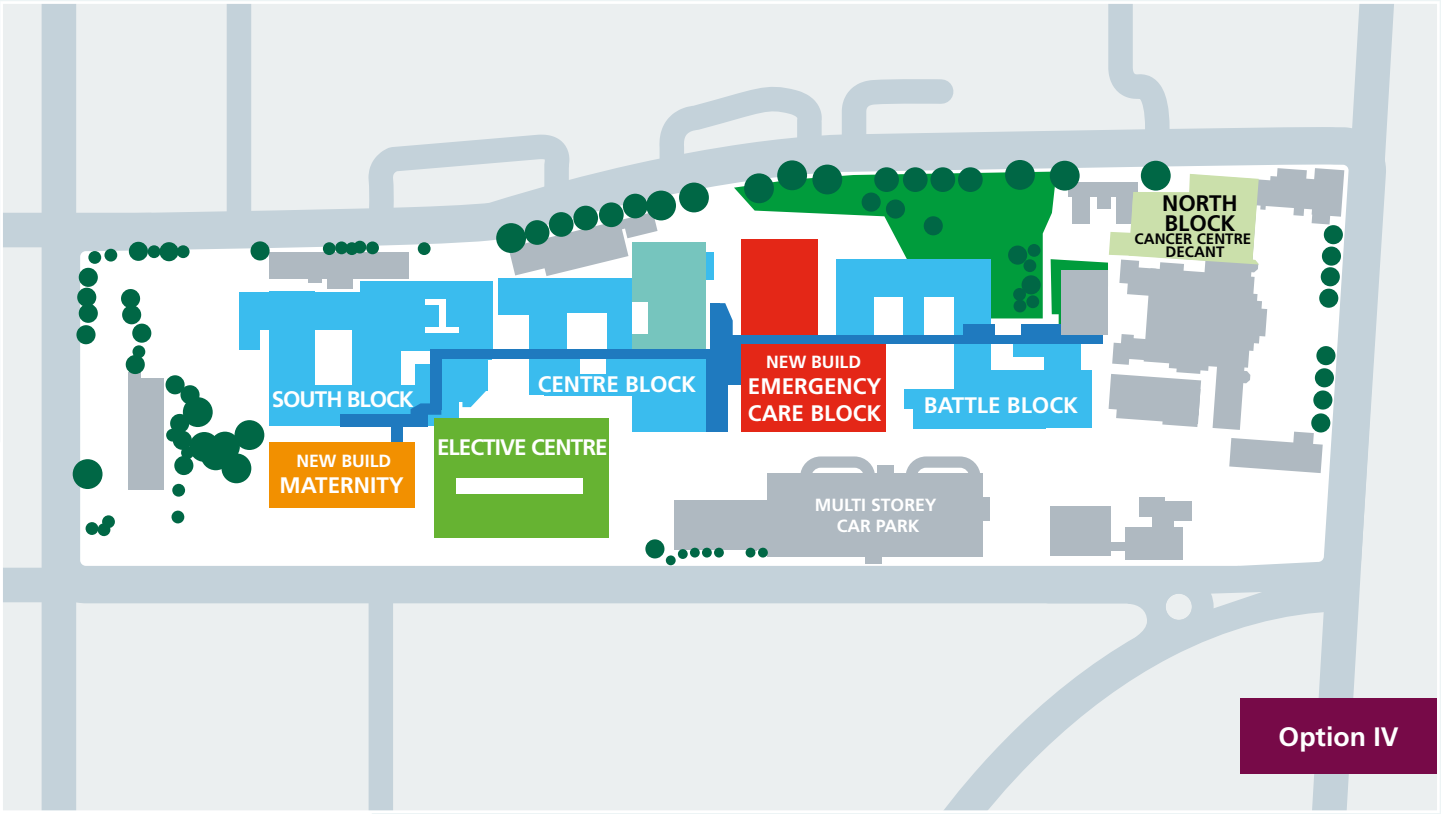


Options I and II are the baseline options against which options III to VI can be tested.

Option I would mean the hospital continuing to operate largely as at present. We would seek to maintain basic upkeep of hospital buildings but only the most high-risk elements of backlog building maintenance would be undertaken. This option would not address the growing future demands of local communities, it would not offer a step change improvement in clinical care nor would it help the NHS to address the integration of health and care that will be needed in the coming years.

