

Notice of Meeting



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Health and Wellbeing Board

Thursday 29 September 2022 at 9.30am
in Council Chamber Council Offices
Market Street Newbury

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

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Date of despatch of Agenda: Wednesday, 21 September 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, 29 September 2022
(continued)

To: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing), Belinda Seston (Berkshire West Clinical Commissioning Group), Supt Zahid Aziz (Thames Valley Police), Bernadine Blease (Berkshire Healthcare Foundation Trust), 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), Matthew Hensby (Sovereign Housing), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Garry Poulson (Voluntary Sector Representative), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (West Berkshire Council Executive Director, People (DASS and DCS), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing) and Steve Welch (Service Director - Communities and Wellbeing)

Also to: Dr Zakyeya Atcha (Public Health Consultant), Sarah Shildrick (Public Health Intelligence Manager), Gordon Oliver (Principal Policy Officer), Tom Dunn, Joel Mulimba (Healthy Dialogues) and Puja Patel (Healthy Dialogues)

Agenda

Part I

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Standard Agenda Items 1

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| 1 | Apologies for Absence
To receive apologies for inability to attend the meeting (if any). | 5 - 6 |
| 2 | Minutes
To approve as a correct record the Minutes of the meeting of the Board held on 21 July 2022. | 7 - 16 |
| 3 | Actions arising from previous meeting(s)
To consider outstanding actions from previous meeting(s). | 17 - 18 |

Agenda - Health and Wellbeing Board to be held on Thursday, 29 September 2022

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| 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 . | 19 - 20 |
| 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. | 21 - 22 |
| 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. | 23 - 24 |
| 7 | Membership of the West Berkshire Health and Wellbeing Board
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Items for discussion

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| 8 | West Berkshire Pharmaceutical Needs Assessment
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| 9 | Joint Strategic Needs Assessment
Purpose: To present the web-based Joint Strategic Needs Assessment. | 167 - 170 |

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| 10 | Rising Cost of Living Impacts
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| 11 | Homes for Ukraine - West Berkshire Update
Purpose: To update the Health and Wellbeing Board on the local response to and implementation of the Homes for Ukraine Scheme. | 179 - 184 |
| 12 | Arts and Culture Health and Wellbeing Projects
Purpose: To update the Board on health and wellbeing projects being delivered by the Arts and Culture Sector | 185 - 202 |
| 13 | Health and Wellbeing Board Conference
Purpose: To consider plans for the annual Health and Wellbeing Board Conference. | 203 - 206 |
| 14 | Health and Wellbeing Strategy Delivery Plan - Progress Report Q1 2022/23
To provide the performance dashboard for the delivery of the Health and Wellbeing Strategy Delivery Plan and to highlight any emerging issues | 207 - 234 |
| 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.
<i>(Note: There were no questions submitted relating to items not included on this agenda.)</i> | 235 - 236 |

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| 17 | Future meeting dates
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(All meetings to start at 09:30am) | 239 - 240 |

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.



West Berkshire
C O U N C I L

Health & Wellbeing Board – 29 September 2022

Item 1 – Apologies

Verbal Item

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DRAFT

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

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 21 JULY 2022

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing), Dr Zakyeya Atcha, Prof Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Andrew Sharp (Healthwatch West Berkshire), Andy Sharp (West Berkshire Council Executive Director, People (DASS and DCS), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Reva Stewart (Berkshire Healthcare Foundation Trust) and Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing)

Also Present: Gordon Oliver (Principal Policy Officer) and Tom Dunn (Zoom Host)

Apologies for inability to attend the meeting: Supt Zahid Aziz, Councillor Dominic Boeck, Matthew Hensby, Sean Murphy, Garry Poulson and Belinda Seston

PART I

17 Minutes

The Minutes of the meeting held on 19 May 2022 were approved as a true and correct record and signed by the Chairman.

A question was asked about the proposed programme of first aid training in schools. It was confirmed that this would be brought back to the September meeting, since school holidays would make it difficult to progress the action.

18 Actions arising from previous meeting(s)

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

- 191 – Councillor Jo Stewart to discuss the reporting timetable with the Mental Health Action Group.
- 198 – It was noted that It has been agreed in principal that defibrillators could be installed in the water safety facilities – options and costs were being considered.

It was highlighted that with the warm weather, people were using rivers for recreational swimming. Emergency lifebelts were being misused, which could jeopardise water safety. Also, there was a risk of deaths due to people hitting submerged objects and due to shock from the cold water. It was suggested that a public awareness campaign was needed. It was noted that the Royal Berkshire Fire and Rescue Service was visiting key locations and was working with partner agencies. The Water Safety Partnership, Thames Valley Police, Environmental Health and the Countryside Team had been involved in discussions. It was agreed that a multi-agency response was needed across West Berkshire.

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Action: Gordon Oliver to liaise with the Public Protection Partnership to arrange a coordinated response to water safety concerns.

19 **Declarations of Interest**

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

20 **Public Questions**

There were no public questions submitted to the meeting.

21 **Petitions**

There were no petitions presented to the Board.

22 **Membership of the West Berkshire Health and Wellbeing Board**

It was noted that on 1 July the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (ICB) formally came into being and the Berkshire West Clinical Commissioning Group (CCG) was absorbed into the ICB. Legislation had transferred duties of the CCGs to the ICBs, including membership of Health and Wellbeing Boards.

The terms of reference for the West Berkshire Health and Wellbeing Board required an ICB representative and West Berkshire Council representative in order to be quorate.

Members were asked to note that until October 2022, Belinda Seston and Dr Heike Veldtman would be the ICB representatives with Jo Reeves as substitute.

In the longer term, the link with the ICB would be via the Place Based Partnership. Once appointed, the Berkshire West Place Director would join the Health and Wellbeing Board, and a clinical representative would be designated. At least one additional substitute would also be sought.

23 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update**

Matthew Tait (BOB ICB Interim Chief Delivery Officer) presented the item on the BOB ICS update (Agenda Item 8).

He summarised his responsibilities, which included: planning and performance; lead on urgent care and elective care; and overseeing the place directors.

Over the last three months, there had been a focus on the technical establishment of the ICB, transfer of functions and staff from the CCGs. The ICB constitution had been signed off and the ICB had been formally established on 1 July 2022. A working group had been established to work up proposals for the Integrated Care Partnership (ICP).

It was explained that the ICP was a joint committee between local authorities and the ICB. The ICB was the NHS statutory body. PBPs would be created as sub-committees of the ICB. Work was ongoing to understand how these would relate to the Health and Wellbeing Boards, but it was acknowledged that there was a strong baseline of partnership working. The final element was Provider Collaboratives, with NHS providers, local authorities and the voluntary sector coming together to delivery joined up services.

The ICB Goals were highlighted, including: tackling inequalities, improving population health and healthcare, enhancing productivity and value for money, and helping the NHS to support broader social and economic development.

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Key roles of the ICB were: setting system priorities; orchestrating system working along whole patient pathways; allocating funding in line with the strategy; and earning a seat at the table by focusing on where the ICB could add value.

The Board met on 1 July 2022 to agree governance arrangements and receive various system level plans.

The ICB website was in development, only core information provided at this stage.

The ICB Board membership was detailed – this included: executives employed by the ICB; partner members from NHS trusts, primary care and local authorities; and non-executive members .

A high level strategy had been prepared on working with people and communities, which outlined a set of principles.

Place Based Partnerships (PBPs) were being developed and the ICB was keen to decision making as far as possible, since this would allow effective delivery, integration and work on wider determinants of health. These would build on existing partnerships.

A timeline was presented which showed how the focus was moving from technical tasks to developmental activities.

It was explained that Amanda Lyons was leading on strategy development. Initial work had focused on engagement and pulling together data.

A key focus of the strategy would be reducing healthcare inequalities. This would involve targeting areas of deprivation. It was noted that four out of the five local authorities were in the highest ranks in England in the overall health index.

ICP Strategy Guidance was awaited, but strategies were expected to consider the Joint Strategic Needs Assessments, the Health and Wellbeing Strategies and the NHS Mandate. New areas included: integrated commissioning, budgets, data sets, and health and care records.

The Chairman noted that the local authority representative on the ICB would be the Interim Chief Executive of Oxfordshire County Council who had a health background. Despite the timeline in the presentation showing 1 July as the deadline for the ICP and PBPs to be in place, these were not yet agreed. It was hoped that discussions could be concluded by October when the ICB Place Director was due to start.

It was highlighted that West Berkshire had two wards in the bottom two deciles for social deprivation, and so the approach may need to be focused on small pockets rather than wide areas. Members asked how these would be identified. It was noted that the small number was problematic in terms of detection and also in terms of self-perception.

Matthew Tait agreed that joint work would be required through the Primary Care Networks to better understand these populations and develop interventions.

It was noted that although West Berkshire was amongst the top performers in the Health Index, it fared less well in terms of healthy places.

Concern was expressed about the need for West Berkshire to have a strong voice as it would be competing with neighbouring local authorities. It was explained that the leaders of the five first-tier local authorities had met, as had the chairmen of the five Health and Wellbeing Boards. Efforts were underway to achieve aligned strategies and determine what should be delivered at system, place and locality levels. A conversation would be needed around how the PBP for Berkshire West would operate.

Tracy Daszkiewicz explained that the ICB was working with the three Directors of Public Health to look at how a data profile could be built. This would draw on the Joint Strategic

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Needs Assessment, population health management programmes and connected care. This would also help to understand how people accessed services and any related barriers. She welcomed the focus on health inequalities, but stressed that Public Health should have greater involvement. She highlighted the need to use data to generate intelligence and insights to understand what mattered most to local populations.

There was some discussion about how funding would be allocated across the health system. It was noted that a joint bid had been prepared that had targeted Oxford and Reading as the areas with the highest levels of deprivation. The five Healthwatches had argued that some funding should also go to the other local authorities, but this had been rejected.

Further detail was sought as to the identities of the ICB's non-executive directors.

Concerns were raised in relation to: Public Health being missing from / peripheral to key discussions; the need for a greater focus on prevention; and the fact that many West Berkshire residents used health services in neighbouring ICB areas and associated issues with transfer of patients records. A further point was made about explaining all acronyms in public meetings.

Matthew Tait indicated that further details would be circulated to stakeholders on the non-executive directors. (Details were available on the ICB's website: <https://www.bucksoxonberks.west.nhs.uk/what-is-the-icb/our-board-leadership/>). He also undertook to look at how Public Health Directors could be better engaged.

A point was made about the need to provide evidence that the experience was improving for the local population. It was recognised that there was a degree of distraction during the period of organisational change. The focus had been on maintaining services during the pandemic, but the focus had since switched to recovery and progress had been made on tackling the backlog in elective care. It was acknowledged that urgent care was very pressured, but additional resource was being put in place in preparation for the autumn / winter period.

It was recognised that the Berkshire West local authorities had contributed to the integration agenda by developing a Joint Health and Wellbeing Strategy and Members asked if the Health and Wellbeing Boards would have additional teeth to be able to get things done.

Matt Tait explained that Health and Wellbeing Boards were fundamental to getting the PBP relationships right, but it was acknowledged that further work was needed.

The Chairman noted that Health and Wellbeing Boards had statutory functions, but going forward there would be more synergy. Conversations were happening between the Health and Wellbeing Board Chairmen and there would be Health and Wellbeing Board representation at both system and place levels. There was also a Joint Local Health and Wellbeing Strategy across the three Berkshire West local authorities. He was hopeful that there would be population health benefits as a result of this synergy.

24 **Annual Report from the Directors of Public Health**

Professor Tracy Daszkiewicz (Director of Public Health – Berkshire West) presented the item on the Annual Report from the Directors of Public Health (Agenda Item 9).

It was highlighted that for sustainability reasons, the document would only be made available online.

Directors of Public Health could present reports on the state of the population's health in general terms or in a thematic way. The latest report focused on sustainability, climate change and food production and had been prepared as a pan-Berkshire report.

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Members were encouraged to share the report with their networks.

Since it was an online document, video case studies of local community groups had been included. These looked at where people could get sustainable food from as well as issues such as packaging and the impacts that farm-reared food had on the environment.

Members asked about how the report would be communicated to local residents and what the Council's Communications Team could do to support this.

It was explained that there would be more targeted communications activities in September, once the report had been taken to each of the Health and Wellbeing Boards.

A question was also asked about the impacts on the Public Health Service as a result of Slough Borough Council being declared bankrupt. It was noted that for pan-Berkshire initiatives and the Ukraine Homes project, colleagues from Slough were still taking part. However, it was suggested that the Director of Public Health for Berkshire East would be better placed to comment on the impact on local public health initiatives.

A comment was made about food sustainability being a global issue with poorer countries / populations being most adversely impacted. Concern was expressed that the report put the responsibility on individual action, but this was reliant on people having enough money to implement these actions. It was suggested that the benefits system needed to be changed.

Tracy Daszkiewicz acknowledged the points about global food production and distribution and stressed that food banks should not be the focus for supporting families in the UK. She recognised that there was a looming financial crisis which would have implications for food poverty and child poverty, and agreed that a wider system change was needed to support families in a meaningful way without judgement and stigma.

Members praised the report for being easy and enjoyable to read. It was recognised that the report gave practical advice to those who were able to act upon it, but there were many who would struggle to do so. It was also noted that a culture change was underway with many people already eating less meat. Praise was given to practical examples within the report where 'people power' could make a difference.

It was suggested that the advice within the report should be pulled out and communicated in bite-sized formats so people did not have to read the full report.

A question was asked about how the Directors of Public Health chose the theme for the annual report and whether it was tied into the Joint Strategic Needs Assessment. It was noted that the report's themes had not been discussed at previous meetings.

It was explained that topics were chosen because they were either very high-profile or had not had sufficient 'air-time'. Recovery from Covid through the eyes of children had been discussed as a possible future topic – this could be produced with local schools in a comic strip format and could be linked to the priorities of the Health and Wellbeing Strategy. Topics were currently determined solely by the Directors of Public Health, but it was suggested that the Board could be involved in deciding the themes of future reports.

It was noted that the report referred to reducing meat consumption and reducing food imports. It was asked if this would translate into policy changes in future.

Tracy Daszkiewicz commented that there was lots happening in this area globally, with food production and transportation being discussed at environmental summits. However, she noted that a lot of activity was consumer driven, e.g. the move to soft fruits and berries being available all year round. She indicated that the cheapest and healthiest option was to source food locally and to use as few ingredients as possible, avoiding processed foods. However, she recognised that this was an ideal solution, which would

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not suit everyone. She highlighted the impacts of farmed animals in terms of the agricultural land used and the methane emissions they produced. Additionally, she noted that much of the meat produced in the UK was exported to other countries. She suggested that consuming locally produced meat, farmed in ways that minimised environmental impacts could make a significant difference.

It was suggested that there should be Health and Wellbeing Strategy targets related to the Director of Public Health Annual Report.

25 West Berkshire Pharmaceutical Needs Assessment

Dr Joel Mulimba and Puja Patel presented the item on the West Berkshire Pharmaceutical Needs Assessment (Agenda Item 10).

It was explained that the Pharmaceutical Needs Assessment (PNA) was a statutory document that was produced every three years. A new version was due in October 2021, but this had been deferred by a year due to Covid.

The PNA was used to inform commissioning of pharmaceutical services and to support decisions about applications for new pharmacies or changes to pharmacy premises.

Data had been gathered from various national and local datasets, a survey of pharmacy contractors and a survey of service users and the general public. Existing and anticipated population demographics had been taken into account, as well as population health issues prevalent in the area. Various strategies and plans had also been reviewed including the Joint Strategic Needs Assessment.

Development of the PNA was overseen by a Steering Group with representation from Public Health Berkshire, the Local Pharmaceutical Committee, the Integrated Care Board, NHS England Pharmacy Team, the Local Medical Committee, Healthwatch and a patient representative.

A public survey was carried out between 13 January and 4 March 2022 to capture views on: frequency of use; accessibility; reasons for using pharmacies and protected characteristics. This had been disseminated on a whole population basis and a targeted population basis, with support from the a variety of organisations including West Berkshire Council's Communications Team, Healthwatch, the Volunteer Centre, Community United and Newbury College. Paper copies of the survey were offered in addition to the online survey and focus groups were offered to community groups.

256 residents were engaged. Overall, residents were happy with the services they received and most people chose their pharmacy on the basis of location. 98% of respondents took 20 minutes or less to reach their pharmacy. Most respondents visited their pharmacy once a month.

A contractor survey captured information about commissioned services that they delivered and services they would like to deliver. Responses were received from 19 out of 21 contractors.

The draft PNA went out for a 60 day public consultation on 10 June 2022. All statutory consultees had been invited to comment. The final draft would be taken to the Steering Group on 21 September 2022, before coming to the Health and Wellbeing Board for approval on 29 September 2022.

The Chairman noted that the document still had some references to West Berkshire as a borough rather than a district and asked for these to be corrected for the final version.

Members of the Health and Wellbeing Board were encouraged to provide feedback as part of the consultation rather than waiting until 29 September.

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It was highlighted that in the Health Index, one of the aspects where West Berkshire scored most poorly was the distance to pharmacies. However, the draft PNA suggested that there was good access to pharmacies.

It was explained that a national survey had shown that 95% of people could reach a pharmacy within a 20 minute travel time. This was agreed by the Steering Group as an appropriate measure for access in West Berkshire. It was also noted that some pharmacy provision was done through dispensing GPs.

The Board highlighted concerns expressed by the Local Pharmaceutical Committee (LPC) about workforce challenges faced by community pharmacies, and asked why these concerns did not appear to be reflected in the draft PNA.

It was noted that while this had been highlighted in surveys for other local authorities, it had not featured in the West Berkshire survey responses. However, Healthy Dialogues offered to discuss this with the LPC if it was considered to be an issue locally. It was acknowledged that that staffing had been an issue for many pharmacies during Covid.

Members asked if there was data on how pharmacies were being used and whether pharmacies had appropriate facilities (e.g. consultation rooms) to be able to take on additional work that would otherwise be done by GPs.

It was confirmed that the public survey had captured some data on how and when pharmacies were being used, and why people chose particular pharmacies. The contractor survey had been kept deliberately short to avoid over-burdening contractors during Covid. Information about facilities such as private rooms was not captured through the contractor survey, but it could be obtained through NHS England if needed.

Healthwatch indicated that they had been involved in the initial PNA work. Given how much services users relied on pharmacies and the potential for additional work to be handled by pharmacies in future, they felt that it was important to capture their views, but it was recognised that this was a complex topic. Questions were asked in relation to pharmacy provision for planned housing developments, and current workforce vacancy rates.

It was accepted that the PNA was a technical document, but this was necessary in order to meet NHS England's requirements and efforts to make it non-technical could risk the document being non-compliant. It was confirmed that planned housing developments were considered during the three year lifetime of the PNA. In relation to workforce, no significant issues had been identified through the contractor survey. Contractors had been asked if they had capacity to take on additional services and most had agreed that they did.

26 Suicide Prevention Strategy Update

Professor Tracy Daszkiewicz (Director of Public Health – Berkshire West) presented the item on the Suicide Prevention Strategy Update (Agenda Item 11).

It was explained that there had been a policy shift, which had taken account of research and data related to the impact of Covid on the level of suicides. Also, a new system had been developed around real-time surveillance that it was hoped could be adopted locally.

As part of the update, the intention was to overlay Public Health Strategy, taking into account social, economic and environmental factors and root causes of suicide, the triggers and key transition points in people's lives. The proposed review of the document would make it broader.

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It was also proposed to hold a suicide prevention summit in the autumn to launch the consultation on the refreshed strategy and secure greater partner buy-in to deliver suicide prevention across a broader range of policy.

The final updated strategy would be presented for adoption in spring 2023.

The Board noted that the Suicide Prevention Action Group (SPAG) continued to do all the practical suicide prevention group in West Berkshire. SPAG had a one day per week outreach worker who provided training courses. Two courses would be provided in the coming six week period, one of which would be aimed at the racing industry.

Members asked if there was any data being collected on suicides related to long-Covid.

It was confirmed that data was being gathered on people with long-Covid, but it was not being linked directly to suicide prevention. However, closer working with the Coroner's Office would help improve understanding the causes of deaths by suicide. Improved understanding about the factors that led to suicide would allow for more targeted interventions and support to be put in place.

It was noted that only 28% of people who died of suicide were known to services, which highlighted the importance of mental health first aid training so people were more aware of the signs and how to help. The Board had been unable to recruit a representative from local employers, but it was felt that a contact could be useful in communicating issues and potential interventions around mental health.

It was acknowledged that a challenge of home / hybrid working was that it made it harder for managers and colleagues to identify where individuals were affected by low mood. It was stressed that employers had a responsibility to check that staff were OK and had the opportunity to highlight any support that they might need. It was noted that death by suicide could appear to be very sudden. This was devastating for family members.

The work of SPAG was praised by the Board. However, it was suggested that there were still blocks in the system, such as GDPR issues preventing exchange of information. It was suggested that solutions be found for high-risk individuals so wrap-around care could be provided.

It was noted that some types of training were ubiquitous amongst employers (e.g. equality and diversity, safeguarding, manual handling, etc), but mental health training was not. Members asked whether something could be done with the Local Enterprise Partnership, Chambers of Commerce, and local business groups to encourage more employers to run courses.

It was agreed that bite sized sessions helped to raise awareness and opportunities should be taken to engage more people on these issues.

Councillor Jo Stewart had secured mental health first aid training for Council Members. She felt this was important due to the wide range of people that they dealt with. She worked with a charity who supported families of people affected by suicide, but noted that families often felt uncomfortable or embarrassed to talk about it, since they often felt that they were to blame or should have prevented it. She indicated that she would like to attend the summit.

The Chairman proposed to accept the report's recommendation. This was seconded by Councillor Jo Stewart. At the vote the motion was carried.

RESOLVED: That the Health and Wellbeing Board agree:

- to refresh the Suicide Prevention Strategy.

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- for the Suicide Prevention Partnership to arrange a summit for the autumn to launch a full consultation process into suicide prevention to further inform the Strategy refresh.

27 GP Numbers in West Berkshire

Jo Reeves (Newbury Locality Manager) presented the item on GP Numbers in West Berkshire (Agenda Item 12).

There had been a slight fall in GP numbers in Berkshire West and across the Buckinghamshire, Oxfordshire and Berkshire West Health System as a whole. However, the area still benchmarked well compared with neighbouring areas.

There was some optimism regarding the potential to retain the 25 GP trainees in Berkshire West.

Funding had been increased for the Additional Roles Reimbursement Scheme and this was being successfully used to increase numbers of staff in roles that offered direct patient care and relieve pressure on GPs and allow them to work at the top of their licence and work with those patients who had the most complex needs.

In summary, although there were still some recruitment and retention issues that affected GPs, overall workforce numbers were increasing.

Action: Questions relating to the GP Numbers report to be sent to Gordon Oliver.

28 Berkshire West Clinical Commissioning Group's Annual Report and Accounts 2021/22

The Board noted the Berkshire West Clinical Commissioning Group's Annual Report for 2021/22. Members were invited to make comments directly to the Integrated Care Board, which had replaced the CCG.

29 Members' Question(s)

There were no questions submitted to the meeting.

30 Health and Wellbeing Board Forward Plan

Members were invited to comment on the Health and Wellbeing Board Forward Plan.

Healthwatch West Berkshire highlighted that due to staffing issues, the Voice of Disability update would need to slip to the December meeting.

31 Future meeting dates

The Board was invited to note the dates of future meetings.

The Chairman indicated that he would be unable to attend the next meeting on 29 September.

(The meeting commenced at 9.30 am and closed at 11.31 am)

CHAIRMAN

Date of Signature

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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.	Steve Welch	WBC	Health and Wellbeing Board Meetings	In progress	To be progressed through the new Service Director of Communities and Wellbeing.
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	Complete (18/08/2022)	Rather than allocating ownership by priority areas, Development Plan actions have been allocated to sub-group leads and other partner organisations.
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	Complete (18/08/2022)	Delivery Plan outputs were reviewed post-conference and was presented to the Board in April 2022. Each action owner will identify their own quick wins for delivery with progress reported in the quarterly reports.
184	09/12/2021	Confirm representation on the ICB Board / ICP with Dr James Kent	Niki Cartwright	CCG	BOB ICS Update	Complete (22/07/2022)	The ICB has been formally established and had its first meeting in July. The structure of the ICP has been confirmed with the first meeting planned for September 2022.
191	19/05/2022	Provide an update on progress in relation to the recommendations from the Healthwatch report on CAMHS	Niki Cartwright	BHFT, ICB & WBC	Actions Arising from Previous Meeting(s)	In progress	It is proposed to bring a report to the December meeting. This will be informed by the Local Transformation Plan for CYP Mental Health, which is about to be updated.
193	19/05/2022	Discuss how best to engage Health and Wellbeing Board Chairmen	Councillor Graham Bridgman and Amanda Lyons	WBC & BOB ICB	BOB ICS Update	Complete (23/08/2022)	The HWB Chairs across BOB ICS met with Javed Khan in July 2022.
197	19/05/2022	Have a discussion with the Unified Executive about how they could be more agile and report back	Belinda Seston / Sarah Webster	ICB	Berkshire West PBP Transformation Programme	In progress	This will be addressed through the Place Based Partnerships, which will be developed following discussion at the Integrated Care Partnership
198	19/05/2022	Look at incorporating information on defibrillators into planned water safety events.	Sean Murphy	WBC	Response to Council Motion on Provision of Defibrillators in West Berkshire	Complete (04/09/2022)	Progressed through the Water Safety Partnership
199	21/07/2022	Liaise with the Public Protection Partnership to arrange a coordinated response to water safety concerns.	Sean Murphy	WBC	Actions Arising from Previous Meeting(s)	Complete (04/09/2022)	Water safety events held over the summer
200	21/07/2022	Consider at how Public Health Directors could be better engaged	Matthew Tait	ICB	Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update	Complete (23/08/2022)	The DPH are actively involved in a number of activities across BOB ICS for example leading ICP strategy preparation work and co-chairing the local health resilience forum.
201	21/07/2022	Healthy Dialogues to remove references to Borough from the PNA.	Dr Joel Mulimba	Healthy Dialogues	West Berkshire Pharmaceutical Needs Assessment	Complete (17/08/2022)	Changes made throughout the document.
202	21/07/2022	Healthy Dialogues to discuss workforce challenges with the LPC.	Dr Joel Mulimba	Healthy Dialogues	West Berkshire Pharmaceutical Needs Assessment	Complete (17/08/2022)	This was discussed with the LPC at the Steering Group
203	21/07/2022	Questions relating to the GP Numbers report to be sent to Gordon Oliver.	All HWB Members	All HWB Members	GP Numbers in West Berkshire	Complete (31/08/2022)	Reminder sent 18 August. No questions received.

Last Updated:20/09/2022

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Health & Wellbeing Board – 29 September 2022

Item 4 – Declarations of Interest

Verbal Item

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Agenda Item 5

Public Questions to be answered at the Health and Wellbeing Board meeting on 29 September 2022.

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.

(a) Question submitted to the Integrated Care Board representative by Richard Westell:

“With all these new houses being built in Newbury, Thatcham and many other areas of West Berkshire, how many more doctors are being recruited and doctors’ surgeries being built - some doctors have 2,600 patients on their books and are stretched to the point of suicide - what is being done about this?”

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Health & Wellbeing Board – 29 September 2022

Item 6 – Petitions

Verbal Item

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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 Owen Jeffery
Cllr Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Andy Sharp	WBC Executive Director, People (DASS and DCS)	Pete Campbell, Paul Coe
Steve Welch	WBC Service Director – Communities and Wellbeing	April Peberdy
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Tracy Daszkiewicz	Director of Public Health, Berkshire West	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Bernadine Blease	Berkshire Healthcare Foundation Trust	Helen Williamson
Belinda Seston (Vice Chairman)	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)	Jo Reeves
Dr Heike Veldtman	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (2)	
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	

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West Berkshire Pharmaceutical Needs Assessment

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Dr Zakyeya Atcha

Report Sponsor: Prof Tracy Daszkiewicz

Item for: Decision



1. Purpose of the Report

The West Berkshire Pharmaceutical Needs Assessment (PNA) is presented to the Board for approval. This is a statutory requirement every three years and was deferred to this year due to Covid-19.

2. Recommendation(s)

The Health and Wellbeing Board is asked to approve the statement of need for pharmaceutical services for the West Berkshire population to cover the period from 1 October 2022 to 30 September 2025.

3. Executive Summary

3.1 Following conclusion of the stakeholder consultation, the attached final statement of need for pharmaceutical services.

3.2 The report highlights that the 21 existing pharmacies in West Berkshire and 11 pharmacies within a mile of the bordering areas provide adequate community pharmacy services for the needs of West Berkshire population

4. Supporting Information

4.1 Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- (1) Inform local plans for the commissioning of specific and specialised pharmaceutical services
- (2) Support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England services which may impact the need for pharmacy services.

4.2 Highlighted issues include:

- (1) That given the rurality of the district, those living in rural areas who also lack access to private transport will have issues when it comes to accessing to health and social care.

- (2) In addition, some of these are likely to be older residents who will have high health needs.

5. Options Considered

- (1) The Health and Wellbeing Board could approve the PNA as presented. This is the preferred option.
- (2) Alternatively, the Health and Wellbeing Board could choose not to approve the PNA and request further changes. This is not the preferred option, since it would incur delay and the Board would fail to comply with the statutory requirement to adopt an updated PNA by 1 October 2022.

6. Proposal(s)

The proposal is to approve the PNA as presented, which would ensure that the Board discharges its statutory requirements within the required timescale.

7. Conclusion(s)

- 7.1 This PNA has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for the residents of West Berkshire, with no gaps in the current and future provision of these services identified.
- 7.2 No services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

8. Consultation and Engagement

- 8.1 A patient and public engagement survey was carried out in February 2022. Of the 256 people who responded, most were happy with the services provide and chose their pharmacy based on location and parking. This was similarly expressed across the responders with protected characteristics
- 8.2 Statutory stakeholders consulted on the draft PNA included:
 - (1) Local pharmaceutical committee
 - (2) Local medical committee
 - (3) Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board
 - (4) Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any
 - (5) Pharmacy contractors that hold a local pharmaceutical services contract with premises that are in the health and wellbeing board's area
 - (6) Healthwatch, and other local patient, consumer, community groups
 - (7) Local NHS trusts/NHS foundation trusts
 - (8) NHS England and NHS Improvement, and neighbouring health and wellbeing boards

9. Appendices

Appendix A: West Berkshire Pharmaceutical Needs Assessment (2022 – 2025)

Background Papers:

None

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 ensuring the pharmacy services needs of the West Berkshire population has been considered based on current needs and expected future needs from the service. Population health and accessibility to services.

Appendix A



WEST BERKSHIRE

PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025

Executive summary

Introduction

Each Health and Wellbeing Board (HWBB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the West Berkshire residents and whether there are any gaps, either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Service and Other Services including Advanced pharmacy services and other NHS Services. These are services commissioned by NHS England, West Berkshire Council, or Berkshire West CCG¹.

Methodology

It is a statutory responsibility of all Health and Wellbeing Boards to produce and maintain a PNA for their area.² The next PNA is required to be published by 1st October 2022.³ Healthy Dialogues were commissioned by the Berkshire East Public Health Hub on behalf of the six local authorities in Berkshire to undertake this process.

¹ NB: Berkshire West CCG that was in place at the time of writing this PNA has now been dissolved. From the 1st July 2022 it has been replaced by a new organisation, Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Group.

² NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

³ Department of Health & Social Care (October 2021) Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards.

In December 2021, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations, as strongly advised in PNA guidance.

The process included:

- a review of the current and future demographics and health needs of West Berkshire population determined on a locality basis
- a survey to West Berkshire patients and the public on their use and expectations of pharmacy services
- a survey to West Berkshire pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in West Berkshire
- a 60-day PNA consultation that ran from the 10th June to the 9th August 2022.

The final PNA report will be taken to the West Berkshire Health and Wellbeing Board for sign-off before the 1st October 2022.

Findings

Key demographics of West Berkshire

West Berkshire is a large rural unitary authority in Berkshire with pockets of high population density in the south and east regions of the district. It has an estimated 158,465 people living in the district (ONS, mid-2020 population estimates). It also has a relatively older population with a median age of 43.8, and the over 65 age group is expected to increase by 6.6% in the lifetime of this PNA (ONS, 2018 population projections).

Due to the rurality of the district, those living in rural areas who also lack access to private transport will have issues when it comes to accessing to health and social care services which may impact the need for pharmacy services. In addition, some of these are likely to be older residents who will have high health needs.

Key health needs of West Berkshire

Overall, life expectancy in and healthy life expectancy are high in West Berkshire. However, females will, on average live for 19 years in poor health, males for 13 years. There is also inequality in life expectancy between those living in the most and least deprived areas of the district. Health risk behaviours such as smoking, drug misuse, harmful drinking and physical

inactivity are low in comparison to regional and national figures. Additionally, prevalence of chronic and common health conditions such as circulatory diseases, cancer and respiratory diseases is also low in comparison to regional and national figures (OHID, Public Health Outcomes Framework, 2022). Estimated levels of depression are higher than national figures, particularly within Thatcham Town and Thatcham West (House of Commons Library, 2021). However, it should be noted that these estimates may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in prevalence.

Patient and public engagement

A community survey was disseminated across West Berkshire. 256 people responded to tell us how they use their pharmacy and their views on specific 'necessary' pharmacy services.

Overall, participants were happy with the services their pharmacy provided. The most stated reasons people used their chosen pharmacy were location and parking. They preferred times to visit pharmacies were during weekdays and during normal working hours. Nearly all (98%) of respondents find their journey to reach a pharmacy takes under 20 minutes, most of whom were satisfied with that journey.

There were no substantial differences between protected characteristic groups in terms of their use, reasons for their chosen pharmacy and expectations in their local pharmacy provision.

Statements on service provision

There are 21 community pharmacies located within West Berkshire. There are a further 11 community pharmacies located within a mile of West Berkshire's border.

This PNA has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the West Berkshire population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

Pharmacies are located across rural areas and areas of high density. There is good provision of community pharmacies in West Berkshire during normal working hours and adequate provision outside normal working hours.

This PNA has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for the residents of West Berkshire with no gaps in the current and

future provision of these services identified. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

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Chapter 1 - Introduction

What is a pharmaceutical needs assessment?

- 1.1** A PNA is the statement of the needs for pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. This PNA describes the needs of the population of West Berkshire.
- 1.2** Local pharmacies play a pivotal role in providing quality healthcare in local communities for individuals, families and carers. They not only provide prescriptions, but can also be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional.⁴
- 1.3** The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, or dispensing appliance contractor or dispensing doctor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England be on the Pharmaceutical List.
- 1.4** The Pharmaceutical Needs Assessment identifies the local population needs for pharmacy services and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the district. The purpose of the PNA is to:
- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
 - Inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).
- 1.5** This document can also be used to:
- Assist the Health and Wellbeing Board (HWB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
 - Inform interested parties of the pharmaceutical needs in the district and enable work on planning, developing and delivery of pharmaceutical services for the population.

⁴ PHE (2017). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health.

Legislative background

- 1.6** From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.
- 1.7** With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.8** The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.
- 1.9** It is important that the PNA reflects changes that affect the need for pharmaceutical services in each area. For this reason, they are updated every three years. This PNA expires on the 1st October 2025.
- 1.10** This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.
- 1.11** The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards¹ provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

- 1.12** As outlined in the 2013 regulations, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:
- How different needs of different localities have been considered

-
- How needs of those with protected characteristics have been considered
 - Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
 - A report on the 60-day consultation of the draft PNA.

1.13 The PNA must also include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the district as well as those in neighbouring local authorities.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWBB to be necessary “in order to meet a current need for pharmaceutical services”.
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWBB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.
- **Future need:** the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.

1.14 A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWBB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWBB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area

-
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
 - Any NHS Trust or NHS Foundation Trust in the HWB area
 - NHS England
 - Any neighbouring Health and Wellbeing board.

Circumstances under which the PNA is to be revised or updated

- 1.15** It is important that the PNA reflects changes that affect the need for pharmaceutical services in West Berkshire. For this reason, the PNA will be updated every three years.
- 1.16** If the HWB becomes aware of a significant change to the local area and/or its demography, the PNA may be required to be updated sooner. The HWB will make a decision to revise the PNA if required. Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWB will issue supplementary statements to update the PNA.

Chapter 2 - Strategic context

- 2.1 This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level, and at a local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic. I

National context

Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill⁵:

- 2.2 In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing in size, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.

- **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs) which will be composed of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the systems health, public health and social care needs. A key responsibility for these systems will be to support place-based working i.e. working amongst NHS, local government, community health, voluntary and charity services.

⁵ Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

-
- **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together, and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.
 - **Improving accountability and enhancing public confidence:** The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing NHS England, and NHS Improvement, organisations will come together to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)⁶

2.3 As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally- enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities & autism
6. Mental Health
7. Personalised care
8. Prevention
9. Primary care
10. Respiratory disease
11. Starting well
12. Stroke
13. Workforce

⁶ NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>



- 2.4** Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.

- 2.5** Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.

- 2.6** Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation and cardiovascular disease. The NHS will support community pharmacists to case-find, e.g. hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

- 2.7** In order to provide the most efficient service, and as part of developing digitally-enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

2.8 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within their area.

2.9 Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to address them. **Health Equity in England: Marmot review 10 years on**⁷, summarises the developments in particular areas that have an increased importance for equity. These include:

- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in areas with higher deprivation.
- Improve the availability and quality of early years' services.
- Enable children, adults and young people to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and in particular in 6th form and further education.
- Reduce in-work poverty by increasing national minimum wage.
- Increase number of post-school apprenticeship's and support in-work training.
- Put health equity and well-being at the heart of local, regional and national economic planning.
- Invest in the development of economic, social and cultural resources in the most deprived communities

2.10 The objectives outlined in the Marmot review are intended to ensure that the healthy life expectancy gap between the least deprived and most deprived are reduced, and to ensure that all residents have accessibility to good health and educational services. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

⁷ Health Equity in London: The Marmot Review 10 years on. Executive summary (2020): https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

Public Health England (PHE)⁸ Strategy 2020-2025⁹

- 2.11** The Office for Health Improvement and Disparities (OHID), formerly known as Public Health England (PHE), works to protect and improve the nation's health and reduce health inequalities by aiming to keep the public safe, work to prevent poor health, narrow down the health gap and support a strong economy. Guided by these aims, OHID have pledged to promote a healthier nation by taking action on working to reduce preventable risk factors for ill health and working to reduce tobacco consumptions, obesity and the harmful use of drugs and alcohol. There will also be a focus on improving the health within early childhood to provide the best foundations of good health and prevent ill health in later adulthood. By strengthening the health protection system, there will be reduced pressures on responding to major incidents or pandemics. Additionally, strengthening public health systems will mean using technology to advice interventions, improve data, and strengthen the approach to disease surveillance. By working with partners locally, nationally, and globally the aim will be to help focus on reducing health inequalities.
- 2.12** Community pharmacies have an important role in driving and supporting these objectives as they provide the public with services around healthy weight and weight management, smoking cessation, and can provide information and advice around a healthy start for children and families.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24¹⁰

- 2.13** This is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking

⁸ NB: As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

⁹ Public Health England Strategy 2020-2025 (2019).

¹⁰ Community Pharmacy Contractual Framework (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

to deliver in community pharmacy”, making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in: clinical effectiveness, patient safety and patient experience.
- Confirms community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.
- Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

Pharmacy Integration Fund (PhIF)¹¹

2.14 The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Hypertension Case-Finding Pilot - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.

¹¹ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

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- Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
 - Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
 - Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
 - Structured medication reviews in PCNs for people with a learning disability, autism, or both.
 - Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Local context

Annual Public Health Report 2020: Berkshire¹²

2.15 This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports highlights the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown is likely to have had immediate, medium-term, and long-term impacts. The report also highlighted areas of concern for the residents of Berkshire:

- **Employment:** Employment is a key determinant of health, but the pandemic resulted in many losing jobs, or entering the furlough scheme. Around 137900 people entered the furlough scheme across Berkshire, of which the highest areas were Slough, and the Royal Borough of Windsor & Maidenhead. This may have reflected the proportion of residents working within transport and hospitality, especially within the vicinity of London Heathrow.
- **Children and Young People:** Emerging evidence suggests that children and young people were hardest affected by social distancing and lockdown measures. Young people were more likely to lose jobs and reported higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, and limited access to early years settings. Around 30% of parents did not feel that their children continued to learn in

¹² Annual public health report (2020):https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf

home settings, and lockdown impacted children's wellbeing. Children's visits to health services significantly reduced which meant less opportunities for health or safeguarding interventions. There are large numbers of vulnerable children and young people across Berkshire. For example, 12,680 children were eligible for school meals; 11,400 were living in over-crowded housing; 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence; and over 3,000 young people were not in education or employment.

- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made some forms of abuse difficult to see and safeguard against. Some individuals may be at a higher risk due to their vulnerabilities, and certain forms of abuse such as honour-based violence or Female Genital Mutilation are more common in particular communities. Nationally, within the first 3 weeks of lockdown, 14 women and 2 children were killed in suspected domestic abuse incidents. Within Berkshire, between 2018/2019, 35,000 children aged under 18 were exposed to mental health issues, and/or, domestic abuse within their households. There were 11 domestic homicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, with an additional 6,000 reported for vulnerable adults.
- **Mental Health:** Prior to the COVID-19 pandemic, there were stark inequalities in mental health outcomes. We have seen these inequalities widen as a direct, and indirect result of the pandemic. Several groups are at an increased risk of mental health problems as a consequence of the pandemic, such as frontline workers, bereaved families, those who had COVID-19, those who lost their jobs or were furloughed, and people who had to self-isolate or shield.
- **Environmental Impact:** Transport disruptions during the pandemic resulted in a 17% fall in CO2 emissions, which provided evidence that pollution levels are responsive to policy. This is important to note because pollution levels are correlated with lower life expectancy and health conditions, and those on lower incomes are more likely to be living in condensed populations where noise and air pollution may be higher, with already existing health conditions. Data from 2016 shows that Reading and Slough have the poorest air quality. Certain strategies can be used to reduce CO2 levels and improve air quality such as public awareness around clean air, promoting public transport and improving infrastructure for cycling and walking.

Berkshire West Integrated Care System (ICS)¹³

- 2.16** In June 2017, Berkshire West had been recognised by NHS England (NHSE) as an ICS exemplar area covering 528,000 residents of Reading, Wokingham and Berkshire West. This forms as one of the 10 ICS across England.

The Berkshire ICS partnership consists of:

- Berkshire West Clinical Commissioning Group (CCG)
- Royal Berkshire Hospital Foundation Trust
- Berkshire Healthcare Foundation Trust – a community mental health foundation trust
- GP services within Berkshire West which will group together to form 4 neighbourhood alliances.

- 2.17** The Berkshire West ICS also works closely with the South Central Ambulance Trust, West Berkshire, Wokingham and Reading local authorities to achieve integrations between health and social care departments.

There are four key objectives of the Berkshire West ICS:

- To improve the outcomes in population health
- Tackle inequalities in health outcomes, experience and patient access
- To enhance the productivity and value for money.
- To help the NHS support broader social and economic development

Berkshire West Health and Wellbeing Strategy 2021-2030¹⁴

- 2.18** Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes, and reduce health inequalities within the local authorities. Reading, West Berkshire and Wokingham Health and Wellbeing boards (HWBBs) bring together local leaders from health and social care along with

¹³Berkshire West Integrated Care System. <https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/bob-integrated-care-system-ics/>

¹⁴ Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.westberks.gov.uk/media/51940/Berkshire-West-Health-and-Wellbeing-Strategy-2021-2030-Dec->

the voluntary and community sector to improve the health and wellbeing needs of their local residents.

2.19 Whilst closing the health inequalities and recovery from COVID-19, the Berkshire West Health and Wellbeing Strategy 2021-2030 establishes five key priorities to enable all residents living in Reading, West Berkshire and Wokingham to live happier, healthier lives.

- **Reduce the differences in health between different groups of people:** Many people within the area experience health inequalities, including economically disadvantaged, isolated young people, refugees, asylum seekers people with disabilities, or those who may find it harder to communicate. Those who experience health inequalities may often be those who are at higher risk of poorer health outcomes. This priority aims to bridge that gap by encouraging closer working relationships between statutory bodies and the voluntary community sector, including working closely with ethnically diverse community leaders and the voluntary sector, unpaid carers, and self-help groups. The report highlights areas to ensure fairer access and support for those with most need by targeted health education, promoting digital inclusion in a way that empowers communities to take ownership of their own health.
- **Support individuals at high risk of bad health outcomes to live healthy lives:** Supporting people to live healthier lives is a priority across Reading, West Berkshire and Wokingham. Specific groups of people face a higher risk of bad health outcomes such as those with dementia, rough sleepers, unpaid carers, people who have experienced domestic abuse, people with learning disabilities. This priority will aim to raise awareness around dementia, support unpaid carers and allow them for a break from caring responsibilities, reduce the number of rough sleepers, promote awareness around domestic abuse and support victims, support people with learning disabilities, and increase the visibility and signpost people at risk of poorer health outcomes to access appropriate services.
- **Help children and families in early years:** The first 1001 days (pregnancy until the child is 2) are critical ages for development. This priority will aim to explore more integrated approaches to improve wellbeing through children centres, midwifery, health visiting, nursing, and will ensure that early years staff will be training in trauma informed practice and care. Clear guidelines will also be published on how to access financial help and tackle stigma where it occurs.
- **Promote good mental health and wellbeing for all children and young people:** Mental health problems are the leading cause of disability in children and young people and can have long lasting effects. The priority will aim to adopt universal approaches for interventions and prevent the risk of poor mental health. The board will support a Whole School Approach to Mental Health which will embed wellbeing as a priority across the

school environment, and will aim for early identification or at risk of developing a mental health condition so that children and young people can build on self-confidence and change behaviours.

- **Promote good mental health and wellbeing for all adults:** Adult mental health can have a ripple effect on their family, and can affect their functioning in the role as parents or employees. The board will work with local communities and voluntary sector to re-build mental resilience, and tackle stigma. The board will aim to improve the access to support for mental health crises and develop alternative models which offer sustainable solutions such as peer-mentoring. By working with relevant professionals, there will also be plans to increase social prescribing to signpost and connect people to local services and organisations.

Berkshire West Integrated Care Partnership: Cancer Framework 2019-2024¹⁵

2.20 A Berkshire West Framework was developed in November 2016 to deliver the strategic priorities outlined in “Achieving World-Class Cancer Outcomes: A strategy for England”. The NHS Long Term plan also sets out ambitions and commitments to improve cancer outcomes and services over the next 10 years.

2.21 The framework has been jointly produced by Berkshire West Integrated Care Partnership (ICP) Cancer Steering Group, to improve outcomes for people affected by cancer within the region. The framework outlines local strategic objectives taking into account the local needs of Berkshire West patients:

- Promote healthy lifestyle choices to reduce cases of preventable cancers.
- Deliver all nine cancer waiting time standards and ensure a faster access to treatment and shorter patient journey.
- Increase the number of cancers diagnosed at stages 1 & 2 and improve 1 year survival rate by improving access to diagnostics.
- Increase the uptake of Bowel, Breast and Cervical cancer screening, especially targeting screening inequalities and seldom health communities.
- Implement Vague Symptoms Pathway and Rapid Diagnostic Centre (RDC) at RBFT.
- Ensure all newly diagnosed cancer patients have access to appropriate personalised support as part of the recovery package.
- Ensure that RBFT have protocols in place for follow up of Breast, Prostate and Colorectal patients for systems for remote monitoring.

¹⁵ Berkshire West Integrated Care Partnership: Cancer Framework (2019-2024).
<https://www.berkshirewestccg.nhs.uk/media/4493/berkshire-west-icp-cancer-framework-2019-2024-v16.pdf>

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- Increase the number of patients supported to die in their place of choice.

