

Notice of Meeting



Scan here to access the public documents for this meeting

Health and Wellbeing Board

Thursday, 19th May, 2022 at 9.30 am
in Council Chamber Council Offices
Market Street Newbury

This meeting can be viewed online at: www.westberks.gov.uk/hwbblive

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

Date of despatch of Agenda: Wednesday, 11 May 2022

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



Agenda - Health and Wellbeing Board to be held on Thursday, 19 May 2022 (continued)

- To:** Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Dr Abid Irfan (Berkshire West CCG) (Vice Chairman), Zahid Aziz (Thames Valley Police), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Jessica Jhundoo Evans (Corn Exchange), Matthew Hensby (Sovereign Housing Association), Janet Lippett (Royal Berkshire Hospital), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (RBFRS), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director (People)), Sean Murphy (Public Protection Manager), Belinda Seston (Berkshire West Clinical Commissioning Group), Councillor Joanne Stewart (Executive Portfolio: Adult Social Care), Reva Stewart (Berkshire Healthcare NHS Foundation Trust), Councillor Martha Vickers (Shadow Spokesperson for Health and Wellbeing)
- Also to:** Councillor Adrian Abbs, Amanda Lyons (BOB Integrated Care System), Catherine Mountford (BOB Integrated Care Board), Catalin Bogos (Performance Research Consultation Manager), Sue Brain (Service Manager, Safeguarding Adults), Paul Coe (WBC- Adult Social Care), Gordon Oliver (Principal Policy Officer) and Vicky Phoenix (Principal Policy Officer - Scrutiny)

Agenda

Part I

		Page No.
1	Apologies for Absence To receive apologies for inability to attend the meeting (if any).	7 - 8
2	Minutes To approve as a correct record the Minutes of the meeting of the Board held on 17 February 2022.	9 - 20
3	Actions arising from previous meeting(s) To consider outstanding actions from previous meeting(s).	21 - 22
4	Declarations of Interest To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .	23 - 24



Agenda - Health and Wellbeing Board to be held on Thursday, 19 May 2022 (continued)

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

5	Public Questions Members of the 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.	25 - 26
6	Petitions Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.	27 - 28
7	Membership of the West Berkshire Health and Wellbeing Board To agree any changes to Health and Wellbeing Board membership.	29 - 30

Items for discussion

Strategic Matters

8	Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update To provide an update on the formation of the BOB ICS in line with the proposals set out within the Health and Care Bill.	31 - 32
9	West Berkshire Vision 2036 Update To provide a progress report and consider further activities for the update of the West Berkshire Vision document.	33 - 34
10	Safeguarding Adults Update for Health and Wellbeing Board (Q3 2021/22) To outline the volumes and performance of Safeguarding Adults in West Berkshire Council.	35 - 42



- | | | |
|----|--|---------|
| 11 | Hampshire Pharmaceutical Needs Assessment
To highlight the current consultation on the Draft Hampshire Pharmaceutical Needs Assessment | 43 - 46 |
|----|--|---------|

Operational Matters

- | | | |
|----|---|---------|
| 12 | Berkshire West Place Based Partnership Transformation Programme
To provide an update on the Place Based Partnership's Transformation Priorities. | 47 - 48 |
| 13 | Response to Council Motion on 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. | 49 - 56 |

Other information not for discussion

- | | | |
|----|--|-----------|
| 14 | Leisure Strategy
To present the West Berkshire Leisure Strategy, which was adopted by the Executive on 24 March 2022. | 57 - 134 |
| 15 | Members' Question(s)
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. | 135 - 136 |

Standard Agenda Items 2

- | | | |
|----|--|-----------|
| 16 | Health and Wellbeing Board Forward Plan
An opportunity for Board Members to suggest items to go on to the Forward Plan. | 137 - 138 |
| 17 | Future meeting dates <ul style="list-style-type: none">• 21 July 2022• 29 September 2022• 8 December 2022• 23 February 2023 (All meetings to start at 09:30) | |



Agenda - Health and Wellbeing Board to be held on Thursday, 19 May 2022 *(continued)*

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.

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 1 – Apologies

Verbal Item

This page is intentionally left blank

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, 17 FEBRUARY 2022

Present: Councillor Graham Bridgman (Chairman), Dr Abid Irfan (Berkshire West CCG) (Vice Chairman), Councillor Lynne Doherty, Emily Evans (Thames Valley Police) (In place of Zahid Aziz), Councillor Steve Masters, Sean Murphy (Public Protection Manager), Matthew Pearce (Service Director - Communities & Wellbeing), Garry Poulson (Volunteer Centre West Berkshire), and Councillor Martha Vickers

In Attendance Remotely: Councillor Dominic Boeck, Jo Reeves (In place of Katie Summers), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (Executive Director – People), Councillor Joanne Stewart, Reva Stewart (Berkshire Healthcare NHS Foundation Trust)

Also Present: Stephen Chard (Democratic Services Manager), Paul Coe (Service Director - Adult Social Care), Dr Alex Evans (Royal Berkshire NHS Foundation Trust), Gordon Oliver (Principal Policy Officer), and Matthew Tait (Buckinghamshire, Oxfordshire & Berkshire West ICS)

Apologies for inability to attend the meeting: Zahid Aziz, Tracy Daszkiewicz and Katie Summers

Absent: Jessica Jhundoo Evans

PART I

76 Minutes

It was noted that Councillor Rick Jones should have been recorded as attending remotely rather than in person. Subject to this amendment, the Minutes of the meeting held on 9 December 2021 were approved as a true and correct record and signed by the Chairman.

77 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted. Observations were made in relation to the following actions:

- 153 – Work was ongoing in relation to the Peer Review - the main challenge would be scheduling meetings with the Peer Review Team, with a minimum lead time of 6 months.
- 180 to 183 – These would be picked up as part of the Forward Plan item.

Councillor Dominic Boeck noted that at the Board had endorsed the recommendations in the Healthwatch report on CAMHS with key partners asked to act on the report's recommendations. Matt Pearce had indicated that the Children's Delivery Group (CDG) would lead on this. However, there was no action identified and the CDG was not aware that they had been allocated this piece of work.

Andy Sharp indicated that the Integrated Care Partnership's Delivery Group for Children's Services, was taking forward a project on CAMHS and Mental Health and Wellbeing.

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

Action: Councillor Boeck, Andy Sharp, Matt Pearce and Gordon Oliver to agree who will progress matters in relation to the Healthwatch CAMHS report.

78 **Declarations of Interest**

There were no declarations over and above the standing declarations of interest from Councillor Graham Bridgman and Andrew Sharp.

79 **Public Questions**

There were no public questions submitted to the meeting.

80 **Petitions**

There were no petitions presented to the Board.

81 **Royal Berkshire Hospital Winter Plan Update**

Councillor Graham Bridgman declared a personal interest in Agenda Item 11 by virtue of the fact that he was a governor of the Royal Berkshire Hospital NHS Foundation Trust. As his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate.)

Dr Alex Evans gave a presentation on the current situation at the Royal Berkshire Hospital and the challenges they faced. Key points from the presentation were as follows:

Covid Situation:

- There were 109 inpatients with Covid, with three patients in the intensive care unit, one of whom was on mechanical ventilation.
- 40 Covid patients were being treated on a virtual ward and received daily contact from physicians and remote monitoring of blood oxygen levels.
- These numbers were much less than in the second wave, when there had been 280 Covid inpatients.
- The main challenge was in keeping Covid patients separate from other patients. The Trust was amongst the top performers in England in avoiding nosocomial infections.
- A disproportionate number of Covid inpatients had not been fully vaccinated.
- 96.3% of the Trust's staff had received at least one jab – the Trust was ranked 13 out of 126 in England for uptake.
- Approximately 150 out of more than 6,000 staff were off work with Covid – this was an improving situation.

Challenges:

- Teams had been working well to meet elective waiting lists.
- There were very high pressures on the Emergency Department (ED), with 400+ patients per day (up from 300 on a bad day pre-Covid).
- Mitigating measures put in place included:
 - A new discharge lounge
 - A Complex Discharge Liaison Team and Patient Flow Co-ordinators assigned to bring expert knowledge to complex discharge cases
 - Same day emergency care unit that assessed and treated more than 100 patients per week
 - A Covid Medicines Delivery Unit to provide high-risk patients with new Covid anti-viral treatments

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

- Additional Point of Care Testing brought into the ED to provide rapid testing of patients for Covid, flu, norovirus, etc.
- RBH was one of the few Trusts to continue diagnostic work and elective procedures through Covid and 92.7% of suspected cancer patients were being seen within two weeks.
- Efforts were being made to bring performance back to standard for all patients to be seen within six weeks of referral.
- There were challenges in diagnostics (MRI, CT and endoscopy) and plans were in place to improve capacity, with a new diagnostic hub created at West Berkshire Community Hospital.

Activity at West Berkshire Community Hospital (WBCH):

- Day surgery unit running 3-4 Saturday endoscopy lists every month
- All services resumed with mix of face-to-face and telephone services
- Additional outpatient clinics being run to clear backlogs
- Clinic space provided at weekends to support the Covid vaccine programme for 12-15 year olds
- WBCH was one of the first Community Diagnostic Centres in the country to open – a new MRI and PET-CT scanning facility will open later this year
- Two MRI scanners had been purchased using £2m charitable donation – these will increase scanning capacity, reduce waiting times and provide better patient experience.

Achievements:

- ENT 'super Saturday' carried out 18 tonsillectomies to clear the backlog – similar events are planned for general surgery
- Ophthalmology carried out 315 operations, leaving just 31 patients waiting more than 18 weeks (these were awaiting suitable donor material)
- Health Improvement Programme with University of Reading – public health specialists were working with clinicians on health inequalities, with a focus on prehabilitation, smoking cessation, and maternity outcomes in mothers from ethnic minority backgrounds.

Independent Sector and Mutual Aid:

- 434 patients transferred mid-pathway to the independent sector and 2,850 transferred at source to speed up treatment
- The Trust provided mutual aid for Oxford University Hospital and Buckinghamshire Healthcare NHS Trust, including ear nose and throat, orthopaedics and urology
- The Trust also worked with the Integrated Care System to share good practice and offer further support to acute providers

Winter Campaign:

- A communication campaign was run with the CCG, South Central Ambulance Service, local councils and Pharmacy Thames Valley
- The main themes were: Be Prepared; Choose the Right Service; and See Your GP Differently.
- The campaign attracted 253,000 social media hits

Building Berkshire Together:

- RBH had been selected as one of 48 UK sites in the Government's New Hospital Programme – the Strategic Outline Business Case has been submitted and the Trust was awaiting feedback to progress to the next stage.

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

- A range of options had been devised to redevelop or relocate the main hospital site and further work will take place to reach a preferred option.
- Options were being developed with patients, carers, staff and the local community. Interested parties were encouraged to get in touch.

Green Plan to Reach Net Zero

- The NHS had pledged to reach net zero direct carbon emissions by 2040. The Trust was due to launch its Green Plan in March 2022, which would set out how it would work towards net zero carbon, including:
 - Reduced use of desflurane in surgery
 - Alternative travel options for staff and patients
 - Increased recycling
 - Sustainable models of care
- Achievements to date included:
 - Removed two miles of leaking, inefficient underground pipework on the RBH site
 - Installed a new eco-friendly boiler
 - Five electric pool cars for staff

Paul Coe praised the joint work that had been undertaken around rapid community discharge from hospital to make best use of the additional funds from Government. However, it was noted that this funding would cease at the end of March 2022 and the partners would need to manage the transition.

It was confirmed that most of the additional posts funded by Government would remain in place once the funding had ceased.

Councillor Lynne Doherty noted the positive aspects in the presentation, but asked about waiting lists at RBH relative to the rest of the country.

Dr Evans indicated that RBH was in a good position regarding cancer care and elective surgery, but RBH was failing to meet the target of seeing 90% of patients visiting the ED within four hours – this was down to the volume of patients and challenges in maintaining flow through the hospital. This made it particularly important to improve the flow out of hospital.

Councillor Martha Vickers asked if there was a lot of inappropriate visits to the ED, and whether this could be linked to local shortages of GPs.

Dr Evans stated that higher ED attendance was not translating into higher levels of admissions. He recognised that GPs were under pressure and were experiencing difficulties with recruitment. This suggested that solutions needed to be sought as a system (e.g. educating people about accessing the right services, and making use of allied health professional to free up GPs' time).

Dr Abid Irfan noted that Winter Access funds had provided extra investment in GP services. Private providers were being used to deliver additional capacity, including telephone consultations. Dr Irfan welcomed the improved diagnostics at West Berkshire Community Hospital – he asked what facilities would be provided there and if direct access would be provided for patients without the need for GP referral, provided they met certain criteria.

Dr Evans confirmed that the new facility would have the same functionality as the one at RBH. There would be two fixed MRI scanners and a PET-CT scanner, which was used to detect cancer that had spread. These would be in addition to the existing CT and endoscopy, as well as x-ray and phlebotomy. Patients would only have to travel to RBH for very specialist diagnostics. With regards to direct access, Dr Evans was not aware of

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

any plans to do this and suggested that clear pathways would need to be prepared in order to make best use of the limited resource without introducing unnecessary delay or workload.

82 Integrated Care System Update

Matt Tait gave an update on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) (Agenda Item 10). Key points from the presentation were as follows:

- The date for establishing the Integrated Care Board had been pushed back from April to July 2022.
- There was a need to ensure appropriate governance architecture and capacity to maintain the CCGs for another three months and the ICS was satisfied that the statutory responsibilities could be maintained.
- There were some challenges around financial planning for an additional quarter year but the ICS was confident that this could be managed.
- The delay allowed more time for engagement and discussion on structures and working practices, which was welcomed.
- Javed Khan had been appointed as Chair Designate and James Kent had been appointed as Chief Executive Designate.
- Interviews were being held to appoint the non-executive members of the Integrated Care Board (ICB).
- Adverts would be going out shortly for the three statutory executive roles – chief financial officer, chief nurse and chief medical director.
- The processes were being developed for the partner member nomination, assessment and appointment, taking account of the emerging legislation.
- The working assumption was that the ICB would have the minimum membership, with just one local authority partner member, who would bring sector expertise rather than being a representative of a particular council.
- It was noted that local authority members were no longer disqualified from sitting on the ICB, but the recommendation was that the role should be an executive member.
- The Integrated Care Partnership (ICP) would need to be established on 1 July 2022 by its founder members – the Chair of the ICB and a representative from each of the five local authorities.
- Place based sub-committees would need to be set up for each of the three 'places' within the ICS – this would be more complex within Berkshire West as it spanned three local authorities.
- Consideration was being given to the process for developing the ICP Strategy, which would in turn inform the ICB Strategy – this was expected to take 9-12 months and steering groups would be set up in due course.

The Chairman asked for further details about the proposal for the ICP to contain the ICB Chair and five local authority representatives. Discussions had already taken place between the Leaders and Health and Wellbeing Portfolio Holders of the Berkshire West local authorities about how they would interact with the ICP. The Chairman also indicated that the Berkshire West local authorities had just approved a 10 year Health and Wellbeing Strategy and asked how the strategies for each place would interact with the system level strategy. In addition, the Chairman noted that current legislation required a member of the CCG to be appointed to the Health and Wellbeing Board and the West Berkshire Council Constitution required a CCG representative to be present in order for

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

meetings to be quorate. He asked what would be proposed in terms of future Health and Wellbeing Board representation.

Matt Tait indicated that the ICP was always intended to be a broader, representative, discursive group. The ICS had received a lot of updated guidance as the Bill passed through Parliament – this guidance indicated that the ICP must be established on Day 1, with the founder members to include the ICB Chair and the local authority members. The challenges of coordinating the various strategies was recognised. Checks would be carried out on baseline information and the strategy would seek to build on the three place based strategies. Common themes and challenges would be identified together with opportunities for where the system could add value or impact on some of those issues. It was proposed that strategy development could be incorporated into a future ICS report to the Health and Wellbeing Board. Matt Tait indicated that future representation on Health and Wellbeing Boards was not entirely clear, since there was no guidance on this as yet. However, Health and Wellbeing Boards would be important in terms of their relationship with the ICP and Place Based Partnerships. He suggested that it was likely that there would be some flexibility around representation.

Action: The ICS to cover strategy development as part of a future update to the Health and Wellbeing Board.

Andrew Sharp noted that there had previously been four CCGs in Berkshire West with two lay members on each. He expressed concern that the ICB was planning to stick to the minimum membership. He noted that West Berkshire was a small part of a large system and many patients went out of the ICS area (e.g. to Swindon and Basingstoke). He suggested that only having two non-executive lay members on the ICB with no representation from Healthwatch would not be consistent with NHS England exemplar examples, such as Leeds. He felt it was important for the patient voice to be heard and noted that the jointly funded Healthwatch Officer had left and had not been replaced. Healthwatch England had expressed concerns about West Berkshire being adequately represented. He asked that the minimum membership be reconsidered and to have patient representation. Andrew Sharp also expressed concern about Healthwatch and the voluntary sector being lumped together as a single group and highlighted that Healthwatch was a statutory body representing patients.

Matt Tait acknowledged these concerns - the starting point was the minimum membership and there was a need to build transparency and trust around the approach. It was confirmed that Healthwatch and patient involvement would be important for the ICP, but the approach was still developing. Also, it was acknowledged that the balance between the ICP, ICB, Place Based Partnerships, and Health and Wellbeing Boards was still in development. Concerns about line of sight and engagement would be mitigated through joint working. There would be a Place Executive Director for Berkshire West, who would liaise with the three local authorities and the Healthwatches. The separate roles of Healthwatch and the voluntary sector were recognised, and specific feedback was sought on where they had been lumped together. The point about Healthwatch engagement would be taken back to the Lead Director for Engagement.

Action: Andrew Sharp to provide specific details to Matt Tait.

Garry Poulson agreed about the need to separate the voluntary sector from the voice of the patient and that there should be a seat at the table for both.

Matt Pearce noted that the ICS had priorities around improving population health outcomes and tackling health inequalities, and stressed the need for Public Health to have a voice. It was noted that there was a Director for Public Health for Berkshire West as well as Public Health Teams in each of the three local authorities.

83 Membership of Health and Wellbeing Board

The Board was asked to note the changes to the Membership and Substitutes as outlined in the agenda pack.

84 Changes to Membership of Health and Wellbeing Board

It was noted that Raghuv Bhasin and Matt Pearce would be leaving their respective positions and standing down from the Health and Wellbeing Board.

The Chairman congratulated Matt Pearce on his new role as Director of Public Health at Herefordshire County Council and thanked him for his outstanding contribution during the Covid pandemic.

85 Adult Social Care Reforms

Paul Coe gave a presentation on adult social care reforms (Agenda Item 9). Key points from the presentation were as follows:

- The Government's proposals were initially set out in 'Build Back Better' with further detail added in the White Paper 'People at the Heart of Care' and the Policy Paper 'Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023'
- The Dilnot report had looked at charging for care costs, while the Care Act 2014 set out the legal foundations for changes, but this was not progressed in 2015 when the rest of the Care Act was implemented.
- The focus was on ensuring that arrangements would be affordable and sustainable in the long-term.
- Specific areas had been identified for investment.
- The White Papers identified best practice around choice, control, independence, accessibility, timeliness, etc.
- Key changes included:
 - New Health and Social Care Levy based on National Insurance contributions
 - A cap on care costs of £86,000 from October 2023 for new people
 - New capital limits (upper limit of £100,000 and a lower limit of £20,000)
 - An intent to shrink the gap between private funder fees and local authority fees
- Priorities for investment included:
 - Support for staff (training, occupational health, recruitment, etc)
 - Better health and care integration
 - Investment to integrate housing into local health and care strategies, with a focus on supported housing
 - Greater adoption of technology and digitisation in social care
 - Support the social care workforce to access training and to feel recognised and valued, with a focus on workforce wellbeing
 - Digital tools to support independent living/improved quality of care
 - New practical support service to help people remain independent and safe in their homes, and an increased upper limit on the Disabled Facilities Grant for home adaptations
 - Improved services to support unpaid carers
 - Funding to help local areas innovate and provide more options that suit people's needs and individual circumstances

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

- Key issues and risks were:
 - The cap on care and proposed changes to thresholds would result in a loss of income for the Council and lead to a substantial funding shortfall
 - West Berkshire had a large number of self-funders who currently organised their own care, either with or without advice
 - Everyone who might need care would require assessment from the local authority in order to arrive at an Independent Personal Budget and to ensure best value
 - Because the cap only applied to 'new people', individuals may wait and put their own health at risk
 - There would be an additional burden on providers to account for the different elements of their costs.

The Chairman asked if the cap related to the care costs rather than 'hotel services'.

Paul Coe agreed, but indicated that details were still emerging. Also, there were some other grey areas where clarification was required. For example, where an unpaid carers had previously received support, but the person they cared for had not received support, it was unclear if the person being cared for would be classed as 'new'.

Councillor Martha Vickers asked what additional support and funding officers required and how messages would be communicated to the public. The emphasis on staffing, support and recruitment was welcomed.

It was noted that initial announcements had focused on solving the challenges by providing more funding, which the public would have taken at face value. However, the details suggested a more complex situation and there was a lot still to work through. West Berkshire Council would be given an opportunity to feed its concerns back to the Department for Health and Social Care, particularly in relation to forecasts for funding shortfall.

Dr Abid Irfan asked if local authorities would get a percentage of the new Health and Care Levy. He understood that priority would be given to tackling waiting lists for elective care, which were forecast to rise until 2025.

Paul Coe confirmed that health would be prioritised initially.

Councillor Steve Masters noted that many local residents who arranged their own care would soon be engaging with the Council, which would create a significant administrative burden. He asked if this was something that needed to be highlighted to Central Government.

Paul Coe explained that previous efforts in West Berkshire had focused on developing a light-touch approach, with information, advice, guidance and practical support to allow residents to make their own arrangements, but the proposed changes could potentially undermine these efforts. However, it was noted that technology would be key to supporting care in future, and an online product was being developed. The challenge had been quantified and costed and fed back to Central Government and efforts would focus on making things quick and straightforward for the Council and service users.

Councillor Masters asked about the ratio of self-funders to supported users.

Paul Coe indicated that it was hard to quantify, but indicated that just 6% of those who approached the Council for care in a community setting were benefitting from a long-term service commissioned by the Council.

Andrew Sharp expressed concern about the additional administrative burdens that would be imposed on residents. He asked if there would be impacts for getting people out of

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

hospital. He suggested Q&A sessions with carers would be helpful to help people understand the changes.

Paul Coe agreed about the Q&A, but stressed that this should only take place when there was more certainty around the details of the changes.

Councillor Jo Stewart stressed that the changes would make positive differences to people who relied upon adult social care. She stated that the Council had experienced officers who were working through the available information. The Council had been invited to work with Central Government and the Local Government Association to highlight concerns and potential challenges arising from the proposed changes. She also noted that there were regular meetings around potential digital solutions that would help the Council to manage and monitor data. She suggested that officers could provide regular updates to the Health and Wellbeing Board as details were confirmed.

86 Health and Wellbeing Board Conference

Councillor Graham Bridgman presented the report on the Health and Wellbeing Conference (Agenda Item 12).

The Conference was held on 21 January. The event was open to all and 98 people attended, with 87 staying to the end. After the event, the introductory video had been made available on the Council's website. The Chairman felt that a remote conference worked well, because it allowed residents to engage without having to travel, but a physical event would have facilitated conversations and exchanges. There had been five breakout sessions, which related to the priorities of the Health and Wellbeing Strategy and the outputs from these would be used to inform the Delivery Plan.

Councillor Martha Vickers thought that it had been a good event, but she would have liked to know whether people were attending in a personal capacity or on behalf of a group or organisation. She felt that the breakout sessions were too short, with time for discussion further limited by presentations from the facilitators. She also suggested that there could be an additional event organised just for young people. She agreed that people would get more out of a face-to-face event.

Councillor Lynne Doherty acknowledged that it was important to listen to people and stressed the importance of communicating how the Board was responding to the feedback received. She highlighted an example where someone had highlighted the need to help people fill out online forms, and noted that this support was already available.

The Chairman agreed that Steering Group would review the workshop discussions and report back to the Board, with actions incorporated into the Communications Strategy.

Action: Steering Group to review the workshop feedback and report back to the Board.

87 West of Berkshire Safeguarding Adults Board - Annual Report 2020/21

The Chairman noted that due to a clash of meetings, there was no-one from the Safeguarding Adults Board available to present its Annual Report (Agenda Item 13). Some case studies were cited in the report, where incidents had required full reports or practice learning notes. Members were encouraged to visit the Partnership's website if they wished to know more about these case studies, which were drawn from the whole of Berkshire. If Members felt that there was anything within the report that merited further discussion, then a representative from the Board could be invited to attend a future meeting.

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

Councillor Lynne Doherty highlighted the 50% increase in safeguarding concerns across the partnership, but noted that the increase in West Berkshire was much less at 13%. She expressed concern that issues in West Berkshire would not receive as much attention as those in other local authorities that had higher incidences. She suggested that the Board should consider the West Berkshire situation in more detail.

Councillor Martha Vickers raised two issues:

- i. On page 61 the report said that the Performance and Quality Subgroup investigated the increase in no support reason in 2019/20, which was attributed to West Berkshire Council and confirmed that the increase was correct, and that Reading Borough Council and Wokingham Council had reviewed their recording practices to ensure that they were consistent with NHS digital guidance. She asked whether West Berkshire Council needed to review its processes, or if it was already compliant with NHS Digital Guidance.
- ii. On page 62 she noted a comment that the Safeguarding Board was not complying with its Quality Assurance Framework due to a lack of capacity.

The Chairman proposed that a paper be brought to the next meeting to consider the West Berkshire implications arising from the Annual Report and for a member of the Partnership to be invited to attend the meeting.

Garry Poulson stated that he was the voluntary sector representative on the Safeguarding Adults Board. He noted that reporting mechanisms had been greatly improved, which would have affected the numbers. This was a good thing, as it meant that there was awareness of issues that needed to be resolved. He explained that the Safeguarding Adults Board had just appointed Professor Keith Brown as the new Independent Chair. He was also Chairman of the NHS England Adults Network. He suggested that it would be a good time to raise any areas of concern that needed further investigation.

Emily Evans stated that that she had previously been the Detective Chief Inspector for Protecting Vulnerable People and had worked in safeguarding for most of her career right across Berkshire. She indicated that the reason for this being a Berkshire West document was that most of the partners worked across the three local authorities of West Berkshire, Reading and Wokingham, and in order to understand the West Berkshire situation, this would need input from West Berkshire people. She explained that a conscious decision had been made to share learning from serious case reviews across Berkshire rather than waiting for something to happen locally. She agreed that West Berkshire received less attention because crime rates were lower than in other parts of Berkshire. She noted that children involved in serious incidents had often lived in other local authorities so it was important to promote shared working. She indicated that the Police could provide adult safeguarding data for West Berkshire.

Paul Coe was invited to respond to the points made. He was unable to comment on compliance with NHS Digital guidance. With regard to case numbers, he explained that each local authority had slightly different recording practices, but he agreed that there had been an increase in activity within his team. He indicated Appendix F contained reports for each of the three local authorities. He suggested that West Berkshire Council's Safeguarding Manager be invited to speak to a future HWB meeting. He also noted that a quarterly report was taken to Corporate Board, which took a great interest in safeguarding and deprivation of liberty work.

Action: The West Berkshire Safeguarding Manager to prepare a report for the next Health and Wellbeing Board to provide a local perspective on the SAB Annual Report.

HEALTH AND WELLBEING BOARD - 17 FEBRUARY 2022 - MINUTES

The Chairman noted that when West Berkshire Council had a safeguarding incident relating to a care provider, they might treat every individual in the care home as a case, but another local authority might treat this as one case.

88 Members' Question(s)

There were no questions submitted to the meeting.

89 Health and Wellbeing Board Forward Plan

The Chairman noted that there would be an item on Joint Funding of Health and Social Care at the May meeting. He also noted that the terms of reference for the Board, its Steering Group and Sub-Groups were being considered as part of a review of all committees across the Council. It was felt to be useful to review the terms of reference since activities would feed into the Health and Wellbeing Strategy and Delivery Plan.

90 Future meeting dates

Board Members were invited to note the dates of future meetings and were advised that the July meeting would need to be rearranged due to a clash of meetings.

(The meeting commenced at 9.30 am and closed at 11.26 am)

CHAIRMAN

Date of Signature

This page is intentionally left blank

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	In progress	To be undertaken post-Covid. Initial enquiries made regarding the process.
160	28/01/2021	Develop Covid Recovery Dashboard Tracker to monitor the broader effects of the pandemic on our community	Zakyeya Atcha	WBC	Member Questions	In progress	Phase 1 is complete, which involves key data sets for nationally available data: https://westberkshire.berkshireobservatory.co.uk/corona-virus Further work will be done to add other local data sets as part of Phase 2. Work has started on this and the intention is for the dashboard to sit alongside the new Joint Strategic Needs Assessment.
166	20/05/2021	Co-ordinate activity between the Inequalities Taskforce and the Integrated Care Partnership's Prevention and Health Inequalities Board.	Zakyeya Atcha	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 / Belinda Seston	WBC / CCG	Covid Recovery Dashboard	In progress	This will be picked up as part of ongoing discussions through the Health Inequalities Task and Finish Group
169	22/07/2021	Public Protection Manager and HWEG Chair to discuss potential for joint working / learning on communications	Sean Murphy / TBC	PPP / HWEG	Health and Wellbeing Board Engagement Group Communications Toolkit	On hold	Awaiting appointment of new HWEG Chair.
174	30/09/2021	Consider how Priority 2 of the Health and Wellbeing Strategy can best be managed	Zakyeya Atcha	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. It is anticipated that these will be ready for the July meeting.
175	30/09/2021	Provide a breakdown of the delivery plan by year and identify quick wins	Zakyeya Atcha	WBC	Berkshire West Health and Wellbeing Strategy 2021-2030	In progress	Quick wins identified - a full breakdown by year will be provided once the Delivery Plan is transposed to its final programme management software.
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.	Denise Sayles	WBC	Provision of Defibrillators in West Berkshire	Complete (19/05/2022)	Report taken to Health and Wellbeing Board in May 2022.
180	09/12/2021	Provide a breakdown of CHC payments by local authority in terms of percentages and actual numbers.	Niki Cartwright	CCG	Review of Continuing Healthcare	Complete (09/05/2022)	Quarterly data for all CCGs in England is published at: https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/ Within Berkshire West the number of people who became eligible for CHC in Q3 2021/22 was: - Reading = 27 - West Berkshire = 25 - Wokingham = 25 - Others = 3 - Total = 80
181	09/12/2021	Niki Cartwright and Andrew Sharp to discuss support for CHC applicants.	Niki Cartwright / Andrew Sharp	CCG / Healthwatch	Review of Continuing Healthcare	Outstanding	
182	09/12/2021	Suggest more frequent CHC courses to the Team Manager.	Niki Cartwright	CCG	Review of Continuing Healthcare	Complete (29/04/2022)	CCG has open invite for all stakeholders including LA and nursing homes to provide details of individuals that require checklist/ CHC training. The CCG is in the process of offering dates for this training in this quarter - dates to be confirmed. NHSE also offers training to Local Authority staff BHFT asked to provide the information.
183	09/12/2021	Provide information on the components of the eating disorder service to Cllr Martha Vickers	Niki Cartwright	CCG	ICP Transformation Programme	Complete (28/04/2022)	

Actions arising from Previous Meetings of the Health and Wellbeing Board

184	09/12/2021	Confirm representation on the ICB Board / ICP with Dr James Kent	Niki Cartwright	CCG	BOB ICS Update	In progress	For the ICP, a joint working group is developing the proposal for membership and Andy Sharp attended the first meeting. For the ICB, the 5 LAs in BOB responsible for social care will be formally invited to instigate the nomination process for the 1 LA partner member on the ICB Board.
186	17/02/2022	Agree who will progress matters in relation to the Healthwatch CAMHS report	Councillor Boeck, Andy Sharp, Zakyeya Atcha and Gordon Oliver	WBC	Actions from Previous Meetings	In progress	The CCG and Berkshire Healthcare Foundation Trust have been presented with a copy of the CAMHS report. Healthwatch has had subsequent conversations around the report and actions are being progressed through the Mental Health Action Group and the Children's Delivery Group.
187	17/02/2022	The ICS to cover strategy development as part of a future update to the Health and Wellbeing Board.	ICS representative	BOC ICS	Integrated Care System Update	In progress	This will be considered at the July meeting.
188	17/02/2022	Provide specific details to Matt Tait of where Healthwatch and the voluntary sector had been lumped together.	Andrew Sharp	Healthwatch	Integrated Care System Update	Complete (10/05/2022)	Andrew Sharp has indicated that the issue has been resolved at both national and local levels and will email Matt Tait to confirm.
189	17/02/2022	Steering Group to review the workshop feedback and report back to the Board.	Zakyeya Atcha	HWB Steering Group	Health and Wellbeing Board Conference	In progress	Zakyeya Atcha is reviewing the Delivery Plan to ensure that it addresses the feedback from the Conference. She is meeting with all Sub-Group Chairmen to discuss this and to map their individual work plans against the aims and objectives of the delivery plan.
190	17/02/2022	The West Berkshire Safeguarding Manager to prepare a report for the next Health and Wellbeing Board to provide a local perspective on the SAB Annual Report.	Paul Coe	WBC	West of Berkshire Safeguarding Adults Board - Annual Report 2020/21	Complete (19/05/2022)	Report taken to Health and Wellbeing Board in May 2022.

Last Updated: 11/05/2022

Health & Wellbeing Board – 19 May 2022

Item 4 – Declarations of Interest

Verbal Item

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 5 – Public Questions

Verbal Item

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 6 – Petitions

Verbal Item

This page is intentionally left blank

MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Lynne Doherty	WBC Leader of the Council	Cllr Rick Jones
Cllr Graham Bridgman (Chairman)	WBC Deputy Leader of Council and Portfolio Holder for Health and Wellbeing	
Cllr Jo Stewart	WBC Portfolio Holder for Adult Social Care	
Cllr Dominic Boeck	WBC Portfolio Holder for Children, Young People and Education	
Cllr Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	Cllr Owen Jeffery
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Andy Sharp	WBC Executive Director, People (DASS and DCS)	Pete Campbell, Paul Coe
Tracy Daszkiewicz	Director of Public Health, Berkshire West	
Vacant	WBC Service Director – Communities and Wellbeing	April Peberdy
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Reva Stewart	Berkshire Healthcare Foundation Trust	
Dr Abid Irfan (Vice-Chairman)	Berkshire West Clinical Commissioning Group (1)	Dr Heike Veldtman
Belinda Seston	Berkshire West Clinical Commissioning Group (2)	Jo Reeves
Vacant	Employer Representative	
Andrew Sharp	Healthwatch West Berkshire	Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	Andrew Statham
Matthew Hensby	Sovereign Housing	Lorraine Adams
Zahid Aziz	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 8 – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Update

Verbal Item

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 9 – West Berkshire Vision 2036 Update

Verbal Item

This page is intentionally left blank

Safeguarding Adults Update for Health and Wellbeing Board (Q3 2021/22)

Report being considered by: Health and Wellbeing Board

On: 19 May 2022

Report Author: Sue Brain / Paul Coe

Report Sponsor: Councillor Jo Stewart

Item for: Discussion



1. Purpose of the Report

This report outlines the volumes and performance of Safeguarding Adults in West Berkshire Council.

2. Recommendation

That the Health and Wellbeing Board notes the report.

3. Executive Summary

- 3.1 Safeguarding adults is a core activity of ASC and a statutory responsibility for local authorities.
- 3.2 In Q3 2021/22, volumes of safeguarding activity have remained high, and this is reflective of demand across wider ASC services.
- 3.3 Some changes were made in Q3 to the way that activity is recorded. This was because administration of the previous approach had been inefficient and time-consuming for officers. Therefore during Q3 we made some changes to the process of triaging and recording some concerns raised by our emergency service partners. All concerns received were dealt with appropriately but some were recorded in a different way and this has had an impact on numbers.
- 3.4 Overall concerns (those that meet the threshold and social welfare) volumes for Q3 2021/22 decreased by 7% on Q2 total concerns. This variation is minor and volume remains reasonably high. This overall figure is not impacted by the changes to recording referenced above.
- 3.5 S42 enquiries opened have reduced by 26% on Q2. This is partly as a result of the increased capacity within the team to make more effective initial enquiries meaning more concerns were micro-triaged and closed down at an earlier stage.
- 3.6 Performance against other measures within safeguarding activities all remain broadly in line with the 2020/21 YTD.

