Notice of Meeting

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Health and Wellbeing Board

Thursday 8 December 2022 at 9.30 am
in Council Chamber Council Offices
Market Street Newbury

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

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

Date of despatch of Agenda: Wednesday, 30 November 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

West Berkshire **Health & Wellbeing** Board

West Berkshire
C O U N C I L

To: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Sarah Webster (BOB Integrated Care Board) (Vice Chairman), Supt Zahid Aziz (Thames Valley Police), Bernadine Blease (Berkshire Healthcare Foundation Trust), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Prof 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), Dr Heike Veldtman (BOB Integrated Care Board), Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing) and Steve Welch (Service Director - Communities and Wellbeing)

Also to: Dr Zakyeya Atcha (Interim Public Health Consultant), Rob Bowen (BOB Integrated Care Board), Lajla Johansson (BOB Integrated Care Board), (Gordon Oliver (Principal Policy Officer), Vicky Phoenix (Principal Policy Officer - Scrutiny) and Tom Dunn

Agenda

Part I   Page No.

West Berkshire COUNCIL

4 **Declarations of Interest** 21 - 22
To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct.

The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings:
- Councillor Graham Bridgman – Governor of Royal Berkshire Hospital NHS Foundation Trust, and Governor of Berkshire Healthcare NHS Foundation Trust; and
- Andrew Sharp – Chair of Trustees for West Berks Rapid Response Cars

5 **Public Questions** 23 - 24
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.

6 **Petitions** 25 - 26
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.

7 **Membership of the Health and Wellbeing Board** 27 - 28
To agree any changes to Health and Wellbeing Board membership.

Items for discussion

Strategic Matters

8 **Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update** 29 - 38
Purpose: To provide an update on the Integrated Care Partnership Strategy and seek input from Health and Wellbeing Board Members.

Operational Matters

Programme Management

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Other Items Not for Discussion

16 **Continuing Health Care**   193 - 210
Purpose: To provide an update on work relating to the
management of Continuing Health Care in West Berkshire.

17 **Financial Problems and Mental Health**   211 - 228
Purpose: To provide an interim report from the Mental Health
Action Group as part of its work in addressing elements of
the delivery plan for the West Berkshire Health and
Wellbeing Strategy. This work involves the impact of
personal financial problems on people's mental health.

18 **Updates to the West Berkshire Council Constitution**   229 - 246
Purpose: To note the changes to the Council's Constitution
with respect to the Health and Wellbeing Board and Steering
Group that were adopted at Council on 6 October 2022,
including: the Meeting Rules, the Council Bodies Rules, and
the Health and Wellbeing Board Appendix.

Standard Agenda Items 2

19 **Members' Question(s)**   247 - 248
Members of the Health and Wellbeing Board to answer
questions submitted by Councillors in accordance with the
Executive Procedure Rules contained in the Council's
Constitution.

*(Note: There were no questions submitted relating to items
not included on this agenda.)*

20 **Health and Wellbeing Board Forward Plan**   249 - 250
An opportunity for Health and Wellbeing Board Members to
suggest items to go on to the Forward Plan.

21 **Future meeting dates**
23 February 2023
20 April 2023
(All meetings to start at 09:30am)

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
COUNCIL

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Health & Wellbeing Board – 8 December 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, 29 SEPTEMBER 2022

Present: Belinda Seston (BOB Integrated Care Board) (Vice-Chairman in the Chair), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Jessica Jhundoo Evans (Arts and Leisure Representative), Sean Murphy (Public Protection Manager), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Andy Sharp (West Berkshire Council Executive Director, People (DASS and DCS), Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing), Steve Welch (Service Director - Communities and Wellbeing) and Dr Heike Veldtman (BOB Integrated Care Board)

Attending Remotely: Bernadine Blease (Berkshire Healthcare Foundation Trust), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Andrew Sharp (Healthwatch West Berkshire), and Andrew Statham (Royal Berkshire NHS Foundation Trust), and Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care).

Also Present: Katy Griffiths (Corn Exchange Newbury), Dr Zakyeya Atcha (Public Health Consultant), Sarah Shildrick (Public Health Intelligence Manager), Gordon Oliver (Principal Policy Officer), Tom Dunn (Principal Policy Officer), Dr Joel Mulimba (Healthy Dialogues), Puja Patel (Healthy Dialogues) and Kamal Bahia (Corn Exchange)

Apologies for inability to attend the meeting: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Prof Tracy Daszkiewicz (Director of Public Health for Berkshire West), and Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Garry Poulson (Voluntary Sector Representative)

Absent: Supt Zahid Aziz (Thames Valley Police) and Matthew Hensby (Sovereign Housing).

PART I

32   Minutes

The Minutes of the meeting held on 21 July 2022 were approved as a true and correct record and signed by the Vice-Chairman subject to the following amendment - it be noted that Councillor Graham Bridgman chaired the meeting. Councillor Bridgman had also asked that for future meetings, Board Members attending remotely be shown separately from those present in the Council Chamber.

33   Actions arising from previous meeting(s)

It was noted that in the minutes there had had been an action to bring a report on first aid training in schools to the next meeting, but this had not been included on the agenda and was not in the list of actions.

Action: Gordon Oliver to arrange for an update at the next meeting.

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

- **Action 153** – It was confirmed that Steve Welch would progress the Peer Review of the Health and Wellbeing Board.
- **Action 191 –** Feedback on responses to the Healthwatch CAMHS report would be provided at the December meeting
- **Action 197** – It was noted that this would be progressed through the Place Based Partnership.

A query was raised in relation to the new throw-line cabinets that had been erected alongside the Kennet and Avon Canal and whether defibrillators could be installed alongside these. It was confirmed that this was being actively considered. It was also highlighted that an event had been run over the summer to practice using the throw-lines with the public and that future events could be arranged as needed.

A further query was raised about health issues related to swans on the canal. Numbers had increased significantly which presented a hazard for canal users and rats had been encouraged by the excess food. Local cafes had also complained about the swans. It was suggested that this could be considered by the Water Safety Partnership.

Action: Sean Murphy to raise concerns about swans with the Water Safety Partnership.

34   Declarations of Interest

There were no declarations of interest received.

35   Public Questions

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

A)   A question standing in the name of Mr Richard Westell on the subject of recruitment of GPs and construction of new GP surgeries was answered by the Interim Place Director for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

36   Petitions

There were no petitions presented to the Board.

37   Membership of the West Berkshire Health and Wellbeing Board

It was noted that membership of the Health and Wellbeing Board was on an organisational basis. A standing item was retained on the agenda to note any changes in personnel. Changes since the last meeting included:

- Steve Welch was the Council's new Service Director for Communities and Wellbeing;
- Bernadine Blease had replaced Reva Stewart as the Berkshire Healthcare Foundation Trust's representative, with Helen Williamson appointed as her substitute.

RESOLVED that the report be noted

38   West Berkshire Pharmaceutical Needs Assessment

Dr Zakyeya Atcha (Public Health Consultant) presented the report on the Pharmaceutical Needs Assessment (Agenda Item 8).

It was noted that the Pharmaceutical Needs Assessment (PNA) was a statutory document. The requirement to update the PNA had been deferred due to Covid and the revised date for publishing the adopted version of the PNA was 1 October 2022. A public

consultation had been carried out earlier in the year, followed by a statutory consultation on the draft PNA. All comments had received responses.

The Healthy Dialogues team was thanked for preparing such a detailed and exceptional piece of work with broad consultation. This had helped to provide a clear view of pharmaceutical needs in the area.

Members had no comments or questions relating to the PNA.

RESOLVED: 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.

39   Joint Strategic Needs Assessment

Sarah Shildrick (Public Health Intelligence Manager) presented the report on the Joint Strategic Needs Assessment (Agenda Item 9).

Members were given a demonstration of the Joint Strategic Needs Assessment (JSNA), which was hosted on the West Berkshire Observatory website. This was an 'off-the-shelf' product provided by ESRI UK, which automatically drew in data from the Office for National Statistics and other sources to provide a core data set.