Option II would also mean the hospital continuing to operate as at present, but we could address the necessary backlog of building maintenance. This option would not, however, address the growing future demands of local communities nor would it deliver a step change improvement in the clinical care. In addition, option II – as with option I - would require a significant continuing annual investment to keep our existing buildings up to scratch.

Option III involves the development of a new emergency care block at the heart of the present site. This would include an expanded accident and emergency service, an emergency assessment unit, new operating theatres, an intensive care unit and better provision for surgical inpatients. This option does not fully meet the expected future demand needs of local communities, but it does improve the separation of emergency and planned hospital services and it brings other departments, such as A&E and X-ray, closer together.



Option IV builds on option III. It involves the development of an emergency care block and an elective centre for planned hospital care. It also provides for the development of a new women's and children's facility and the potential for a local Medical School. In addition, this option offers an opportunity to grow clinical services, better address growing local needs and to serve a wider catchment area. It does not fully meet our ambitions to integrate health and care services, but it goes some way towards this.

Option V involves the building of a substantially new hospital on the present site of the Royal Berkshire Hospital in Reading. The iconic 1830s building on the London Road would be retained but the rest of the site would be redeveloped in phases. This option is designed to support growing demand pressures and would see a greater focus on the integration of hospital services with other health and care services. It could also involve additional clinical specialist centres, a primary care hub, private patient facilities, a medical school and teaching facilities as well as a research centre.

Option VI involves the building of a completely new hospital on a greenfield site yet to be selected. This option has yet to be designed or developed but in principle it could offer great potential and it would provide an opportunity to address all the key investment objectives and critical success factors. It would also provide the blank canvas on which to build a zero-carbon health facility.

Financial and Economic Appraisal

Each of the six options was subject to a detailed economic and financial appraisal. The value for money of each option was examined using the Government's Comprehensive Investment Appraisal model, which looks at the long-term costs, risks and benefits - including societal benefits - of each option.

Government guidance suggests that major capital investments like hospitals should seek to deliver a benefit to cost ratio of close to, or more than, 4:1 before being considered for investment. Our early modelling suggests that four options (III, IV, V and VI) are above or very close to this threshold. Further benefits have been identified but not yet quantified. Once these are quantified, it is likely that the benefit ratios of all four options will improve further.

While options IV, V and VI are likely to require the greatest capital expenditure they are also likely to be the most affordable because they deliver efficiencies and remove the rising costs of maintaining very old buildings. This improves the underlying financial performance of the Trust.

Options I and II do not improve the Trust's underlying financial performance, do not offer the ability to truly transform the hospital estate and do not deliver on the growing health needs of the local population.

Our financial appraisal suggests that while option III ultimately results in an improved underlying financial position for the Trust this is only achieved in the early to mid-2030s due to the necessary period of construction and the limited level of benefit associated with this option.