Annual Public Health Report 2020: Berkshire¹⁶

2.22 This report summaries and sets out plans to address the issues faced by the COVID-19 pandemic and inequalities, both locally and nationally. The reports highlight the inequalities that have been exacerbated by the pandemic. Across all age groups, disruption to services caused by lockdown is likely to have had immediate, medium-term, and long-term impacts. The report also highlighted areas of concern for the residents of Berkshire:

- **Employment:** Employment is a key determinant of health, but the pandemic resulted in many losing jobs, or entering the furlough scheme. Around 137900 people entered the furlough scheme across Berkshire, of which the highest areas were Slough, and the Royal Borough of Windsor & Maidenhead. This may have reflected the proportion of residents working within transport and hospitality, especially within the vicinity of London Heathrow.
- **Children and Young People:** Emerging evidence suggests that children and young people were hardest affected by social distancing and lockdown measures. For young people, they were more likely to lose jobs, with higher levels of loneliness. Nationwide, there was a reduction in the uptake of MMR vaccinations for babies, limited access to early years settings. Around 30% of parents did not feel that their children continued to learn in home settings, and lockdown impacted children's wellbeing. Children's visit to health services significantly reduced which meant less opportunities of health or safeguarding interventions. There are several vulnerable children and young people across Berkshire. For example, 12680 children were eligible for school meals, 11400 were living in over-crowded housing, 34,000 children were living in households with a parent with substance use, mental health issues or domestic violence, over 3000 young people were not in education or employment.
- **Safeguarding:** The COVID-19 lockdown and restrictions created factors that made forms of abuse difficult to see and safeguard against. Some individuals may be at a higher risk due to their vulnerabilities, and certain forms of abuse such as honour-based violence or FGM are more common in particular communities. Within the first 3 weeks of lockdown 14 women and 2 children were killed in suspected domestic abuse incidents. Within Berkshire

¹⁶ Annual public health report (2020):https://www.berkshirepublichealth.co.uk/wp-content/uploads/2021/02/Public_Health_Annual_Report_2020_FINAL_Accessible_Version_2.pdf

between 2018/2019 35,000 (under 18) children were exposed to additions, mental health issues, and/ or, domestic abuse within their households. There were 11 domestic suicides within the Thames Valley, and approximately 11,000 domestic abuse crimes reported to the Police within Berkshire, and an additional 6000 were raised for vulnerable adults.

- **Mental Health:** There are clear links between poor mental health and inequalities prior to the COVID-19 pandemic, however the inequalities continued to widen further in its wake. Several groups are at an increased risk of mental health problems as a consequence of the pandemic, such as frontline workers, bereaved families, those who had COVID-19, those who lost their jobs or were furloughed, and people who had to self-isolate or shield. Around 4000 people within Berkshire suffered from COVID-19, with 700 being hospitalised, and 51,000 delivering essential frontline services during the pandemic.
- **Environmental Impact:** Transport disruptions during the pandemic resulted in a 17% fall in CO2 emissions, which provided evidence that pollution levels are responsive to policy. This is important to note because pollution levels are correlated with lower life expectancy and health conditions, and those on lower incomes are more likely to be living in condensed populations where noise and air pollution may be higher, with already existing health conditions. Data from 2016 shows that Reading and Slough have the poorest air quality. Certain strategies can be used to reduce CO2 levels and improve air quality such as public awareness around clean air, promoting public transport and improving infrastructure for cycling and walking.

2.23 Community pharmacies are well placed to support some of these local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic, and continue to provide healthcare advice, and medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities through targeting prevention early and helping to tackle obesity and high blood pressure.

Chapter 3 - The development of the PNA

3.1 The West Berkshire HWB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The governance of the production of this PNA was managed by the PNA steering group and the Berkshire East Public Health Hub. The choices decisions in the production of this PNA have been delegated by the HWBB to the steering group.

3.2 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:

- Nationally published data
- The West Berkshire Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to West Berkshire pharmacy contractors
- A survey to the patients and public of West Berkshire
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCG commissioners

Table 3.1: PNA 2022-25 data sources

Health need and priorities	<ul style="list-style-type: none"> • National benchmarking ward and borough-level data from Office for Health Improvement and Disparities¹⁷ • West Berkshire Joint Strategic Needs Assessment¹⁸ • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by West Berkshire Council • Commissioning data held by BOB CCG • Questionnaire to community pharmacy providers
Patients and the Public	<ul style="list-style-type: none"> • Patient and public survey

¹⁷Office for Health Improvement and Disparities (2022) Public Health Profiles: <https://fingertips.phe.org.uk/>

¹⁸ West Berkshire Council. Joint Strategic Needs Assessment: <https://info.westberks.gov.uk/jsna>

3.3 These data have been combined to describe the West Berkshire population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWBB) to improve the health and wellbeing of our population.

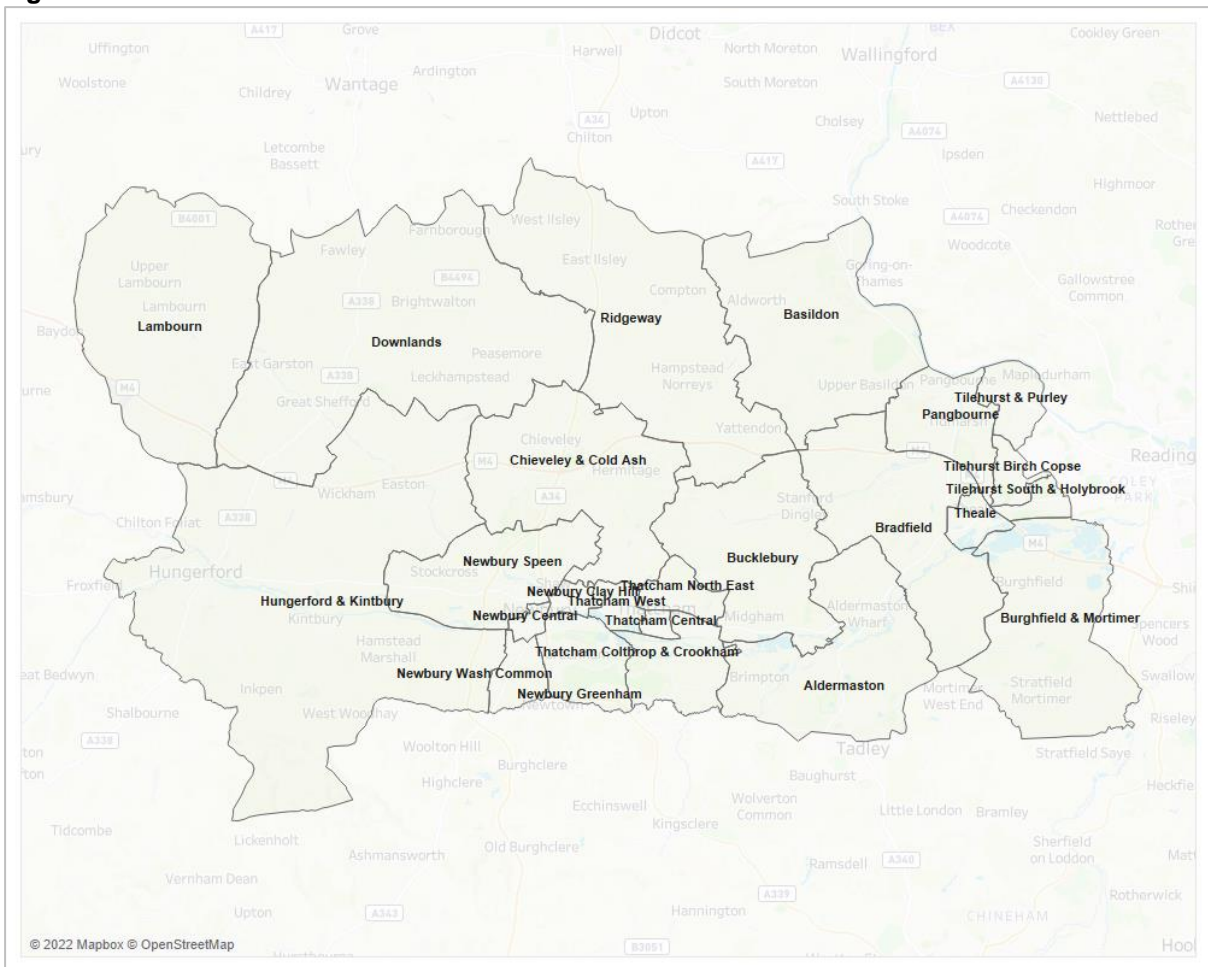
3.4 This PNA will be published for public consultation on the 10th June to the 9th August 2022. All comments will be considered and incorporated into the final PNA final report.

Methodological considerations

Geographical coverage

3.5 PNA regulations require that the HWBB divides its area into localities as a basis for structuring the assessment. A ward-based structure was used as it is in-line with available data at ward level such as demography, health needs and service provision commissioned by both West Berkshire Council and NHS commissioners. There are 24 wards in West Berkshire, these are presented in figure 3.1.

Figure 3.1: West Berkshire Council Electoral Wards



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- 3.6** In this PNA, geographic access to pharmacies have been determined using two commonly used measures in PNAs; a 1-mile radius from the centre of the postcode of each pharmacy. This is approximately a 20-minute walk from the outer perimeter of the buffer zone created.
- 3.7** The 1-mile measure is often used to assess adequacy of access in urban areas while the 20-minute drive radius is more often used in more rural areas because there needs to be a sufficient population size to sustain a community pharmacy. The PNA steering group agreed that the combination of these measures for West Berkshire was appropriate given the mix of urban and rural areas of the local authority area.
- 3.8** The 1-mile and 20-minute travel time coverage was also explored in terms of deprivation and population density.
- 3.9** Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas) and locations of dispensing GPs. These instances have all been stated in the relevant sections of the report.

Patient and public survey

- 3.10** Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision.
- 3.11** Working with Healthwatch, communications teams and Community Engagement Leads a public and patient engagement plan was developed, identifying key user groups (including seldom heard groups and/or protected characteristics) and how best to engage them for the survey.
- 3.12** There were 256 responses to the West Berkshire survey, the responses were explored, including detailed analysis of responses from Protected Characteristics populations.
- 3.13** Responses from the survey were used to understand how current pharmaceutical services meets the needs of the West Berkshire population and whether there were any different needs for people who share a protected characteristic in West Berkshire. The findings from the survey are presented in Chapter 6 of this PNA.

Pharmacy contractor survey

- 3.14** The contractor survey was sent all to the community pharmacies within West Berkshire and 19 out of 21 pharmacies responded. The results from this survey are referred to throughout this document.

Governance and steering group

- 3.15** The development of the PNA was advised by a steering group whose membership included representation from:

- Berkshire East Public Health Team
- Frimley Health and Care, Medicines Optimisation
- Buckinghamshire, Oxfordshire and Berkshire West (*BOB*), Integrated Care System (*ICS*), Medicines Optimisation
- Pharmacy Thames Valley, the Local Pharmaceutical Committee
- NHS England and NHS Improvement – South East Region
- Healthwatch teams in Berkshire
- A patient representative
- Berkshire Communications Team

- 3.16** The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

- 3.17** The PNA for 2022-25 will be published for statutory consultation on 10th June for 60 days. It was also published on the council website for stakeholder comment. All comments will be considered and incorporated into the final report to be published by 1st October 2022.

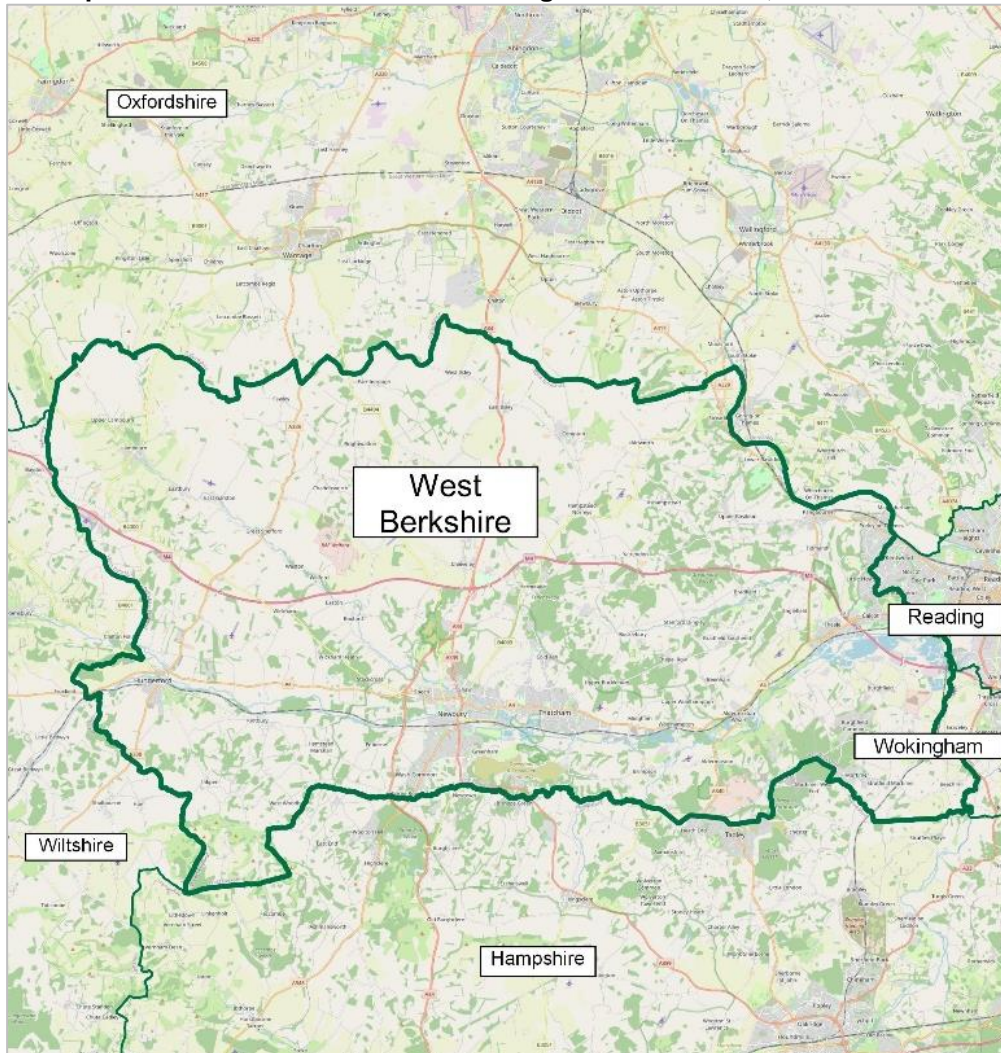
Chapter 4 - Population demographics

- 4.1** This chapter presents an overview of population demographics of West Berkshire, particularly the areas likely to impact on needs for community pharmacy services. It includes an overview of the area of West Berkshire, its population demographics and projected population. Using most recent available census data, it also identifies key factors that impact on inequalities.
- 4.2** The analysis of health needs and population changes are outlined in four sub-sections of this chapter. These are:
1. Local area profile
 2. Demography
 3. Population projections
 4. Inequalities

West Berkshire local area profile

- 4.3** West Berkshire is a unitary authority in Berkshire, on the western fringe of the South East region. The district is centred on the town of Newbury, and other major settlements are Hungerford, Thatcham. Some 20% of the district's population live in the suburban area of Tilehurst adjoining Reading borough.
- 4.4** The area has easy access to the national motorway network via the M4 motorway, and the A34 connects the district to Oxford to the north, and to Hampshire and the south coast to the south. The area also has good rail links, with the Great Western Main Line running through the district giving access to Swindon and Bristol to the west, and to Reading and London and other towns in the Thames valley to the east. Newbury is 61 miles from London, Hungerford is 68 miles from London, and Thatcham is 55 miles from London.
- 4.5** Parts of the district border neighbouring local authorities and shire counties such as Wiltshire to the west, Oxfordshire to the north, Reading and Wokingham local authorities to the south east, and Hampshire to the south. Figure 4.1 provides a context map showing the main settlements in the district, main transport routes, and the location of the district in relation to other local authorities.

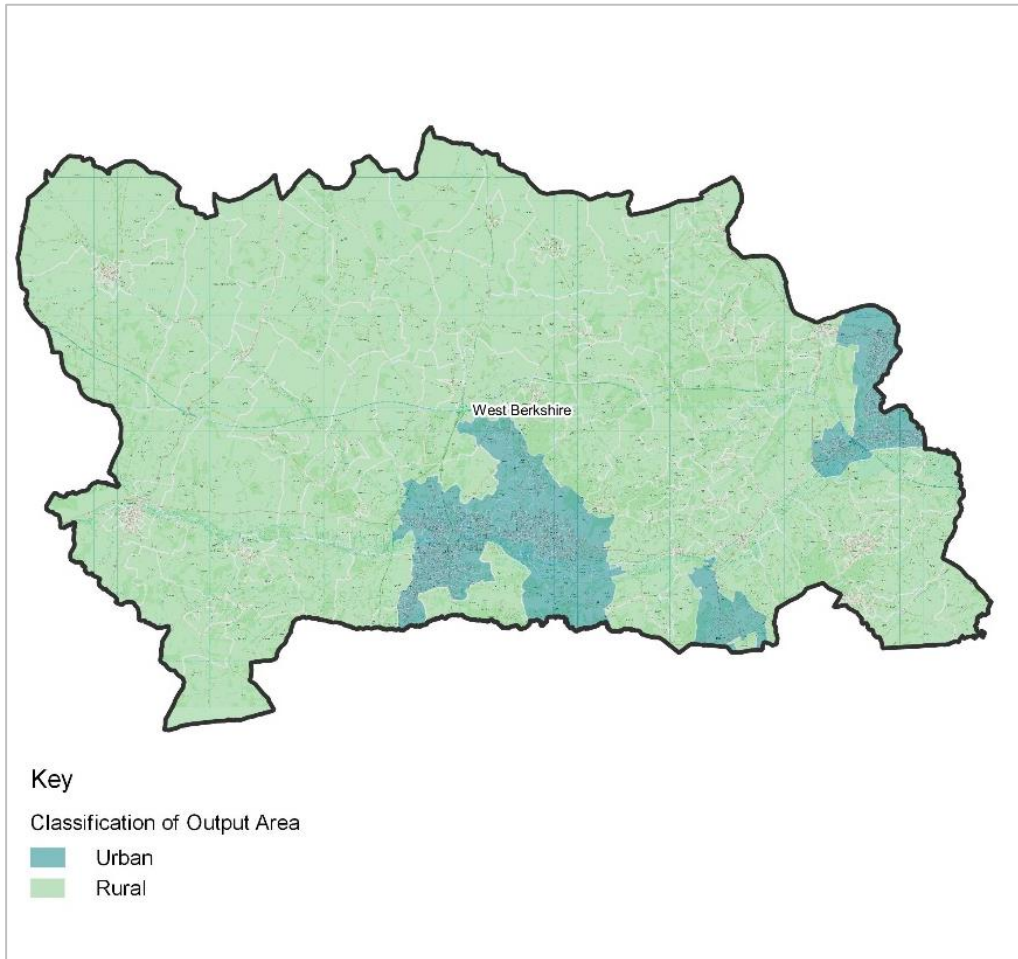
Figure 4.1: Map of West Berkshire and surrounding local authorities, 2022



4.6 According to the 2011 census Urban-Rural Classification¹⁹, 63% of the district's population live in urban city and town areas, 15% live in rural fringe areas and 22% of the district's population live in rural areas (villages, hamlets and isolated dwellings) and rural fringe areas. Figure 4.2 shows the main urban and rural areas within the district giving a sense of the vast amount of the district that is covered by rural land.

¹⁹ Department for Environment, Food & Rural Affairs (Defra), 2011 Urban Rural Classification (2013)

Figure 4.2: Urban and rural areas of West Berkshire

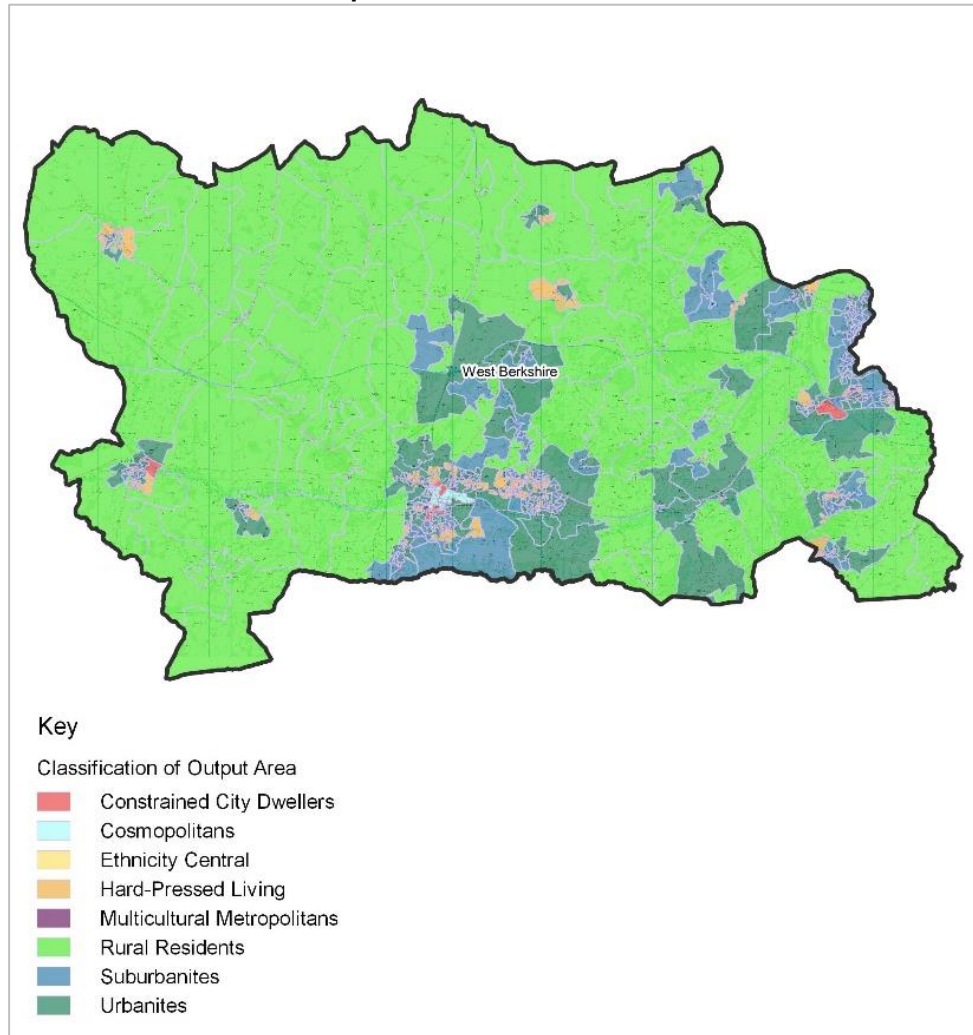


Geodemographic classification

4.7 The 2011 Output Area Classification²⁰ enables us to explore the rural-urban divide in more detail by providing a residential-based geodemographic classification of West Berkshire Output Areas (an Output Area covers approximately 100 households). It classifies output areas using a broad range of variables such as age, rurality, housing stock, ethnic group, working status etc. There are eight broad supergroups in the classification these are presented for West Berkshire in Figure 4.3.

²⁰ ONS, 2011 residential-based area classifications

Figure 4.3: West Berkshire 2011 Output Area Classification



4.8 According to the geodemographic classification of West Berkshire:

- 39% of the population of the district live in areas classed as 'Urbanites'
- 24% of the population of the district live in areas classed as 'Suburbanites'
- 16% of the population live in areas classed as 'Hard-pressed living'
- 15% of the population live in areas classed as 'Rural'.

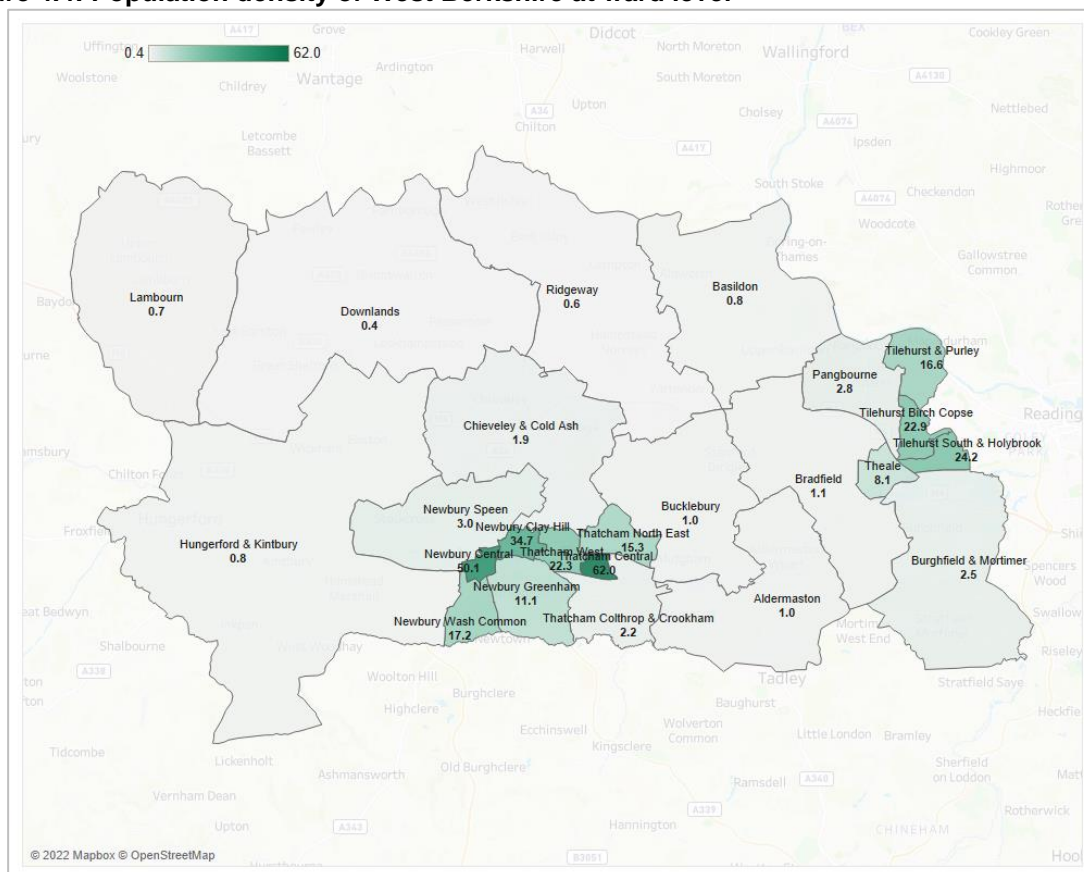
Demography

Population density

- 4.9** The population density of West Berkshire is low. With a population of 158,465 people, the current population density of the district is 2.3 persons per hectare (ONS, Mid-Year Population Estimates, 2020). This is lower than the figure of 4.8 persons per hectare for the South East region, and 4.3 persons per hectare for England as a whole.

4.10 Figure 4.4 presents population density of the district at ward level, highlighting great disparities in population concentrations across the different wards. The highest population density is within Thatcham Central ward, followed by Newbury Central. The wards with lowest population density are generally located in the rural areas of the district, more specifically Downlands, Ridgeway, and Lambourn wards.

Figure 4.4: Population density of West Berkshire at ward level



Source: ONS, mid-2020 population estimates

Population age

4.11 The population has a median age of 43.8 years, which is older than the median age for England (40.2 years), and also older than 41.9 years for the South East region.

4.12 21% of the district's population are aged 0-15 years, 61% are of working age aged 16-64 years and 19% are aged over 65. Figure 4.5 shows a population pyramid which shows the proportion of males and females by five-year age bands with the black line over the bars giving the equivalent proportions for England. It shows that the age profile for the local authority is older when compared to the national picture across with a greater proportion of the population in the age bands over the age of 45. There is a lower proportion of people aged 20 to 39 years of age living in West Berkshire when compared to the national average.

Figure 4.5: West Berkshire population estimates by 5-year age band, 2020



Source: OHID, Public Health Outcome Framework - ONS, mid-2020 population estimates

4.13 Bradfield, Ridgeway and Chieveley & Cold Ash are the wards with greatest proportion of children aged 0 to 15. Wards with the highest proportion of the population who are aged over 65 are Bucklebury, Newbury Speen and Hungerford & Kintbury wards (see Figure 4.6). Some of the wards with the greatest proportion of over 65s are located in the more rural parts of the district.

ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other healthcare services.

4.15 NICE Guidance²² recommends that community pharmacists take into consideration how a patient’s personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture or any disability. It also recommends that community pharmacists make use of any language skills staff members may have.

4.16 West Berkshire has a relatively small population who are from Black, Asian and Minority Ethnic backgrounds. Data from the 2011 census showed that 94.8% of the population was ‘White’, which includes ‘White British’ as well as White Irish and White British/Irish gypsy or traveller, and White Other. 5.2% of the population was from Black, Asian and Minority Ethnic backgrounds. This includes 2.5% Asian/Asian British and 1.6% Mixed/multiple ethnic groups (Table 4.1).

Table 4.1: Ethnicity of the population of West Berkshire

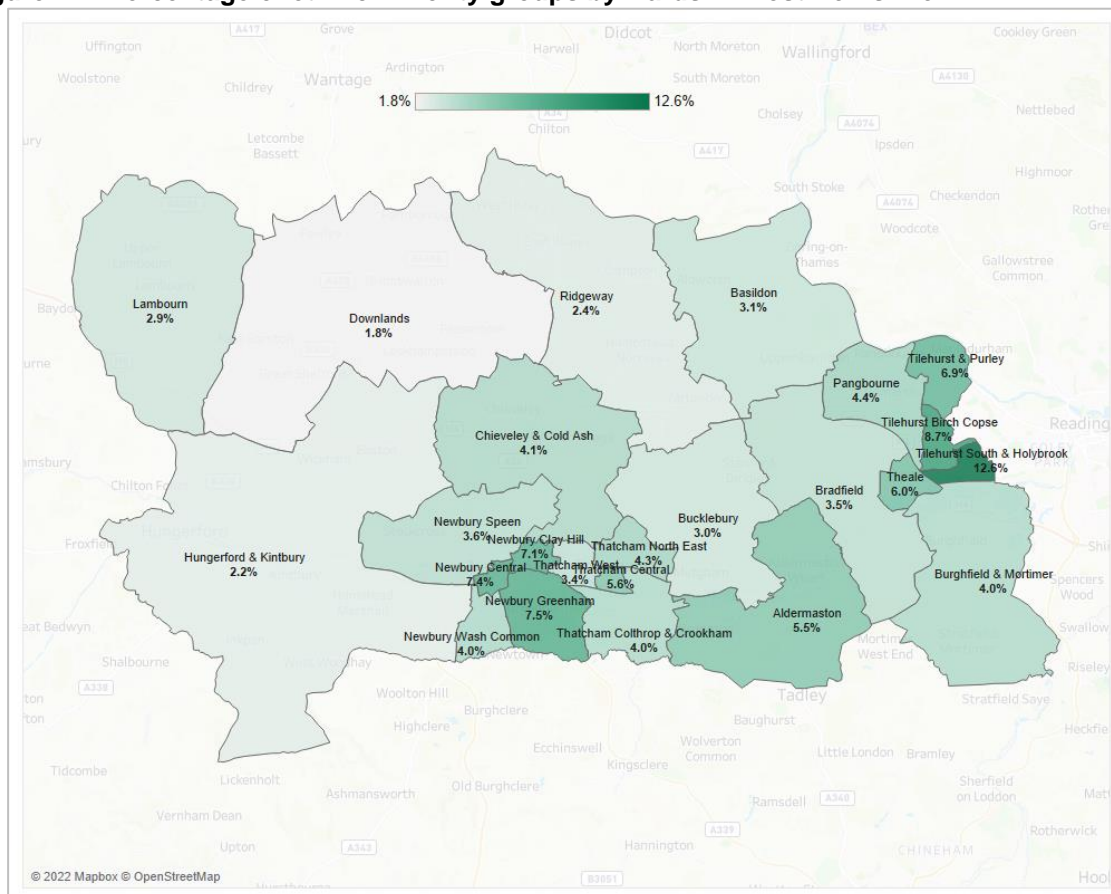
White	Mixed/multiple ethnic groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
145,854 (94.8%)	2,420 (1.6%)	3,808 (2.5%)	1,376 (0.9%)	364 (0.2%)
England: 85.4%	England: 2.3%	England: 7.8%	England: 3.5%	England: 1.0%
South East: 90.7%	South East: 1.9%	South East: 5.2%	South East: 1.6%	South East: 0.6%

Source: ONS, 2011 census

4.17 The proportion of the population from Black, Asian and Minority Ethnic groups by ward is presented in Figure 4.7. West Berkshire wards with the highest proportion of residents who are from Black, Asian and Minority Ethnic groups are Tilehurst South & Holybook and Tilehurst Birch Copse, while those with smallest proportion of residents who are from Black, Asian and Minority Ethnic groups are Downlands and Hungerford & Kintbury.

²² NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

Figure 4.7: Percentage of ethnic minority groups by wards in West Berkshire



Source: ONS, 2011 Census

Language

4.18 Based on data from the 2011 Census, 96% of households speak English as a main language in West Berkshire. Table 4.2 below shows the language breakdown of households from the 2011 census, identifying the number of households in West Berkshire with one or more members who cannot speak English.

Table 4.2: Language breakdown of households in West Berkshire

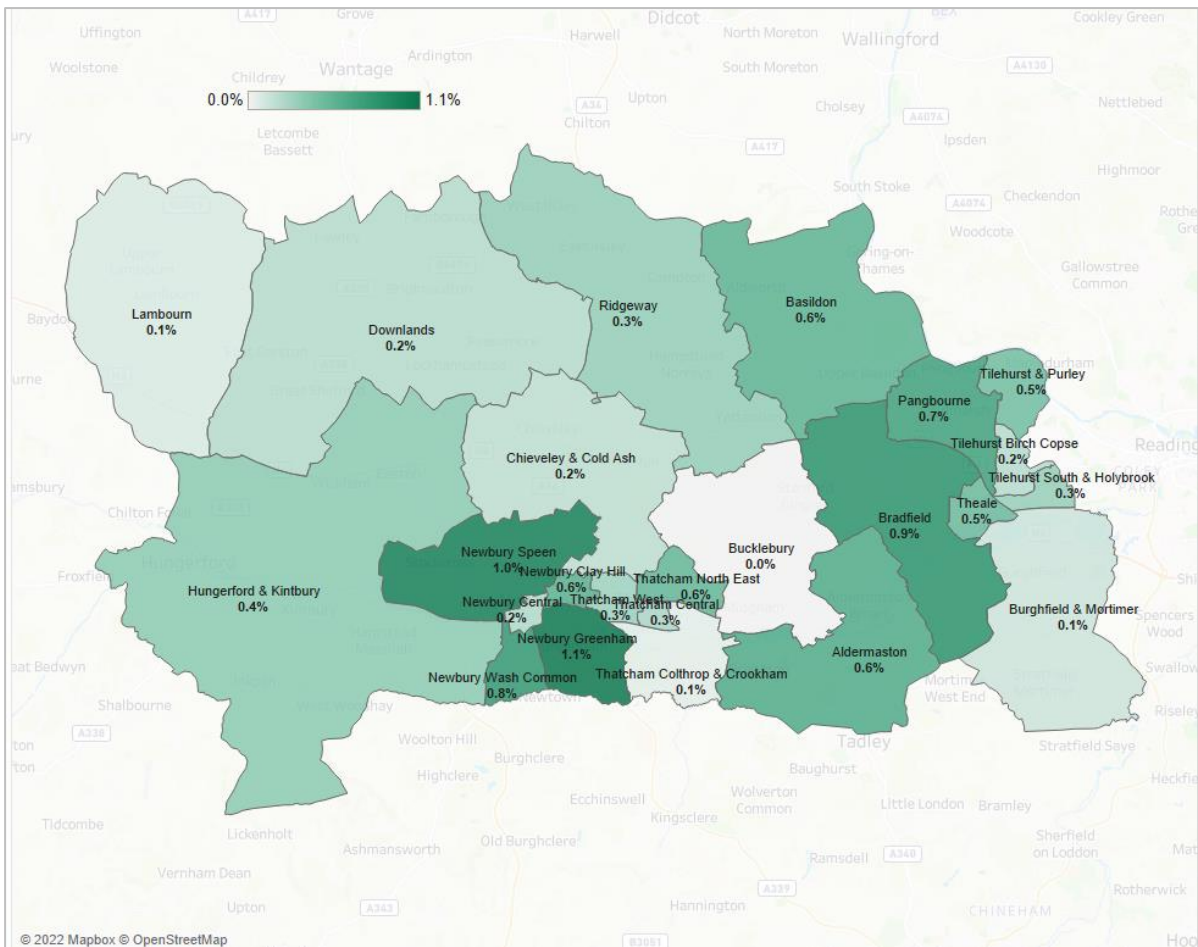
Households with all people aged 16 and over having English as a main language	At least one but not all people aged 16 and over in the household have English as a main language	No adults but some children have English as main language	No household members have English as main language
59,638 (95.7%)	1,370 (2.2%)	177 (0.3%)	1,115 (1.9%)
England: 90.9%	England: 3.9%	England: 0.8%	England: 4.4%
South East: 93.2%	South East: 3.2%	South East: 0.5%	South East: 3.1%

Source: 2011 census

4.19 The top five languages other than English spoken in West Berkshire are Polish, Portuguese, French, German, Chinese (ONS, 2011 census)

4.20 Figure 4.8 shows the percentage of people that cannot speak English well or at all by ward. It shows that the greatest proportion of people who cannot speak English well or at all are resident in Newbury Speen and Newbury Greenham wards, but the percentages are low (~1%).

Figure 4.8: Percentage of people that cannot speak English well or at all by ward in West Berkshire



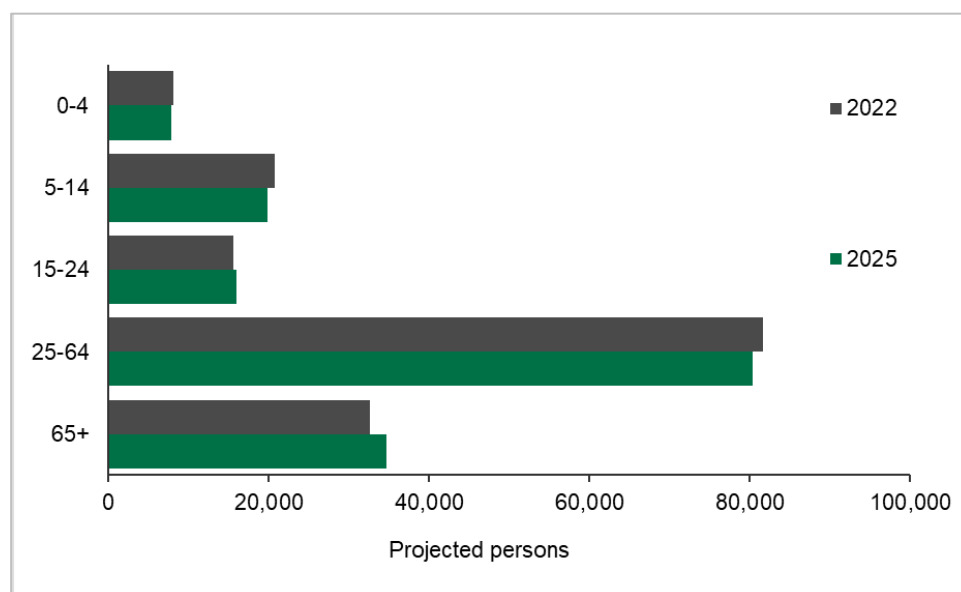
Source: ONS, 2011 Census

Population projections

4.21 The total population size of the district is expected to remain relatively stable from 2022 to 2025 (the lifetime of this PNA), with a population decrease of just 82 persons to 158,455 between 2022 and 2025. Figure 4.9 shows the projected population changes in the West Berkshire for key age groups for the lifetime of this PNA, from 2022 to 2025.

4.22 Despite relatively little change in overall population size, there is a shift expected in the age-specific population size in West Berkshire. In particular, it should be noted that the population aged over 65 is expected to increase by 6.6% or 2,133 persons, from 2022 to 2025. This compares to 5.5% for South East England and 5.6% for England. This has implications for the delivery of health services, since West Berkshire is generally a rural county, and rural areas tend to have an elderly population, and it is expected that the growth of this population cohort will happen in rural areas (ONS, 2018 Population Projections²³).

Figure 4.9: 2018-based population projections for the district of West Berkshire from 2022 and 2025



Source: ONS – Population Projections for Local Authorities, 2020

Future residential development and housing requirements in the district

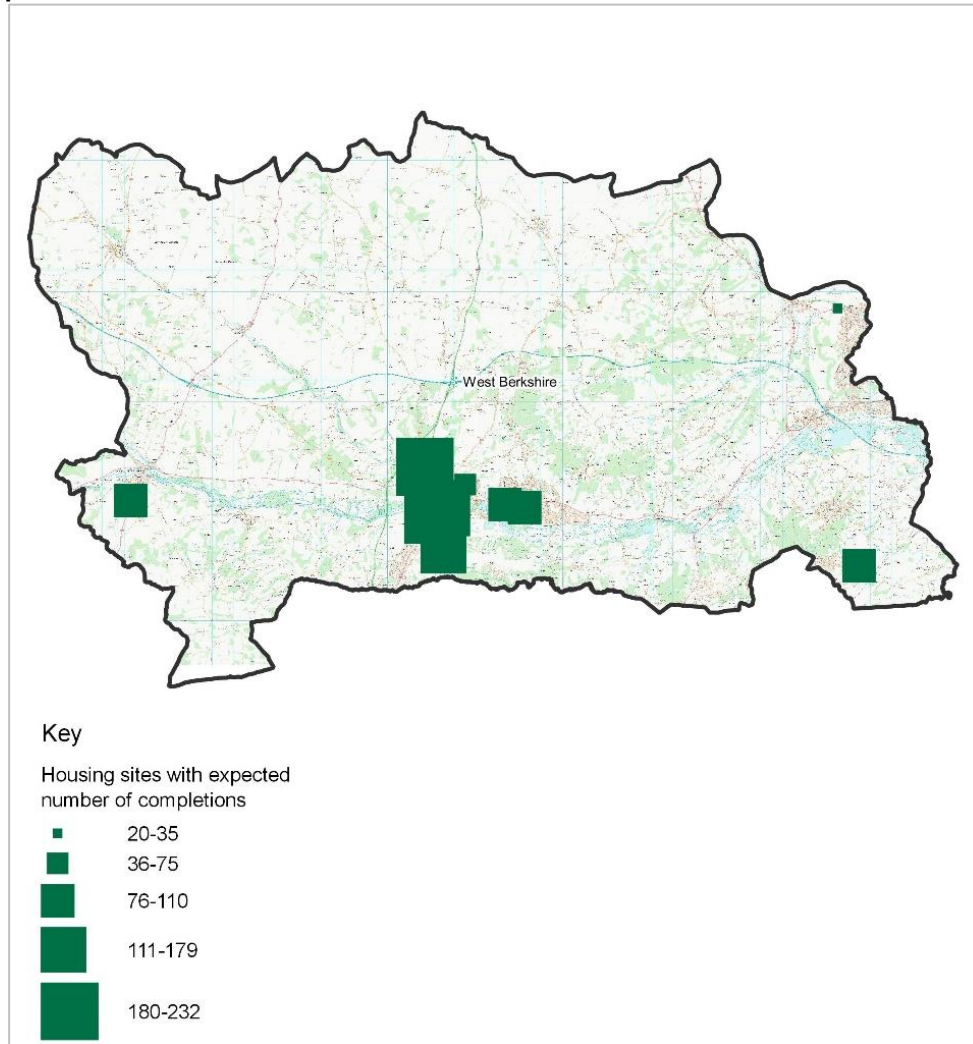
4.23 A number of major housing developments are underway in West Berkshire. The Annual Monitoring Report for West Berkshire anticipates that 3,925 dwellings will be completed by 2025.²⁴ The map in figure 4.10 shows the strategic development locations in the district with greater than 20 dwellings expected to be completed over the period 2021-2026. Table 4.3 presents the total number of new dwellings by ward. The wards with the highest number of proposed new dwellings are in Newbury Speen, Newbury Central and Newbury Greenham wards. The largest developments are Market Street development in Newbury Central ward where there are 232 proposed new dwellings, the Oxford Road development in Newbury

²³ ONS 2018 Population Projections, Local Authorities: SNPPZ1 (published March 2020)

²⁴ West Berkshire Council, Annual Monitoring Report 2020 : Housing, 2021

Speen ward where 222 new dwellings are proposed and Pincents Hill in Tilehurst Birch Copse ward where 197 new dwellings are proposed.

Figure 4.10: Location of major residential housing development sites expected to be completed over the period 2021 – 2025 in West Berkshire



Source: West Berkshire Council, Annual Monitoring Report 2020: Housing, 2021

Table 4.3. Number of planned new dwellings by ward in West Berkshire, 2021-2026

Ward	Number of new dwellings
Burghfield & Mortimer	198
Chieveley & Cold Ash	21
Hungerford & Kintbury	95
Newbury Central	384
Newbury Clay Hill	132
Newbury Greenham	359
Newbury Speen	401
Thatcham Central	33
Thatcham West	183
Tilehurst & Purley	95

Tilehurst Birch Copse	197
Tilehurst South & Holybrook	27
Total	2125

Visitors (both home and overseas) to West Berkshire

4.24 West Berkshire receives a relatively high number of visits in comparison to its neighbouring local authorities. Based on 2016-18 data it receives an average of 3.6 million Tourism Day Visits (TDVs) a year. This compares to around 4.9 million TDVs for nearby Reading, and 0.94 million TDVs for nearby Slough (GBDVS, 2022)²⁵.

Inequalities

Deprivation

4.25 Reducing the differences in health between different groups of people is a priority area for the Berkshire West Health and Wellbeing Strategy.²⁶

4.26 Fair Society, Healthy Lives: (The Marmot Review)²⁷ and later the Marmot Review 10 Years On²⁸ describe the range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. They include factors such as deprivation, education, employment and fuel poverty.

4.27 The Index of Multiple Deprivation (IMD)²⁹ is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

²⁵ VisitEngland, VisitScotland, Visit Wales, The Great Britain Day Visitor Annual Report, 2021. <https://gbtsenglandlightviewer.kantar.com/ViewTable.aspx>

²⁶ Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/>

²⁷ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

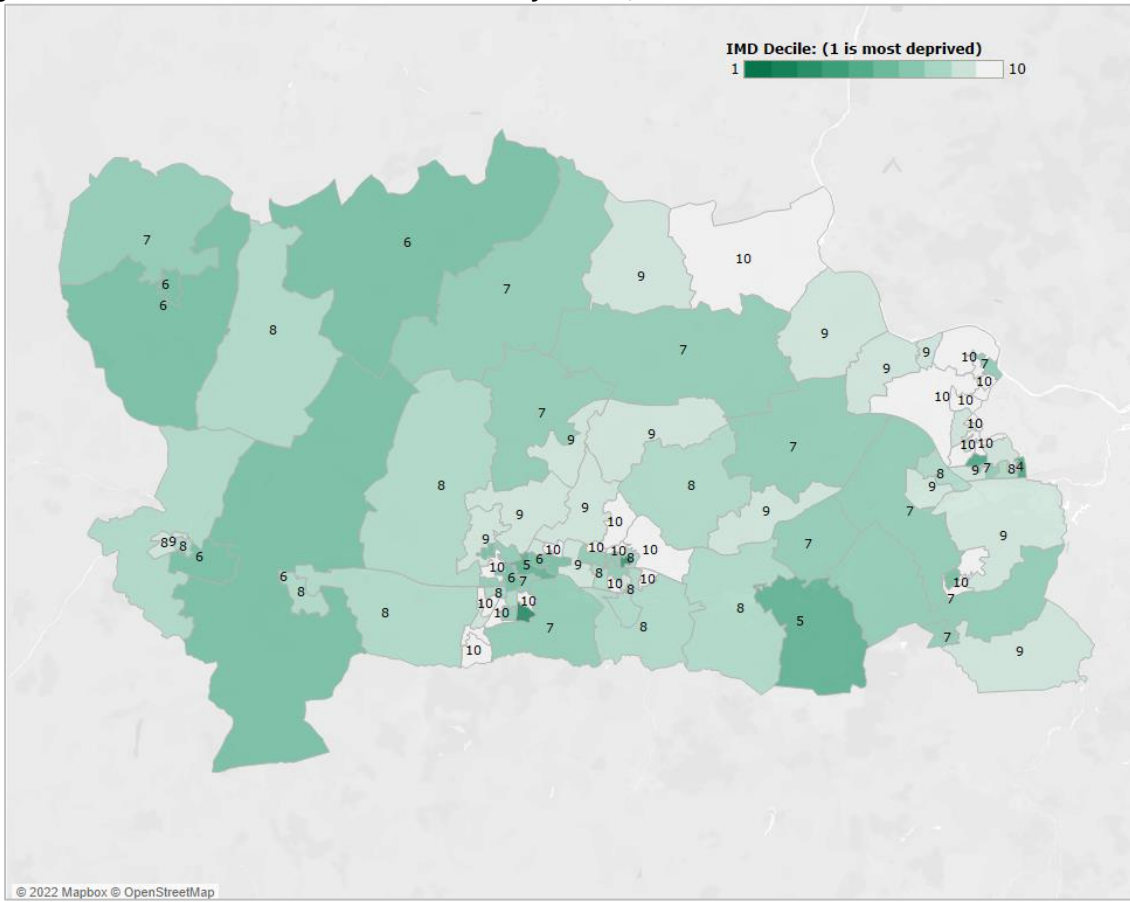
²⁸ Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

²⁹ Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

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- 4.28** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities.³⁰ IMD deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).
- 4.29** A Local Authority Summary of each index is compiled, which gives an average score and average rank for each Upper and Lower Tier Local Authority in England, with the most deprived Authority in England being given a rank of 1.
- 4.30** West Berkshire has 97 neighbourhoods (LSOAs), only one of which is in the 20% most deprived neighbourhoods in England (Figure 4.11). This neighbourhood is in Newbury Greenham ward.
- 4.31** The district's overall average IMD decile figure is 8.1 compared to the national figure of 5.5. It is ranked 289 out of 321 local authorities. 25% of the district's neighbourhoods are in the least deprived 10% of neighbourhoods nationally. This means that West Berkshire is one of the most affluent areas in England.