There were pre-populated reports on key themes, with tables, infographics and charts. Default reports were at the local authority level, but reports could also be generated for individual wards and Lower Super Output Areas. Reports could be downloaded as images or spreadsheets. Geographic data could be displayed using the map function. A map on the homepage also could be used to provide quick ward profiles.

More detailed information could be generated using the 'data explorer' function. This had search and filter tools. Data could be interrogated for different geographies with area rankings, and the changes in data over time could be shown. Reports could also be generated for custom aggregate geographies.

Additional, locally generated data, included the Covid-19 recovery report and the JSNA summary reports. The 'People' and 'Place' summary reports pulled in text from existing local strategies together with live data.

The site included a news section, which provided details of any updates. There was also a tool to allow users to provide feedback. In addition, there was a comprehensive support function.

It was intended that the 'needs assessments and further resources' section would develop over time as more data was added.

The aim was to promote the JSNA widely and ensure that as many people as possible could access and use the site. The report proposed to develop JSNA superusers and to form a West Berkshire JSNA Steering Group.

Members welcomed the new site and agreed that it was important that people should be encouraged to use it.

It was noted that there could be huge variations within wards, with small pockets of deprivation. This made it difficult to identify people with the greatest needs. It was confirmed that superusers could help partners to drill down into the data. Also, more local products were being developed around inequalities, which would be published on the site, and the superusers could highlight these to partners.

The ability to select custom geographies was particularly welcomed, since it could benefit so many different parties. Board Members were urged to promote this to all partners

involved in health and wellbeing. It was felt to bring the Health and Wellbeing Strategy to life and would allow support to be effectively targeted.

In relation to anti-social behaviour, it was noted that social media tended to highlight the worst cases and flag community concerns, but statistics were useful to be able to confirm or refute issues raised. Also, the ability to look at custom geographies was welcomed as some issues were cross-boundary.

It was suggested that all West Berkshire Councillors should be made aware of the tool.

The value of the tool to the primary and secondary care sectors was recognised (e.g. targeting people who may be impacted by cost of living increases).

RESOLVED:

To note the developments to the local JSNA.

To endorse the proposal of the formation of a West Berkshire JSNA steering group supported by JSNA superusers.

40   Rising Cost of Living Impacts

Sean Murphy (Public Protection Manager) presented the report on the Rising Cost of Living Impacts (Agenda Item 10).

It was noted that due to the fast-moving nature of events, some of the information in the paper was out of date. The report highlighted some of the potential implications of the rising costs of living together with mitigations, including services provided by the Council and other local partners.

The report proposed that a Sub-Group of the Health and Wellbeing Board be established to consider the implications further and co-ordinate the local response, and for further reports to come to the Board.

It was highlighted that meetings had been held with the voluntary sector to scope out the support that they were able to provide, which could then be signposted.

It was noted that the Leader and Chief Executive of West Berkshire Council had attended a meeting of South East Leaders to discuss how local areas could respond.

It was confirmed that a 'cost of living hub' would be set up along the same lines as for Covid and Homes for Ukraine. This would bring in partners such as Greenham Trust and the voluntary sector to ensure a cohesive response across the district. It was recognised that there would be impacts for residents, businesses and staff.

Due to the fast-moving nature of the situation, Members proposed that the Steering Group be empowered to take decisions from the outset rather than to do this at a subsequent meeting of the Health and Wellbeing Board.

Councillor Martha Vickers volunteered to be part of the sub-group.

It was stressed that people who were engaging residents in the community needed to be educated about the help available at national and local levels. It was suggested that the Council needed to use expertise already available in the community to do this. Warm space hubs were highlighted as potential locations to engage with people and promote the help that was available. Councillor Steve Masters had recently arranged a meeting on warm spaces that had brought together volunteers from across West Berkshire.

It was noted that the Covid hub had over 90 voluntary groups and around 3,000 volunteers, and the importance of communications was recognised. A central site with relevant information had been set up on the Council's website which was being promoted

to partners. The residents' e-bulletin would also be a key communications tool, but it had not yet been agreed if there would be a specific bulletin around the cost of living challenges. Communications had been temporarily halted during the period of national mourning, but had since resumed. It was stressed that a key aim was to help people to help themselves.

The importance of reaching people who did not currently use the Council's communications channels or services was highlighted. Such people may be digitally and socially isolated, and potentially ethnically diverse. Non-digital communications such as flyers and use of social prescribers could improve engagement with these groups. Also, it was noted that local ward members had good intelligence about harder to reach groups in their areas.

A question was asked about available funding to help support people and if the Council was lobbying central government to secure additional funds. It was noted that local authority budgets were already under pressure due to inflation and rising interest rates. It was confirmed that Household Support Grants were being made available for critical interventions in addition to the Energy Price Cap. Councillor Lynne Doherty was Chairman of the South East Strategic Leaders, which was writing to ask central government to look at issues such as adult social care, where pressures were anticipated. Councillor Doherty had requested a meeting with the new Prime Minister in order to highlight the challenges facing local authorities. She also sat on the Local Government Association's People and Places Board which was raising awareness of the pressures facing local government. It was suggested that it was important for the Health and Wellbeing Board to work out what pro-active solutions could be put in place and to ensure that funds were being used effectively across all statutory partners with effective prioritisation.

It was suggested that the effects of the cost of living increases could be as serious as those arising from the Covid pandemic, so a similar response would be required. Community volunteers had managed to reach people that statutory service providers did not know about, so the importance of re-engaging them was acknowledged.

The Integrated Care Board was encouraged to consider potential impacts (e.g. patients being able to get to appointments due to a lack of transport or an inability to pay for travel). Also, prescription charges were highlighted as another potential barrier - the form that eligible patients had to complete to get free prescriptions was long and complicated.

Councillor Jo Stewart was meeting with other adult social care leaders to discuss current and future pressures.

It was noted that the Mental Health Action Group had organised a finance and mental health event and a report would be brought back to a future meeting of the Health and Wellbeing Board.

Action: Councillor Jo Stewart to liaise with Adrian Barker to see if the Finance and Mental Health report could be brought to the December 2022 meeting.

Officers confirmed that lessons learned from the Covid Hub were carried forward to the Homes for Ukraine work and would be applied in the Cost of Living Hub. Also it was recognised that all forms of communication would be needed to get messages out and the Communications Strategy would be one of the first things to be discussed. In addition, it was acknowledged that the Sub-Group would need delegated authority to be able to make quick decisions.

A question was asked about membership of the Sub-Group. It was suggested that this would be worked up off-line and circulated to Members via email.

RESOLVED:

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

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

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

41   Homes for Ukraine - West Berkshire Update

Sean Murphy (Public Protection Manager) presented the item on the Homes for Ukraine – West Berkshire Update (Agenda Item 11).

The report provided an update on the local response as it approached six months in operation. A multi-agency steering group had coordinated the local response, including representation from Greenham Trust and the voluntary sector. The report also considered what support would be needed in future.

It was noted that a number of sessions had been arranged for Ukrainian guests on topics such as safeguarding, and mental health. Further sessions were proposed on trauma and mental health.

The Board expressed their thanks for the efforts of officers and host families.

It was recognised that lessons had been learned from the Covid response. However, it was acknowledged that the cost of living crisis would add an additional layer of complexity to the situation in the coming months.

The support of the Council and its partners was recognised as being important, as well as social support provided within the community.

It was noted that efforts had been focused on supporting the hosts as well as the Ukrainian guests. Around 95% of hosts were happy to carry on. Although there would be some work required to find new hosts, there were still expressions of interest within the community.

Members noted that there had been some success in finding jobs for the Ukrainian guests and English language lessons had helped.

A suggestion was made that 'cost of living' needed to be considered in the context of both Urkainian guests and Afghan refugees. It was noted that West Berkshire's rural nature created additional challenges around isolation and additional support may be needed to help with transport costs.