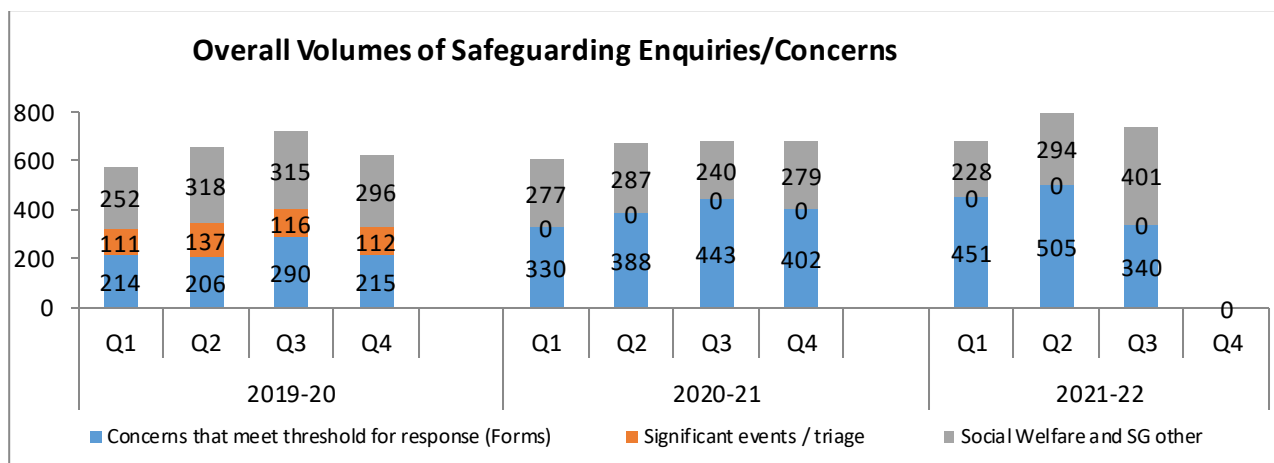
4. Supporting Information

Introduction

- 4.1 This report refers to the key quarterly measures and trends used to monitor activity for Safeguarding Adults and DoLS. Comparative data to benchmark performance against other authorities where it exists is also included under the relevant graphs.
- 4.2 The overall volume of activities across DoLS and Safeguarding Adults during Q3 remains high and consistent with demand throughout the year to date.
- 4.3 This report makes comparisons with Q2 of 2021/22 in most instances which is more representative of current circumstances. Graphs provided do indicate performance in 2019/20 prior to the pandemic and in some instances provide useful comparison.

Background

- 4.4 The data set of total concerns received is split into two types of concerns; namely those that meet the threshold for a response within the safeguarding framework and those that do not. Those that do not meet the threshold are followed up in other teams.
- 4.5 It was noted in the Q2 report that the time taken to administer the recording system, implemented in April 2020 to more accurately reflect the work undertaken by the team, had had a significant effect on the amount of time available to micro-triage the concerns that are referred in. This meant that some concerns were being passed through for an enquiry that previously may not have met the threshold following initial enquiries. This had only become apparent as demand escalated significantly.
- 4.6 During Q3 we took a decision to filter out some concerns raised by the South Central Ambulance Service (SCAS), Thames Valley Police (TVP) and the Royal Berkshire Fire and Rescue services (RBFPS). Those concerns were triaged in the normal way, but where they were clearly unrelated to any safeguarding matter they were not administered via the case management system as reportable concerns, although they were still forwarded to appropriate teams and services for action as a social welfare concern.
- 4.7 This change in process has served to reduce the number of concerns administered within the safeguarding framework and statutorily reported by 92 but increase the number of social welfare concerns logged. Because of this change it is important to review the total data per quarter rather than just concerns meeting the threshold for a response within the safeguarding framework.
- 4.8 This change in process is under review as it will skew comparisons to the 2020/21 data and increase the % rate of conversion.

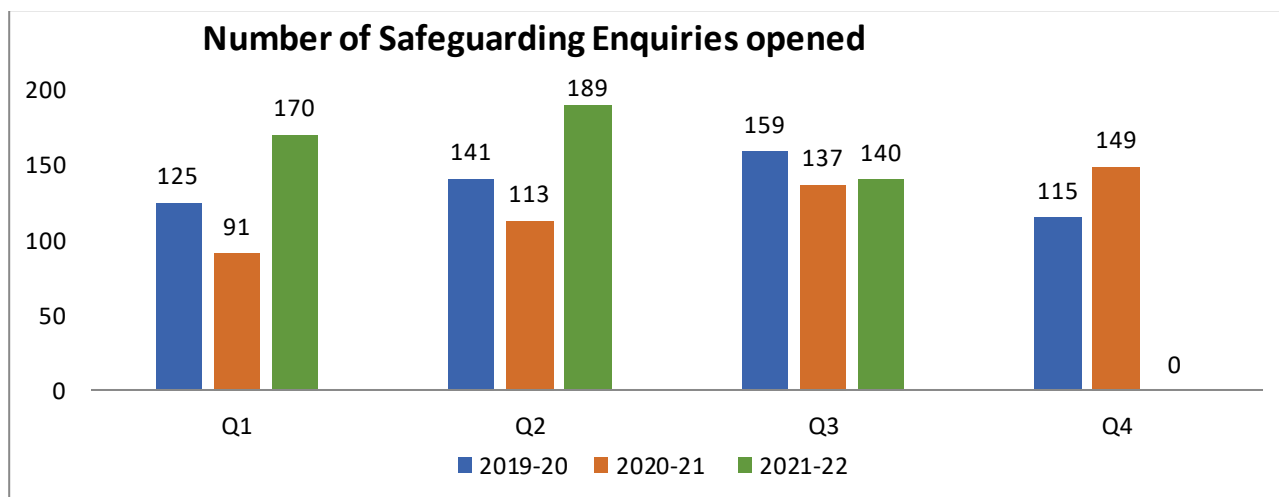


4.9 The Concern graph indicates:

- Total concerns that were received during Q3 is 7% lower than in Q2. This is not a large variation.
- The concerns that received a response within the safeguarding framework is 32.6% lower than those in Q2. That reduction is a direct result of the changes in approach made in Q3 described above.
- 'Social Welfare' concerns -These are enquiries that come into the Safeguarding team but relate to social welfare concerns and are passed on to the relevant Locality team to assess and respond appropriately.
- Social welfare concerns are 36.3% higher than Q2. This increase is a direct result of the changes made in Q3 and described above.
- Safeguarding concerns that meet the threshold are the only ones reported statutorily, but the overall volume provides an accurate picture of the volume of work received by the Safeguarding Team.

Section 42 Enquiries opened – Overall volume opened in the year

- 4.10 Local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.
- 4.11 These enquiries are typically referred to as Section 42 (S42) enquiries. All concerns are risk assessed and triaged by the safeguarding team to establish if further enquiries are necessary to meet our statutory obligations.



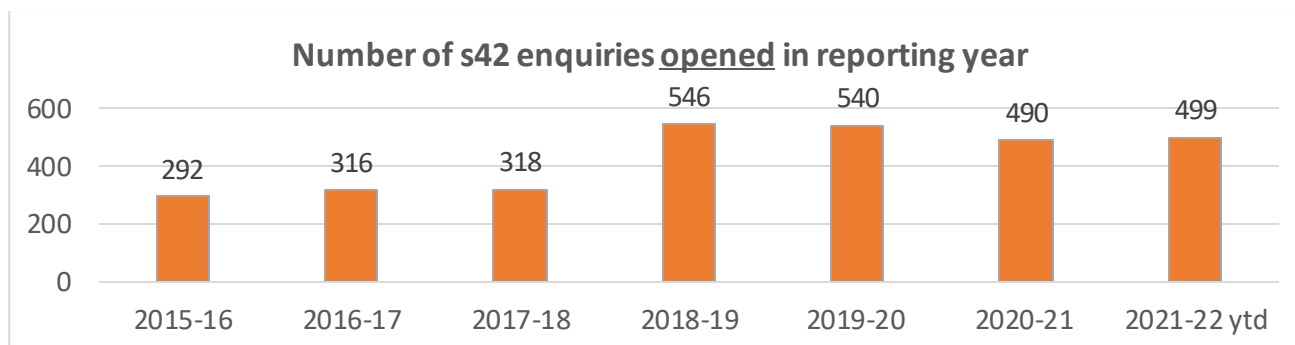
4.12 Of the concerns received in Q3, 140 were assessed as requiring a S42 enquiry. That represents a 26% decrease on Q2.

4.13 As noted in the Q2 report, the time taken to administer the recording system, implemented in April 2020 to more accurately reflect the work undertaken by the team, had a significant effect on the amount of time available to micro-triage the concerns that were referred in. The executive decision taken in early Q3 to filter out some concerns raised by TVP, SCAS and RBFRS where the referral was clearly not related to a safeguarding matter, has had an impact on the number of S42 cases opened.

4.14 92 cases were filtered out and referred through as social welfare concerns. Those were passed to the relevant ASC Locality teams or mental health services for action.

4.15 The team’s capacity to undertake greater initial enquiries, before determining whether the concern meets the threshold for a S42 enquiry, has increased and this has impacted on the number of enquiries opened. However, as the number of concerns has reduced more than the number of enquiries opened, the conversion rate will be higher.

4.16 The graph representing the number of S42 enquiries opened in a reporting year is useful in respect of taking an umbrella view of enquiries over a longer period of time than focusing on a single quarter.

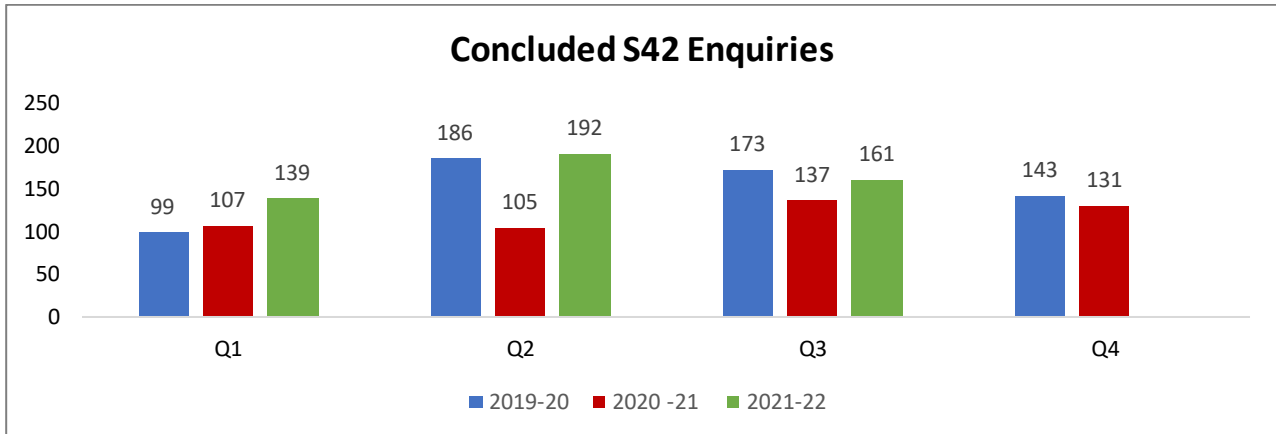


4.17 The total number of S42 enquiries opened in 2020/21 totalled 490. As at the end of Q3 we have opened nine cases more than the total opened during 2020/21. We are likely to see year end activity slightly in excess of the activity recorded for 2018/19.

4.18 The conversion rate of concerns to enquiries as at the end of Q3 is 38.5% and demonstrates the beginning of the predicted increase in the conversion rate as referenced above. The rate is calculated as year to date and so will be tempered by the rate recorded in Q1 and Q2.

Concluded S42 Enquiries

4.19 There were 161 enquiries concluded during Q3. This is 16% lower than Q2 closures. This figure will vary dependent upon number opened in the preceding months.



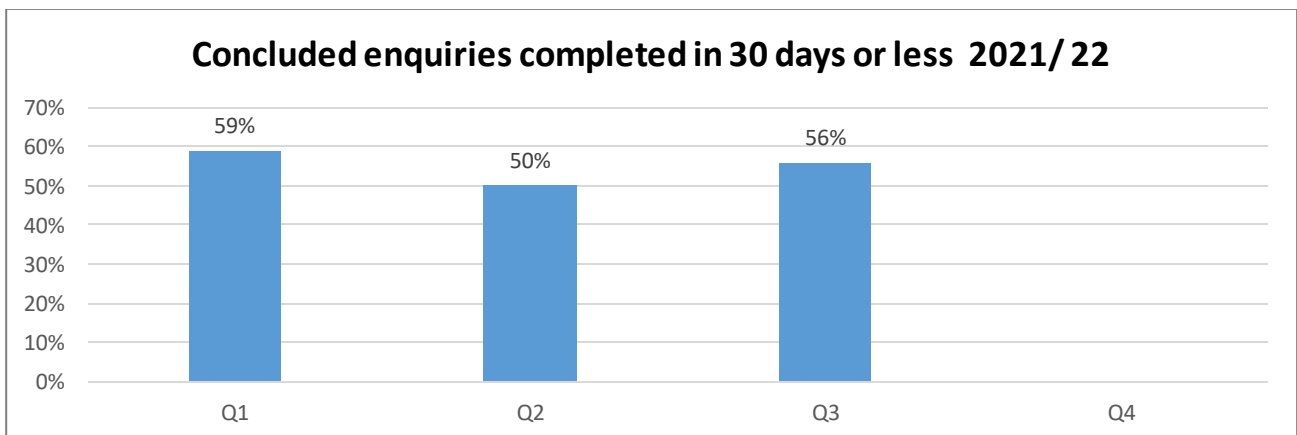
Timeliness

4.20 Concluded enquiries completed in less than 30 days for Q3 is approximately 56% of cases. This % does vary as complex cases will take much longer than 30 days to complete and close. Generally this % figure sits somewhere between 50 and 60% and varies quarter by quarter.

4.21 This measure allows us to monitor drift and ensure those opened for longer than 30 days are open for a valid reason.

4.22 There is a facility within the documentation on Care Director to require a safeguarding case to be reviewed within a specified time period. A review would be to determine if the protective measures put in place are making a positive impact.

4.23 Any substantive decrease in the % closed within this timeframe would either indicate a significant increase in complexity of cases, a substantive number of reviews pending or significant drift in undertaking those enquiries.



4.24 The service is required to audit 10% of all concluded cases by year end. As at end of Q3 the total number audited amounted to 10.2%. That is 50 audits against 492 closures as at end of Q3.

4.25 This is on target and represents a 50% improvement in performance on Q2. This improvement was achieved as a result of the Safeguarding Manager returning from maternity leave early in Q3 and resuming responsibility for closures thereby freeing up capacity to audit.

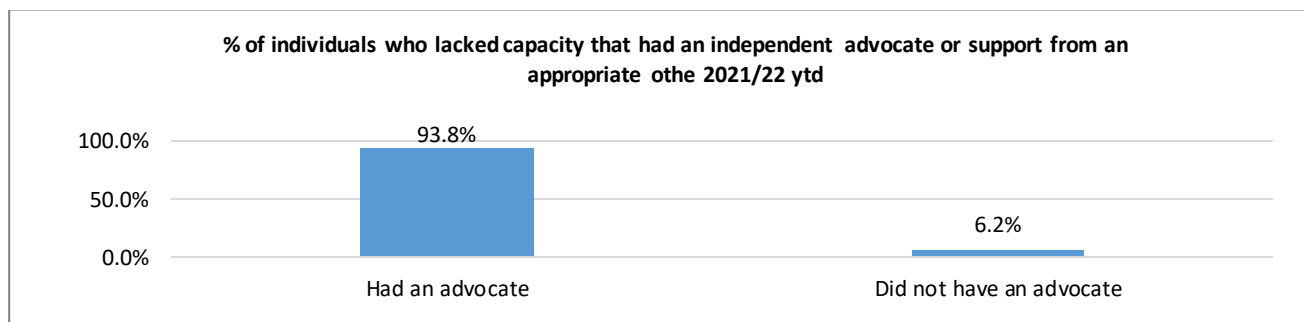
4.26 Any case audited that raises specific concerns continues to be directed back to the relevant staff member and team managers.

Advocacy

4.27 The Council has a statutory duty to ensure a person who is deemed to have substantial difficulty in participating and making decisions in the safeguarding process has access to suitable advocacy. In some cases this will be a paid advocate although it can be a friend or relative.

4.28 In Q3, 62 people were deemed to have substantial difficulty to participate, 61 were provided with an advocate. This represents a year to date total of 94% and a slight improvement on performance in Q2.

4.29 The single individual who was not provided with an advocate in Q3 was reviewed. There was consideration in the case made to the provision of an advocate at the time of enquiry and explored with the social worker involved. In this instance it was the predicted behavioural reactions of the service user to a third party that prevented the introduction of an advocate; someone unknown and unfamiliar to them. The service will continue to monitor this area of work closely.

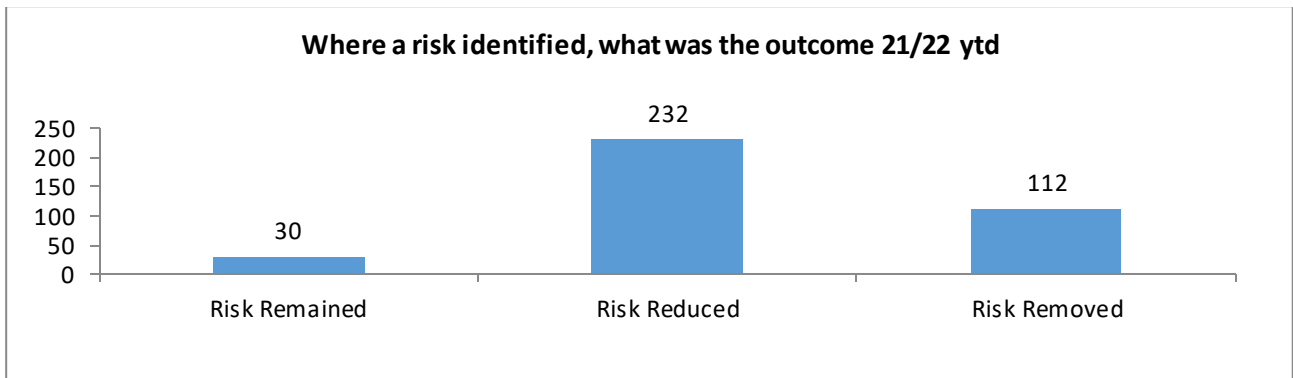


Management of Risk

4.30 Data is drawn from concluded cases.

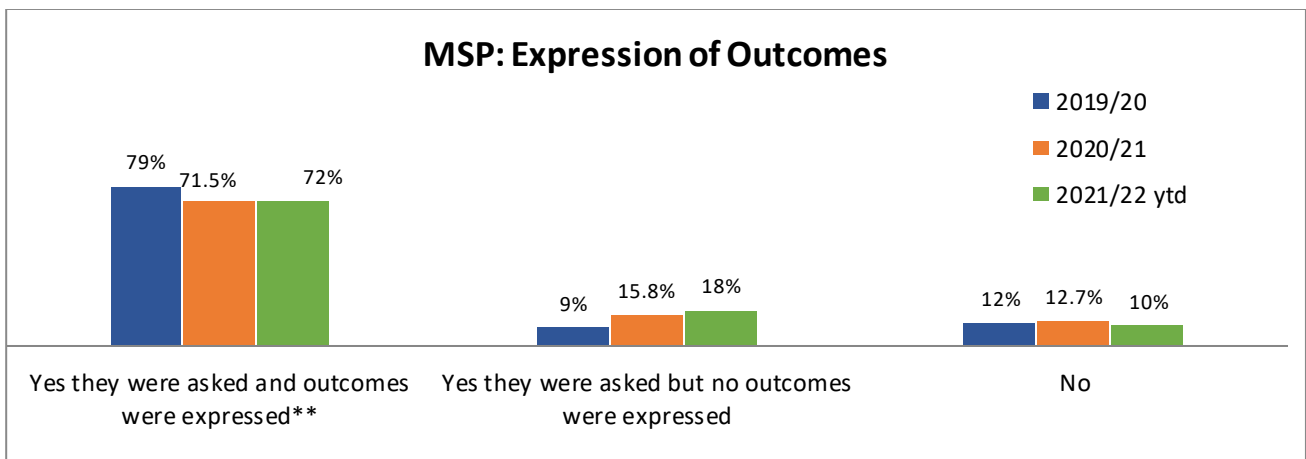
4.31 In cases where risk was identified and action was taken in Q3, the outcomes indicate that in 123 cases the risk has either been removed or reduced. That represents as at year to date 92% where actions taken had a positive impact on the presenting risk.

4.32 This is broadly consistent with the 90% recorded in Q2, and note this figure will fluctuate quarter by quarter, according to circumstances and decisions about the safeguarding plans made by the person subject to the safeguarding enquiry.

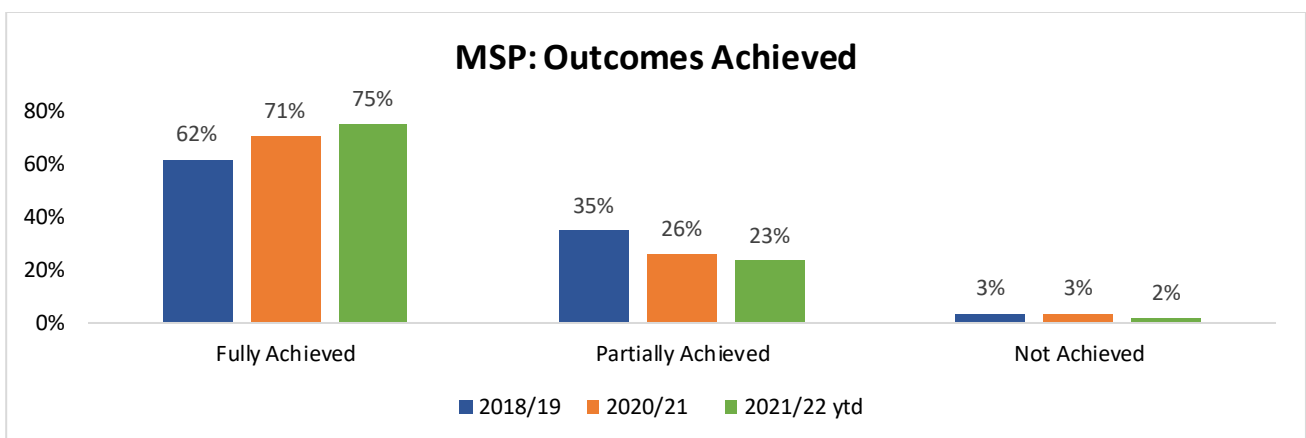


Making Safeguarding Personal (MSP)

4.33 In Q3, of the 161 enquiries concluded, in 93% of cases the individual was asked what their desired outcomes would be. However, for the purposes of reporting it is only those who expressed a desired outcome, 122 in Q3 (76%), that we look to further understand if outcomes have been achieved.



4.34 Of the 122 people who expressed a desired outcome in Q3, 119 were able to achieve those outcomes either full or partially with only 3 individuals not achieving their desired outcomes. This represents a YTD total of 98% either fully or partially achieving their desired outcomes from a safeguarding enquiry.



5. Conclusion

- 5.1 The Safeguarding team has maintained consistent performance during Q3 within the context of continued high volumes. Demand has remained well managed within the resources available.
- 5.2 The decision taken to filter out some safeguarding concerns referred in by a number of our statutory partners, to increase capacity to make initial enquiries appropriately and therefore triage more effectively, has impacted on the number of concerns statutorily reported versus the number of social welfare concerns processed, the number of S42 enquiries opened and the conversion rate. It is important to note all concerns sent through are reviewed in detail and dealt with irrespective of how they are counted.

6. Consultation and Engagement

This report includes contributions from the Quality and Performance Team, Legal Services Team and Safeguarding Adults Team.

7. Appendices

None.

Background Papers:

[West of Berkshire Safeguarding Adults Partnership Board – Annual Report 2020-21](#)

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

- 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 support the above Health and Wellbeing Strategy priorities by demonstrating how action is taken to safeguard adults in West Berkshire.

Hampshire Pharmaceutical Needs Assessment Consultation

Report being considered by: Health and Wellbeing Board

On: 19 May 2022

Report Author: Gordon Oliver

Report Sponsor: Zakyeya Atcha

Item for: Decision



1. Purpose of the Report

To highlight the current consultation on the Hampshire Pharmaceutical Needs Assessment and agree how the West Berkshire Health and Wellbeing Board should respond.

2. Recommendations

It is recommended that Members of the West Berkshire Health and Wellbeing Board should consider the consultation on the Hampshire Pharmaceutical Needs Assessment and make individual representations where they feel there is an issue that they wish to raise. A collective, formal response is not considered necessary, since NHS England will make a comprehensive response, drawing on their knowledge of cross-boundary needs.

3. Executive Summary

- 3.1 All Health and Wellbeing Boards have a statutory obligation to develop, consult upon and update a pharmaceutical needs assessment (PNA) for their areas.
- 3.2 The PNA looks at existing provision of community pharmacy services within the local area, assesses how this meets the current and future needs of the population, and identifies any gaps in current or future provision.
- 3.3 Hampshire's Health and Wellbeing Board is currently consulting on its draft PNA. The consultation will run until 5 June 2022.
- 3.4 Neighbouring Health and Wellbeing Boards are classed as statutory consultees and so West Berkshire Health and Wellbeing Board has been invited to comment on the Hampshire PNA. Feedback will be used to inform further development of the PNA, with the final version due to be published in October 2022.

4. Supporting Information

Background

- 4.1 Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

- 4.2 Its aim is to understand if pharmacy services are currently offered in the right places in order to meet the needs of the local communities they serve, and if they will continue to do so in the future, taking account of changes in population and need. Any gaps in current or future provision of pharmaceutical services are then identified and recommendations made as to how any gaps should be filled.
- 4.3 PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. They may also be used by bodies involved in commissioning local health services to identify gaps in relation to local priorities.
- 4.4 PNAs are generally updated every three years, but in March 2021, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNAs would be suspended until October 2022. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 have since been updated to reflect this change.
- 4.5 Each Health and Wellbeing Board is required to consult a specified range of organisations on a draft of the PNA at least once during the process of drafting the document. These statutory consultees include the Health and Wellbeing Boards for neighbouring areas. Consultations are also open to members of the public.
- 4.6 Hampshire's Health and Wellbeing Board is currently consulting on its draft PNA. The consultation opened on 4 April 2022 and will run until 11.59pm on 5 June 2022. Further details can be found on Hampshire County Council's website:
- <https://www.hants.gov.uk/aboutthecouncil/haveyoursay/consultations/pharmaceutical-needs-assessment-2022>
- 4.7 Locally, a PNA Steering Group has been set up to coordinate the six Berkshire PNAs. The Steering Group has advised that for consultations on PNAs produced by Neighbouring Health and Wellbeing Boards, the NHS England response would be sufficient. Also, this would be more robust than anything that could be produced locally, since they would have better knowledge of the areas beyond our boundaries and would have the capacity to explore cross-boundary issues.
- 4.8 The PNA Steering Group has proposed that all members of the West Berkshire Health and Wellbeing Board be made aware of the consultation and be invited to respond individually should they have any particular issues that they wish to raise, since some of the members may have an interest / knowledge that will enable them to do so. An email was sent to all Health and Wellbeing Board members on 13 April to make them aware of the consultation.

5. Options Considered

- 5.1 The options are:
- (1) For members of the West Berkshire Health and Wellbeing Board to consider the draft PNA and make individual representations where they feel there is an issue that they wish to raise. This is the recommended option.
 - (2) In addition to Option (1), for the West Berkshire Health and Wellbeing Board to make a formal, collective response to the draft PNA. However, the Public

Health Team does not currently have the available resources or sufficient knowledge of cross-boundary issues relating to pharmaceutical services, so this option is not recommended.

6. Conclusion

Officers see no need for the West Berkshire Health and Wellbeing Board to make a formal, collective response to the draft Hampshire Pharmaceutical Needs Assessment and the Public Health Team does not currently have the capacity to support this. The Berkshire PCN Steering Group is satisfied that NHS England will provide an effective response that fully considers any cross-boundary matters.

7. Consultation and Engagement

The following have been consulted on this report:

- Rebecca Willans (Berkshire PNA Steering Group)
- Health and Wellbeing Board Steering Group

8. Appendices

None

Background Papers:

- [Hampshire's draft Pharmaceutical Needs Assessment](#)
- [Needs Appendix](#)
- [Locality Appendix](#)
- [Response Form](#)

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 ensuring that pharmaceutical services meet the needs of local communities.

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 12 – Berkshire West Place Based Partnership Transformation Programme

Verbal Item

This page is intentionally left blank

Response to the Council Motion relating to the use of phone boxes for defibrillators

Report being considered by:	Health and Wellbeing Board
On:	19 May 2022
Report Author:	Gordon Oliver & Emma Richardson
Report Sponsor:	Zakyeya Atcha
Item for:	Decision



1. Purpose of the Report

To consider the motion submitted in the name of Councillor Adrian Abbs at the Council meeting on 8 July 2021, which was referred to Health and Wellbeing Board for further consideration, namely:

This Council notes:

- *That existing telephone boxes are being offered to the council for free or as little as £1.*
- *That telephone boxes make ideal environments to place public access defibrillators due to their existing power and the shelter they offer.*
- *That defibrillators are known to save lives.*
- *That those minutes and seconds are critical to a positive outcome where defibrillators are used.*

This Council, therefore resolves to:

- (1) take a default position where it would adopt any telephone boxes being offered throughout West Berkshire for use as an Open Access Defibrillator location.*
- (2) install an Open Access Defibrillator in each adopted box should another defibrillator not be present within 100 metres.*
- (3) make residents local to that defibrillator aware of its presence*
- (4) provide a "how to use a defibrillator" guide to all residents within 400 metres of the device.*
- (5) ensure the location of the device is added to the emergency services register of defibrillators.*
- (6) undertake the minimal servicing required to keep the devices active or devolve this to the local parish or town council.*

Cost

Costs are maximum £1500 per defibrillator including purchase and installation.

2. Recommendation(s)

2.1 It is recommended that the Health and wellbeing Board:

- (a) Contacts West Berkshire Council's elected Members to remind them that they are able to use their Members' bids to part-fund community defibrillators.
- (b) Signposts town and parish councils to existing sources of funding for public access defibrillators.
- (c) Reminds town and parish councils of the need to undertake regular maintenance checks of AEDs and suggests that they nominate a 'guardian' for each unit.
- (d) Encourage South Central Ambulance Service to identify any units that are approaching the end of their useful service life.
- (e) Give consideration to funding a programme of First Aid training in schools and colleges and the wider community, to include the use of defibrillators. (If the Council was to support first aid training, then funding would need to be identified.)
- (f) Encourage residents to download the Save a Life app as part of a publicity campaign to support British Heart Week (7-15 June 2022).

3. Executive Summary

At its meeting in September 2021, the Health and Wellbeing Board considered the motion to Council. It was agreed further work be done with town and parish councils in West Berkshire to consider the feasibility of using redundant phone boxes for AEDs and to identify where additional units should be provided based on a cost-benefit analysis. The Health and Wellbeing Board also agreed to look at funding as well as measures to improve public awareness of AEDs and knowledge of their use.

4. Supporting Information

Previous Work and Recommendations

- 4.1 In response to the motion to Council, Councillor Graham Bridgman (Chairman of the Health and Wellbeing Board) addressed an enquiry to BT which resulted in a response that 34 telephone kiosks had been adopted across the district (but with no details of the uses they have been put to). The response suggested that there were (apparently) only two "live" kiosks left within West Berkshire that hadn't been adopted or removed - one outside the Post Office in High Street, Hungerford (RG7 0DP) and the other outside the Telephone Exchange in Newbury Street, Lambourn (RG17 8PD). It was considered that this response might underestimate the number of telephone kiosks (suitable for other uses) that exist in the district (whether adopted or not).
- 4.2 Also, officers identified that there are several databases of defibrillators available on the Internet, but most only appear to have partial data sets, and are therefore of limited value, as well as being confusing to members of the public. The Circuit (<https://www.thecircuit.uk/>) is promoted as the national data set and is supported by the British Heart Foundation, St John Ambulance, Resuscitation Council UK and the

Association of Ambulance Chief Executives. This database is also used in the Save a Life mobile app.

4.3 At the meeting on 30 September 2021, the Health and Wellbeing Board agreed to undertake 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.

Further Work

Parish Council Consultation

- 4.4 Following the meeting, all 63 Parish Councils in West Berkshire were approached and responses have been received from 37.
- 4.5 The vast majority of Parish Councils reported that they already had at least one defibrillator in their area. Of these, only one was found not to be registered on The Circuit.
- 4.6 Only three Parish Councils reported that they did not have any defibrillators – Catmore, Tidmarsh & Sulham, and Wokefield. However, these do not have any major centres of population and none of these indicated that wished to install a defibrillator in their local area.
- 4.7 When asked about phone boxes, 19 Parish Councils confirmed that they had at least one in their area, while 14 did not have one, and 4 did not provide this information. Only 3 Parish Councils reported to still have working phone boxes.

- 4.8 Of the redundant phone boxes, 5 had already been used to accommodate defibrillators, while others had been converted to other uses such as book exchanges or food banks. Only one was reported as not in use for any purpose.
- 4.9 A number of the Parish Councils indicated that they already had a defibrillator at a nearby location (e.g. village hall), so there was no need to utilise a phone box for this purpose. Several of the responses indicated that it was difficult / costly to provide power to phone boxes – this is necessary to supply the heater that maintains the required temperature of at least 4-5°C throughout the winter period.
- 4.10 Parish Councils actively looking to provide additional defibrillators included: Inkpen, Pangbourne and Shaw-cum-Donnington. However, only Inkpen Parish Council indicated that they were looking to utilise a redundant phone box for this purpose.
- 4.11 In addition to consulting the Parish Councils, officers have sought to identify local geographical gaps in the provision of defibrillators using the map in the Save a Life app. Communities that are not currently served include:
- Upper Lambourn
 - West Woodhay
 - Hamstead Marshall
 - Marsh Benham
 - Enborne
 - Upper Basildon
 - Lower Basildon
- 4.12 These are mostly lightly populated areas.

Cost Benefit Analysis

- 4.13 As set out in the report to the September meeting of Health and Wellbeing Board, there is a wealth of data available that demonstrates the benefits of deploying a defibrillator in the event of a patient experiencing a cardiac arrest.
- 4.14 Overall, the use of defibrillators has been shown to be effective in increasing survival rates for victims of cardiac arrest, especially if they are used early. Therefore, the use of a defibrillator during cardiac arrest can be attributed to an individual who is a high quality survivor. The use of a defibrillator is likely to help reduce the demand on the NHS, but also the cost, as patients are more likely to be discharged from hospital.
- 4.15 Unfortunately, in terms of cost-benefit analysis, there do not appear to be many studies. A paper in the [British Medical Journal from 2003](#) suggested that the cost per quality adjusted life year represented poorer value for money than some alternative strategies for improving survival after prehospital cardiopulmonary arrest, such as the use of other trained first responders. However, the study was only looking at provision of defibrillators in major public transport interchanges and it was acknowledged that more widespread provision of public place defibrillators would increase these figures.
- 4.16 A separate study by [Glasgow University](#) suggested that While highly targeted provision of automated external defibrillators in areas of greatest risk, such as casinos and airports, may be cost-effective, it will have little impact at a population level. The

study suggested that provision of more widespread AEDs to sites with lower incidence of cardiac arrest would be unlikely to be cost-effective, and may represent poorer value for money than alternative healthcare interventions in coronary artery disease.

Funding Sources

- 4.17 The cost of a defibrillator can vary depending on the model and its features. Typically, defibrillators can cost between £800 and £2,500 (St John's Ambulance). South Central Ambulance Service (SCAS) quote the cost of an AED at £1,850 including a secure box excluding fitting charges.
- 4.18 There does not appear to be any current Central Government funding support for provision of AEDs.
- 4.19 [AED donate](#) works with local communities to fundraise for public access defibrillators.
- 4.20 British Heart Foundation (BHF) has an [online application system](#) for public access defibrillators. However, this funding stream is currently paused due to the Covid 19 pandemic, but it is expected to resume in the future.
- 4.21 Some town/parish councils have secured funding for AEDs through the [National Lottery Community Fund](#), with grants for individual units to larger programmes.
- 4.22 [The Oliver King Foundation](#) provided funding for defibrillators in schools.
- 4.23 There are also a number of bodies offering funding for defibrillators for sports clubs, including:
- [The Club Cricket Charity](#)
 - [The Danny Jones Defibrillator Fund](#) (rugby)
 - [The Football Foundation](#)
- 4.24 In addition, elected Members of West Berkshire Council can also submit internal Community Bids to part-fund defibrillators in their ward. Any bids would require a minimum of 50% match-funding from non-West Berkshire Council sources.

5. Options Considered

- 5.1 The following options have been considered and rejected:
- (1) Do nothing – this is not a preferred option, since it would not delivery any public health benefits.
 - (2) Recommend to West Berkshire Council that they fund the purchase and installation of AEDs in all redundant phone boxes in West Berkshire – this is not considered appropriate, since the locations are often in close proximity to existing sites or are not in optimal locations. Also, there are very few redundant phone boxes available and there would be issues with ongoing maintenance checks and funding for power supplies that would need to be resolved for each site.
 - (3) Recommend to West Berkshire Council that they offer grant funding for additional AEDs in under-served communities – this would have limited public health benefits and is not considered to be the best use of Council funds,

since funding is already available through other channels and other courses of action would be more likely to deliver public health benefits.