³⁰ NICE guidance (2018) Community pharmacies: promoting health and wellbeing [NG102]

Figure 4.11: IMD Deciles in West Berkshire by LSOA, 2019



Source: Ministry of Housing, Communities & Local Government, 2019

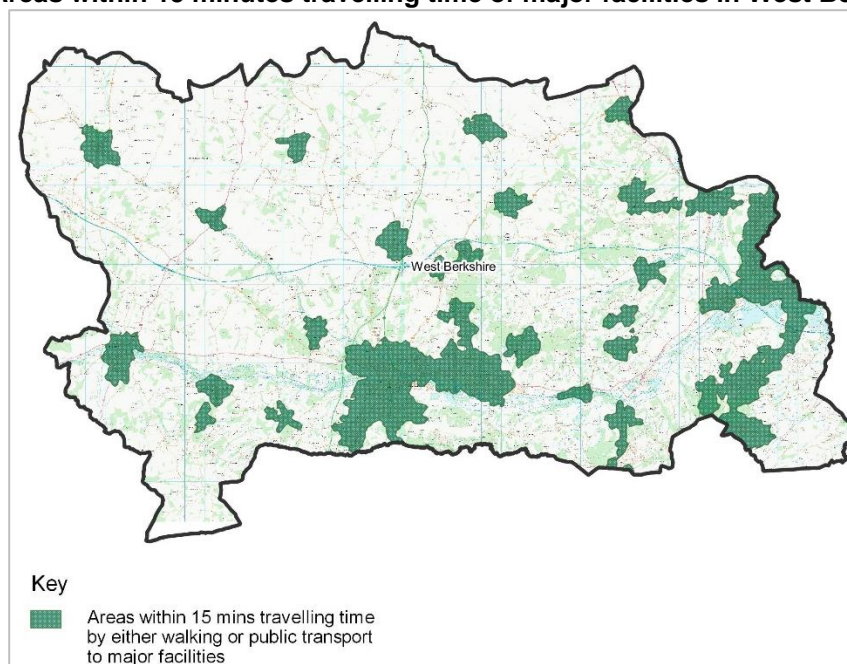
Homelessness

4.32 There are lower rates of homelessness in West Berkshire in comparison to regional and national figures. Between 1st July and 30th September 2021, 46 households in West Berkshire were identified as statutory homeless with a further 62 threatened with homelessness within 56 days. This means that they are unintentionally homeless, or threatened with homelessness, and in priority need, with the local authority accepting a duty to prevent their homelessness (prevention duty) or help them secure alternative accommodation (relief duty). This equates to a total rate of 1.64 per 1,000 households owed and relief or prevention duty in West Berkshire between 1st July and 30th September 2021, which is lower than the England rate of 2.86 per 1,000 households and the South East rate of 2.51. 47 households were living in temporary accommodation provided under homelessness legislation in West Berkshire at the 30th September 2021. This was a rate of 0.71 per 1,000 households, and was significantly lower than the England figure of 4.06 per 1,000 households, and lower than the rate for South East England of 2.82 per 1,000 households (Department for Levelling up, Housing & Communities, 2022).

Access to services and facilities

4.33 Data giving the location of areas within 15 mins travel time by public transport to main centres of population has been obtained from the place-based carbon calculator website (<https://www.carbon.place/>)³¹. Figure 4.12 presents travel time contours showing areas within 15 mins travel time by public transport of major facilities. It shows that there are many areas in West Berkshire where it would be difficult to access services and facilities by public transport. These are rural areas that are within controlled localities or where population density is low (see figure 7.2).

Figure 4.12: Areas within 15 minutes travelling time of major facilities in West Berkshire



Source: Ministry of Housing, Communities & Local Government, 2019

4.34 This may have implications for the delivery of health services, particularly in rural areas where it is expected that the growth in the numbers of elderly population would increase over the next few years, and that the population living in these areas would have difficulty accessing health services if they did not have access to a private car. Our public survey in Chapter 6 looks at how people travel to their pharmacy in West Berkshire and their satisfaction with their journey to their pharmacy.

³¹ CREDS, Place-based carbon calculator, July 2021

Patient groups with specific needs

People living in rural areas

- 4.35** There is a general perception that those living in rural areas are better-off both in terms of monetary and health and wellbeing compared to those living in urban areas. Overall, this is true, however over recent years there has been an increasing realisation by national and local governments that this generalisation can often mask the wealth and the wellbeing of certain rural communities where there is significant deprivation and poorer health outcomes. Those residents in more sparse rural areas, tend to experience more negative outcomes.³²
- 4.36** The average age of those living in rural areas is 5.3 years older than those living in urban. Around 23.5% of rural populations are over 65. Settlements in sparse areas have the highest proportion of their populations amongst older generations and an older population generally equates to worse health.
- 4.37** Rural communities are also less diverse. Around 95% of rural areas are made up by white British ethnicity. Minority ethnic groups are represented in very small numbers and may lack social and community support that is often present in urban areas. This can increase the risks of social isolation and exclusion.
- 4.38** Rural areas have worse access in terms of distance to health and social care services. Residents in rural areas would need to travel for longer to see a GP, dentist, hospitals and other health facilities. This may lead to 'distance decay', where the service use decreases with increasing distance. Typically, 80% of rural residents live within a 4km distance to a GP surgery compared to 98% of urban population. 55% of rural residents compared to urban residents live within 8 kilometre distance to a hospital. Access to mental health services differ from area to area, and the lack of statistical information about rural areas make it difficult to assess access issues to these services.
- 4.39** The 2011 census data identifies 10 neighbourhoods/Super Output areas in rural areas in West Berkshire where between 30-40% of single person pensioner households have no access to a car. Two of these neighbourhoods are within Aldermaston ward, the rest are within Basildon,

³² Health and Wellbeing in Rural Areas. Public Health England (2017)

https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf

Bradfield, Chieveley & Cold Ash, Burghfield & Mortimer, Downlands, Hungerford & Kintbury, Lambourn, and Newbury Speen (ONS Census data 2011).

- 4.40** A reduction in resources to care for older people, combined with issues of accessibility, travel and transport to health and social care services, contributes to the pressures on local governments and the NHS to take a more place-based approach to address population health needs.

Summary of population demographics

West Berkshire is a generally affluent rural unitary authority in Berkshire. Vast areas of the authority are rural and there are also a number of urban settlements including Newbury, Thatcham, and Hungerford. There are also areas of denser population to the East in Tilehurst which borders with the neighbouring borough of Reading. Based on data from the 2011 Census, ethnic diversity is fairly low in West Berkshire, 94.8% of the population are white. 96% of the population speak English as a main language.

West Berkshire has a relatively older population with median age of 43.8 years. While the overall population size will remain fairly stable over the lifetime of this PNA, the over 65 population is expected to increase by an additional 2,133 persons. Some of the wards with the greatest proportion of over 65s are in the more rural parts of the district.

Despite relative affluence, there are numerous pockets of deprivation within West Berkshire. A significant proportion of the deprivation is driven by a lack of access to services. There will be people living in more rural parts of the district who are likely to have less opportunities of access, lack private transport, and are of an older age demographic. This population is also at an increased risk from social isolation.

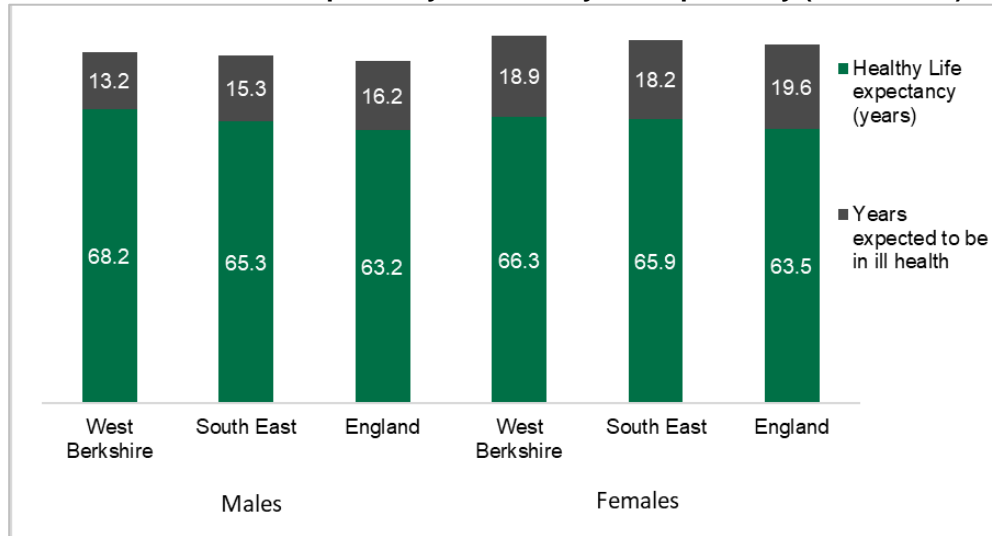
Chapter 5 - Population health needs

- 5.1** This chapter presents an overview of health and wellbeing in West Berkshire, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in West Berkshire and includes an exploration of health and behaviours and major health conditions.

Life expectancy and healthy life expectancy

- 5.2** Life expectancy is a statistical measure of how long a person is expected to live. Healthy life expectancy at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.
- 5.3** West Berkshire residents have higher levels of life expectancy and healthy life expectancy compared to South East England and England. West Berkshire 2018-20 life expectancy figures are 81.4 for males and 85.2 for females, significantly higher than national and regional life expectancy figures. Figure 5.1 below presents levels of life expectancy and healthy life expectancy in numbers of years for both men and women, for West Berkshire, South East England and England as a whole. 2017-19 figures are presented as they are the latest figures for healthy life expectancy (OHID, Public Health Profiles, 2022). Healthy life expectancy for males living in West Berkshire is also significantly higher than the national and regional averages and is 68.2 years. However, whilst female healthy life expectancy is higher than national averages in West Berkshire at 66.3 years, it is lower than the healthy life expectancy for West Berkshire males. Therefore, although females live longer overall than males living in West Berkshire (approx. 2 years), they live almost 19 years on average in poor health.

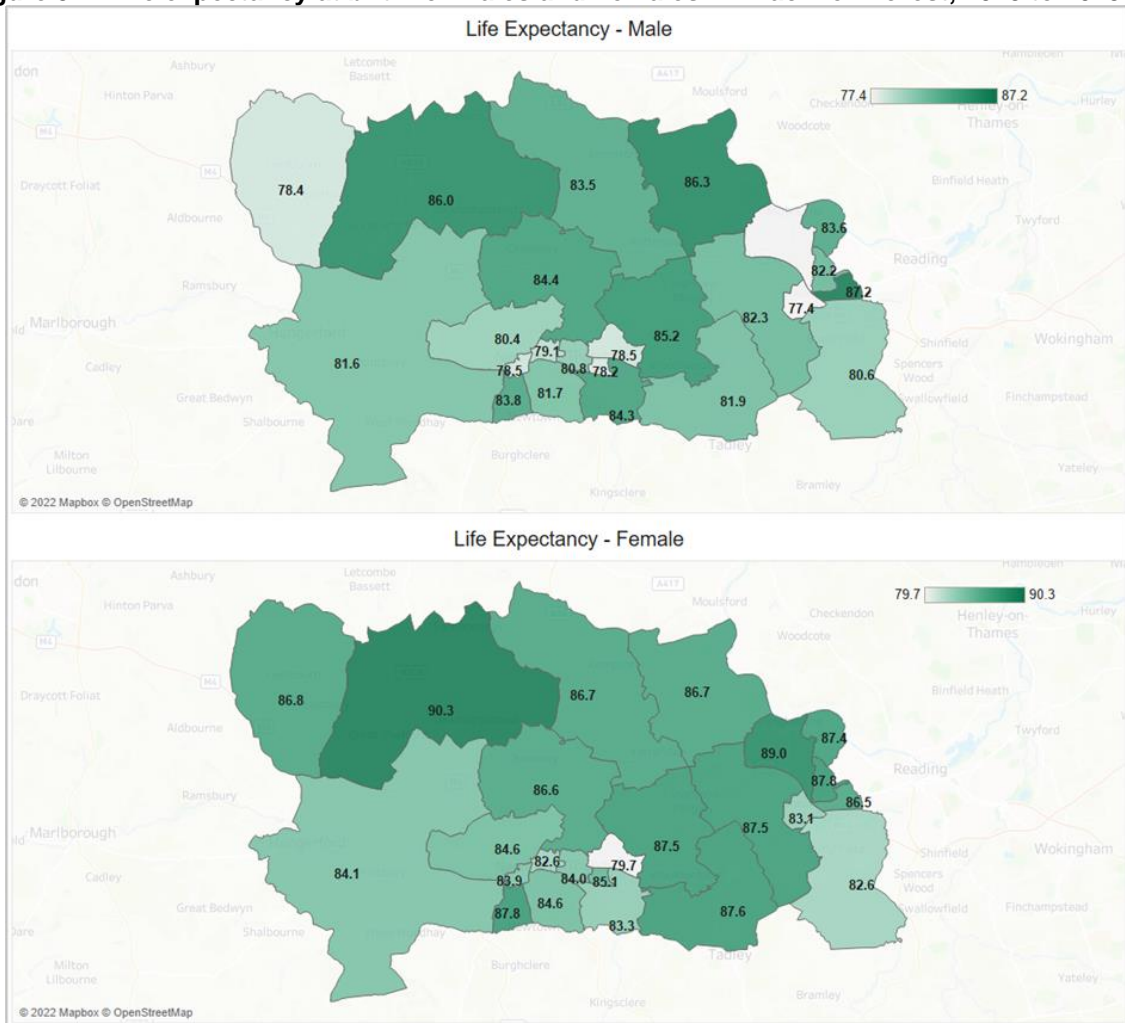
Figure 5.1: West Berkshire Life expectancy and healthy life expectancy (2017 - 2019)



OHID, Public Health Outcomes Framework, 2022

- 5.4 Despite West Berkshire being one of the least deprived local authorities in England, there are still some inequalities in life expectancy within the district. Men living in the most deprived parts of the district are expected to live 3.5 years less than those living in least deprived areas. This compares to 7.9 years for South East England and 9.7 years for England as a whole.
- 5.5 The gap for women is higher at 4.1 years, compared to 6.0 years for South East England and 7.9 years for England as a whole. These figures are derived from the 2018-2020 slope index of inequality for life expectancy in years (OHID, Public Health Outcomes Framework, 2022).
- 5.6 At ward level, life expectancy is lowest in Theale for males and Thatcham North East for females. Tilehurst South & Holybrook residents have the highest life expectancy for males at 87.2 with Downlands the equivalent for females at 90.3. Figure 5.2 presents the latest life expectancy figures at ward level (2015-19 data).

Figure 5.2: Life expectancy at birth for Males and Females in Bracknell Forest, 2015 to 2019



Source: OHID, Local Authority Health Profiles, 202233

5.7 The life expectancy gap between West Berkshire’s most and least deprived areas is attributable to different causes of death for men and women, and these issues are explored in the section below on long term health conditions.

Our health and behaviours

5.8 Lifestyle and the personal choices that people make can significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England, which

³³ NB: The Pangbourne ward figure for males is not provided as there was insufficient data/sample size for the ward

is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%).³⁴ While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

- 5.9** Community Pharmacy teams support the delivery of community health programmes promoting interventions by, for example, engaging local public health campaigns and rolling out locally commissioned initiatives such as campaigns to encourage people to stop smoking, sexual health services and dementia friends. In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.
- 5.10** This section of the chapter explores different health behaviours and lifestyles that pharmacies can offer support, to improve the overall health of the population of the district of West Berkshire.

Smoking

- 5.11** Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death³⁸. A wide range of diseases and conditions are caused by smoking such as cancers, respiratory diseases and cardiovascular diseases.
- 5.12** Smoking prevalence is low in West Berkshire. 10.3% of West Berkshire's adult population aged 18+ smoke (2019 data), which is lower than the percentage for England (13.9%) and South East England of 12.2%. Smoking prevalence among those employed in routine and manual occupations is much higher. In 2019, 23.8% of routine and manual workers in West Berkshire smoke, similar to the figure for England of 23.2%, and South East England of 23.7% (OHID, Public Health Outcomes Framework, 2022).
- 5.13** Smoking prevalence rates are also monitored for pregnant women, due to the detrimental effects of smoking on the growth and development of the baby and health of the mother. The

³⁴ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2015 (GBD 2015) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2016.

proportion of mothers who smoke in early pregnancy was 11.73% in West Berkshire in 2018/19, similar to 12.8% for England and 11.3% for the South East region (OHID, Public Health Outcomes Framework, 2022).

Alcohol

- 5.14** Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.
- 5.15** In West Berkshire in 2020, there were 52 deaths classified as 'Alcohol-related mortality'. This gave a rate of 31.7 per 100,000 population which is lower than the England rate of 37.8 and the rate for the South East region of 33.9. Though these differences are not statistically significant.
- 5.16** In 2020/21, there were 600 admission episodes for alcohol-specific conditions in West Berkshire. This is a rate of 377.7 per 100,000 population, which is lower than the rate for England of 586.6 and lower than the rate for the South East region of 539.9 (OHID, Local Authority Public Health Profiles, 2022).

Drug use

- 5.17** Substance misuse is linked to mental health issues such as depression, disruptive behaviour and suicide. In 2018-2020, there were 13 deaths from drug misuse in West Berkshire (OHID, Local Authority Public Health Profiles, 2018-2020). This is a rate of 2.84 per 100,000 population, which is lower than the rate for England of 5.02 per 100,000 population, and similar to that for South East England of 3.97.
- 5.18** In West Berkshire in 2020, 2.9% of drug users aged 18 years and over had successful treatment for opiate drug use, which is lower than figures for England of 4.7% and the South East region of 5.7%. Though these differences are not statistically significant (OHID, Local Authority Public Health Profiles, 2020). For successful completion of drug treatment for non-opiate users aged 18 years and over, the figures for West Berkshire were 28.9%, and comparable figures for England and the South East region were 33% and 33.3% respectively. Again, these differences are not statistically significant (OHID, Local Authority Public Health Profiles, 2022).

Obesity

- 5.19** Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes³⁵ and increases the risk of death from COVID-19 by 40- 90%³⁶. Obesity is indicated when an individual's Body Mass Index (BMI) is over 30.
- 5.20** 60% of adults living in the district are classified as being obese or overweight in 2019/20 (OHID, Public Health Outcomes Framework, 2019/20). These figures are slightly better than those for England (62.8%) though the difference is not statistically significant.
- 5.21** Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.
- 5.22** The COVID-19 pandemic is likely to have increased the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.
- 5.23** 19.9% of children in Reception Class in West Berkshire in 2019/20 were overweight and obese, and 29.1% of Children in Year 6 were overweight or obese (OHID, Public Health Outcomes Framework, 2019/20). These figures compare favourably to those for England (23% for children in reception, 35.2% for children in year 6). It should be noted that the coverage of measurements which these figures are based on were interrupted by the COVID-19 pandemic and coverage for reception children in West Berkshire was 54% so reception prevalence data should be interpreted with caution.

³⁵ Public Health England (2017). Guidance: Health matters: obesity and the food environment.

³⁶ Public Health England. Excess weight and covid-19. Jul 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf.

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- 5.24** As part of the Pharmacy Quality Scheme (PQS) 2021/22³⁷ pharmacies are now expected to help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

Physical activity

- 5.25** People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. The Global Burden of diseases³⁸ showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.
- 5.26** The district of West Berkshire is active. In 2019/20 77.3% of adults in West Berkshire were considered 'physically active', much higher than the England figure of 66.4%. 14.2% of adults within the district were considered 'physically inactive', much lower than the England figure of 22.9% (OHID, Public Health Outcomes Framework, 2022).

Sexual health

- 5.27** Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. Public Health England states that the success of sexual and reproductive health services 'depends on the whole system working together to make these services as responsive, relevant and easy to use as possible and ultimately to improve the public's health'.
- 5.28** The rate of new STI diagnoses in West Berkshire is lower than the national rate. In 2020, the all new STI diagnosis rate per 100,000 population (excluding chlamydia for those aged under 25) per 100,000 population for West Berkshire was 285.6, which is better than the rate for South East England (460.8) and for the rate for England (619).

³⁷ Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

³⁸ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2015 (GBD 2015) Reference Life Table. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2016.

5.29 Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. The chlamydia detection rate in 2020 per 100,000 population young people aged 15-24 for West Berkshire is 1,061.9 - this is again lower than the rate for England (1,408) and for South East England (1,222). Chlamydia screening is low in West Berkshire. 8.6% 15-24 year olds who present to specialised sexual health clinics were screened in 2020. This is lower than the figure for England of 14.3% and for South East England (12.5%) (OHID, Local Authority Public Health Profiles, 2022).

HIV

5.30 The rate of HIV is comparatively low in West Berkshire. The latest figures show that there were 70 residents aged 15-59 years in West Berkshire in 2020 diagnosed with HIV. This equates to 0.79 per 1,000 population which is lower than the national rates at 2.31 per 1,000 population, and lower than the regional figure at 1.85 per 1,000 population.

5.31 HIV testing coverage in 2020 is strong in comparison to regional and national coverage. 64.2% of those who attended specialist sexual health services were tested, which is markedly better than the rate for England (46%) and South East England (47%). 83% of those newly diagnosed in 2018-20 received prompt antiretroviral therapy initiation, similar to England and South East figures of 83% and 84% respectively (OHID, Local Authority Public Health Profiles, 2022).

COVID-19

5.32 The COVID-19 pandemic has highlighted the impact of deprivation on health risks and health outcomes. COVID-19 morbidity and mortality has been more pronounced in more deprived areas and in those from ethnic minority groups who experience more social inequalities such as income, housing, education, employment, and conditions of work. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of Black or Asian heritage and have underlying health conditions such as obesity or diabetes³⁹.

5.33 ONS have produced data on age-standardised deaths due to COVID-19 per 100,000 population from March 2020 to April 2021 for each Local Authority Area in England⁴⁰. The rate per 100,000 population for the district of West Berkshire in this period was 121.1 deaths per 100,000 population, which compares favourably with the rate for the South East Region

³⁹ PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

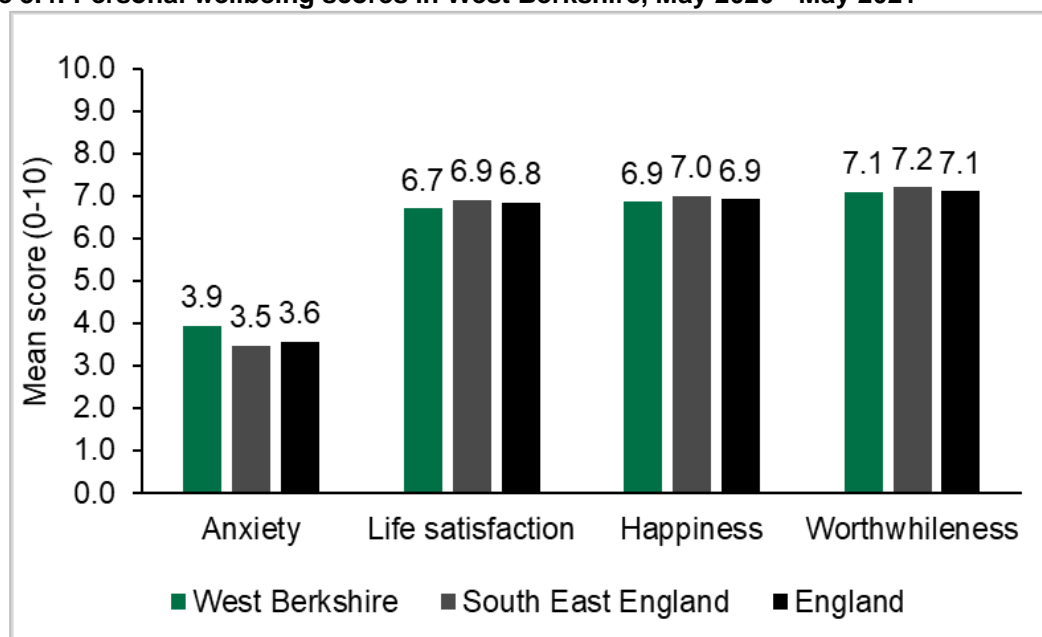
⁴⁰ ONS, Age-standardised deaths due to covid 19 per thousand population for Local Authority areas, June 2021.

5.35 The population vaccination coverage for flu for at risk individuals (aged 6 months-64 years), in West Berkshire is also doing well at 64.3% in 2020/21. This is higher than the percentage for England of 53%, South East England of 56.4% and the national population vaccination coverage target of 55% (OHID, Local Authority Public Health profiles, 2022). Again, provisional data for 2021/22 shows that the coverage increased since 2020/21.

Mental wellbeing

5.36 Mental health and wellbeing is a priority area for the Berkshire West Health and Wellbeing Strategy.⁴¹ The ONS dataset ‘Personal well-being estimates by Local Authority’⁴² uses four measures to assess personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.4 below presents the results from the latest survey wave (2020-21), showing the mean score (0-10) for each of the variables. It shows that West Berkshire has slightly higher levels of anxiety compared to South East England and England, but similar results to South East England and England for Happiness, Life Satisfaction and Worthwhile.

Figure 5.4: Personal wellbeing scores in West Berkshire, May 2020 - May 2021



Source: ONS, Personal Wellbeing in the UK, 2021

⁴¹ Berkshire West Health & Wellbeing Strategy (2021-2030). <https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/>

⁴² ONS, Personal Wellbeing in the UK, 2020-2021, October 2021. <https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/2>

Social isolation and loneliness

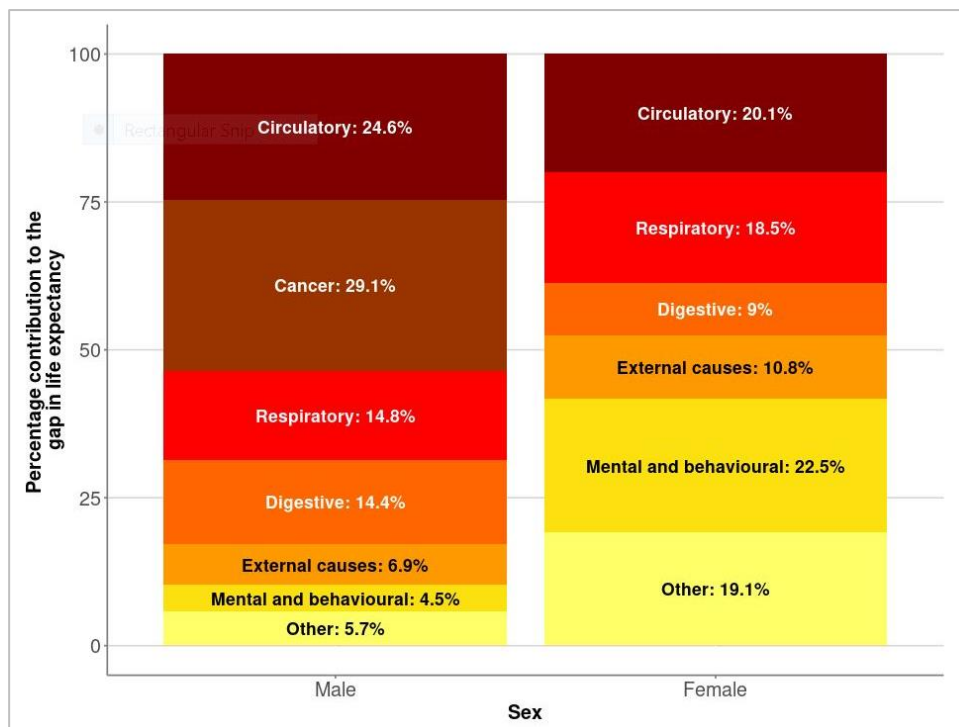
- 5.37** Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke⁴³. 28.9% of West Berkshire over 65s live alone (ONS 2011 Census). This is lower than the England rate of 31.5%.
- 5.38** The Adult social care survey explores isolation and loneliness in its analysis. Findings show that in West Berkshire, 45.7% users who responded to a survey have as much social contact as they would like. This is similar than national figures of 45.9%. It highlights that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).
- 5.39** Pharmacies have a role in supporting population mental health and wellbeing. They can help with early identification of new or worsening symptoms in their patients, they can signpost make a referral to existing offers of support and they can work with patients to ensure their safe and effective use of medications.

Major health conditions

- 5.40** The causes of life expectancy gap between the most deprived and least deprived populations within a district provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.
- 5.41** Figure 5.5 presents a breakdown of the causes of life expectancy gap (by broad cause of death) between the most deprived quintile and least deprived quintiles of West Berkshire. It highlights circulatory diseases as the biggest cause of the differences in life expectancy between deprivation quintiles for males and females, accounting for 24.6% and 20.1% of the gap respectively.

⁴³ Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*; 104:1536-1542.

Figure 5.5: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of West Berkshire, by broad cause of death, 2015-17



Source: OHID, Breakdown of the Life Expectancy Gap Segment tool, January 2022

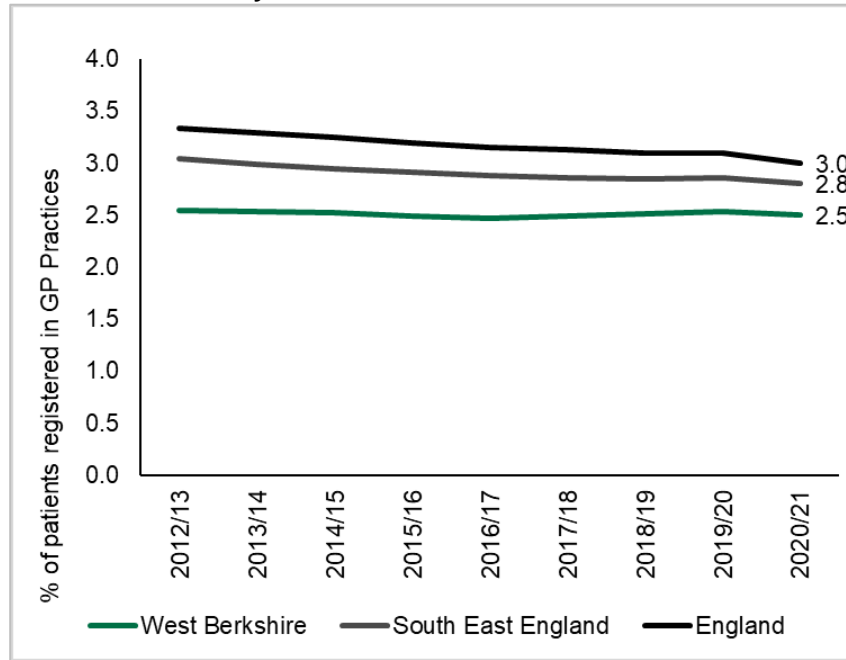
5.42 Cancer is the next biggest cause of life expectancy gap in males accounting for 29.1% of the gap in West Berkshire. The third major cause of life expectancy gap for males is respiratory diseases which account for 14.8% of the life expectancy gap. It is also the second major cause for females accounting for 18.5% of the gap. Mental and Behavioural reasons are the third biggest cause in the life expectancy gap in females. Mental and Behavioural reasons include dementia and Alzheimer’s disease.

5.43 We will take a closer look at circulatory diseases, cancer and respiratory diseases and mental and behavioural reasons and their impact in West Berkshire.

Circulatory diseases

5.44 Circulatory diseases include heart disease and stroke. The percentage of patients registered with GP Practices in West Berkshire with Coronary Heart Disease in 2020/21 was 2.5%. This is better than the England rate of 3% and the rate for the South East of 2.8%. West Berkshire is in the 2nd lowest quintile in England for this indicator (QOF, 2022). Figure 5.6 shows the trend for this indicator from 2012/13, where the West Berkshire rate has been relatively static and consistently below the rate for England and South East England.

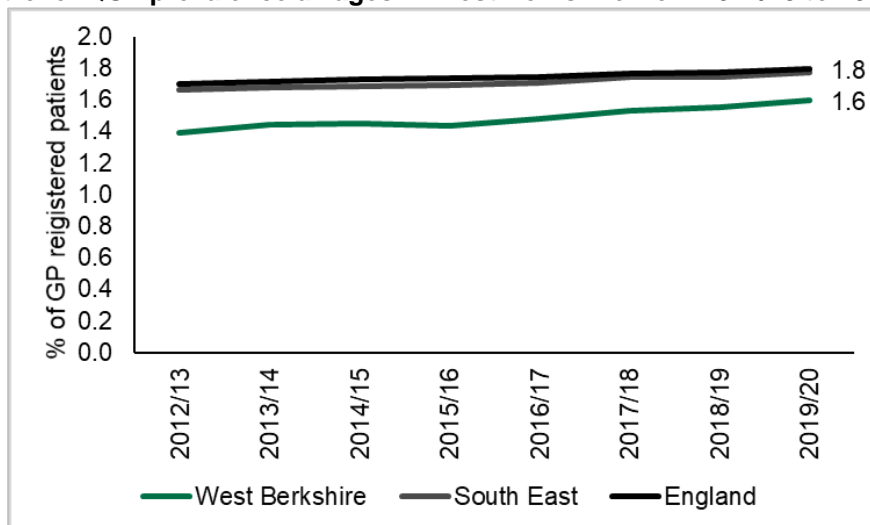
Figure 5.6: Prevalence of coronary heart disease in West Berkshire from 2012/13 to 2020/21



Source: OHID, Local Authority Public Health Profiles, 2022

5.45 1.6% registered with a GP in West Berkshire were on GP registers in 2019/20 recorded as having had a stroke or transient ischaemic attack . This is lower than the percentage for England of 1.8, and also lower than the percentage of 1.8 for South East England. West Berkshire is in the second lowest quintile in England for this indicator (OHID, Local Authority Public Health profiles, 2020). Figure 5.7 shows the trend for this indicator from 2012/13, and it can be seen that for West Berkshire the percentage has been steadily increasing.

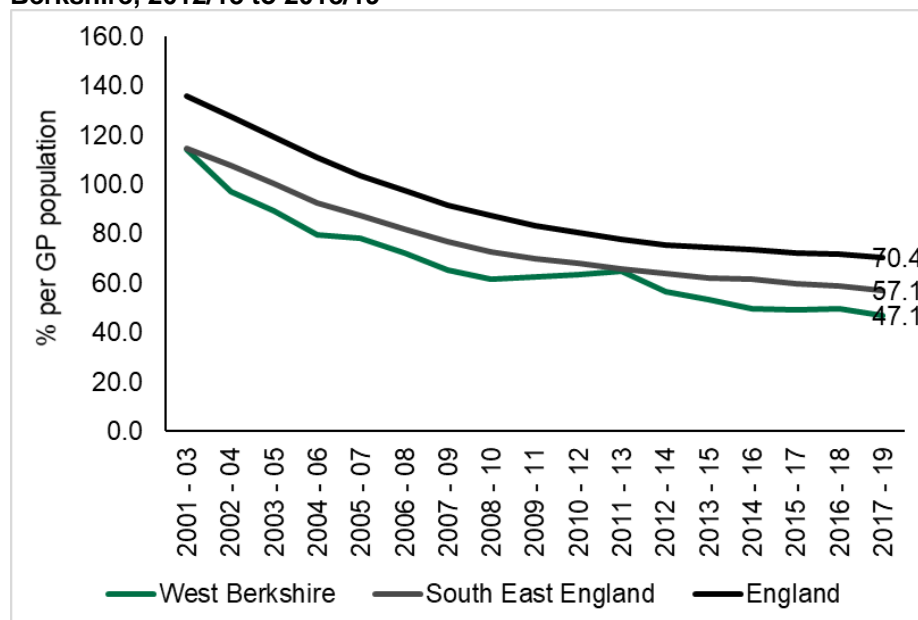
Figure 5.7: Stroke: QOF prevalence all ages in West Berkshire from 2012/13 to 2019/20



Source: OHID: QOF, 2022

5.46 The under 75 mortality rate for cardiovascular disease is 47.1 per 100,000 population, lower than to England and South England figures (Figure 5.8)

Figure 5.8: Trendline of under 75 mortality rate from all cardiovascular diseases for West Berkshire, 2012/13 to 2018/19



Source: OHID, Local Authority Public Health Profiles, 2022

Cancer

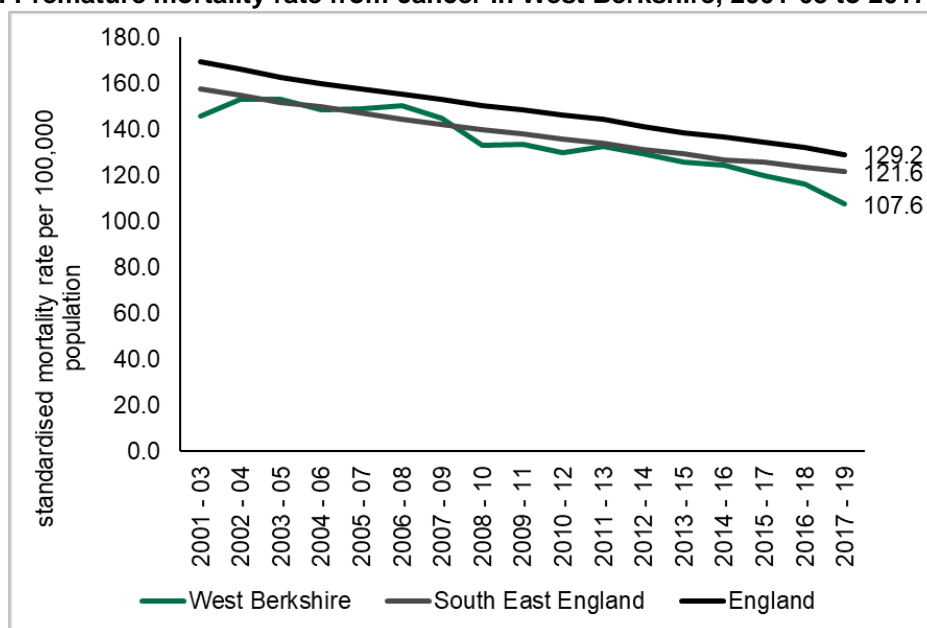
5.47 Pharmacists can play in an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

5.48 The incidence of all cancers (standardised incidence ratio) for West Berkshire during the period 2014-2018 was 96.4. The cancer incidence ratio in West Berkshire is significantly below 100 indicating a lower incidence than the comparator area (England). The incidence ratios of Colorectal cancer, breast cancer and prostate cancer in West Berkshire are similar to those for England; incidence of lung cancer is significantly lower (OHID, Local Authority Health Profiles, 2022).

5.49 The premature mortality rate from cancer (i.e. under 75 years) in West Berkshire in 2017-2019 was 107.6 per 100,000 population, which is significantly lower than the rate for England of 129.2, and the rate of 121.6 for South East England (OHID, Local Authority Health Profiles, 2022). Premature mortality from cancer has been on a downward trend over the last two

decades, with the figures for West Berkshire falling below those of England and South East England during the most recent years of data (see Figure 5.9 below).

Figure 5.9: Premature mortality rate from cancer in West Berkshire, 2001-03 to 2017-19

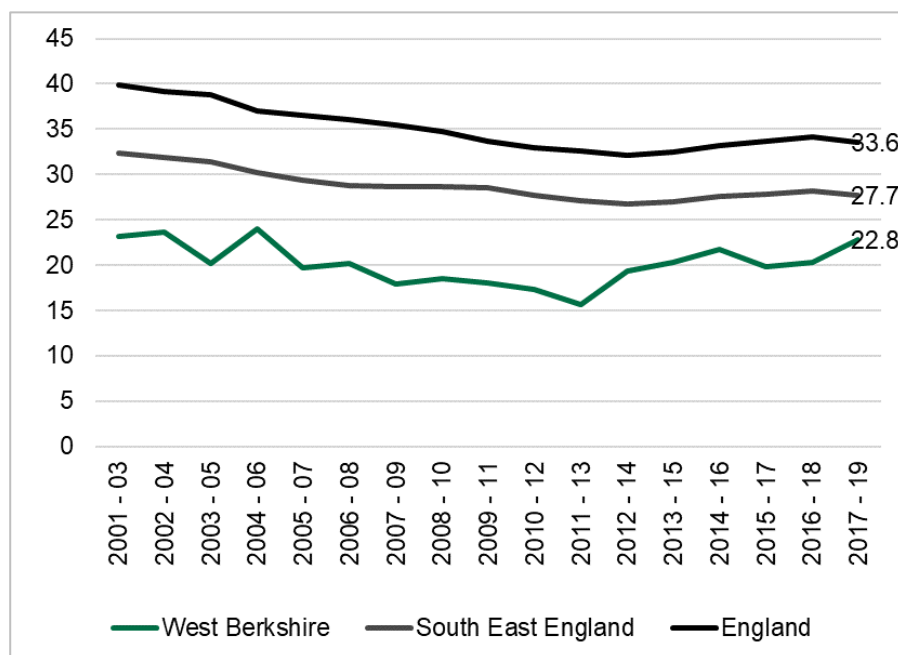


Source: OHID, Local Authority Public Health Profiles, 2022

Respiratory diseases

- 5.50** Respiratory disease is one of the top causes of death in England in under 75s. Respiratory diseases encompass flu, pneumonia and chronic lower respiratory diseases such as chronic obstructive pulmonary disease.
- 5.51** The under-75 mortality rate by respiratory disease for West Berkshire was 22.8 per 100,000 population (2017-19 data), which is significantly lower than the rate for England of 33.6 similar to the South East England rate of 27.7. (OHID, Local Authority Health Profiles, 2022). Figure 5.10 shows the relatively static trend for this indicator over the last two decades.

Figure 5.10: Under 75 mortality rate from respiratory disease in West Berkshire, 2001-03 to 2017-19



Source: OHID, Local Authority Public Health Profiles, 2022

5.52 One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). The rate for Emergency hospital admissions for COPD for persons over 35 years for West Berkshire in 2019/20 was 241.4, which is significantly lower than the rate for England of 415.1 and the rate for South East England of 295.1 (OHID, Local Authority Public Health Profiles, 2022). The recent trend for this indicator for West Berkshire is decreasing and getting better. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Mental and behavioural

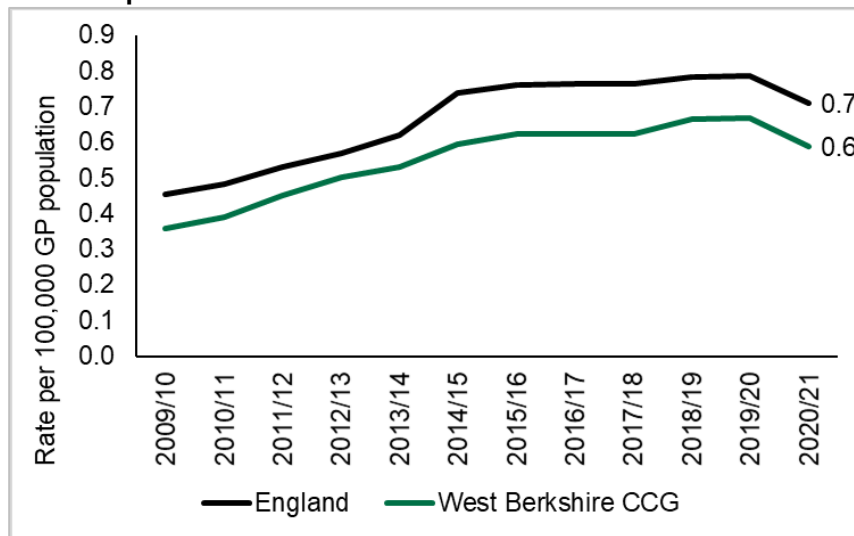
5.53 Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

5.54 Modelled estimates suggest that depression prevalence may be slightly higher than average in West Berkshire. An estimated 12.6% of GP patients aged 18 and over in the Newbury Parliamentary Constituency (which roughly covers the area of West Berkshire) are recorded on GP registers as having depression in 2019/20. This compares to a figure of 11.5% for England and 12% for the South East Region.

5.55 Neighbourhoods in West Berkshire with above average estimated rates for depression include Thatcham Town (20.6%), Thatcham West (19.6%) and Thatcham North (19.6%) (House of

with dementia who have a formal diagnosis in West Berkshire is 58.1%, significantly lower than the national rate of 61.6%.

Figure 5.12: Estimated prevalence of dementia in West Berkshire



Source: QOF, 2022

5.58 The number of people living with from dementia in West Berkshire is expected to increase significantly over the period 2013-2036, as the area is set to experience population growth of people aged 65 and over, who will be increasingly likely to live alone. This will put pressure on the delivery of health care services, particularly as this population growth is expected to occur in rural areas⁴⁴. Community pharmacists are well placed to assist in the early identification of dementia, as well as to help patients to manage their medicines.

⁴⁴ Berkshire (including South Buckinghamshire) Strategic Housing Market Assessment, Final Report, GL Hearn, February 2016

Summary of health needs

Overall, the people of West Berkshire enjoy a good level of health. Life expectancy and healthy life expectancy are higher than regional and national figures for both males and females. However, females in West Berkshire, on average, live for 19 years in poor health and males for 13. There is also an inequality gap in life expectancy between those living in the most deprived areas of West Berkshire compared to those living in the least deprived areas. In general, the health and behaviours of West Berkshire residents are better than South East England and England as a whole.

Circulatory diseases, cancer, respiratory diseases and mental and behavioural issues are the main causes of the gap in life expectancy between the most and least deprived areas. Although the prevalence of circulatory diseases including coronary heart disease and stroke were lower than regional and national comparators, as were premature mortality figures for cardiovascular disease, cancer and respiratory diseases.

The estimated prevalence of depression is higher than regional and national comparators, particularly in Thatcham Town and Thatcham West. Estimated prevalence of schizophrenia, bipolar disorder and psychosis as well as dementia are lower than South East England and England overall. However, it is important to note, these estimates are based on GP recorded prevalence and differences between areas may reflect differences in how GPs record and measure information about their patients, rather than genuine differences in the prevalence.

Chapter 6 - Patient and public engagement survey

- 6.1** This chapter discusses the results of the patient and public engagement survey that was carried out in Berkshire between the period of 13th January 2022 until 4th March 2022. It will also provide an overview of the results specifically from West Berkshire. We will examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process, and the implications this may have on the PNA.
- 6.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 6.3** A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of each of the Berkshire local authorities.
- 6.4** The community questionnaire was disseminated via online platforms, social media and in person for Berkshire. We engaged with 1789 residents across Berkshire, including 256 residents across West Berkshire.

Communications engagement strategy

- 6.5** Working with the Berkshire local authority communications teams, the survey was shared on social media platforms such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Public Health Berkshire webpage.
- 6.6** Locally, the West Berkshire Council Communications Team shared the survey on the council website and within their council newsletter.
- 6.7** The survey was also shared on the councils Facebook, Twitter and Nextdoor social media channels. Community United and Newbury college were also asked to share their survey through their communications channels.
- 6.8** To reach people who represent people who share protected characteristics and the seldom heard the survey was also published on the community panels including the Adult Care

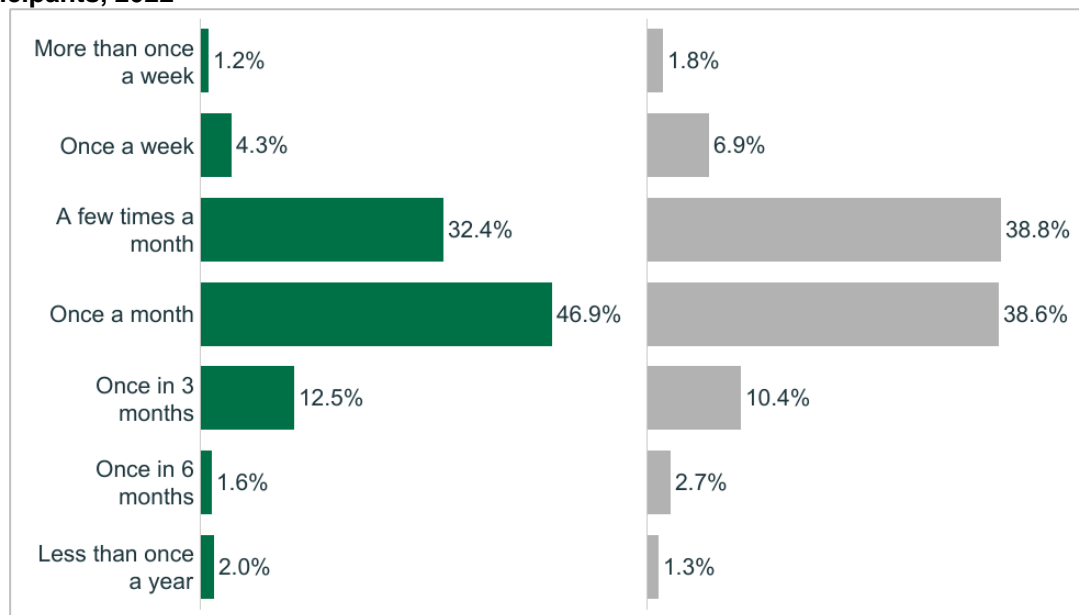
Community Panel, the Health and Wellbeing and Caring for Children and Families Community Panel.