Councillor Jo Stewart worked for a charity that supported children and young people who had been bereaved. They were concerned about how they could support people who had been through such traumatic events. There was a need to ensure that support groups and host families had the right training and expertise to have helpful conversations. Some people were concerned that they may make the situation worse. Officers recognised the need, and sessions had been organised to facilitate those conversations and to ensure that people in need could be referred to the best support.

RESOLVED that the report be noted.

42   Arts and Culture Health and Wellbeing Projects

Katy Griffiths (Director, Corn Exchange Newbury) presented the item on the Arts and Culture Health and Wellbeing Projects (Agenda Item 12).

There had been a change in the last five years with more health and wellbeing activity – the Corn Exchange was expecting 30,000 engagements in participatory programmes in the current year. This was a growth areas for the arts sector as a whole.

There were clear links with the Health and Wellbeing Strategy including around mental health, with good evidence to support how engaging in arts projects was having an impact.

There was a regular programme of paid for courses and classes. Bursary places had been used to support Ukrainian families and Afghan refugees. Other programmes were funded from a range of external sources, including the Health and Wellbeing Board and the Surviving to Thriving Fund, as well as national funders, such as the National Lottery.

Evaluation of programmes was important to be able to demonstrate the impacts.

The Links to thrive Programme provided 'arts on prescription'. Various primary care networks and their social prescribers were involved. There had been 917 prescribed attendance at arts courses designed to improve mental health and tackle isolation.

A wide range of programmes were run across the district, including rural communities, care homes and other venues. In order to reach the most vulnerable, it was recognised that these needed to be as easy as possible for people to access. It was noted that the creative art journaling had been used successfully with adults, and would be rolled out to young people.

The Links to Thrive programme was overseen by a steering group drawn from various partner organisations. Consideration was being given to how the programme could be developed and expanded from the pilot.

The evaluation suggested that the programme could make a significant contribution to community health and wellbeing if it could operate at a greater scale. It could play an important role in tackling social isolation. Participants found that it addressed their particular health and wellbeing needs. It also had the potential to make a significant contribution to delivery of the Health and Wellbeing Strategy.

The Corn Exchanges wanted closer dialogue with the Health and Wellbeing Board and indicated that they were looking for a champion from the Board to join the Steering Group.

It was suggested that the final evaluation report could be brought to a future meeting of the Health and Wellbeing Board.

Members noted that the arts were often seen as a luxury, but the benefits of these programmes were clear, so it would be a shame if programmes had to be cut back due to lack of funding. It was suggested that there may be Councillors outside of the Health and Wellbeing Board with relevant expertise who could act as a champion.

It was noted that the Two Saints Hostel had a space for arts, but they were struggling for support and volunteers. It was suggested that groups like this may not engage with regular programmes, but would benefit from this type of support.

Members cited Links to Thrive as an excellent example of partnership working with Primary Care Networks and social prescribers. It was recognised that arts and culture could have a powerful impact and could be a good alternative to medical interventions as illustrated by the testimonies from participants. Studies had shown particular benefits for those recovering from strokes.

It was highlighted that the Public Health Team ran similar programmes and it was suggested that there could be joint initiatives in future. Given the scientific evidence of

the benefits of such programmes, it was suggested that the Integrated Care Board should provide additional support to help roll it out to more people.

Councillor Jo Stewart indicated that she had a fundraising role and asked to explore with the Corn Exchange about what the champion role involved.

Action: Councillor Jo Stewart to discuss the champion role with the Corn Exchange.

It was noted that the benefits from this type of programme were much greater than for the most frequently documented interventions. One of the roles of the champion would be to disseminate the findings of the evaluation reports.

RESOLVED that the report be noted.

43   Health and Wellbeing Board Conference

Dr Zakyeya Atcha (Public Health Consultant) presented the report on the Health and Wellbeing Board Conference (Agenda Item 13).

It was noted that the Health and Wellbeing Board Conference was an annual event usually held in January.

Discussions had taken place at the Health and Wellbeing Board Steering Group about the themes, format and timing of the conference. Last year, it had been a virtual event, which had allowed for greater representation. It was recognised that an in-person event would allow for improved networking, but concerns had been expressed about potential impacts due to flu and Covid.

There had been proposals for a joint event with the District Parish Conference and the Voluntary Sector Information Day. However, it was felt that additional time would be needed to prepare for such as large event, so these could be considered for future events. The recommendation was for a virtual, half-day conference this time.

Proposed themes were related to the increased cost of living, including mental health, substance misuse, and also food poverty, which was the theme of the Berkshire Directors of Public Health Annual Report.

Members suggested that a hybrid event might allow more people to participate, and highlighted that social isolation was a key factor affecting mental health. Also, this would allow for relevant groups to have a physical presence to be able to provide information and interact with attendees.

Support was voiced for the proposed theme. It was stressed that the event needed to be coordinated with the work of the new Sub-Group to be set up to manage the impacts of the rising costs of living.

It was suggested that an update briefing go out to the Board prior to the December meeting.

Action: Dr Zakyeya Atcha to provide an update to the Health and Wellbeing Board prior to the December meeting.

The Board noted that the Corn Exchange had held a successful hybrid symposium at their 101 space in Greenham Business Park – this was offered as a possible venue.

RESOLVED to:

APPROVE the option of a hybrid conference;

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

AGREE that options be explored for a combined event with the District Parish Conference 2024 and for a joint event with wider partners in future.

44 Health and Wellbeing Strategy Delivery Plan - Progress Report Q1 2022/23

Dr Zakyeya Atcha (Public Health Consultant) presented the report on the Health and Wellbeing Strategy Delivery Plan (Agenda Item 13).

It was highlighted that some information provided by the Integrated Care Board and Mental Health Action Group had been missed from the latest update.

This was the first progress report on the new Delivery Plan. The intention was to use the Council's new programme management tool for future updates.

Good progress had been made and was noted. Key points highlighted were as follows:

- There had been a considerable change in personnel in the period since the Delivery Plan had been agreed, and Dr Atcha had been appointed to manage the transition period;
- A lot of work had been undertaken with the Health and Wellbeing Board's Sub-Groups, some of which were new;
- The Sub-Groups were updating their terms of reference, which provided an opportunity to refine ownership of the actions.

RESOLVED that the report be noted.

45 Members' Question(s)

There were no questions submitted to the meeting.

46 Health and Wellbeing Board Forward Plan

Members were invited to comment on the Health and Wellbeing Board Forward Plan. The following changes were proposed:

- A report on the Cost of Living Sub-Group to come to the December 2022 meeting;
- An update on the Health and Wellbeing Conference to come to the December 2022 meeting;
- An update on Children and Young People's Mental Health Services to come to the December 2022 meeting;
- The Voice of Disability report to be temporarily taken off the programme – this was due to long-term sickness and recruitment issues affecting Healthwatch West Berkshire;
- The Healthwatch report on asylum seekers be added to the December 2022 meeting;
- An interim update on the Social Determinants of Mental Health to be provided to the December 2022 meeting;
- An item to be added to a future meeting on links between the Berkshire West Health and Wellbeing Strategy and the BOB Integrated Care Partnership Strategy – this would be presented by the new Berkshire West Place Director, Sarah Webster.

Action: Gordon Oliver to update the Forward Plan.

It was noted that there would be an update on the Integrated Care Board at the next meeting. Members were informed that the Chief Executive of the ICB, Dr James Kent, had moved on to take up a post with NHS England, so Dr Rachel de Caux was the acting Chief Executive.

47   Future meeting dates

The Board was invited to note the dates of future meetings. It was highlighted that the meeting originally scheduled for 25 May 2023 would need to be brought forward to 20 April 2023 due to the planned elections.

Members thanked Belinda Seston for chairing the meeting.

(The meeting commenced at 9.32 and closed at 11:35)

CHAIRMAN   …………………………………………….