6. Proposals

6.1 It is proposed that:

- (a) West Berkshire Council's elected Members be contacted to remind them that they are able to use their Members' bids to part-fund community defibrillators.
- (b) Town and parish councils be signposted to existing sources of funding for public access defibrillators. This would ensure that additional units can be provided where there are gaps.
- (c) Town and parish councils be reminded of the need to undertake regular maintenance checks of AEDs and suggest that they nominate a 'guardian' for each unit. This will ensure that existing units are in a usable condition when needed.
- (d) South Central Ambulance Service be encouraged to identify any units that are approaching the end of their useful service life. This would help to ensure that obsolete units can be withdrawn from service.
- (e) Consideration be given to funding a programme of First Aid training in schools and colleges and the wider community, to include the use of defibrillators. (If the Council was to support first aid training, then funding would need to be identified.) This would ensure that more people are able to administer first aid training and used an AED with confidence in the event that they are first on the scene following a cardiac arrest.
- (f) Residents be encouraged to download the Save a Life app as part of a publicity campaign to support British Heart Week (7-15 June 2022). This would ensure that they are able to easily locate their nearest AED in the event that they encounter someone having a cardiac arrest.

7. Conclusion(s)

If the above proposals were implemented, this would deliver clear public health benefits for residents of West Berkshire.

8. Consultation and Engagement

Consultation was undertaken with:

- All town and parish councils
- Zakyeya Atcha, Public Health Consultant

9. Appendices

None

Background Papers:

West Berkshire Council Agenda Papers (21 July 2021)

West Berkshire Health and Wellbeing Board Agenda Papers (30 September 2021)

Pell, J., Walker, A. and Cobbe, S. (2007) Cost-effectiveness of automated external defibrillators in public places: con. *Current Opinion in Cardiology*, 22(1), pp. 5-10. (doi: 10.1097/HCO.0b013e3280118fec)

Walker, Andrew et al. "Cost effectiveness and cost utility model of public place defibrillators in improving survival after prehospital cardiopulmonary arrest." *BMJ (Clinical research ed.)* vol. 327,7427 (2003): 1316. doi:10.1136/bmj.327.7427.1316

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

- 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 support the above Health and Wellbeing Strategy priorities by improving access to and awareness of AEDs.

This page is intentionally left blank

Leisure Strategy 2022-32



Contents

1.	Foreword	3
2.	Introduction	4
3.	The context for West Berkshire	6
3.1	Strategic	6
3.2	Population Health	7
3.3	Geography	7
3.4	Physical Activity Levels	8
3.5	Active Leisure Facilities in West Berkshire	9
3.6	The Impact of Covid	10
3.7	Partnerships and Funding	11
4.	Our Vision and Aims for Leisure in West Berkshire	12
4.1	Our Vision	12
4.2	Our Aims	12
5.	The Case for Change	13
5.1	Increase participation for all, but with an emphasis on those less physically active, and maintain improved activity levels throughout lives	13
5.2	Facilitate access to a network of modern and sustainable indoor sports and leisure facilities	14
5.3	Improve the quality, accessibility and awareness of outdoor sports facilities and play areas	15
5.4	Measurably enhance access to, and utilisation of greenspace and bluespace, through improving accessibility to open water, waterways, parks, commons and Public Rights of Way	16
5.5	Further develop partnerships (with town and parish councils, sport governing bodies, health organisations and the voluntary sector), with an emphasis on actively encouraging volunteering	17
6.	Our Objectives	18
7.	Delivery, Monitoring and Resourcing of this Strategy	20
8.	Conclusions	21
9.	References	22
10.	Figures	24
11.	Appendices	
Appendix 1	Summary of data including 'What's Your Leisure?'	
Appendix 2	Get Berkshire Active – Leisure Strategy Consultation Report – September 2021	
Appendix 3	West Berkshire Council Facilities Planning Model summary	



1. Foreword

Leisure, in all its forms, is vital to individual wellbeing and quality of life. In our District, we want to ensure that the leisure opportunities, whether through formal leisure facilities, parks and green spaces, or otherwise, are integral to what makes West Berkshire such a great place to live.

In the [West Berkshire 2036 Vision¹](#) we committed, to maintaining a strong local leisure offering, recognising the importance of doing so in securing good outcomes for residents of all ages, as well as attracting newcomers to the District. The Covid pandemic has brought this commitment into particular focus. The importance of sustaining good mental and physical health is increasingly apparent.

To facilitate this commitment, we will deliver an ambitious, revitalised offering of which the District can be proud. This strategy, and its delivery plan, which we will develop once the strategy has been adopted, outlines how we intend to work with our residents and partners to develop leisure opportunities and increase accessibility to meet the needs and wishes of the local community and, in so doing, increase participation. Whilst health and wellbeing is central to this strategy, we will also ensure that

environmental sustainability and its impact is fully considered. We also recognise that Leisure, through its role as an employer and a local attraction, supports the local economy.

Where there is clear evidence of local demand for new facilities we will explore ways to deliver them, whether on our own or in partnership, or with the many volunteers who contribute hugely to the diverse range of sport and leisure opportunities already available in the District. Equally, where investment would benefit existing facilities, we will work to offer this, ensuring the sustainability of community assets.

During the lifetime of this strategy, we will scope and deliver projects which enable local people to be more active in the community and engage in a variety of leisure pursuits, adding value to their lives and to the vibrancy of the District.

Howard Woollaston

Executive Member for Internal Governance, Leisure & Culture





2. Introduction

“ *In the context of the strategy, we mean ‘active’ leisure, where the activity involves physical effort that will deliver health and wellbeing benefits to the individual.* ”

The term ‘Leisure’ means something different to all of us, with personal preference dictating how we choose to spend our time away from work, home or school. In the context of the strategy, we mean ‘active’ leisure, where the activity involves physical effort that will deliver health and wellbeing benefits to the individual. We recognise that there are many other non-active leisure activities that play a critical role in people’s lives, but these are outside the scope of this Strategy.

As a society, we are less active than we used to be and, regardless of how active we have, or have not, been in the past, and of our age and ability, there is strong scientific evidence that being physically active can help us to achieve a healthier and happier life. Research

shows that those who exercise regularly reduce their risk of significant health issues including dementia, depression, diabetes and some cancers. Indeed, it is increasingly accepted that ‘exercise is medicine’ and it has even been called the ‘wonder drug’ and a ‘miracle cure’. Incorporating physical activity into our daily lives has also been shown to boost self-esteem and mood, improve sleep quality and energy levels, and reduce the risk of chronic stress.

There is also evidence to suggest other social and economic benefits to exercise such as long term educational attainment, supporting social inclusion, increased workplace productivity and reduced absenteeism at work.

Leisure activity has become increasingly important through Covid, and the benefits, both physical and mental, are clearly recognised. The refreshed [Council Strategy](#)² incorporates our updated [Covid-19 Recovery and Renewal Strategy](#)³ which prioritises the recovery of West Berkshire’s health and social wellbeing, the delivery of which will be supported by the new

Health and Wellbeing Strategy. This Leisure Strategy is timely and will help deliver recovery for the District.

The pandemic has demonstrated that active leisure is undertaken in many ways, often outside a formal leisure facility or programme. West Berkshire is rich in opportunities to enjoy the countryside and we want to ensure that these opportunities are maximised for all.

We wish to support everyone, particularly those people that are not currently partaking in active leisure, to get involved and enjoy the benefits, and will be seeking ways of improving accessibility and variety of opportunities.

This strategy will not be delivered in isolation. We will work with partners and volunteers to deliver the objectives and will ensure that our ambitions are consistent with our other strategies and priorities, by seeking to integrate transport links, reduce carbon emissions, and harness technological advances to reduce health inequalities, and to break down barriers to sport and leisure opportunity.

This strategy explains the plans we have, as a Council, for the District's leisure offering through to 2032. It builds on our commitment to maintain West Berkshire's status as a great place to live and also contributes to our shared aspiration to deliver good health and wellbeing opportunities for residents of all ages and backgrounds, as outlined in the West Berkshire 2036 Vision. The formal West Berkshire Council leisure offering will be delivered, in the main, through the renewed Leisure Management Contract, due to commence in 2023. Improved access to the countryside and greenspaces will be delivered through the Council's [Public Rights of Way Improvement Plan](#)⁴ which is currently undergoing consultation prior to publication in 2022.

In writing this strategy, we have engaged with the public to understand their active leisure priorities and the barriers to participation, via an online [‘What’s your Leisure?’](#)⁵ survey. To support this we also commissioned Get [Get Berkshire Active \(GBA\)](#)⁶ to undertake focussed [workshop sessions](#)⁷ with representatives of specific, ‘seldom heard’ groups. We have also engaged directly with our leisure partners.

We look forward to working with our community to shape the future of leisure provision in our District and to deliver an ever more varied and inclusive range of lifestyle opportunities for local people.

3. The context for West Berkshire

3.1 Strategic

In order to support people to become more active, updated weekly physical activity [guidelines](#)⁸ for [different population groups](#)⁹, were published by the Chief Medical Officer (CMO) in 2019. For the general population, a combination of 150 minutes of moderate intensity activity and/or 75 minutes of vigorous intensity activity is recommended, on a weekly basis across four or more days. Additionally, it is recommended that we partake in strength-building activities at least twice a week; engage in activities that maintain and improve balance at least twice a week; and minimise our sedentary time by breaking up periods of inactivity as often as possible.

To support this, [Public Health England](#)¹⁰ identified three focus areas in its strategy 'Everybody Active Every Day'¹¹: Making physical activity the social norm; Making environments accessible for all; and Making physical activity inclusive for everyone. In a similar vein, Sport England in 'Uniting the Movement'¹² set out five key priorities in 2021: Recover and Reinvent; An Active and Healthier Life; Fairer Access to Physical Activity; Strengthen Communities; and Active Environments.

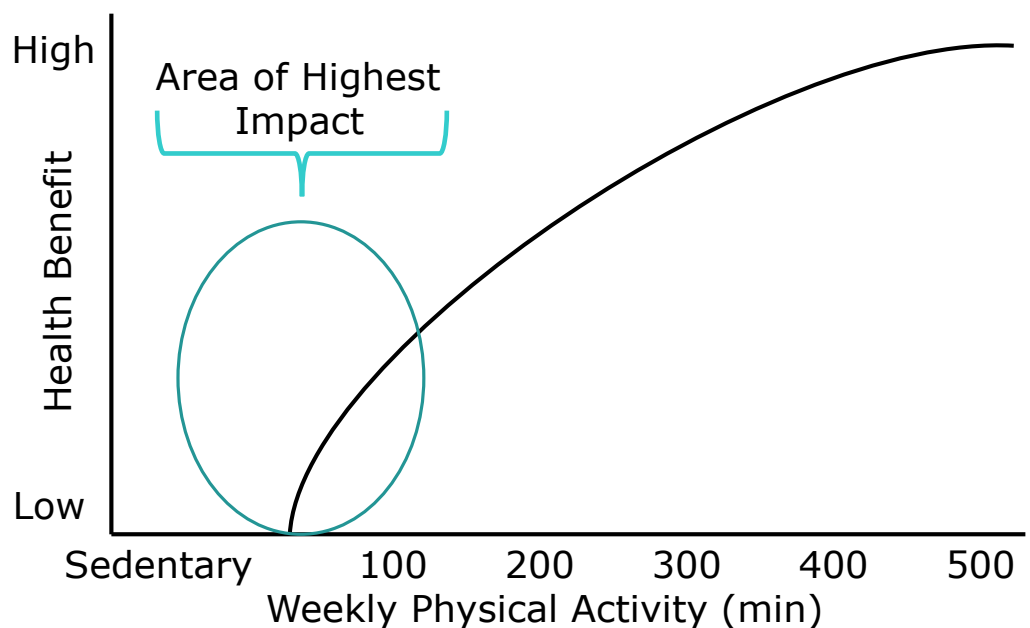
Ultimately, those who are currently considered 'inactive' – defined as doing less than 30 minutes of physical activity per week – stand to gain the most. As demonstrated in Figure 1, these people will see the most health benefits from becoming more active, even if it is just by a few minutes at a time.

This Strategy is being developed with reference to the national context of a focus on longer and healthier lives, particularly for disadvantaged communities, as part of the 'Build Back Better'¹³ and levelling up ambitions set out by central government.

Reflecting the national view, in 2019, the [Health and Wellbeing Boards \(HWBs\) for Reading, West Berkshire and Wokingham \(Berkshire West\)](#)¹⁴ developed a shared [Health and Wellbeing Strategy](#)¹⁵ with the [Berkshire West Integrated Care Partnership](#)¹⁶ (ICP), to improve population and community health.

The Leisure Strategy sits within the wider strategic context for West Berkshire Council; supporting some strategies, being delivered through others and using others for that delivery. Figure 2 shows the Leisure Strategy in relation to other key Council strategies, including the Health and Wellbeing Strategy.

Figure 1 Exercise and Benefits to Health (Source: Adapted from [Wen CP et al, 2011](#))



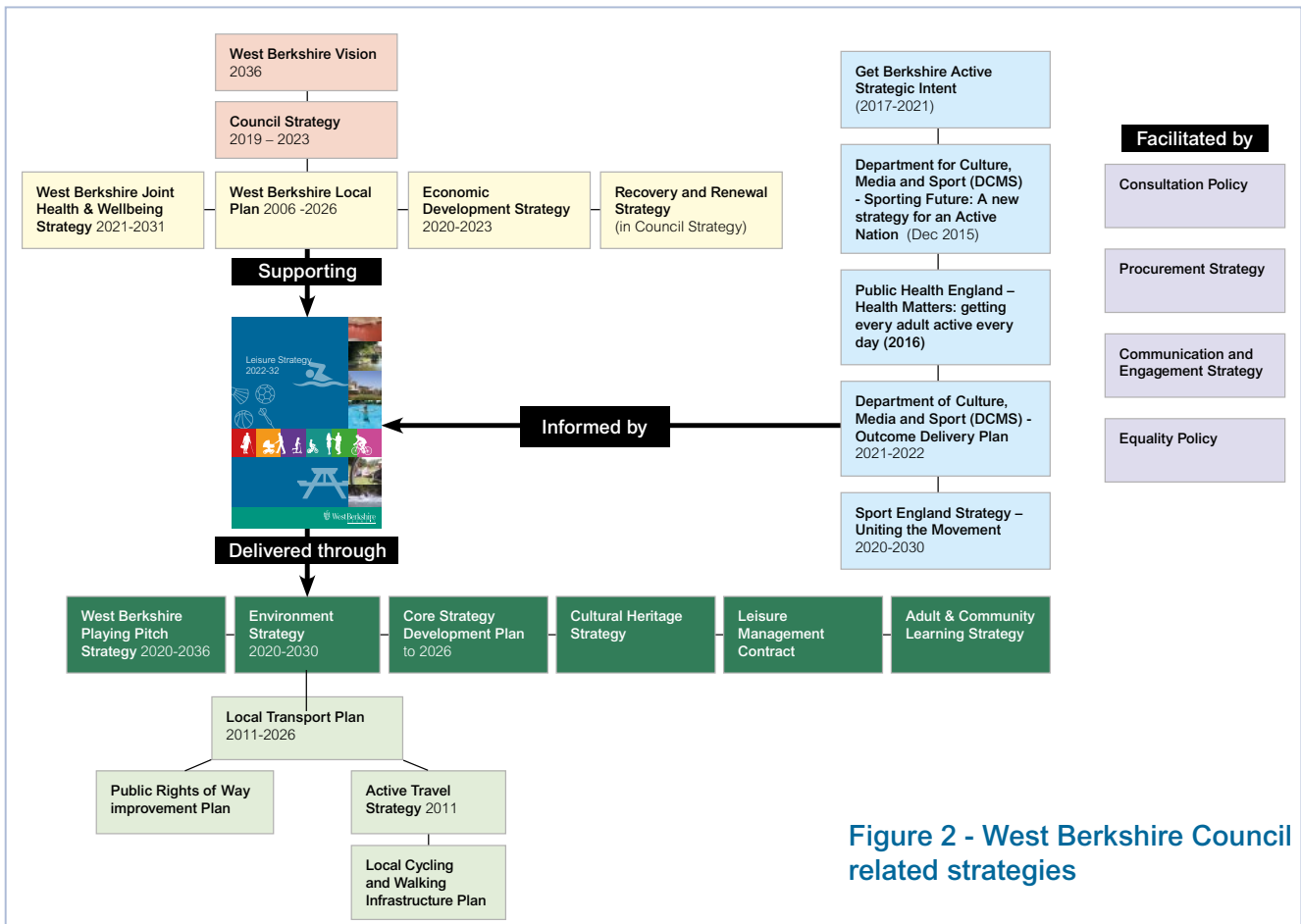


Figure 2 - West Berkshire Council related strategies

3.2 Population Health

When compared nationally, West Berkshire is relatively affluent, with low levels of disadvantage, high levels of employment and higher than average life expectancy. West Berkshire residents are healthy compared to the national picture, as shown in the [ONS Health and Disability index¹⁷](#). [Population levels³⁸](#) within West Berkshire are relatively static, and unlikely to grow significantly in the near future, but the population will age.

Life expectancy levels in West Berkshire are good; above national averages, for both men and women – this includes healthy life expectancy. Obesity levels in both adults and children are also below both regional and national levels. There is, however, a gap of nearly ten years between the wards with highest and lowest life expectancy in the District, which could, in part, relate to opportunities to participate in active leisure and suggests targeted interventions may be necessary to ensure everyone in the District has the opportunity to achieve good outcomes.

3.3 Geography

West Berkshire is a beautiful area (two thirds of the District is classified as an Area of Outstanding Natural Beauty), that benefits from both urban and rural settings providing approximately 1000 hectares of parks and open spaces, commons, woodland and over 700 miles of generally well-maintained public rights of way network, including two national trails, as well as rivers, canals, lakes and reservoirs. Ensuring accessibility, conservation and quality of the natural environment is a significant function of West Berkshire Council.

Nevertheless, its geography does create some challenges. While the urban centres are well served by physical infrastructure, clubs and activities for leisure, a third of the population lives in rural wards with less access, particularly if reliant on public transport. Small communities can also make it difficult to support or maintain local activities.

The Public Rights of Way (PRoW) network, although extensive, is sometimes fragmented and walkers, cyclists and horseriders can find it difficult to complete a meaningful journey without resorting to the road network.

3.4 Physical Activity Levels

In our District, [Office for Health Improvements and Disparities \(previously Public Health England\) data](#)¹⁸ shows that 77.3% of [adults](#)¹⁹ are considered physically active which is significantly higher than the average in England of 66.4%. However, 14.2% of adults in West Berkshire are physically inactive, which translates to around [18,000](#)²⁰ people. Whilst this may be lower than the national average, we believe this is still too high.

Recent regional estimates indicate that 49.9% of children in West Berkshire are considered to be physically active which implies that half of the children in West Berkshire, nearly 16,000 individuals under 16, are not getting enough physical activity.

Findings from the West Berkshire Council [‘What’s Your Leisure?’](#)²⁵ survey show that, whilst club membership and organised leisure is important, less structured or formalised activities such as ‘Walking for Leisure’ and running are among the most popular forms of active leisure. The data also shows that there is significant demand for swimming, fitness classes and gyms.

This broadly reflects the ‘Active Lives’ data for West Berkshire from [Sports England](#)²¹ for 2019/20, with the exception of adventure sports.

To ensure we identified the needs of groups who are traditionally harder to reach, we engaged Get Berkshire Active (GBA) to work

with organisations and charities representing elderly, disabled, youth and ethnic minorities, through [workshop sessions](#)⁷.

The GBA analysis indicates that walking is a very popular activity for both elderly and many with health conditions and disabilities, with dementia walks highlighted. For the frail elderly, low impact activities such as chair-based sessions, tai chi and swimming are popular, and for under 18s, the opportunity to try something new can be a good motivator.

The GBA research broadly supported the findings of the ‘What’s Your Leisure?’ Survey, but did highlight, for both young and elderly, that the social aspect of activity is a more important factor than the type of activity or sport.

3.5 Active Leisure Facilities in West Berkshire

A wide range of leisure facilities is available within West Berkshire, across the public, private and voluntary sectors.

The public sector has seven leisure centres (four with swimming pools), Newbury Lido, the Henwick Worthy Sports Ground and the emerging Newbury Sports Hub. In addition, many secondary schools and academies across the District have facilities which can be booked for use by local sports clubs and community associations. Figure 4 shows the locations of the Council’s indoor leisure facilities.

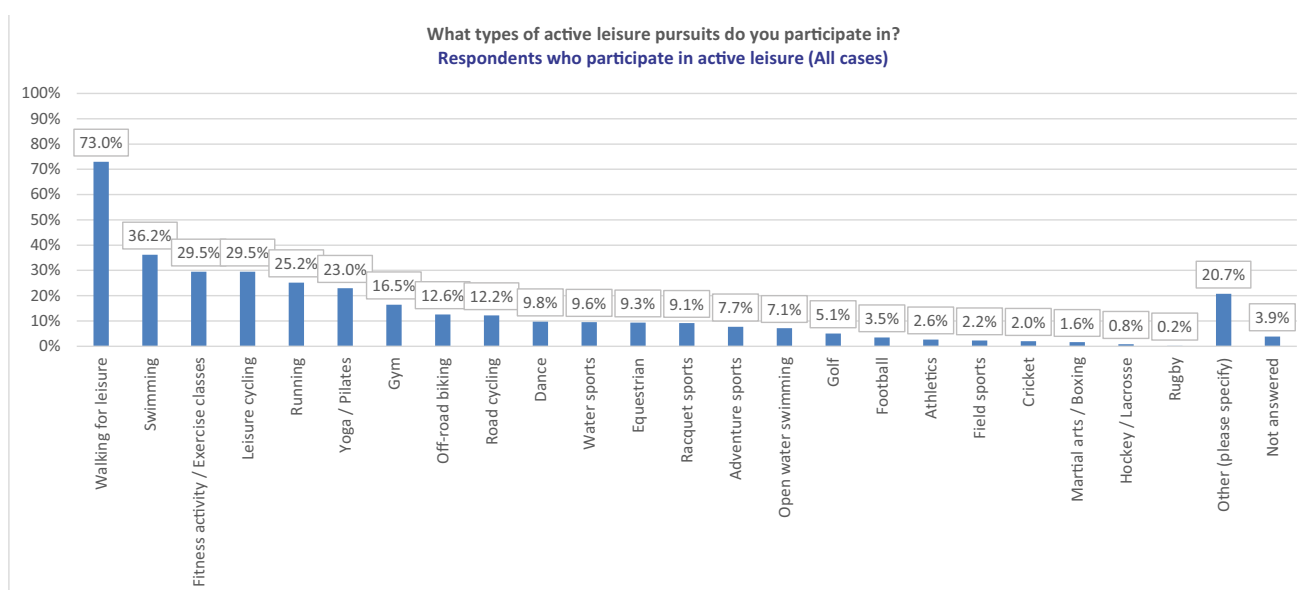
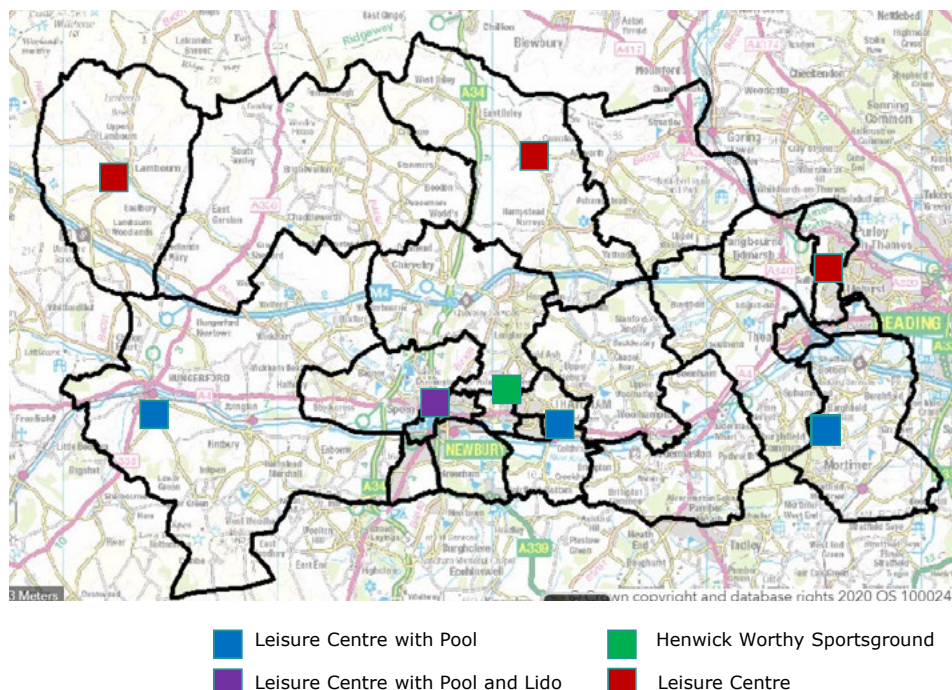


Figure 3 Activity type and participation levels (Source: WBC ‘What’s your Leisure?’ survey)

Figure 4 - Location of West Berkshire Leisure Centres
(Source: WBC)



Northcroft, Kennet, Willink and Hungerford Leisure Centres are owned outright by the Council. Northcroft is a standalone facility, whilst the others were developed on school sites and are subject to Joint Use Agreements with the local town and parish councils and the schools. The Cotswold Sports Centre was developed by the local community and is owned by Tilehurst Parish Council and is leased to West Berkshire Council. The Lambourn Centre is a small facility owned by the Council but subject to a Joint Use Agreement with the Parish Council. Downlands Sports Centre is part of the Downs School in Compton and made available for community use in the evenings.

The seven leisure centres, and Lido, are operated under a leisure management contract with Parkwood Leisure Limited, sublet to their charitable arm, Legacy Leisure. The current contract commenced in 2007 and is due to expire in early 2023; a retendering of the leisure management contract is underway and scheduled to commence in April 2023.

The facilities vary in age, with most of the sports halls on school sites dating back to the 1960s. The Northcroft Leisure Centre was opened in 1980 on the site of the Lido which dates back to 1870. The indoor swimming pools all date to 1996/97 as part of a development programme at the time which included a full refurbishment of the

Northcroft indoor pool. The Lambourn Centre was constructed on the site of a former village school in 1992.

Private leisure centres within the District mostly operate on a membership basis and range from budget gyms to premium health clubs. There are also various classes established by local private instructors, both indoors and outdoors, e.g. boot camps.

In addition to leisure centre and gym facilities, there are a number of more specialist facilities within West Berkshire, providing access to athletics, racquet sports, gymnastics, golf, bowls and BMX cycling. There are also a number of skateparks.

Equestrian pursuits are fundamental to the identity of West Berkshire, and whilst horse racing, and its associated commercial activity, is outside the scope of this Strategy, equestrian leisure activity is significant, with a number of private facilities and public bridleways.

The District has a range of playing pitches, from semi-professional facilities, to school sports grounds and recreational pitches in villages. In 2019, the Council developed the [Playing Pitch Strategy \(PPS\)](#)³³ following a detailed assessment of the supply of, and demand for, all types of pitches across West Berkshire. This identified a shortage of accessible pitches relative to both the current

Facilities within West Berkshire, as of 31 March 2021

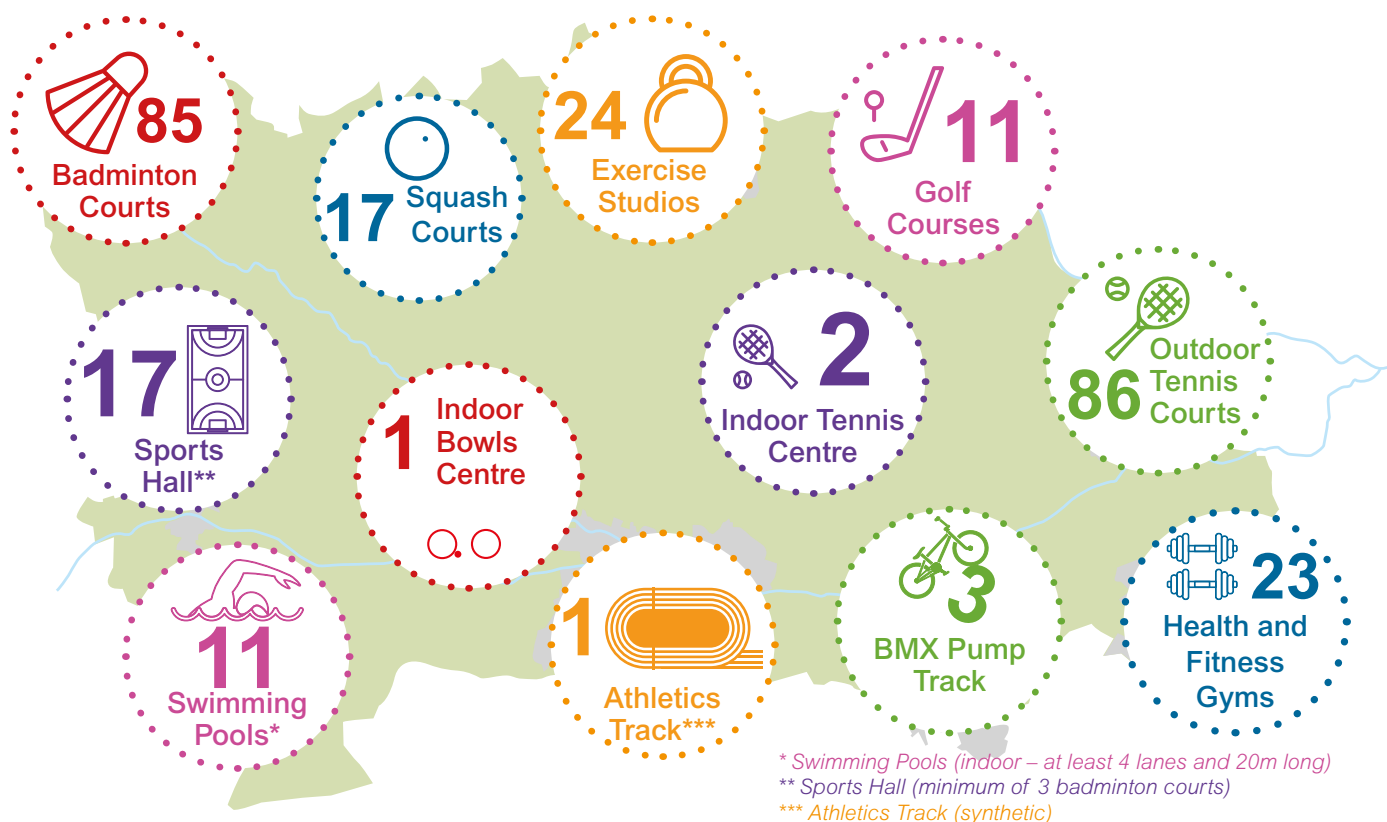


Figure 5 - Summary of Leisure Facilities in West Berkshire (Source: [Active Places Power](#))²²

and future (to 2037) population of West Berkshire, based on Sport England guidelines.

An extensive network of waterways and lakes exists within West Berkshire which currently supports sports such as sailing, paddleboarding and canoeing.

There are over 200 sports clubs in West Berkshire, some with their own facilities. These vary in size and facilities but support sports such as rugby, cricket, football and hockey, as well as activities such as dance and martial arts. Some of these larger clubs are semi-professional.

Village and community halls also vary in size and quality of facilities, but play host to activities such as fitness classes/yoga, children's groups, short mat bowls, badminton and table tennis, and there is at least one in every parish within the District.

It should be noted that there are some popular activities for which there are limited opportunities available to the general public within West Berkshire e.g. open water swimming and indoor climbing.

3.6 The Impact of Covid

The impact of Covid on physical activity levels has been much debated, with more time at home for walking, offset by the closure of leisure centres, gyms, clubs and classes. Evidence from our survey indicates that as many people increased their activity levels as decreased them, with half remaining unchanged. [National data](#)²¹ indicates that activity levels fell by around 2% in the year to May 2021, with the greatest impact on those aged 16-34.

Undoubtedly the type of leisure activity did change, with a significant increase in walking, running and cycling, as other opportunities for leisure were closed. Many organisations sought to address this through online activities but, whilst these were popular, they were less accessible for those with limited digital access or awareness and did not offer the same level of social benefit.

The GBA analysis highlighted that many of the elderly, and more vulnerable, were significantly impacted, as venues closed, and that the social, as well as physical, opportunities were lost. This has discouraged some from returning, as it has increased their frailty. Many

How does your current level of participation in active leisure compare to before the Covid pandemic (pre March 2020)?

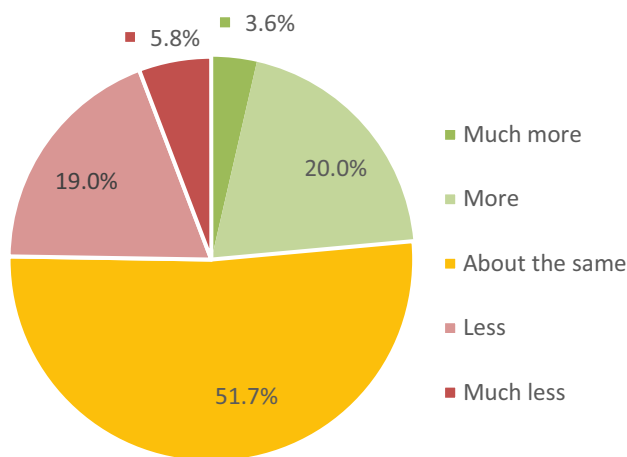


Figure 6 - Impact of Covid on Participation Levels (Source: WBC 'What's your Leisure?' survey)

are also still concerned by the Covid risk, itself. Young people also suffered, losing both clubs and school activities. While the popularity of cycling and walking increased significantly, the former is less accessible to those on low incomes. Additionally, people from diverse ethnic communities are significantly under-represented, nationally, in outdoor activities.

The current pandemic provides an opportunity to reflect on the value of the Council's greenspace and current provision, as part of the post Covid recovery planning process. During the recent lockdowns, our residents and communities were unable to participate in nearly all formal out-of-home leisure activity and, consequently, demand for open spaces, greenspace and countryside increased as residents sought out alternative opportunities to maximise their leisure time. As many residents were unable to work, they had more time to engage in leisure and outdoor recreation.

3.7 Partnerships and Funding

Partner organisations are key to the facilitation of physical activity in West Berkshire. These partners range from national organisations such as Sport England and individual sports' bodies, to regional health partners, and town and parish councils, local clubs and the voluntary sector.

Town and parish councils are vital partners in providing active leisure facilities such as village

halls, local sports grounds and play areas, with West Berkshire Council often playing an enabling role in developing plans and funding through Parish Plans and Members' grants; over £30,000 of funding was granted for active play facilities in 2019 and 2020. Larger sums are also granted, such as a £100,000 from the Community Infrastructure Levy (CIL) in October 2021, to develop outdoor play and multi-sports facilities in Theale.

The '[Let's Get Active' fund](#)²³, a partnership between West Berkshire Council and the Greenham Trust has made available £33,000 to support access to physical activity including a community basketball hub in Theale, free chair yoga sessions at Educafe in Newbury, netball equipment for Kintbury Jubilee Centre, and CrossFit sessions for West Berkshire Muslim Centre.

The Council works with the voluntary sector organisations focussed on youth services. In 2021, [£250,000](#)²⁴ was given to [Berkshire Youth](#)²⁵, as a contribution to the redevelopment of the Waterside Centre, and it is in the process of transferring the Dolphin Centre at Pangbourne to the [Adventure Dolphin](#)²⁶ (Pangbourne) Charity to safeguard the future provision of watersports and climbing, for organised youth groups.

We also work with Public Health and the NHS, along with voluntary sector organisations, to provide activity sessions, many with links to social prescribing. Examples in place at present include [Activity4Health](#)²⁷ exercise referral, [Walking4Health](#)²⁸ and Activ8 Gym sessions for young people. These often address the demand for activities with 'people like me' raised by many who are anxious about starting participation.

Help with information and grant access is provided by Get Berkshire Active which delivers Sport England's strategic objectives throughout Berkshire, through the development of partnerships with sporting and non-sporting bodies to provide opportunities for engagement in physical activity. As a registered charity, Get Berkshire Active is able to access non-traditional funding opportunities and to work to develop programmes in the heart of community settings or the work place.



4. Our Vision and Aims for Leisure in West Berkshire

4.1 Our Vision

By 2032 we will have an **increased participation in active leisure** for all, with a **particular focus on those least active**, through access to a network of **modern and sustainable indoor facilities** together with a **diverse mix of accessible public outdoor sports facilities and greenspace and bluespace**.

We will further develop **partnerships** with public, commercial and voluntary organisations to drive participation in a wide range of activities.

We will deliver this vision for the District's future leisure offering by focusing on five strategic aims. These aims have been identified through consultation with the public (including seldom heard groups) and partners, as well as analysis of current use of facilities and modelling of future demand. We have also taken into consideration a number of key strategic documents including the West Berkshire Vision 2036, West Berkshire Council strategies for [Cultural Heritage](#)²⁹, [Environment](#)³⁰, [Economic Development](#)³¹, and Health and [Wellbeing](#)³².