Results of the public engagement survey

6.9 The survey results are shown below, comparing West Berkshire responses (256 in total, shown in green) with Berkshire overall responses (1789 in total, shown in grey).

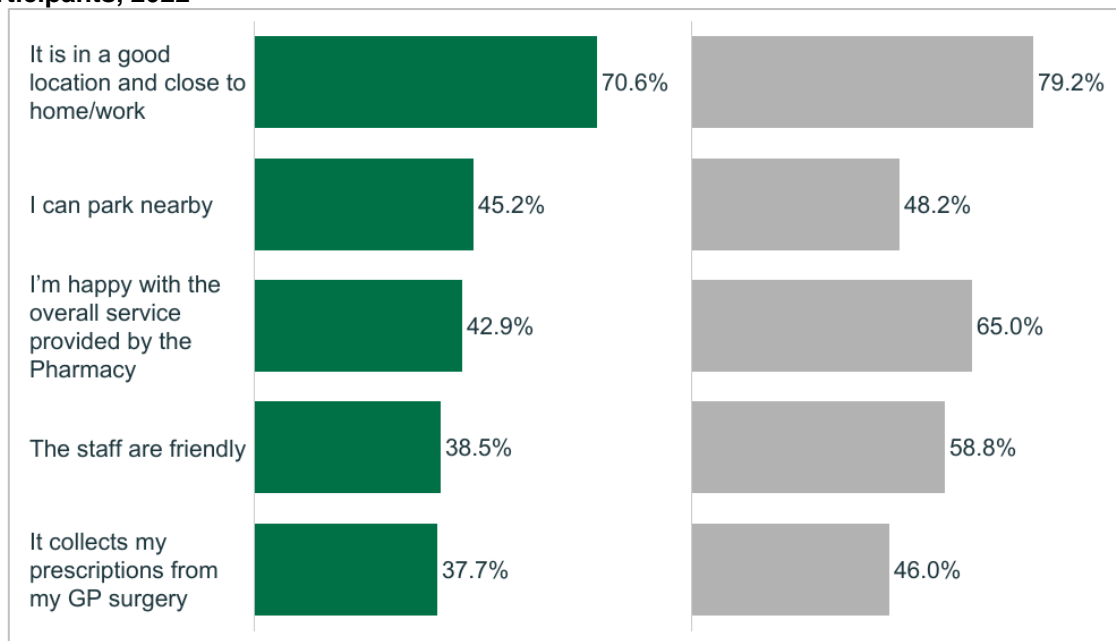
6.10 Across Berkshire, they showed that 38.8 % (691) respondents used the pharmacy between a few times a month and once a month 38.6% (687), Similarly, West Berkshire respondents used the pharmacy mostly at least once a month (46.9%), followed by few times a month (32.4%) (Figure 6.1).

Figure 6.1: Survey responses on frequency of pharmacy use by West Berkshire and Berkshire participants, 2022



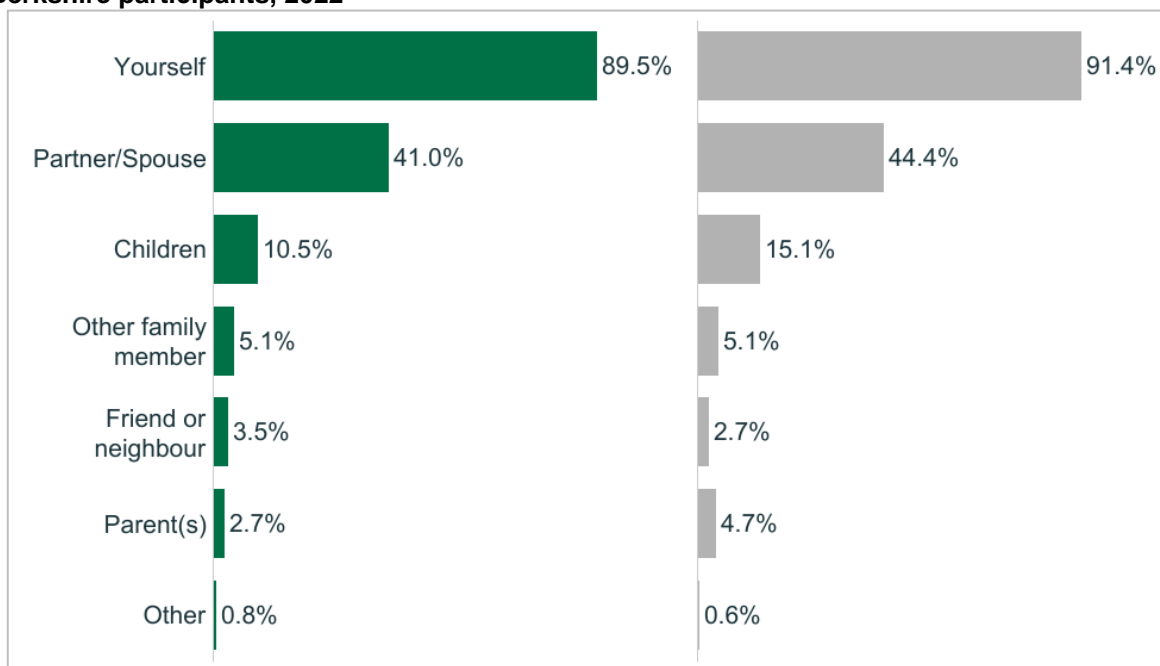
6.11 The majority of respondents across Berkshire, (79.2%) and West Berkshire (70.6%) both stated their main reason for their choice of pharmacy was due to the good location and its proximity to their work/home. This was followed by 65% of Berkshire respondents stating their choice was due to their happiness with the overall service provided by the pharmacy and 45.2% of respondents from West Berkshire using their pharmacy as they can park nearby (Figure 6.2).

Figure 6.2: Survey responses on reasons for pharmacy choice by West Berkshire and Berkshire participants, 2022



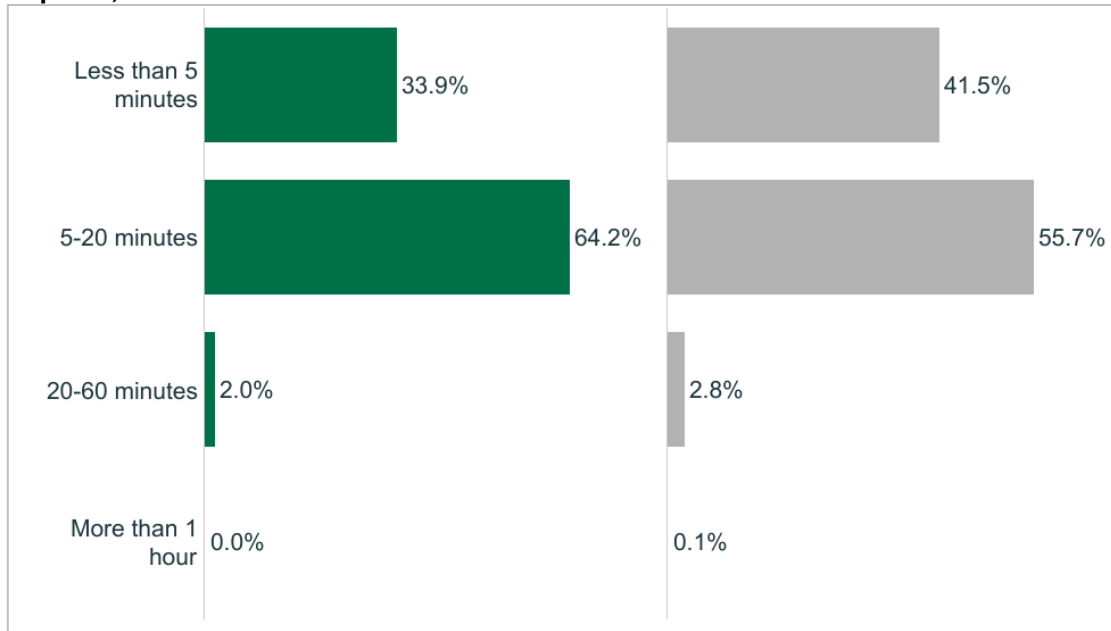
6.12 When asked who they are using the pharmacy for, 89.5 % and 91.4% of respondents use the pharmacy for themselves across West Berkshire and Berkshire respectively. Furthermore, 41% West Berkshire and 44.4% Berkshire respondents used their pharmacy mainly for their partner/spouse (Figure 6.3).

Figure 6.3: Survey responses on who they are using their pharmacy for by West Berkshire and Berkshire participants, 2022



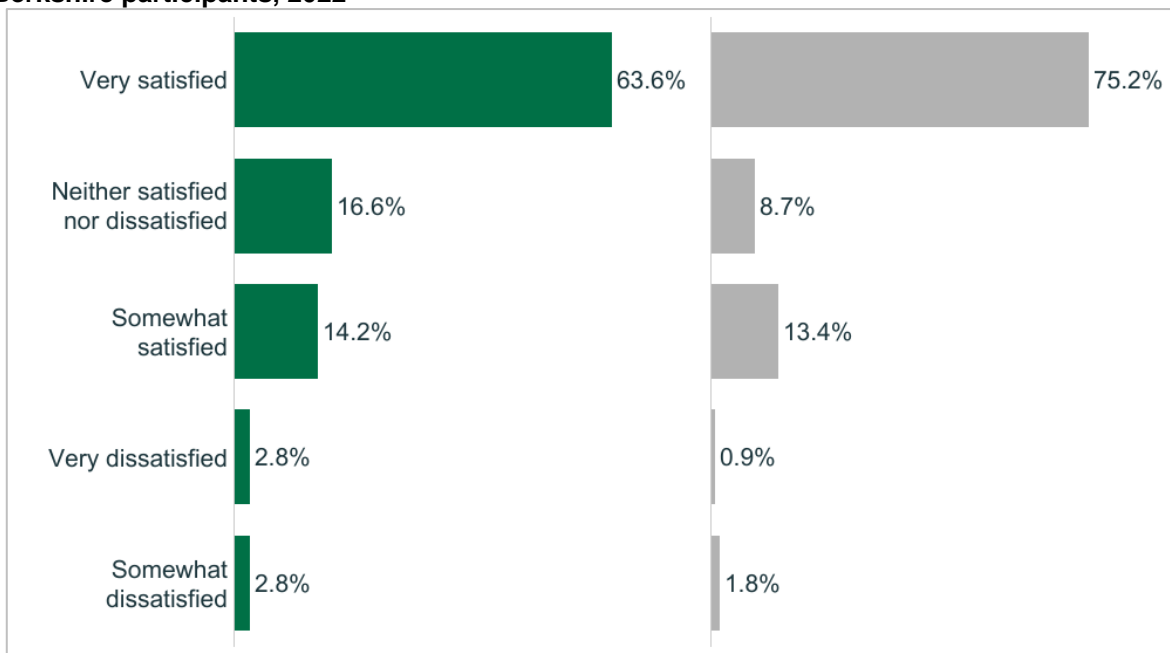
6.13 Across Berkshire, 33.9% of West Berkshire, respondents answered that that it takes less than 5 minutes to travel to their pharmacy whereas 64.2% stated that it takes them 5-20 minutes (Figure 6.4).

Figure 6.4: Survey responses on travel time to pharmacy by West Berkshire and Berkshire participants, 2022



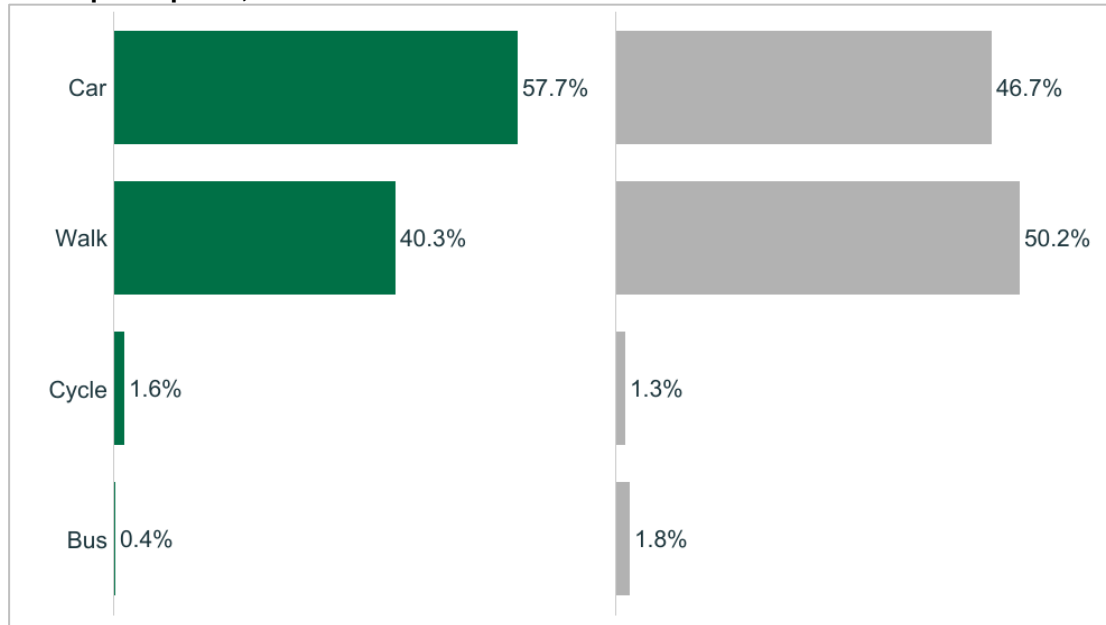
6.14 The majority of respondents across Berkshire and West Berkshire, were very satisfied with their journey to their pharmacy, 75.2% and 63.6% respectively (Figure 6.5).

Figure 6.5: Survey responses on satisfaction of journey to pharmacy by West Berkshire and Berkshire participants, 2022



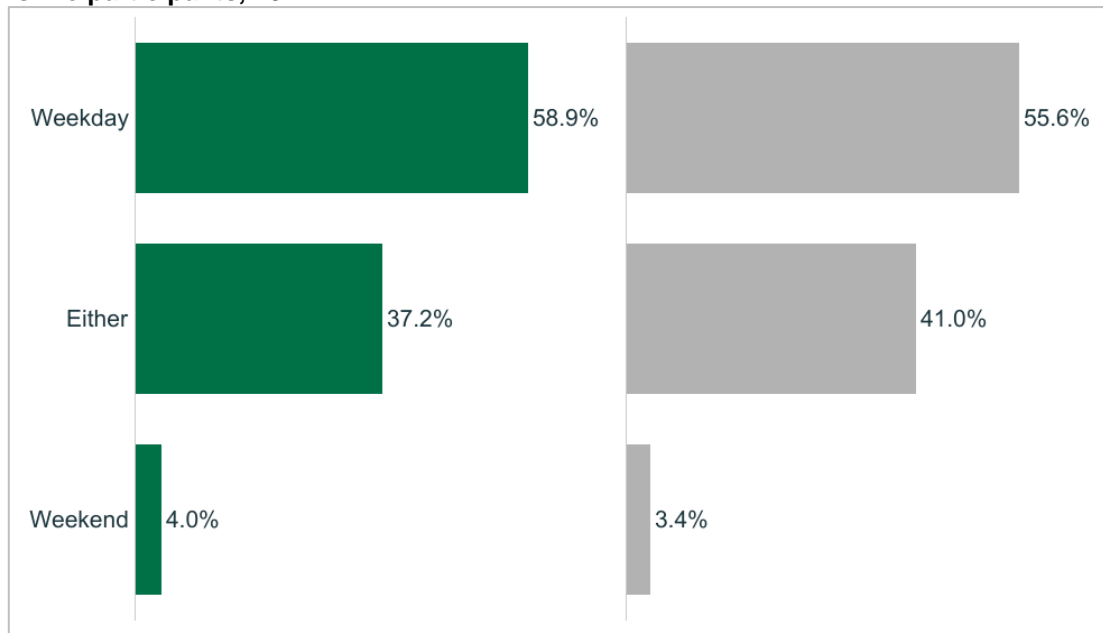
6.15 When asked around how they usually travel to their pharmacy, across Berkshire 50.2% walk to their pharmacy, and 46.7% of respondents used their car and to travel to their pharmacy. Similarly, in West Berkshire, 40.3% walk to their pharmacy and 57.7% use their car (Figure 6.6).

Figure 6.6: Survey responses on how they travel to their pharmacy by West Berkshire and Berkshire participants, 2022



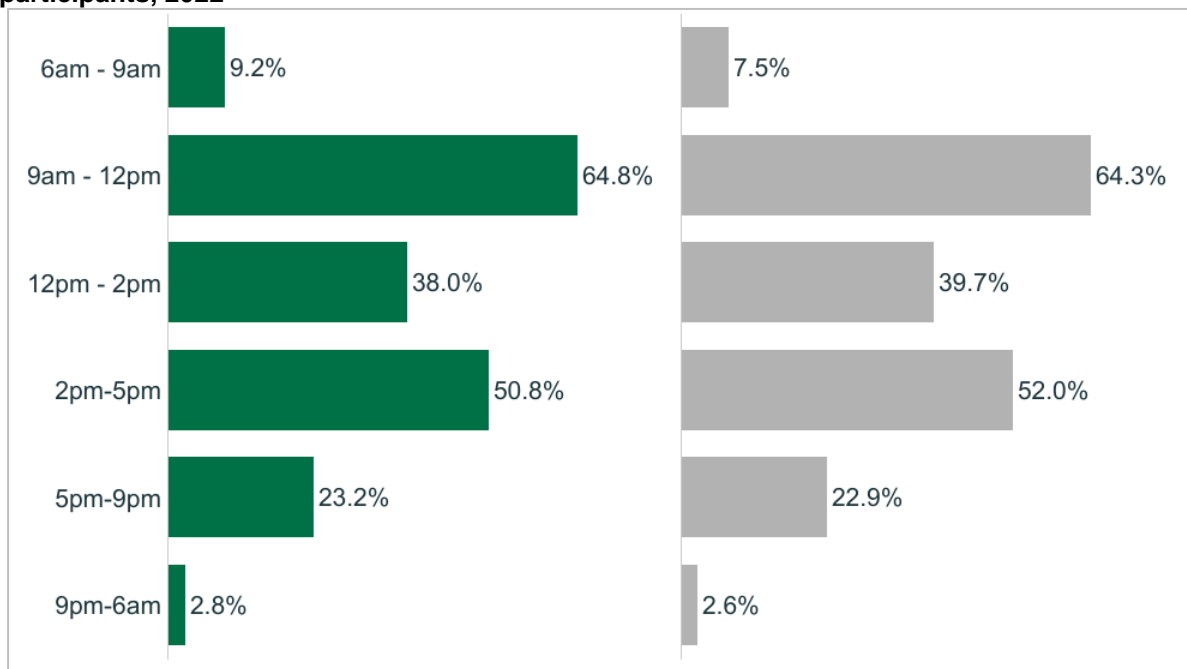
6.16 When asked when they preferred to go to the pharmacy, respondents across Berkshire 55.6% (975) stated on weekdays, comparably 58.9% (149) of respondents in West Berkshire, answered alike. Given the choice of either weekday or weekend, across 37.2% (94) respondents came from West Berkshire and 41% (720) across Berkshire (Figure 6.7).

Figure 6.7: Survey responses on preferred day to visit pharmacy by West Berkshire and Berkshire participants, 2022



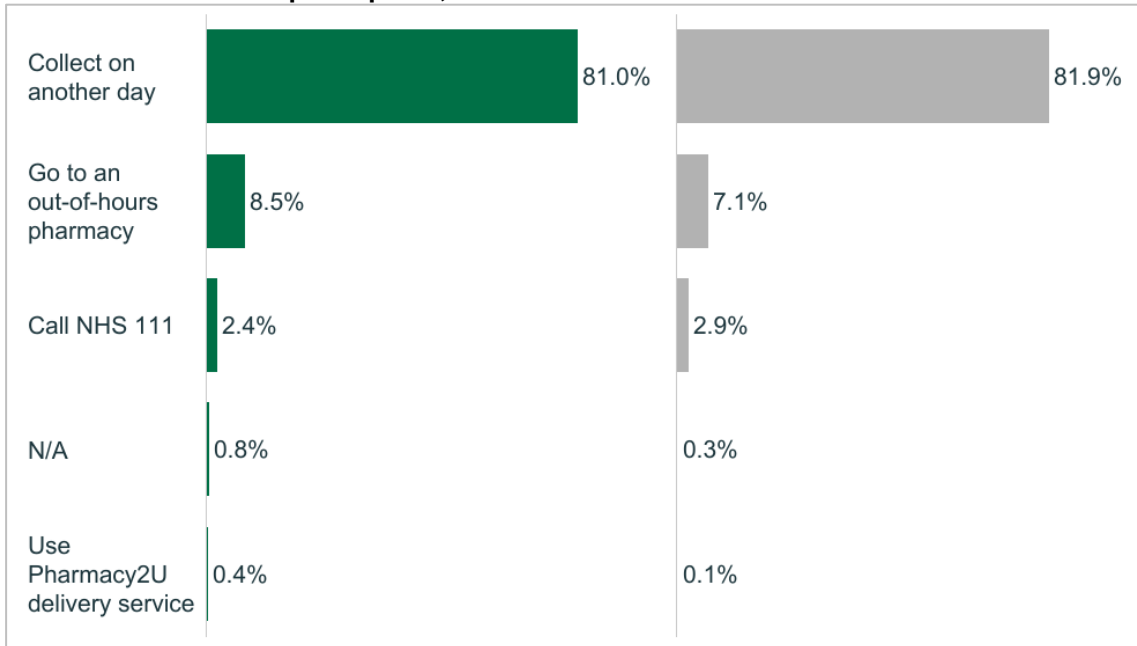
6.17 In terms of times, across Berkshire most popular times being between 9am- 12pm, followed by 2pm- 5pm (see figure 5.6). In West Berkshire, the respondents stated their preferred times between 9am - 12pm and 2-pm - 9pm. Note: respondents could select multiple responses for this survey question (Figure 6.8).

Figure 6.8: Survey responses on time to visit their pharmacy by West Berkshire and Berkshire participants, 2022



6.18 When asked what you do if you can't access the pharmacy, 81.9% of respondents across Berkshire answered that they collect on another day, followed by 7.1% stating they would go to an out-of-hours pharmacy. Alike, across West Berkshire, 81% respondents would collect another day and 8.5% go to an out-of-hours pharmacy (Figure 6.9).

Figure 6.9: Survey responses on what they do if they can't access the pharmacy by West Berkshire and Berkshire participants, 2022



6.19 Of the 256 respondents in West Berkshire, 62 left a comment on how what additional services they would like to see available in their pharmacy. The top services the public would like to see within their pharmacy were:

- Longer opening hours (38%)
- Minor ailments, independent prescribing, and blood checks, including blood tests, and pressure checks (33%)
- Delivery service (18%)
- Vaccines including travel (18%)

Equality impact assessment

6.20 This next section explores the West Berkshire survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.

6.21 It is acknowledged that survey data is often biased in terms of how representative it is at a whole population level as certain population groups and individuals are more likely to respond

that others and therefore do not usually offer a representative view but are one of several indicators used to identify need. This applies to the PNA too and the engagement strategy was used to target protected characteristics groups that were considered a priority by local stakeholders in terms of their use of pharmaceutical services. The response rate for some of the protected characteristics groups is still low but has been included to summarise the response received; conclusions cannot be drawn from this data as the findings may not represent the overall view of that segment of West Berkshire's population.

Age

- 6.22** Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 6.23** To understand any differences between groups, we carried out analysis by grouping together age groups. We compared differences between those aged over 65 (n=124), and individuals aged 65 and under (n=131). One respondent did not state their age.
- 6.24** No differences were found between the two groups and frequency of visiting the pharmacy usually a few times a month, or at least once a month.
- 6.25** No differences were found between the age groups in terms of reasons for chosen pharmacy with the most popular response being that they chose their pharmacy based on good location close to home and work.
- 6.26** No significant differences were found between the age groups and who the pharmacy was used for, with the most popular responses across both groups being for themselves, or their partner/ spouse. Although, those aged under 65 were more likely to use the pharmacy for their children (19.8%), compared to those over 65 (0.8%).
- 6.27** There were no differences between groups in terms of mode of travel or travel time to reach a pharmacy.

Ethnicity

- 6.28** When analysing for results around ethnicity on pharmacy usage, a small number of respondents were from an ethnic minority background (Figure 6.10).

Figure 6.10: A breakdown of ethnic groups of West Berkshire respondents, 2022



6.29 No differences were found in terms of ethnicity and frequency of using pharmacy, with the majority of respondents using their pharmacy a few times a month, or at least once a month.

6.30 Reasons for choice did not differ across ethnic groups, with respondents using their pharmacy based on location. Two (0.8%) respondents who were Black African Caribbean or Black British stated that their pharmacy was within a 5 minute walk with a preference to visit pharmacy on either weekday or weekend, however, those from White or Asian backgrounds stated that their pharmacy was within a 5-20 minute walk or car journey with a preference to visit on a weekday.

Gender

6.31 164 (64.1%) respondents were female, 89 (34.8%) were male, two (0.8%) did not state, and one (0.4%) was non-binary.

6.32 No differences were found across genders in terms of frequency of visits, reasons for choosing their pharmacy and mode of travel.

6.33 Generally, respondents used their pharmacy for themselves, or their spouse/ partner, however female respondents were more likely to use their pharmacy for their children too (12.8%), compared to their male counterpart (6.7%).

Pregnancy

- 6.34** Four (1.6%) respondents were pregnant at the time this survey was live.
- 6.35** No differences were found amongst those who were pregnant and not pregnant in terms of frequency of visiting pharmacy from a few times a month, to at least once a month. Reasons for choice was based on the pharmacy being in a good location, and travel time to pharmacy was within a 5-20 minute walk or car journey.
- 6.36** Preferred time to visit pharmacy for those who were pregnant tended to be during the hours of 2pm-5pm (75%), and those who were not pregnant preferred to visit their pharmacy during 9am – 12pm.
- 6.37** Most respondents used the pharmacy for themselves or spouse/ partner, and those pregnant were also more likely to use the pharmacy for their children (25%).

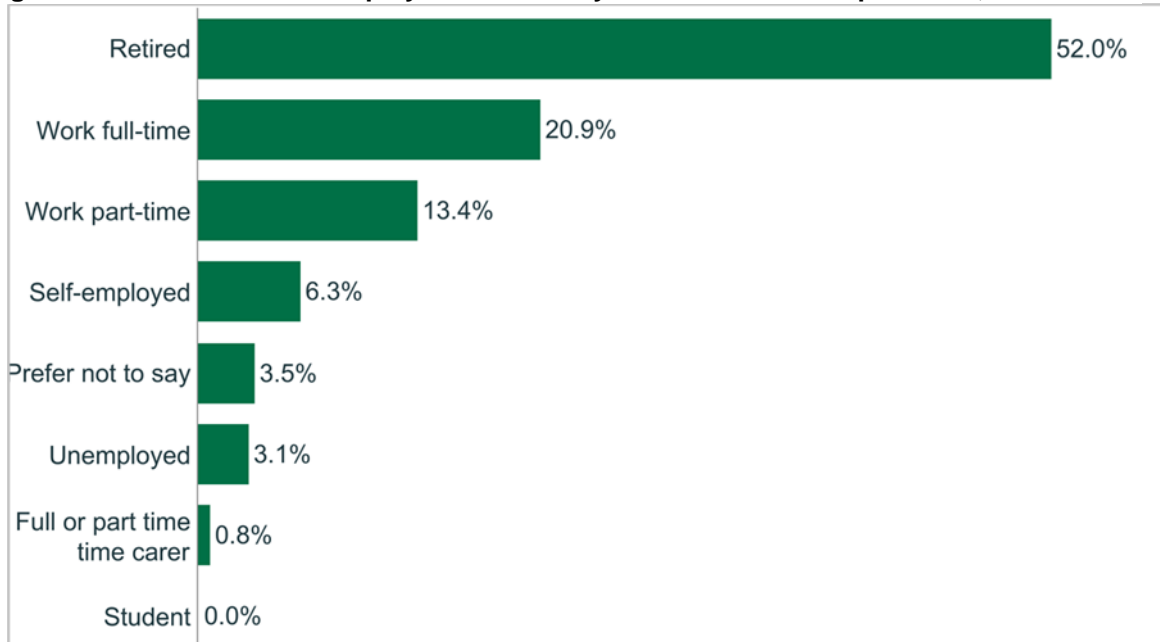
Breastfeeding

- 6.38** Three (1.2%) people were breastfeeding at the time of this survey was live.
- 6.39** No differences were found groups in terms of frequency of visiting pharmacy with most respondents going a few times a month, to at least once a month.
- 6.40** Those who were breastfeeding were more likely to choose their pharmacy based on the fact that it collected prescriptions from GP surgery (67%), compared to those who were not breastfeeding who chose their pharmacy based on being in a good location (70%).
- 6.41** Most respondents used the pharmacy for themselves or for their partner/spouse, but those who were breastfeeding were also more likely to use the pharmacy for their children (66.7%), compared to those who were not pregnant (10.2%).
- 6.42** There were no differences in terms of travel time to pharmacy, however, those who were not breastfeeding had a slightly higher preference to go to the pharmacy on a weekday (59%).

Employment status

- 6.43** A breakdown of employment status showed that over half (52%) of the respondents were retired, 40.6% were in employment (this included, full-time, part-time, and self-employment), 0.8% respondents were carers, and 3.1% were unemployed. 3.5% preferred not to state. (Figure 6.11).

Figure 6.11: Breakdown of employment status by West Berkshire respondents, 2022

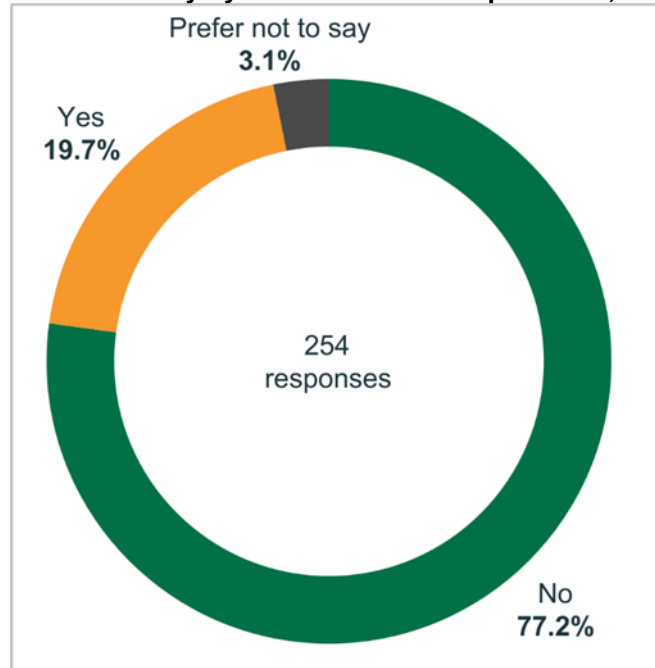


- 6.44** No differences were found amongst employment status groups for frequency of pharmacy use and the reasons for chosen pharmacy. However, those who were carers were more likely than any other group to choose their pharmacy based on staff being friendly (100%), and their satisfaction with the overall service (100%).
- 6.45** No significant differences between groups were found when asked who the pharmacy was used for, travel time to pharmacy or preferred time to visit the pharmacy.
- 6.46** Those who were in employment (full-time, part-time, and self-employment), were more likely to use their pharmacy during the hours of 5pm- 9pm.

Disability or impairment

- 6.47** 254 respondents answered whether they had a disability or not, of whom 50 (19.7%) said that they do, 196 stated that they did not (77.2%), and 8 (3.1%) preferred not to state (Figure 6.12).

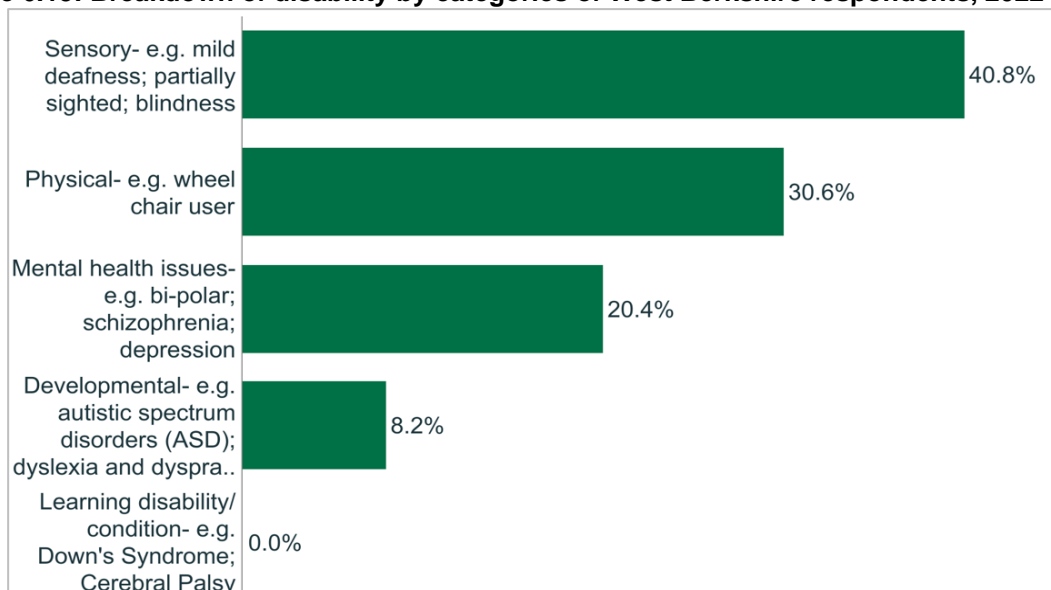
Figure 6.12: Breakdown of disability by West Berkshire respondents, 2022



6.48 The survey categorised disabilities into six main groups (Figure 6.13):

1. Physical e.g., wheelchair user
2. Mental health e.g., bipolar disorder, schizophrenia, depression
3. Sensory e.g., mild deafness, partially sighted, blindness
4. Learning disabilities e.g., Down Syndrome
5. Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
6. Other

Figure 6.13: Breakdown of disability by categories of West Berkshire respondents, 2022

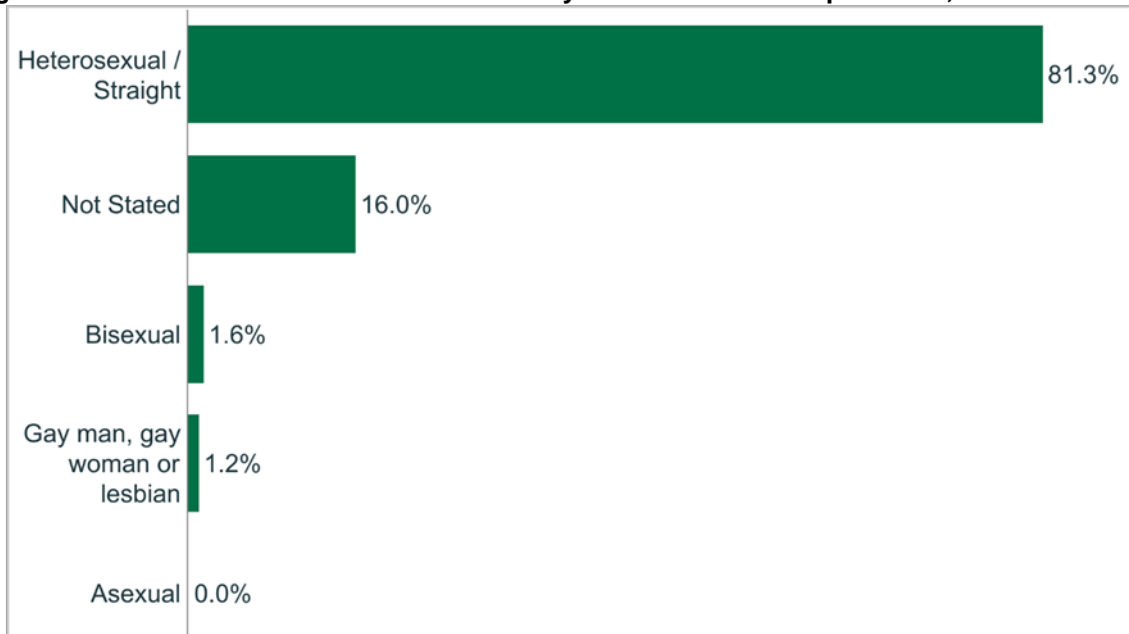


6.49 No significant differences were found between groups of this protected characteristic.

Sexual orientation

6.50 208 (81.3%) of respondents were heterosexual, 41 (16%) did not state, 4 (1.6%) were bisexual and 3 (1.2%) were gay man or gay/ lesbian woman (Figure 6.14).

Figure 6.14: Breakdown of sexual orientation by West Berkshire respondents, 2022



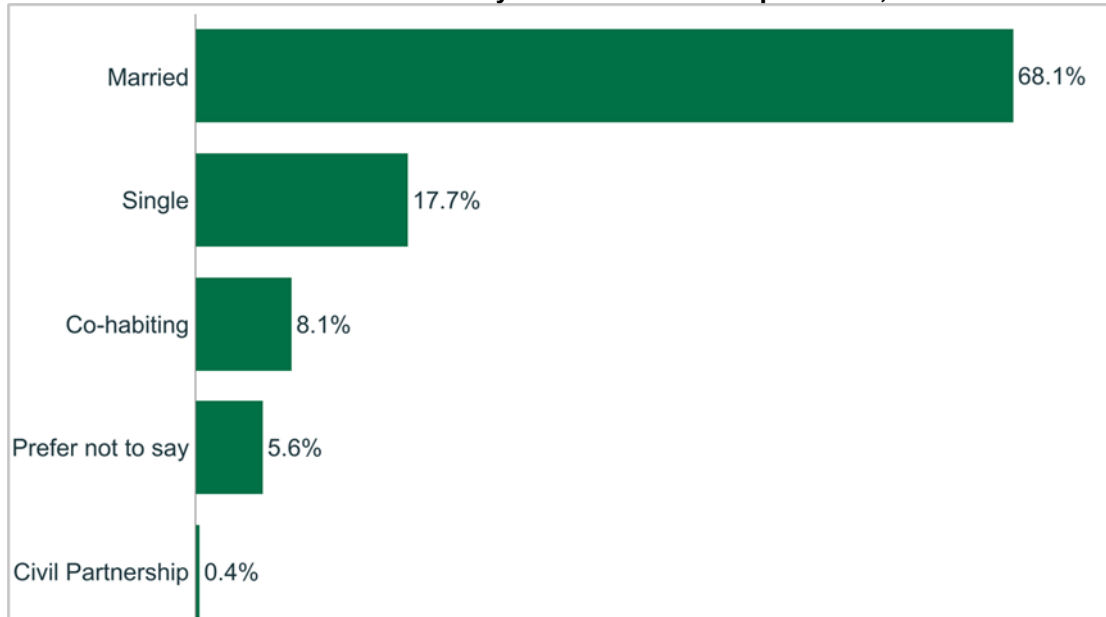
6.51 No differences were found in terms of frequency of visiting pharmacy, or reasons for chosen pharmacy, preferred time and day to visit the pharmacy and travel time.

6.52 No significant differences were found for who it was used for which was mainly for themselves or spouse/partner. Also some heterosexual respondents also used the pharmacy for their children (11%).

Relationship status

6.53 169 (68.1%) of respondents were married, 44 (17.7%) were single, 14 (5.6%) preferred not to state, 20 (8.1%) were co-habiting, and one person (0.4%) was in a civil partnership. (Figure 6.15).

Figure 6.15: Breakdown of marital status by West Berkshire respondents, 2022



6.54 No differences were found between this protected characteristic and pharmacy usage.

Summary of the patient and public engagement findings

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

256 residents and workers of West Berkshire responded to the survey. The results showed that respondents chose their pharmacy based its good location. For the majority of respondents, pharmacies were within a 5-20 minute walk or car journey away.

West Berkshire respondents mainly used their pharmacies for themselves, their spouse/partner and for their children. They also used their pharmacies mainly to collect prescriptions and medication. A weekday visit between the times of 9am- 12pm, and 2pm- 5pm was preferred by respondents of West Berkshire.

A small number of respondents left comments around what they would like to see from their pharmacy. This included longer opening hours, and minor ailments services including blood checks (pressure, and testing). No different needs for people who share a protected characteristic in West Berkshire were found.

Chapter 7 - Provision of pharmaceutical services

7.1 This chapter identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until August 2022.

7.2 It assesses of the adequacy of the current provision of necessary services by considering:

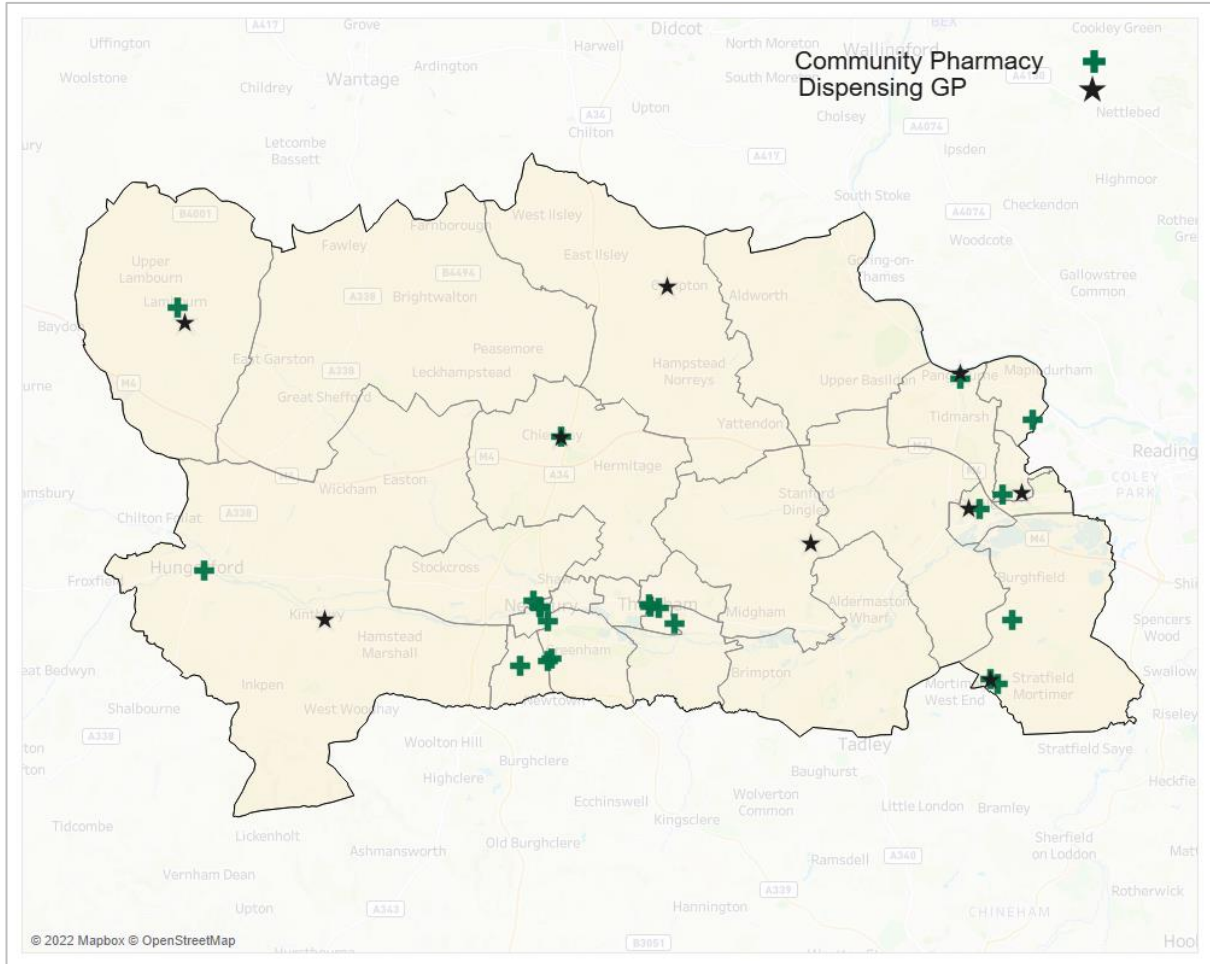
- Different types of pharmaceutical service providers
- Geographical distribution and choice of pharmacies, within and outside the district
- Opening hours
- Dispensing
- Pharmacies that provide essential, advanced, enhanced and other NHS services

7.3 In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in West Berkshire.

Pharmaceutical Service Providers

7.4 As of August 2022, there are currently 21 pharmacies in West Berkshire that hold NHS contracts, all of which are community pharmacies. They are presented in the map in Figure 7.1 below which also includes other pharmaceutical service providers. All the pharmacy providers in the district as well as those within 1 mile of its border are also listed in Appendix A.

Figure 7.1: Map of pharmaceutical service providers in West Berkshire, August 2022



Source: Contractor Survey and NHS England, 2022

Community pharmacies

7.5 The 21 community pharmacies in West Berkshire equates to 1.3 community pharmacies per 10,000 residents (based on a 2022 population estimate of 158,465). This ratio is lower than the England average which stood at 2.2 based on 2014 data (LGA, 2022⁴⁵).

⁴⁵ Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2022).

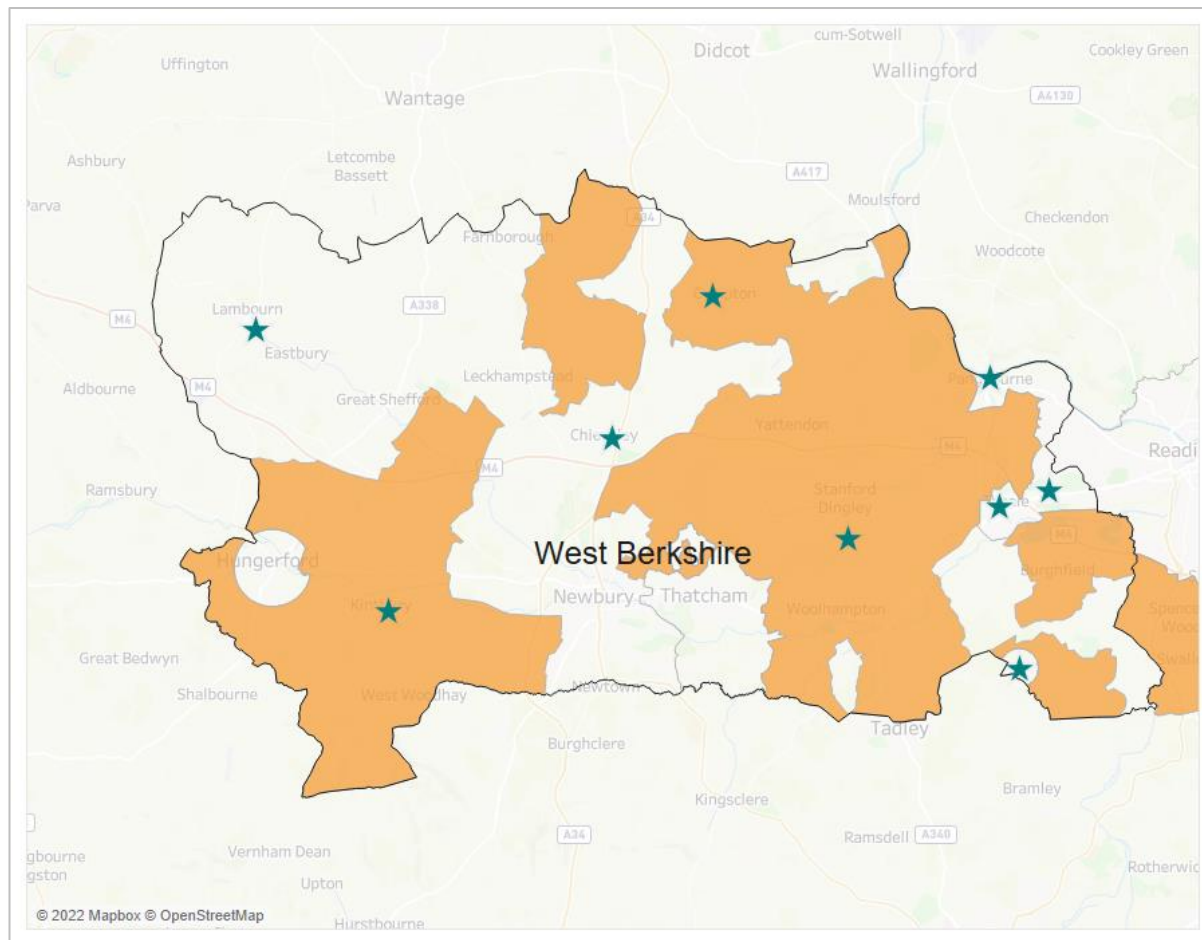
Dispensing appliance contractor

- 7.6** A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs. There are no dispensing appliance contractors (DACs) on West Berkshire's pharmaceutical list.