Date of Signature   …………………………………………….

Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Action	Action Lead	Agency	Agenda item	Status	Comment
153	24/09/2020	Seek another peer review of Health and Wellbeing Board.	Steve Welch	WBC	Health and Wellbeing Board Meetings	In progress	Steve Welch to set up an initial meeting with Cllr Graham Bridgman and Sarah Webster.
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)	Complete (10/11/2022)	To be considered at the December meeting.This is informed by the Local Transformation Plan for CYP Mental Health which is the subject of a separate report.
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
204	29/09/2022	Arrange for an update on first aid training in schools to be provided to the HWB meeting on 9 December 2022	Gordon Oliver	WBC	Actions Arising from Previous Meeting(s)	Complete (09/12/2022)	The mandatory RSHE curriculum includes basic first aid. This includes basic treatment for comon injuries, life-saving skills (including how to administer CPR) and the purpose of defibrillator and when one might be needed. CPR is recommended to be taught from age 12.
205	29/09/2022	Raise concerns about swans with the Water Safety Partnership.	Sean Murphy	PPP	Actions Arising from Previous Meeting(s)	In progress	
206	29/09/2022	Liaise with Adrian Barker to see if the Finance and Mental Health report could be brought to the HWB meeting on 9 December 2022	Cllr Jo Stewart	WBC / MCAG	Rising Cost of Living Impacts	Complete (09/12/2022)	An interim report is to be considered at the December meeting. A final report will be brought to the February meeting.
207	29/09/2022	Councillor Jo Stewart to discuss the champion role with the Corn Exchange.	Cllr Jo Stewart	WBC	Arts and Culture Health and Wellbeing Projects	Complete (03/11//2022)	Cllr Stewart met with Katy Griffiths and agreed to attend one of their next meetings to get a feel for what they might need in terms of support.
208	29/09/2022	Provide an update to HWB Members on the conference prior to the meeting on 9 December 2022	Dr Zakyeya Atcha	WBC	Health and Wellbeing Board Conference	In progress	An update will be sent out once the venue has been confirmed.
209	29/09/2022	Update the Forward Plan and inform report authors	Gordon Oliver	WBC	Health and Wellbeing Board Forward Plan	Complete (30/09/2022)	Additional reports included for December as outlined above.

Last Updated:29/11/2022

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Health & Wellbeing Board – 8 December 2022

Item 4 – Declarations of Interest

Verbal Item

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Public Questions to be answered at the Health and Wellbeing Board meeting on 8 December 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 Executive Portfolio Holder for Adult Social Care representative by Stuart Gourley:

"It was concerning to read in the Newbury Weekly News (24/11) yet further concerns from a coroner raised to the CQC about the provision of care at the Birchwood Care Home in Clay Hill, so what steps have WBC put in place to address the issues raised, and improve the care given?"

(b) Question submitted to the Director of Public Health for Berkshire West by Stuart Gourley:

"With suicide likely to increase post pandemic, and with the cost of living crisis increasing in intensity and damage caused, will West Berkshire Council consider reviewing the focuses of the Berkshire Suicide Prevention Strategy as a lot has changed since Sept 2021 adoption?"

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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 Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	Cllr Owen Jeffery
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Andy Sharp	WBC Executive Director, People (DASS and DCS)	Paul Coe Dave Wraight
Steve Welch	WBC Service Director – Communities and Wellbeing	April Peberdy
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Prof. Tracy Daszkiewicz	Director of Public Health, Berkshire West	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Bernadine Blease	Berkshire Healthcare Foundation Trust	Helen Williamson
Sarah Webster (Vice Chairman)	**Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)**	Belinda Seston Helen Clark 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	William Orr Andrew Statham
Matthew Hensby	Sovereign Housing	Lorraine Adams
Supt. Zahid Aziz	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	Rachel Peters

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Developing the Integrated Care Strategy

West Berkshire Health and Wellbeing Board

December 2022

"Integration" – doing more together

Integrated care system (ICS)

A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated care partnership (ICP)

A statutory committee jointly formed between the NHS integrated care board and all local authorities with public health and social care responsibilities in the ICS area

Integrated Care Board (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

BOB is made up of three places:

Oxfordshire

Buckinghamshire

Berkshire West

2

Integrated Care Strategy

Purpose of the strategy:

The Integrated Care Partnership are accountable for developing the strategy

The Strategy will set a clear direction for the system and promote joint working to meet local population health, care and social need.

What?

Improve the public's health and well-being needs

Reducing health inequalities in access, experience and outcomes across our system

Bring learning from across places and the system to drive improvement and innovation

addresses the problems that would benefit from a system response and multiple partners

How?

✓ Complement but not replace/supersede existing priorities

✓ Joint working with a wide range of ICS partners

✓ Co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities and organisations

Thematic Working Groups

The working group themes were agreed following analysis of existing strategies and ambitions:

1. Start Well	4. Promoting Healthy Behaviours
Kevin Gordon, Director of Children's Services Oxfordshire County Council	Ingrid Slade, Consultant in Public Health Wokingham Council
2. Live Well	**5. Health Protection**
Ansaf Azhar, Director of Public Health Oxfordshire County Council	Tracy Daszkiewicz, Director of Public Health Berkshire West Local Authorities
3. Age Well	**6. Improving quality and access to services**
Andy Sharp Director of Adult Social Care West Berkshire & Dr Raj Thakkar, GP	Matthew Tait, Chief Delivery Officer, ICB

Proposed vision and principles

Building on health and wellbeing strategies and discussions in the working groups, the following vision and principles have been agreed to set the direction for the BOB health and care system.

> *Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to be able to access the right support when it is needed.*

Preventing ill-health:	**Tackling health inequalities**	**Providing person centred care**	**Supporting local delivery**	**Improving join up between our services:**
We will help people stay well and independent, enjoying better health for longer. We will help build healthy places and thriving communities to protect and improve people's health and build prevention into all our services.	We will improve physical and mental health for those at risk of the poorest health and social outcomes. This will include addressing differences in access to and experience of our services between different groups and individuals.	We will work together to provide support in a way that meets people's needs and helps them to develop the knowledge and skills to make informed decisions, and to be involved in their own health and care.	We will plan and design support and services with local people and our partners to deliver support close to where people live, learn and work.	We will improve the way our services work together to ensure people get support where and when they need it and residents have a better experience of health and care services.

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Our emerging priorities

	Promote and protect health	
Start Well	**Live Well**	**Age Well**
	Improve quality and access to services	

1. Promote and protect health

Aim: To support people to stay healthy we will

- Priority 1: We will reduce the proportion of people smoking across Buckinghamshire, Oxfordshire and Berkshire West.
- Priority 2: We will reduce the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing
- Priority 3: We will reduce the proportion of people who are overweight or obese, especially in our most deprived areas and in younger people.
- Priority 4: We will take action to address the social, economic and environmental factors that influence our health.
- Priority 5: We will protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes.

2.Start Well

Aim: To help all children achieve the best start in life we will:

- Priority 6: We will improve early years outcomes for all children, particularly working with communities experiencing the poorest outcomes.
- Priority 7: We will improve emotional, mental health & wellbeing for children and young people
- Priority 8: We will improve the support for children and young people with special educational needs and disabilities, and for their families and carers.
- Priority 9: We will support young adults to move from child centred to adult services

Our emerging priorities

Promote and protect health	
Start Well	Live Well	Age Well
	Improve quality and access to services	

3. Live Well	4. Age Well	5. Improve quality and access to services
Aim: to support people and communities stay healthy for as long as possible we will:	*Aim: To help people live healthier, independent lives for longer we will:*	*Aim: To help people access our services at the right place and right time we will:*

3. Live Well

Aim: to support people and communities stay healthy for as long as possible we will:

- Priority 10: We will reduce the number of people developing cardiovascular disease (heart disease and stroke) by reducing the risk factors, particularly for groups at higher risk.