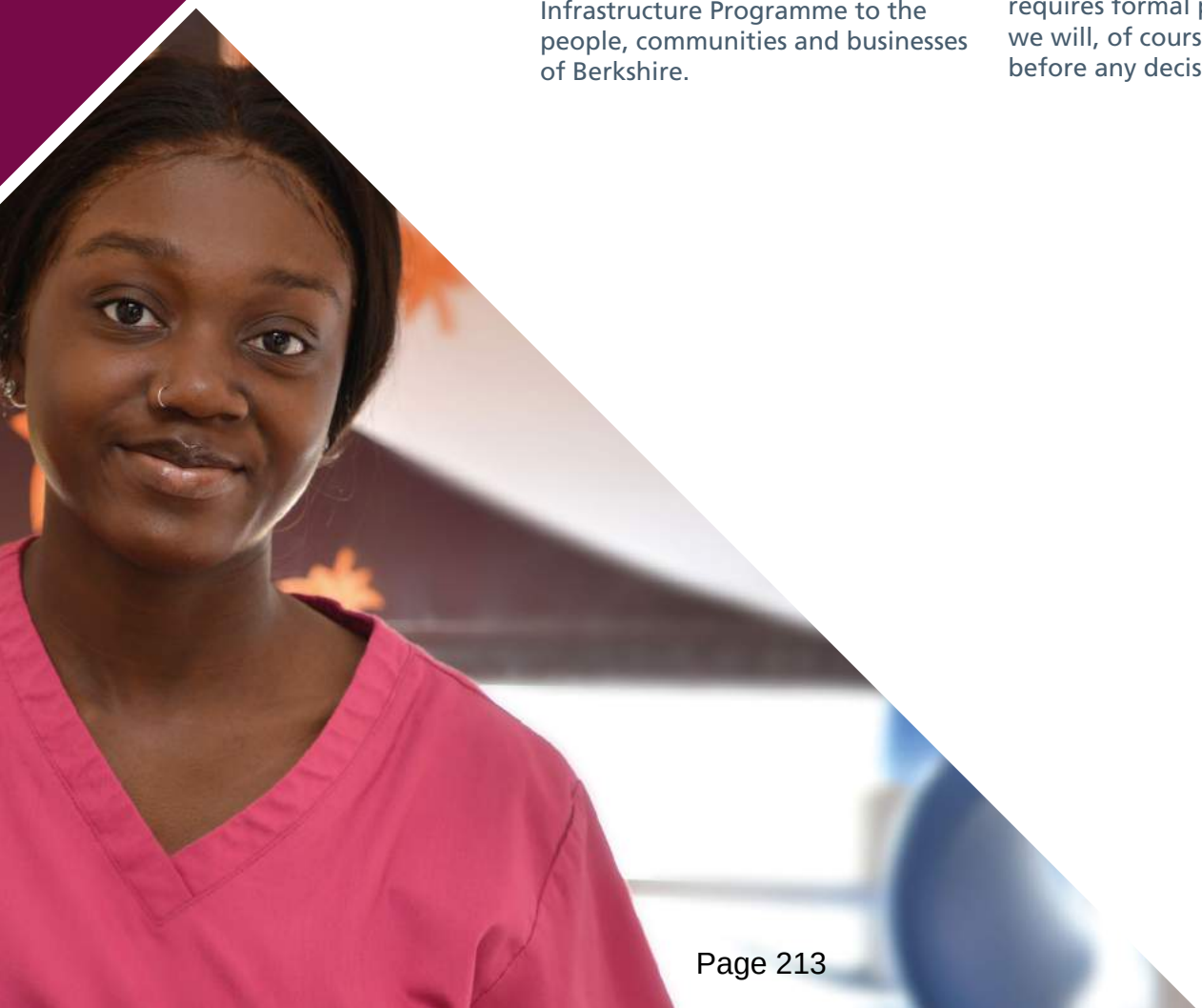
Conclusions and Next Steps

A Strategic Outline Case is a preliminary assessment of project options, value for money and strategic fit. Considering the analysis undertaken in developing this Strategic Outline Case the Royal Berkshire NHS Foundation Trust has concluded that it is only possible to meet the investment objectives identified for the redevelopment of the Royal Berkshire Hospital by committing to a comprehensive rebuild of the hospital, that is to say options IV, V, or VI.

Our analysis suggests that the minimal intervention scenarios (options I, II and III) do not offer a sustainable future for acute hospital services and that they fail to capitalise on the considerable economic opportunity offered by the government's Health Infrastructure Programme to the people, communities and businesses of Berkshire.

The Trust is now seeking permission from the Department of Health and Social Care, and HM Treasury, to proceed to conduct further work on options IV, V and VI through the development of a more detailed Outline Business Case.

It is important to note that no decisions have yet been taken on which of the various options is the preferred option. The Trust is committed to open, transparent and ongoing engagement with staff, stakeholders, patients and public and if any emerging option requires formal public consultation we will, of course, undertake this before any decisions are taken.



We welcome your views…

If you would like to know more about our emerging thinking on the redevelopment of the Royal Berkshire Hospital, please visit the Trust website www.royalberkshire.nhs.uk and click on "Building Berkshire Together".

- You can give us your views by completing the survey.
- You can watch the videos that describe our vision.
- You can join the conversation on our Forum Page.
- You can sign up for our regular e-newsletter.

You can also download the most up to date version of this and other key documents and presentations.