GP dispensing practices

- 7.7** Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by HWBBs in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises.
- 7.8** There are nine GP dispensing practices in West Berkshire. Their delivery services are outside the scope of this PNA, however dispensing doctors can choose to provide delivery services in areas where community pharmacy provision is low. Figure 7.2 below shows the controlled localities in West Berkshire (shown in orange), against dispensing GPs (shown in green).

Figure 7.2: Location of controlled localities and dispensing GPs



Source: NHS England & BOB CCG, 2022

Table 7.1: List of Dispensing GP in West Berkshire

Practice Name	Main or Branch surgery	Address	Post Code
Kintbury & Woolton Hill Surgery	Main	Newbury Street	RG17 9UX
Pangbourne Surgery (Boathouse Surgery)	Main	Whitchurch Road	RG8 7DP
The Mortimer Surgery	Main	Victoria Road	RG7 3SQ
Downland Practice	Main	East Lane	RG20 8UY
Downland Practice	Branch	High Street	RG20 6NJ
Lambourn Surgery	Main	Bockhampton Road	RG17 8PS
Theale Medical Centre	Main	Englefield Road	RG7 5AS
Theale Medical Centre	Branch	72a Royal Avenue	RG31 4UR
Chapel Row Surgery	Main	The Avenue	RG7 6NS

Source: NHS England, 2021

Distance selling pharmacies

- 7.9** There are no distance selling pharmacies in West Berkshire.

Local pharmaceutical services

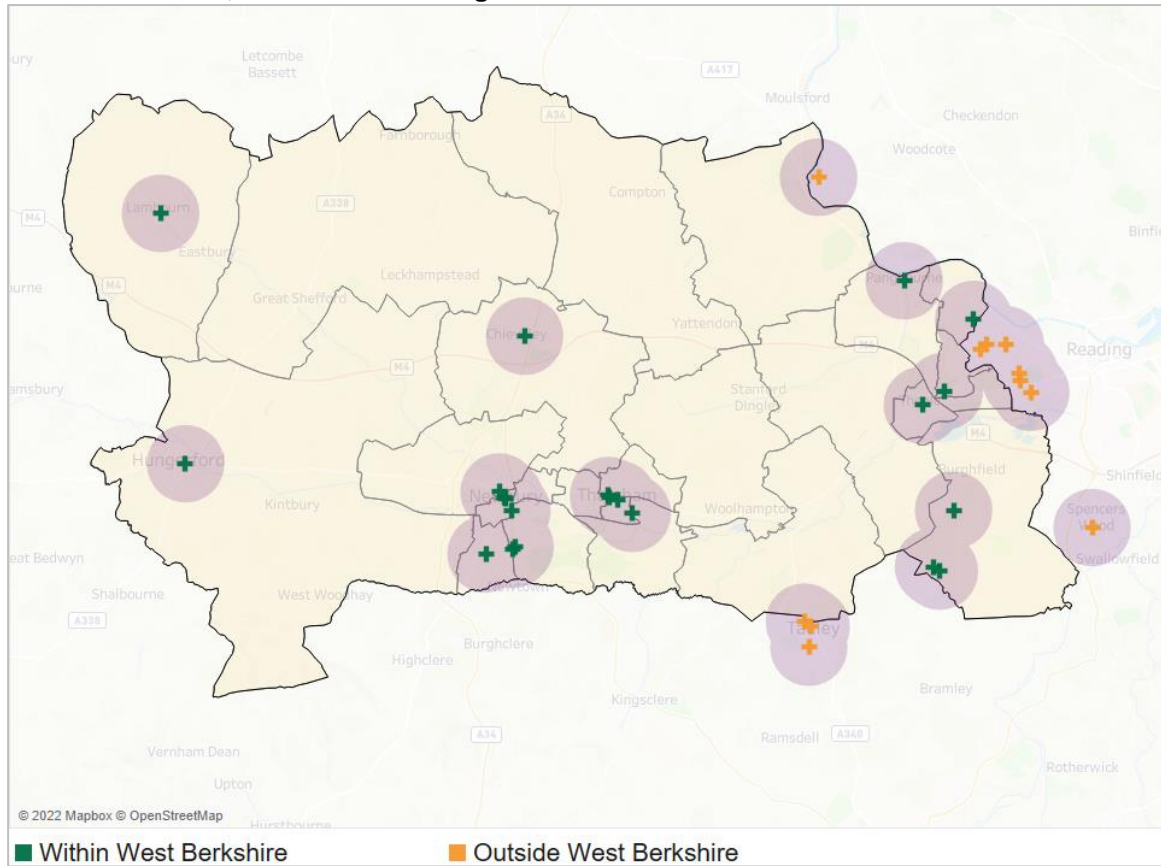
- 7.10** There are no Local Pharmaceutical Service (LPS) contracts within West Berkshire. A local pharmaceutical services contract allows NHS England and NHS Improvement to commission services that are tailored to meet specific local requirements.

Accessibility

Distribution and choice

- 7.11** The PNA Steering Group agreed that the maximum distance for residents in West Berkshire to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk. If residents live within a rural area, 20 minutes by car is considered accessible.
- 7.12** Figure 7.3 shows the 21 community pharmacies located in West Berkshire. In addition to the pharmacies within West Berkshire, there are another 11 pharmacies located within 1 mile of the district's border that are considered to serve West Berkshire's residents. These have been included in the pharmacies shown in Figure 7.3 as well as in Appendix A.

Figure 7.3: Distribution of community pharmacies in West Berkshire and within 1 mile of the district's boundaries, with 1-mile coverage.



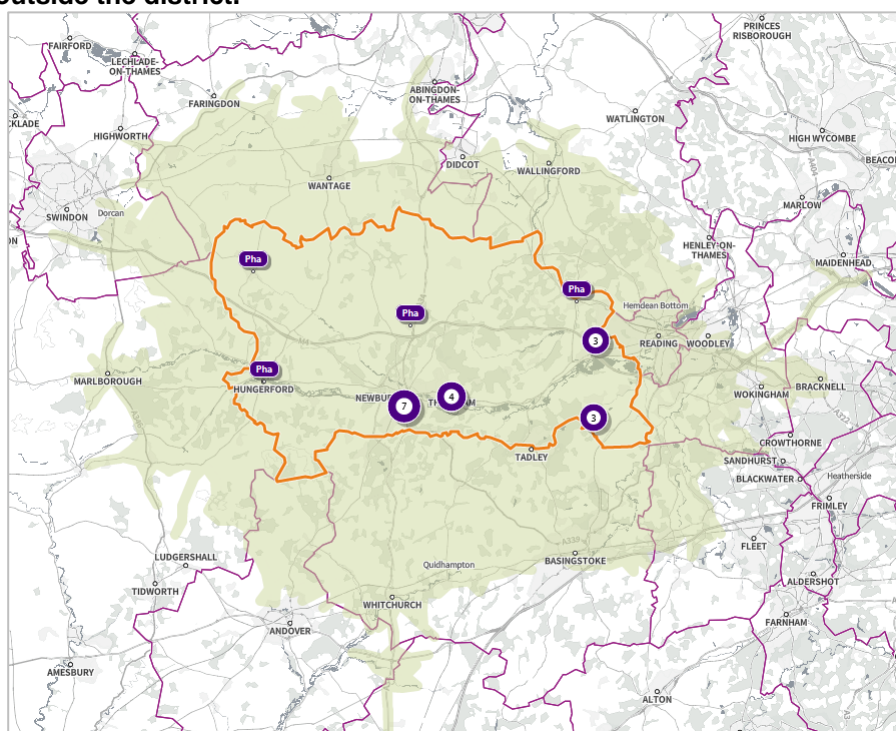
Source: Contractor Survey and NHS England, 2022

7.13 This shows that most of the district is not within 1 mile of a pharmacy. This speaks to the rural nature of the district. In total, 43,192 West Berkshire residents are not within one mile of a West Berkshire pharmacy (OHID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022). A distribution of the age-groups of this population is shown below. As seen, this population represent people from all age groups.

7.14 Those that are not within 1 mile are within controlled localities and are therefore served by dispensing GP practices or are within areas where it is not viable for a new pharmacy to open due to low population density.

7.15 Despite some residents not being within a mile of a pharmacy, all residents in West Berkshire can reach a pharmacy within 20 minutes if using a car. Figure 7.4 presents the coverage of the West Berkshire pharmacies and the 20-minute travel time by car to reach them. Coverage of the pharmacies is presented in a green border; West Berkshire is bordered in orange. A total of 752,019 people from in and outside the district can reach a West Berkshire within 20 minutes if traveling by car (OHID, SHAPE Atlas Tool, 2022).

Figure 7.4: Areas covered by 20-minute travel time by car to a West Berkshire pharmacy from within and outside the district.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.16 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Table 7.2 below. As seen, there are 10 electoral wards that do not have any community pharmacies within them.

Table 7.2: Distribution of community pharmacies by ward

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000 residents
Newbury Greenham	3	12,213	2.46
Newbury Central	3	7,803	3.84
Burghfield & Mortimer	3	10,429	2.88
Thatcham Central	2	7,959	2.51
Tilehurst Birch Copse	1	7,654	1.31
Tilehurst & Purley	1	10,336	0.97
Theale	1	2,946	3.39
Thatcham North East	1	7,898	1.27
Thatcham Colthrop & Crookham	1	2,747	3.64
Pangbourne	1	3,801	2.63
Newbury Wash Common	1	8,849	1.13
Lambourn	1	4,237	2.36
Hungerford & Kintbury	1	11,361	0.88
Chieveley & Cold Ash	1	8,188	1.22

Tilehurst South & Holybrook	0	7,027	0.00
Thatcham West	0	7,209	0.00
Ridgeway	0	4,191	0.00
Newbury Speen	0	7,266	0.00
Newbury Clay Hill	0	7,323	0.00
Downlands	0	3,647	0.00
Bucklebury	0	3,606	0.00
Bradfield	0	4,408	0.00
Basildon	0	3,539	0.00
Aldermaston	0	3,828	0.00
Borough Total	21	158,465	1.33

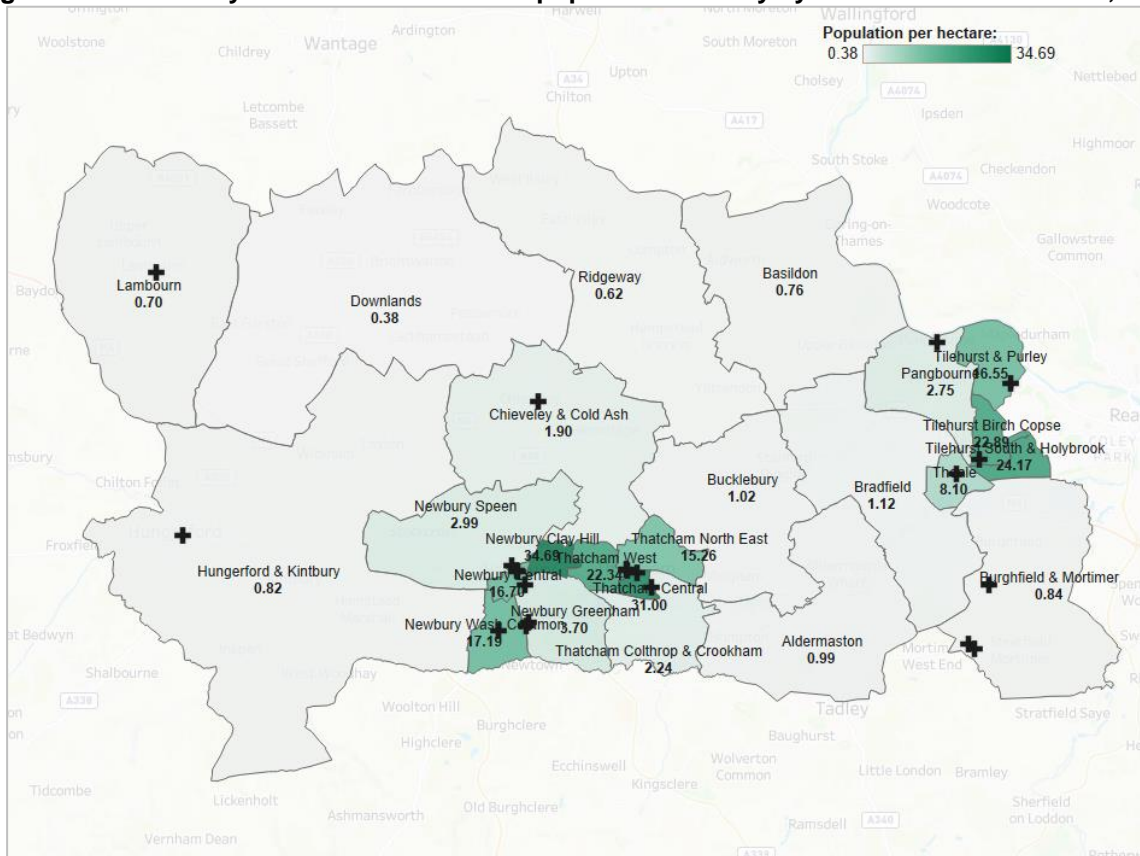
Sources: ONS (2020 mid-year estimates) and NHSE

- 7.17** Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 92.3% (2,458,952) of items prescribed by GPs in West Berkshire were dispensed by community pharmacies in the district. Other local authorities where West Berkshire residents have their prescriptions dispensed include Leeds (2.6%) and Reading (2.2%).

Pharmacy Distribution in relation to population density

- 7.18** The population density map (figure 7.5) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with the lowest population density.
- 7.19** This highest number of proposed new dwelling developments that are to be completed in the lifetime of this PNA are within Newbury Speen, Newbury Central and Newbury Greenham wards. The largest being Market Street development in Newbury Central ward, the Oxford Road development in Newbury Speen ward and the Pincents Hill development in Tilehurst Birch Copse ward. All of these proposed developments are within areas with good pharmacy provision.

Figure 7.5: Pharmacy locations in relation to population density by ward in West Berkshire, 2019



Sources: ONS (2020 mid-year estimates) and NHSE

Pharmacy distribution in relation to GP surgeries

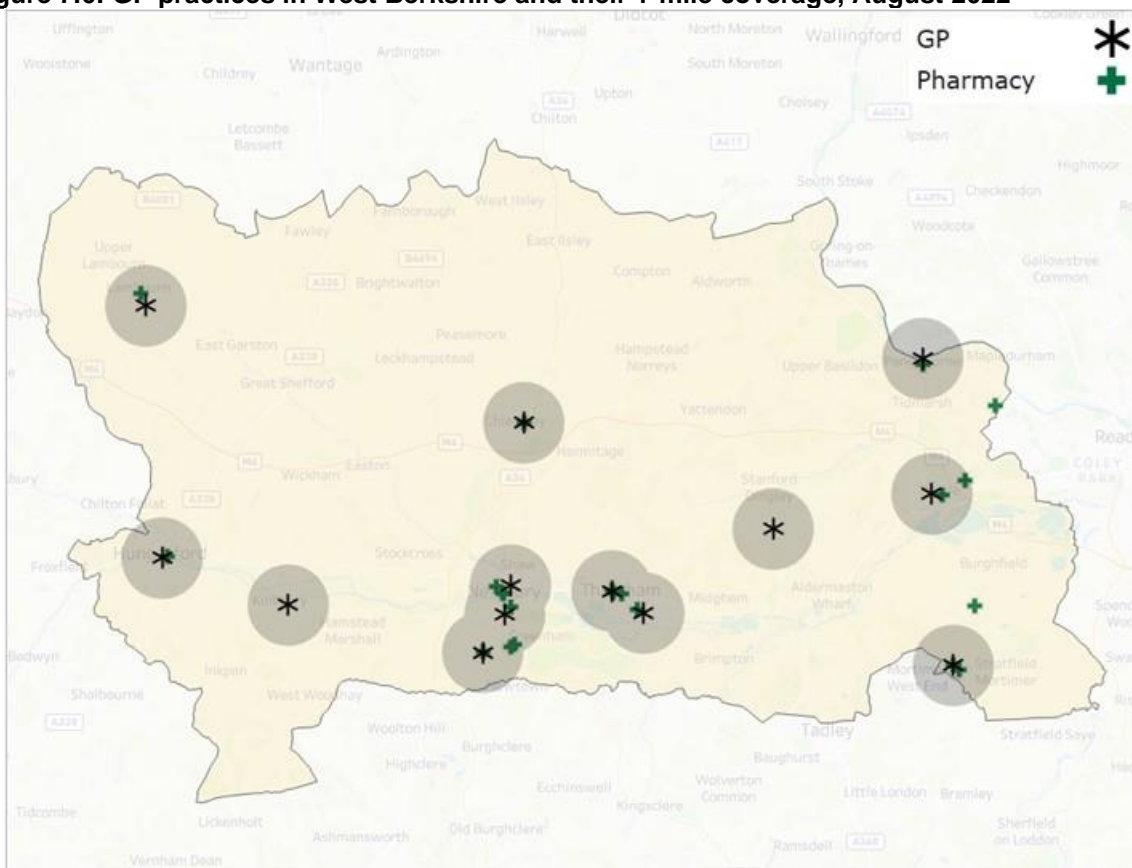
- 7.20** As part of the NHS Long Term Plan⁴⁶ all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 West Berkshire GPs organised themselves into four PCNs within West Berkshire.
- 7.21** Each of these networks have expanded neighbourhood teams which will comprise of range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies are able to fully

⁴⁶ NHS England (2019). The *NHS long term plan*. London, England

engage with the PCNs to maximise service provision for their patients and residents. Altogether there are 50 GP member practices across these four PCNs.

7.22 There is a pharmacy within accessible distance of all GP practices in West Berkshire if travelling by car. Figure 7.6 shows the location of GP practices, their one mile coverage and community pharmacies in West Berkshire.

Figure 7.6: GP practices in West Berkshire and their 1-mile coverage, August 2022



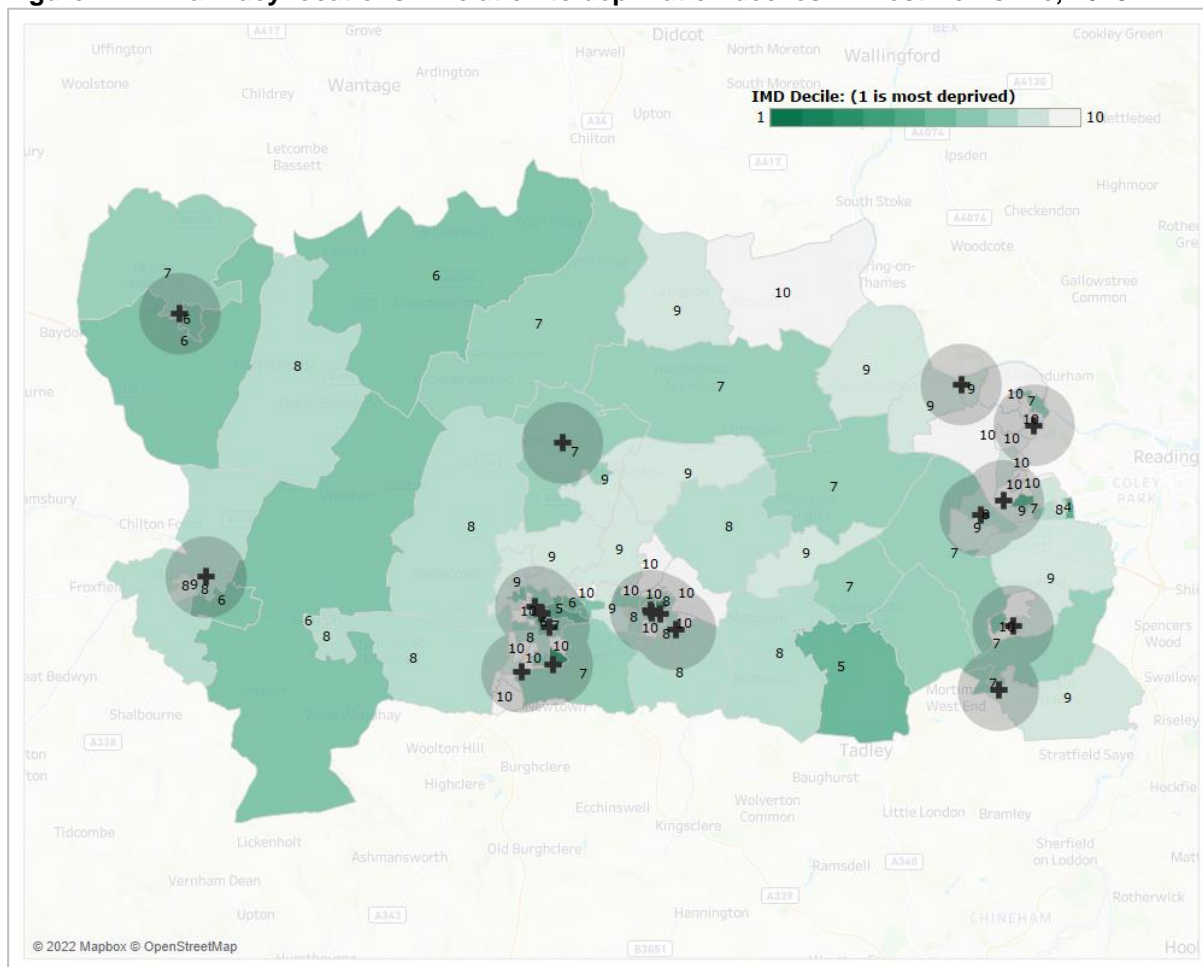
Source: NHS England, 2022

7.23 This PNA is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to index of multiple deprivation

7.24 Figure 7.7 presents pharmacy locations in relation to deprivation deciles. There is one neighbourhood in Newbury Greenham ward in West Berkshire that sits within the national top 11-20% most deprived neighbourhoods (decile 2) which is well served in terms of pharmacy coverage.

Figure 7.7: Pharmacy locations in relation to deprivation deciles in West Berkshire, 2019



Source: MHCLG & NHSE

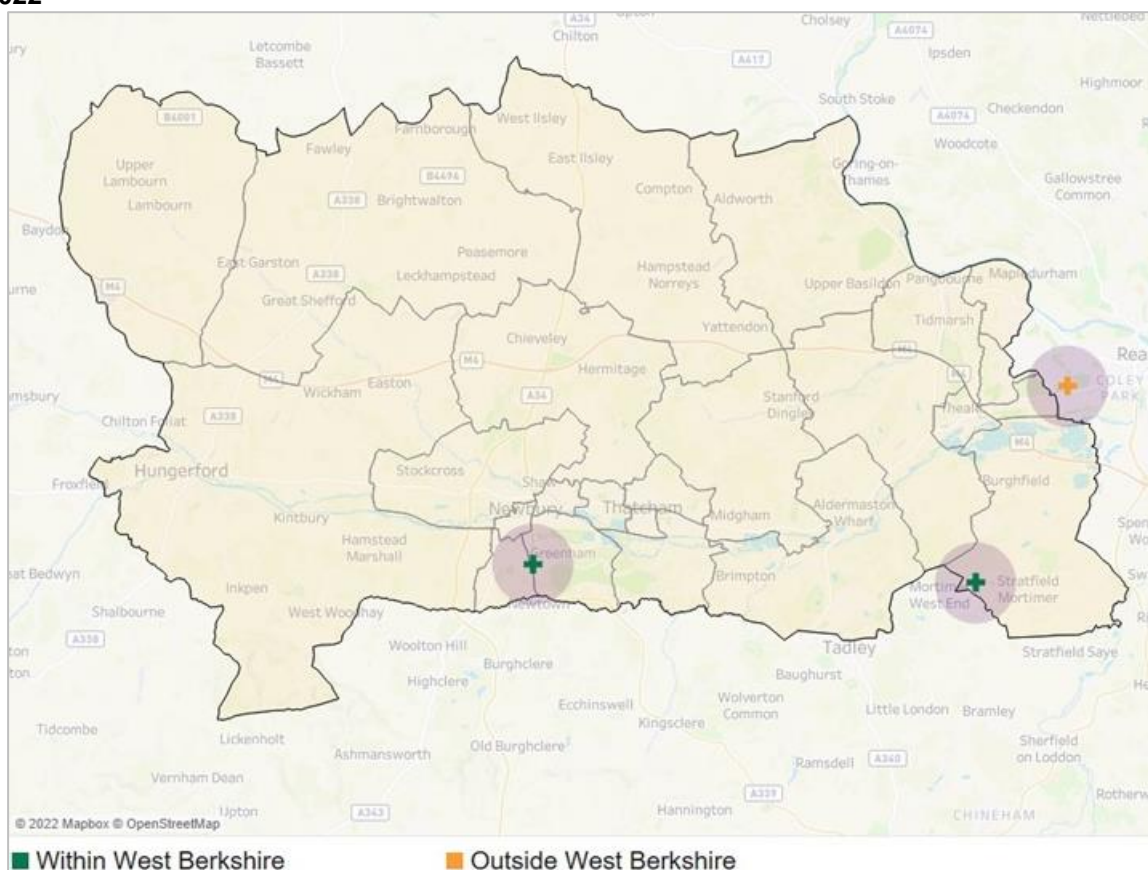
Opening times

- 7.25** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.
- 7.26** The PNA will not assess access to necessary services on the basis of supplementary hours as these can be changed with three months' notice. Access has been considered on the basis of geographic distance and as part of that, core operating hours.
- 7.27** Opening times were obtained from NHS England in January 2022, then updated in August 2022. Additionally, marketing entry updates to the NHS England pharmaceutical list were reflected on the original list.

100-hour pharmacies

7.28 NHS England has two 100-hour pharmacies (core hours) on their list for West Berkshire. These are presented in Figure 7.8 and Table 7.3. There is one other 100-hour pharmacies which is outside the district within 1 mile of its border (Figure 7.8).

Figure 7.8: 100-hour community pharmacies in West Berkshire and their 1-mile coverage August 2022



Source: Contractor Survey and NHS England, 2022

Table 7.3: 100-hour pharmacies in West Berkshire, August 2022

Pharmacy	Address	Ward
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer

Source: Contractor Survey and NHS England, 2022

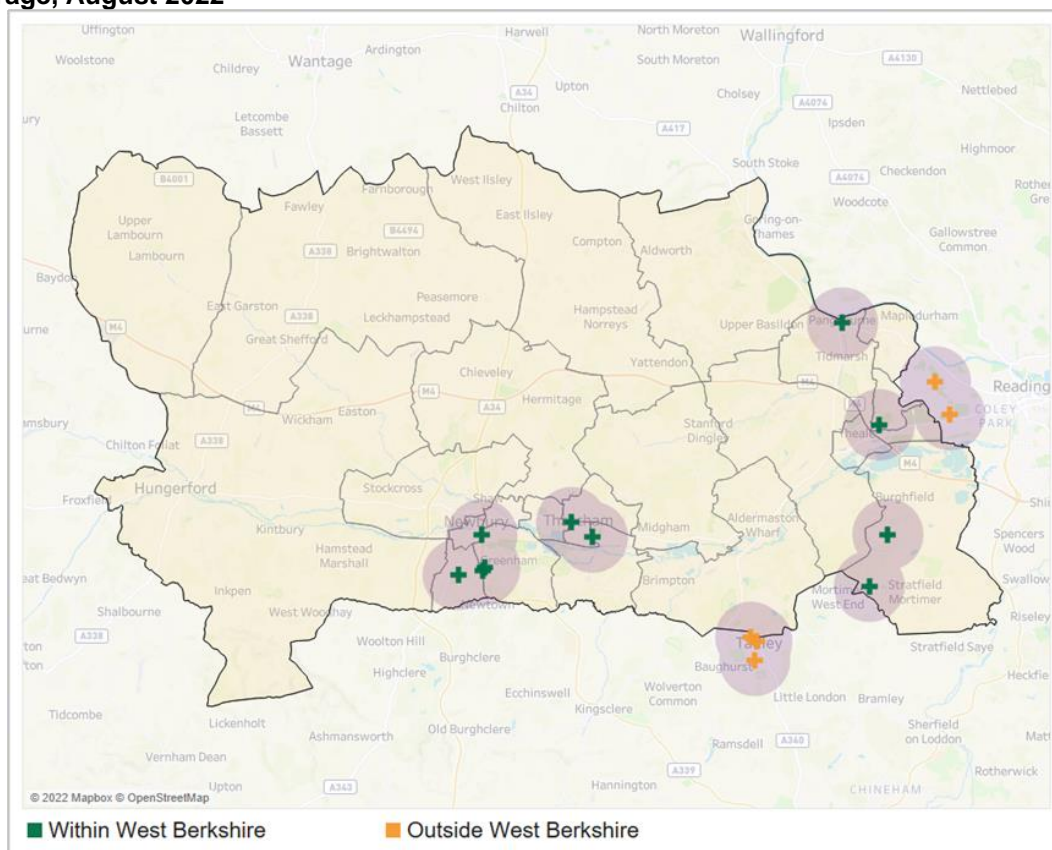
Early morning opening and late evening closure

7.29 The PNA steering group considered 8am to 6pm as normal working hours, so any pharmacy open before 8am was deemed to have early morning opening and pharmacies open after 6pm to be late-evening opening.

7.30 There are no pharmacies are open before 8am on weekdays within the district nor within 1 mile of its borders.

7.31 There are ten pharmacies in the district that still open after 6pm on weekdays, with five other pharmacies within 1 mile of West Berkshire (see Figure 7.9 and Table 7.4).

Figure 7.9: Community Pharmacies that are open after 6pm on weekdays and their 1-mile coverage, August 2022



Source: Contractor Survey and NHS England, 2022

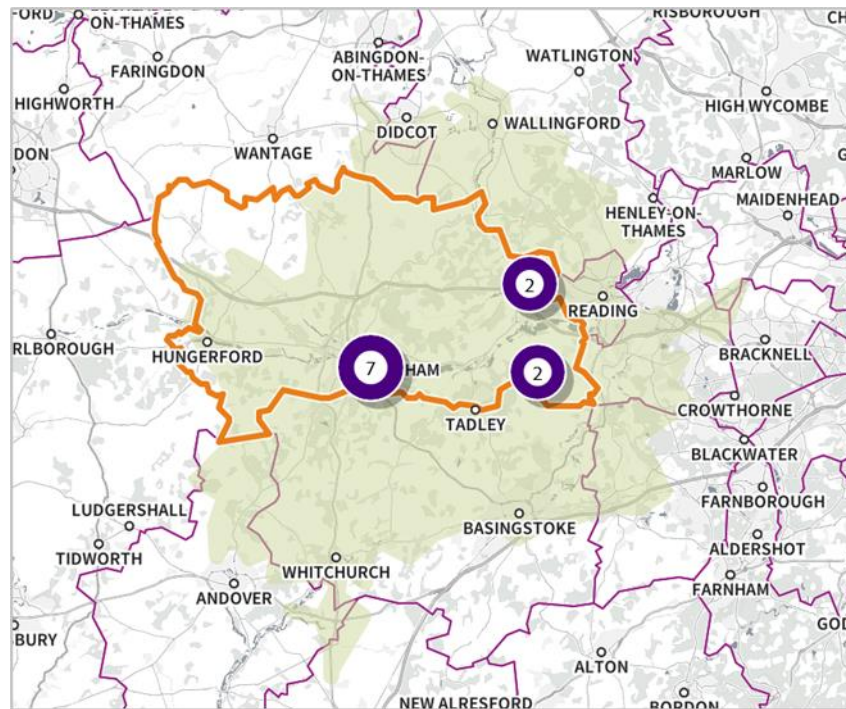
Table 7.4: Community Pharmacies closing after 6pm on weekdays in West Berkshire

Pharmacy	Address	Ward
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	Burghfield & Mortimer
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Source: Contractor Survey and NHS England, 2022

7.32 In terms of travel distance, all but 5,632 of West Berkshire residents live within 20-minute reach of an early opening and late closing West Berkshire pharmacy if travelling by car (OHID, SHAPE Atlas Tool, 2022). Those who are not within 20-minute reach of a West Berkshire pharmacy by car are within reach of a GP dispensing practice. The 20-minute travel time to reach a West Berkshire pharmacy is shown in green in Figure 7.10.

Figure 7.10: Areas covered by 20-minute travel time by car to a Saturday opening West Berkshire pharmacy from within and outside the district.

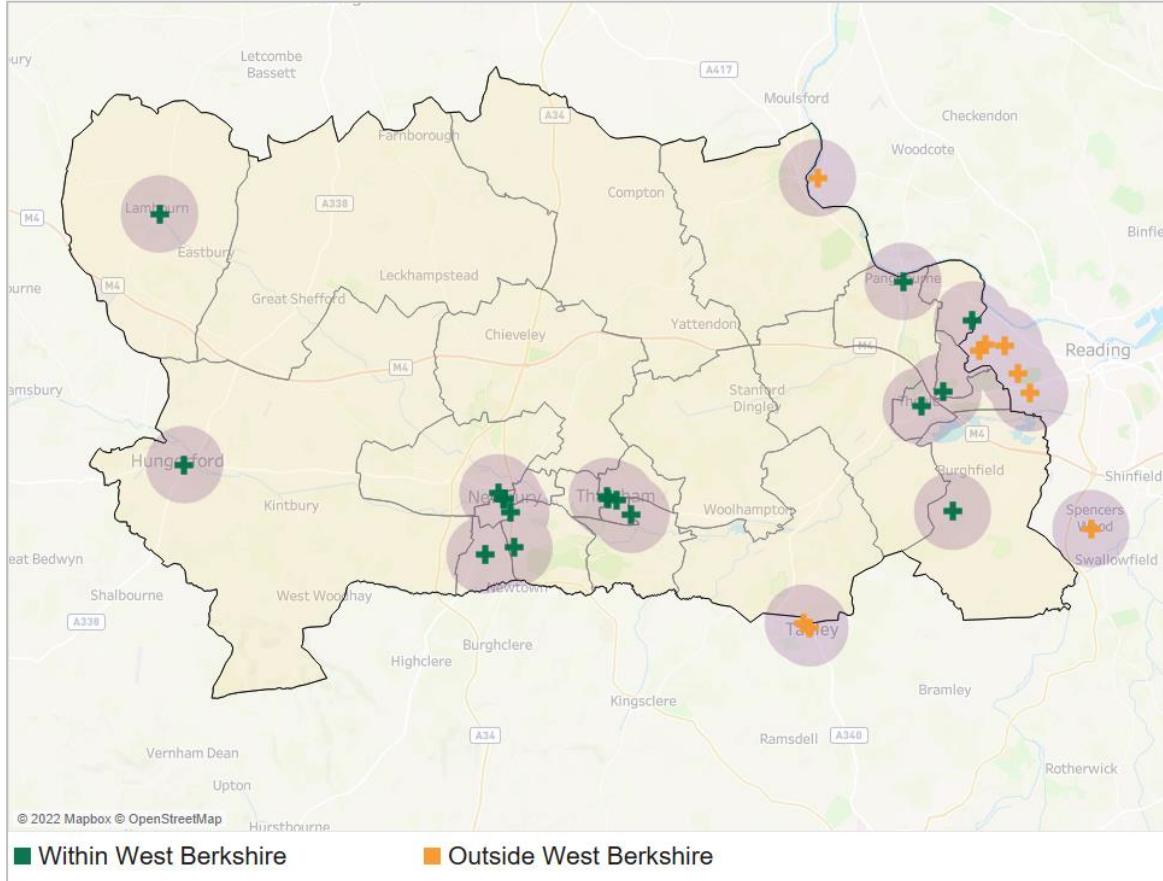


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Saturday opening

7.33 A vast majority of the pharmacies in West Berkshire (19/21) are open on Saturday (Table 7.5). There are ten additional pharmacies near the district's border that are also open on Saturday (Figure 7.10). All West Berkshire residents can reach a Saturday opening pharmacy within 20 minutes if travelling by car. The 20-minute travel coverage to a West Berkshire Saturday opening pharmacy is shown in Green in Figure 7.11.

Figure 7.11: Community Pharmacies open on Saturday and their 1-mile coverage, August 2022



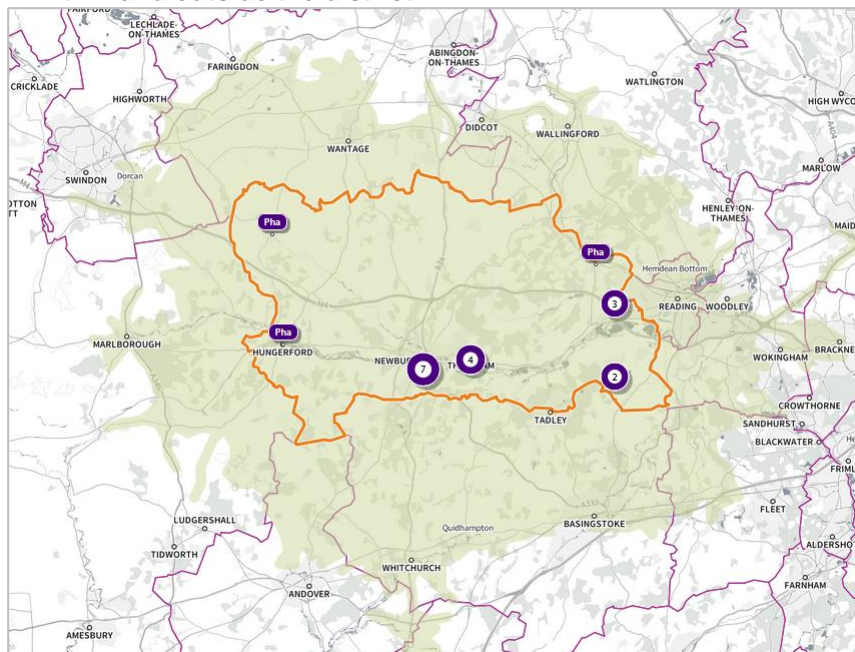
Source: Contractor Survey and NHS England, 2022

Table 7.5: Location Community Pharmacies open on Saturday in West Berkshire by Ward

Ward	Number of Pharmacies
Newbury Greenham	3
Newbury Central	3
Thatcham Central	2
Burghfield & Mortimer	2
Tilehurst Birch Copse	1
Tilehurst & Purley	1
Theale	1
Thatcham North East	1
Thatcham Colthrop & Crookham	1
Pangbourne	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1

Source: Contractor Survey and NHS England, 2022

Figure 7.12: Areas covered by 20-minute travel time by car to a Saturday opening West Berkshire pharmacy from within and outside the district.

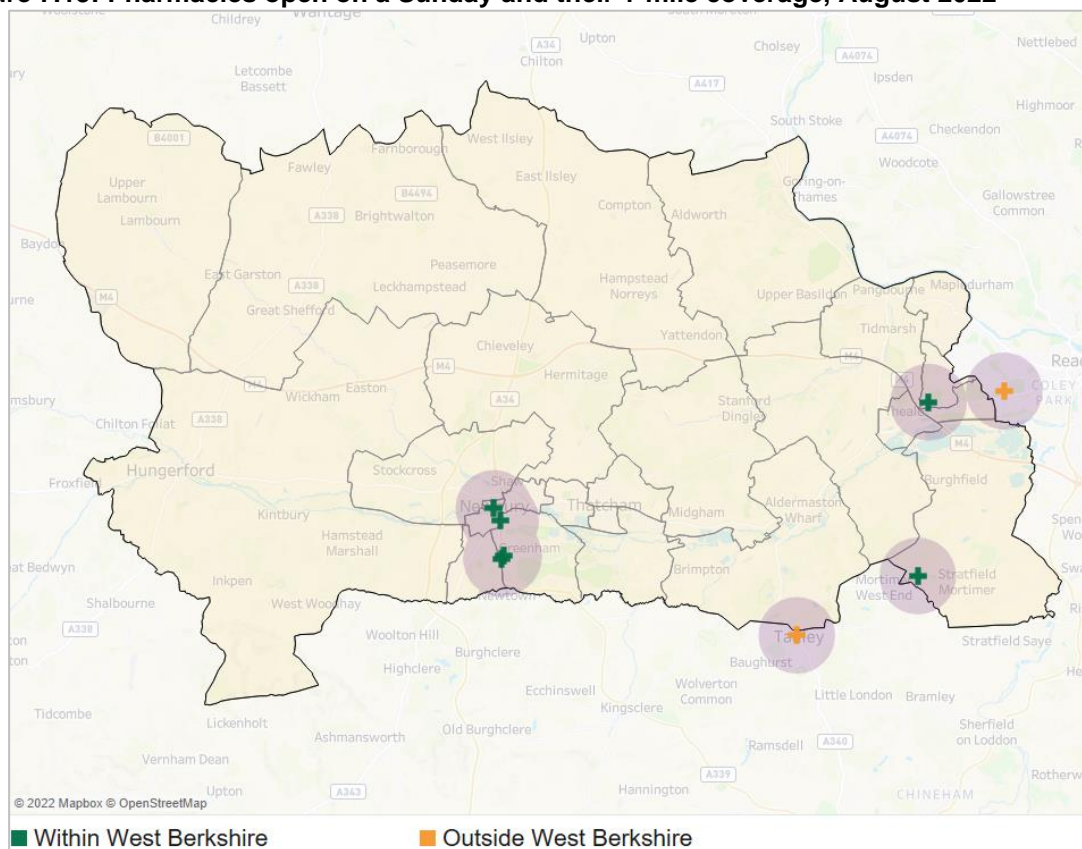


Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Sunday opening

7.34 Six pharmacies are open on a Sunday within the district, with two open in local authorities around West Berkshire within 1 mile of its borders (Figure 7.13, Table 7.6).

Figure 7.13: Pharmacies open on a Sunday and their 1-mile coverage, August 2022



Source: Contractor Survey and NHS England, 2022

Table 7.6: Community Pharmacies open on Sunday in West Berkshire, August 2022

Pharmacy	Address	Ward
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

Source: Contractor Survey and NHS England, 2022

7.35 All but 9,047 residents can reach a Sunday opening West Berkshire pharmacy in 20 minutes if travelling by car. See travel coverage presented in green in Figure 7.14

Figure 7.14: Areas covered by 20-minute travel time by car to a Sunday opening West Berkshire pharmacy from within and outside the district.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.36 In consideration of the wide reach of pharmacies in the evenings and on Saturdays, within areas of high population density and where deprivation is highest, there is adequate provision of pharmacy services outside normal working hours.

Essential services

7.37 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

- 7.38** West Berkshire pharmacies dispense an average of 7,867 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is higher than the England average of 6,675 per month, however pharmacy contractors have indicated in the contractor survey that they have capacity to take on more services so there is capacity amongst West Berkshire pharmacies to fulfil current and anticipated need in the lifetime of this PNA

Summary of the accessibility pharmacy services and of essential services

Overall, there is good pharmacy coverage to provide essential services across the district inside normal working hours.

There is adequate provision of essential services across the district outside normal working hours, especially on Saturdays.

Advanced pharmacy services

- 7.39** Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.
- 7.40** As at January 2022, the following services may be provided by pharmacies:
- new medicine service
 - community pharmacy seasonal influenza vaccination
 - community pharmacist consultation service
 - hypertension case-finding service
 - community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- 7.41** In early 2022 a stop-smoking service in pharmacies will be introduced for patients who started their stop-smoking journey in hospital.
- 7.42** There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:
1. appliance use reviews, and
 2. stoma appliance customisation.

New medicines services

7.43 The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

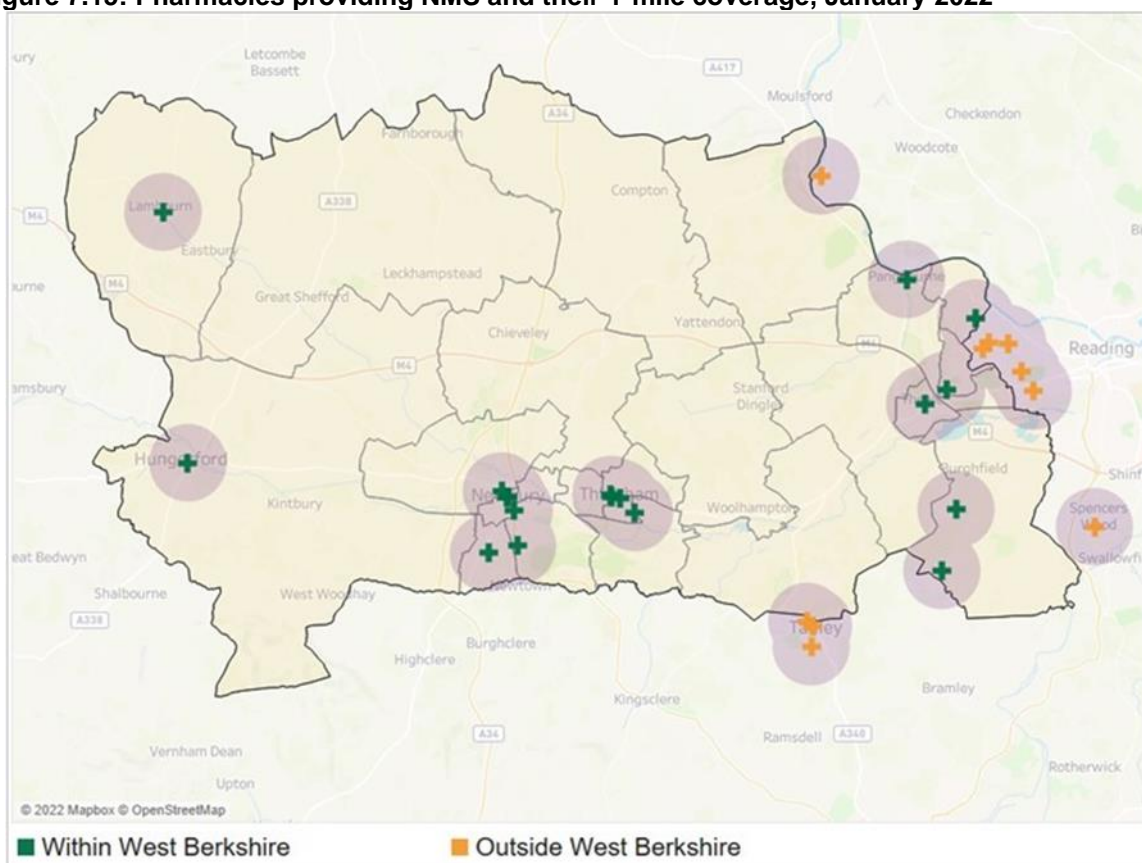
7.44 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension
- High cholesterol
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence or retention
- Heart failure
- Coronary heart disease
- Atrial fibrillation
- Unstable angina or heart attack
- Stroke or TIA
- Long-term risk of blood clots or blocked vessels, including DVT

7.45 New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

7.46 All but one (20) of the pharmacies in West Berkshire provided NMS in 2020/21. There are an additional 11 pharmacies in bordering local authorities that provided NMS. All these pharmacies are shown in Figure 7.15.

Figure 7.15: Pharmacies providing NMS and their 1-mile coverage, January 2022



Source: NHS England, 2022

7.47 Table 7.7 shows NMS provision by West Berkshire wards.

Table 7.7: Number of NMS provided by West Berkshire pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Newbury Greenham	3	106	35
Newbury Central	3	377	126
Burghfield & Mortimer	3	159	53
Thatcham Central	2	155	78
Tilehurst Birch Copse	1	7	7
Tilehurst & Purley	1	113	113
Theale	1	72	72
Thatcham North East	1	266	266
Thatcham Colthrop & Crookham	1	62	62
Pangbourne	1	104	104
Newbury Wash Common	1	383	383
Lambourn	1	42	42
Hungerford & Kintbury	1	33	33
Borough Total	20	1,879	94

Source: NHS England, 2022

7.48 NMS are supplied widely across the district within areas of high density and need, therefore there is sufficient NMS provision to meet the needs of this district .