- Priority 11: We will improve mental health by improving access to and experience of relevant services, especially for those at higher risk of poor mental health.

- Priority 12: We will increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes.

4. Age Well

Aim: To help people live healthier, independent lives for longer we will:

- Priority 13: We will support older people to remain healthy, independent, and connected within their communities.

- Priority 14: We will provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex.

- Priority 15: We will look after carers.

5. Improve quality and access to services

Aim: To help people access our services at the right place and right time we will:

- Priority 16: We will develop strong integrated neighbourhood teams so that people's needs can be met in local communities.

- Priority 17: We will reduce and eliminate long waits for our planned services, and address variation in access across the system.

- Priority 18: We will support the consistent development of our urgent care services to reduce demand and support timely access.

Approach to engagement

The engagement will be collaborative, undertaken on behalf of the ICP not only one organisation

We will:

- Maximise the time for engagement and listening
- Make it easy for people and organisations to provide feedback
- Attend all Health and Wellbeing Boards and other sessions as requested
- Write a report on the feedback received from different people and organisations, reflecting how different perspective will be taken into account

Engagement with public and communities:
- ✓ Online engagement platform
- ✓ Healthwatch / VCSE fora
- ✓ Local Authority and NHS Partners local channels and networks to reach local communities
- ✓ Virtual meetings to outline the vision, principles, strategic themes and priorities and seek feedback

Timescales for engagement:

- Early December – start period of engagement with public and partners
- December and January – Use meetings and sessions with public and partners to listen to views on proposed priorities for BOB ICS
- End Jan – Engagement period will close.
- Feb – Engagement report developed. Strategy material updated. Final document published.

Publication, delivery planning and review

Publication

The Integrated Care Strategy is expected to be published in Buckinghamshire, Oxfordshire and Berkshire West following sign off by the ICP in February.

Influencing delivery planning

The Integrated Care Strategy will:

- Complement other strategies and plans, not supersede or replace them, notably the local health and wellbeing strategies
- Be considered as an input to partner organisations' delivery planning activity – The timescales have been designed to specifically influence the NHS planning activity (completed by end of financial year)
- Other partner organisations are also expected to consider the implications of the Integrated Care Strategy as part of their planning activity too.

Review

In time, the integrated care partnership is expected to consider how effectively the strategy is being delivered by the integrated care board, NHS England, and local authorities.

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Update on the Suicide Prevention Strategy

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
Report Author:	Dan Devitt
Report Sponsor:	Professor Tracy Daszkiewicz
Item for:	Discussion

1.   Purpose of the Report

This report is to provide the West Berkshire Health and Wellbeing Board with an update on the Pan Berkshire Suicide Prevention Strategy (the Strategy) and local works, following on from the report presented on the 21st July 2022. This report is presented to give the West Berkshire Health and Wellbeing Board assurance that works are progressing to develop and refine the development of the Strategy and supporting local action planning and delivery. Alongside this this update presents an update on several central changes, challenges and opportunities flowing from the national Suicide Prevention (SP) Agenda, and the regional and local works under way to address these.

> **Trigger Warning:** Given the sensitivity of the issues raised by the SP agenda please note that the following report contains a discussion of deaths from suicide and may be distressing to the reader.[1]

2.   Recommendation(s)

2.1   The Health and Wellbeing Board are requested to note the update provided and discuss the implications for local works flowing from the report and, in particular progress toward refreshing the Strategy (See section 4), The Local Data and Trends summary (See section 4.2), The Health and Social Care Act 2022 and BOB Integrated Care System (See section 4.3), Learning from the Pandemic and the Current Economic Context (See section 4.4), The New NICE Guidance NG225 (See section 4.5), The Pan Berkshire Suicide Prevention Summit (See section 4.6), The Cube Model Framework resource (See section 4.7) and potential Membership of the NPSA (See section 4.10).

2.2   The Health and Wellbeing Board are requested to accept the following proposed submissions following on from the Summit referenced in Section 4.

- A summary of outputs from the SP Summit and updated draft of the Strategy by December 2022

- A summary of the Cube resource and consultation copy for review by December 2022.

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[1] Distressed readers should reach of for support to people in their lives who they can discuss this with or seek support via Get mental health help - NHS 111 or local Voluntary and Community Services including the Samaritans or Amparo

- An outline of potential member and executive officer facing briefing materials for the HWB by January 2023

- A summary of the NPSA membership advantages and potential local benefits by January 2023.

3.   Executive Summary

3.1   There are several significant system level changes in NHS Structures and broader contextual challenges that will impact on the SP agenda including the establishment of the NHS BOB Integrated Care System (BOB ICS) in the wake of the NHS Health and Social Care Act 2022 (HASC22)[2], the continuing analysis of trends and data as the national SP agenda seeks to understand the impacts of the Pandemic and the country begins to experience the impacts of the "Cost of Living Crises[3]" and a turbulent national economic environment[4] as we approach a winter that will prove challenging to systems, services and individuals alike.[5]

4.   Supporting Information

4.1   Following on from agreement at the July Health and Wellbeing Board to proceed with a refresh of the Strategy discussions with other West Berkshire and East Berkshire system partners have agreed the approach to refreshing the Strategy. Central to suggested refresh have been several key developments in the evolution of the National, Regional and Local postures to suicide prevention with implications for policy, operational delivery and data intelligence environment.

4.2   **Local Data Intelligence Summary 2021 to 2022:** Please find below a concise summary of Suicide related data to date. It is crucial to note that each number represents an individual tragedy and wider impacts across families and communities.

- **Deaths by Suicide in Berkshire – an Overview from 20221 and the year to date**

  Pan Berkshire
  o In 2021 there was a total of 56 deaths by suicide in all of Berkshire, this was the lowest total for at least the last 5 years. Of these deaths 35 were male and 21 were female.
  o So far in 2022 there have been 58 deaths across Berkshire.
  o Of these deaths 43 were males and 15 were females.

  West Berkshire
  o In 2021 there were eight deaths by suicide in West Berkshire – Gender breakdown is suppressed here due to small numbers per cohort of deaths[6]
  o So far in 2022 there have been ten deaths by suicide in West Berkshire. Of these deaths nine were males and one was female.

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[2] Health and Care Act 2022 (legislation.gov.uk)
[3] Rising living costs: The impact on NHS, staff and patients (nhsproviders.org)
[4] Chancellor Statement - 17 October - GOV.UK (www.gov.uk)
[5] NHS England » Winter resilience
[6] It is usual practice to suppress details of any group, characteristic or occurrence where the number drops below 5 to avoid the potential of deductive identification

Methods of Suicide in Berkshire:

o Ligature (hanging) remains the most common method of suicide across Berkshire, accounting for more than half the deaths across the county. Other common methods include the railway (either jumping in front of a train or from a bridge) and overdose.

o In 2022 there has been an increase in the numbers of deaths on the railway, particularly in Slough and Windsor & Maidenhead. Appropriate measures have been taken in these areas in order to review and create actions moving forward. This method of suicide will be monitored closely across Berkshire and appropriate measures will be put in place if an increase is seen in other areas.

o A recent and emerging concern centres on the use of Sodium nitrate and nitrite related deaths in Berkshire in 2022 ("**Number suppressed**" compared to zero in 2021). Since this has been raised at the Berkshire Suicide Prevention Group meeting action has been initiated in order to explore this in more detail an ascertain local, regional, and national trends.

Deaths by age in Berkshire:

• In 2022 most deaths can be seen in the 30 to 39 age bracket (15), followed by 20-29 (11) and 60-69 (10).

• There have been **Number Suppressed** deaths by suicide in those under 20.

• There is some concern at what looks to be an increasing death rate in those under 30, other than this these figures are similar to 2021.