Update on Hampshire Together

Modernising our Hospitals and Health Services

West Berkshire Health & Wellbeing Board

Since our last update…

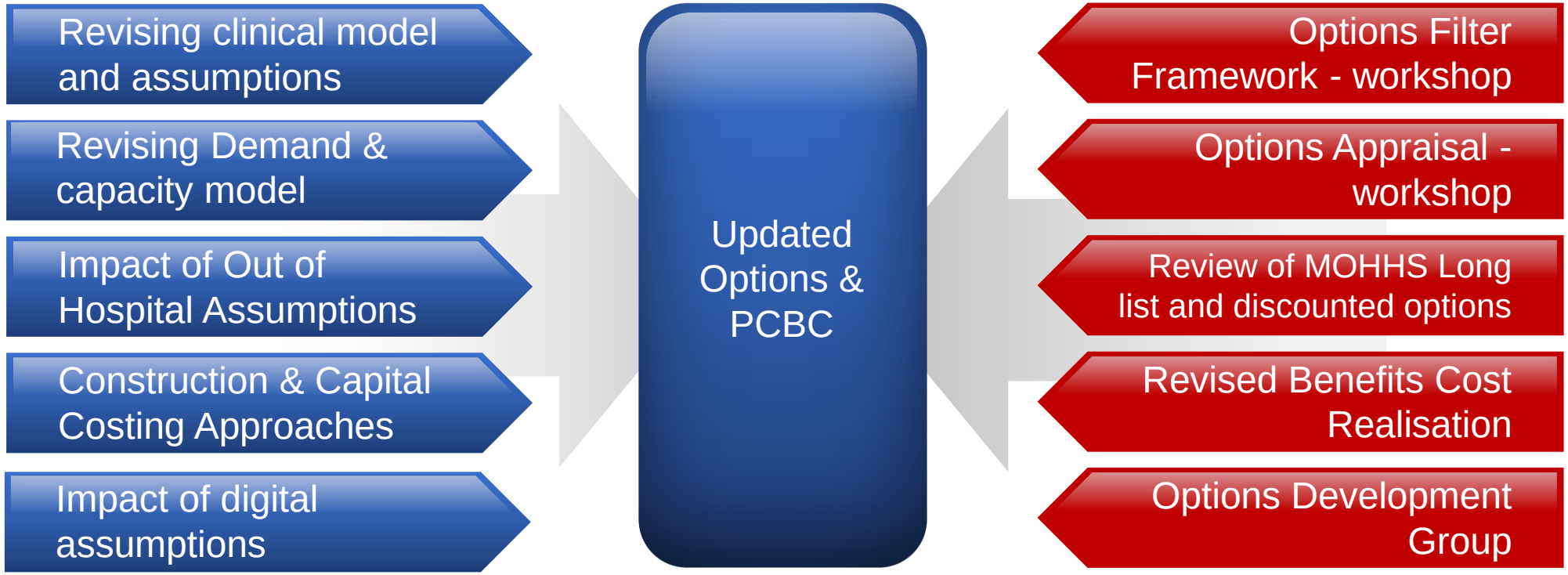
- Work has continued in co-ordination with national and local partners to develop options for consultation
- This includes on the clinical model and site options
- Other areas of work include that of future workforce planning, digital healthcare, population health and sustainability
- Value for money and long term financial sustainability are also central to our thinking
- Goal is to meet the ‘five tests’ (next slide)
- Engagement on-going – notably around the thinking for the future healthcare campus
- Planning for options development and appraisal – precursors to consultation – at an advanced stage

The ‘Five Tests’

Strong public and patient engagement	Consistency with current and prospective need for patient choice	A clear, clinical evidence base	Support for proposals from clinical commissioners	Justification of a plan to significantly reduce hospital bed numbers
				

Programme Progress: Revising, challenging and stretching existing MOHHS assumptions

Team focus between now and in the first half of 2022 will combine revising, challenging and stretching existing MOHHS assumptions. It will then require these revisions to be reviewed through 'Greenbook' (HM Treasury) compliant processes



SITE & LAND OPTIONS DEVELOPMENT

Modernising our Hospitals and Health Services

Site selection

- Stage One – **Site selection study** covering entire Hampshire Hospitals NHS Foundation Trust catchment area for sites measuring 40 to 50 hectares
  - Nine sites identified in areas including Basingstoke, Winchester, Micheldever, Sutton Scotney and Andover
- Stage Two – Sites ranked according to **36 weighted site selection criteria**, including planning, environmental and transport factors
  - Top five ranked sites taken forward to next stage
- Stage Three – **Land availability investigation** – owners contacted to establish willingness to sell, potential price and timescales for availability
  - Four options discounted – additional site identified as part of process, scored according to criteria and taken forward