4.2 Our Aims

1. Increase participation for all, with an emphasis on those less physically active, and maintain improved activity levels throughout lives;
2. Facilitate access to a network of modern and sustainable indoor sports and leisure facilities;
3. Improve the quality, accessibility and awareness of outdoor sports facilities and play areas;
4. Measurably enhance access to, and utilisation of [greenspace](#)³⁶ and [bluespace](#)³⁷, through improving accessibility to open water, waterways, parks, commons and Public Rights of Way;
5. Further develop partnerships (with town and parish councils, sport governing bodies, health organisations and the voluntary sector), with an emphasis on actively encouraging volunteering.

5. The Case for Change

The impact of Covid on physical and mental wellbeing has placed a greater than ever emphasis on the importance of physical activity and the need for all stakeholders, including the Council and its partners, to examine how we can stimulate engagement and understand and meet new expectations.

5.1 Increase participation for all, with an emphasis on those less physically active, and maintain improved activity levels throughout lives;

Research shows that an individual's age and origin, including ethnicity or socio-economic background, have been key determinants of the level of opportunity available and the health and wellbeing outcomes. In line with [Sport England's own strategy](#)¹¹ we wish to re-balance this, ensuring that our District's offering is more inclusive than ever before and that everyone in West Berkshire is given the opportunity to thrive.

It is clear from our survey feedback that these challenges exist in West Berkshire. When asked about what needed to change to encourage participation, the top three issues, that the Council could impact, were cost, confidence and the need for accessible information on what is available.

When asked what could be done to encourage people to do more, the responses mirrored the barriers and there was also a strong emphasis on the need for classes and activities for 'people like me'. Relatively inactive individuals can feel excluded from some activities; the success of programmes such as Park Run and 'Couch to 5k' has been to stress inclusivity.

These views are reflected in the GBA analysis. There are a number of barriers that affect different audiences and make it hard for them to be active, including location and accessibility of venues, the need for better customer service and well-trained staff to run and facilitate sessions, better messaging, advertising and signposting, and activities tailored to specific audiences and their needs, in order to make individuals feel welcome. More flexible booking systems are also identified as a need.

The GBA analysis reinforces the importance of keeping physically active, particularly acknowledging the health and social benefits.

The social benefit of active leisure is a motivator in bringing people to physical activity and keeping them involved, and support networks are also key in motivating and facilitating individuals to partake. Leisure

What, if anything, would encourage/enable you to participate, or participate more regularly, in an active leisure pursuit? Respondents who don't participate in active leisure more than twice a week (All cases)

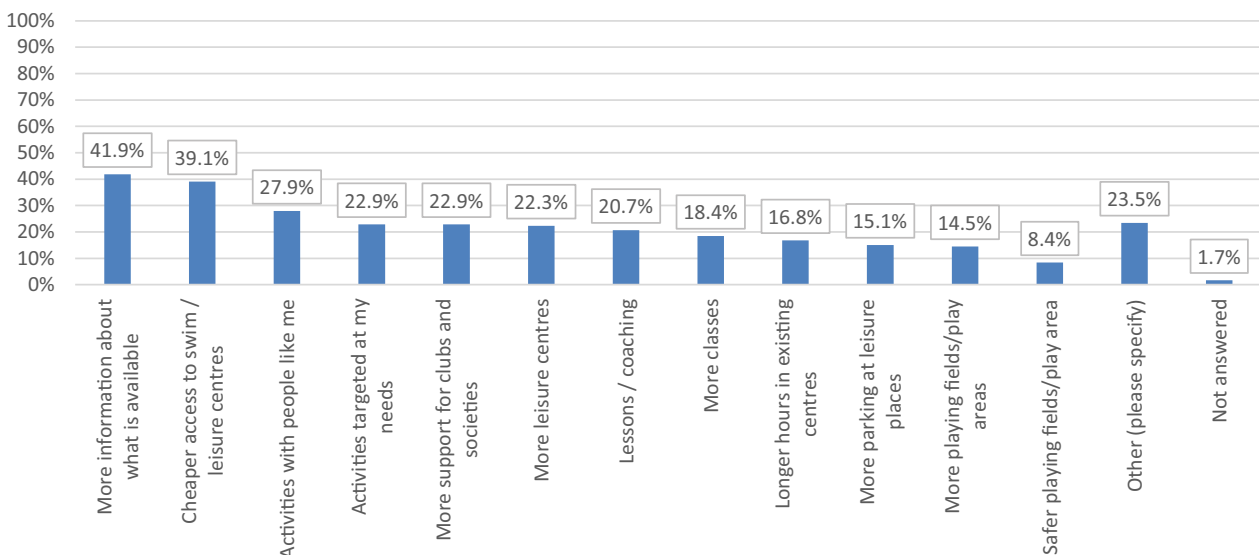


Figure 7 Potential Triggers to increase participation
(Source: WBC 'What's Your Leisure?' survey 2021)

opportunities need to be flexible and tailored to different audiences and a more specific approach to meet the needs of a particular group can make active leisure fully inclusive. A 'one size fits all' does not necessarily work.

These findings demonstrate that, often, the barriers to active leisure are similar for everyone, regardless of their gender, ethnicity, disability or socioeconomic group; everybody wants to feel welcome and that they fit in and are comfortable in their environment. What differs is what provides these assurances and, through this Strategy, we will explore the facilitators and barriers to being active, to understand what is required in order to make everyone feel welcome and motivated to engage in active leisure. This is particularly important as we work to recover from Covid.

We also wish to encourage people to maintain higher levels of activity throughout their lives. The type and intensity of activity, the timing, and even accessibility will change through age, health and life-stage changes and it is important that the classes, facilities and communication reflect these needs, and that opportunities are clearly signposted as needs change. We can address many of these issues directly in respect to our leisure centres, through the structuring of the new Leisure Management Contract, or by signposting information to residents.

We have also developed opportunities for social prescribing, through engagement with Healthcare Professionals (HCPs) and partners and we can widen and further develop these partnerships to increase the range and accessibility of activities to drive up participation.

With rising demand, we can protect and enhance the range of tailored leisure opportunities delivered in our leisure centres for those groups with specific needs, who may need additional support, e.g. people with learning disabilities and those with conditions such as diabetes, or those recovering or living with cancer. We should also ensure continued provision for those in the community who, due to health or age, may be at risk of falling by ensuring that we have opportunities for these individuals to improve strength and balance, we can reduce negative health outcomes such as fractures from falls or social isolation from

lack of confidence. As some activities may also be addressed in the Cultural Heritage Strategy, we will ensure that our approach is consistent.

5.2 Facilitate access to a network of modern and sustainable indoor sports and leisure facilities;

Although West Berkshire Council has a good range of leisure centres appropriately located throughout the District, the most modern facilities are now 25 years old and have significantly outlasted their expected lifecycle. Improvements have been made, as lifecycle replacement of plant and equipment has been required, and when opportunities have presented themselves, but challenges still remain to provide an estate which meets modern expectations. Similarly, much of the supporting infrastructure (e.g. pool plant, heating systems, air handling units) is ageing and not all areas meet requirements under equality legislation.

The facilities are less energy efficient than those of a more modern design and would need to be re-engineered to be more environmentally friendly and reduce their carbon footprint.

Data analysis of need suggests that we have leisure centres in the right location, with the possible exception of the Cotswold Centre in Tilehurst. However, customer survey feedback highlights concerns over conditions of the facilities, particularly cleanliness and the state of the building fabric.

Since the centres were designed, customer requirements have changed, with a general move away from traditional sports and activities. This is coupled with a growing awareness of the needs of specific targeted audiences e.g. different requirements for children as opposed to older people, and especially the needs of people living with disabilities.

In exploring the case for investment in facilities, Sport England has been commissioned to run the Facilities Planning Model in relation to West Berkshire – this has ascertained the current demand for leisure facilities and how this may change with projected population growth, demographic change and housing development up to 2037. The results will be



used to inform planning for new or refurbished facilities ensuring that West Berkshire maintains modern, accessible facilities moving forward.

It is important to recognise that the 'network of leisure centres' extends beyond West Berkshire Council facilities. We should be open to exploring options to work with private sector providers and neighbouring authorities such as Reading and South Oxfordshire, where this may best meet the needs of residents.

5.3 Improve the quality, accessibility and awareness of outdoor sports facilities and play areas;

Leisure is diverse in its form and so are the locations in which it is undertaken. In addition to reviewing the formal leisure offering in West Berkshire, through the new Leisure Management Contract, it is crucial that opportunities for formal and informal recreation, utilising outdoor facilities, parks and play areas,

are reviewed to ensure they are good quality, accessible and that the public is aware of their existence.

As already noted, in 2019, supply and demand analysis for formal sports pitches in West Berkshire was developed through the [Playing Pitch Strategy \(PPS\)](#),³³ which assessed the existing position and need projected through to 2037. The PPS helps support the planning process and provides key information to protect and expand the provision of pitches in the District, as residential developments proceed in line with the Local Plan.

The key findings were that there was a specific shortfall in relation to 3G artificial turf pitches and also grass pitches with secure access for community clubs and organisations. The PPS has been signed off by West Berkshire Council, Sport England and the governing bodies of football, rugby union, cricket and hockey.

Through the PPS, the Council engages with, and delivers support for, the many sports clubs across the District which provide a range of opportunities for all ages and levels of skill to engage in team sports, and we would encourage the adoption of its recommendations, as far as possible, as these are aligned with our leisure objectives.

Parish and town councils provide a range of spaces available for active outdoor recreation, with most villages having open space, play grounds, and pitches. These are a vital resource and the Council will consider how it can best support the provision and development of these with local communities.

There is also need to create 'safe spaces'; well-lit and well-designed parks with safe access routes where people can exercise and play without feeling at risk. Access for the disabled has improved, but more can be done to ensure equality of access to parks and open space.

There is a need to reinforce the public's awareness of the facilities on offer in West Berkshire, and to maintain that in the long-

term. A structured long-term Communications campaign should be delivered as part of the Strategy.

5.4 Measurably enhance access to, and utilisation of greenspace and bluespace, through improving accessibility to open water, waterways, parks, commons and Public Rights of Way;

A recent [RSPB study](#)³⁴ revealed that use of the outdoors increased substantially over the periods of lockdown, far exceeding that expected under normal conditions. This trend has led to speculation that the Covid lockdowns have precipitated widespread 're-engagement' with outdoor recreation and is, perhaps, evidence of a structural shift in preferences for greenspaces.

To help people make the most of greenspace, they need to have the opportunity to use it, feel they have the capability to do so, and see a benefit to their lives. This may be through specific initiatives, which support more active lifestyles and enrich experiences, or simply by normalising greenspace within the community.



Well-designed greenspace will appeal to different groups. It must be inclusive and accommodate people with a range of needs, offering opportunities for play, relaxation, social interaction and stimulation.

We must also ensure that the [Local Cycling and Walking Infrastructure Plan](#)³⁵ reflects the importance of active leisure, and we will work with colleagues to make sure this Plan explicitly supports our leisure goals, by considering enhanced accessibility to urban green space, countryside and leisure facilities, as a core aim.

There are a number of open spaces within the District, with trails for walking, running and cycling. We should be actively exploring, with voluntary organisations and town and parish councils, what further facilities and activities, such as outdoor gyms, 'boot camps', children's trails etc., could be developed, ensuring the needs of those with disabilities are explicitly considered.

There is no better time to mark the ongoing Covid recovery process by reevaluating recreational provision in our parks and open spaces.

5.5 Further develop partnerships (with town and parish councils, sport governing bodies, health organisations and the voluntary sector), with an emphasis on actively encouraging volunteering.

The Council recognises that, often, its role is to work with, and through, local organisations and individuals to maximise the impact of programmes on the local community. There are many opportunities to tap into the enthusiasm, experience and knowledge of local communities and individual volunteers to encourage wider participation.

In some cases, the role of the Council may be as simple as signposting organisations to alternative funding sources and assisting groups in accessing grants from charities and sporting bodies. The Council is licensed for Grantfinder, a database for funding sources for charities and community needs. There is an opportunity to build on this through a role that proactively seeks, and supports the sourcing, of funding.

Whilst it is appropriate that the Council leads on major development programmes such as upgrading the leisure centres and building the Newbury Sports Hub, we should be encouraging others to develop and lead additional facilities and activities, especially where these support and focus on under-represented groups, and on increasing participation e.g. Park Runs. There is then a communication role for the Council in the provision of information services so that residents can be signposted to what is available locally.

The redevelopment of the Waterside centre in Newbury with a modern climbing wall is the type of facility where joint working (in this case with [Berkshire Youth](#)²⁵) could open up access that could excite interest in a new activity. Similarly the watersports provided by Berkshire Youth offer a model that could be expanded in West Berkshire, given the significant amount of accessible waterways and lakes.

As part of the ['Build Back Better'](#)¹³ Health and Social Care Plan, there may be a case to reassess the function and funding level of the ['Let's Get Active'](#)²³ fund, Parish Plans and Members' Grants. The voluntary and community sector participants in the GBA analysis, expressed an interest in further developing targeted programmes, which would benefit from additional funding and support, and potentially be more expressly integrated into the West Berkshire Council and Health offerings for certain groups. Partners with a specific outdoor/exercise focus such as the Ramblers Association and the Bucks, Berks and Oxon Wildlife Trust should also be actively engaged.

The role of volunteers is fundamental to the provision of many of the active leisure opportunities within the District, and the Council may wish to explore whether there is any benefit in developing a pool of volunteers who are trained and experienced to support local initiatives.

6. Our Objectives

To deliver this vision, we have chosen to focus our resources on the areas in which we believe we can make the most positive contribution to the overall health of our community.

The challenge for us, like many organisations, is to ensure that our approach is both representative of the majority and inclusive of those who have traditionally been under-represented in terms of participation. This strategy has been informed by feedback from the public, including seldom heard groups, and we would hope to work in partnership with these groups to deliver this strategy. These strategic objectives will help shape our thinking and the delivery plan will show how, in practical terms, we can turn that thinking into action.

1. Increase participation for all, with an emphasis on those less physically active, and maintain improved activity levels throughout lives:

- 1.1. Significantly increase the provision of activities targeted at the less physically active, with a strong emphasis on activities for 'people like me';
- 1.2. Increase the provision of targeted activities for individuals with challenges resulting from health issues or disabilities, through active collaboration with health and voluntary sector partners;
- 1.3. Work across the Council to improve use and accessibility of leisure activities, facilities and greenspace;
- 1.4. Develop low/no cost activity options for low-income individuals and families;
- 1.5. Ensure the provision of leisure opportunities responds creatively to evolving demand;
- 1.6. Create a communication strategy to raise awareness of the benefits and local availability of physical activity opportunities.



2. Facilitate access to a network of modern and sustainable indoor sports and leisure facilities:

- 2.1 Through the Leisure Management Contract, operate a network of attractive, well-run and vibrant leisure centres focussed on delivering a great user experience;
- 2.2. Deliver an infrastructure improvement plan, giving consideration to significant changes in the network of facilities including consolidation, new delivery models and co-location of Council services and those of community partners;
- 2.3. Improve physical access to leisure facilities for people with health or disability needs;
- 2.4. Invest to reduce the carbon footprint of current facilities, with a focus on smart technologies;
- 2.5. Ensure that access to facilities takes account of opportunities provided by the private sector and neighbouring authorities.



3. Improve the quality, accessibility and awareness of outdoor sports facilities and play areas:

- 3.1. Deliver the recommendations of the Playing Pitch Strategy;
- 3.2. Pro-actively engage with town and parish councils to create a District-wide long-term development plan for local facilities, underpinned by appropriate resource support from the Council;
- 3.3. Improve physical access to outdoor sports facilities and play areas for people with health or disability needs;
- 3.4. Work with voluntary and private sector organisations to increase awareness and utilisation of sports facilities, parks and open spaces in a sustainable way.



4. Measurably enhance access to, and utilisation of greenspace and bluespace, through improving accessibility and awareness of open water, waterways, parks, commons and Public Rights of Way:

- 4.1. Explore new and additional leisure activity options where there is a clear demand;
- 4.2. Work with partners and residents to develop and deliver a programme of work to make our parks 'safe spaces' for all users;
- 4.3. Invest in improving accessibility to greenspace through provision of safe routes and facilities for disabled access;
- 4.4. Improve the provision of facilities for young people in parks and open spaces, considering both physical and social needs;
- 4.5. Ensure the recommendations of the Environment Strategy and the Rights of Way Improvement Plan, related to activity, are supported and adopted.



5. Further develop partnerships (with town and parish councils, sport governing bodies, health organisations and the voluntary sector), with an emphasis on actively encouraging volunteering:

- 5.1. Engage with partners across the voluntary and private sector to improve the level of co-ordinated services delivery;
- 5.2. Engage with health organisations to enhance accessibility to services via social and health prescribing opportunities;
- 5.3. Co-create a 'volunteering network strategy' with voluntary and community groups to increase the level of volunteering in support of physical activity;
- 5.4. Invest in provision of advice and support for voluntary groups, with a focus on access to funding;
- 5.5. Develop a focussed programme to engage with target groups, particularly children and young people, to co-create plans that address their leisure aspirations and needs;
- 5.6. Work with partners to reduce their cost and access issues for Council facilities.



7. Delivery, Monitoring and Resourcing of this Strategy

On agreement of this Strategy, a Delivery Plan will be developed to outline the projects and actions required to fulfil the aims and objectives of the Strategy. These projects will be incorporated into the Culture and Leisure Programme and their adoption and progress will be monitored and governed by the Culture and Leisure Programme Board.

Specific measures of success and performance indicators will be established through the Delivery Plan, and its projects, but the following data will be used to measure the overarching success of the Strategy:

- Active Lives data
- Leisure Centre data
- Leisure Centre surveys

Funding for the Council's Leisure Services supports works to create or enhance leisure assets which will provide long term benefit to residents (capital expenditure), or to meet day to day operational (revenue) costs of the Council's leisure provision.

Expenditure is funded either directly by the Council, through council tax or use of reserves, or derived from external sources. The Council may also borrow in support of capital works.

Sources of external funding include:

S106 Developer Contributions

Under Section 106 of the Town and County Planning Act 1990, as amended, contributions can be sought from developers towards the capital costs of providing community and social infrastructure, the need for which has arisen as a result of a new development taking place.

Community Infrastructure Levy

Community Infrastructure Levy (CIL) is a levy charged on most new development within an authority's area. The money is used to pay for new infrastructure supporting the development of an area by funding the provision, replacement, operation or maintenance of the infrastructure.

Grant or other third party funding

The Council may receive grants from Government or other sources, which may be given in support of either revenue and/or capital costs. This includes contributions received from bodies such as Sport England or other third parties. Any such contributions received will be applied to support leisure activities in accordance with any conditions or restrictions.

8. Conclusions

There are many benefits to being physically active and we have set ourselves the challenge of doing everything we can to increase participation in active leisure, within the District, by developing the opportunities for people to enjoy our local leisure offering. We particularly want to support those people that are not currently active to improve their activity levels.

The Covid pandemic has reminded us of how important it is to sustain good mental and physical health, and that this can be supported through a more active lifestyle.

We will deliver ambitious plans to develop the leisure offering and revitalise local facilities, in a sustainable way, and co-ordinate a wide range of projects which will serve West Berkshire well.

West Berkshire is a great place to be if you want to be active, and we wish to make the most of the opportunities that our natural environment offers.

This work will require considerable effort to understand the local demands, finding ways to work with a range of partners and ensure that all investment is made with our vision and strategic objectives in mind. We will work to ensure our District's offering is more inclusive than ever before and that everyone in West Berkshire is given the opportunity to thrive.

9. References

In this Leisure Strategy 2022-2032, we lay out our aspirations for Leisure within West Berkshire, in order to enable local people to be more physically active in the community, and to experience the resulting health benefits. Below are the links to other documents and data sources that present evidence for the Strategy:

1. West Berkshire 2036 Vision - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
2. West Berkshire Council Strategy 2019-2023 - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
3. West Berkshire Council Covid-19 Recovery and Renewal Strategy - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
4. West Berkshire Council Public Rights of Way Improvement Plan [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
5. West Berkshire Council – ‘What’s Your Leisure?’ survey report
6. Get Berkshire Active - [Get Berkshire Active – GBA Strategic Intent 2021-2026](#)
7. Get Berkshire Active – ‘What’s Your Leisure?’ workshop report
8. NHS - Physical Activity Guidelines for Adults - [Exercise - NHS \(www.nhs.uk\)](#)
9. GOV.UK - Physical activity guidelines: infographics - [Physical activity guidelines: infographics - GOV.UK \(www.gov.uk\)](#)
10. Public Health England – now Office for Health Improvements and Disparities
11. Everybody Active Every Day - [Everybody active, every day: framework for physical activity - GOV.UK \(www.gov.uk\)](#)
12. Sport England - [Uniting the Movement Uniting the Movement | Sport England](#)
13. Build Back Better - <https://www.gov.uk/government/publications/build-back-better-our-plan-for-growth>
14. [Health and Wellbeing Boards \(HWBs\) for Reading, West Berkshire and Wokingham \(Berkshire West\)](#)
15. Berkshire West Joint Health & Wellbeing Strategy - <https://www.berkshirewestccg.nhs.uk/get-involved/joint-health-wellbeing-strategy-for-berkshire-west/>
16. Berkshire West Integrated Care Partnership - [Berkshire West Integrated Care Partnership \(ICP\) | Berkshire West Clinical Commissioning Group \(berkshirewestccg.nhs.uk\)](#)
17. ONS Health and Disability index - [West berkshire - Deprivation - UTLA | West Berkshire | InstantAtlas Reports \(berkshireobservatory.co.uk\)](#)
18. Fingertips (2020) [Public Health Profiles - PHE](#)
19. ‘Adults’ defined as residents of West Berkshire over the age of 16.
20. Calculated from population data available through the Berkshire Observatory [West Berkshire - Population - UTLA | West Berkshire | InstantAtlas Reports \(berkshireobservatory.co.uk\)](#)

21. Sport England - [Active Lives data for West Berkshire https://activelives.sportengland.org](https://activelives.sportengland.org)
22. Sport England - [Active Places Power - Active Places Power](#)
23. Greenham Common Trust and West Berkshire Council – [Let's Get Active Fund https://info.westberks.gov.uk/article/36079/Lets-Get-Active-Fund](https://info.westberks.gov.uk/article/36079/Lets-Get-Active-Fund)
24. Newbury Weekly News - <https://www.newburytoday.co.uk/news/250k-boost-for-waterside-centre-project-9203071/>
25. Berkshire Youth - <https://www.berkshireyouth.co.uk>
26. Adventure Dolphin - [Adventure Dolphin – Experience a Sense of Adventure](#)
27. West Berkshire Council - [Activity for Health - Exercise Programmes - Information](#)
28. Walking for Health - [Walking for Health | Home](#)
29. West Berkshire Council Cultural Heritage Strategy - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
30. West Berkshire Council Environment Strategy 2020-2030 - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
31. West Berkshire Council Economic Development Strategy 2020-2023 - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
32. West Berkshire Joint Health and Wellbeing Strategy 2021-2031 - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
33. West Berkshire Council Playing Pitch Strategy - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
34. Royal Society for the Protection of Birds – [Recovering Together 2020 - recovering-together-report-nature-and-green-recovery_rspbyougov_june-2020.pdf](#)
35. West Berkshire Council Local Cycling and Walking Infrastructure Plan - [West Berkshire Council - Strategies, Policies, and Plans](#) - Information
36. Greenspace is defined as parks, gardens, playing fields, children's play areas, woods and other natural areas, grassed areas, cemeteries and allotments, green corridors like paths, disused railway lines, rivers and canals.
37. Bluespace is defined as all areas dominated by surface waterbodies and water courses.
38. Office of National Statistics - [Subnational population projections for England: 2018-based https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based)

10. Figures

Figure 1	Exercise and Benefits to Health (Source: Adapted from Wen CP et al)	6
Figure 2	West Berkshire Council Related Strategies	7
Figure 3	Activity Type and Participation Levels (Source: WBC 'What's your Leisure?' survey)	8
Figure 4	Location of West Berkshire Leisure Centres (Source: WBC)	9
Figure 5	Summary of Leisure Facilities in West Berkshire (Source: Active Places Power)	10
Figure 6	Impact of Covid on Participation Levels (Source: WBC 'What's your Leisure?' survey)	11
Figure 7	Potential Triggers to Increase Participation (Source: WBC 'What's Your Leisure?' survey)	13

11. Appendices

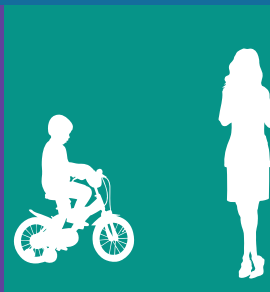
Appendix 1	Summary of data including 'What's Your Leisure?'
Appendix 2	Get Berkshire Active – Leisure Strategy Consultation Report – September 2021
Appendix 3	West Berkshire Council Facilities Planning Model summary



WBC/C&W/JT/0322

Leisure Strategy 2022-32

Appendices



Contents

.Appendices

- Appendix 1 Summary of data including 'What's Your Leisure?'
- Appendix 2 Get Berkshire Active – Leisure Strategy Consultation Report
– September 2021
- Appendix 3 West Berkshire Council Facilities Planning Model summary

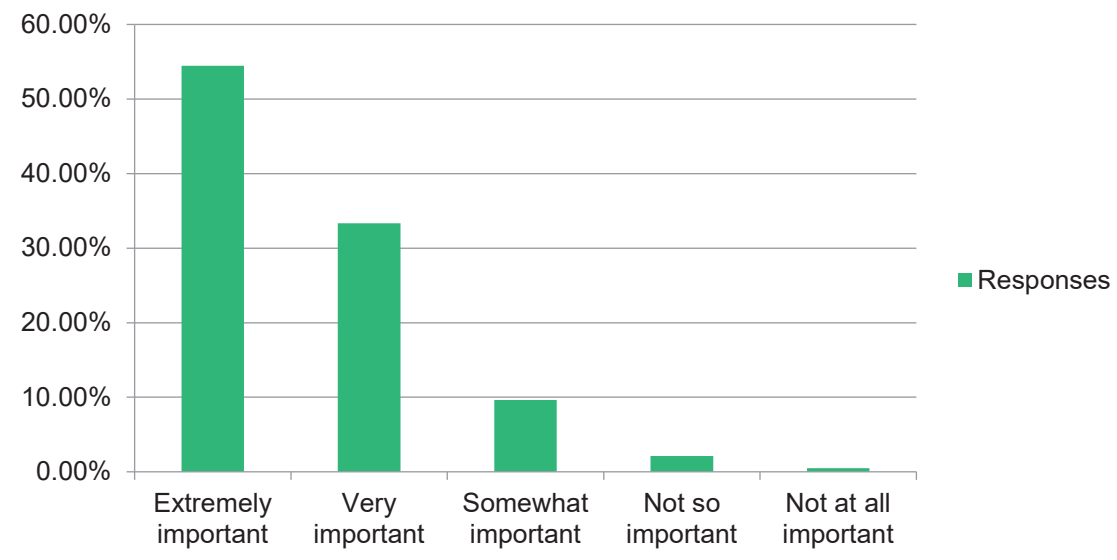
Appendix 1 - Data

1.1 What's Your Leisure Data

Please note that Questions 7, 10, 11, 12, 13 and 14 had free text responses so cannot be graphed. The data in this appendix can be accessed at <https://info.westberks.gov.uk/whatsyourleisure>

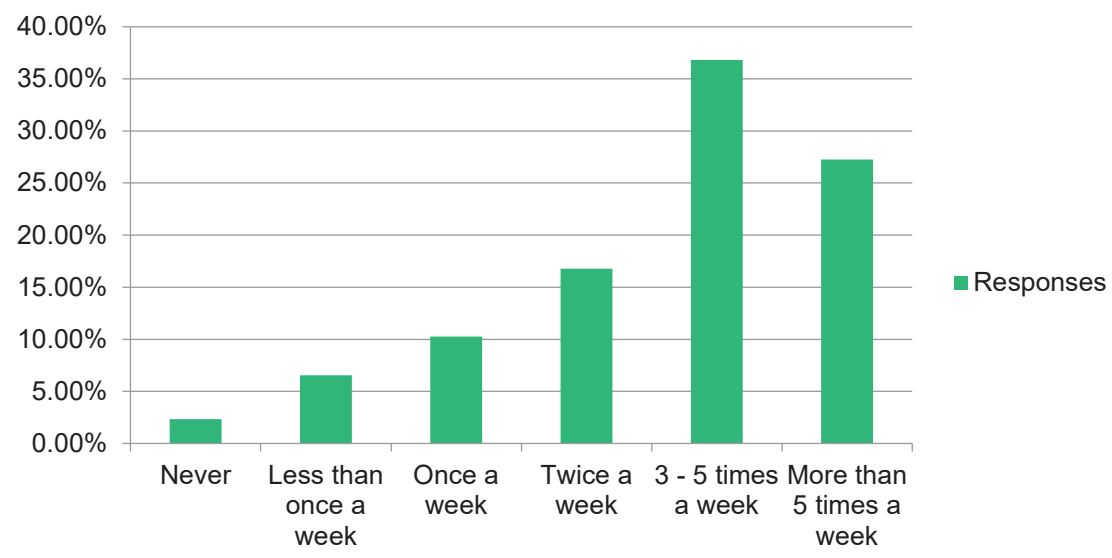
Question 1

How important is active leisure to your health and wellbeing?



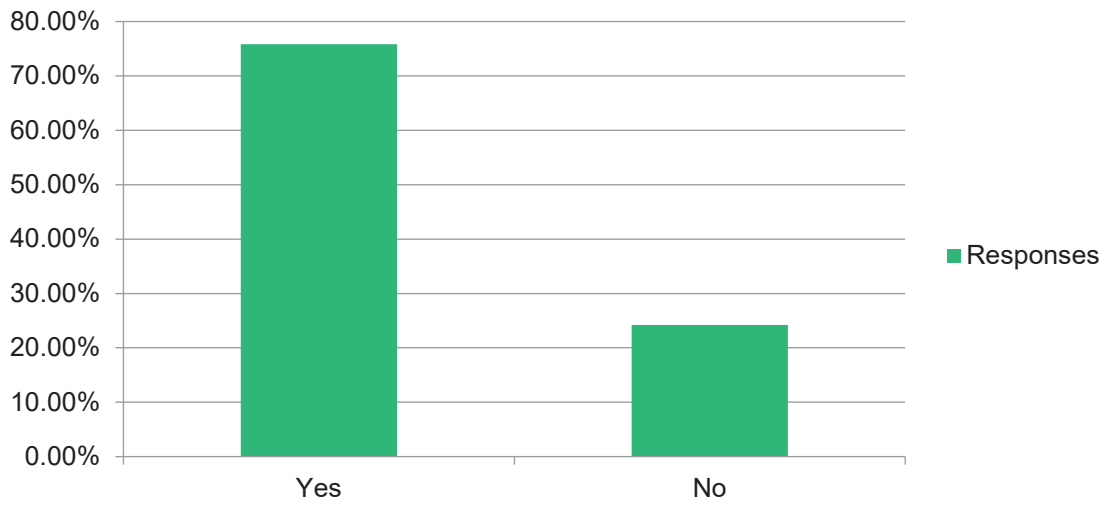
Question 2

How frequently do you participate in an active leisure pursuit for at least 30 minutes?



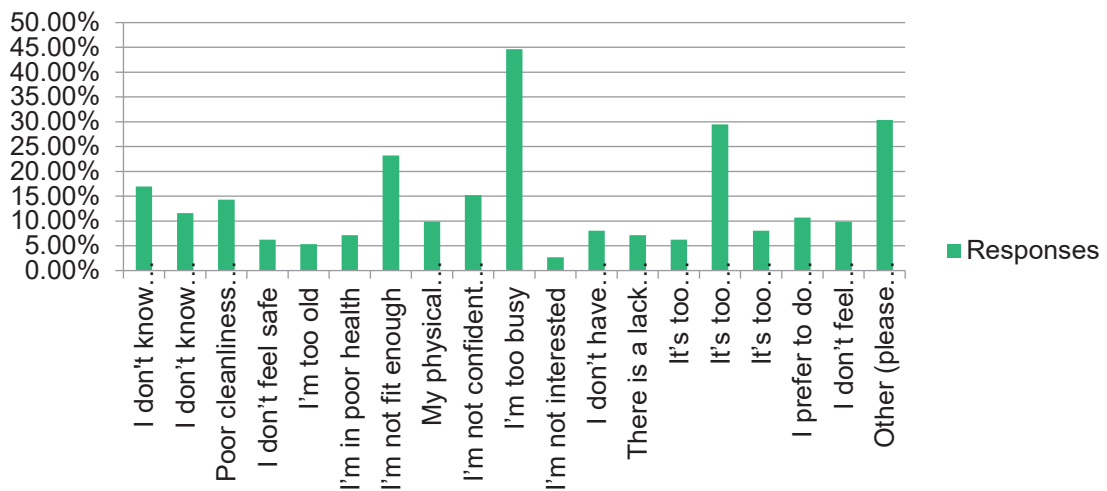
Question 3

Is there anything that prevents you from participating, or participating more regularly, in an active leisure pursuit?



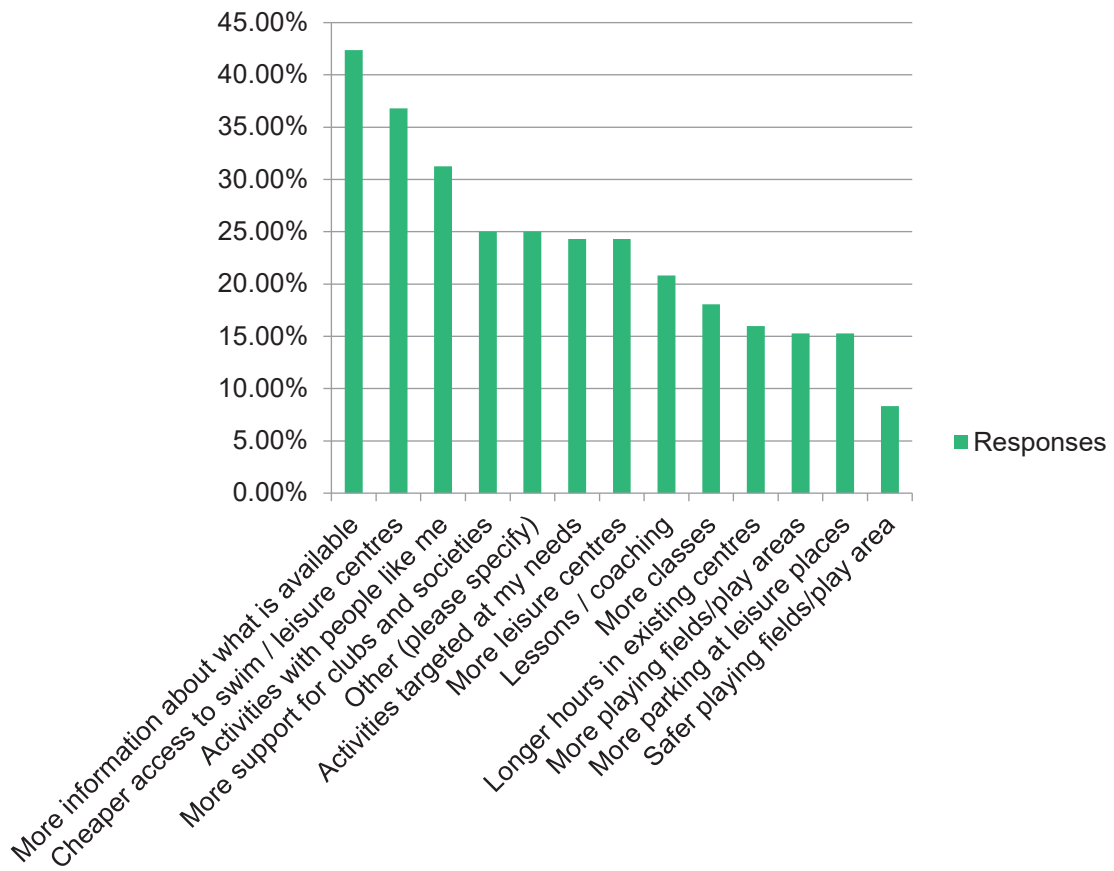
Question 4

What prevents you from participating, or participating more regularly, in an active leisure pursuit? Please select your top five.