Female suicides and shift in trends

o There was a concerning increase in deaths by suicide in females seen in early 2020 which continued over the following months. A subgroup was set up to explore these deaths in more detail, gather more information from GPs and attempt to spot any trends and patterns in these deaths. Deaths in females have subsequently returned to pre-2020 levels, although the overall deaths by suicide in Berkshire has remained stable, meaning male suicides are now increasing and require attention.

o The female suicide subgroup that feeds into the Pan Berkshire Partnership Group will continue to meet under a new title that looks to start to explore and address occurring trends and patterns as they occur. These will include male deaths, deaths related at sodium nitrate and nitrite and the age-related trends.

4.3 **The HASC22 and BOB ICS** With significant developments arising from the act, and the formation of the Berkshire Oxfordshire and Buckinghamshire Integrated Care Strategy and Board there is a significant reorganisation of regional and local Place based delivery across health services across all age ranges. A range of materials for public and professional consultation on the overall strategy for delivery of services across the BOB footprint is currently being drafted, with the intention that "Engagement" versions of its key agendas and priorities for provision of services across the Starting Well, Living Well and Ageing Well agendas is shred before between November and December 2022. Public Health officers from across the West Berkshire System have been heavily involved in the drafting of these and have provided steer and insight on the centrality of SP as a priority area for works within the border context of physical and mental health services. The cross-boundary nature of the SP agenda[7] – where vulnerable people have contacts and associations or presentations across local geographical and service delivery

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[7] See NIMH » Suicide Prevention (nih.gov) and Regional suicide prevention planning: a dynamic simulation modelling analysis | BJPsych Open | Cambridge Core

boundary – has been stressed alongside the need to ensure that there is a range of local place-based support for priority agendas including SP and "post-vention[8]" support and widened availability of wellbeing and social prescribing style supports for local places, communities and individuals requiring additional support to mitigate the impacts of the national economic situation.

4.4   **Learning from the Pandemic and the current Economic Context:** The National Confidential Enquiry into Suicide and Safety in Mental Health (NCISH) [9] is the Manchester University SP surveillance and prevention "observatory" commissioned by the NHS via the Healthcare Quality Improvement Partnership.[10] They and the National Suicide Prevention Alliance have published a wide range of materials reports and analyses of how the Covid 19 Pandemic have impacted on both the numbers and rate of completed suicides in the UK and Global system.[11]

    4.4.1 In summary they report that whilst there may have been local increased in numbers there has not – thankfully – been an increase in the overall UK rate [12], refuting a wide range of media reported increases on rates and or numbers of completed suicide over both. The NCISH Lancet report goes on to note "*These are early findings:…It is too soon to examine the effect of any economic downturn - serious economic stresses as a consequence of COVID-19 may represent the greatest risk of a rise in the suicide rate. These overall figures may mask increases in suicide in population groups or geographical areas, just as the impact of the acute pandemic has not been uniform across communities*"[13]. Given the current and emerging economic context it is important to note the NCISH recommendations for additional support for those whose mental health will be adversely impacted by the economic turbulence and disruptions faced nationally, regionally and locally. It is hoped but not by any means certain that HM Treasury will announce the raft of supports for services, communities and individuals to help mitigate the impacts of the national economic position on individuals.

4.5   **National Institute for Health and Care Excellence (NICE) NG225:** In September 2022 NICE published Nice Guidance 225 covering Self Harm across all ages.[14] This is a substantial and wide-reaching refresh of NICE guidance for the agenda and a major updating of clinical and social care facing standards for the care of people of all ages who self-harm. The guidance which covers assessment, management and prevention of recurrence for children, young people and adults who have self-harmed, aims to support the needs of a wide range of priority groups of vulnerable people. This includes those with a mental health problem, neurodevelopmental disorders or learning disabilities and applies to all sectors across the statutory and voluntary and community sector that work with people who have self-harmed. NG225 notes the wide range of vulnerable groups that need to be supported if we are to address self-harm including education, community and health and social care

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[8] Support following on from a completed suicide to address the impact of traumatic death on loved ones and close contacts in an education setting, workplace or community, who require a specific range of support to ensure that they do not go on to experience significantly poorer mental health outcomes than might accompany a bereavement that was anticipated due to an end of life condition or advanced older age,

[9] NCISH | The University of Manchester

[10] HQIP – Healthcare Quality Improvement Partnership

[11] See NCISH | National academic response to COVID-19-related suicide prevention - NCISH (manchester.ac.uk) and Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance - The Lancet Regional Health – Europe

[12] Essentially rate is the number of deaths per 100k of population in any given area for a set period of time.

[13] NICISH Lancet ibid.– see Discussion

[14] Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE

settings.NG225 is the first major update to the agenda for over a decade, stresses a number of key areas for action including the stress on psychosocial assessment as the key to successful support, the prohibition of mechanistic risk assessment as it has potentially fatal consequences and a restatement of the linkages and alignments needed with the suicide prevention agenda.

4.6 **The Pan Berkshire Suicide Prevention Summit:** Following on from the July 2022 HWB meeting a Pan Berkshire Suicide prevention summit is being held the 12th of December 2022. The Summit will present overviews of the National, Regional and Local context, an update on Pan Berkshire Works to date, data intelligence and service delivery insights, and the view of priorities and possible next steps for the strategy. The refreshed Strategy will be shared in outline form and discussed with attendees, as an initial engagement and consultation exercise to ensure the Strategy is shared and developed in partnership with all Berkshire place-based system leadership and benefits form their insight and steer.

4.6.1 A key element of the Summit's discussion will focus on what works need to be progressed at regional and local or place based scale and how we can learn from best practice across a variety of agenda areas ranging from infrastructure focussed works (making bridges and other key parts of the built environment in local area where suicide is a risk or sadly historic feature as safe as possible) to positive mental health and wellbeing support for Children and Young People and neurodiverse groups. The Summit will seek to gain an understanding of what the key outputs from the Pan Berkshire works should be through a session devoted to understanding the wide range of support needs that system partners and place-based leadership might wish to see prioritised. Such outputs might encompass Training and Development for the statutory and Voluntary and community sector workforce alongside specific works targeting self-harm and suicide prevention awareness across all or particular age ranges and vulnerable groups including monoritised communities, LGBTQ people, Elected member awareness briefings and localised resource packs and aligned communications to share awareness and ensure impactful public and professional facing messaging in line with the Strategy and wider works.

4.7 **The Cube**: The Cube is a model framework to share tools and resources to help those who Self-Harm and to support and strengthen the suicide prevention offer in Berkshire. Taking its structure from a Cube shape the resource is a framework setting out a series of resources designed to present information on Self Harm and Suicide Prevention

1. **Public facing – "I need help"**

2. **Public Facing - I need to help someone"**

3. **Public – "I want to get involved"**

4. **Professional - Data, Research, Resources, Protocols and Training**

5. **Professional – Local Strategy and Links to place based partnerships and plans**

6. **Crisis Pathway & Suicide Prevention - Data, System contacts, safeguarding, and child death review, LEDER[15], etc.**

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[15] LEDER - the Learning Disability Mortality Review

Users enter the resource via the face of the Cube that aligns to your need at the time - with three public and three professional entry points linking together to provide a coherent framework and in time comprehensive resource to help the public and professionals tackle the linked agendas of Self Harm and Suicide Prevention. The Cube is meant for both public and professionals who are looking for more information, resources and advice that will help them understand the Self-Harm support and the Suicide Prevention agenda. It is not a clinical resource for specialist colleagues working within mental health services or systems, aiming instead to provide a wide range of general information that can help the wider both public and wider system professionals who are looking for support. The Cube was initially circulated in draft form in July and a revised version for consultation and sign off will be shared at the Summit. Discussions are underway about the best way to ensure that the resources contained within the Cube are available to both public and professional audiences, with Frimley ICS agreeing to host the resource and discussions commencing with BOB ICS to ensure availability across the neighbouring footprint.

4.8 **Commissioning of Amparo: Amparo a** specialist suicide post-vention support service, part of the Listening Ear group of counselling services has been commissioned to deliver services from 1st July 2022, covering Berkshire West, East, Oxfordshire and Buckinghamshire as the commissioned bereavement support provider for the patch. The initial contract is for two years to 2024.