Community pharmacy seasonal influenza vaccination

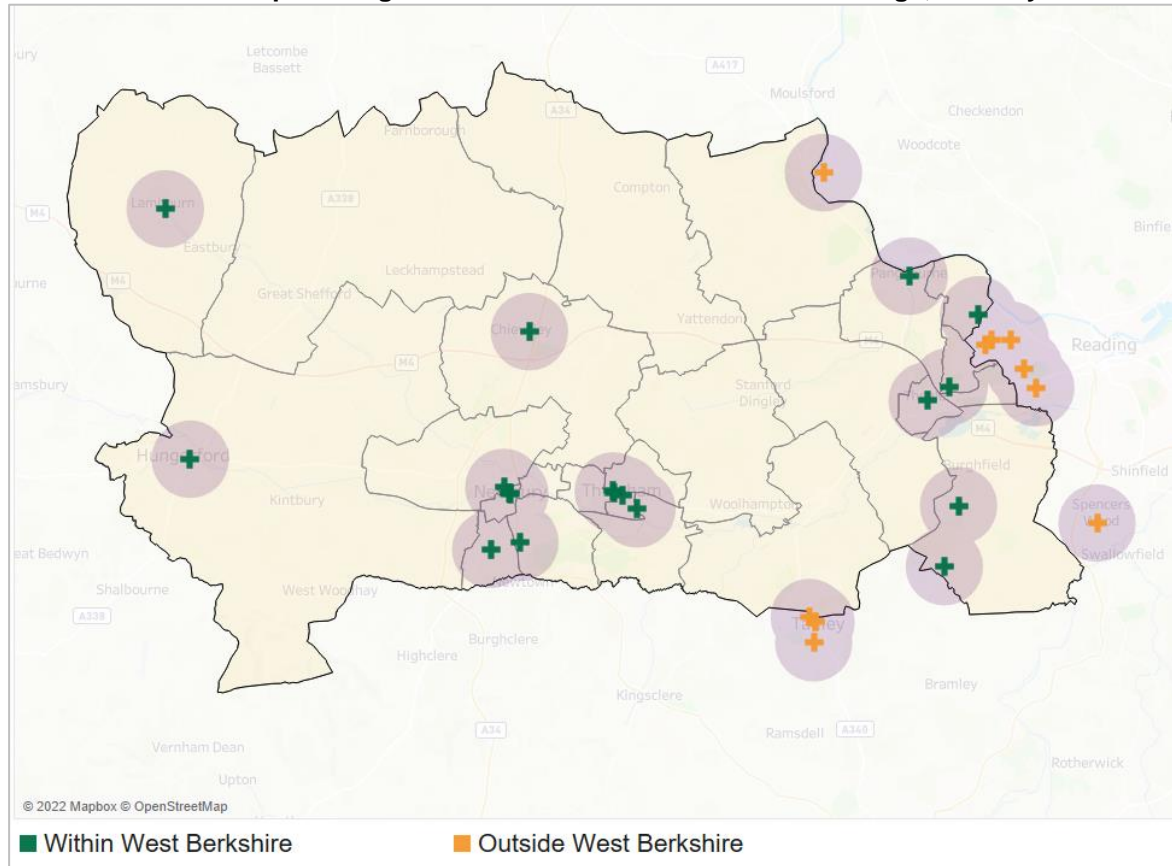
7.49 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

7.50 GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long terms condition.

7.51 A large proportion of community pharmacies in the district provided flu vaccines (19/21) in West Berkshire in 2020/21. Another 11 outside but bordering the district provided the service. The distribution of these pharmacies is shown in Figure 7.16 and Table 7.8.

Figure 7.16: Pharmacies providing Flu vaccination and their 1-mile coverage, January 2022



Source: NHS England, 2022

Table 7.8: Pharmacies that provide Flu Vaccinations in West Berkshire by ward, January 2022

Ward	Number of Pharmacies
Newbury Central	3
Thatcham Central	2
Newbury Greenham	2
Burghfield & Mortimer	2
Tilehurst Birch Copse	1
Tilehurst & Purley	1
Theale	1
Thatcham North East	1
Thatcham Colthrop & Crookham	1
Pangbourne	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1

Source: NHS England, 2022

7.52 Overall, there is strong coverage of this service across West Berkshire. As identified in Chapter 5, there is also strong flu vaccination uptake in the district. Therefore, there is sufficient provision of Advanced Flu Service to meet the needs of this district.

Community pharmacist consultation service (CPCS)

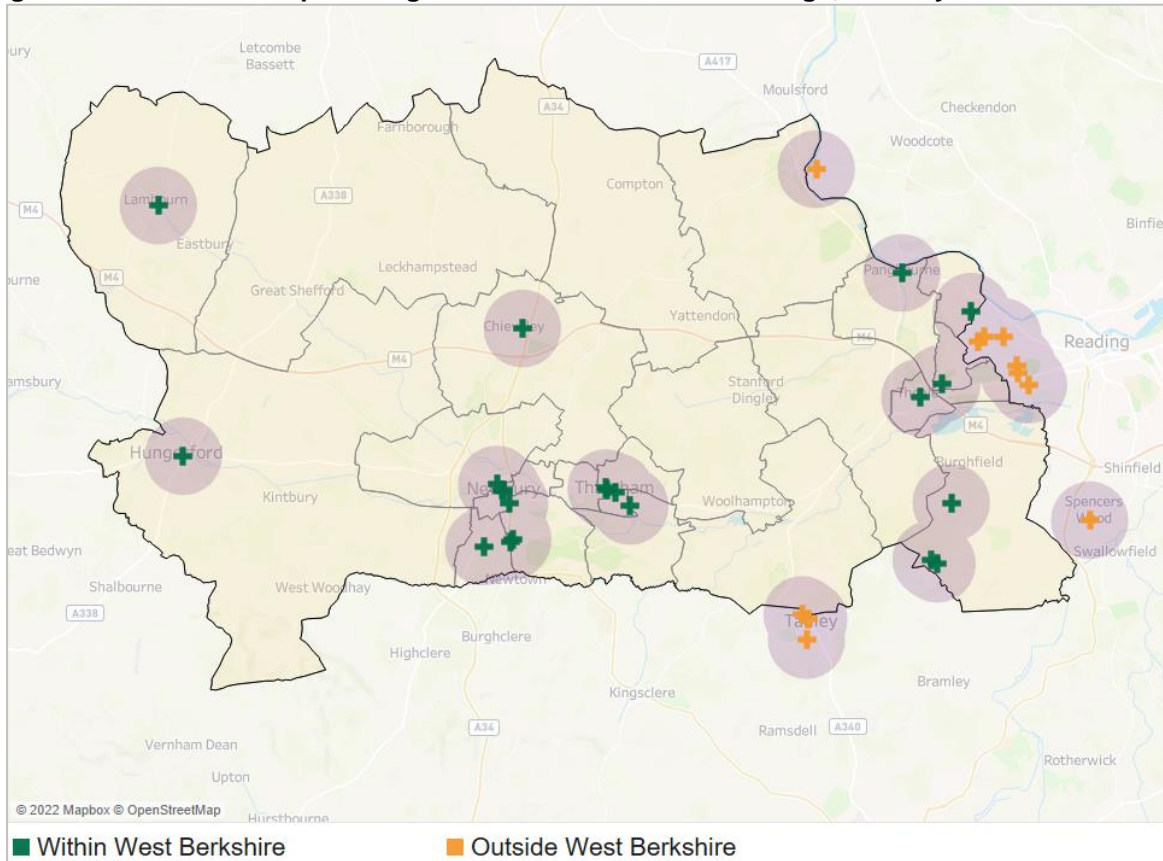
7.53 The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies.

7.54 It also offers patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 Online service.

7.55 There is strong coverage of CPCS in West Berkshire. With all 21 pharmacies in the district having provided CPCS in 2020/21. There are an additional 11 pharmacies in neighbouring districts that provided the service (Figure 7.17).

7.56 Therefore there is sufficient CPCS provision to meet the needs of this district.

Figure 7.17: Pharmacies providing CPCS and their 1-mile coverage, January 2022



Source: NHS England, 2022

Hypertension case-finding service

- 7.57** The hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any pharmacy in West Berkshire offering this service.
- 7.58** Twelve respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

- 7.59** NHSE data does not show any pharmacy offering the Community pharmacy hepatitis C antibody testing service as of the time of publication.
- 7.60** Ten respondents to the contractor survey indicated being willing to provide the service if commissioned.

Appliance use reviews (AURs)

- 7.61** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 7.62** AURs can be carried out by a pharmacist, or a specialist nurse either at the contractor's premises (typically within a DAC) or at the patient's home. AURs help patients to better understand and use their prescribed appliances by:
- Establishing the way the patient uses the appliance and the patient's experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- 7.63** No pharmacies within or bordering the district provided this service in 2020/21. However, AURs can be provided by prescribing health and social care providers. Therefore, there is sufficient provision of the AUR service to meet the current needs of this district .

Stoma Appliance Customisation service (SAC)

- 7.64** The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- 7.65** Four pharmacies provided SACs within West Berkshire in 2020/21 (Table 7.9).

Table 7.9: Pharmacies that provide SAC in West Berkshire, January 2022

Pharmacy	Address	Ward
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
LloydsPharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	Kentwood
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: NHS England, 2022

7.66 Residents can also access the SAC service either from non-pharmacy providers within the district (e.g., community health services) or from dispensing appliance contractors outside of the district. Therefore, there is sufficient provision of the SAC service to meet the needs of this district.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following advanced services to meet the likely needs of residents in West Berkshire:

- New medicine service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- Appliance use reviews
- Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on the following newly commissioned service:

- Stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital

West Berkshire pharmacies have indicated their willingness to provide these services, therefore no gap is evident for future access to these advanced services.

Other NHS pharmacy services

7.67 These are services commissioned by the West Berkshire Council and Frimley Health and Care to fulfil a local population health and wellbeing need. They are listed below:

- Local authority commissioned services:
 - Substance Misuse Service
 - Pharmacy Emergency Hormonal Contraception Service
- Frimley Health and Care commissioned services:
 - Access to palliative care medicine
 - Provision of antiviral medication

The provision of these services is explored below.

Needle exchange and supervised consumption

7.68 The needle exchange and supervised consumption services are commissioned by the charity Cranstoun on behalf of West Berkshire district Council. The needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

7.69 The needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

7.70 Supervised consumption is a treatment service for opioid dependency. Opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

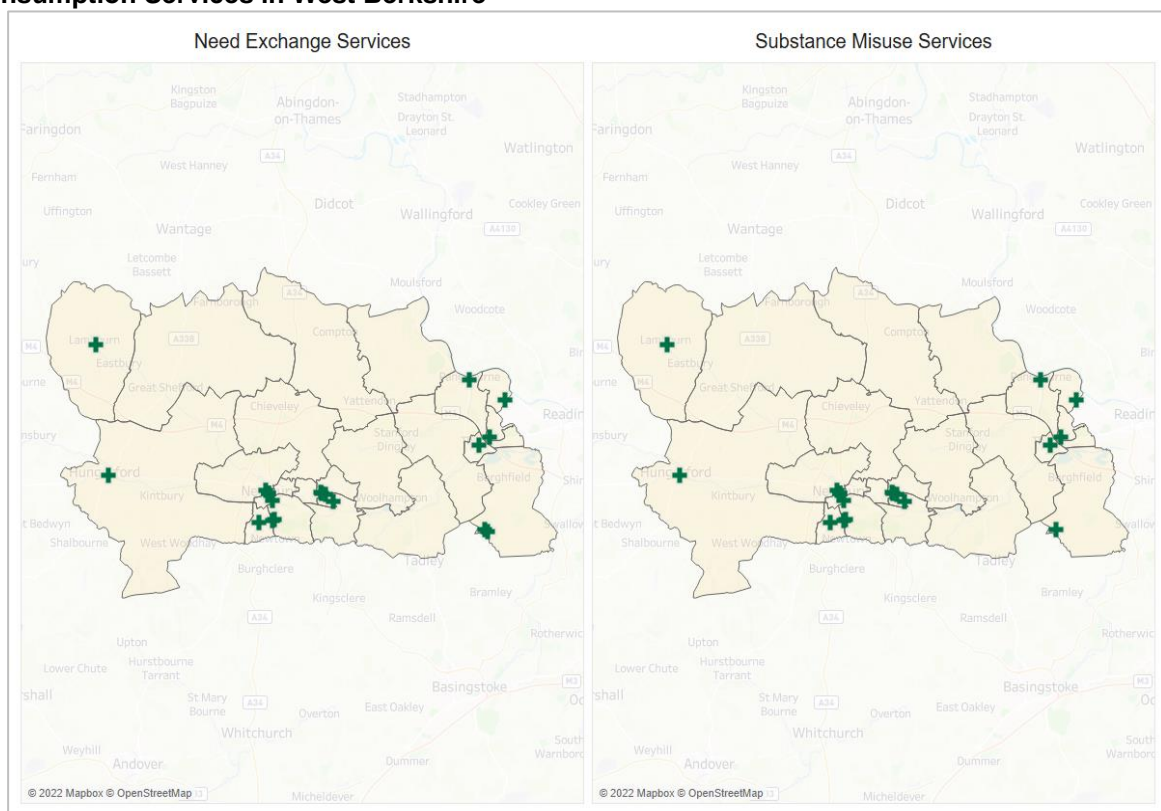
7.71 Pharmacies that provide this service:

- ensure each supervised dose is correctly administered to the service user for whom it was intended

- liaise with the prescriber, named key worker and others directly involved in the care of the service user
- monitor service users' response to the prescribed treatment
- help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

7.72 Eighteen pharmacies in West Berkshire offer needle exchange and 19 offer supervised consumption services in areas of high population density and high deprivation (see Figure 7.18, Table 7.10, and Table 7.11).

Figure 7.18: Location of pharmacies that provide Needle Exchange and Supervised Consumption Services in West Berkshire



Source: West Berkshire Council, 2022

Table 7.10: Pharmacies that provide Needle Exchange services in West Berkshire, January 2022

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Jhoots Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

Table 7.11: Number of Pharmacies that provide Supervised Consumption services in West Berkshire, January 2022

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
LloydsPharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

Pharmacy emergency hormonal contraception service

7.73 This is a Patient Group Direction that increases access to emergency hormonal contraception for young people. The service applies 'Making Every Contact Count' (MECC) principles to deliver a holistic sexual health intervention to young women seeking emergency hormonal contraception. The service also actively supports young women and men to access online services for sexual health information and advice and for online STI testing where available by signposting to the SafeSexBerkshire⁴⁷ website.

7.74 The service aims to:

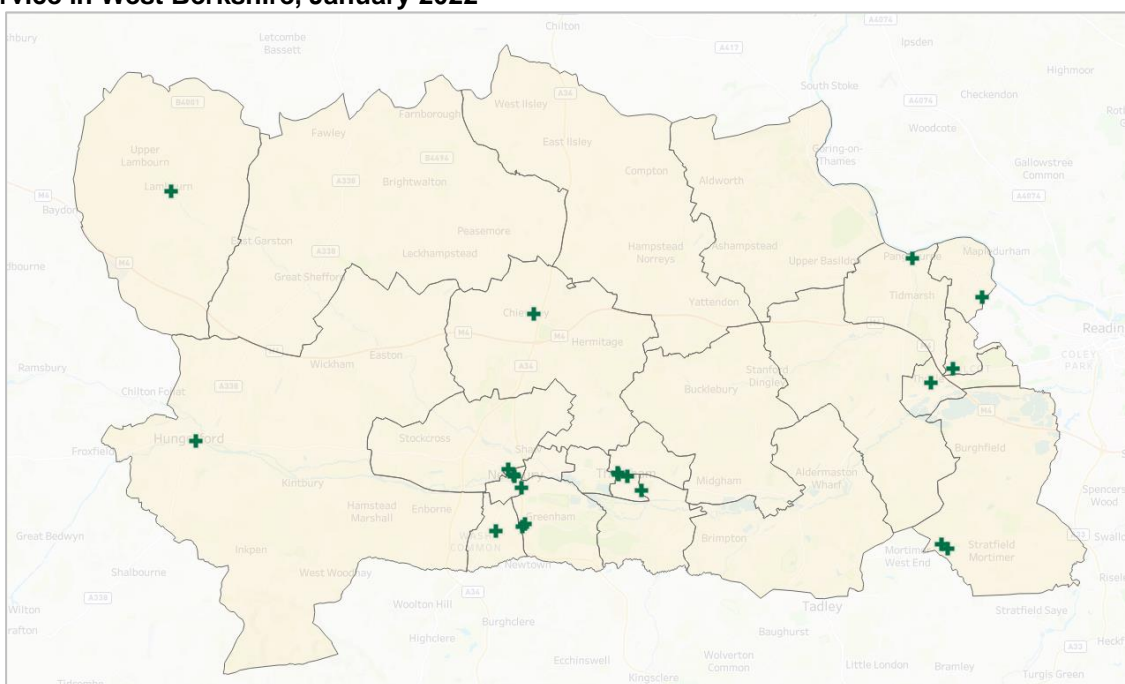
- prevent unplanned pregnancies in young people through the provision of free emergency hormonal contraception (Levonelle1500® or EllaOne® Emergency Hormonal Contraception)
- Enable young people to access sexual health information and advice through local online and face to face services
- provide condoms to young women and their partners accessing EHC
- support young people to access free online STI testing where available.

7.75 All pharmacists providing this service will have completed the Centre for Pharmacy Postgraduate Education (CPPE) Declaration of Competence for EHC and register this on PharmOutcomes.

7.76 Twenty pharmacies offer this service in West Berkshire. Their locations are show in Figure 7.19 and Table 7.12 below.

⁴⁷ <https://www.safesexberkshire.nhs.uk/>

Figure 7.19: Location of pharmacies that provide the Emergency Hormonal Contraception Service in West Berkshire, January 2022



Source: West Berkshire Council, 2022

Table 7.12: Pharmacies that provide the Emergency Hormonal Contraception Service, January 2022

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
LloydsPharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	Chieveley & Cold Ash
Boots the Chemists	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	Thatcham North East
Lloydspharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire	Tilehurst Birch Copse
Jhoots Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Superdrug Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
LloydsPharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
LloydsPharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Lloydspharmacy (in Sainsbury)	Sainsburys Store, Hectors Way, Newbury, Berkshire	Newbury Greenham

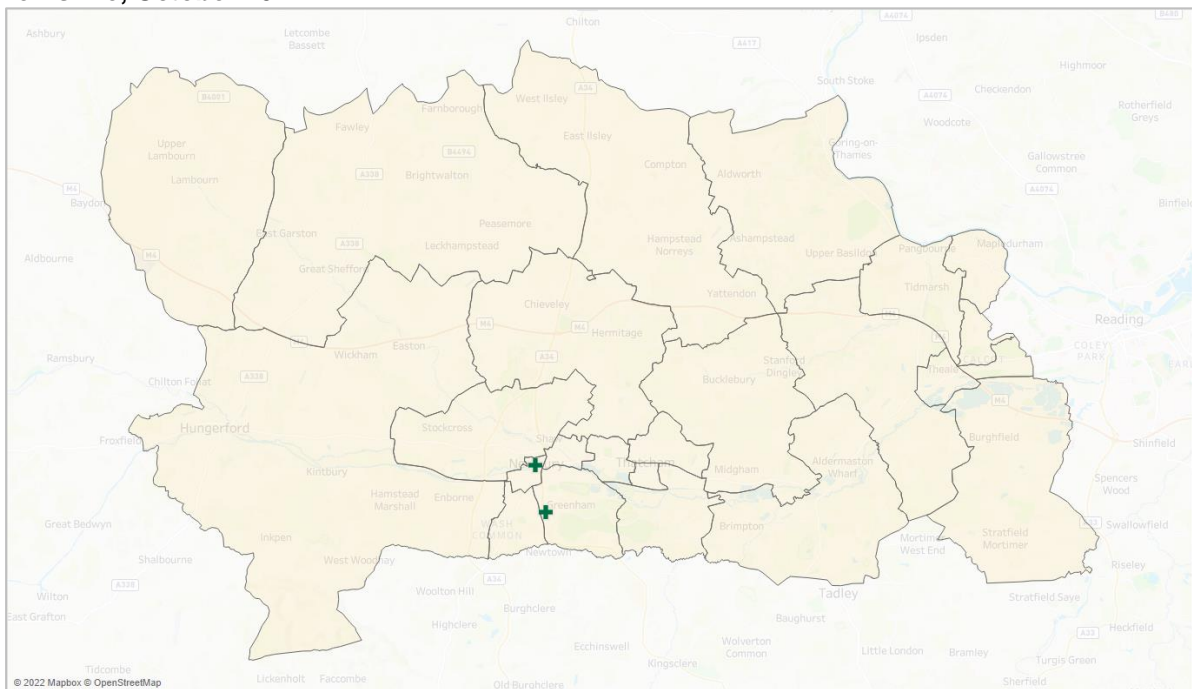
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central
Lloyds Pharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	Thatcham Central

Source: West Berkshire Council, 2022

Access to palliative care

- 7.77 This service is commissioned by Berkshire West CCG to ensure that their community teams have guaranteed provision of routine palliative care drugs. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients.
- 7.78 The aim of the service is to improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply. Community teams will be able to access these drugs during the pharmacies' normal opening hours (this arrangement does not cover access to medicines outside of contracted hours).
- 7.79 Pharmacies have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 7.80 Two pharmacies provide the Access to Palliative Care service in West Berkshire. They are shown in Figure 7.20 and Table 7.13.

Figure 7.20: Location of pharmacies that provide the Access to Palliative Care Services in West Berkshire, October 2021



Source: Berkshire West CCG, 2022

Table 7.13: Number of Pharmacies that provide the Access to Palliative Care Service in West Berkshire by ward, January 2022

Pharmacy	Address	Ward
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

Source: Berkshire West CCG, 2022

Provision of antiviral medication

- 7.81** The aim of the service is to improve access to antiviral treatment when it is required, by ensuring prompt access and continuity of supply, during both in and out of flu season. Pharmacies that provide this service are required to hold stock of the medication ensuring that users of this service have prompt access to these medicines during normal working hours.
- 7.82** Just one pharmacy, Boots in Newbury Retail Park, holds the contract for this in West Berkshire.

Summary of other NHS pharmacy services

It is concluded that there is currently sufficient provision for the following other NHS services to meet the likely needs of residents in West Berkshire:

- Substance Misuse Service
- Pharmacy emergency hormonal contraception service
- Access to palliative care medicine
- Provision of antiviral medication

Additional considerations from Contractor Survey Responses

Languages spoken in pharmacies

- 7.83** 96% of households speak English as a main language (2011 data), the most common non-English languages spoken are Polish, Portuguese and French. The most common languages besides English spoken by pharmacy staff are Hindi, Punjabi and Romanian (Table 7.15). No pharmacies in West Berkshire reported having staff that speak French. Given the low number of non-English speakers within the district, this is unlikely to adversely impact access of residents to pharmaceutical services.

7.84 Table 7.14 lists the most common languages spoken by a member of staff in West Berkshire pharmacies.

Table 7.14: Top 10 languages spoken by a member of staff at the pharmacies in West Berkshire

Language	Number of Pharmacies
Hindi	2
Punjabi	2
Romanian	2
Urdu	1
Pashto	1
Polish	1
Portugese	1
German	1
Spanish	1
Mandarin	1

Source: West Berkshire Contractor Survey, 2022

Chapter 8 - Conclusions

- 8.1** This PNA has considered the current provision of pharmaceutical services across West Berkshire alongside the health needs and demographics of its population. It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 8.2** West Berkshire largely rural in nature but has pockets of high population density. Overall, the population has a high life expectancy and healthier life expectancy in comparison to the population of South East England and England overall.
- 8.3** There are a number of factors that can affect pharmacy needs, including deprivation and protected characteristics that were explored in this PNA. While West Berkshire is an affluent district there is one neighbourhood, in Newbury Greenham ward that is among the 20% most deprived neighbourhoods in England. Newbury Greenham has good access to pharmacy provision.
- 8.4** With a median age of 43.8 the population is slightly older than England as a whole. It has a relatively small Black, Asian and Minority Ethnic population and 96% of households speak English as a main language. The proportions of people who share protected characteristics are explored and mapped in chapter 5 of this PNA. However, there are limits in assessing the pharmacy needs of people who share protected characteristics using nationally available data and mapping. Therefore, an engagement strategy and public survey was developed in collaboration with the local authority communications team. Their purpose was to further identify and engage with people who share protected characteristics and to explore their pharmacy needs.
- 8.5** 256 patients and public responded to the survey on their use and views on 'necessary' pharmacy services. Overall, participants were happy with the services their pharmacy provided and no different needs for people who share a protected characteristic in West Berkshire were found.
- 8.6** This chapter will summarise the provision of these services in West Berkshire and its surrounding local authorities.

Current provision

8.7 The steering group has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:

- Essential services provided at all premises included in the pharmaceutical lists.

8.8 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The PNA steering group has identified the following as Other Relevant Services:

- Adequate provision of advanced and other NHS pharmacy services to meet the need of the local population.

Current access to essential services

8.9 In assessing the provision of essential services against the needs of the population, the steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Accessibility of essential services was determined by whether the West Berkshire population resided within 1-mile of a pharmacy, or within 20-minutes drive to a pharmacy.

8.10 Other factors taken into consideration included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of high deprivation
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Controlled localities and location of dispensing GPs

8.11 There are 1.3 community pharmacies per 10,000 residents in West Berkshire. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

8.12 As West Berkshire is a very rural area, most of the district is not within 1 mile of a pharmacy. In fact, most of the district is within a controlled locality. Areas that are more densely populated in West Berkshire are well served in terms of pharmacy accessibility. There are 43,192 residents who live within rural areas of West Berkshire that are not within a mile of a pharmacy,

however all residents are within a 20-minute commute of a pharmacy if travelling by car. Considering all this, there is adequate provision of pharmacies for West Berkshire residents.

Current access to essential services during normal working hours

- 8.13** All pharmacies are open for at least 40 hours each week. There are 21 community pharmacies in the district and 11 within a mile of the district boundaries, providing good access as determined in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services during normal working hours in the lifetime of this PNA.

Current access to essential services outside normal working hours

- 8.14** On weekdays, while no West Berkshire pharmacies are open before 8am but ten are open after 6pm. These pharmacies are close to areas of high population density and where deprivation is highest. However, not all residents can reach early opening or late closing pharmacy in 20 minutes if travelling by car. Those who cannot reach a pharmacy by car are within accessible distance to a GP dispensing practice.
- 8.15** There is adequate accessibility of pharmacies to residents on weekend. Nineteen of the district's community pharmacies are open on Saturday. Six pharmacies in the district are open on Sunday.
- 8.16** Saturday pharmacies can be reached by all residents in those neighbourhoods within 20 minutes if travelling by car. All but 9,047 can reach a West Berkshire Sunday opening pharmacy in 20-minutes if traveling by car.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in the lifetime of this PNA.

Current access to advanced services

- 8.17** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community

pharmacy hepatitis C antibody testing service, appliance use reviews and stoma appliance customisation.

- 8.18** NMS is widely available with 20 pharmacies in the district providing it.
- 8.19** Flu vaccinations are also widely available, all 19 pharmacies in the district provide this service.
- 8.20** All of the district's 21 community pharmacies offer the Community Pharmacy Consultation Service.
- 8.21** The hypertension case-finding service and the hepatitis C antibody testing service, are relatively new services for which no data is available yet, however pharmacies have indicated their willingness to provide this service.
- 8.22** No West Berkshire pharmacy reportedly provided AURS in the last recorded year, however pharmacies are able to provide these if there is a need. Advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances.
- 8.23** Stoma Appliance Customisation service is offered by four pharmacies.
- 8.24** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of West Berkshire.

The results of the PNA conclude that there are no current gaps in the provision of advanced services for the lifetime of this PNA.

Current access to other NHS pharmacies services

- 8.25** These are services that are locally commissioned by West Berkshire district Council and Berkshire West CCG. These services include:
- Substance misuse and needle exchange services
 - Emergency hormonal contraception
 - Access to palliative care
 - Provision of antiviral medication
- 8.26** Eighteen pharmacies provide the substance misuse, and 19 provide needle exchange services, twenty provide emergency hormonal contraception, two provide access to palliative care and one pharmacy provides provision of antiviral medication.

8.27 Overall, there is very good availability of the other NHS services in the district.

The results of the PNA conclude that there are no current gaps in the provision of other NHS services in the lifetime of this PNA.

Future Provision

8.28 The PNA steering group has considered the following future developments:

- Forecasted population growth
- Housing Development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

8.29 The PNA steering group is not aware of any firm plans for changes in the provision of Health and Social Care services during the within the lifetime of this PNA.

8.30 This PNA has considered the proposed new housing developments in West Berkshire. The highest number of proposed new dwelling developments that are expected to be completed in the lifetime of this PNA are within Newbury Speen, Newbury Central and Newbury Greenham wards; the largest of these being Market Street development in Newbury Central ward, the Oxford Road development in Newbury Speen ward and the Pincents Hill development in Tilehurst Birch Copse ward. All these proposed developments are within areas with good pharmacy provision.

8.31 The analysis has considered these developments, and other causes of population increases, and concluded that pharmacy provision is well placed within West Berkshire during the within the lifetime of this PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

Future access to essential services outside normal working hours

- 8.32** This PNA is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

Future access to advanced services

- 8.33** Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for advanced services.

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to other NHS services

- 8.34** Through the contractor survey local pharmacies have indicated that they have capacity to manage future increases in demand for other NHS services.

The results of the PNA conclude that there are no gaps in the future provision of other NHS services in the lifetime of this PNA.

Improvements and better access

Current and future access to essential services

- 8.35** The PNA did not identify any services, that if provided either now or in future specified circumstances, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude that there are no gaps in essential services that if provided, either now or in the future, would secure improvements or better access to essential services in the lifetime of this PNA.

Current and future access to advanced services

- 8.36** NMS, CPCS and flu vaccination services are all widely available throughout West Berkshire.
- 8.37** Though there is no data available publicly for the relatively new services, namely Hypertension case-finding and hepatitis C antibody testing services, there is sufficient capacity for the pharmacies to provide them.
- 8.38** There is SAC provision in the district, and pharmacies are willing, and have capacity to provide both SAC and AUR. Additionally, advice on both these services is offered by hospital and other health providers.
- 8.39** The PNA analysis has concluded that there is sufficient capacity to meet any increased demand for advanced services.

The results of the PNA conclude that there are gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

Current and future access to other NHS services

- 8.40** There is good provision of services commissioned by the West Berkshire Council and Frimley Health and Care. The PNA did not find any evidence to conclude that these services should be expanded.

The results of the PNA conclude that there are no gaps, either now or in the future, that if provided would secure improvements or better access to other NHS services in the area in the lifetime of this PNA.

Appendix A: Berkshire pharmaceutical needs assessment steering group

Terms of reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing Boards have now initiated the process to refresh the PNAs by October 2022.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd. In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBBs on behalf of the Health and Wellbeing boards.

-
- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns, with both the joint strategic needs assessment and the health and wellbeing strategies of each of the local authorities as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWBB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Bracknell Forest, Reading, Slough, RBWM, West Berkshire and Wokingham Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBBs
- Advise the HWBB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

The Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBBs to the PNA Steering Group

The PNA steering group will be accountable to the Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham and Wellbeing boards and will report on progress as required by the Health and Wellbeing Board.

Membership

Chair: Rebecca Willans, Public Health Berkshire, Bracknell Forest Council

Name	Organisation
Becky Campbell	Public Health Berkshire
David Dean	Local Pharmaceutical Committee Pharmacy Thames Valley
Sanjay Desai	Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System
Dawn Best	Frimley Health and Care
Marian Basra	NHS England Pharmacy Team
Tessa Lush	Communications, Bracknell Forest (representing all Berkshire local authorities)
Helen Delaitre	Berkshire, Buckinghamshire and Oxfordshire LMCs
Representative	Healthwatch Bracknell Forest
Representative	Healthwatch Slough
Joanna Dixon	Healthwatch Wokingham
Andrew Sharp	Healthwatch West Berkshire
Mandeep Kaur Sira	Healthwatch Reading
Representative	Healthwatch Windsor and Maidenhead
Roger Kemp	Patient Representative

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Representative from Public Health for Berkshire
- Representative from Healthwatch
- LPC
- Healthy Dialogues

Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

Declaration of interests will be a standing item on each PNA Steering Group agenda.

A register of interests will be maintained and will be kept under review by the HWBB.

Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Frequency of meetings

The group will meet as required for the lifetime of this project. Meetings will be held virtually on MS teams every six weeks.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWBB, when consulted by NHS England, in relation to consolidated applications.

Appendix B: Pharmacy provision within West Berkshire and 1 mile of its border

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
West Berkshire	FC776	Boots the Chemists	Community Pharmacy	125 High Street, Hungerford, Berkshire	RG17 0DL	No	No	Yes	No
	FE788	Boots the Chemists	Community Pharmacy	Thatcham Health Centre, Bath Road, Thatcham, Berkshire	RG18 3HD	No	No	Yes	No
	FJV60	Boots the Chemists	Community Pharmacy	4-5 Northbrook Street, Newbury, Berkshire	RG14 1DJ	No	No	Yes	Yes
	FP041	Boots the Chemists	Community Pharmacy	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	RG14 7HU	No	Yes	Yes	Yes
	FFT63	Burghfield Pharmacy	Community Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	RG7 3YJ	No	Yes	Yes	No
	FWX13	Day Lewis Pharmacy	Community Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	RG14 1GE	No	No	Yes	No
	FDN76	Downland Pharmacy	Community Pharmacy	East Lane, Chieveley, Newbury, Berkshire	RG20 8UY	No	No	No	No
	FJM06	Jhoots Pharmacy	Community Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	RG7 3TF	No	No	No	No
	FMP97	Kamsons Pharmacy	Community Pharmacy	27 High Street, Theale, Reading, Berkshire	RG7 5AH	No	No	Yes	No
	FT063	Lambourn Pharmacy	Community Pharmacy	The Broadway, Lambourn, Berkshire	RG17 8XY	No	No	Yes	No
	FCT83	LloydsPharmacy	Community Pharmacy	3 The Square, Pangbourne, Berkshire	RG8 7AQ	No	Yes	Yes	No
	FQD69	LloydsPharmacy	Community Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	RG19 4YA	No	Yes	Yes	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FTJ67	LloydsPharmacy	Community Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	RG18 3JW	No	Yes	Yes	No
	FXR54	LloydsPharmacy	Community Pharmacy	7 Kingsland Centre, The Broadway, Thatcham, Berkshire	RG19 3HN	No	No	Yes	No
	FEJ88	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Savacentre, Bath Road, Calcot, Reading, Berkshire	RG31 7SA	No	Yes	Yes	Yes
	FVP85	Lloydspharmacy (in Sainsbury)	Community Pharmacy	Sainsburys Store, Hectors Way, Newbury, Berkshire	RG14 5AB	No	Yes	Yes	Yes
	FLP66	Mortimer Pharmacy	100 Hours	72 Victoria Road, Mortimer, Reading, Berkshire	RG7 3SQ	No	Yes	Yes	Yes
	FM678	Overdown Pharmacy	Community Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	No	Yes	No
	FN512	Superdrug Pharmacy	Community Pharmacy	81-82 Northbrook Street, Newbury, Berkshire	RG14 1AE	No	No	Yes	No
	FK567	Tesco Pharmacy	100 Hours	Tesco Extra, Pinchington Lane, Newbury, Berkshire	RG14 7HB	No	Yes	Yes	Yes
	FL172	Wash Common Pharmacy	Community Pharmacy	Monks Lane, Newbury, Berkshire	RG14 7RW	No	Yes	Yes	No
Basingstoke & Deane	FVJ17	Holmwood Pharmacy	Community Pharmacy	Franklin Avenue, Tadley	RG26 4ER	No	Yes	Yes	No
	FQX07	Lloyds Pharmacy	Community Pharmacy	30A/B Mulfords Hill, Tadley, North Basingstoke	RG26 3JE	No	Yes	Yes	Yes
	FN444	Morland Pharmacy	Community Pharmacy	40 New Road, Tadley, Hampshire	RG26 3AN	No	Yes	No	No
South Oxfordshire	FDE03	Lloyds Pharmacy	Community Pharmacy	High Street, Goring-On-Thames, Reading	RG8 9AT	No	No	Yes	No

HWB	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Reading	FT293	Asda Pharmacy	100 Hours	Honey End Lane, Reading, Berkshire	RG30 4EL	Yes	Yes	Yes	Yes
	FNR10	Boots the Chemists	Community Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	RG30 4AA	No	No	Yes	No
	FF110	LloydsPharmacy	Community Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	RG30 6BW	No	Yes	Yes	No
	FHF90	Southcote Pharmacy	Community Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	No	No	Yes	No
	FGF17	Tilehurst Pharmacy	Community Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	RG31 5AR	No	No	Yes	No
	FDX71	Trianglepharmacy	Community Pharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	RG31 5AW	No	No	Yes	No
Wokingham	FG634	Day Lewis Pharmacy	Community Pharmacy	Welford House, Basingstoke Road, Spencers Wood, Reading, Berkshire	RG7 1AA	No	No	Yes	No

Appendix C: Consultation report

This report presents the findings of the consultation for the West Berkshire PNA for 2022 to 2025.

For the consultation, the draft PNA was sent to a list of statutory consultees, participants who responded to the patient and public engagement and promoted on the HWB website. In total 12 people responded to the consultation survey, and one responded via email. Eight of whom were members of the public, one was representing Boots UK Limited, one representing Lambourn Junction Community Interest Company and one representing NHS England.

The responses are presented in the table below. Additional comments received are presented in the table that follows.

Consultation survey question	Yes	No	Maybe/ unsure
Has the purpose of the pharmaceutical needs assessment been explained?	11	1	
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	4	2	5
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	4	2	4
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e., decisions on applications for new pharmacies and dispensing appliance contractor premises?	3	5	2
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	4	4	3
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	4	3	3
Do you agree with the conclusions of the pharmaceutical needs assessment?	4	3	2

The table below presents the comments received during the statutory 60-day consultation period and the response from the steering group.

Comments	Response
<p>Boots UK Ltd.:</p> <p>It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies may not have been reflected in the draft PNA.</p>	<p>The opening times of the pharmacies have been updated following the 60-day consultation.</p>
<p>Member of the public:</p> <p>In Lambourn we are very lucky to have Graham Jones pharmacy, if this were to change our access to medical support would be heavily impacted. In rural communities with poor transport these pharmacies are essential.</p>	<p>The PNA acknowledges that any changes to access would be particularly impactful in more rural communities. Any unforeseen change during the lifetime of the PNA would be addressed by the mechanism of Supplementary Statements.</p>
<p>Member of the public:</p> <p>We do have problems with our dispensing chemist Superdrug as they cannot seem to get a permanent Pharmacist. This does make things difficult at times with our repeat prescriptions.</p>	<p>The PNA is cognizant of the workforce shortage that the whole of healthcare is facing, thus scarcity of staffing is prevalent.</p> <p>The LPC has been made aware of this comment in order to address patient concerns affecting the pharmacy.</p>
<p>Member of the public:</p> <p>Only 256 respondents to the survey are not representative of the whole of West Berkshire's pharmaceutical provision. I feel that results are too heavily reliant on private vehicle access. Would make more sense for a link between pharmacies and GP provision in the area. If providing more services number of pharmacies surely need to increase.</p>	<p>The survey went to great lengths to reach as wide and as representative a population as possible. We worked with Healthwatch, the local authority communications teams and Community Engagement Leads to agree priority population groups to target, (including seldom heard groups or people who share protected characteristics) and how best to engage them for the survey. The survey was publicised widely across social media and community engagement channels.</p> <p>The PNA examined and addressed pharmaceutical service provision in relation to various factors, including travel time and access to GP services. The steering group chose car journeys as a</p>

	<p>measure of accessibility in consideration of the borough being mostly rural in nature and therefore supported by dispensing GP practices.</p> <p>NHS England has acknowledged that there is a need to support communication between health care professionals and pharmacies. Each integrated care system has received funding to recruit a Community Pharmacy Clinical Integration Lead to support the development of an integrated approach to implementation of community pharmacy clinical services.</p> <p>More information on additional programmes of work to strengthen collaboration between pharmacy, GPs and the integrated care systems overall can be found here: https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/</p>
<p>Member of the HWB:</p> <p>Throughout the document there are references to the “borough”. The district of West Berkshire Council is precisely that and all references to “borough” should be changed to “district”.</p>	<p>This has been corrected.</p>

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West Berkshire Joint Strategic Needs Assessment (JSNA)

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Sarah Shildrick

Report Sponsor: Tracy Daszkiewicz

Item for: Decision



1. Purpose of the Report

To provide the Board with an update on the development of the Joint Strategic Needs Assessment (JSNA) against the model for JSNA agreed by the Board in 2018. This includes an overview of the enhancements that have been made to the West Berkshire Observatory site; and proposes a mechanism for further development and integration via a West Berkshire JSNA steering group, supported by JSNA superusers.

2. Recommendation(s)

- 2.1 For the Board to NOTE the developments to the local JSNA.
- 2.2 For the Board to ENDORSE the proposal of the formation of a West Berkshire JSNA steering group supported by JSNA superusers.

3. Executive Summary

Recent enhancements have been made to the West Berkshire Observatory to develop this as the home of the West Berkshire JSNA, and to lay the foundations for further integration of existing and future needs assessment processes. To achieve this integration, we are asking the Board to endorse a proposal to form a West Berkshire JSNA steering group. The group will meet to ensure that all needs assessments are included as part of JSNA and that JSNA is referred to when commissioning and planning services. We are also asking the board to endorse the engagement of JSNA superusers whose role will centre around the promotion of JSNA within their own work area.

4. Supporting Information

Context

- 4.1 In 2018, the Board agreed to progress the JSNA in line with a new model which provided a more efficient and cohesive approach to assessing the needs of the local population and of evidencing this assessment. The approach was built upon a vision for the West Berkshire JSNA that views it as an overarching process, incorporating the wide range of local population needs analysis undertaken by Board member organisations as part of their duties. The new model was implemented throughout 2019/20 and broadly consisted of two strands:

- (1) An online digital data toolkit, kept up to date using automated processes that is open and accessible to all for a range of purposes.
 - (2) A library of detailed needs assessments carried out by internal and external partners, with support from Public Health and Wellbeing Officers
- 4.2 Prior to recent updates, these two strands were separated, the former hosted on the West Berkshire Observatory website¹, and the latter hosted on the Council's website.
- 4.3 In September 2021, a process began to draw these strands together. The key aims were to enhance the West Berkshire Observatory in order that it provides the platform to deliver both strands of JSNA.
- 4.4 This was delivered by the Berkshire West JSNA Project Group which is a small working group consisting of a representative from the Berkshire West Public Health team and one representative from each of the Reading, West Berkshire, and Wokingham Public Health and Wellbeing teams.

Updates to the West Berkshire Observatory

- 4.5 The original West Berkshire Observatory had a generic colour scheme and branding which has been updated to reflect the colours and logos of West Berkshire Council.
- 4.6 The digital data tools have been moved under one section of the header menu to make space for more locally developed reports and support features. These are described below:
- (1) A section to hold local needs assessment reports as they are developed
 - (2) JSNA summary reports covering people and place: these bring together live data from the National Data Service and places it in the context of local assessments and plans such as the Health and Wellbeing Strategy
 - (3) Covid-19 recovery report: bringing in live data from the National Data Service against as key indicators for monitoring recovery from the pandemic
 - (4) A support section including Frequently Asked Questions, and video guides
 - (5) A site news section to keep users up to date as new content is added
 - (6) A site survey to gain users perspectives of the site

Further development and integration

- 4.7 The response to the peak of the Covid-19 pandemic paused activity relating to JSNA. The work described above looked to bring this back online, laying the foundations to

¹ The West Berkshire Observatory was launched in 2019. It was originally built by and is hosted and supported by ESRI UK. They provide an off-the-shelf product based on their National Data Service. This is a service that automatically draws down data from several organisations including the Office for National Statistics. On top of this sits several templated reports, maps, and data visualisations.

be further built upon. The next phase of JSNA development looks to enhance and integrate existing needs assessment processes within and across organisations.

4.8 The options considered to support this are presented below.

5. Options Considered

The Berkshire West-wide JSNA project group remains as is with no further capacity identified. The West Berkshire representative will have responsibility for agreeing to and ensuring the completion of any local actions to meet the aim described under 4.7. This option was rejected as it creates the risk that opportunities to build JSNA into local processes will be missed or the capacity will not be sufficient to develop them.

6. Proposal(s)

6.1 Form a West Berkshire JSNA steering group. Suggested minimum membership would include representatives from each council directorate. The group would be required to meet on a six-monthly to quarterly basis.

6.2 The steering group would allow for cross-organisation / directorate input which would make the JSNA locally responsive and timely and enable better JSNA resource planning. This would be achieved by the steering group:

- (1) having oversight of a schedule of needs assessments and identifying priority future assessments;
- (2) establishing a common approach to needs assessments including how these will become part of the JSNA evidence;
- (3) identifying opportunities to further develop the JSNA evidence base particularly in relation to qualitative local information;
- (4) performing an annual review of the JSNA summary reports, providing final sign-off.

6.3 The Berkshire West project group would continue to operate as a working project that will continue to manage the Observatory site infrastructure and content.

6.4 The steering group would also be supported by, and be responsible for nominating, JSNA superusers. Superusers will be responsible for:

- (1) maintaining a schedule of needs assessments/local plan updates and ensuring that these are conducted using a common approach
- (2) ensuring that their colleagues are aware of the JSNA vision
- (3) promoting the use of the JSNA and the Observatory site within their organisation/department
- (4) ensuring that their organisation/department evidence their own assessments of need on the Observatory site

- (5) feeding back any comments or suggestions about the Observatory site to the Berkshire West JSNA project group/West Berkshire JSNA steering group

7. Conclusion(s)

- 7.1 The enhancements to the West Berkshire Observatory provide the foundation to continue to develop the JSNA and give a platform on which to evidence assessments of local need. The site will continue to be maintained and developed by the Berkshire West JSNA project group.
- 7.2 However, to integrate wider needs assessment work into a common JSNA process there is a requirement to ensure cross-organisation/directorate input. The West Berkshire JSNA steering group would provide the co-ordination needed to meet this requirement.
- 7.3 JSNA superusers would ensure that this integration occurs and will be pivotal in promoting the JSNA so that it is fully utilised.

8. Consultation and Engagement

Health and Wellbeing Board Steering Group.

9. Appendices

None

Background Papers:

[JSNAs and JHWS statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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 providing local commissioners and service providers with a wealth of evidence of population need in order to guide action against all five priorities.

Implications of the Increase of the Cost of Living

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Sean Murphy

Report Sponsor: Sean Murphy

Item for: Decision



1. Purpose of the Report

This purpose of this report is to update the Health and Wellbeing Board on the local response to challenges faced by the increases in the cost of living along with the local mitigations. The report also proposes a sub-group of this Board to co-ordinate the local response.

2. Recommendation(s)

That the Health and Wellbeing Board:

NOTE the causes, implications and existing work being undertaken with respect to the cost of living increases including impacts and mitigations

RESOLVE that a sub-group of Health and Wellbeing Board be set up to consider the implications further and co-ordinate the local partner response to the cost of living increases.

RESOLVE to receive further update reports on the local response to the cost of living increases.

3. Executive Summary

3.1 The UK is experiencing severe cost of living increases with both national and local impacts. Figures from the Department for Education show that some 11% of state pupils were eligible for free school meals in West Berkshire with higher levels in some wards and some educational settings.

3.2 Increases in the cost of living lead to a risk in health impacts and inequalities. Many of the strategies and priorities agreed in the Health and Wellbeing Strategy can be brought into the response to these health impacts. This report also explores some of these factors further.

3.3 The causes of the projected cost of living rises are multiple and include:

- Inflation increasing – and forecast to increase further. The cost of living has been increasing across the UK since early 2021 and in January 2022, inflation reached its highest recorded level since 1992, affecting the affordability of goods and services for households. At the time of writing the Consumer Prices Index (CPI) stood at just under 10% (a change of 8.8% over the previous 12 months).

- Energy and fuel price increases as demand exceeds supply – leads to further increases in prices of goods and services.
- Supply chain challenges caused by Covid and exacerbated by the Ukraine conflict.
- Interest rate rises (as a response to inflation) – and more forecast. Rise from 0.25% to 1.75% in recent months with further rises anticipated. This will have a serious impact for those coming off relatively low interest fixed rate mortgages in the coming months.
- Wages and debt pressures, long period of wage stagnation (post 2007) and wages forecast to rise by less than inflation.
- War in Ukraine – further pressure on oil and gas, and food prices, as a consequence of sanctions/interruption of supplies. Russia and Ukraine are major exporters of grains, metals and fertilisers, as well as oil and gas.

4. Impacts

4.1 There are a range of potential sectoral impacts and a number of these are summarised below:

Food Inflation

4.2 Food prices have been rising steadily for a number of years. Annual food price inflation rose by 12.7% in July 2022 up from 9.8% in June 2022. The largest increases were in bread and cereals and milk, cheese and eggs with smaller rise for meat, vegetables, sugar and jams etc. Food production/distribution is energy/fuel dependent so further food price rises are likely as a consequence of energy/food price spikes.

4.3 As a result of the war in Ukraine, the UK National Farmers Union has warned that food prices will rise due to the conflict and the disruption to food output which may last for years. This is because Russia is a major exporter of fertilisers and has put restrictions on exports. Ukraine is also a major exporter of grain and other food staples. The restrictions on the Black Sea ports means supply is likely to be limited causing an on-going largely effect.

4.4 In addition, yields from domestic food crops are likely to be lower than usual due to the high temperatures and drought conditions that have affected much of England this year. This could further impact on supplies and could potentially affect prices.