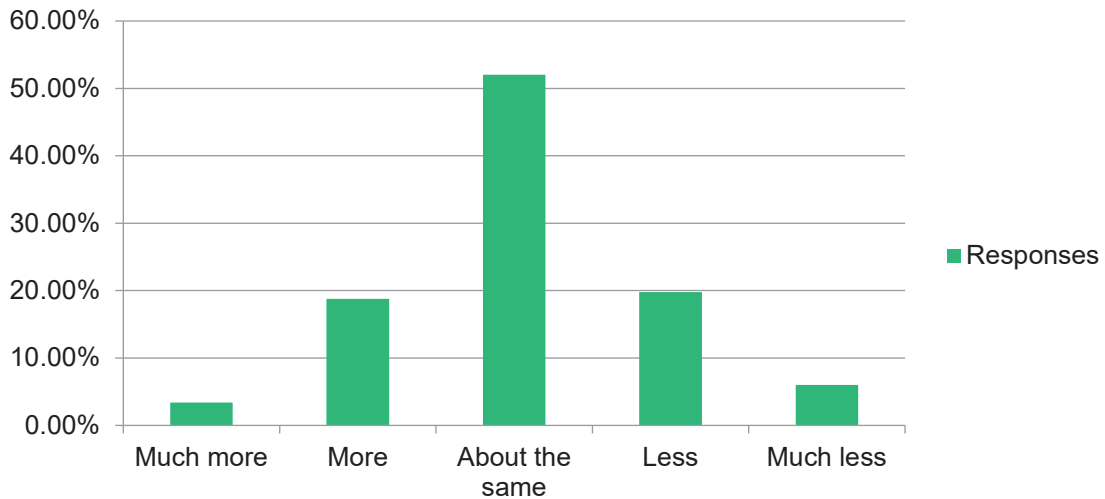
Question 5

What, if anything, would encourage/enable you to participate, or participate more regularly, in an active leisure pursuit? Please select your top five.



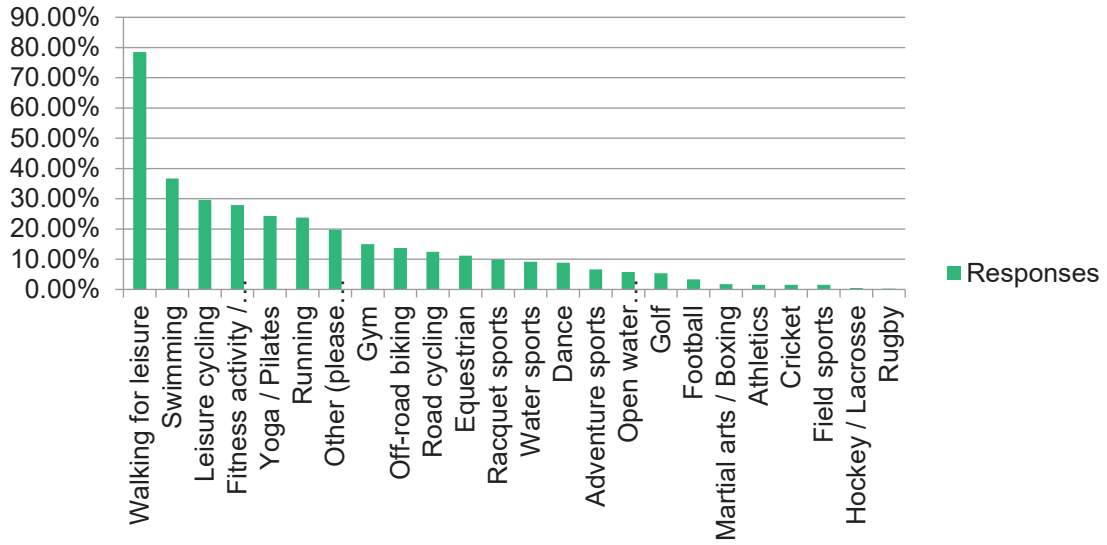
Question 6

How does your current level of participation in active leisure compare to before the Covid pandemic (pre March 2020)?



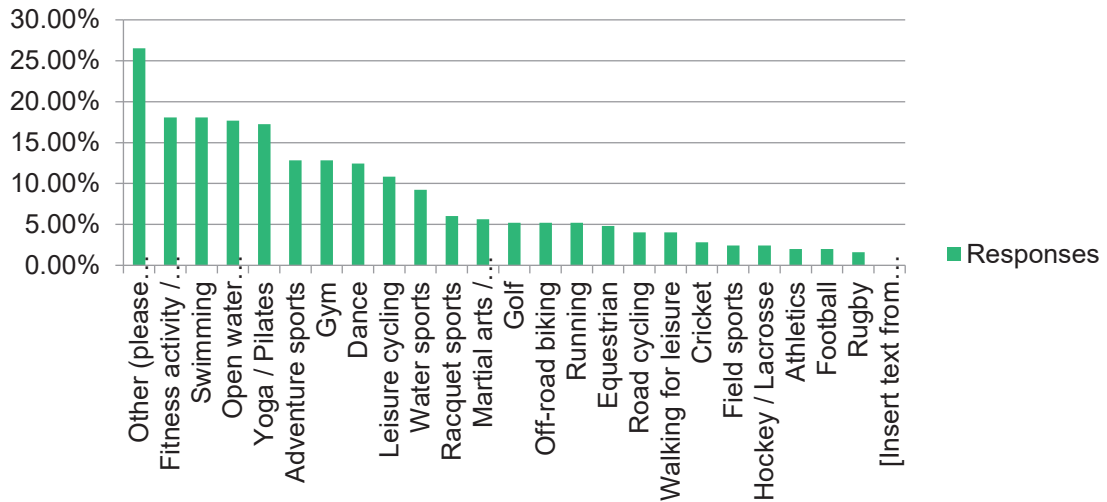
Question 8

What types of active leisure pursuits do you participate in? Please select all that apply.



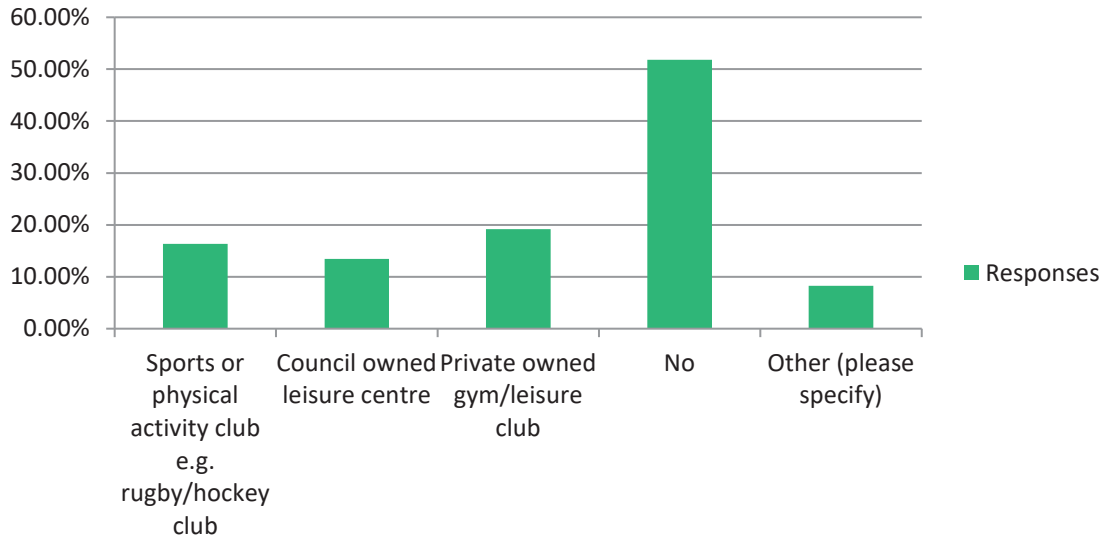
Question 9

Are there any types of active leisure pursuits that you would like to do, but don't/can't at the moment? Please select all that apply.



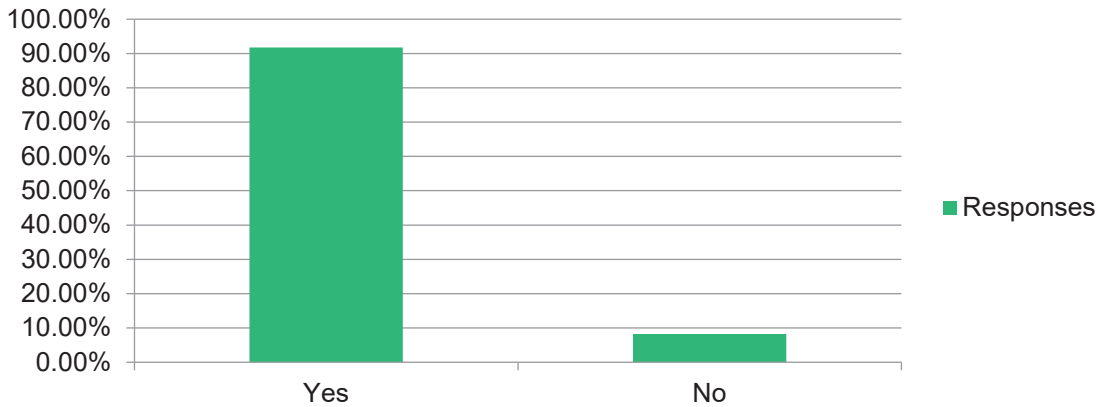
Question 10

Are you a member of a sports club, leisure centre or gym? Please select all that apply



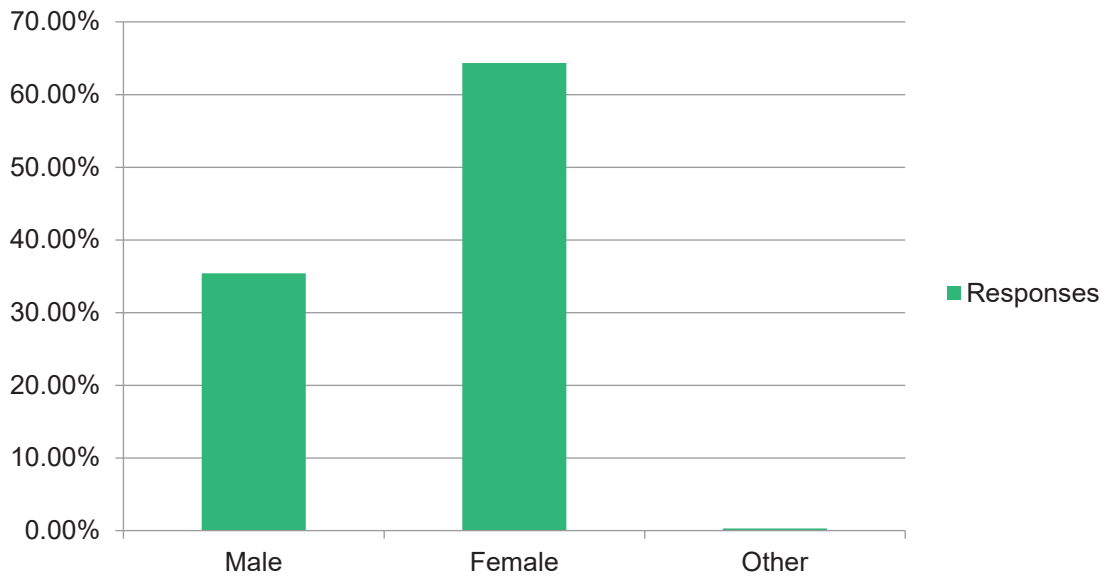
Question 15

I consent to the council collecting and processing special category data according to the purposes outlined in its privacy notice.



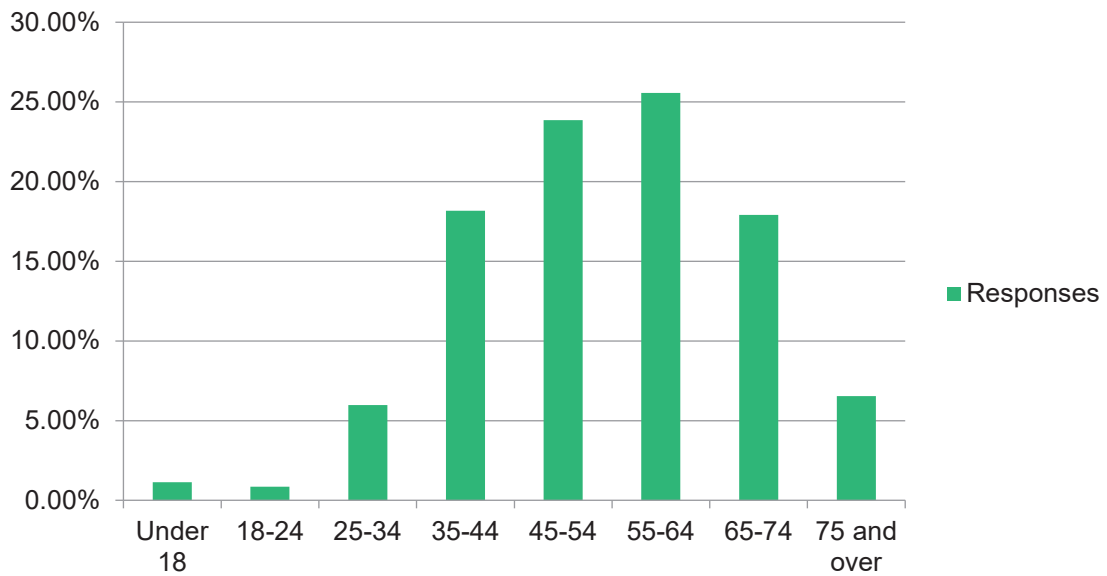
Question 16

What is your gender?



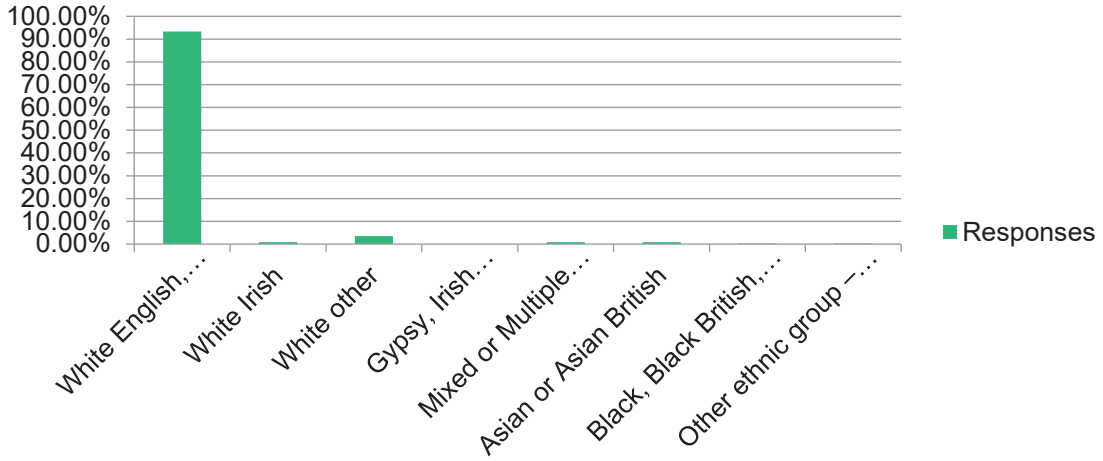
Question 17

How old are you?



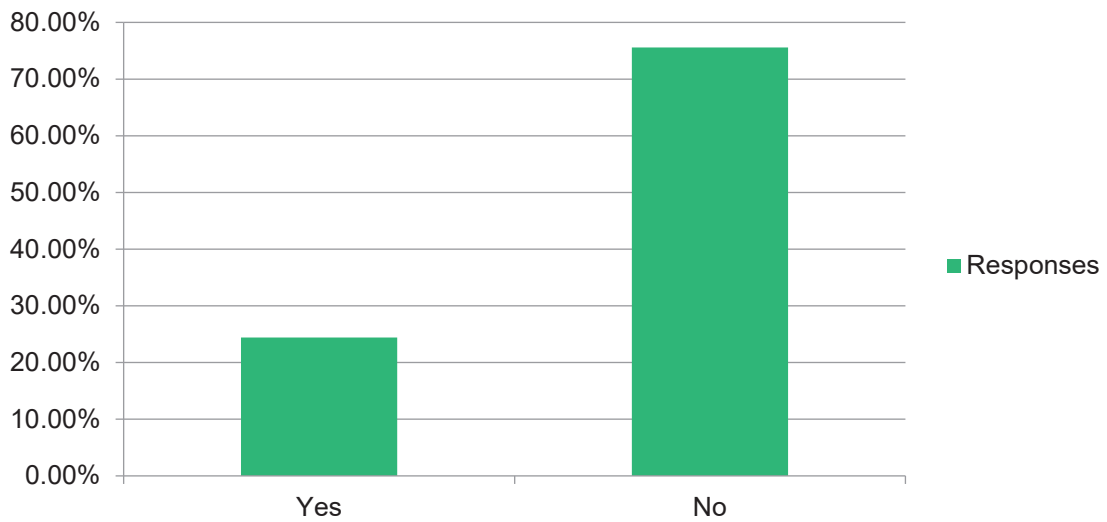
Question 18

What is your ethnic group? Categories are based on those asked at the Census 2021



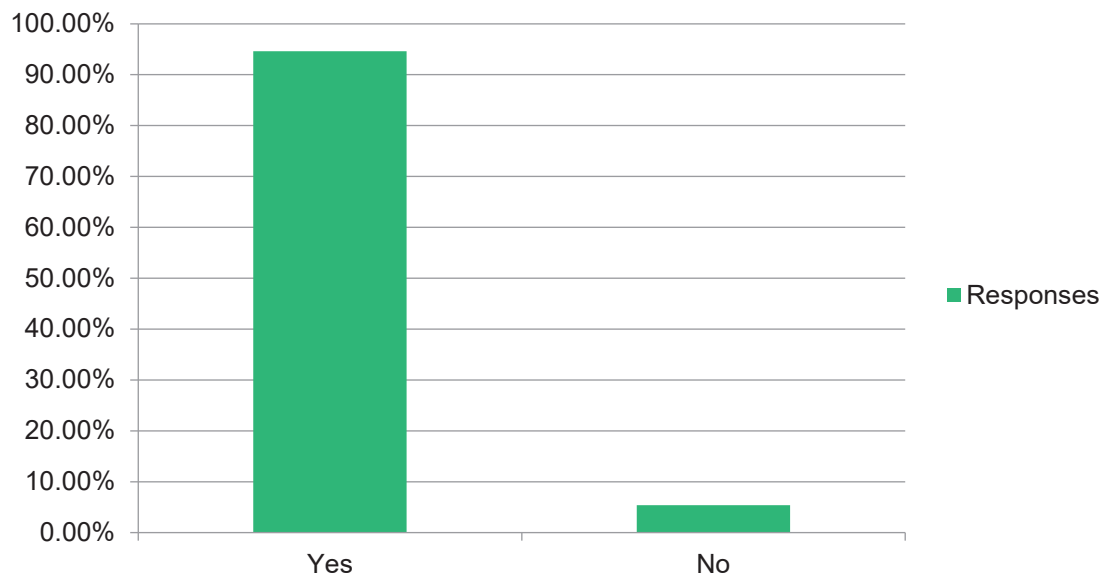
Question 19

Do you have a disability, long-term illness, or health condition?



Question 20

Do you live in West Berkshire?



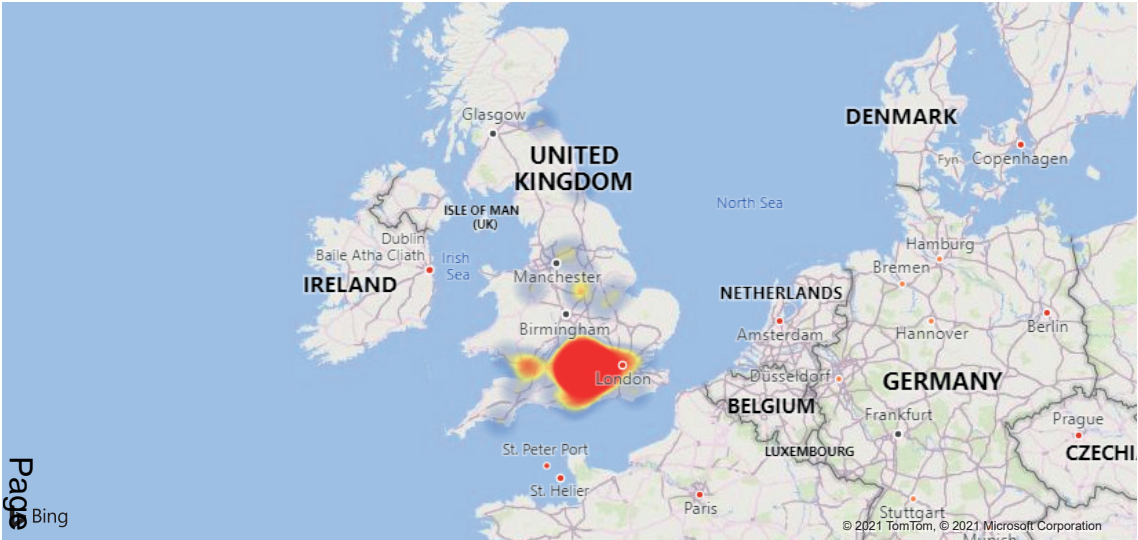
1.2 Data from West Berkshire Council Leisure Centres Membership, Activity logs and Customer Survey

West Berkshire leisure centre membership analysis - Accurate as of Oct-19



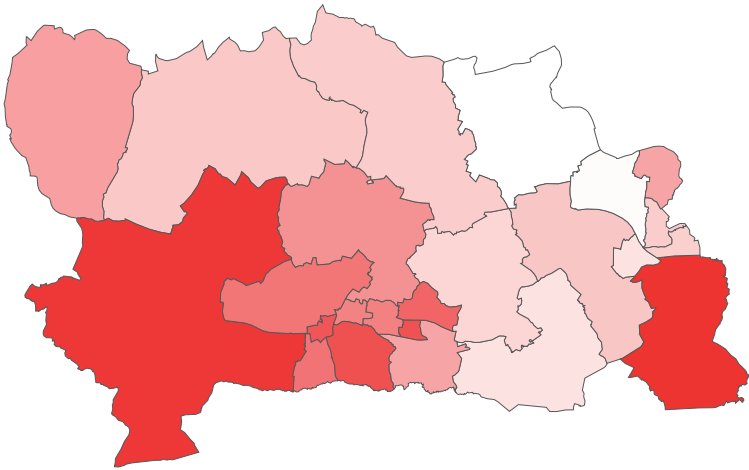
West Berkshire leisure centre membership analysis - Accurate as of Oct-19

Memberships by member post code

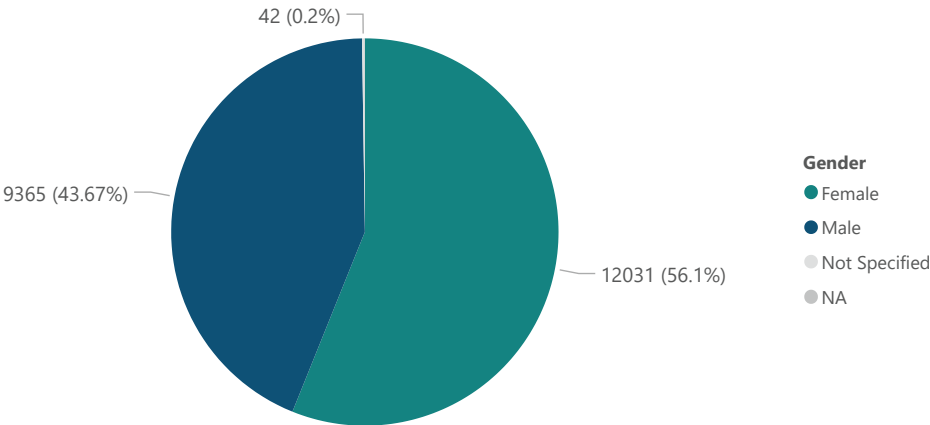


Page 94

Memberships by member post code

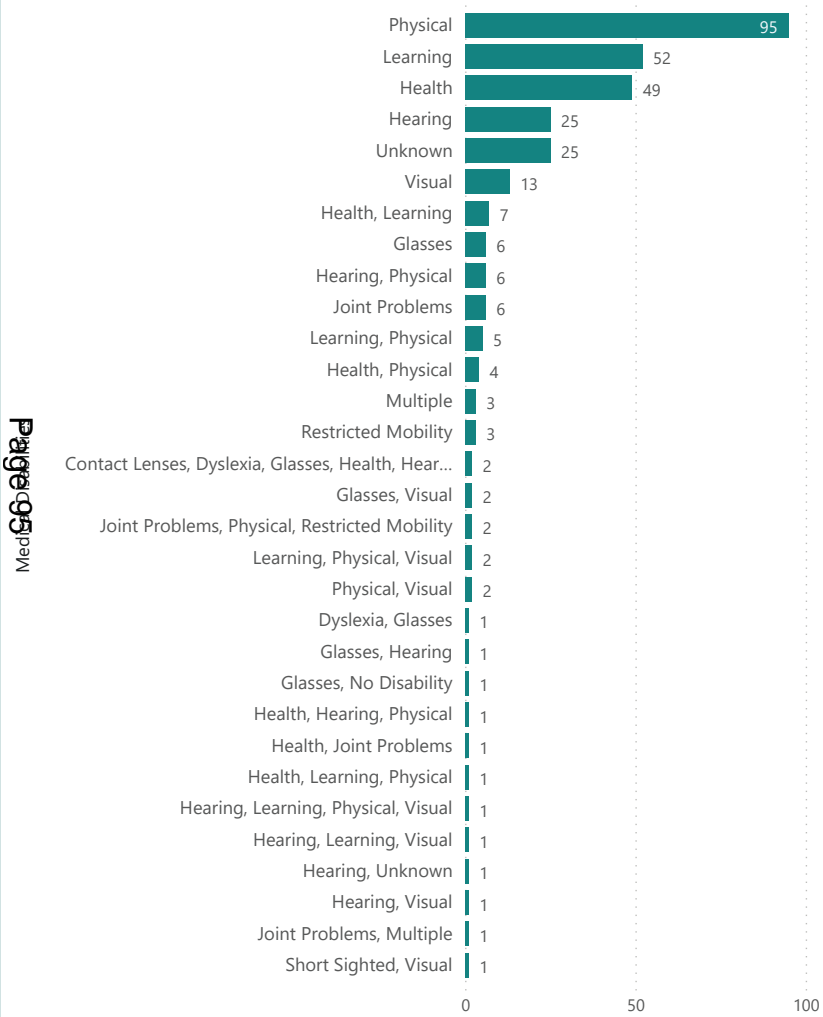


Oct-19 active memberships by Gender

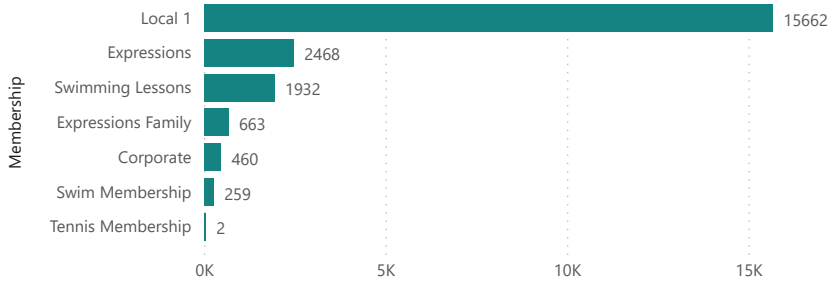


West Berkshire leisure centre membership analysis

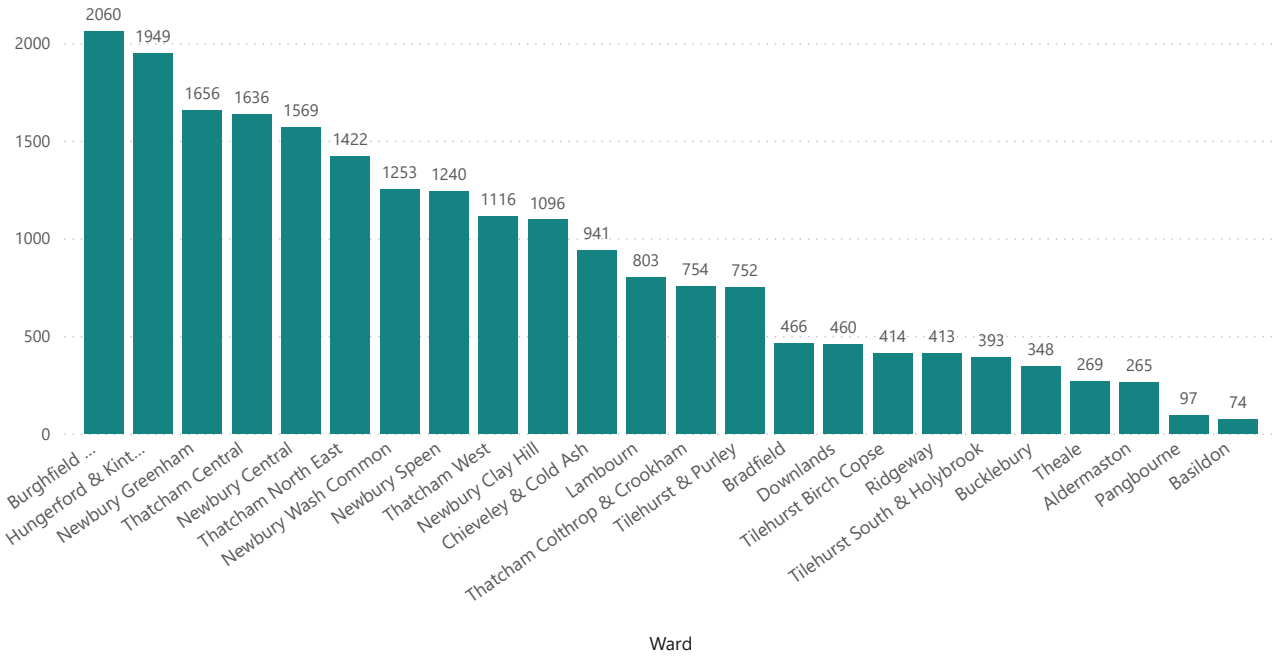
Members with disabilities recorded



Memberships by type of membership

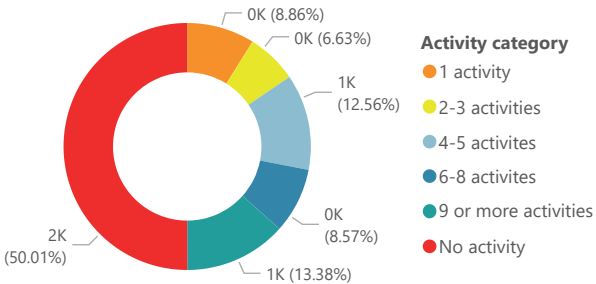


Memberships by member ward

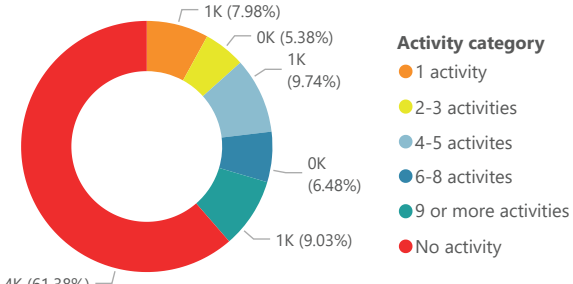


West Berkshire leisure centre activity analysis

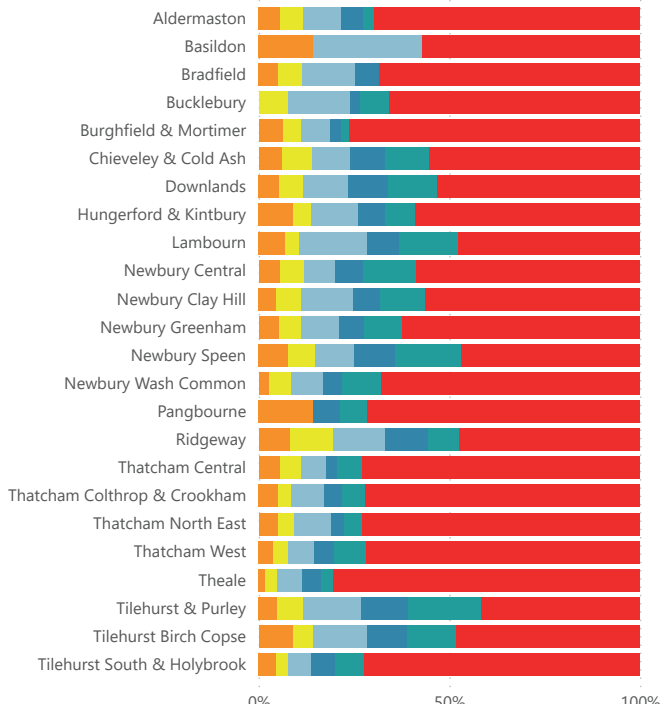
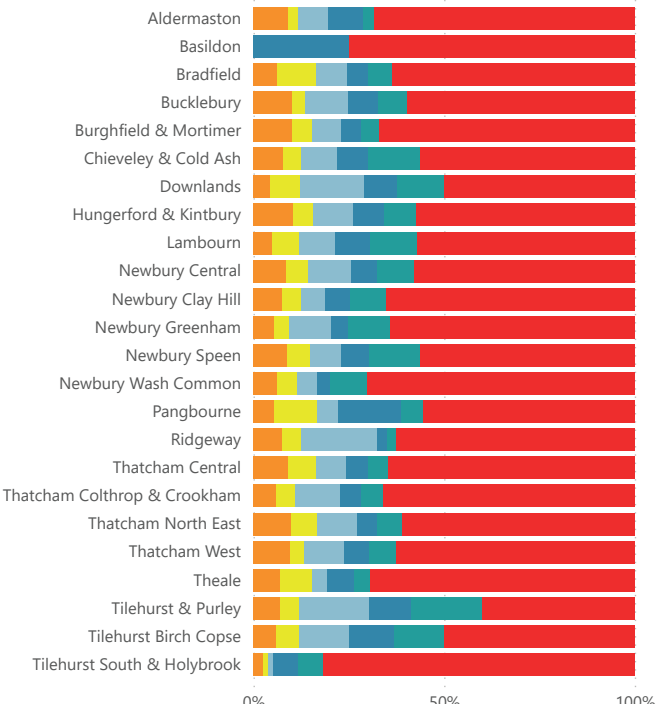
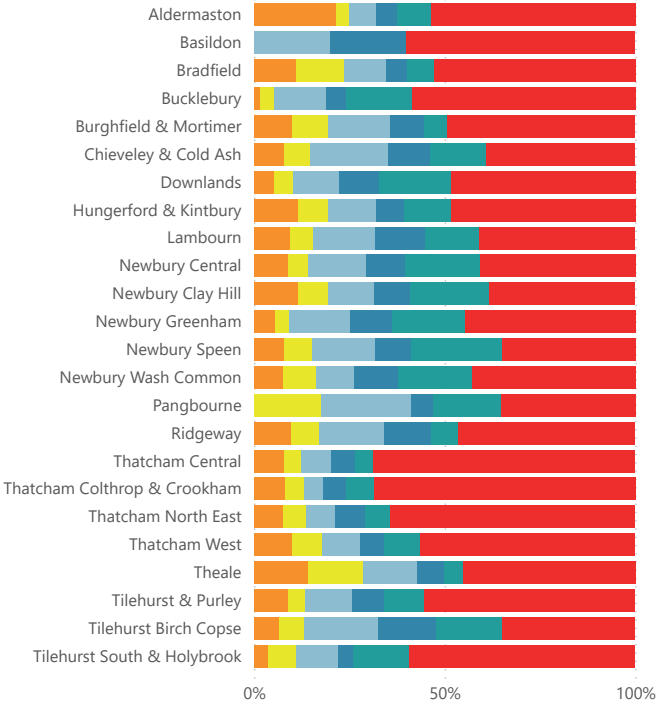
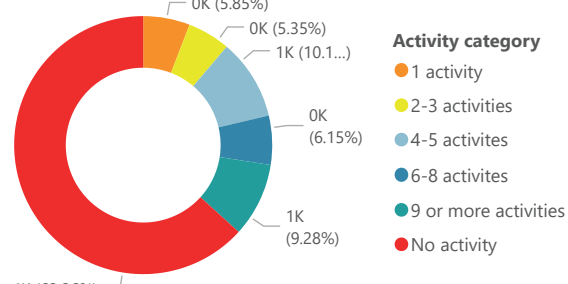
Activity by members during Oct-17