4.9 **Office for National Statistics (IONS) Data release**[16] the last significant release of date from ONS was published in 2019, and it is anticipated that ONS will publish a refreshed assessment and summary of prevalence incorporating 2021 census data and population specific details at some point in 2023.

4.10 **Health In All Policies and National Suicide Prevention Alliance[17]- (NSPA) Membership** - There are potential benefits for local pace based systems by applying for membership of the National Suicide Prevention Alliance and seeking to ensure that local Health in All Policies works are supported by ensuring that self-harm and suicide prevention and wider physical and mental health related issues are prioritised at a corporate level and this flows into procurement, commissioning and communications works. Signing up for NPSA membership can be a clear signal of local corporate commitment across the business, statutory and voluntary and community sector. Currently The Volunteer Centre West in Berkshire has membership, and if the HWB were keen to augment local works then the Council could itself sign up as a member and begin to progress SP related works across its network and systems in the local area.

5. Options Considered

5.1 To proceed with the development of the strategy in light of the contextual issues raised in section 4 above following on from previous HWB steer and decisions.

6. Proposal(s)

6.1 To provide a summary of outputs from the SP Summit and updated draft of the Strategy by December 2022.

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[16] Suicides in the UK - Office for National Statistics (ons.gov.uk)
[17] About Us - NSPA

6.2   To provide a summary of the Cube resource and consultation copy for review by December 2022.

6.3   To provide an outline of potential member and executive officer facing briefing materials for the HWB by January 2023

6.4   To provide a summary of the NPSA membership and potential local benefits by January 2023.

7.   Conclusion(s)

This update report provides a general overview of works across the regional and local system and seeks the West Berkshire Health and Wellbeing Board's input and steer on next steps.

8.   Consultation and Engagement

This paper is a follow up to local discussions in West Berkshire and the region and a precursor to engagement works in support of the Strategy and resources referred to in section 4 of this report.

9.   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 will support the following Health and Wellbeing Strategy priorities:

Suicide touches all aspects health and wellbeing and the impacts on individuals, families and communities are devastating. 1 in 100 deaths worldwide is by Suicide. In West Berkshire there were 40 deaths to Suicide in 2017-2019 compared to 35 deaths in 2015-2017 to 5 the previous year. There is also evidence to suggest that female deaths by suicide is increasing at a faster rate than male suicide, although men continue to be at disproportionate risk of death by suicide. The Suicide Prevention Strategy will deliver across the priorities of the Berkshire West Health and Wellbeing Strategy.

   Reduce the differences in health between different groups of people
   We know suicide disproportionately affects people in certain jobs or professions, we also know that age and gender play a part is risk factors.

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

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Understanding the patterns of suicide and who is most at risk and when harm is most likely to occur, we can build prevention and early intervention strategies with partners to mitigate risk.

Help children and families in early years

Promote good mental health and wellbeing for all children and young people

Promote good mental health and wellbeing for all adults

For priorities 3-5 we need to understand better how risk occurs. Only 28% of people who die by suicide are known to services, we therefore need to work with schools and employers to recognise early signs of people needing support and have services in place to signpost people to.

Children and Young People's Mental Health Refreshed Local Transformation Plan 2022-24

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
Report Author:	Emanuela Cuccureddu (Commissioning Manager – Mental Health (All Ages) BOB ICB Berkshire West Place)
	Lajla Johansson (Assistant Director of Joint Commissioning; BOB ICB Berkshire West Place)
Report Sponsor:	Sarah Webster – Berkshire West Place Director - BOB ICB Berkshire West Place
Item for:	Decision

1. Purpose of the Report

The purpose of this presentation is to inform the Board of the proposed priorities for Children and Young People's Mental Health across Reading, West Berkshire, and Wokingham and to seek sign off and/or suggestions to refine the priorities further.

2. Recommendation(s)

It is recommended that the Health and Wellbeing Board agrees the proposed priorities.

3. Executive Summary

3.1 The presentation describes the proposed priorities in line with the national ambition and principles set out in a range of government documents and most recently in the NHS 10-year Long Term Plan and Future in Mind and local engagement, along with how we will be delivering the plan for 2022/23 and 2023/24.

3.2 The presentation slides provide a summary of the findings, which highlight gaps, pressures and opportunities. These will keep evolving as we continue in our endeavour to improve our understanding of our population and how this is changing.

3.3 Proposed priorities:

Proposed Priorities

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Strategic
- Partnership and Integration
  ✓ (*A clear joined-up approach in Berkshire West – an integrated, partnership approach to defining and meeting CYP needs*)
- Complex Young People
- Suicide Prevention

Operational
- Reducing waiting times for Core/Specialist CAMHS
- Children and Young People's Eating Disorders
- Improving access for our inequality groups (LD and/or ASD/LGBTQ+, BAME) and improve Health Inequalities
- Transitioning - Strengthening our adolescent to young adulthood offer (16 – 25)
- Mental Health Support Teams
- Data and Digital

Co-production
- Strengthening Communications and Engagement with stakeholders
- Focus on embedding Co-production with key stakeholders

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

4. Supporting Information

4.1 The priorities have been developed through considerable engagement with stakeholders, including a wide multi-agency network, partnership development forums, co-production forums involving children and young people, key partners through our executive delivery group, and a survey covering the key lines of enquiries run with wide stakeholders.

4.2 The proposed priorities sit behind a comprehensive planning document, which is due for publication in October 2022 and this, as it is a living document, is subject to further amendments as the planning develops further.

5. Consultation and Engagement

Priorities Sign off Process

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

DATE	Event
21st September	CYP Transformation Executive Delivery Group - *engagement*
21st September	CYP MH Wider Network Group - *engagement*
22nd September	CYP Forum (to be confirmed) - *engagement*
23rd September	Submission Date to BOB for Collation
28th September	BW ICP MH & LDA Programme Board - *sign off*
30th September	Draft LTP to regional team for review and feedback
7th October	Health & Wellbeing Board in Reading - *sign off (papers due 28th Sept)*
10th October	Feedback session with NHS E regional
27th October	ICP CYP Board - *sign off*
31st October	Publication on ICB Website
10th November	Health & Wellbeing Board in Wokingham - *sign off*
8th December	Health & Wellbeing Board in West Berkshire (papers should go through the Steering Group, which would be on 17 November, papers required by 8 November) - *sign off*

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

6.   Options Considered

Various options were considered in the course of developing the priorities. These were refined through consultation with stakeholders.

7.   Conclusion(s)

The proposed priorities are consistent with national guidance and reflect local needs and will guide future work in relation to Children and Young People's Mental Health Services.

8.   Appendices

Appendix A - Presentation on Children and Young People' Mental Health Refreshed Local Transformation Plan 2022-24

Background Papers:

To Be Published shortly on the BOB ICB Website

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

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Children and Young People' Mental Health Refreshed Local Transformation Plan 2022-24

Berkshire West Place

Lajla Johansson | Assistant Director of Joint Commissioning

Emanuela Cuccureddu | Commissioning Manager – Mental Health (All Ages)

NHS

Buckinghamshire, Oxfordshire and Berkshire West

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Background

- Local Transformation plan (LTP) – NHS E requirement
- Set out how local services will invest resources to improve children and young people's mental health across the "whole system".
- These plans are 'living documents'
- Local areas are asked to refresh and republish every year
- Describes how we will be delivering the LTP for 22-23 and 23-24

Local Transformation Plan Key Lines of Enquiry

This year – focus on commissioning plan prioritising 12 main Key Lines of Enquiry

1. Transparency and co-production;
2. Whole system working;
3. Understanding local need and advancing health equalities;
4. Wider transformation;
5. Workforce;
6. Improving access to services and outcomes;
7. Young adults – understanding system progress in 2022/23;
8. Urgent and emergency (crisis) mental health care for CYP;
9. Eating disorders;
10. CYP mental health services working with educational settings (incl. MHSTs);
11. Early Intervention into Psychosis;
12. CYPMH digitally enabled care-pathways