4.5 This creates vulnerabilities for poorer communities and those less able to shop around. Meanwhile there is also the potential of downward supply pressure for local safety net providers such as food banks as the ability to donate becomes less affordable at the same time as demand is likely to increase.

Energy Costs

4.6 There have been major increases in wholesale gas and electricity prices. This has been caused by a variety of reasons, which include increases in demand as the pandemic restrictions were lifted and lower than normal production of natural gas.

These combined with the war in Ukraine and other factors have led to significant and unprecedented price rises for consumers and businesses.

- 4.7 In October 2021 the average household energy bill in the UK was £1,277. In the spring of 2022 Ofgem announced an increase in the Energy Price Cap (EPC) of 54% taking the average bill to £1,971. Ofgem have just confirmed that in October 2022 the EPC is will rise by 80% (taking the average bill to £3,549). The government have announced that average bills will be capped at £2,500 for two years with a universal £400 winter payment being paid in addition and further targeted interventions. Business support is set to be announced at the time of writing.
- 4.8 Local vulnerabilities identified: likely to impact poorer families, people on pre-pay meters (higher costs), people who can't cut back on heating – e.g. people with disabilities, young families, older people. Families in poorly insulated/constructed homes where reduction in the temperature in the winter period not only presents health risks from cold but also damp and mould.

Fuel Prices

- 4.9 In the first week of 2021 the average price of unleaded was 117 pence per litre (ppl). This rose to 148ppl by December and following the invasion of Ukraine to 187ppl by June 2022. Diesel price rises have largely tracked those for petrol with a growing price differential to around 7ppl. In recent weeks average prices have started to fall back but remain around 170ppl. These rises equates to an increase of around £25 on an average tank of fuel.
- 4.10 There are a growing number of electric and hybrid vehicles. The significant rises in the cost per unit of electricity has meant that the costs of running these vehicles has also increased by around 50% based on the April price cap increase and will rise accordingly with forthcoming rises.
- 4.11 Fuel inflation, like energy inflation, creates significant inflationary effects of goods and services.
- 4.12 West Berkshire is a largely rural area with good public transport links along the A4 corridor but there is much more reliance on cars in the more rural areas. Over the last few years there has been a significant change to the way some people work with a shift to working from home. Nevertheless many still have to travel to work and many are reliant on the use of cars to do so. For those people the effects of fuel price rises and fuel price volatility can be critical.
- 4.13 The impact may also be felt disproportionality by certain groups including the disabled, unemployed people, shift workers, those working in lower paid jobs and those living in rural areas. There have also been consequential effects on other costs locally including local taxi fares rising by around 15% in twelve months after years without price increases.

Housing and Household Costs

- 4.14 It goes without saying that all of these factors combine to significantly increase household bills. In some cases, the traditional methods for managing these costs, such as supplier switching, have evaporated completely.

- 4.15 There are further factors though that are also significant. Firstly rents have risen significantly. According to the Office of National Statistics rents are rising at their fastest rate for seven years. This trend is set to continue whilst other inflationary pressures are at large. Meanwhile demand is significantly outstripping supply further increasing the existing disparity between supply and demand.
- 4.16 More households are struggling to pay their rent as a result of these pressures and are turning to the local authority for housing assistance.
- 4.17 Typically most applications for housing assistance end in prevention of homelessness by working with the households and their landlords to resolve issue including affordability issues, this is now more difficult to achieve due to the pressure on household finances.
- 4.18 Where it has not been possible to prevent homelessness, the council will typically relieve a homelessness application by providing alternative accommodation in the private sector, higher rental costs and the bidding wars referred to has made this more and more difficult with homeless households staying longer in temporary accommodation, which is an additional expense to the council.
- 4.19 Elsewhere, the rising interest rates resulting from measures to tackle rising inflation will present significant increases in household costs as people move from fixed rate to variable rate mortgages with LIBOR (inter-bank lending) rates continuing to rise. The standard variable rate topped 5% in July 2022. This is significantly above many fixed rates currently enjoyed. Further increases are inevitable as BoE base rates rise further.
- 4.20 Rent and mortgage increases combined with other cost of living increases could also have a disproportionate effect on many younger private sector renters in low paid jobs or those with part-time jobs.

Health and Wellbeing

- 4.21 A survey conducted by the Royal College of Physicians found that 55% of British people associate the rising cost of living with their health deteriorating. Of these 84% cited increase heating costs; 78% cited rising food bills and 46% rising transport costs.
- 4.22 Sir Michael Marmot, Director of UCL Institute of Health Equality said, 'the surprise is that people in above average income groups are affected too' with 37% of higher income earners saying it had a fairly negative impact on their health which was a similar impact to those on lower incomes. However 22% on lower incomes described the impact as severe.
- 4.23 Subject to any national or local mitigations the increases in the cost of living are likely to have a severe impact for some, leading to stark choices between heating and eating.
- 4.24 Cold conditions have been shown to lead to a rise in respiratory conditions, and in older people this can also increase the risk of heart attacks, strokes and falls. Cold homes are already linked to around 10,000 deaths a year according to research by National Energy Action (NEA) and the environmental group E3G.

- 4.25 As food bills rise, it is likely that families will be buying cheaper, processed food of poor nutritional value, and / or start skipping meals. A diet with lower nutritional quality increases the risk of health issues such as Type 2 diabetes, heart disease and stroke. The Royal College of Paediatrics and Child Health has advised that growing numbers of children will be at risk of malnutrition, obesity and respiratory illnesses this winter.
- 4.26 If people cannot afford to travel, then this may impact health in other ways, such as missing GP and hospital appointments and being unable to access pharmacies to pick up medication. This could lead to late / missed diagnosis and loss of treatment. Being unable to travel as much will also lead to a greater risk of isolation.
- 4.27 There are likely to be impacts on mental health, whether it is from increased loneliness due to being unable to travel as much, or financial stress. Dr Adrian James, head of the Royal College of Psychiatrists, warned that the mental health of the nation faces a “threat of pandemic proportions” due to the rising costs of living. He added that those already living with mental illness were “more likely to suffer the consequences of the looming economic downturn”.

5. Mitigations

- 5.1 The Council currently provide a wide range of support to those in hardship and on low incomes, working in conjunction with a range of public, private and voluntary sector partners.

Resident Support

- 5.2 In housing terms the Government’s own evaluation shows that housing benefit will not cover rent on the most modest property in most parts of England. On average this deficit is close to £400. Locally, as with much of the South East, this combines with a significant supply shortage to create a significant challenge and overall affordability issue. The Local Government Association has suggested that the main way to address housing insecurity is to tackle the unaffordability issues, which, it asserts, is the main reason why people lose their tenancies and become homeless. Without significant intervention this affordability deficit is set to worsen in the current economic climate.
- 5.3 There are a number of local mitigations and these include the contribution to discretionary housing payments, provision of advice to both tenants and landlords on housing options and the Household Support Fund which residents can apply for on-line.
- 5.4 The relationship between the home environment and health is multi-faceted. Housing conditions can influence our physical and mental health. A good home environment reduces the risks to health and well-being and in turn reduces the need for short or long term health and social care interventions.
- 5.5 Beyond housing provision and support, the Council’s Environmental Health Service enforces private sector housing standards. This includes a range of enforcement strands including the licensing of Houses of Multiple Occupation (HMOs), investigation of allegations of poor standards and disrepair with the application of the Housing Health and Safety Rating System to drive up standards. The team also manages the standards of compliance on regulated caravan and park home sites including site licences and suitability assessments of owners. The trading standards

service are able to advise on the contractual fairness or otherwise of tenancy agreements.

- 5.6 A number other initiatives are being delivered jointly between housing and public protection services. These include an invigorated Landlord Forum, a district wide Housing Condition Survey and the forthcoming introduction of a Landlord Accreditation Scheme.
- 5.7 The PPP private sector housing team are also drawing together all details of *Better Housing Better Health initiatives* across the Buckinghamshire Oxfordshire and Berkshire West Integrated Care System (BOB ICS). We want to push promotion on housing improvement for health across BOB. Doing this communications/promotion before autumn/winter is important. Signposting residents to energy grants and where to get support for poor housing conditions such as damp and mould and cold homes. This will bring together closer joint working with the Environment Delivery Team.
- 5.8 The Trading Standards Services are responsible for enforcing a whole range of provisions relating to letting agents and landlords including deposit schemes, tenant fees and energy performance certification. A recent compliance sweep will be followed up by a number of local advice / enforcement interventions.
- 5.9 Other risks identified within the remit of the public protection service include illegal money lending, smuggling and a general increase in fraud targeted on the vulnerable leading to a requirement to increase the number of safeguarding and victim interventions made by the service. The service has successfully bid for grants to increase resource to raise awareness and increase reporting of illegal money lending as well as support for victims of scams and frauds.
- 5.10 The Council also offers a range of supports in relation to Council Tax. The demand for these is likely to increase.
- 5.11 In terms of work with the voluntary sector, there is a working relationship between the Council and the Citizens Advice Bureau (CAB) particularly in areas of housing and public protection. The Building Communities Team is holding discussions with Age UK Berkshire about a range of mitigations for older people including the provision and installation of energy saving measures in homes, benefit checks to ensure access to all support is maximised and emergency repairs by providing access to technicians and issuing grants. Discussions with other areas of the voluntary sector are ongoing. This wider provision is to be considered by the Health and Wellbeing Board at its next meeting.
- 5.12 In terms of health and wellbeing, there is a risk of increasing health inequalities and a rise in the numbers presenting with mental health conditions such as anxiety and depression. There are a range of supports in place, primarily accessed through the primary care route which is itself under pressure. There is also the risk of increased numbers of safeguarding events arising from a range of factors from cold homes and neglect to breakdowns in household cohesion as household strain factors increase.

Business Support

- 5.13 There are impacts on business of both the increase in energy costs and also the wider cost of living challenges arising from inflation and squeezed household incomes. At

the time of writing the government is set to announce support for businesses in relation to energy costs.

- 5.14 At the local, level the provision of advice and support comes from many services including revenues and benefits, housing, economic development and public protection. A review of the economic development plan to look at possible short term interventions and support may be considered desirable.

Communications

- 5.15 Signposting to support services will be critical and there is a separate piece of work needed to ensure that all of the information needed to support both residents businesses through this period is available in accessible formats and through one front door as far as possible. To this end the concept of a 'Cost of Living Hub' is being developed between the Council and its partners.
- 5.16 It will be important to ensure that hardcopy information is shared with this community and support provided to apply for benefits, grants and services. This could include production of a flyer for distribution through Adult Social Care, Social Prescribers, VCS partners, and Domiciliary Care providers. Older people will benefit from access to information and advice using a landline, to have direct conversations with support agencies and the Council.

6. Options Considered

- 6.1 The following options have been considered:

- (1) 'Do minimum' - under this scenario, the Council would not implement anything beyond central government initiatives and existing local activities. This is not recommended, since it would not deliver the best outcomes for local residents.
- (2) 'Additional local support' – this would see the Council providing additional local support over and above any national initiatives and existing local activities. This is recommended as a means of tailoring the response to local needs and improving outcomes for our residents.

7. Preferred Option

- 7.1 Under the preferred option of providing 'additional local support', Health and Wellbeing Board is asked to:

NOTE the causes, implications and existing work being undertaken with respect to the cost of living increases including impacts and mitigations

RESOLVE that a sub-group of Health and Wellbeing Board be set up to consider the implications further and co-ordinate the local partner response to the cost of living increases.

RESOLVE to receive further update reports on the local response to the cost of living increases.

There may be an opportunity to use the annual Health and Wellbeing Board Conference to seek feedback from partner organisations and residents on local

impacts and the effectiveness of the implemented measures. The Conference is due to be discussed as part of a separate agenda item at this meeting.

8. Appendices

None

Background Papers:

- [Consumer price inflation, UK: July 2022](#)
- [NFU: Ukraine crisis: the risks and mitigations for UK food security](#)
- [Cornwall Insight: Price cap forecasts for January](#)
- [ONS: Index of Private Housing Rental Prices, UK: July 2022](#)
- [Bank of England: Official Bank Rate History](#)
- [Royal College of Physicians Press Release: Over half of Brits say their health has worsened due to rising cost of living](#)
- [ONS: Worries about the rising costs of living, Great Britain: April to May 2022](#)
- [E3G: Cold homes and excess winter deaths: a preventable public health epidemic](#)
- [Royal College of Paediatrics and Child Health: RCPCH calls for increased financial support for families as cost-of-living rises](#)
- [Royal College of Psychiatrists: Cost-of-living crisis threat of 'pandemic proportions' to mental health, warns UK's leading psychiatrist](#)

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 helping to mitigate the impacts of the cost of living increases.

Homes for Ukraine – West Berkshire Update

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Sean Murphy

Report Sponsor: Sean Murphy

Item for: Discussion



1. Purpose of the Report

This purpose of this report is to update the Health and Wellbeing Board on the local response to and implementation of the Homes for Ukraine Scheme.

2. Recommendation(s)

That the Health and Wellbeing Board NOTE the progress made on delivery of the Homes for Ukraine Scheme in West Berkshire and the plans to develop the local response.

3. Executive Summary

- 3.1 On the 24th February 2022 Russia invaded Ukraine. It is reported that over 10 million people are now displaced and millions have left Ukraine. In the wake of the emerging humanitarian crisis the government announced two schemes to allow displaced Ukrainians to come to the UK. The first, termed the Family Scheme, allowed those with immediate family in the UK the right to come to join them. Many have arrived under this scheme including a number in West Berkshire. The second scheme was dubbed the Homes for Ukraine Scheme. This allowed in the first instance individual and host households to offer to host arrivals from Ukraine as guests. At the time of writing some 224 hosts have been matched with over 560 guests of which just over 420 are currently resident in West Berkshire.
- 3.2 In late March 2022 the Council received notification from the Department of Levelling Up, Communities and Housing that it was to play a key role in the delivery of the Homes for Ukraine Scheme. This was to include a range of functions such carrying out accommodation and DBS checks, making payments due under the scheme, and school admissions as well as working with statutory and voluntary sector partners on a range of provision and support. The Council also announced at this time that it would be match funding a public appeal organised by Greenham Common Trust along with the Trust.
- 3.3 A three tier structure has been set up to oversee the delivery of the scheme in West Berkshire with a co-ordinating group ('Core Group') consisting the Council and voluntary sector considering broad matters of provision and strategy as well as voluntary sector funding and support. Within the Council there is a cross-cutting delivery group consisting of Public Protection, Education, Adult and Children's Services, Finance, Housing and Public Health amongst others. This group co-ordinates both the response of the various Council services but also receives updates on provision by statutory and voluntary sector partnership. Finally there is the

operational response delivered and / or co-ordinated through the Ukraine Hub which includes the community engagement functions of the response.

4. Supporting Information

- 4.1 For ease the information in this part of the report has been broken down into three key areas of delivery:

The Council Response

- 4.2 On receipt of the request from DLUHC to take a local lead the Council set up the Ukraine Support Hub built on the model of the Covid Support Hub. Starting with one member of staff the Hub has now grown to a team of four and acts as the front door to the Council for all enquiries apart from School Admissions. In addition the Hub Manager also manages and keeps up to date the data which is so crucial to the effective delivery of the scheme. In addition acting as the front door the Hub working with colleagues from HR have conducted around 320 DBS / Advanced Disclosure checks. They also work with colleagues in transport to arrange short term public transport provision.
- 4.3 The terms of the scheme also requires that accommodation checks are undertaken to assess whether the accommodation is suitable from with respect to space etc. In West Berkshire these checks have been conducted by the Public Protection Service. These checks take a view on whether the accommodation is suitable from both living and safety standards. The outcome of both the accommodation and DBS checks are notified to the Government and this triggers the monthly 'thank you' £350 payments to hosts which are paid monthly from arrival of the guests in arrears.
- 4.4 All guests receive a £200 payment on arrival. These are now paid via pre-paid debit card and our aim is make these payments within 2/3 days of notification of arrival. All guests and hosts payments are organised by the Hub with the support of the Council's finance team.
- 4.5 School admissions has been another major feature of the Council response especially given the profile of the guests includes a large proportion of school aged children. As hosts are notified to the Council we are able to match them against school catchment and where there are school aged children set to arrive or have arrived we can start the process of contacting the local school. Applications are made through the normal admissions system. Assistance is also available to help guests and hosts identify and access early years provision. So far 131 school places have been arranged.
- 4.6 Once guests have arrived this triggers a welfare visits. These checks are conducted by the Education Welfare Service where there are children in the household grouping and by Public Protection where only adults are hosted. Upwards of 200 welfare checks have now been conducted and the second round of visits are underway.

Community Engagement and Community Provision

- 4.7 The Council has developed a number of pages on its website with useful information in relation to the scheme. In addition each guest receives a Welcome to West Berkshire pack that introduces the area and local provision from schools to health and the voluntary sector.

- 4.8 Each week there is a bulletin for hosts that updates on service provision from statutory and voluntary partners and has included issues such as safeguarding, employment, English language provision, school places, primary care provision, transport etc. This is supplemented by specific communications based around an individual topic. An example of this is safeguarding where a specific on-line briefing has been delivered along with a briefing around understanding mental health. Further briefings are planned.
- 4.9 One matter came to the fore very quickly and that was the issue of English language provision. There is now a broad offer available to guests covering all levels from beginners to those seeking a qualification. Conversational English is also available and we are now looking to develop an offer around technical English to assist further with employment prospects.
- 4.10 In order to gauge the level and type of provision required we are in regular discussions with voluntary sector and Greenham Common Trust through the auspices of the Core Group. We also attend other forums where hosts and guests come together and where the feedback and discussions are key to successful local delivery.
- 4.11 The role of the voluntary sector has been crucial to the local scheme including the provision of furniture and other goods to distribution of SIM cards and arranging summer activities as well as making available funds under the Greenham Trust led appeal to support activities such as community groups and mediation. More capacity has now been put in place to unlock further the potential of the voluntary sector.

Health Provision and Response

- 4.12 Many of the main factors (wider determinants) that impact on people's health include things like housing, financial security, safety, employment and education. As discussed above, the Council has been working tirelessly to ensure that the correct support is in place for Ukrainian Families arriving in West Berkshire because these things will impact greatly on their health.
- 4.13 Alongside this, liaison on local health provision has been led from the Council's Public Health Team. In terms of the explanation of local health service related provision the Berkshire West Clinical Commissioning Group have prepared a comprehensive 'Welcome Pack'.
- 4.14 Included in the pack is the advice that all Ukrainian families arriving in West Berkshire should register with a GP practice, as the gateway to wider health services. To aid GPs with understanding potential increase in demand on their services, a GP Data dashboard has been created and is updated weekly and sent to GPs every Friday.
- 4.15 In addition, information on how to access the Health Visiting service is provided to every family with children under the age of 5 at the welfare checks carried out by the Council.
- 4.16 As families have begun to settle in, certain needs are starting to emerge, the first one being how to support host families to help Ukrainian families with grief and trauma as a result of the war.

- 4.17 Work is currently being undertaken to understand the needs more and how the council and partners can best help to address these needs. Initial thinking is to hold an information session, following a similar format to the safeguarding session, where information will be provided for the first half of the session, followed by the second half of the session, providing the opportunity for participants to ask questions etc.
- 4.18 In addition, we are looking to adapt/develop an information leaflet of the principles of psychological first aid as a user friendly guide for hosts.
- 4.19 Undoubtedly, as time moves on, more health needs will emerge, the Council will continue to work alongside Host and Ukrainian families to ensure we understand their needs and can signpost/support accordingly, working alongside health colleagues to ensure a proactive and holistic response.

5. Looking Ahead

- 5.1 The scheme requires a six month initial commitment from hosts. A number of guests have now been with hosts for more than three months. A recent survey of hosts has confirmed that the majority of guests will be able to remain with existing hosts. In addition we have contacted all those that have expressed an interest in hosting to determine whether they are still available and what provision they are able to offer. In the meantime we are working with a very small number of guests on re-hosting within the initial six month period. It is worth saying that over 95% of guest are still with their original hosts.
- 5.2 We know through on-line surveys we have conducted that for a lot of guests employment is a priority. Many have already found employment locally and others are keen to do so. The economic development team are working with DWP colleagues to develop a pathway. There is also a lot of organisation taking place within the Ukraine community to communicate with local employers who have in at least one case presented to potential employees. A number of 'drop in' sessions with DWP have also been successfully delivered,
- 5.3 In terms of provision over the summer this was been centred on the Holiday Activities and Food Programme (HAF) supported by a number of voluntary sector initiatives and access to provision provided by charities such as the National Trust and free or subsidised provision from the commercial sector. The Ukrainian community have also arranged employment events including an arts / employment event which was held in Calcot along with presentations from local businesses looking for staff.
- 5.4 Ongoing support for hosts and guests is key to ensure that any emerging issues and concerns are dealt with quickly but also to ensure that local delivery remains relevant and co-ordinated.
- 5.5 It is proposed that in the coming weeks the Ukraine response will transfer to Housing to sit alongside other migration related work-streams.

6. Conclusion(s)

- 6.1 The Homes for Ukraine Scheme required a quick and agile response from statutory and voluntary sector. Some areas such as guest payments were initially very challenging until we could get systems such as pre-paid debit cards in place. Other areas such as DBS checks have presented challenges as we went through changes

of guidance. We have now reached a 'business as usual' stage in terms of day to day provision and our focus is on the implications of the six month milestone for guests and hosts.

- 6.2 West Berkshire residents like those elsewhere have shown generosity in opening up their homes to those Ukrainians. The Council and its statutory and voluntary sector partners have sought to deliver an effective scheme at local level.

7. Consultation and Engagement

Education, Ukraine Hub and Public Health were consulted and contributed to this report.

8. Appendices

None

Background Papers:

None

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 providing ongoing support for Ukrainian families.

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Arts & Culture – Health and Wellbeing Projects

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Katy Griffiths

Report Sponsor: Jessica Jhundoo-Evans



Item for: Discussion

1. Purpose of the Report

- 1.1 To provide an overview of the Corn Exchange's engagement programme with a focus on the health and wellbeing benefits of creativity.
- 1.2 Provide an insight to the Links to Thrive Programme delivered by the Corn Exchange - creative arts on prescription sessions across West Berkshire to support wellbeing and mental health.
- 1.3 *"By ensuring everyone in the country has access to high quality creative and cultural activities, they will, in turn, lead happier and healthier lives"* Arts Council England, Chair – Sir Nicholas Serota.

2. Recommendation(s)

It is recommended that:

- A champion be secured from the Health and Wellbeing Board to work with the Links to Thrive Steering Group.
- Long-term funding be secured from new sources to continue the Links to Thrive programme.
- The Health and Wellbeing Board works with the Corn Exchange to embed partnerships fostered around wellbeing and maximise the opportunities developed.

3. Executive Summary

- 3.1 The Corn Exchange delivers an extensive and wide-ranging creative programme with health and wellbeing benefits for residents, with more than 20,000 engagements in 2021/22 and an ambition to achieve over 30,000 engagements in 2022/23. Alongside its live performance programme and ground-breaking free outdoor events it delivers:
 - **Regular programme** of creative courses and classes (including youth theatre) with bursary places available
 - **Ageing Creatively**, 5-year national lottery funded programme for the over 55s delivered across the District and in care homes

- **Becoming Us** West Berkshire Council funded project, delivered in partnership with Home Start supporting pandemic babies and their families
- **Messy Stories** funded by the Community Education Fund, delivered in partnership with Sovereign Housing and the Central Family Hub supporting the most in need families to improve outcomes for their children
- **Careers in the Arts** (with Watermill) funded by Greenham Trust, supporting young people to improve employment prospects and life chances through engagement with creative skills
- **Engagement with local schools** and supporting the creative curriculum across primary and secondary education
- **Links to Thrive** funded by Surviving to Thriving – pilot project supporting the delivery of arts on prescription across West Berkshire. Supported by steering group partners, with Corn Exchange leading delivery of this programme for the District
- **Volunteering opportunities** across all our programmes

4. Supporting Information

4.1 Please see Appendix B for the Links to Thrive flyer and Corn Exchange data

4.2 The Links to Thrive Programme: offers a range of creative courses for adults led by professional artists. Taking place in a range of locations across the District, these sessions are free to access for participants and currently offered by social prescribing link workers from the A34 and Kennet Primary Care Network (PCN), as well as the West Berkshire Rural and Reading West PCN. During the first six months of the pilot phase, we have had 161 referrals and 851 attendances providing vital support and social connection for those attending.

4.3 Current sessions include:

- **Singing for Recovery** with a focus on wellbeing, this session uses vocal warmups and singing techniques to promote relaxation, as well as singing along to classic songs from a range of genres. This class is suitable for anyone wanting to sing in a relaxed and friendly environment to lift their mood.
- **Art for Wellbeing** learn new art techniques in a relaxed, friendly, and sociable atmosphere under the guidance of professional artists and illustrators.
- **Creative Art Journaling** a chance to reflect and explore using mixed media, mindfulness, and lots of creative fun techniques to produce a private journal just for you.

4.4 Testimonials:

- *‘At the start of the course I had terrible anxiety, I couldn’t go out of the house and I would cry with my neighbour. After a few weeks attending the classes I stopped feeling anxiety and now I have even stopped feeling anxious going to other places too.’* **Art for Wellbeing participant, Pangbourne, June 2022**

- *‘I need to get out of my home environment as there are many triggers, I find it hard to relax & think clearly. I rarely talk to people due to my Autism but I feel comfortable talking with this group... it is helping my anxiety and mental health.’* **Craft and Care participant, Hungerford, July 2022**
- *‘I was able to tolerate the week by knowing that I get a real respite session on Thursday mornings’* – **Art Journaling Participant, Newbury, Feb 2022**
- *‘I’ve really enjoyed these classes and they’ve helped me enjoy art again. Before this I felt quite lonely’* **Art for Wellbeing Participant, Thatcham April 2022**

5. Options Considered

Corn Exchange is a local charity that works hard to generate earned income, achieve donations, and secure grants and funding opportunities to sustain its broad programme of creative activity. It receives core funding from Arts Council England and Greenham Trust, but must seek project funding for all of its engagement programmes. This area falls outside of the remit of its natural domains. Failure to secure additional funding would mean that engagement programmes could not be continued.

6. Proposal(s)

Work with the Health and Wellbeing Board Partners to try and identify funding routes to maintain the Links to Thrive programme beyond March 2023.

7. Conclusion(s)

- 7.1 The Links to Thrive courses were developed with a small amount of funding to enable free access and have been well received by Professionals and Participants alike. A full evaluation report is due at the end of September.
- 7.2 The Corn Exchange would like to work with the Health and Wellbeing Board to ensure the sustainability of the programme.

8. Appendices

Appendix A – Corn Exchange infographic

Appendix B – Links to Thrive Flyer

Health and Wellbeing Priorities Supported:

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

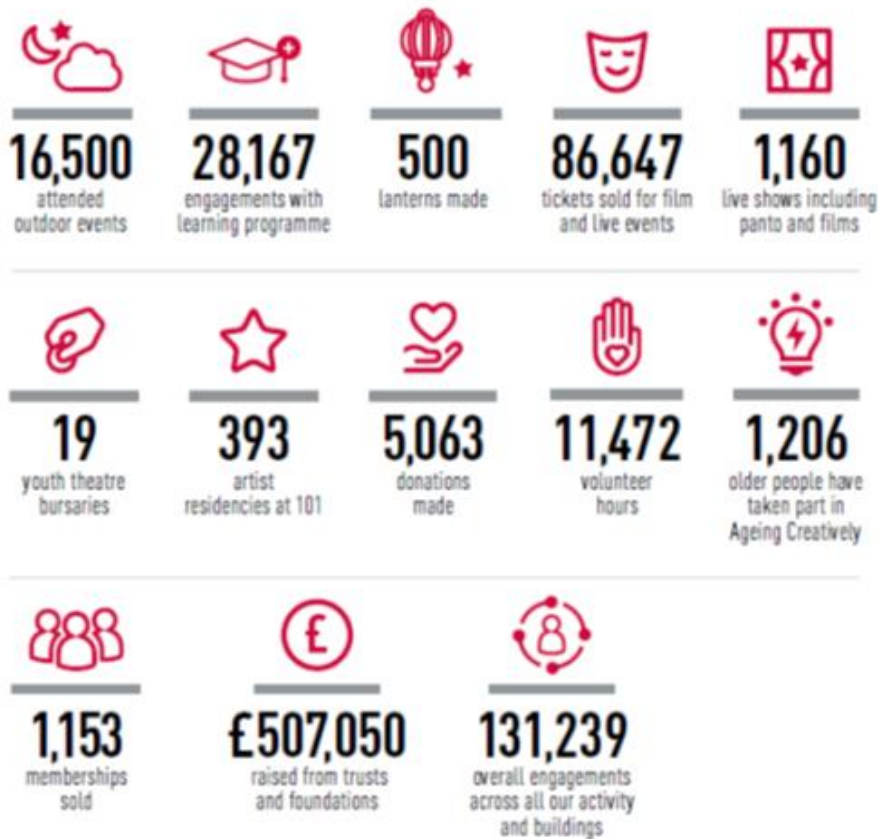
- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and young children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by

Appendix A

Corn Exchange KPIs from 2019/20

OVER THE LAST YEAR YOU HAVE HELPED MAKE EVERYTHING WE DO POSSIBLE...





LINKS TO THRIVE

Creative arts on prescription sessions across West Berkshire, designed to support wellbeing and mental health


Courses of six free workshops for adults offering creative activities, support and social connection, led by professional artists.

Available courses

Singing for Recovery With a focus on wellbeing, this session will use vocal warm ups and singing techniques to promote relaxation, as well as singing along to classic songs from a range of genres. This class is suitable for anyone wanting to sing in a relaxed and friendly environment to lift their mood.

Art for Wellbeing Learn new art techniques in a relaxed, friendly and sociable atmosphere under the guidance of professional artists and illustrators.

Creative Art Journaling A chance to reflect and explore using mixed media, mindfulness and lots of creative fun techniques to produce a private journal just for you.

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APPENDIX C:

CORN EXCHANGE - ARTS, HEALTH AND WELLBEING

Page 191

PRESENTATION TO HEALTH AND WELLBEING BOARD
29TH SEPTEMBER 2022

CONTEXT

“By ensuring everyone in the country has access to high quality creative and cultural activities, they will, in turn, lead happier and healthier lives” Arts Council England, Chair – Sir Nicholas Serota

Locally we achieve 30,000 engagements each year through our participatory programmes all aimed at using cultural activities to improve the health, wellbeing and happiness of local residents.

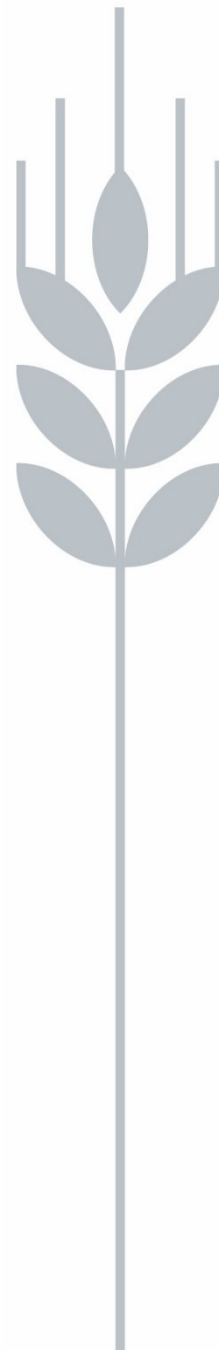
As detailed in Berkshire West joint strategy, **a happy and healthier West Berkshire**, 1 in 4 people have a mental health problem each year and we know poor mental health can affect the quality of people’s lives and how long they live.

Our aim is that in providing the **right support at the right time**, we can reduce isolation, improve wellbeing and support our community to find new ways to manage mental health conditions including anxiety; reducing the burden on the NHS and other statutory services

We use the arts to achieve these aims, the 2020 DCMS report, *The role of arts in improving health and wellbeing* highlights strong and trusted evidence that this is effective for:

- Improving wellbeing in adults
- Supporting wellbeing in children and young people
- Supporting infant and child social development
- Reducing physical decline and supporting cognition in older age

With an ambition to demedicalise the way we manage health and wellbeing we are at the forefront of **“a social revolution in wellbeing”** The National Academy of Social Prescribing



OUR PROGRAMMES

Alongside its live performance programme and place-shaping free outdoor events, for the last five years the Corn Exchange has led on delivering an extensive and wide-ranging creative programme designed to support health and wellbeing.

A regular programme of creative courses and classes (inc youth theatre) with bursary places available

Over 50 sessions delivered each week



Becoming Us WBC funded project, supporting the first two years of children's lives. Delivered in partnership with Home Start supporting pandemic babies and their families

cohort of 7 families referred through social services - "I liked having the chance to focus on me and my identity, alongside the family I created and the family I belong to"

Messy Stories funded by the CEF, delivered in partnership with Sovereign Housing and the Central Family Hub supporting the most in need families to improve outcomes for their children

"I just realised how sociable and confident my little one is, and how much he loves people"



Careers in the Arts (with Watermill) funded by Greenham Trust, supporting young people to improve employment prospects and life chances through engagement with creative skill

- new for 2023
- ambition to work with 2,500 young people each year

Volunteering opportunities across all our programmes



OUR PROGRAMMES



Ageing Creatively, 5-year national lottery funded programme for the over 55s delivered across the District and in care homes

4760 engagements each year

“Being creative helps to calm, relax and focus especially when times have been overwhelming. I am very grateful to everyone involved, you are amazing!”

Engagement with **local schools** and supporting the creative curriculum across primary and secondary education including **Wellbeing Warriors** designed to support, motivate and empower children to understand how to look after their own mental health and wellbeing

“This project is one that we care about support dearly. Our children and especially our year 6 – 7 year olds took a lot of damage mentally [during the pandemic], and the wellbeing warriors course really appears to be mending some of this. Once trials are completed at St Nicks and Falkland we look forward to rolling it out across other primary schools in West Berkshire.”

Links to Thrive funded by Surviving to Thriving – pilot project supporting the delivery of arts on prescription across West Berkshire. Supported by steering group partners, CEX lead the delivery of this programme for the District

917 engagements in pilot project



50,000 engagements during 2020 & 21 and over 30,000 engagements in 22/23.

The Corn Exchange leads the way in offering a wealth of creative arts and health opportunities



LINKS TO THRIVE: OVERVIEW



LINKS TO THRIVE

Creative arts on prescription sessions across West Berkshire, designed to support wellbeing and mental health

Courses of six free workshops for adults offering creative activities, support and social connection, led by professional artists.

Available courses

Singing for Recovery With a focus on wellbeing, this session will use vocal warm ups and singing techniques to promote relaxation, as well as singing along to classic songs from a range of genres. This class is suitable for anyone wanting to sing in a relaxed and friendly environment to lift their mood.

Art for Wellbeing Learn new art techniques in a relaxed, friendly and sociable atmosphere under the guidance of professional artists and illustrators.

Creative Art Journaling A chance to reflect and explore using mixed media, mindfulness and lots of creative fun techniques to produce a private journal just for you.

CORN EXCHANGE  NEWBURY WWW.CORNEXCHANGENEW.COM

Taking place in a range of locations across the District, these sessions are free to access for participants and currently offered by social prescribing link workers from the A34 and Kennet PCN as well as the West Berkshire Rural and Reading West PCN.

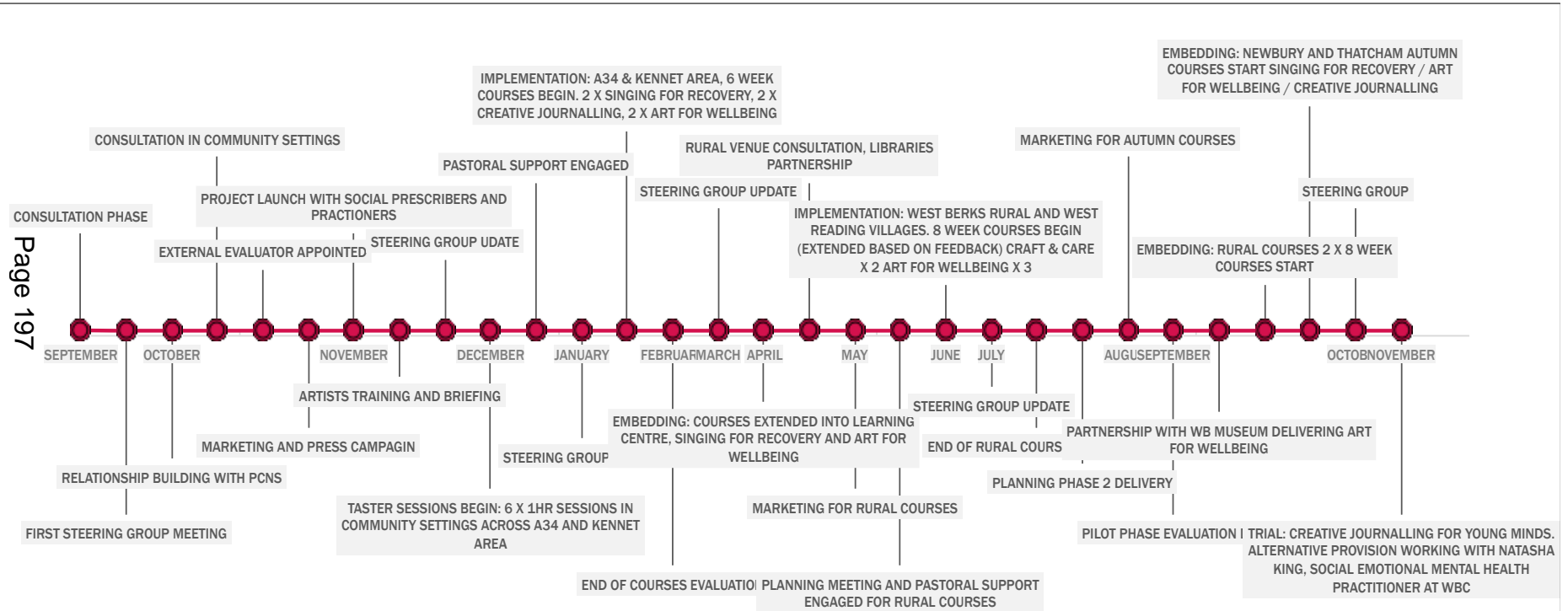


LINKS TO THRIVE: PROGRAMME AT A GLANCE

Course	Venue	Dates/ Times	Participants
Art for Wellbeing	Thatcham	Tuesdays 10.00am – 12.00pm	Existing Links to Thrive cohort (over 55s)
Singing for Recovery – catch up session	Learning Centre	Friday 10.00am-11.30am	Existing Links to Thrive
Art for Wellbeing -Picturing History	West Berkshire Museum	Mondays 10.00am – 12.00pm	New Initial referrals
Creative Arts Club	Learning Centre	Mondays 11.45am – 1.15pm	Bursaries for those over 55 - Ageing Creatively
Art for Wellbeing	Thatcham	Tuesdays 10.00am – 12.00pm	Existing cohort of Links to Thrive, and open to new referrals over 55
Sing 55	Learning Centre	Tuesdays 2.00pm – 3.45pm	Bursaries available for those over 55 - Ageing Creatively
Stitch and Sew	Corn Exchange, Balcony Bar	Thursdays 10.00am – 11.30am	Bursaries available for those over 55 - Ageing Creatively
Creative Art Journaling	Eight Bells	Thursdays 10.00am – 12.00pm 2	Members of 8 Bells for Mental Health and new initial referrals
Singing for Recovery	Learning Centre	Fridays 9.45am – 11.00am	Links to Thrive (mix of existing cohort and new referrals)
Creative Art Journaling – Young Young Minds	TBC Waterside Centre	TBC Tues/wed mornings	Initial Referral course for YP
Scene Change	Watermill Theatre	Tuesdays (Monthly) 1.00pm - 2.30pm	Sign post for end of course participants - External
Singing for the sake of it	Watermill Theatre – Online via Zoom	Mondays 1.00pm -2.00pm	Sign post for end of course participants - External
Craft and Care	Pangbourne Village Hall	Tuesday	Existing and new referrals
Art for Wellbeing	Hungerford	Friday	Existing and new referrals



LINKS TO THRIVE: TIMELINE



LINKS TO THRIVE: STEERING GROUP

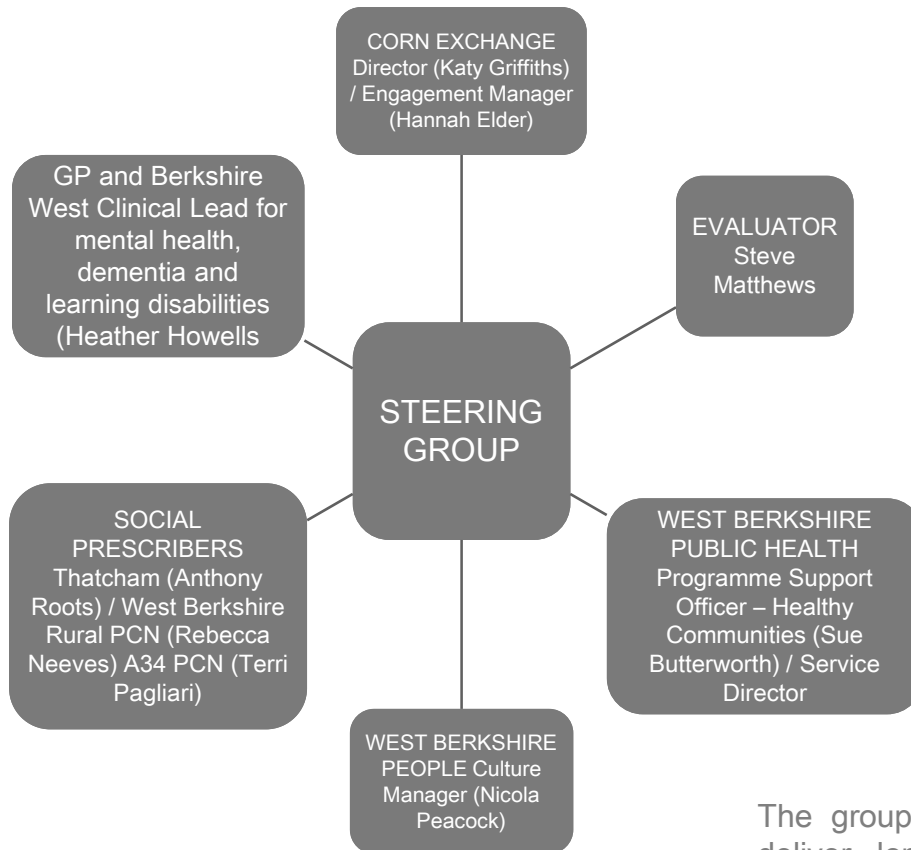
Funded through Surviving to Thriving (a joint initiative between WBC & Greenham Trust to support recovery post-covid) **Links to Thrive** was conceived by the Corn Exchange, and designed to deliver a range of **arts on prescription courses** to improve the health and wellbeing of participants.

Still led by the Corn Exchange, this programme has now developed to incorporate

- a wider network of partner venues who are supported by the Corn Exchange to deliver socially prescribable activities
- training for practitioners
- a pool of volunteers
- a case study with the National Academy for Social Prescribing
- a rigorous external evaluation; and
- the Links to Thrive steering group with the wider ambition of creating a network for arts on prescription services in the District



LINKS TO THRIVE: STEERING GROUP CONTRIBUTORS



The group believe the project has huge potential to deliver long-term benefits for participants and are focused on ensuring the project evaluation fully demonstrates this value to long-term funders in order to sustain the Links to Thrive programme beyond March 2023.



LINKS TO THRIVE: CASE STUDY

Working in partnership with local GP surgeries, Primary Care Networks and their social prescribers and in line with the NHS Long Term Plan and commitment to personalised care, the Corn Exchange is committed to using creative activities to provide an individualised approach to improve patient health and wellbeing

Terri Pagliari is a social prescriber at the Strawberry Hill Medical Centre

“I first met our patient after he had completed therapy offered by our mental health team. I was asked to find creative opportunities for him, however this was challenging as he had struggled to leave his house for several years due to severe anxiety and OCD.

There were very limited options available, but an online class offered by the Corn Exchange provided an opportunity. Our patient was cautiously keen but there were challenges to overcome. He didn't meet the age criteria, wasn't familiar with zoom and very fearful about going online and meeting new people. Their amazing team rose to the challenge and made appropriate adjustments to allay his fears and gently reassure and encourage him. Within a few weeks he was not only fully participating but building confidence and looking forward to joining his classmates each week for the next exciting project.

Our patient has since taken part in 2 further Links to Thrive programmes and thoroughly enjoys them. Again, the Corn Exchange team have allowed for the fact that he still does not yet feel well enough to attend personally. For example they arrange for the creative materials he needs to be delivered to his home each week.

His family report that this inclusive outward reaching non-judgemental approach has helped our patient feel valued and his confidence has continued to grow. To his family's great delight our patient was recently able to attend a family wedding and play a key part in it. This took a great deal of courage on his part which he managed with encouragement, support and careful planning from his family.

Whilst it is often difficult to pinpoint any one thing that may have led to this change, The Corn Exchange classes were the only formal intervention our patient has been involved with during the time I have known him. I can't help but wonder what being part of such a supportive inclusive and can-do community played in building his confidence so that he could share in the joys of his family's celebration.”



IMPACT

At the start of the course I had terrible anxiety, I couldn't go out of the house and I would cry with my neighbour. After a few weeks attending the classes I stopped feeling anxiety and now I have even stopped feeling anxious going to other places too'.

Art for Wellbeing participant, Pangbourne, June 2022

During it's pilot phase (January – July 2022) the programme has delivered

- 917 engagements
- 123 sessions (1.5-2hrs in length)
- Worked with 168 different participants
- Had referrals from 10 different social prescribers
- Worked with 14 different artists and volunteer support workers

Full details from the evaluation will be shared once available next month



THE FUTURE

- Full **evaluation** of the first phase of the programme will be delivered by the end of September – we aim to be able to demonstrate the impact and benefit the programme has had on individuals, and the wider potential if the work continues. **We'd love to present this data to you in due course**
- We'll be presenting our **case study** via the National Academy of Social Prescribing this Autumn
- We will pilot our first programme of **core art journalling for young minds** working with alternative provision and school youth workers alongside Ros Arthur and Natasha King (WBC – social and emotional mental health practitioner); working with children and young people given the significant increase in mental health concerns relating to this age group
- Ensure that we are continuously evaluating our programme and make sure we are actively communicating with **under-represented groups** working closely with Communities United and West Berkshire Healthwatch to learn how best we can ensure we are reaching the whole of our community
- Aim to develop closer dialogue between the programme, our partners and the **Health and Wellbeing Board**

I just wanted to say that the Art Therapy at Pangbourne with Jacky, has been invaluable for me in my recovery with anxiety and depression brought on from work related stress. I was really sad to see this as the last session and I do hope that there is funding for next sessions. The last 8 weeks has brought me confidence in working with other people and just taking time to do something that I am allowed to do without the guilt. ' . Art for Wellbeing participant, Pangbourne, August 2022



Health and Wellbeing Board Conference 2023: Options for Consideration

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Dr Zakyeya Atcha

Report Sponsor: Prof Tracy Daszkiewicz

Item for: Decision



1. Purpose of the Report

The Health and Wellbeing Board members are asked to review and agree the proposed options for the Health and Wellbeing Conference 2023 for West Berkshire.

2. Recommendations

2.1 The Board is asked to:

- (1) **APPROVE** the option of a virtual conference, which is believed to encourage greater and more diverse participation;
- (2) **AGREE** that the theme of the Conference should be focused on the impacts of the increase in cost of living related to food poverty, mental health and substance misuse; and
- (3) **AGREE** that options be explored for a combined event with the District Parish Conference in January 2023 and for a joint event with wider partners in 2024.

3. Executive Summary

The Health and Wellbeing Board is asked to discuss and agree to the proposal for a half day virtual conference in January 2023 focused on the impact of the increase in living costs.

4. Supporting Information

4.1 The Steering Group was invited to propose themes for the next conference, which would take place in January 2023. In previous years this has been a half day conference.

4.2 A number of suggestions were made for the conference, themes, type of conference and suggested collaborations.

In person, hybrid or virtual conference

4.3 There was discussion about whether the event should be in-person, online or in a hybrid format.

- 4.4 The benefits of each option were discussed. Whilst there was a strong appetite for an in person meeting, it was noted that some people would not be able to attend a physical event and others missed the ability to network if events were virtual. Another suggestion was for a series of events over a week, which could be a combination of face-to-face and online events, including mindfulness sessions and exercise classes.
- 4.5 It was considered that a hybrid or in person conference may be an aspiration for January 2024.

Collaboration with Partners

- 4.6 Consideration and support was given for planning a collaborative conference with District Parish Councils.
- 4.7 A further proposal was to combine with the knowledge event that was being organised by the Volunteer Centre. A previous event had attracted around 100 different voluntary groups to an event at the Racecourse as well as representatives from statutory partners.
- 4.8 A collective conference opportunity involving the Integrated Care Board was also proposed as a means of bringing health together with health and wellbeing.
- 4.9 It was suggested that there could be stalls and classes (e.g. mindfulness and exercise) to support the prevention and wellness agenda.