Site selection – current situation

Two potential site options:

- **Land near to Junction 7 of the M3**
  - Close to major road links
  - Central to geography
- The current site of **Basingstoke and North Hampshire Hospital**
  - Includes purchase of adjoining land
  - Urban location means buildings could be taller – making the most of area available

Further work is being also undertaken to ensure it remains fully up to date and that nothing has changed to impact any decisions made to date

STAKEHOLDER COMMUNICATIONS & ENGAGEMENT

Modernising our Hospitals and Health Services

Programme Stakeholder Communications & Engagement

- **NHP Communication 'Play book'** published summer 2021.
- Briefings with the following **local authorities planned in Autumn 2021,** Winchester, Basingstoke, Test Valley, East Hampshire, Eastleigh and Alton (Town).
- **MPs updated** (Maria Miller and Steve Brine) with other MP offices contacted and update offered.
- Local councils offered winter updates which will include Hampshire Together update.
- **Joint Health and Overview Scrutiny Committee** – date for informal (private) briefing for all new JHOSC members arranged (December 13th)
- **Hampshire Association of Local Councils** (December 11th)
- Plans in place to update wider Councillors, Leaders, the Hampshire Ambassadors and system staff
- Ward Councillors meeting (Nov 4)
- Liaison with Healthwatch Hampshire with a MoHHS update due at their board meeting in the new year
- **Patient engagement** and attendance at futures workshops
- **Further and more regular updates** for internal and local stakeholders through a range of channels including newsletter, Facebook, twitter, etc

Future Health Campus Engagement

Background

The (26th November) workshop was intended to bring partners together and discuss the collective ambitions for the Healthcare Innovation Campus. The following areas were discussed:

- Population Health & Healthy Places
- Planetary Health & Climate Change
- Technology / Innovation Realisation

Outputs Expected

There were three breakout sessions on each of these topics to understand and build an action plan for how partners will come together to:

1. Reach an agreement on what we collectively mean/define for each of the topics above “What is the narrative?”
2. What benefits we expect the campus will bring in each of these topic areas – i.e how do we quantify (as well as describe qualitatively) the economic, social and environmental benefits and value add of these areas.
3. Agree how we will work together to co-invest in the campus
4. Build an action plan and set of next steps for achievement of the above

Further work in this area is planned for February 2022

ICS – Continued system approach

- Transformation director role to be in place December 2021
- CCG/ICS Associate director joining the programme
- Refreshed governance with ICS and CCG colleagues core members of the Programme Steering group and Programme Partner Group
- ICS, CCG, Public Health, Local Authorities and other partner organisation colleagues from SCAS, Southern Health and GPs integrated part of programme workstreams

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Public Health Hub
BERKSHIRE EAST

An information report for Berkshire's Health and Wellbeing Boards

PHARMACEUTICAL NEEDS ASSESSMENTS FOR BERKSHIRE LOCAL AUTHORITIES

Introduction and Background

From 1st April 2013 every Health and Wellbeing Board has been given a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area. This is called the Pharmaceutical Needs Assessment (PNA).

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires each Health and Wellbeing Board to make a revised assessment as soon as is reasonably practicable after identifying significant changes to the need for pharmaceutical services locally or within 3 years of its previous publication. This timescale was extended by the Department of Health and Social Care in March 2021, due to ongoing Covid-19 pressures across all sectors, and the requirement to publish renewed PNAs was suspended until 1st October 2022.

Berkshire's six Health and Wellbeing Boards all published their latest PNAs on 1st April 2018. All of these PNAs will need to be refreshed by 1st October 2022 in accordance with the national regulations.

Plans and timescales for Berkshire's 2022 PNAs

The Directors of Public Health for Berkshire East and Berkshire West agreed that the production of the 6 Berkshire PNAs should be commissioned out to an external provider; this was largely due to capacity in the teams being impacted by the COVID-19 pandemic. Three companies were asked to provide quotes for this work and these were each scored on a 40% cost: 60% quality matrix. Healthy Dialogues was the successful bidder for this work and has been appointed to complete the 6 PNAs for Berkshire.