Activity by members during Oct-18

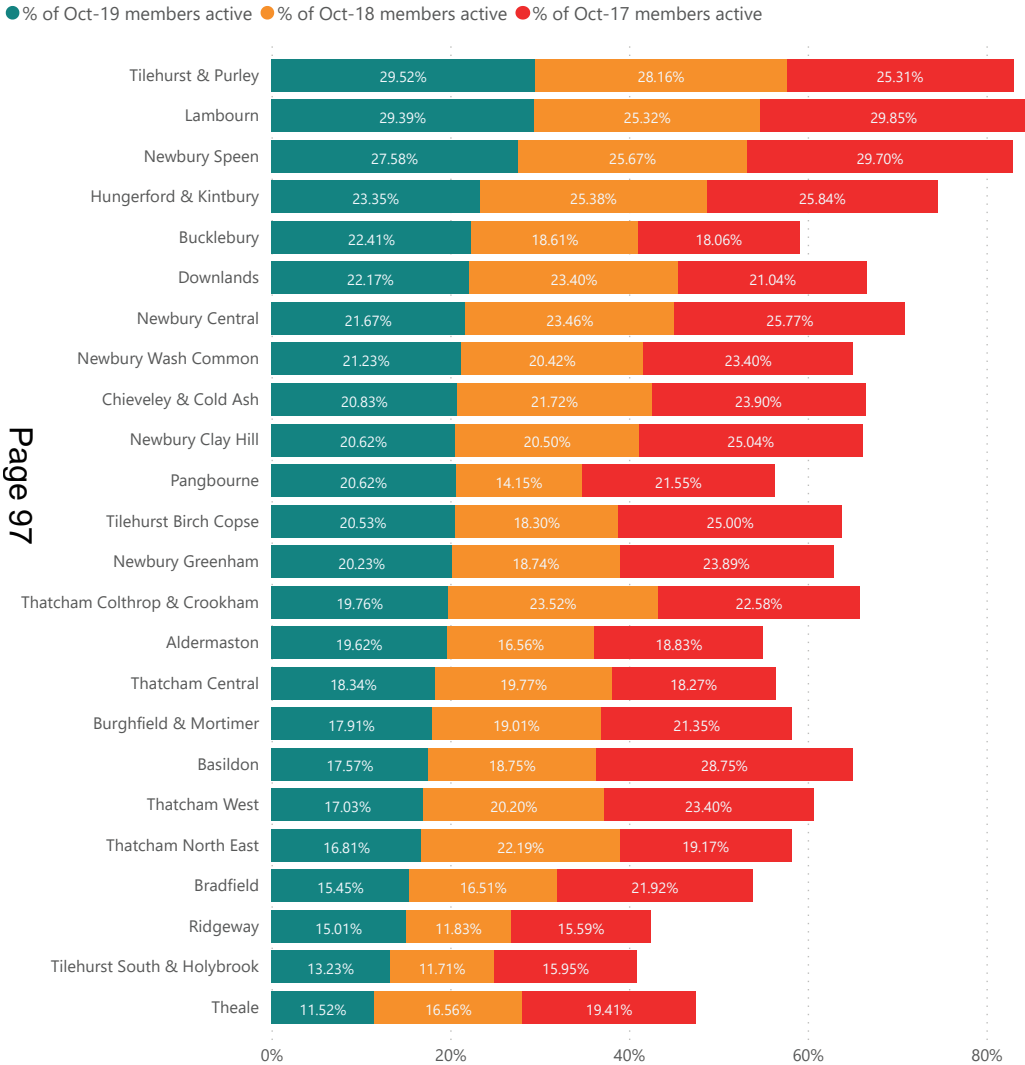


Activity by members during Oct-19

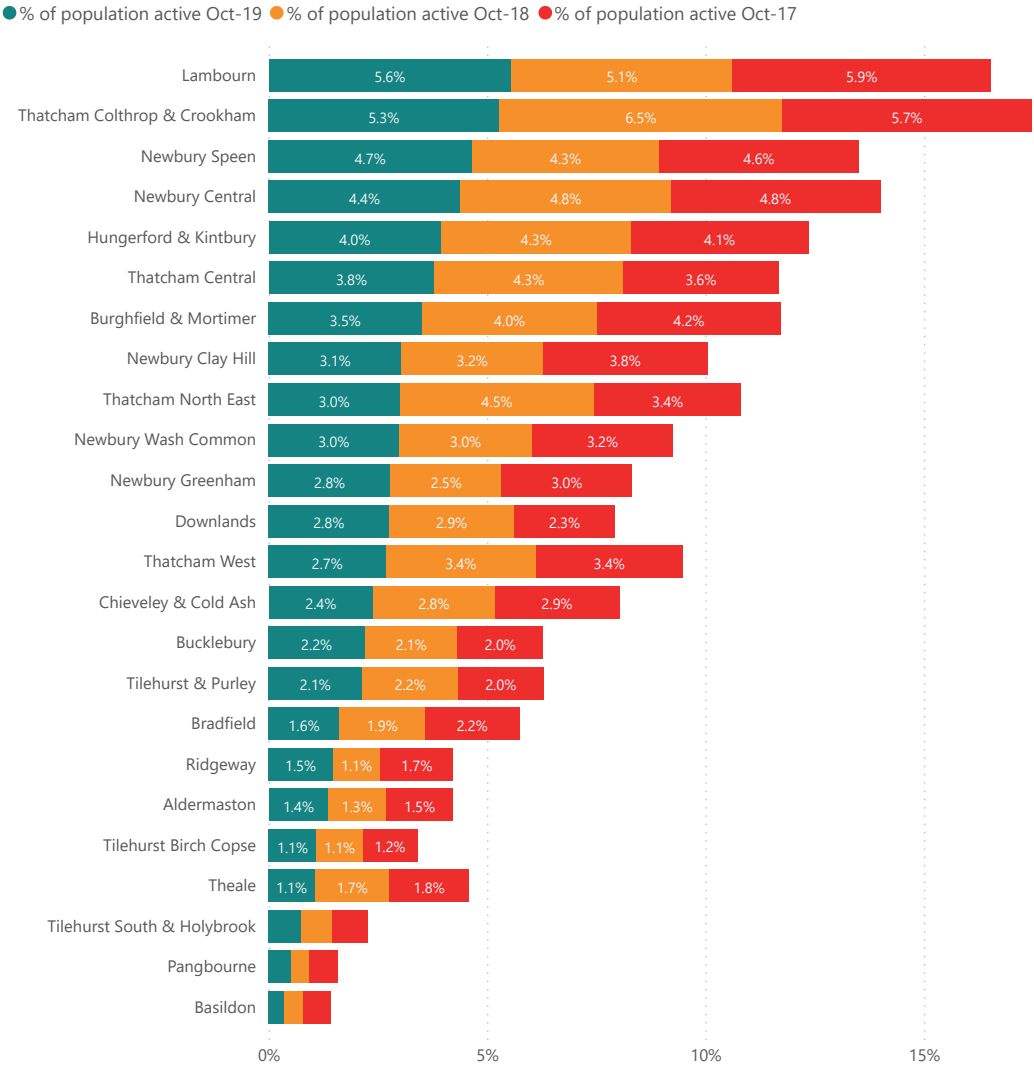


West Berkshire leisure centre membership analysis

% of members active by ward



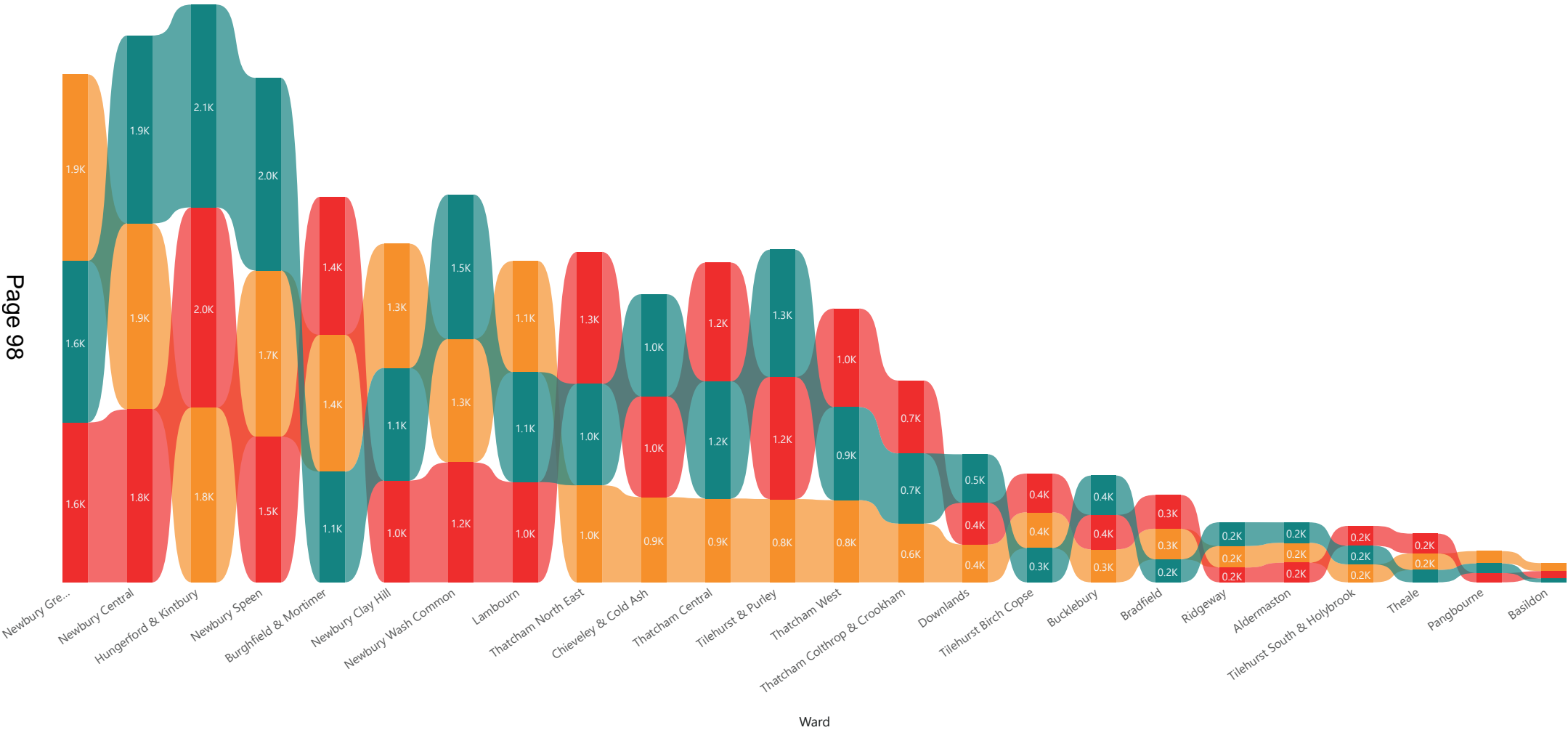
% of population active by ward



West Berkshire leisure centre membership analysis

Members active by ward and year

● Oct-17 total activity ● Oct-18 total activity ● Oct-19 total activity

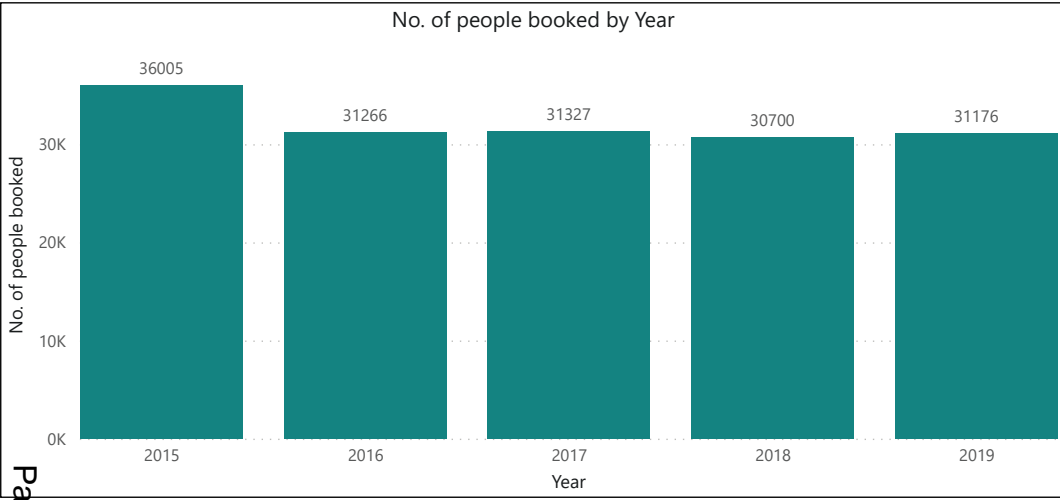


Page 98

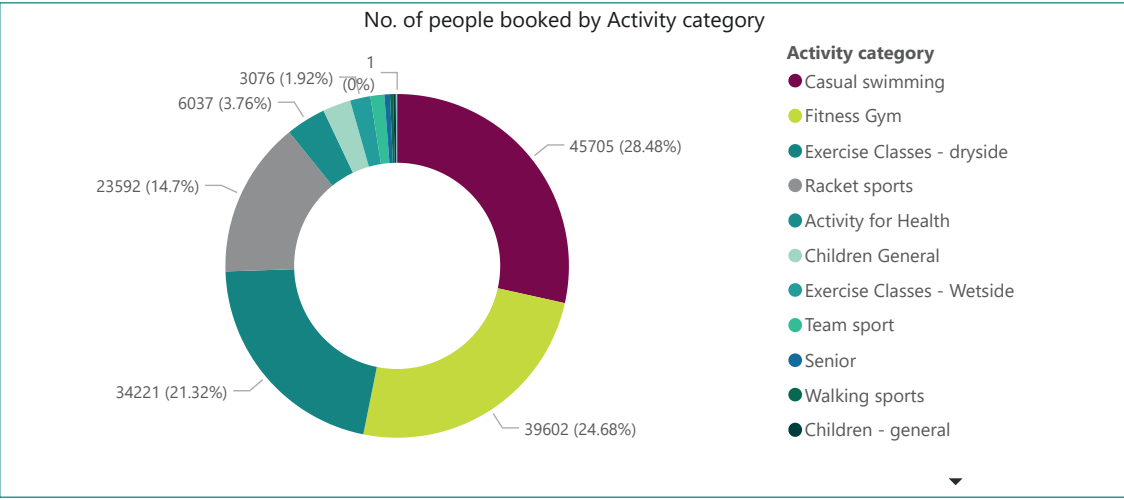
Ward

West Berkshire leisure centre activity

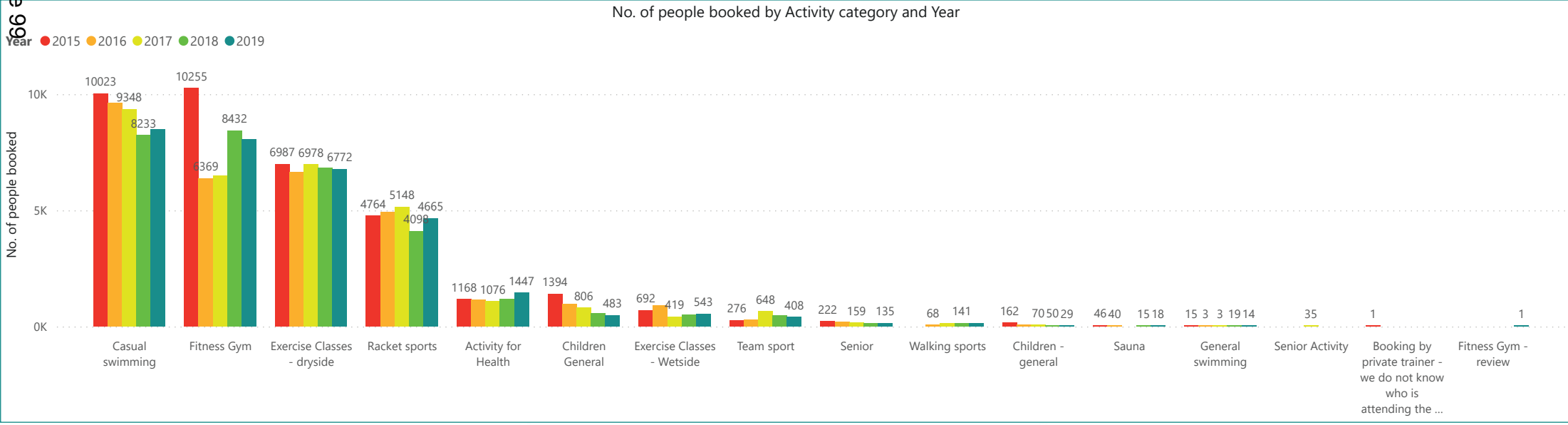
No. of people booked by Year



No. of people booked by Activity category

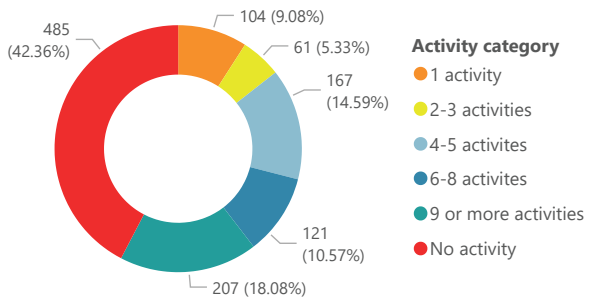


No. of people booked by Activity category and Year

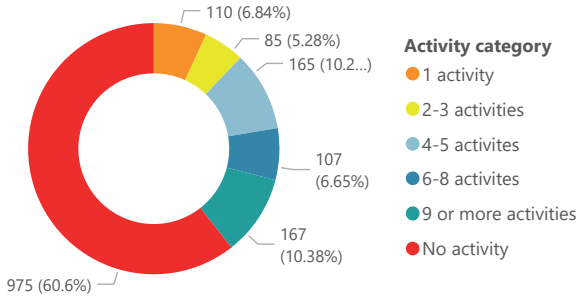


West Berkshire leisure centre activity analysis - Six most deprived wards

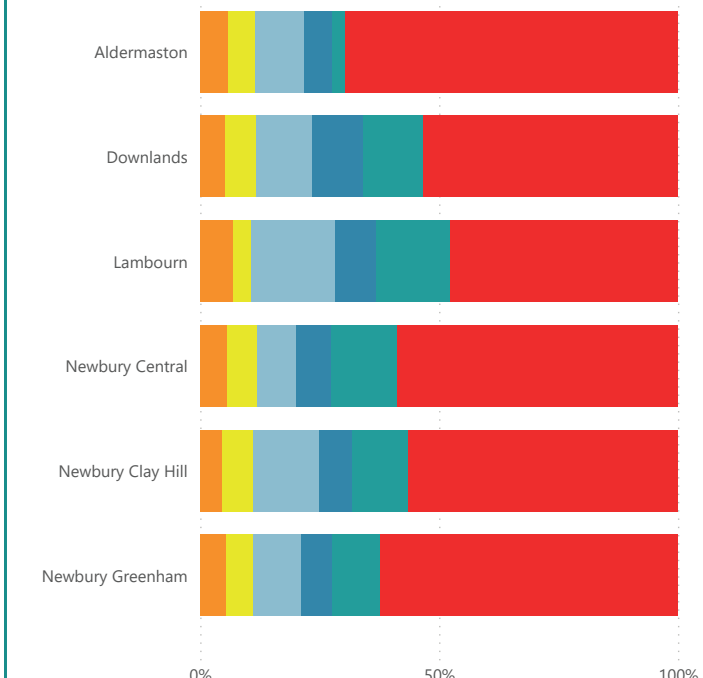
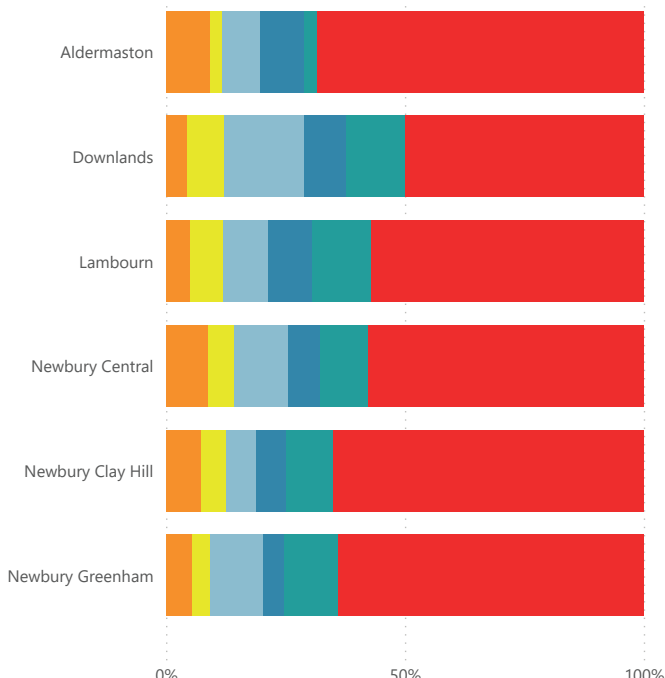
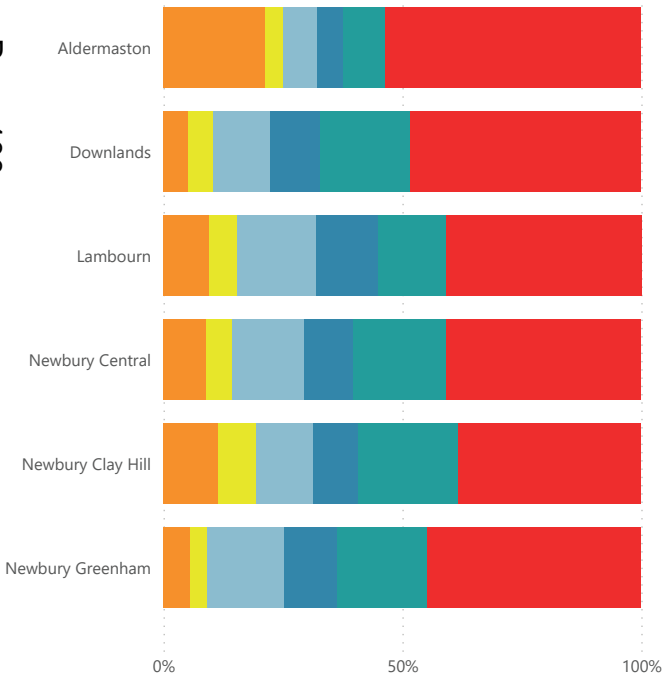
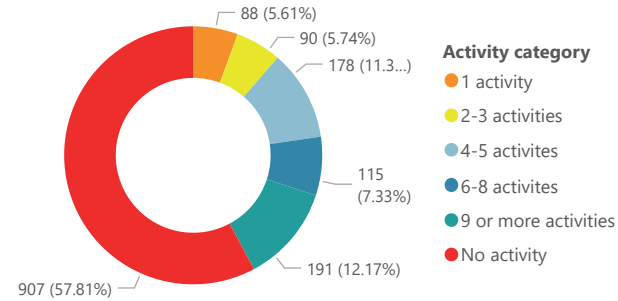
Activity by members during Oct-17



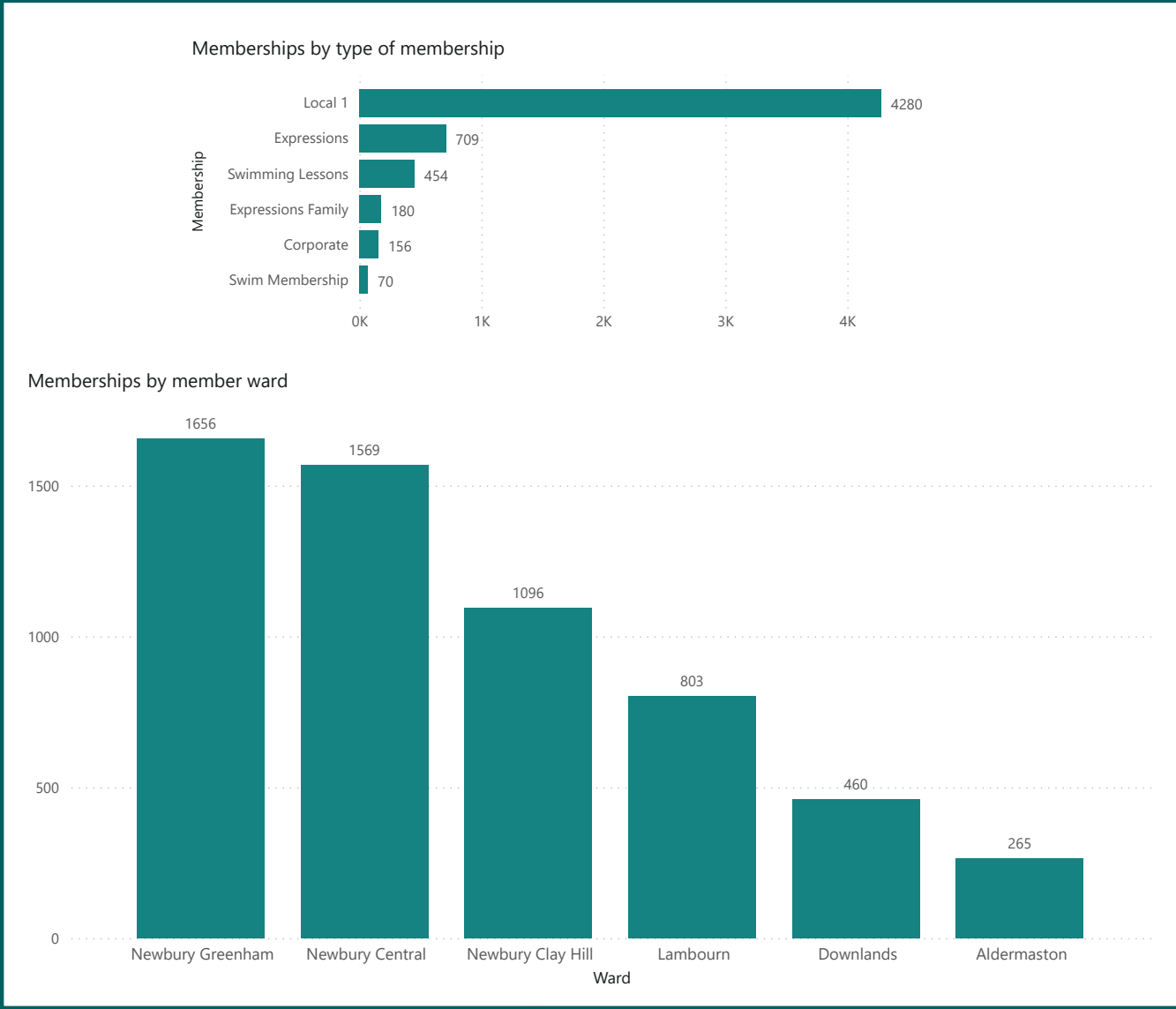
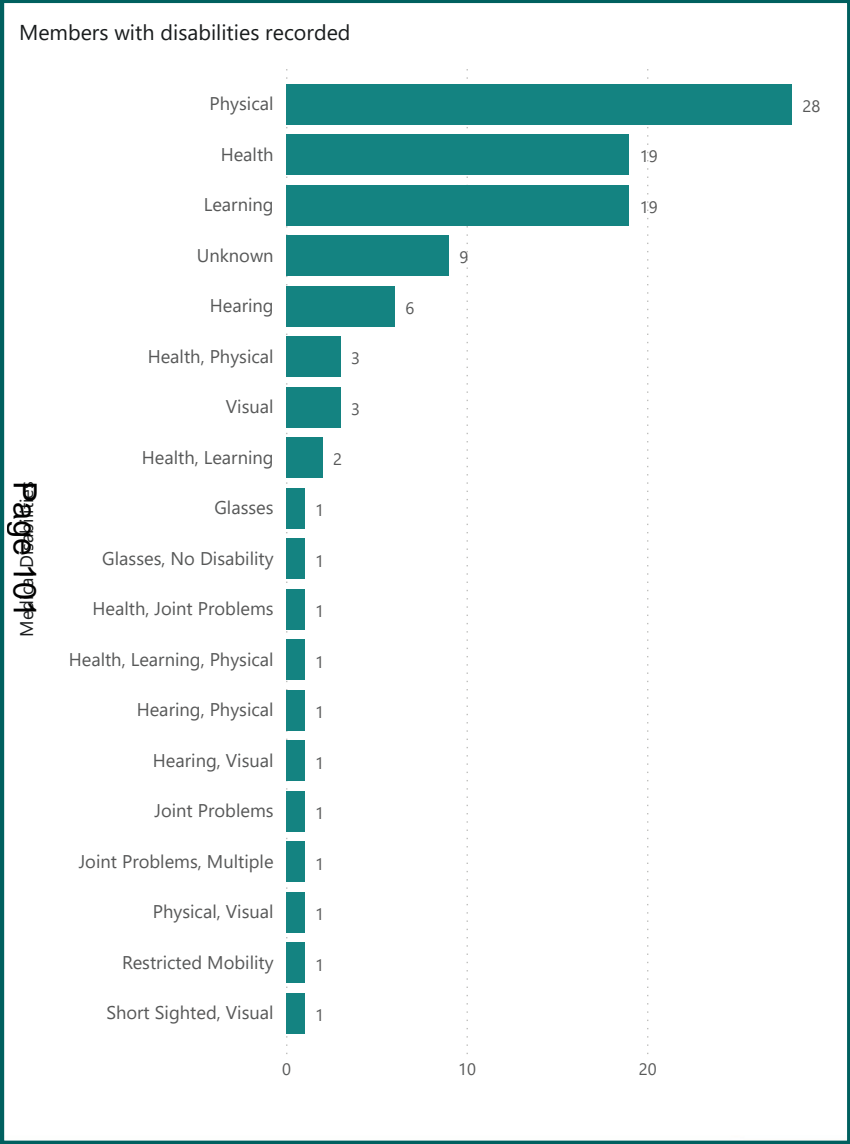
Activity by members during Oct-18



Activity by members during Oct-19



West Berkshire leisure centre activity analysis - Six most deprived wards

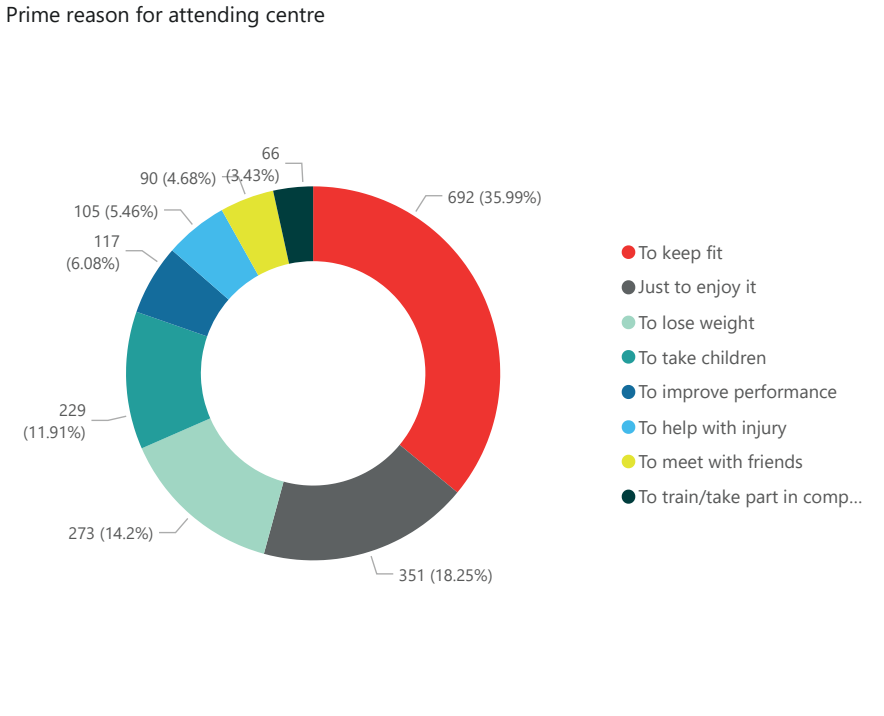
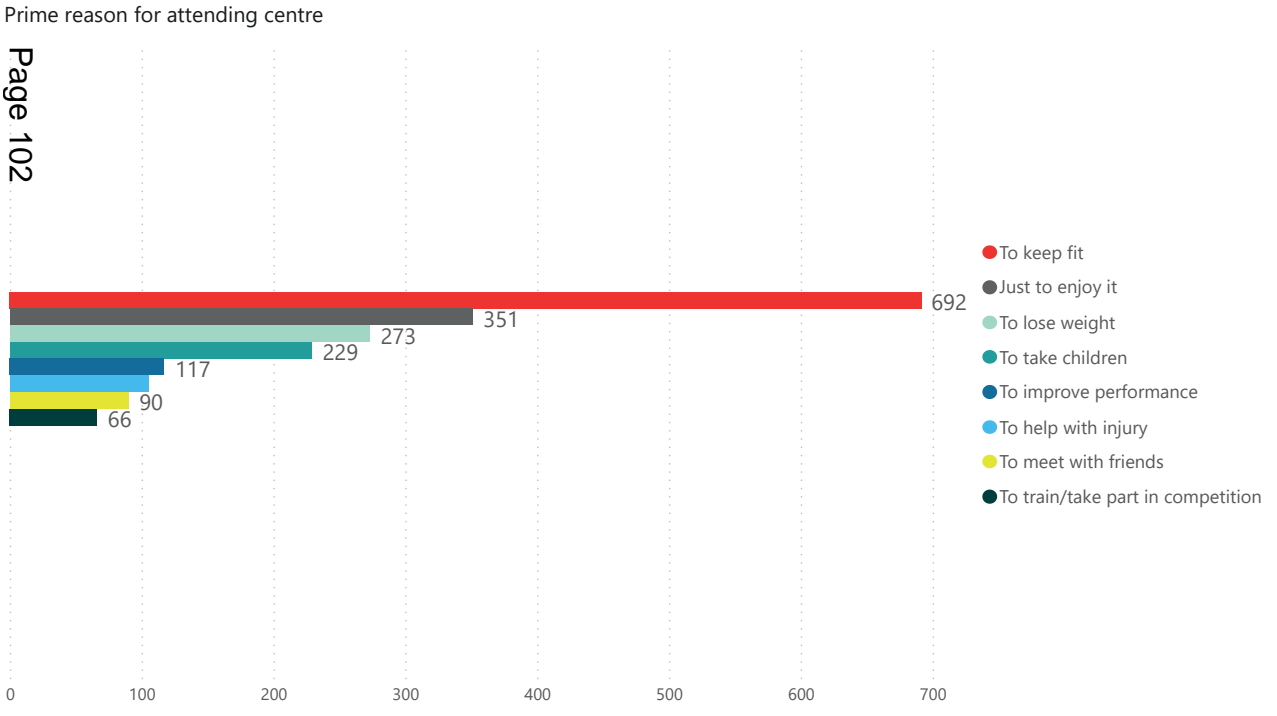


Project 100

West Berkshire leisure centre survey 2019 - All respondents

On average how often do you visit a West Berkshire leisure centre?	Cotswold Sports Centre	Downlands Sports Centre	Hungerford Leisure Centre	Kennet Leisure Centre	Lambourn Centre	Northcroft Leisure Centre	Willink Leisure Centre	Total
About once every two weeks	1		5	13	5	29	5	58
About once per month	4		6	22		43	15	90
About once per week	2	2	21	49	8	88	32	202
Less than once every six months	4	3	4	14	1	13	10	49
Less than once per month but more than once every six months	1	1	8	30	1	47	16	104
More than once per week	21	1	37	114	18	210	52	453
Total	33	7	81	242	33	430	130	956

On average how often do you visit a West Berkshire leisure centre?	%GT Response count
More than once per week	47.38%
About once per week	21.13%
Less than once per month but more than once every six months	10.88%
About once per month	9.41%
About once every two weeks	6.07%
Less than once every six months	5.13%
Total	100.00%



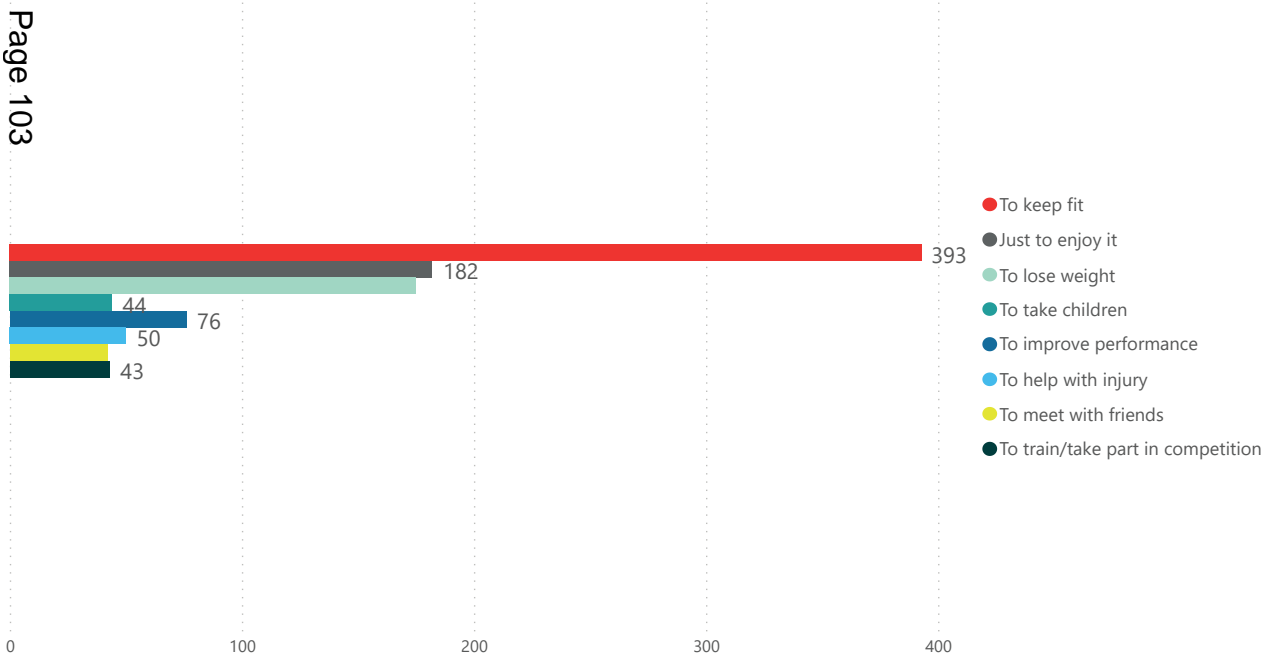
West Berkshire leisure centre survey 2019 - Current monthly members only

On average how often do you visit a West Berkshire leisure centre?	Cotswold Sports Centre	Downlands Sports Centre	Hungerford Leisure Centre	Kennet Leisure Centre	Lambourn Centre	Northcroft Leisure Centre	Willink Leisure Centre	Total
About once every two weeks				4	2	4		10
About once per month				7		8	3	18
About once per week			7	18	2	28	12	67
Less than once every six months			1	1			1	2
Less than once per month but more than once every six months		1	1	10			9	22
More than once per week	13	1	28	94	12	144	44	336
Total	13	2	37	133	16	194	60	455

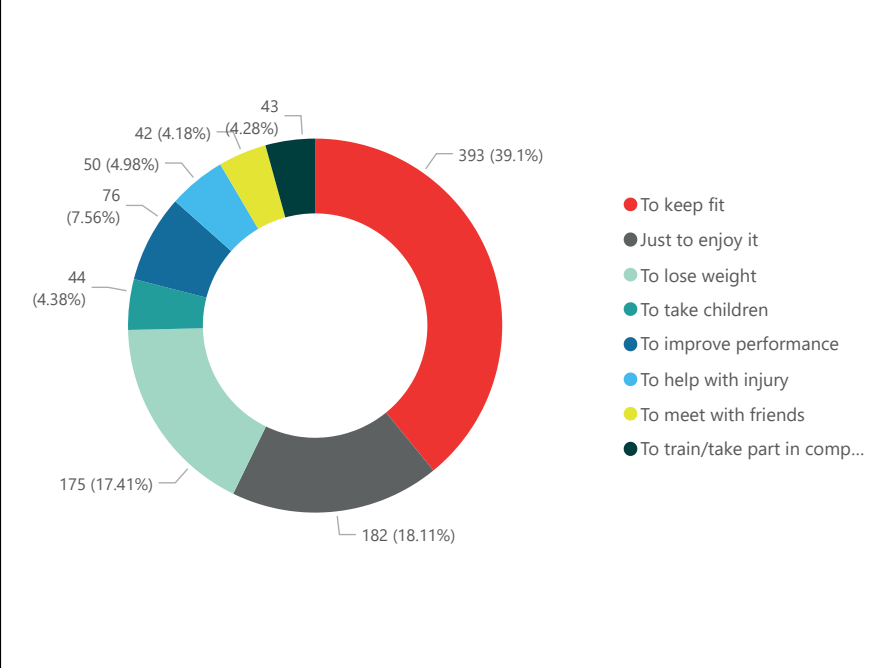
On average how often do you visit a West Berkshire leisure centre?	%GT Response count
More than once per week	73.85%
About once per week	14.73%
Less than once per month but more than once every six months	4.84%
About once per month	3.96%
About once every two weeks	2.20%
Less than once every six months	0.44%
Total	100.00%

Prime reason for attending centre

Page 103



Prime reason for attending centre



West Berkshire Leisure Centres

1. Location and Background

One of the key ways in which West Berkshire Council supports physical activities is through its seven leisure centres, including four indoor swimming pools and a lido. These are relatively

unique in that a regular membership is not a requirement (although memberships are available), to be able to access them. Figure 1 below, shows the locations of these facilities across the District.