Conference themes

- 4.10 The impact of the increase in 'cost of living' was recognised as a critical issue for people in West Berkshire. The impacts included:
- (1) Food poverty
 - (2) Deterioration in mental health
 - (3) Increase in alcohol dependency and other substance misuse
 - (4) Coping with financial pressures
- 4.11 Prevention and integration' was proposed as a potential theme – bringing together health, local government and community organisations to address people's problems in a holistic way and ensuring people's wellbeing during challenging times. The Community Mental Health Integrated Framework was cited as a good model.
- 4.12 The conference was seen as an opportunity to look at the impact on long-term health, and there could be a focus on how this could be managed at system, community, organisation and individual levels.

5. Options Considered

- 5.1 Overall there was recognition that a virtual meeting may be the required choice for 2023, given that living with Covid still required precautions to minimise spread of infection and we would still be managing seasonal flu cases.
- 5.2 The main themes related to the impact of the increase in cost of living and were believed to be relevant for themes of workshops at the conference.

5.3 Of the suggested themes the options of food poverty would build on the Director of Public Health annual report for West Berkshire. Mental health focused theme could make use of the community mental health integrated framework. There was recognition that at times of high stress, even when financial challenges were faced, there can be an increase in substance misuse.

6. Proposal(s)

6.1 The proposal made is to hold a virtual conference for half a day in January 2023. To explore the opportunity to collaborate with district parish conference this year and with wider partnerships in 2024.

6.2 The themes to include the impact of the increase in cost of living related to food poverty, mental health and substance misuse.

6.3 Create a conference working group to implement the 2023 conference and start earlier planning for a collaborative partnership health and wellbeing conference to include parish councils, voluntary sector knowledge event and the integrated care partnerships in 2024.

7. Conclusion(s)

The key theme for the 2023 health and wellbeing conference is proposed as a half day virtual conference focused on the impact of the increase in cost of living.

8. Consultation and Engagement

The proposed option was raised at the health and wellbeing steering group membership.

9. Appendices

None

Background Papers:

No additional papers submitted.

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 providing the opportunity to collaborate as individuals, communities, organisations and across West Berkshire. In doing so it will help to identify actions needed to support people during the increase in cost of living and its impact on health and wellbeing.

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Report title: Joint Health and Wellbeing Strategy Delivery Plan: Quarter 1 Update.

Report being considered by: Health and Wellbeing Board

On: 29 September 2022

Report Author: Dr Zakyeya Atcha

Report Sponsor: Prof Tracy Daszkiewicz

Item for: Decision



1. Purpose of the Report

This is the first of the quarterly updates on progress made on the health and wellbeing strategy delivery plan. Recommendations are proposed to manage the quarterly updates following feedback from action owners.

2. Recommendation(s)

The Health and Wellbeing Board is asked to receive the progress update for quarter 1. The Board is asked to NOTE a number of changes in the delivery plan following feedback. The Board is asked to AGREE that the delivery plan actions are owned primarily by the following:

- (1) Health and Wellbeing Board sub-group leads
- (2) Following changes in health system, ownership of actions identified as West Berkshire CCG is changed to one of the following:
 - (a) Berkshire, Oxfordshire and Buckinghamshire Integrated Care Board
 - (b) Integrated Place Board (Unified Executive)
 - (c) Primary Care Networks
- (3) Where existing ownership of an action is considered more appropriately held elsewhere, these changes are made in agreement with newly identified owners.

3. Executive Summary

3.1 The Joint Health and Wellbeing Strategy will be in place for 10 years. The delivery plan is intended to cover the first 3 years, after which it will be formally refreshed.

3.2 The five priorities in the Strategy are as follows:

- (1) Reduce the differences in health between different groups of people
- (2) Support individuals at high risk of bad health outcomes to live healthy lives

- (3) Help families and children in early years
 - (4) Promote good mental health and wellbeing for all children and young people
 - (5) Promote good mental health and wellbeing for all adults
- 3.3 The delivery plan has 149 actions across the five priority areas of the strategy. Ownership of the actions have been allocated across health and wellbeing subgroup leads and partners in West Berkshire. In total 70 owners or joint owners have been allocated actions.
- 3.4 Each assigned owner has been asked to review and provide an update on their actions and provide feedback if ownership needs to be reviewed or changed.
- 3.5 In future the new project management system will enable updates to be uploaded directly by action owners.
- 3.6 The Health and Wellbeing Board is asked to note for information the updates received for quarter 1 and agree the changes to ownership of the actions previously assigned to West Berkshire Clinical Commissioning Group to be reallocated to the appropriate newly established health organisations.

4. Supporting Information

- 4.1 The Delivery Action Plan is attached for information. It contains commentary where received with RAG rated updates for quarter 1

5. Options Considered

- 5.1 The Board is asked to receive the quarter 1 progress update for information and agree the change in ownership from the CCG to the current health organisations at the integrated care board level, place based level and primary care network level as appropriate to the action. This is the recommended option.
- 5.2 The other option is to maintain the existing organisational names in the health system and this is not recommended as an option.

6. Proposal(s)

- 6.1 The Health and Wellbeing Board is asked to receive the update on progress with the delivery plan for quarter 1 in September 2022.
- 6.2 The Health and Wellbeing Board is asked to endorse that change in action ownership is agreed if this ensures appropriate delivery of the action identified.
- 6.3 Work is progressing to ensure the ownership of actions by the Clinical Commissioning Group is updated to reflect change in organisations in the health sector.

7. Conclusion(s)

- 7.1 Progress is being made with actions to ensure the strategy priorities are delivered.
- 7.2 Where ownership of actions are changed, this will be clearly noted in the Delivery Plan.

8. Consultation and Engagement

Owners of action have been asked to provide an update. These have been mainly identified as sub-group leads of the Health and Wellbeing Board. Where leads have been identified in the health sector, these will be updated to reflect the current structure.

9. Appendices

Appendix A – Delivery Plan with quarter 1 progress updates.

Background Papers:

None

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 ensuring progress is made with the actions agreed in the delivery plan.

Appendix A

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
Priority 1 - Reduce the differences in health between different groups of people											
1.1 Use information and intelligence to understand our communities, identify those who are in greatest need and ensure they are able to access the right services and support	1.1.1: Undertake a Health needs assessment on health inequalities, including impact of Covid-19	Health Inequalities Taskforce	Dec-22	Completed HNA	N/A						The information and intelligence is being finalised by the Shared Team. This will be used to inform the community engagement to identify those at greatest needs,
	1.1.2: Embed Population Health management approach across all programmes, incorporating 2021 census data when available	Public Health, Berkshire West CCG	Ongoing	To be developed	TBC						
	1.1.3: Develop a local index to understand our communities from both an inequalities and resilience perspective	Health Inequalities Taskforce	Dec-22	Index created	N/A						To be agreed in collaboration with Building Communities Together Team.
1.2: Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services.	1.2.1: To hear from our residents through conducting a representative residents survey every two years (starting December 2021).	West Berkshire Council Consultation Team	Mar-22	Survey completed.	Survey every 2 years - next survey 2024						
	1.2.3: To understand the impact of Covid-19 on care home residents and their families	Healthwatch West Berkshire	Mar-22	Visit Care homes and speak with families	5						
	1.2.4: Work on the findings of the Healthwatch Covid-19 report. Assess the impact of Covid-19 on DNA?s and availability of services. Reassess the impact of covid-19 on the local cancer care	Healthwatch West Berkshire	Mar-22	Report on experiences	N/A						
	1.2.6: Implementing the Recovery from Covid-19 Strategy	Recovery and Renewal Group		KPIs as under the delivery plan							
	1.2.7: Complete the Covid-19 Dashboard. Including the incorporation of local West Berkshire data	Recovery and Renewal Group	Dec-21	Completed dashboard							
1.3: Take a Health in All policies approach	1.3.1: HIAP training/awareness raising sessions with staff across West Berkshire Council	Health Inequalities Taskforce	Jun-22	Number of sessions. Number of staff trained. % increased understanding. % saw relevance to current work							Currently developing a training awareness session for staff that will be piloted and reviewed for the wider use.

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	1.3.2: Mapping of West Berkshire Strategies to identify areas of opportunity for combined working	Health Inequalities Taskforce	Mar-22	Completion of mapping work							Potential areas of focus for HIAP work identified
	1.3.3: Develop a HIAP Pilot project: joint initiative between Public Health, Environment, Education and Berks, Bucks and Oxfordshire Wildlife Trust (BBOWT) - focus on promoting a healthy weight in children . Project group established. Mapping of shared goals. Develop project plan. Aim to culminate with Children's Mental Health Week (7-13th Feb 2022)	Health Inequalities Taskforce	Feb-22	Project plan actions as developed	To be developed						This was not completed for 2022 due to change in staff. Request change of date to 2023.
	1.3.4: Establish local authority support network for HIAP	Health Inequalities Taskforce , Public Health West Berkshire	Dec-21	Network created. First meeting held. Tor produced	N/A						Completed
	1.3.5: Refine and improve process for reviewing new council policies and impact on health and emotional wellbeing (including a focus on reducing health inequalities)	Health Inequalities Taskforce	Dec-22	Process developed. Template implemented							Work completed.
	1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.1: Pilot a whole community approach in a local ward to tackling health inequalities, using data and engaging with local communities	Health Inequalities Taskforce	Dec-22	Approach developed Evaluation to demonstrate impact	N/A					
	1.4.2: Public Awareness campaign to promote the sustained employment of people from under-represented groups	Skills and Enterprise Partnership		Delivery of campaign, engagement	One campaign						Groundwork are delivering an employer event to be held at the Watermill Theatre on the 15th September 2022. The purpose of the day is to get organisations to understand Autism, Asperger's and mental health issues that affect participants and how small changes within organisations can result in successful placements, employment, and training as is proven with some of clients.

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	1.4.3: Support PCNs to tackle health inequalities through identifying and engaging with a population experiencing health inequalities	Locality Integration Board Berkshire West CCG	Delivery to commence from March 2022	Population identified Intervention designed and implemented	N/A	G					<p>The four West Berkshire PCNs are working jointly on a project to support patients with learning disabilities and severe mental illness to take up the offer of an annual health check. A project brief outlining the identified interventions has been presented to the LIB and regular updates are being provided.</p> <p>Q1 Update:</p> <ul style="list-style-type: none"> - Held an engagement session on 10/3/22 to promote health checks directly with SMI patients (Eight Bells) - Training for Practice staff took place on 17/3/22 - LD health check event held at Newbury College on 16 June - Write up from event on 16 June shared with PCN leads - Discussion held with special school and SEND parent carers - Key feedback from both pertains to reasonable adjustments - Project group next meeting in early September to determine next steps.
	1.4.4: Development of a health impact policy for planning to support healthy environments	Communities and Wellbeing, Planning	Jun-22	Process developed Process implemented	N/A						
	1.4.5: Physical Activity Champion training	Workplace Movement project group	Jun-22	Number of Champions trained	15						
	1.4.6: Implementation of the Supported Employment Strategy 2020 - 2024	Skills and Enterprise Partnership	Mar-24	Actions as per the Strategy	N/A						<p>The SEP have agreed an approach to the key responsibility to: 'Review evidence provided through the contract management of supported employment services being delivered to vulnerable adults'. Therefore, Katy Brazell, who leads on commissioning the supported employment services at WBC will present at a future meeting of the SEP. Paul Coe (Service Director, Adult Social Care) has agreed that the SEP is not best placed to 'Lead on the Supported Employment Strategy' and, therefore, will discuss alternative governance arrangements for the strategy with colleagues.</p>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
1.5: Continue to actively engage and work with ethnically diverse communities, the voluntary sector, unpaid carers and self-help groups, ensuring their voices are heard.	1.5.1: Create a stakeholder map our current Community and Voluntary sector partners who are working to address health inequalities	Health Inequalities Taskforce	Dec-22	Completion of network map	N/A						21 stakeholders mapped
	1.5.2: Redevelopment of the Health and Wellbeing Board engagement group and ongoing maintenance of the engagement toolkit	HWB engagement group	Jun-22	Promotion of the engagement toolkit Engagement events Annual HWB conference held	To be developed						
	1.5.3: Implement the Comms & Engagement Delivery Plan (key actions) Reviewing engagement with Parish & Town Councils (Dec 21). Voluntary and community sector support (April 22). Co-production framework (Nov 21). Maintaining signposting and connections to community support functions (April 22). Develop, distribute and evaluate a new grant fund to support community based co-production work. (aligns with Equality and Diversity Strategy too)	Engaging and Enabling Communities (BCT)	Dec 2021	KPIs as under Comms and Engagement Delivery Plan	As per plan						- Reviewing engagement with Parish & Town Councils (Dec 21) - completed and Improvement Plan arising from Engagement being implemented- Co-production framework (Nov 21) - work progressing well. Steering Group continue to meet and Framework under development . Maintaining signposting and connections to community support functions (April 22) - Consultants engaged to review Directory and pilot of aDoddle launched. - Voluntary and community sector support (April 22) - 2 tendering processes unsuccessful however solution being explored proactively with the Volunter Centre West Berkshire. Maintaining signposting and connections to community support functions (April 22). Develop, distribute and evaluate a new grant fund to support community based co-production work. (aligns with Equality and Diversity Strategy too) - grant fund no longer available - this action to be closed down. .
			April 2022								
		Nov 2021 April 2022									
		TBC									
	1.5.4: Ethnically diverse advocacy groups: identifying and engaging with key community contacts amongst the ED community	Communities and wellbeing/ HR	Ongoing								

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	1.5.5: Increase accessibility of Ethnically diverse advocacy services across West Berkshire: Expansion of Educafe to provide mobile service	Communities and wellbeing, HR	Jun-22	Number of outreach community cafes							
	1.5.6: Promote the range of events that celebrate the diversity of our community	Communities and wellbeing, HR	Dec-22	Number of events							
	1.5.7: Support and develop the Community Conversations forum	Health Inequalities Taskforce , BCT	Ongoing	Number of community conversations forum meetings held . Number of community attendees	12 meetings/yr						Collaboration with Building Communities Together Team to support the community conversation following completion of the needs assessment. Monthly Community Conversations continue on a range of topics chosen by participants. Additional Conversations have been arranged on specific topics such as the raising cost of living and also to support community engagement activities. Survey Monkey has been created to make sure the Conversations stay focused on Community based.
1.6: Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empower communities to take ownership of their own health	1.6.1: Increase awareness and uptake of council support services for those most in need e.g. winter grant (placeholder)	Health Inequalities Taskforce									Await Needs Assessment.
	1.6.2: Develop Digital Inclusion Champions (specific actions around recruitment and numbers in place)	BOB ICS		Number of champions in West Berkshire, Geographical areas covered, communities of interest	Top 5 most deprived wards covered						
	1.6.3: To improve support and both awareness of and access to services with diverse ethnic communities through the support agency Educafe. Weekly community cafe,	Human Resources	Weekly café	Attendance at cafe. Number of services/partners attending weekly							
	1.6.4: Develop a Whole Systems Approach to Physical Activity. Undertake system workshops) Develop system map Physical activity strategy	ICP (Prevention Board)	Dec-22	Number of workshops. Development of Physical activity system map. Development of physical activity strategy	2 workshops						

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	1.6.5: Undertake a dental review to understand current provision and identify recommendations for action - Utilising results of the British Dental Survey 2022/23	Berkshire West CCG, Healthwatch West Berkshire	Dec-22	To be developed							
	1.6.6: Focus on CVD prevention • Pilot of BP kiosks across West Berkshire • Targeted approach to NHS Healthchecks with at risk groups	Communities and wellbeing (PH), ICP Prevention Board	Jun-22	Number of kiosks in place Utilisation of kiosks (evaluation) Targeted NHS Healthchecks delivered	3 80% of overall						
Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives											
2.1: Raise awareness and understanding of dementia and ensure support for people who have dementia is accessible and in place for them and their unpaid carers	2.1.1: Improve Dementia diagnosis rates (partnership work with the ICP)	Mental Health & Learning Disability Board, Berkshire West	Dec-22	Diagnosis rates for Dementia	65% (April 22) 67% (Sept 22)	66.70%					Query ownership of this item. Colleagues in health will review ownership of this target. Latest diagnosis rate provided. The Berkshire West Dementia Partnership, convened and led by the CCG has not been active since Andy Fitton left in Oct 2021. There is no longer a medium by which PH, VCS & Health colleagues work in partnership around dementia. Work is undertaken by each LA, with partnership working with colleagues where possible.
	2.1.2: Support the development of Memory Café provision across West Berkshire	Dementia Friendly West Berkshire, Age UK	Dec-22	Development of model template Provision across West Berkshire	TBC						DFWB is a commissioned service, funded by PH&WB - currently ending 31.3.2023. Discussions underway regarding potential funding to extend for 23/24. If not recommissioned DFWB will not be actively supported by WBC and it will lose it's part time post of a paid coordinator. The project will very likely diminish and outcomes on this plan will not be achievable.
	2.1.3: Engagement with partners to continuously update and expand the Dementia friendly West Berkshire Website	Dementia Friendly West Berkshire	Ongoing	Visits to website. Feedback from Partners	Increase on previous						
	2.1.4: Induction training on Dementia to be undertaken for all Adult Social Care Staff: Event to be held with existing staff to raise awareness. Will be recorded as a webinar for future new staff	Dementia Friendly West Berkshire, Adult social care	Dec-22	Event held with existing Adult Social Care staff. Webinar to be incorporated into induction training for new staff	Attendance at event. Feedback						ASC asked for this event to be cancelled initially due to COVID restrictions for a face to face event and then longer term as the Principal Social worker (Mike Harling) left and not ASC resource available to support. Awaiting ASC update following very recent recruitment to the post.

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	2.1.5: Work with local businesses in West Berkshire to raise awareness of role with the community, along with role as an employer for those who are unpaid carers	Carer's Strategy Group		Number of organisations & businesses that are members of Dementia friendly West Berkshire Number of Dementia Friendly businesses							Membership of DFWB has increased to 32 active members although this has been driven by DFWB. It will be really helpful to understand the work that Carers Strategy group are doing around this too and how we can work together.
	2.1.6: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day.	Communities and Wellbeing (Public Health and Libraries teams)	Jun-22	Delivery of promotional campaign No of books No. of books issued	One TBC TBC						
2.2: Work together to ensure that the Dementia pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support	2.2.1: Engagement event to understand the person's experience and Journey (Placeholder - tbc)	Healthwatch (Wokingham) Berkshire CCG		To be developed	TBC						
	2.2.3: Care home support for residents with Dementia: Medication reviews Managing behaviour changes Reduce levels of depression (Placeholder action)	Berkshire West CCG		To be developed	To be developed						
	2.2.4: Improve the access to and quality of Annual reviews in GP practices to ensure community and partner support for people with dementia (annual health check improvement plan)	Mental Health & Learning Disability Board Berkshire West , Berkshire West CCG	Ongoing	Proportion of people with dementia receiving an annual GP check. Impact of annual review in improving access to services	To be developed						
	2.2.5: Commission a Befriending and sitting service for people with more advanced dementia and their unpaid carers	Dementia Friendly West Berkshire, Age UK		(Subject to funding approval)		9 carers supported					This was successfully commissioned for 1 year using PH reserves. As with DFWB this contract expires on 31.3.2023 and discussions are underway regarding possible funding for future years. The contract has mobilised very well during Q1, supporting 9 people living with dementia.

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	<p>2.2.5: Develop a journey for people with dementia pre and post diagnosis (service transformation – Berkshire West)</p> <p>Identify key stakeholders for working group</p> <p>Review pathway to identify gaps</p> <p>Review Clinical and non-clinical pathway. Engage service users and carers in development of proposals</p>	<p>Mental Health & Learning Disability Board Berkshire West , Supported by Dementia Friendly West Berkshire</p> <p>ASC VCS</p>	TBC	Establishment of working group						<p>Historically this was being looked at by the Berks West Dementia Partnership - in it's absence : Clinical pathway - Andy Moody, Head of Adult Mental Health Commissioning ICB BOB interim lead has indicated to Age UK Berkshire that this is on his radar and supports the need for it to be done. He is only in post until Dec 2022 so it is likely to be something to be picked up by his successor.</p> <p>Non Clinical Pathway - DFWB worked with Michelle Berry (Reading BC) to map the Non Clinical Pathway for Berks West. Michelle left at start of summer, leaving DFWB to undertake testing with PWD & Social Prescribers. Once capacity allows testing to complete it will be added to DFWB website. Aim to launch World Alzheimers Day in Oct.</p>	
2.3: Improve identification and support for unpaid carers of all ages	2.3.1: Use findings from the Carers Strategy Survey to understand gaps in support. - Including questions on accessing covid-19 vaccine and barriers encountered	Carer's Strategy Group	Oct-21	Number of PwD and carers supported weekly	25						
	2.3.2: Embedding new process for online referrals of Young carers and ensuring all partners are aware. ÿ Social media promotion	Young Carers	Ongoing	Numbers of referrals	N/A						
	2.3.3: Raise awareness of young carers. Engagement with partner agencies. Advice and information sessions with schools. Young carers groups at schools. Re-establish young carers champions	Young Carers	Ongoing	Number of schools engaged with. Young carers champions	No target set						
2.4: Work with partner agencies to promote the health and wellbeing of unpaid carers	2.4.1: Update the Health top tips leaflet for carers	Carer's Strategy Group	Dec-21	Leaflet completed. Distribution	N/A						
	2.4.2: Review and refresh the Carers Strategy Action plan	Carer's Strategy Group	Dec-21	Actions as will be contained within the plan	N/A						
	2.4.3: Continue to provide access to respite services on an as needed basis	Adult Social Care Carer's Strategy group	Ongoing	Numbers of carers accessing respite	N/A						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	2.4.3: Using the young carers dashboard to continuously review engagement with services and outreach to new attendees	Young Carers	Ongoing	Number of new young carers identified	N/A						
	2.4.4: Use feedback from young carers to inform and expand the activities on offer: online form	Young Carers	Ongoing	Number of responses to online form. New activities offered	No target set						
	2.4.5: Recruit volunteers to 1-1 mentoring role to work with young carers with particular challenges	Young Carers	Ongoing	Increase in mentor numbers. Increase in young carers supported	No target set						
2.5: Reduce the number of rough sleepers	2.5.1: Continue to work together to prevent rough sleeping and reduce the number of people who do sleep rough (Implementation of the Homelessness and Rough sleeping strategy)	Homelessness Strategy group	,2025	Number of people sleeping rough	< 2						
2.6: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.1: Increase GP registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration (placeholder)	Local Integration Board (Homelessness Strategy group), SE inequalities board,	Dec-22	Process in place for registering	TBC						Discussed at LIB in June. A process is already in place to promote GP registration through a locally commissioned service. A meeting is needed between LIB, HSG and PH representatives to identify a baseline and any further actions required.
	2.6.2: Increase dental registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration (placeholder - to be determined)	Homelessness Strategy group, SE inequalities board,	Year 1	Process in place for registering	N/A						
	2.6.3: Adoption of the Serious Case Review Protocol	Homelessness Strategy group	Mar-22	Adoption of protocol	N/A						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary	
						Q1	Q2	Q3	Q4			
	2.6.4: Develop a clear process from admission through to discharge from hospital settings, to ensure homeless patients are discharged with somewhere to go with support in place (placeholder)	Local Integration Board, Homelessness Strategy Group, SE inequalities board		To be developed	TBC						Discussed at LIB in June. A process is already in place to promote GP registration through a locally commissioned service. A meeting is needed between LIB, HSG and PH representatives to identify a baseline and any further actions required.	
2.7: Prevent, promote awareness and provide support to those who have experienced domestic abuse	2.7.1: Continue to implement the action plan from the Local Domestic Abuse Strategy 2020-2023 to meet identified aims	West Berkshire Domestic Abuse Board (BCTP)	Refresh due in 2023	Action plan	Action plan fulfilled by 2023						On track - Domestic Abuse Board continue to oversee Strategy and Action Plan	
	2.7.2: Implement the new Domestic Abuse Safe Accommodation Strategy 2021 – 23 and accompanying action plan	West Berkshire Domestic Abuse Board (BCTP)	To be combined with full DA Strategy as part of refresh in 2023	Needs identified being met through action plan	Action plan fulfilled by 2023						On track - DA Board continue to oversee	
	2.7.3: Local needs assessment: need and demand for accommodation based support for all victims	West Berkshire Domestic Abuse Board (BCTP)	Every 3 years (next due 2023)	Less gaps in services identified	N/A							On Track
	2.7.4: Review of performance data to identify areas for improvement, opportunities to increase service provision, develop training	West Berkshire Domestic Abuse Board (BCTP)	Quarterly	Discussions at DAB. Increase in reporting of DA. Further training opportunities offered for 2022/23								On Track
	2.7.5: Establish a Lived Experience subgroup to inform decision making and system change	West Berkshire Domestic Abuse Board (BCTP)	Quarterly	Voices/view captured and reported into DAB								Completed - Lived Experience Group established
	2.7.6: Number of multi-agency staff trained in Domestic Abuse Awareness and Domestic Abuse Champions Training	BCTP	Quarterly	Number of individuals trained	8 - 15 per session							

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
2.8: Support people with learning disabilities, engaging with them and listening to them through working with voluntary organisations	2.8.1: Work with Voluntary Community Sector organisations to improve access to health checks for those with learning disabilities. Improve the quality of health checks for those with Learning disabilities	Berkshire West CCG NHSE	Annual	% of individuals receiving a health check	67% (target for 2020/21). AHC LTP target is 75% (14+)						
	2.8.1: Implement Positive Behaviour Support across Health and Social care	Berkshire West CCG	Oct 2021 - April 2022	4 levels of training to be delivered	?						
	2.8.3: Enhanced delivery of a Work and Careers Fair - including participation by local schools and supporting the work on employment opportunities for people with learning disabilities	Skills and Enterprise Partnership (working with MP Laura Farris)	Annual	Delivery of event. Attendance. Feedback	40						Plans for the second annual Work & Careers Fair are progressing well, with an on-site event confirmed for 13th October 2022. This will include young people from all local secondary schools and will be billed as the 'Destinations Expo'. The EBP are leading on the planning, with financial support from the Greenham Trust.
	2.8.4: Extension of the "Delivering Life Skills" Programme, delivered by the EBP.	Skills and Enterprise Partnership	Jul-22	Delivery of programme attendance Feedback from young people and schools	60 young people attending the DLS programme						The H&WB approved funding for this programme, which was delivered in secondary schools by the EBP. All sessions were completed by July 22. A further funding bid for 22/23 will be submitted.
2.9: Increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes	2.9.1: Promote alternatives to admission through increased support for people in the community: Commission an all age IST - Green light toolkit - Post diagnostic support (Placeholder – work in development)	Berkshire West CCG BHFT (toolkit)									
	2.9.2: Reduce waiting times for Autism and ADHD Diagnosis: current demand being assessed to plan for workload capacity (placeholder)	Berkshire West CCG, Berkshire East CCG, BHFT	TBC	TBC	TBC						
	2.9.3: Re-development of the Health and Wellbeing Board engagement group and ongoing maintenance of the engagement toolkit	HWB engagement group	Jun-22	Promotion of the engagement toolkit Engagement events Annual HWB conference held	TBC						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	2.9.4: Create a stakeholder map our current Community and Voluntary sector partners who are working with those at higher risk of bad health outcomes	Communities and Wellbeing	Dec-22	Completion of the network map	N/A						
	2.9.5: Promote awareness and access to the West Berkshire Directory, ensuring that the information within it is kept up to date	HWB engagement group	Ongoing	Hits to Website. (?demographic indicators/targets)	TBC						
	2.9.6: Maintaining signposting and connections to community support functions by undertaking a review of strategic signposting (including the West Berkshire Directory)	Communities and Wellbeing	Mar-23	Review completed. New digital offer in place	N/A						
	2.9.7: Pilot aDoddle map - to include community groups. Feedback on map and use	Communities and Wellbeing	Sep-21	Local community groups created a profile for their organisation, including information about their services Group data uploaded rated as green Volunteering opportunities enhanced Asset based community development supported	75% 75%	27 groups on the map 5 awaiting final edits and upload 13 in discussion with groups to develop profile					Pilot will complete at the end of Sept 2022 with report being finalised for CFPB
	2.9.8: Use targeted paid adverts on social media to improve knowledge and awareness of services, tips and advice about health and wellbeing (placeholder)	Communities and Wellbeing	Dec-22	To be developed	TBC						
Priority 3 - Help families and children in early years											
3.1: Work to provide support for parents and carers, during pregnancy and the early years to improve	3.1.1: Map the current offer for support to parents and carers from all services	CDG (1001 DAYS)	Mar-22	Mapping of provision completed	N/A						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
personal and collective resilience using research and good practice	3.1.2: Undertake evidence review of current antenatal classes	CDG (1001 DAYS)	Mar-22	Evidence review completed	N/A						
	3.1.3: Promote antenatal classes for expectant parent and improve access	CDG (1001 DAYS)	Mar-22	No. of antenatal classes. No. of attendees. Demographics of those attending							
	3.1.4: Raise awareness of and improve access to parenting support (both 1-2-1 and group support)	CDG (1001 DAYS)	Mar-22	No. of support classes available. No. of attendees. Feedback							
	3.1.5: Introduce parental emotional regulation courses for parents (placeholder)	Communities and Wellbeing (PH)	TBC	Number of courses Number of families	1 (12 sessions) 50 families						
3.2: Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.2.1: Implementation of the new PHE Healthy Child Programme and Berkshire West 0-19 service (placeholder)	Communities and Wellbeing (Berkshire West)	Apr-22	Antenatal midwifery notifications to HV service	100%						
	3.2.2: Implement 1001 Days project work: Mapping of core delivery across services. Produce an infographic for families and services demonstrating core offer Map targeted offer across services	CDG (1001 DAYS)	Mar-23	Mapping completed. Infographic completed Distribution of infographic via partners	N/A						
	3.2.3: Promote breastfeeding (placeholder)	CDG (1001 DAYS)	Jun-23	Increase Breastfeeding rates at 6 - 8 weeks	TBC (Subject to funding approval)						
	3.2.4: Create a stakeholder map of our current Community and Voluntary sector partners who are working with families and children in the early years	Communities and Wellbeing (CDG)	Dec-22	Completion of network map	n/a						
	3.2.5: Expand the Dolly Parton Imagination library provision (placeholder)	CDG	tbc	Number of children supported	150						
3.3: Increase the number of two year olds (who experience disadvantage) accessing nursery places	3.3.1: To establish a named Health visitor for each EY setting taking vulnerable 2 years olds	Communities and wellbeing (CDG)	Mar-23	% of EY settings with named HV	100%						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	3.3.2: Monitor the proportion of reviews that are carried out jointly. Ideally this review (2 – 2.5 years) should be integrated with the Early Years Foundation Stage progress check at 2 years	CDG	Mar-23	Proportion of 2 – 2.5yr reviews that are carried out jointly (no target set)	No target						
	3.3.3: Consistent marketing across all sectors, Midwifery, HV, EY, Family Hubs (placeholder)	CDG									
3.4: Ensure that our early years setting staff are trained in trauma informed practice and care, know where to find information or help and can signpost families properly	3.4.1: Undertake an evidence review of trauma informed training, including cost-analysis	CDG	Jun-22	Evidence review completed	n/a						
	3.4.2: Establish training programme with Early Years providers. (to link to introduce EY ELSA target)	CDG	Dec-22	% of EY providers offering training. % of staff trained	TBC						
	3.4.3: Develop support materials and supervision documentation for EY settings.	CDG	Jun-22	Completion of support materials. Number of EY providers using materials							
3.5: Publish clear guidelines on how families can access financial help, tackling stigma around this issue	3.5.1: Map out current provision for financial support for families, including childcare costs	CDG	Jun-22	Mapping completed	n/a						
	3.5.2: Raise awareness of support services available through the Family hubs	CDG, Communities and wellbeing	Jun-22	Number of financial support services published on the West Berkshire directory							
	3.5.3: Undertake focused engagement to ensure that provision and needs are identified from parent groups and across areas in West Berkshire	CDG	Jun-22	Number of focus groups. Demographics of attendees. Consultation report	3 To include under-represented groups						

Priority 4 - Promote good mental health and wellbeing for all children and young people

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
4.1 Enable our young people to thrive by helping them to build their resilience	4.1.1: Health and wellbeing in schools programme: 1.Health and Wellbeing in Schools Award 2.The Public Health and Wellbeing Health and Wellbeing in Schools programme. 3.Living Well workshops for parents (to improve family health literacy) 4.Living Well ? Healthy Me Passports 5.School sleep champion training (placeholder)	Communities and Wellbeing (Public Health)	Sep 21 - Jul 22	1. No. of schools taking up offer. 2. Universal programme 3. Number of children with a passport 4. Number of workshops	1. 35 schools 2. Universal offer 3. Every Year 5 & 6 child in West Berkshire						
	4.1.2: Number of local primary schools who have received a Life Education Performance	CDG	Apr-22	Number of schools	12						
	4.1.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	Jun-22	Delivery of campaign No.of books available No. of books issued							
	4.1.4: Develop and expand the Young Health Champions programme	Communities and Wellbeing (Public Health)		Number of champions recruited. Number of young people reached.	21/22 - 50. 22/23 - 100 (total)						
	4.1.5: Implement the Recovery curriculum RSH through provision of a suite of resources and workshops for pupils in primary and secondary schools (placeholder – tbc)	Communities and Wellbeing (Public Health)	Dec-23	To be developed	TBC						
4.2: Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition	4.2.1: Creating a single access and decision-making arrangement across the delivery Partnership	Berkshire West ICP Children's programme Board	Oct-21	Existing access and referral arrangements realigned into a single Berkshire west approach	Completed Sept 2022						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	4.2.2: Building a formal Delivery Partnership arrangement. a) A single access and decision-making point that all delivery aligns to b) A joint communication approach and set of tools that explains to CYP, parent and carers, schools, and primary care colleagues how to access support and the type of response and offer they can expect c) A joint workforce development programme.	Berkshire West ICP Children's Programme Board	TBC	Berkshire West event in Spring 22	Aligned Commissioning model June 2022						
	4.2.3: Meeting the COVID surge demand as it arises	CCG	Mar-22	Meeting three weekly to address need, beginning in August 2021.							
4.3: Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health	4.3.1: Create a stakeholder map of our current Community and Voluntary sector partners who are working on mental health and wellbeing for children and young people	Communities and Wellbeing (CDG)	Dec-22	Completion of network map	n/a						
	4.3.2: Be Well Campaign	MH & LD Board	Jun-22	Number of engagements/unique users with new website, by local authority	Baseline						
				Number of visitors providing feedback on Be Well website	% of West Berkshire residents						
Regular emoji feedback rating				TBC							
			% of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	TBC							
4.3.3: Continuing temporary contract during Covid for Kooth (online support)	Berkshire West ICP Children's Programme Board	Ongoing	Standard Kooth indicators	No formal target but offered to give YP a choice of services							

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	4.3.4: Addressing gaps in access and service offer due to inequalities. (cohorts LGBTQ+, Ethnically diverse groups, Learning Disabilities)	Berkshire West ICP Children's Programme Board	Mar-22	Plan for data and monitoring improvement April 2022	Plan for data and monitoring improvement April 2022						
	4.3.5: Tackling the waiting times in both specialist/ Core CAMHS for access and interventions in key areas: anxiety, depression, Specialist CAMHS, Autism and ADHD.	Berkshire West ICP Children's Programme Board	Mar-22	Create a 2 year investment plan with BHFT for Core CAMHS to cover. 2022 ? 2024	Plan delivered March 2022						
	4.3.6: Meeting the Eating Disorder waiting times for response to referrals.	Berkshire West ICP Children's Programme Board	Sep-21	Local Berkshire Protocol	Protocol in place by end of 21/22.						
	4.3.7: Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases required locally to meet our 24/7 response commitment in the NHS long term plan	Berkshire West ICP Children's Programme Board		Go live with phased offer January 2022, full workforce mobilisation March 2022	24/7 access for crisis cases						
4.4: Support a Whole School Approach to Mental health, embedding wellbeing as a priority across the school environment	4.4.1 Mobilising 2 further Mental Health Support Teams in schools. Newbury. Reading (South & East)	Berkshire West ICP Children's Programme Board	Oct-22	MHST teams established	2 new MHSTs						
	4.4.2: Recruit Young Health Champions in Schools	CDG	Jul-22	Number of schools engaged	Year 1 - 5 schools 10 YHC per school Year 2 - 5 schools 10 YHC per school						
	4.4.3: Run Living Well Workshops for Year 7 students.	CDG	Jul-22	Number of workshops Number of schools engaged Feedback from attendees	TBC						
4.5: Support the mental health and wellbeing of looked after children and care leavers	4.5.1: Co-production of an 'In-reach' bespoke service for Children in Care. (placeholder)	Berkshire West ICP Children's Programme Board, Berkshire West local authorities	Aug-21	To be scoped	To be scoped						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
4.6: Expand our trauma informed approach among formal and informal service providers	4.6.1: Develop a trauma informed strategy for West Berkshire. mapping exercise. options appraisal for TI training across BOB	West Berkshire Children's Delivery Group, ICS Children's Board	Dec-22	To be agreed by Dec 2021 Mapping exercise and Options Appraisal Completed (feedback needed re ICS proposals for BOB and timescales on actions)							
	4.6.2: Expand the provision of Therapeutic Thinking training for all school staff	WB Education service	Dec-22	Number of schools engaged Reduced number of suspensions Reduced (FTEs) permanent exclusions Reduced number of Alternative provision Reduced number of SEND specialist placement							
	4.6.3: Provide Therapeutic Thinking Training for Children's Services staff	West Berkshire Children's Service	Dec-22	Number of staff trained Feedback from attendees							
4.7: Improve the process for transition to adult mental health services	4.7.1 (placeholder) Additional Reimbursement Role (ARRs) placed in a strategic primary care network that has a 16 plus focus	Berkshire West CCG									
	4.7.2.Pilot a managing emotions programme -a psychoeducational course designed to support people who experience intense emotions that are difficult to manage.	Berkshire West CCG		In Partnership with local VCS							
	4.7.3. Work through the community mental health framework implementation model to test how to target and meet mental health needs of care leavers,	Berkshire West CCG									
	4.7.4.Ensure clinical pathways review findings are focused on the transition from CYP to Adult Pathways										

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	4.7.4. Ensure models are trauma informed										
	4.7.5. A place focused (School focused or community focused) pilot, including the role of alternative education										
	Dedicated 16-25 transitions worker within CYP Substance Misuse services	West Berkshire Council Public Health team	New contract beginning April 2022	Worker in place							
Priority 5 - Promote good mental health and wellbeing for all adults											
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	5.1.1 Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)	Mental Health Action Group	Ongoing	Number of clients supported by CAB Number of clients referred to CAB by social prescribers	As per specification						
	5.1.2: Supporting new residents to West Berkshire with a sense of belonging and awareness of local services	Mental Health Action Group	Ongoing	Number of new residents to West Berkshire	50% of new residents						
	5.1.3: Work with the Homelessness Strategy Group to understand gaps and/links to poor mental health and wellbeing (e.g. reason for eviction)	Homelessness Strategy Group	Jun-22	Gaps identified in service provision % of homeless people reporting being support with their mental health (place holder)	As per Homeless Strategy Group KPI's						
	5.1.4 Raise awareness of resources and interventions that help to address mental health and wellbeing and related issues (e.g. rural isolation and loneliness) to residents, community groups and key stakeholders	Mental Health Action Group Ageing Well	Dec-22	Number of mental health z cards distributed Number of entries inputted onto aDoddle (community mapping tool) Number of hits on West Berkshire directory	One per household 20 organisations 10% increase from baseline						
	5.1.5: Create a tool which allows policymakers to examine the impact of their proposals and decision making on mental health	Public Health and Wellbeing	Dec-22	Health in all policies tool complete	N/A						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma	5.2.1: Utilise opportunities to promote existing mental health resources/services at local resident engagement events (e.g. educafe)	Public Health and wellbeing		Number of organisations provided with information	5+ per quarter						
	5.2.2 Through the surviving to thriving fund, enable local organisations to provide support and develop services that improve mental health and wellbeing of West Berkshire residents	Mental Health Action Group	Mar-22	Number of beneficiaries Amount of funding awarded Key outcomes for beneficiaries	Baseline >£300k TBC						
	5.2.3: Develop a new mental wellbeing campaign (Be Well) to connect people from all backgrounds with local support and reduce stigma	Mental Health & Learning Disability Board	Jun-22	Number of engagements/unique users with new website, by local authority Number of visitors providing feedback on Be Well website Regular emoji feedback rating % of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	Baseline % of West Berkshire residents TBC TBC						
	5.2.4: Run regular service users engagement events to ensure the continuous improvements of local services e.g. Thinking Together	Mental Health Action Group	Mar-23	Number of Thinking Together events held Number of service users attending events % service users and % professionals in attendance	As per service specification/ funding agreement						

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	5.2.6: Commission Public awareness training sessions on a range of mental health issues including: self esteem anger management bereavement coping with redundancy coping with relationship breakdown sleep Death and dying	Communities and Wellbeing		Number of sessions Number of attendees Feedback							
	5.2.5: Ensure services are responsive to the needs of vulnerable and marginalised groups in society, e.g. socioeconomically disadvantaged, ethnically diverse communities	Mental Health Action Group	Dec-22	Need to consider how to measure this	TBC						
	5.2.6: Commission a range of public bite-sized awareness training sessions or on a range of life events that can impact mental health and wellbeing (e.g. including but not limited too; self-esteem, anger management, grief and bereavement, coping with redundancy coping with relationship breakdown, sleep death and dying)	Communities and wellbeing (public health)	Feb-22	Number of sessions, Number of attendees, Feedback	As per service specification						
5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting access and signpost to activities that promote wellbeing	5.3.1 Establish a Creative Health Alliance to improve the availability and promotion of arts and cultural activities	Cultural Heritage Delivery Board	Apr-23	Terms of reference developed, Number of meetings, Number of new members	N/A, At least oner per quarter, As per terms of reference						
	5.3.2. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	Ageing Well Sub Group		Project officer – nature for health recruited Number of people taking part in health walks	N/A, Baseline						Project Support Officer, Nature for Health in post. Summer drop in Sessions at Shaw House raised beds have run in August and Autumn programme promoted. Working in Partnership with Sovereign and Community Matters on another project for the autumn Query - should the number of people taking part in health walks be under ageing well?

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Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	5.3.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day (June 2022)	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	Jun-22	Delivery of campaign No. of books available No. of books issued							
5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them	5.4.1: Create a 10 year mental health strategy (placeholder)		Dec-22	Strategy approved by the Health and Wellbeing Board	N/A						
	5.4.2: Completion of Adult Mental Health Needs Assessment and regularly review other sources of data e.g. residents survey	Communities and wellbeing (Public Health and Wellbeing)	Mar-23	Mental health needs assesment completed and published	N/A						
	5.4.3: Provide welcome packs to target people moving home or new to West Berkshire (e.g. resource pack focusing on Health and Wellbeing)	Mental Health Action Group, Public Health and Wellbeing	Jun-22	Welcome packs developed Process for distribution identified	N/A						
	5.4.4: Develop and promote a range information and tools to support transition across the life course (e.g. birth, school, college/ university, employment, moving house, marriage, divorce/ separation/ widow, bereavement) through Be Well (or similar platform).	Mental Health Action Group	Apr-22	Number of resources produced	One per quarter						
5.5: Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between mental and physical health	5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment)	Public Health and Wellbeing, Skills and Enterprise Partnership	Aug-22	Number of relevant training courses held Number of businesses adopting mental health policies (placeholder)	As per service specification						The SEP and the MHAG are working with Rachel Johnson and Elisabeth Gowens (WBC Public Health and Wellbeing) to deliver MH training for SMEs.

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
						Q1	Q2	Q3	Q4		
	5.5.2: Increase uptake of annual health checks for people with serious mental illness and ensure appropriate behavioural support is available e.g. smoking cessation and waight management services	Berkshire West ICP Mental Health and Learning Disabilities Programme Board Mental Health Action Group	Mar-23	% of people on GP SMI registers in receipt of all six elements of SMI health checks (by GP practice and overall number)	As per NHS KPIs						
	5.5.3: Develop and implement a universal mental health education training and delivery package around mental health crisis.	Berkshire West ICP Mental Health and Learning Disabilities Programme Board, Mental Health Action Group		Current training models reviewed Training schedule completed Number of people completing the course by organisation	N/A						
	5.5.4 Commission services to support people who are in contact with mental health services to find or stay in work (Supported Employment Strategy)	Skills and Enterprise Partnership	Jan-23	Employment rates between working age adults in contact with mental health services and the general population.	Baseline						The SEP does not have a specific role in relation to the commissioning of services, but this is achieved through WBC's commissioning of Groundwork (for adults) and Ways into Work (for young people). As reported above, it is planned that the SEP will review this work at its next meeting in the Autumn.
5.6: Improve access to support for mental health crises and develop alternative models which offer sustainable solutions	5.6.1: Evaluate the pilot crisis café: Breathing Space (delivered across Berkshire West)	Berkshire West ICP Mental Health and Learning Disabilities Programme Board	Apr-22	Evaluation complete	N/A						
	5.6.2: Implement and deliver the priorities of the new Berkshire Suicide Strategy	Berkshire Suicide Prevention Action Group	Jan-23	Operational delivery plan produced	N/A						
	5.6.3 Raise awareness of the issue of suicide, its causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.	West Berkshire Suicide Prevention Action Group	Apr-22	Number of organisations contacted	10 per quarter						

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Health & Wellbeing Board – 29 September 2022

Item 15 – Members’ Questions

Verbal Item

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

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
8 December 2022 - Board meeting					
Strategic Matters					
West Berkshire Vision 2036	To present the refreshed West Berkshire Vision 2036 document for approval.	For decision	30/11/2022	Nigel Lynn / Catalin Bogos	Health and Wellbeing Steering Group
Suicide Prevention Strategy	To present the draft Suicide Prevention Strategy and explain the consultation process	For information and discussion	30/11/2022	Tracy Daszkiewicz	Health and Wellbeing Steering Group
Continuing Health Care - Peer Review	To report the outcome of the peer review of Continuing Health Care Payments	For information and discussion	30/11/2022	Andy Sharp / Paul Coe	Health and Wellbeing Steering Group
Joint Funding for Health and Social Care	To present the outcome of the review of Joint Funding for Health and Social Care.	For information and discussion	30/11/2022	Belinda Seston / Andy Sharp	Health and Wellbeing Steering Group
Review of Terms of Reference for the Health and Wellbeing Board and its Steering Group	To present the updated terms of reference for the Health and Wellbeing Board	For information and discussion	30/11/2022	Councillor Graham Bridgman / Gordon Oliver	Health and Wellbeing Steering Group
Operational 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	30/11/2022	Sarah Webster	Health and Wellbeing Steering Group
West Berkshire Better Care Fund Plan	To present the Better Care Fund Plan for approval	For decision	30/11/2022	Andy Sharp	Health and Wellbeing Steering Group
Healthwatch Report - Voice of Disability	To review progress in delivering the recommendations made in the Healthwatch VoD report	For information and discussion	30/11/2022	Andrew Sharp	Health and Wellbeing Steering Group
Healthwatch Report - Child and Adolescent Mental Health Services in West Berkshire	To review progress in delivering the recommendations made in the Healthwatch CAMHS report	For information and discussion	30/11/2022	Andrew Sharp / Niki Cartwright	Health and Wellbeing Steering Group
Health & Wellbeing Strategy Delivery Plan - Progress Report Q2 2022/23	To provide the performance dashboard for the delivery of the Health and Wellbeing Strategy Delivery Plan and to highlight any emerging issues	For information and discussion	30/11/2022	Steve Welch / Zakyeya Atcha	Health and Wellbeing Steering Group
January 2023 - Conference (Date TBC)					
23 February 2023 - Board meeting					
Strategic Matters					
Suicide Prevention Strategy	To present the final version of the Suicide Prevention Strategy for approval	For decision	15/02/2023	Tracy Daszkiewicz	Health and Wellbeing Steering Group
Operational Matters					
Social Determinants of Mental Health - Financial Support	To present the findings of the Mental Health Action Group's review of the impact of financial support on mental health	For decision	15/02/2023	Adrian Barker	Health and Wellbeing Steering Group
Health & Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23	To provide the performance dashboard for the delivery of the Health and Wellbeing Strategy Delivery Plan and to highlight any emerging issues	For information and discussion	15/02/2023	Steve Welch / Zakyeya Atcha	Health and Wellbeing Steering Group
20 April 2023 - Board Meeting					
Health and Wellbeing Board Peer Review	To present the findings from the Health and Wellbeing Board Peer Review	For decision	12/02/2023	Steve Welch	Health and Wellbeing Steering Group

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Health & Wellbeing Board – 29 September 2022

Item 17 – Future Meeting Dates

Verbal Item

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