Healthy Dialogues has provided a robust project plan for how the PNAs will be carried out over the next year and has identified clear workstreams that meet the national requirements. The first task will be to set up an overarching Steering Group that includes representatives from the local authorities, local Integrated Care Systems, Local Pharmaceutical Committee (LPC), NHS England Area Team, voluntary sector groups such as Healthwatch, communications leads and other stakeholders identified locally. The Berkshire East Public Health Hub will oversee the PNA development on behalf of the six Berkshire local authorities and will have regular project assurance meetings with Healthy Dialogues.

Healthy Dialogues aim to present the first draft of the PNA reports to the Steering Group in early April 2022. These reports will then be disseminated for public consultation in May 2022 to fulfil the statutory 60-day consultation period. Once this consultation period has elapsed, the responses will be summarised and fed into the final drafts of each of the PNAs to be presented to the Steering Group in July 2022. The final draft of the PNA will be presented to the Health and Wellbeing Boards by September 2022. The PNA steering group will include appropriate representation from HWBB members to ensure input throughout the process. Should any issues arise in the production of the PNA, these will be raised with the appropriate HWBB / boards in a timely manner.

The Berkshire East Hub will provide two progress reports to each of the Health and Wellbeing Boards to update on the delivery.

For more information about the process for Berkshire's 6 PNAs please contact the Berkshire East Public Health Hub at ph.information@bracknell-forest.gov.uk.

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Health & Wellbeing Board – 09 December 2021

Item 18 – Members' Questions

Verbal Item

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Health and Wellbeing Board Forward Plan (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
21 January - Conference					
17 February 2022 - Board meeting					
Strategic Matters					
Annual Report from the Director of Public Health	To present the annual report into the health and wellbeing of people in Berkshire as prepared by the Director for Public Health.	For information and discussion	09/02/2022	Meradin Peachey	Health and Wellbeing Steering Group
West of Berkshire Safeguarding Adults Board	Presentation of Annual Report for 2020/21	For information and discussion	09/02/2022	Teresa Bell - Independent Chair of SAB	Health and Wellbeing Steering Group
National Health and Social Care Levy	To consider the new Health and Social Care Levy and what it means for West Berkshire.	For information and discussion	09/02/2022	Paul Coe / Katie Summers	Health and Wellbeing Steering Group
Voice of Disability	To report back on the recommendations made in relation to the Healthwatch VoD report	For information and discussion	09/02/2022	Andrew Sharp	Health and Wellbeing Steering Group
Operational Matters					
ICP Transformation Programme	To provide a detailed updated on one of the ICP priorities for 2021/22 (TBC)	For information and discussion	09/02/2022	Andy Sharp	Health and Wellbeing Steering Group
Provision of Defibrillators in West Berkshire	To present a report on the provision of defibrillators in West Berkshire in response to the motion referred to Health and Wellbeing Board from Council.	For information and discussion	09/02/2022	Matt Pearce	Health and Wellbeing Steering Group
April 2022 (TBC) - Workshop					
19 May 2022 - Board meeting					
Strategic Matters					
West Berkshire Vision 2036	To provide a progress report and consider whether the vision needs to be updated	For information and discussion	11/05/2022	Nigel Lynn / Catalin Bogos	Health and Wellbeing Steering Group
Joint Funding (Health and Social Care)	To present the outcome of the review of Joint Funding for Health and Social Care.	For information and discussion	11/05/2022	Katie Summers / Andy Sharp	Health and Wellbeing Steering Group
Review of Health and Wellbeing Board Terms of Reference	To agree the updated terms of reference for the Health and Wellbeing Board and Steering Group to reflect the new Joint Health and Wellbeing Strategy.	For decision	11/05/2022	TBC	Health and Wellbeing Steering Group
Review of Health and Wellbeing Steering Group Terms of reference	To agree the structure and updated Terms of Reference for the Health and Wellbeing Board Steering Group to reflect the priorities identified in the Joint Health & Wellbeing Strategy.	For decision	11/05/2022	TBC	Health and Wellbeing Steering Group
Leisure Strategy	To present the Leisure Strategy	For information	11/05/2022	Matt Pearce	Health and Wellbeing Steering Group
Operational Matters					
Delivering the Health and Wellbeing Strategy Q4 2021/22	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	11/05/2022	Gordon Oliver	Health and Wellbeing Steering Group

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