The Council owns four wet and dry leisure centres at Northcroft, Kennet, Willink and Hungerford. Northcroft is a standalone facility, whilst the others were developed on school sites and are subject to Joint Use

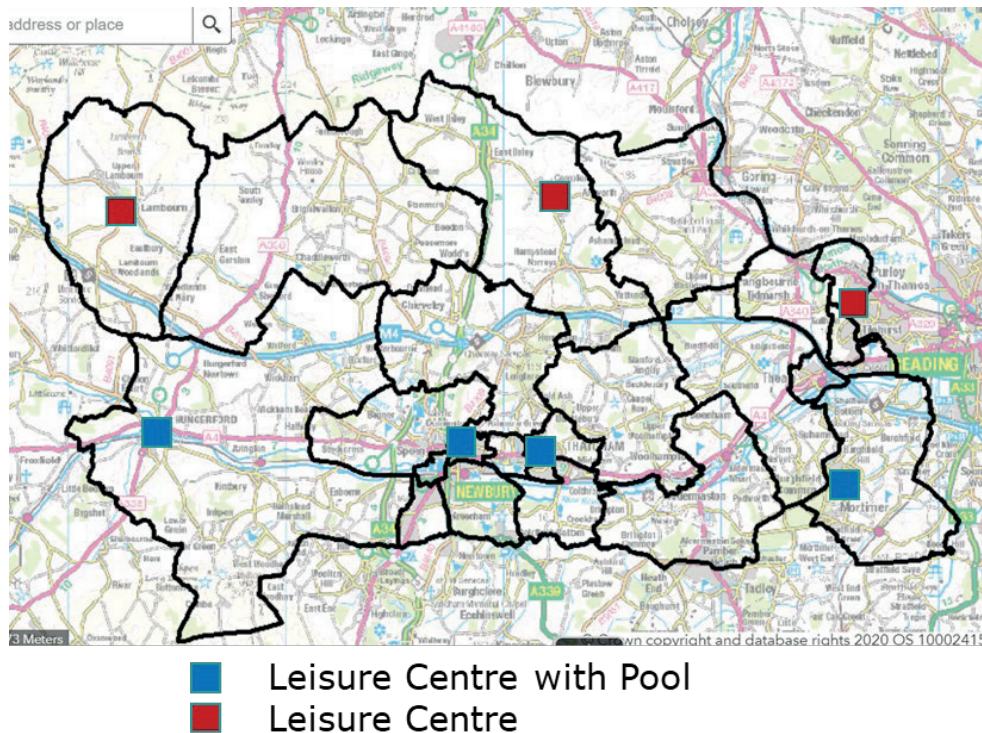


Figure 1 Location of facilities in West Berkshire

Agreements with the local town and parish councils and the schools. The other sites are dryside only facilities (no swimming pools). The Cotswold Sports Centre was developed by the local community and is owned by Tilehurst Parish Council and is leased to West Berkshire Council. The Lambourn Centre is a small facility owned by the Council but subject to a Joint Use Agreement with the Parish Council. Downlands Sports Centre is part of the Downs School in Compton and made available for community use in the evenings.

The facilities vary in age, with most of the sports halls on school sites dating back to the 1960s. The Northcroft Leisure Centre

was opened in 1980 on the site of the Lido which dates back to 1870. The indoor swimming pools all date to 1996/97 as part of a development programme at the time which included a full refurbishment of the Northcroft indoor pool. The Lambourn Centre was constructed on the site of a former village school in 1992.

The seven facilities are operated under a leisure management contract with Parkwood Leisure Limited, sublet to their charitable arm Legacy Leisure. The current contract commenced in 2007 and is due to expire in early 2023; a re-tendering of the contract is underway to procure a new leisure management contract scheduled to commence in April 2023.

2. Membership

Our leisure centres are well-places with respect to both population centres and levels of need, with the ten most deprived wards all being within easy reach of a leisure centre. Four centres are dual use sites, shared with secondary schools which limits their availability during the day for community use.

There is a strong geographic correlation, between membership levels and proximity to a leisure centre, with the exception of Tilehurst, where membership levels are very low. This may reflect the limited facilities available at the Cotswold Sports Centre and the proximity of alternatives in Reading.

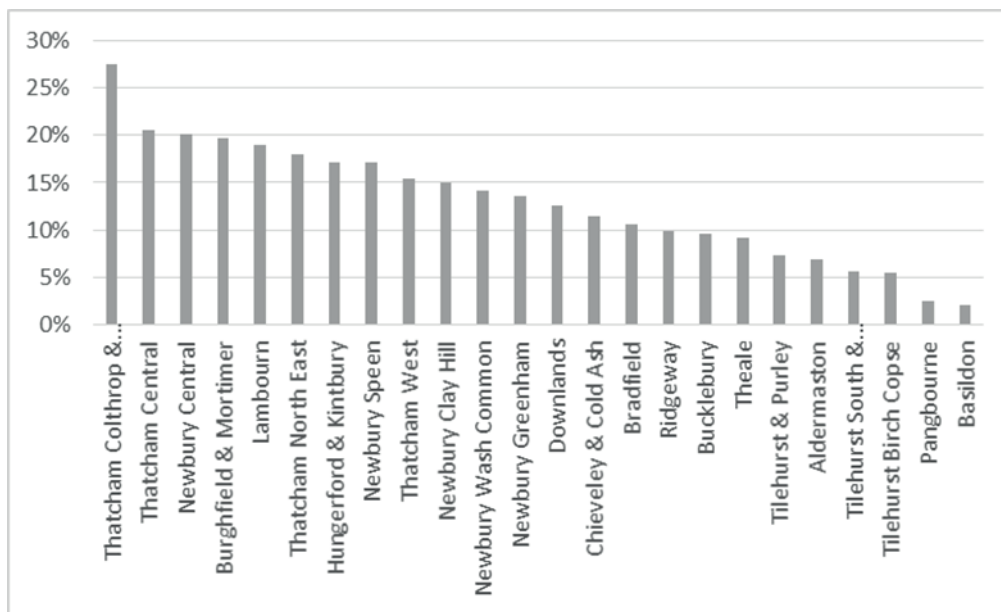


Figure 2 - Leisure Centre Membership Levels by Ward, as a percentage of the ward population (Source: WBC Leisure Centre membership data 2019)

3. Use

Leisure Centre use data for 2015-19 reflects a decrease in use. Although most 'dryside' activities have been relatively stable, swimming has declined. Decline in gym usage may reflect competition from the private sector. The growth in Activity for Health (classes available via GP referral, to help people manage or recover from an existing condition, or at risk of developing one) is encouraging, reflecting developing partnerships with Health bodies and voluntary groups.

At a national level, pre-Covid, demand for local leisure centres nationally remains

stable with customer spending levels increasing in 2018/19. It is still too early to assess the long-term impact of Covid, though the GBA data identifies a reluctance among some (particularly elderly) to re-engage because of the Covid risk. We have seen increased outdoor activity during lockdown as alternatives were closed, but it is not clear how far people will return to pre-Covid pursuits. Usage in West Berkshire has remained stable, pre-Covid, at just over one million annual attendances being recorded.

The 2019 Leisure Centre survey showed that frequency of visits was much higher for members than casual users.

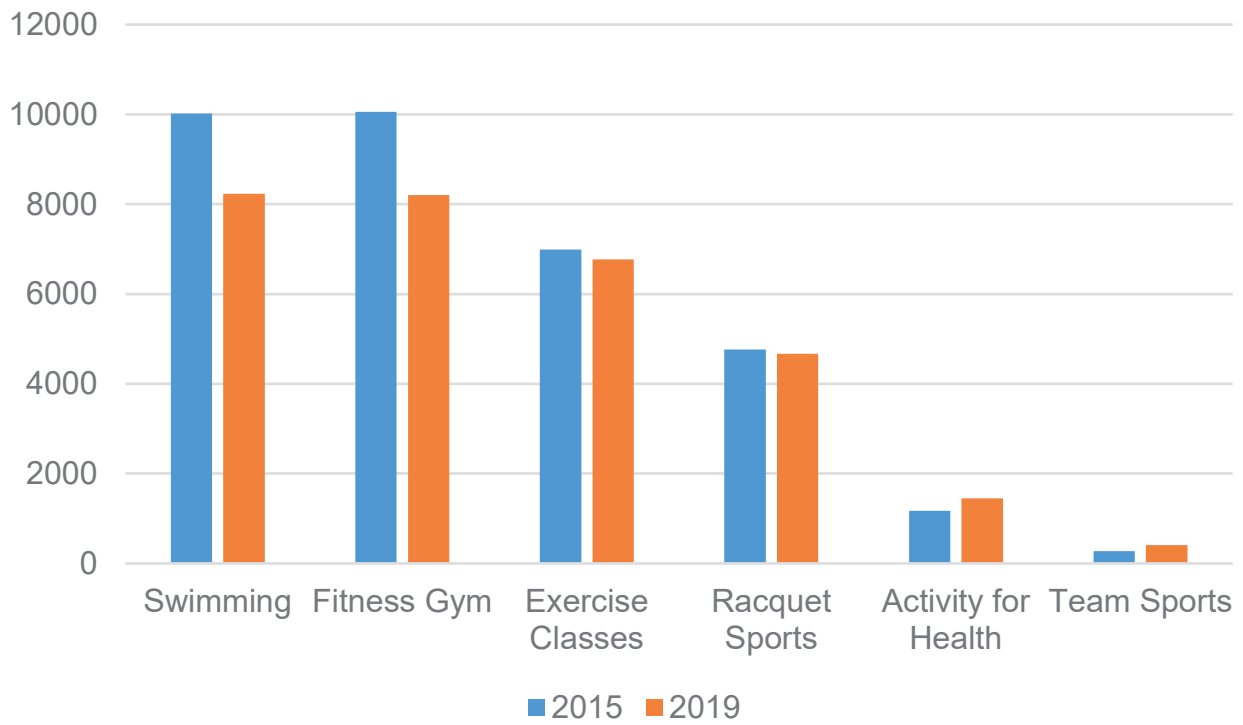


Figure 3 - Leisure Centre Usage by Activity 2015-2019 (Source: WBC Leisure Centre membership data 2015 /2019) Please note: The drop 2016 gym bookings was caused by a technical issue with entry system and does not reflect the true figures.

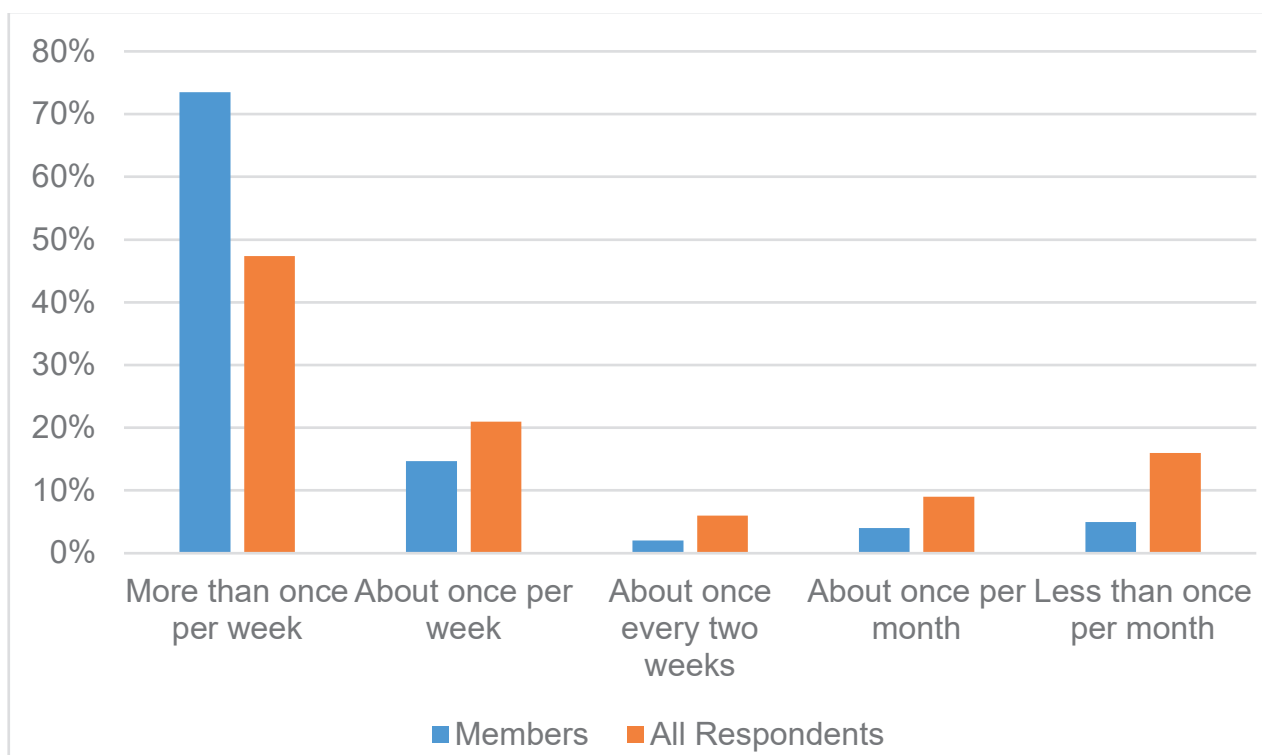


Figure 10 - Visit Frequency at Leisure Centres for Members and Casual Users (Source: WBC Leisure Centre membership data 2019)

4. User Satisfaction

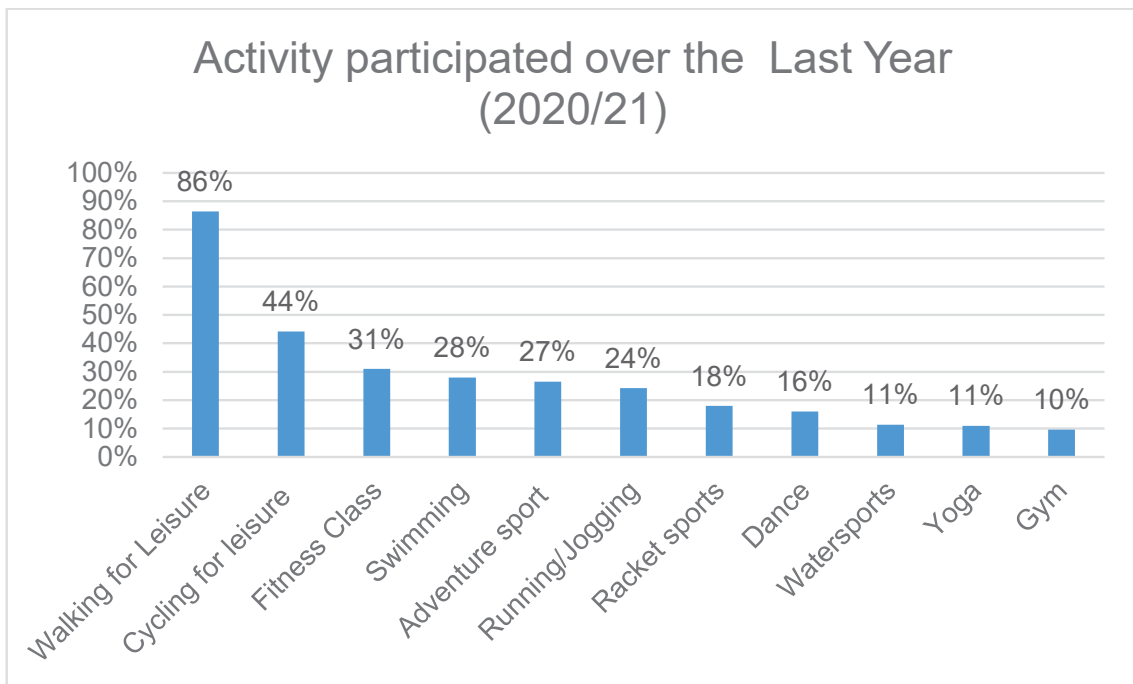
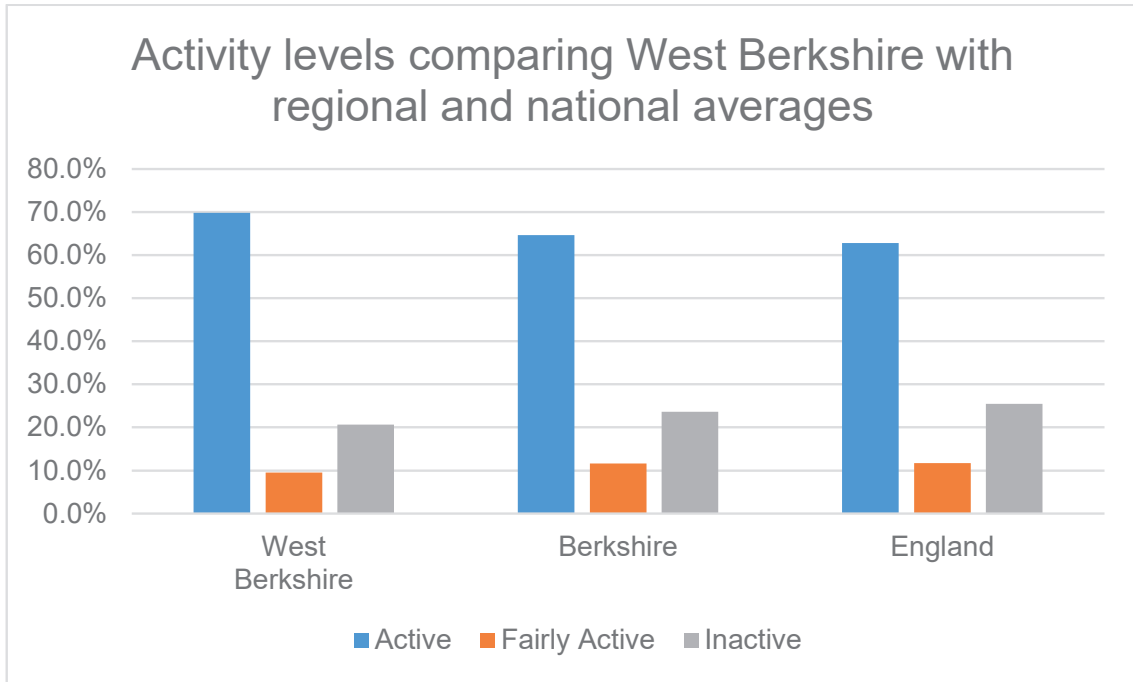
Nationally, it is reported that customer satisfaction across all local authority facility types (gyms, swimming pools and halls, for example) has declined in 2018/19, the first time this has happened in five years.

The Council's leisure management contractor carries out a biennial survey of customer satisfaction for the leisure centres. There was no 2021 survey due to Covid, so the most recent is from 2019. This showed improved levels of

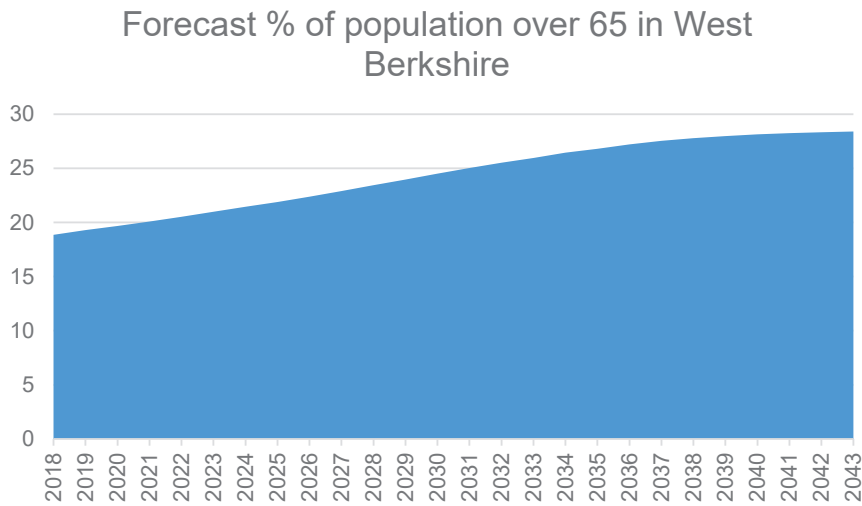
satisfaction, with 'overall satisfaction' for all sites at 91.4% of customers scoring this as 'Satisfactory' or above. The quality of staff and coaching, value for money and availability of activities all scored well. The areas of greatest dissatisfaction relate to cleanliness of changing spaces, which is a constant challenge for all providers. It is noteworthy that the scores for this at Northcroft increased significantly after the 2013 refurbishment, indicating that the overall freshness of the facilities has an impact on satisfaction.

1.3 National Data sets

1.3.1 Sport England



1.3.2 Office for National Statistics



Index of Multiple Deprivation: Health and Disability Rank. Ranked average by Ward in West Berkshire

Ward Name	Rank
Thatcham Colthrop & Crookham	24
Basildon	23
Chieveley & Cold Ash	22
Bucklebury	21
Downlands	20
Tilehurst & Purley	19
Ridgeway	18
Newbury Wash Common	17
Pangbourne	16
Thatcham West	15
Bradfield	14
Hungerford & Kintbury	13
Aldermaston	12
Newbury Speen	11
Tilehurst Birch Copse	10
Tilehurst South & Holybrook	9
Theale	8
Burghfield & Mortimer	7
Lambourn	6
Thatcham North East	5
Thatcham Central	4
Newbury Clay Hill	3
Newbury Greenham	2
Newbury Central	1

Appendix 2

West Berkshire Council approached Get Berkshire Active in July 2021 to undertake engagement work with specific hard to reach groups to help inform their new Leisure Strategy.

This report outlines the opinions of the organisations and individuals involved in the consultation process, it is a summary of a group of people who have experience working with the audiences identified. There are a huge number of other people that work in West Berkshire or with local residents and they may have contrasting thoughts on active leisure to those consulted with for this report.

The contributors were

- Age UK Berkshire
- Berkshire Youth
 - Bus of Hope
 - Educafe
 - Eight Bells
 - Mencap
- MNR Coaching
 - Spotlight
- West Berkshire Therapy Centre
- A group of Social Prescribers based in West Berkshire
- A Pastoral Development Worker

The aim of the sessions were to understand

- people's attitudes towards active leisure,
- the barriers preventing people from taking part
- and how to increase engagement and participation.

It was also hoped that any gaps in provision and the most popular activities could be identified and contributors were also asked about the impact of Covid-19.

The main audiences covered in this report are **children and young people, older people** and those with a **disability or long term health condition (LTHC)**.

On a smaller scale, there was engagement with groups that work with **women and girls, ethnically diverse communities** and those from **lower socioeconomic backgrounds**.

Get Berkshire Active conducted the sessions over a period of three weeks in September 2021. These conversations were held online and each participant was informed about the nature of the consultation and why it was being undertaken. A set of questions was asked in each session followed by further discussion based on specific points made.

When discussing active leisure with each organisation, key themes emerged that were relevant to several demographics but it was clear that everyone is different and the solutions to increasing active leisure won't work for every person at all times. Unsurprisingly an overriding message coming through was that a 'one size fits all' approach (even when applied to one of the audiences referred to above) would be ineffective.

A flexible, individual approach may be needed and for some, getting them involved in active leisure may be a slow process with a number of hurdles to overcome.

One Age UK Berkshire participant commented about the need to be flexible;

'it is not about service specifications, it's about meeting people's needs in the most appropriate way for those individuals...providing flexible solutions for them in terms of leisure going forward is really important.'

Some individuals also offered additional feedback which was not necessarily specific to the theme of the consultation and these points have been summarised in the Appendix.

Report outline

1. Attitudes towards active leisure; the importance of being active and reasons for participating	(2)
2. Barriers to active leisure	(3)
3. Inclusive or specific?	(9)
4. Barriers to organisations delivering activities	(10)
5. Popular activities and gaps identified	(10)
6. Impact of Covid-19	(11)
7. Conclusion	(12)
8. Appendix	(13)

1. Attitudes towards active leisure; the importance of being active and reasons for participating

There are a range of attitudes towards active leisure and opinions cannot be generalised; there isn't a common feeling among people of the same age, gender or cultural background. Those that participate are, as expected, more positive about being active and choose to do it. The organisations we spoke to felt that people want to be active as they realise how important it is for maintaining good physical health and some appreciate the mental health benefits as well;

'a lot of people want to be active as they know it's good for them physically and mentally' (Eight Bells).

For **older people** that attend activity sessions, they do so because they want to, often they have always been active;

'no one is prodding them with a stick, they're all keen to come' (Age UK Berkshire).

They participate because they understand the link between being active, keeping fit, staying healthy and having good mobility. It gives them physical and mental stimulation and they do it because

'they need to keep moving' (Pastoral Development Worker).

However, **older people** that do not participate in active leisure are often not motivated to do so, many don't feel capable of it and therefore it isn't a priority and they think due to their age, they are 'past it' and being active doesn't matter. Education and previous opportunities may have a role to play in this, people who participate may do so because

'they know the benefits of eating well and keeping active' (Age UK Berkshire).

For people with **disabilities** and **LTHC's** being active is less about leisure and more about improving physically and mentally, as well as losing weight. They are often active to help them be able to complete activities of daily living - life can be greatly affected when mobility is reduced. Many are trying to stop further deterioration and being active has a practical role;

'they're trying to recover some of what they have lost' (West Berkshire Therapy Centre).

The attitude of **children and young people** towards active leisure varies greatly; for some that are already involved in an activity or sport, they are keen to attend and are committed, whereas others may attend venues but take weeks to get involved. Social reputation also plays a part in the interest levels of some.

Participating for social reasons was a key theme across different demographics but it was felt this was particularly the case for **older** and **younger** age groups.

For many **children and young people** the activity is not the main draw but an additional benefit of attending a venue;

'for a large percentage they don't come for the activity, they come for their friends, they come because it's a safe space to be with their friends. The activity isn't necessarily always the main driver' (Berkshire Youth).

Once **children and young people** are involved in active leisure it is often the friendships that keep them there; they may think it is important to be active but it's the social aspect that gets them and keeps them involved. Some of them just see active leisure as something to do that's different to 'hanging out' so they would be unlikely to see a reason for it (such as being healthy) or recognise the benefits. Body image can act as a barrier for some **young people** but can also be a motivator for others.

For some **non-English speakers**, the social aspect of active leisure is significant because it has the added benefit of allowing them to practice speaking English, be involved in inclusive activities and interact with a range of people. It can be something to look forward to with purpose in addition to the health benefits.

The social side of being active can also be important for those with **disabilities** or **LTHC's** and some can find it beneficial to share their experiences of living with different conditions and how they cope.

Negative attitudes can be due to fear and feeling self-conscious, particularly for those with a high BMI and sometimes those that most need to be active don't prioritise it as they consider it too difficult;

'any initiatives that can show that physical activity is easily achievable and enjoyable (aimed at those who are not already super fit) would be a positive thing' (Social Prescriber).

Lack of motivation and confidence are discussed as barriers later.

2. Barriers to active leisure

For people that do not participate in active leisure the reasons are varied. Some are practical barriers which can potentially be solved, other barriers are far more complex and may take time and interventions to overcome. There are often multiple factors affecting an individual. The barriers identified during the consultation sessions have been broadly separated and solutions suggested by contributors where appropriate.

Consultation participants were asked to identify barriers specifically affecting different demographics and these have been included where commented on. However, one of the organisations acknowledged they need to look at ethnicity in greater detail; they work on being inclusive but recognise that this approach may not be suitable for everyone.

Some of the Social Prescribers said the majority of their referrals are for White British people so they do not have such a broad experience of working with **ethnically diverse communities** but this potentially highlights a different issue in terms of the need to widen referrals to all areas of the community.

2.1 Facilities

Location was the key barrier noted in relation to facilities; public transport can be an issue, particularly in some rural areas of West Berkshire so being able to get to facilities easily is essential. Some people do drive so a suitable car park is required, particularly for those with **disabilities** or **LTHC's**, but it was commented that often the less motivated people are less mobile so poor accessibility of venues can be an obstacle to participation.

Once participants have made it to the facility where they are to be active, the actual facilities are also important. Suitably accessible toilets are essential and the set-up of changing facilities can be important to **older people** as many prefer private cubicles.

Using facilities at or near Doctor's surgeries was suggested as most people in the community can get to these and one contributor commented that if a socially isolated person doesn't have many other links with their community, they are most likely to have contact with the Doctor so these venues could play a role in advertising and encouraging active leisure. It may be beneficial to connect active leisure with groups that are already running, coffee mornings for older residents for example.

Similarly, location is important for **children and young people** as they are reliant on public transport or their parents to drive them unless facilities are very local and they can walk or cycle. Good lighting and the availability of bike racks is crucial. Wherever they go they need to feel safe; it's hard to get them to engage if they don't feel safe and then leisure activities can be offered later.

For some **young people** it feels like there is nowhere to go, especially in the winter months and sadly being at home isn't a safe option for everyone. One contributor mentioned that facilities in public areas that are primarily for the use of **young people** have been locked due to the behaviour of some but this makes other **young people** feel physically excluded. For those who may have other personal barriers, such as poor mental health or shyness, they may be more likely to go to a local facility where they feel safe - having regular activity and consistency can help with this.

The booking process for activities and facilities can often be a challenge, especially if it involves booking online. This can be impossible for people without internet access (which is most commonly **older people**) but even for **young people** who typically have the ability to book online, they don't always want to book in advance or think far ahead about active leisure, they live in an 'instant world.' It can be complicated and a long process.

Ideally there would be greater flexibility in terms of booking and attending any leisure sessions such as not having to pre-book or commit to a number of weeks in advance. A drop in session was suggested which removes the barrier of having to book online and something could be organised in the centre of a town so active leisure is taken to where they are.

Where bookings need to be made, telephone numbers or different ways of booking, such as via social media, may be useful. Some of the older generation feel discriminated against as they are less likely to have online access. It shouldn't be assumed that everyone has digital access, a group such as the 'non digital task group' could help leisure providers understand how to reach people who are not online.

2.2 Not feeling welcome, feeling intimidated or like there is nowhere 'for them'

Feedback from the clients of West Berkshire Therapy Centre regarding using other facilities was that it was intimidating and they got 'funny looks.' For some people with certain **disabilities**, such as those who are blind, they don't feel they can safely exercise in other places without being frightened. Mencap had received feedback from their service users with **learning difficulties** that they did not feel welcome at facilities such as leisure centres and weren't encouraged to attend, feeling like the odd ones out;

'there's nothing specific for them, there is nothing they can go and do with a group of friends and feel part of, there's nothing to draw them and encourage them.'

Not feeling or being welcome was also said to be felt by many **children and young people**. They believe staff at leisure facilities have already made their minds up on how they will behave which creates hostility. It was felt by some that where there had been anti-social behaviour before, it was presumed that all **young people** would behave in that way and facilities had been locked, a multi-use games area in one example. They need to feel like they belong as many leisure centres don't see them as their customers. One organisation commented that they don't feel valued and that communities don't invest in **children and young people** anymore, although it was acknowledged that they need help making leisure activities sustainable.

It was suggested that leisure facilities need to consider what young people want or need as customers instead of them fitting in with what they run. It was felt there was a need for better customer service and training, at the moment the perception is they are *'adult facilities.'*

Leisure providers need to work alongside children and young people, to create a dialogue and to understand their needs to make them feel welcome. They also need to be consistent and persistent – it can take time to build trust and relationships. As one contributor from Bus of Hope said *'there are no quick wins.'*

Linked to this, it was suggested that staff that work at leisure facilities need to have a greater understanding of different people's needs so they can be more welcoming - training in this area may be beneficial. There may also be a need for improved staff training in accessibility and for leisure facilities to have a greater understanding of how to make participation more accessible for all. And if training of this nature has already been delivered, it's important to promote this and make it clear if/how specific audiences can engage with trained individuals and make use of the skills learnt. Some with LTHC'S or disabilities may want reassurance that staff are

'skilled in training those with a wide range of conditions and can suggest adaptations where appropriate' (Social Prescriber).

For those for whom English is not their first language, some need to be told about what active leisure is available face to face; they might choose to stay in their own communities and don't feel welcome at places where active leisure takes place so they need to be told and shown they are welcome.

Advertising and messaging needs to be clear about what is available and how to get involved.

On a similar point, for some families from different cultures who may not have lived in the area long, they may not be engaged in active leisure and it may be totally new to them. Further consideration is needed on how to engage with everyone in the community, not understanding the instructions in activity classes or understanding a flyer could be barriers to some if English is not their first language.

2.3 'It's not for me'

There was a consensus amongst the Social Prescribers and Age UK Berkshire that some people think active leisure isn't for them because they are too old, they have an illness or disability or think activities aren't suitable for their gender;

'I have many male patients who think that yoga is for women and women who don't think football is for them' (Social Prescriber).

Some people want to be active but don't know where to start because, as one Social Prescriber said, they are

'so far away from a starting point mentally and physically.'

Others worry about looking 'silly' and that everyone else will think they aren't doing it right.

For **older residents** who lack motivation, they can have the attitude of they are too old for it to matter and don't see what benefit they will get from it, others are in physical pain making it even harder to be active. The physical mobility of many people has declined during the pandemic, those who were previously mobile are now less so;

'for a lot of us our mobility has decreased, some are struggling' (Pastoral Development Worker).

Greater consideration may be needed with regards to messaging and promoting the point that everyone can be active and take part in leisure, it's not just for the already fit and healthy, no matter your age or ability there will be an activity for you and it can help with a variety of conditions. Some people with limited mobility do want to be more active but don't know how to be so it is important to help them find out what they can do and where.

Greater collaboration between organisations that work with different audiences or have knowledge in this area may be beneficial in understanding and highlighting suitable activities. Education for some audiences on the benefits of leisure and keeping active could help. Age UK Berkshire highlighted that the use of language is important and

'it's about treating people and supporting them to access activities and to get them motivated regardless of their age. Age is nothing to do with it.'

It was also noted by a participant that for some older people it is necessary to speak a little slower and clearer to make them feel welcome and to make participation more accessible.

The names of activities are also important, if something sounds more like exercise than leisure or fun it can put people off, using words like 'friendly walks' instead of 'health walks' was suggested.

Beginner sessions could help build confidence and there were a couple of comments regarding online activities and how they still have a place for some demographics; participating in your own home means there's less worry about what others think of you. For those with mental health conditions or those that don't want to leave the house, doing online activities at home can be a starting point with a pathway to progression.

2.4 Money

Finances and budgets were highlighted as a barrier for many people of all ages, genders and backgrounds and it often comes with other factors that make it more difficult for them to participate. There were mixed views on paying upfront for active leisure with some reluctant to sign up to a course and preferring to pay weekly, but for others a financial commitment at the start would encourage attendance. This highlights the need for flexible options and solutions.

Cost of activities is a barrier for many **children and young people**;

'there immediate question is how much is this going to cost...there's no way Mum and Dad will pay' (MNR Coaching).

Some do have disposable income but spending it on active leisure is not something that they are necessarily aware of; this links in with the feeling of activities not being 'for me' and for many **young people** it's not something they have done before. Bus of Hope highlighted that some don't have people around them that go to the gym or do water sports (for example) and need to be shown that there are alternative ways to spend their money and time - they would perhaps benefit from good role models.

It was noted that some **older people** are keen to attend things when they are free but lose interest when a cost to them is involved, they are often making choices between different activities and can't afford to do them all, even if they want to.

Active leisure that is affordable and accessible to all parts of the community would be beneficial and there also may be some work needed with young people who do have some disposable income but aren't spending it on leisure; better engagement with them highlighting the types of things on offer and the benefits of being involved may be a positive step.

Free taster sessions in different activities may be beneficial for all age groups so people can try things before making a commitment.

For people who need extra support, allowing them to bring a companion or carer for free and making this an easy process would also encourage participation.

2.4 Lack of knowledge about what's on

Several organisations commented on the lack of clear, easily accessible information about active leisure and what's going on in West Berkshire. Details are often out of date or inaccurate and this has been made worse by the pandemic. Even if there is the motivation to participate in active leisure, it can be hard to find what you want;

'they want to get out and they want to feel healthy again, and they know there's these things out there but actually trying to find them is a bit of a hassle' (Social Prescriber).

Digital exclusion has previously been mentioned with regards to booking and this can also be an issue when trying to find information on where to access leisure opportunities.

Better signposting is needed as well as up to date schedules and regularly updated pages on the West Berkshire directory. Information ideally needs to be in one place so organisations can direct people to the correct information and any literature needs to be dated so it is clear if it is currently running. Social media doesn't suit everyone but is useful for local residents to see what's going on as well as organisations that signpost to the public.

Contact numbers are helpful so potential participants can find out more if they want to and it's good to have a contact name so people know who they need to speak to. An opportunity to build a rapport with the deliverer was suggested as a good way to help newcomers take that first step to joining an activity. Flyers/notices can be useful if they are made accessible for a wide range of people, things such as the font and colour of text needs to be taken into consideration.

2.5 Lack of motivation/confidence

Some people haven't done much in the way of activities (or anything else) for the past 18 months and are reluctant to be out and around other people – concerns related to Covid-19 will be highlighted later. Regardless of the pandemic, many experience worries about going out, fueling their lack of motivation and confidence, particularly affecting those with **LTHC's**. This has been exacerbated by Covid-19 and these are often the people that would most benefit from active leisure. Others were motivated before but as their usual activities haven't been running they have got out of the habit and lost interest.

Many people are experiencing a lack of confidence due to lost physical ability;

'they [older people] are lonely and isolated in general, but they're also quite nervous about getting back up there and getting out. They don't have the physical ability that they had 18 months ago' (Social Prescriber).

For people with a **learning disability**, self-motivation can be an issue and they need the support and encouragement of others. Mencap commented that once people are participating the response is normally positive and they've had groups that have really enjoyed leisure activities but they need the push from their support networks to get involved (this is also highlighted in the next section).

For some with poor mental health, their condition can stop them from being able to go out even though they know they should, it can be a mental challenge to leave the house and they need support and encouragement to do so.

Suggestions were made as to how to help build confidence and motivation, including having a friendly facilitator for sessions or welcoming leader so attendees feel comfortable and know who to expect the next time. Consistency and a familiar face can be key for some people.

This is linked to the booking process and barriers outlined previously, providing a phone number for organisations or individuals to speak to to find out what to expect and who they will meet can be beneficial. Including a social element to any activity would be of benefit as this is one of the main reasons for participation for many.

As the social aspect of active leisure seems so important, having this at the start may help with providing a relaxing atmosphere to make people feel more confident and provide encouragement. It is important to build relationships between those attending and those running activities to develop trust.

For some **children and young people** there is a fear of 'looking silly' and others watching, partly due to body image and their self-perception. They have the idea that if they don't try something then they can't fail - they don't want to risk humiliation. It depends on what they are used to and what the people around them do, but some **young people** think they will be judged for doing leisure activities and have low self esteem.

Providing opportunities for young people to be active privately away from others may be key. One participant commented that 13 year old girls don't want to go to the gym with 13 year old boys, they want their own space.

2.6 Support Network

Lack of support to be active and to access leisure facilities was identified as a barrier for some groups. For some people with **learning difficulties** who are in supported living, they are reliant upon carers to assist them with participating in active leisure and to be motivated to do so. Service users may benefit from support staff understanding the benefits of being physically active.

They often need a 'push' from those around them which isn't always there but *'if you can find really motivated staff it will rub off on them'* (Mencap).

Some people with **learning difficulties** like to keep to their routines so if there isn't a continuation of encouragement and support they might stop a leisure activity and building activity around existing routines, visits to days centres etc. can be a challenge.

Age UK Berkshire need more volunteers to help support their activities; although they are able to attend sessions with some people it is not practical to go with them every time. As well as **older people** needing a wider support network they also need to develop the confidence to go out on their own which is linked to barriers previously mentioned.

Eight Bells work with people to build a support network around where they live. Ideally a lot of people need one to one support to go to things with someone else and to build a relationship.

Some people would like to participate in active leisure but worry about what their friends and family will think. Family initiatives may be beneficial to get different generations or a wider group of people involved, Educafe commented;

'sometimes you need to get one person interested and rest of their family and friends will follow.'

2.7 Too busy

Not having enough time was not stated as a key barrier for many of the audiences discussed in the consultation sessions but for a lot of parents, individuals with caring duties and working age people it can be hard to fit in active leisure.

Specific sessions for those with **LTHC's** is included as a suggestion in the next section but this idea is similar to the preexisting 'Activity for Health' programmes. One contributor told us of their personal experience with this service based at leisure centres and highlighted the issue that the sessions they were offered were all on weekdays during the day, which can be difficult for those who work full time or have other commitments.

Activity providers need to think about their schedules and how participants might fit leisure activities around a working day. Parents require greater flexibility as it can be hard to stick to routines and more family activities at weekends might be beneficial. The use of creches was also mentioned and can help with increasing participation.

3. Inclusive or specific?

A topic that was discussed a lot was whether people want to participate in sessions with other people 'like them' or would prefer active leisure to be fully inclusive with everyone attending together. Unfortunately there's no easy answer, people like to participate in different ways and everyone has individual preferences.

It was felt that some people would benefit from a leisure activity that was suitable for their **LTHC** so they can be told what is appropriate for them to do and they could receive support from their peers which would also be helpful for carers. It can benefit people to spend time with others who understand how their life is affected. A gym session for people with arthritis may be useful as an example, to allow them work out and do gentle exercise without feeling intimidated by others. Specific sessions might not suit everyone though. An example was given of a session for people with dementia; for some people with advanced stage dementia and their carers it might be good to attend activities alongside people with a similar condition so they don't feel out of place but others who are less advanced may find this intimidating. Some people don't like being 'labelled' as having a condition.

Marketing sessions 'for people with **LTHC's**' may be suitable as it keeps it broader and the mixture of people can work well. As mentioned previously, having a suitable facilitator or activity leader can really help - people need to feel welcomed. The activity isn't always as important as the people supporting the session and spending more money on the right coach/deliverer can be a good investment.

Another specific example was offering sessions to those with **LTHC's** who have had a recent hospital stay so once they've recovered they can find out what leisure activities are suitable for them;

'they are incredibly nervous about doing something where there may not be somebody with that specialist support if it's needed' (Age UK Berkshire).

It was suggested they could be given a prescription and told what activity is suitable for them, when it is on and all the relevant information. Sometimes there are too many options; specific, clear, simplified support is needed. Sessions for beginners involving different activities may give those who are less confident the ability to participate.

It was thought that some specific groups would prefer and benefit from sessions just for them, Mums and babies for example and women wearing clothing such as a hijab who were thought to prefer to stick to all female groups for leisure.
They need active leisure to be

'tailored to them, in a safe environment that doesn't contradict beliefs and values' (Educafe).

A suggestion was made regarding swimming for people with dementia and their carers or a session just for **older people** which has worked in other areas of Berkshire. A lot of people have swum in the past but don't feel able to go on their own as they get older or their health declines, so they need to build up their confidence in the water again and go with someone else. A quiet time just for the group would be required so it does need the support of leisure providers to facilitate this but it might be really beneficial in Age UK Berkshire's opinion;

'I think it would make a lot of people more comfortable and confident in going in.'

4. Barriers to organisations delivering activities

Many organisations would like to offer their members/service users more options for active leisure but cannot afford to and are unable to arrange everything for free or at very low cost, so finances are a key barrier. Several contributors felt they had people who wanted to do more activities but they require additional funding to recruit staff, instructors and volunteers, to hire suitable venues and to purchase the right equipment.

For the organisations that have more of a signposting role, their barriers are related to a lack of up to date information about what's going on.

The need for more volunteers is a barrier for some organisations; although this is something for them to tackle themselves, making it easier for people to attend leisure activities as carers would help. There is often a process for being identified as a carer but if it was more accessible for volunteers to take someone along to an activity (for free) to support them, this may make it easier for people to be active.

5. Popular activities and gaps identified

Most of the organisations involved in the consultation ran their own activities so could not specifically comment on why people did not get involved in other leisure pursuits but the barriers to general active leisure participation were discussed at length and have already been outlined.

Many of the leisure activities that the audiences get involved with are low intensity and gentle, low impact activities. They are often held in community centres or church halls but some people do attend West Berkshire Council facilities such as leisure centres. It was felt that some people don't attend leisure facilities or other activities outside of the organisation they are involved with because they prefer cheaper/free local sessions and/or they feel that the activity is not for them (as highlighted in previous sections).

For **older people**, activities like Tai Chi are popular as they improve strength and balance. Chair based activities such as yoga are also beneficial. Ideally any activities need to have a social element (tea and biscuits are also widely enjoyed!) Activity mornings held previously in other areas were mentioned as working very well, the [pre-pandemic] 50+ morning at Riverside Leisure Centre in Reading was mentioned as an example of good practice where people could go and try out different leisure activities or just have a chat. Walking for leisure is common for those who are able to do it. Some older people do feel confident in going swimming;

'I always really encourage people when they tell me they go swimming' (Pastoral Development Worker).

Sessions run locally that have been targeted as 'wellbeing sessions' were noted as being popular; although they involved seated exercise, this demonstrated how a simple change in language engaged the target audience successfully. There is interest from **older people** in West Berkshire in indoor bowls which there is provision for and popular in some areas and Steady Steps was noted as being enjoyed by those that can get to the venue.

As previously mentioned, sessions for people with **disabilities** or **LTHC's** may be beneficial and wanted by some. 'Dementia walks' that have been run locally have been positively received. They are inexpensive and good for participants physically, mentally and socially. Walks organised for older people in general were suggested, not just for those with dementia and their carers.

One contributing organisation felt there is a gap in provision for antenatal women - these are often privately run and can be expensive. There also appears to be a need for more activities for older men; some participants commented that they are often 'taken' by their wives so something specifically for them may be beneficial with darts and lunch clubs and table tennis highlighted as possible activities.

A couple of contributors felt that **women** can be encouraged more easily than **men**. Mindfulness sessions or activities like tai chi and pilates can be beneficial for a range of people but it was felt there are not enough of these and they are too expensive for many.

Children and young people are often attracted to new and exciting sports although others are happy to just run around with a ball. Some organisations who run sessions for this age group said they are more likely to get them involved in dodgeball, zorbing or dancing on Tik Tok than a traditional sporting activity.

Water based activities are popular but most often it is the **children and young people** that are already involved in them that are most keen and others will take a long time to join in. The new climbing facilities at Newbury's Waterside Centre are expected to be popular but the cost of qualified instructors may make sessions too expensive for some. As mentioned previously, some **children and young people** have little experience of leisure activities and have not had exposure to the variety that others have.

For those with **learning difficulties**, trampolining has been a popular activity in the past (the contributor had been led to believe that this had tailed off due to equipment requiring maintenance). Walking is also popular but needs to be a suitable length to meet their needs and badminton has also been of interest previously.

There may be a need for more activities for families. One Social Prescriber felt that provision for intergenerational activities would be beneficial and positive thing for parents;

'it's more fun and promotes health and exercise through activity. It can only be a positive thing, especially if they're working together as a group.'

The gaps in provision and activities suggested would require further research to understand the need in terms of location of such activities and actual demand for them.

6. Impact of Covid-19

In each of the consultation sessions the participants were asked about any key learnings from the pandemic with regards to leisure, activities, health and wellbeing and the comments focussed on the following themes:

6.1 Some people are nervous about doing things

Although many people have returned to the leisure activities they did before the pandemic, there are a lot of people that still feel nervous, scared or have lost their confidence;

'there is a small group who are still reluctant for various reasons, whether it be health or just nervous about the whole situation' (Age UK Berkshire).

Some of these people had a lack of motivation prior to Covid-19 but the past 18 months have made it worse, others have been shielding or are still highly vulnerable for health reasons. For those that were told to shield, they may just go back to what they did before rather than try new activities as it's not a priority;

'it's probably so far down your list of things to do.' (Age UK Berkshire).

At times during the pandemic it has been unclear about what restrictions mean for active leisure and what has been allowed to run, increasing anxiety for some who want to do the right thing (by following restrictions) but are unsure what they can do.

Some older people feel worried about catching Covid-19 and others feel worried about going out because they now feel unsteady on their feet.

6.2 Online activities

Many organisations brought in virtual online sessions for a range of activities and those we spoke to were no different. This was positive for some organisations; as well as keeping their members/service users busy during the periods of restrictions, it forced them to get involved with online technology. However, this did highlight the digital divide and acted as a barrier for some people during the pandemic. As previously highlighted, some organisations felt there was still a place for online activities, especially for those who find it difficult to get out physically or mentally and those who have transport issues.

6.3 Venues

Although many venues where residents take part in active leisure are now open, some are still closed and others have taken a long time to reopen. It has been challenging for those organising their own sessions to find places that are big enough to accommodate social distancing, with suitable access and facilities that allow enough people to participate and still ensures financial side of it works.

Everywhere has different Covid-19 regulations and people don't know what to expect so for those who are nervous about going out or experience a lack confidence this can add another barrier. This links to previous comments about messaging and ensuring people know what and who to expect to help make them feel comfortable.

7. Conclusion

Participating in active leisure and keeping physically active is seen as important by many people due to the health benefits provided and the social aspect of bringing people together. However, there are a number of barriers that affect different audiences and make it hard for them to be active. There are several key points and considerations to be taken from this consultation report:

- Suggestions that have been made on the location and accessibility of venues, the need for better customer service, well-trained staff to run/facilitate sessions, better messaging and advertising and activities tailored to specific audiences and their needs, are all linked to the requirement for individuals to **feel welcome** and that active leisure is **'for them.'**
- The social element of active leisure is important and can be a motivator in bringing people to physical activity and keeping them involved.
- A 'one size fits all' approach will not work; leisure opportunities need to be flexible and tailored to different audiences. Being inclusive and welcoming to all is essential but taking a more **specific approach** to meet the needs of a particular group can make active leisure **fully inclusive**.
- Support networks are important, whether those in the network are paid/unpaid/family members/role models, they all have a part to play in motivating the people they work with to be active and enabling them to participate in leisure.
- Better signposting on what's on, where, how to book on and who is running the session would be beneficial. Making it easier for people to book or giving flexibility in attending is also recommended.
- Covid-19 is still having an impact on a lot of people in terms of their confidence levels and ability to be active.
- It takes time and consistency to develop confidence and trust when working with some audiences, it is important to build relationships to encourage participation.

Get Berkshire Active would like to thank all individuals who have contributed this report who have given their time and honest opinions to provide a better understanding of the active leisure needs of West Berkshire.

8. Appendix

- A couple of organisations said they had been asked for their opinions before by West Berkshire Council (not related to this Leisure Strategy) but their feedback had not been listened to. One contributor felt there had been consultation work done with young people previously, that they repeatedly get asked the same things but their opinions were not valued.
- Other organisations were disappointed to have not been included in youth consultations and felt there were barriers stopping those they work with from having their voices heard.
- One participant thought that West Berkshire Council's strategies needed to be more joined up with different departments working together. They felt the Leisure Strategy needed to consider the objectives of other groups, such as the Health and Wellbeing Board.
- There is a gap in services for overweight people, particularly young people who do not get enough support; this is not necessarily a leisure issue but enabling them to better access services and be active is important.
- It was highlighted that there is some duplication with activities and it would be better for deliverers to coordinate schedules to spread sessions out across the week.
- Mencap expressed interest in collaborating with West Berkshire Council to develop a session for leisure provider staff on working with members of the public with disabilities.
- There was concern among some organisations about the future problems with older people who have lost mobility due to the pandemic; they believe there will be a lot of people who never return to 'normal' and will require a lot of NHS/social care in future.

Appendix 3

Facilities Planning Model

The Facilities Planning model (FPM) is a supply/demand gravity model to assess the strategic provision of community sports facilities in an area.

The tool was originally developed by the University of Edinburgh in conjunction with Sport Scotland and Sport England.

The FPM can be used as a principal planning tool to assist local authorities in planning for the provision of community sports facilities

In the case of West Berkshire, it has been used to assess future demand for swimming pools, sports halls and gyms based on population projections for 2021, 2028 and 2027.

A range of scenarios (runs) have been tested, including the opening of a new leisure centre in the East which would contain a main pool and teaching pool and sports hall, alongside the closing of some of the existing leisure facilities over this period.

Headlines

- Demand for swimming and sports halls remains largely unchanged for the period to 2037.
- For swimming pools, 93% of demand is met, and for sports halls 94% of demand is met.
- All of West Berkshire's population is within a 20-minute drive of a health and fitness gym. For 89% of West Berkshire's population, the nearest health and fitness gym is located in West Berkshire.
- There is no hotspot location for unmet demand.
- Unmet demand from lack of capacity is not an issue.
- Leisure Centre locations are in the right places for most West Berkshire residents.
- Of concern, is the age of stock.
- A high proportion of residents can afford to access commercial sites.
- Accessibility - 84% of residents access swimming pools by car and 5% by public transport.

Three Executive summary reports are included to show the results of the modeling for swimming pools, sports halls and fitness gyms.

1. Swimming Pools

Executive Summary

Introduction

- 1.1 West Berkshire Council is reviewing the current provision of swimming pools and assessing future demand and level of provision required to 2028 and 2037. The Council has commissioned a Sport England Facility Planning Model (FPM) local assessment to develop an evidence base and support this strategic planning.
- 1.2 The overall aims of the FPM assessments are to:
- Assess the extent to which the existing supply of swimming pools meets demand in 2021 across the West Berkshire Council area and a wider study area, which includes the neighbouring local authorities.
 - Assess the impact of population change from 2021 to 2028, and from 2028 to 2037, and the changes that the supply of swimming pools has on demand and its distribution across West Berkshire.
- 1.3 The FPM study builds a picture of change with assessments based on different runs. The assessments are catchment area based, so include the swimming pools and population across neighbouring local authorities (the study area).
- 1.4 The FPM modelling runs are:
- **Run 1** – Supply, demand, and access to swimming pools in **2021**. This run provides a baseline assessment of current provision and can be used to compare the findings on changes in the future.
 - **Run 2** – Supply, demand, and access to swimming pools in **2028**, based on the impact of the projected population change to 2028. This run assesses whether the demand for swimming pools across West Berkshire can be met by the current supply.
 - **Run 3** – Supply, demand, and access to swimming pools in **2028**, based on the impact that the projected growth in population has on the future demand for swimming pools and its distribution. This run includes the opening of a new swimming pool at Theale Green School in 2026. It provides an overall assessment on the future demand for swimming pools for **2028** with these changes to provision.
 - **Run 4** – Supply, demand, and access to swimming pools in **2028**, based on the impact that the projected growth in population has on the future demand for swimming pools and its distribution. This run includes the opening of a new swimming pool at Theale Green School in 2026 and the closure of the swimming pool at Willink Leisure Centre. It provides an overall assessment on the future demand for swimming pools with these changes to provision.
 - **Run 5** – Supply, demand, and access to swimming pools in **2037**, based on the impact of the projected population change to 2037. This run assesses whether the demand for swimming pools across West Berkshire can be met by the current supply.
 - **Run 6** – Supply, demand, and access to swimming pools in **2037**, based on the impact that the projected growth in population has on the future demand for swimming pools and its distribution. This run includes the opening of a new swimming pool at Theale Green School in 2026. It provides an overall assessment on the future demand for swimming pools with these changes to provision.
 - **Run 7** – Supply, demand, and access to swimming pools in **2037**, based on the impact that the projected growth in population has on the future demand for swimming pools and its distribution. This run includes the opening of a new swimming pool at Theale Green School in 2026 and the closure of the swimming pool at Willink Leisure Centre. It provides an overall assessment on the future demand for swimming pools with these changes to provision.

1.5 Table 1 summarises the swimming pool changes in Runs 1 to 7.

Table 1: Summary of Swimming Pool Changes in West Berkshire by Run 1

Swimming Pool Sites	Run 1	Run 2	Run 3	Run 4	Run 5	Run 6	Run 7
Theale Green School	closed	closed	open	open	closed	open	open
Willink Leisure Centre	open	open	open	closed	open	open	closed

1.6 The key findings for the FPM study are set out below:

Key Findings

1. In 2021, of the ten existing swimming pool sites, there is only one double pool site at Northcroft Leisure Centre, which has a teaching/learner pool.
2. Water space is highest in Runs 3 and 6 at 2,811 sqm of water, when Theale Green School swimming pool is included, and Willink Leisure Centre is open. The water space available for community use in the weekly peak period is 87.5% of the total supply at 2,464 sqm of water.
3. Inclusion of a teaching pool at Theale Green School doubles the number of dedicated pools and the capacity to provide for learn to swim.
4. West Berkshire’s demand for swimming pools is projected to be almost unchanged between 2021 and 2037, and is the equivalent of a reduction of 8 sqm. Population growth is not a driver of increased demand for swimming pools.
5. There is a loss of access to swimming pools for residents who walk in the south-east of the authority with the closure of Willink Leisure Centre. The FPM finding is that 11% of all visits to swimming pools are by walkers.
6. In all seven runs, over 93% of the total demand for swimming pools is met; and is over 94% in Runs 3 and 6, when Theale Green School swimming pool is included, and Willink Leisure Centre is open.
7. Eight out of ten visits by West Berkshire residents are to swimming pools in West Berkshire. Therefore, the swimming pools are in the right locations for the majority of West Berkshire residents.
8. Total unmet demand ranges from the equivalent of 100 sqm of water (Runs 3 and 6) to 109 sqm of water (Runs 4 and 7). For context, West Berkshire water space available for community use ranges from 2,061 sqm of water in Run 1, to 2,464 sqm of water in Runs 3 and 6.
9. Across all seven runs, lack of capacity is not an issue because 99% of the unmet demand is located outside a swimming pool catchment.
10. As an authority-wide average, West Berkshire swimming pools are estimated to be 50% full in the weekly peak period in Run 1, and 53% in Run 7. There is plenty of headroom before the Sport England comfort level of 70% of capacity used in the weekly peak period is reached.
11. In 2021, 15% of the estimated used capacity of West Berkshire swimming pools is imported, and this increases to 21% in 2037 when Theale Green School is open. The increase is because of the draw of a new swimming pool site.

2. Sports Halls

(To be finalised)

Executive Summary

Introduction

2.1 West Berkshire Council is reviewing the current provision of sports halls and assessing future demand and level of provision required to 2028 and 2037. The Council has commissioned a Sport England Facility Planning Model (FPM) local assessment to develop an evidence base and support this strategic planning.

2.2 The overall aims of the FPM work are to:

- Assess the extent to which the existing supply of sports halls meets current demand in 2021 across the West Berkshire Council area and a wider study area, which includes the neighbouring local authorities.
- Assess the impact of changes in population from 2021 to 2028 and 2037 and changes in the supply of sports halls has on demand and its distribution across West Berkshire.

2.3 The FPM study builds a picture of change with assessments based on different runs. The assessments are catchment area based, so include the swimming pools and population across neighbouring local authorities (the study area).

2.4 The FPM modelling runs are:

- **Run 1** – Supply, demand, and access to sports halls in **2021**. This run provides a baseline assessment of current provision and can be used to compare the findings on changes in the future.
- **Run 2** – Supply, demand, and access to sports halls in **2028**, based on the impact of the projected population change to 2028. This run assesses whether the demand for sports halls across West Berkshire can be met by the current supply

- **Run 3** – Supply, demand, and access to sports halls in **2028**, based on the impact the projected growth in population has on future demand for sports halls and its distribution. This run includes the opening of a new sports hall at Theale Green School in 2026 and the closure of the sports halls at Cotswold Sports Centre and Willink Leisure Centre. It provides an overall assessment on the future demand for sports halls with these changes to provision. Run 3 is the strategic assessment for **2028** with changes in sports halls supply.

- **Run 4** – Supply, demand, and access to sports halls in **2037**, based on the impact of the projected population change to 2037. This run assesses whether the demand for sports halls across West Berkshire can be met by the current supply.

- **Run 5** – Supply, demand, and access to sports halls in **2037**, based on the impact the projected growth in population has on the future demand for sports halls and its distribution. This run includes the opening of a new sports hall at Theale Green School in 2026 and the closure of the sports halls at Cotswold Sports Centre and Willink Leisure Centre. It provides an overall assessment on the future demand for sports halls with these changes to provision. Run 5 is the strategic assessment for **2037** with changes in sports halls supply.

2.5 The next section of the report provides the headline strategic overview, which includes the key findings and interventions arising from the FPM study on supply, demand, and accessibility.

2.6 The main report sets out the full set of findings under each of the seven assessment headings.

Headline Strategic Overview

2.7 The headline strategic overview is that the current supply of sports halls and the options for change can meet the West Berkshire demand for sports halls in 2021 and projected forward to 2028 and 2037.

- 2.8 The most important strategic finding, and which influences all the other findings, is that demand for sports halls by West Berkshire residents does not materially change between 2021, 2028 and 2037. The West Berkshire population is projected to increase by 3.0% between 2021 and 2028 and by 2.1% between 2028 and 2037).
- 2.9 The reason demand for sports halls does not change is because of the ageing of the resident population between 2021 and 2037. It is projected there are fewer residents in 2028 and 2037 than in 2021 in the main age bands for the highest sports hall participation (14-49 for males and 14-39 for females).
- 2.10 Therefore, the increase in demand from population growth is offset by the ageing of the resident population. The demand calculation includes both the existing population and the projected growth in population. The rate of participation is projected to be unchanged.
- 2.11 There is a decrease in demand in three other authorities from 2021 to 2028 and then to 2037, in Reading by 0.6% to 2028 and 0.4% to 2037, Basingstoke and Deane, 1.6% and then 1.1% and South Oxfordshire, 0.6% and 0.5%.
- 2.12 Demand for sports halls increases in four authorities, ranging from 0.3% by 2028 and 0.7% by 2037 in Wiltshire, to 5.6% by 2028 and 4.1% by 2037 in Vale of White Horse.
- 2.13 The options to close Cotswold Sports Centre and Willink Leisure Centre and open a new sports hall at Theale Green School (net reduction of 3 badminton courts), do not change the level of demand for sports halls which can met, or increase the level of unmet demand across the authority. Satisfied demand is over 94% of the West Berkshire total demand for sports halls in 2021, 2028 and 2037.
- 2.14 The sports hall options for change reduces the West Berkshire sports hall demand retained/met within the authority from 82% in 2021 to 79% in 2028 and 2037. However, this is still very high, and it means eight times out of ten the nearest sports hall to a West Berkshire resident is within the local authority. In short, the sports hall locations are in the right places for most West Berkshire residents.
- 2.15 Residents living in the area of the three sports hall options for change and who travel to sports halls by car, can access sports halls outside the authority, mainly in Reading. The new Rivermead Sports Complex, which has a six-court main hall, is scheduled to open in Spring 2023.
- 2.16 The West Berkshire sports halls, as an authority-wide average, are estimated to be 56% full in the weekly peak period in 2021, then 57% in 2028 and 2037. Used capacity is higher at most of the public leisure centres because (1) they have the highest accessibility for both sports club and public use; (2) they are available for daytime use, which is not possible at education venues during term time; and (3) the operators actively promote hall sports and physical activity participation, with a programme of use which reflects the activities and times that customers want to participate. For all these reasons, the public leisure centres have a 'draw effect', and most have higher used capacity. The Theale Green School sports hall has an estimated 100% of capacity used in the weekly peak period.
- 2.17 Of concern is the age of the sports hall sites. In 2021 the average age of the 17 sports hall sites is 28 years and the average age of the public leisure centre sites is 29 years. The oldest sports hall site is located at Park House School opened in 1961.
- 2.18 Eleven sports hall sites opened before 2000 and only four have been modernised, therefore, the ageing of the stock will decrease its attractiveness to participants and may reduce participation. Nearly all of the unmodernised sports halls are located on education sites.

- 2.19 Cotswold Sports Centre opened in 1982 (modernised in 2010) and Willink Leisure Centre opened in 1989 (modernised in 2001). Replacement with the option of a new sports hall at Theale Green school (modelled to open in 2026) will provide a modern sports hall offer for this part of the authority. The oldest unmodernised public sports hall is Northcroft Leisure Centre, opened in 1980 and which has the lowest estimated used capacity of the public leisure centre sports halls.
- 2.20 It may well be a challenge for education budgets to meet the cost of modernising sports halls. The recommendation is to secure community access at the education sports halls which provide the best offer for community use and thereby protect that supply.
- 2.21 A partnership of investment in return for securing community access through an agreement could be the start point. This will secure sports club and community group access for hall sports, with the wider recreational pay and play being provided at the public leisure centre sports halls along with sports club use.
- 2.22 It is also recommended that a review is undertaken of the existing community use agreements either secured by planning conditions, or through a Sport England Lottery Funding Agreement. These agreements should not be allowed to lapse otherwise the available supply will be reduced and impact on reduced participation levels.

3. Health and Fitness Gyms

Executive Summary

Introduction

- 3.1 West Berkshire Council is reviewing the current provision of health and fitness gyms. The Council has commissioned a Sport England Facilities Report and Access Analysis assessment to support its sports facilities strategic planning work and development of planning policies for Health & Fitness Gyms provision.
- 3.2 The overall aims of the work are to:
- Provide a 2021 baseline assessment for health and fitness gyms in the West Berkshire Council area, and the surrounding local authorities, which make up the study area.
 - Assist the Council in determining the scale of health and fitness gyms required in any new public leisure centre project, and the contribution to the overall viability of a new centre.

Key Findings

- 3.3 The key findings are:
1. Most of the West Berkshire health and fitness gyms opened pre-2000, with ten sites in the 1990s and eight sites in the 1980s. Only four of the total 32 West Berkshire sites have opened since 2010.
 2. There are six local authority sites with a total of 185 stations, equivalent to 18% of the total number of accessible stations. There is an average of 30 stations per centre. The largest site is Northcroft Leisure Centre with 52 stations, and the smallest is Jubilee Leisure Centre with ten stations.
 3. The commercial sector is the majority provider, with 11 of the 26 public accessible health and fitness gyms. They have 593 stations, 56% of the total number of accessible stations,

with an average of 54 stations per site. The biggest and most recent site to open is Pure Gym in 2020 with 220 stations.

4. The pattern of provision across the study area is different from West Berkshire, with a more recent supply of centres. In the study area, 79 centres opened in the 2000 decade (eight in West Berkshire) and 61 centres opened between 2010 and 2019 (three in West Berkshire).
5. West Berkshire has no lower super output areas (LSOAs) that are classified as the most deprived 10% nationally, which means it is more likely that residents will join and take out a membership to access commercial health and fitness gyms. There is a greater ability to pay in West Berkshire than in other local authority areas in England.
6. Northcroft Leisure Centre is the local authority centre with the largest number of stations (52) but only 0.4% of the population (561 people) live within its 20-minute drive time catchment because it is co-located with several commercial centres. This centre is also the oldest public leisure centre health & fitness gym (opened in 1980). If the membership levels and memberships per station for this centre are low, this could be explained by these findings.

Strategic Overview

- 3.4 From this supply and accessibility assessment, there are some trends that can be identified. West Berkshire's stock of health and fitness sites is quite old, with most centres pre-dating 2000.
- 3.5 There has not been the growth of low-cost health & fitness centres in West Berkshire as experienced in a lot of other authorities. Since 2010 only four centres have opened in West Berkshire, one of these being a commercial centre (Pure Gym, opened in 2020). This is a low-cost centre, and is also the largest in the authority with 220 stations. However, this does suggest that, given the minor

increase in sites overall, there is quite a settled pattern of health and fitness centre provision.

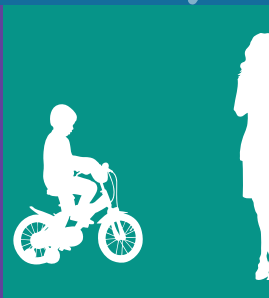
- 3.6 The trend in gym session participation reflects this settled pattern of provision. Over the first four Active Lives surveys from 2016 to 2020, participation was highest in the year November 2017/18, when 13.5% of adults participated in at least two gym sessions over the past 28 days but reduced to 9% of adults participating in the November 2019/20 year due to the restrictions on access to gyms caused by Covid-19.
- 3.7 It is better to take the longer term trend rather than review changes over one year. This shows that adult participation increased over the first three years of Active Lives surveys, and fell by 3 percentage points in the fourth year when compared with the first year. The longer term Active Lives findings do not suggest a trend of sustained increases in gym session participation.
- 3.8 It is important to compare the Active Lives trends for participation with membership levels for the local authority centres over the same time period to see whether there is any correlation, and also as a trend guide to future participation levels.

3.9 Of note is that only three of the 26 public accessible gyms have over 80 stations, which is a commercial benchmark level for provision. Most of the centres are in the range of 20 to 40 stations, with 13 sites in this range. These are mainly small scale local centres, and there are only two national health and fitness commercial providers, Nuffield Health with 124 stations opened in 1998 and Pure Gym with 220 stations opened in 2020.

3.10 The absence of more of the national commercial providers and larger scale sites also reinforces the view that provision in West Berkshire is settled in terms of supply and demand, with a network of local centres in the main settlements.

3.11 To reiterate, this is a 2021 baseline assessment for health and fitness gyms in the West Berkshire Council area and the surrounding local authorities.

3.12 Its purpose is to assist the Council in determining the scale of health and fitness gyms required in any new public leisure centre project, and the contribution to the overall viability of a new centre.



WBC/PP&C/JT/0222

This page is intentionally left blank

Health & Wellbeing Board – 19 May 2022

Item 15 – Members’ Questions

Verbal Item

This page is intentionally left blank

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 July 2022 - Board meeting					
Strategic Matters					
Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update	To provide an update on the formation of the new bodies at 'system' and 'place' level and associated strategy development	For information and discussion	12/07/2022	TBC	Health and Wellbeing Steering Group
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	12/07/2022	Tracy Daszkiewicz	Health and Wellbeing Steering Group
Joint Strategic Needs Assessment	To present the web-based Joint Strategic Needs Assessment	For information and discussion	12/07/2022	TBC	Health and Wellbeing Steering Group
West Berkshire Pharmaceutical Needs Assessment	To present the public consultation responses on the draft Pharmaceutical Needs Assessment	For information and discussion	12/07/2022	TBC	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	12/07/2022	Belinda Seston / 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	12/07/2022	Gordon Oliver	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	12/07/2022	Gordon Oliver	Health and Wellbeing Steering Group
29 September 2022 - Board meeting					
Strategic Matters					
West Berkshire Pharmaceutical Needs Assessment	To present the final draft of the Pharmaceutical Needs Assessment for approval	For information and discussion	21/09/2022	TBC	Health and Wellbeing Steering Group
Voice of Disability	To review progress in delivering the recommendations made in the Healthwatch VoD report	For information and discussion	21/09/2022	Andrew Sharp	Health and Wellbeing Steering Group
8 December 2022 - Board meeting					
Strategic Matters					
West Berkshire Vision 2036	To present the refreshed West Berkshire Vision 2036 document for approval.	For information and discussion	29/11/2022	Nigel Lynn / Catalin Bogos	Health and Wellbeing Steering Group
25 May 2023 - Board meeting					

This page is intentionally left blank