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NHS England *Long Term Plan* Priorities – Children's Mental Health

Children and Young People's Mental Health Community Services	• By the end of 2022/23, at least 768,310 CYP aged 0 25 should access support from NHS funded community mental services and school or college based Mental Health Support Teams, of which 754,277 would • be aged 0-18 as outlined in the LTP ambitions tool. Systems are expected to join up their pathways across the whole life course (perinatal MH and adult MH) to deliver the 0 25 ambition
Children and Young People's Eating Disorders	• Meet the waiting time standards for 95% of children and young people with a suspected eating disorder to start NICE concordant treatment within 1 week if urgent and within 4 weeks if non urgent
Mental Health Support Teams	• In selected areas, continue to deliver MHSTs, offering evidence based interventions and building to at least 20% 25% coverage of school population across the country by April 2022.
Children and Young People's Crisis Services	• By 2022/23, ensure there is 79% coverage of 24/7 mental health crisis care provision for children and young people, which combines crisis assessment, brief response and intensive home treatment functions.
Children and Young People's Inpatient Services	• By end of Q1 2022/23 CYP Mental Health Provider Collaboratives should work with ICSs to produce a clear plan of requirements for CYPMH general adolescent (GAU) and psychiatric intensive care inpatient • (PICU) beds, which strengthens local services and eliminates placements outside of natural clinical patient flows for the mos t v ulnerable young people. These will be undertaken on a PC footprint.
Digital	• Providers of services commissioned by the NHS must flow Activity and Outcome Data to MHSDS • At ICB level: Local systems should be developing digitally enabled care pathways; including self management apps, digital consultations, digitally enabled models of therapy and looking to share and build on learning from the 2020/21 digital transformation programme of work, which developed 4 x modules of service design training and a CYPMH digital playbook, and the 2021/22 digital service design support offer for outcomes • projects (one project per region).

Our Ambitions in Berkshire West – What does it mean in practice?

To understand the needs of different populations and communities across Berkshire West to ensure we are providing services to meet them appropriately

To identify potential unwarranted variation and improve the quality of care, experience and outcomes

To identify gaps in care and make the shift toward prevention and early intervention

Moving towards System-wide accountability and shared outcomes

Proposed Priorities

Strategic

- Partnership and Integration ⑩ (*A clear joined-up approach in Berkshire West – an integrated, partnership approach to defining and meeting CYP needs*)
- Complex Young People
- Suicide Prevention

Operational

- Reducing waiting times for Core/Specialist CAMHS
- Children and Young People's Eating Disorders
- Improving access for our inequality groups (LD and/or ASD/LGBTQ+, BAME) and improve Health Inequalities
- Transitioning - Strengthening our adolescent to young adulthood offer (16 – 25)
- Mental Health Support Teams
- Data and Digital

Co-production

- Strengthening Communications and Engagement with stakeholders
- Focus on embedding Co-production with key stakeholders

This is what you told us

Key themes emerging from our engagement

Organisations keen to retain their own identity

Enable young people to be safe when interventions are not necessarily the most appropriate

Data management – need to preserve anonymity and independence

More work is needed to identify and describe in which part of the THRIVE Model each service operates

Importance of common language

Need for in-depth understanding of what each service does, is responsible for and how their services operate, as well as where they align within the wider system model and what other pieces of work are ongoing

Needs assessment of the people on the waiting lists and options available to support them

Level and length of funding causing challenges to staff recruitment/retention

Think collaboratively about how we can support young people to access the most appropriate help and information

Need for stronger collaboration to work through complexity

Wanting and needing to hear the voices of our Children, Young people, their families and carers

Current Barriers and Challenges

System response/choice/data monitoring

Timely early intervention

Children and young people may be referred to multiple places and it's hard to capture the flow

Workforce - national shortage in specific roles/staff retention

Some CAMHS referrals reveal a need which could have been responded to earlier, e.g. using psycho-social rather than purely clinical approaches

Increased demand

Growing waiting lists

Staff Wellbeing

Need for a clear understanding of who fits into what quadrant within the Thrive Model

Governance arrangements (different for each organisation)

Transparency around who is holding risks and shared risk strategy

Need for reliable information which is easily accessible for CYP and families/carers

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This is what we are going to do
Proposed Priorities

A clear joined-up approach in Berkshire West – an integrated, partnership approach to defining and meeting CYP needs

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Partnership and Integration

- Review of the CAMHS spec to implement the needs-led Thrive model and focus on early intervention and prevention

- Expanding partnerships with VCSE sector – (Non-medicalisation of mental health support with clear governance) and work towards improving sustainability

- Using a common language – *These are all our children*
- Continue to embed the Trauma Informed approaches
- **Coordinated Front door / Thrive Hub**
- Integration with 0-5 agenda and adults Community MH transformation

Complex Young People

- Exploring an Integrated Care Crisis Facility in Berkshire West between Health and Social Care
- CYP MH in acute environment (Liaison role at RBH)
- Implementing the Thames Valley Complex Children's project in Berkshire West for 23-24
- Review Escalation Protocols across Berkshire West
- Continue to roll out the 24/7 Crisis Response
- Develop clear pathways between Provider Collaborative (Tier 4) and Community Mental Health Services, reducing avoidable admissions, lengths of stay and enabling quicker discharges

Transitioning - Strengthening our adolescent to young adulthood offer (16 – 25)

- Ensuring clinical pathways review findings are focused on transition from CYP to Adult pathways
- Evaluation of the EUPD and Managing Emotions Training pilots
- Piloting the 16+ Children's ARRS Pilot in Primary Care
- Matrix working with the MH Programme (for example 16-25 moving to adult services, Early Intervention in Psychosis, eating disorder FREED model 16-25 etc.)

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Mental Health Support Teams

- Continue to develop the model in line with national direction
- Promote resilience and provide early support and intervention to CYP with mild to moderate Mental Health needs

Suicide Prevention

- PHE leading on this
- Suicide audit and needs assessment
- Berkshire Suicide Prevention Summit
- Localised suicide reduction programme
- Suicide bereavement programme (all age)
- Crisis Care available 24/7

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Reducing waiting times for Core/Specialist CAMHS & across all services

- Mobilise CIC offer
- Expand digital offer
- Review Core CAMHs service specification
- Continue to invest through the Long Term Plan Funding
- Develop the workforce through the CAMHs Workforce Academy and local integrated workforce planning

Improving access for our inequality groups (LD and/or ASD/LGBTQ+, BAME) and improve Health Inequalities

- Improving the use Data and reviews to make plans for improvement
- Mobilise LD CAMHS service
- Mobilise the Navigator service for CYP with LD and Autism, Care and Education Treatment Reviews and Dynamic Supports register
- Link with SEND strategy

Children and Young People's Eating Disorders

Children and Young People's Eating Disorders

- Meet the waiting time standards for 95% of children and young people with a suspected eating disorder to start NICE concordant treatment within 1 week if urgent and within 4 weeks if non urgent

- Making adjustments for CYP with neurodevelopmental conditions (PEACE pathway and ARFID BOB pilot)

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Data & Digital

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Data & Digital

- Applying a Population Health Management Approach, where possible

- Improving outcomes data for service improvement and commissioning

- Aligning activity and data performance across BOB for service improvement and assurance

Strengthening Communications and Engagement with key stakeholders & Focus on embedding Co-production with key stakeholders

Co-production

- Co-production Workshop with partners
- Healthwatch co-production event with parents and young people and continue regular meetings with Healthwatch
- Strengthening co-production by including stakeholders at design stage, including parents and young people
- Exploring options for a further Berkshire West Youth in Mind conference, following on from this year's success

Priorities Sign off Process

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21st September	CYP Transformation Executive Delivery Group - *engagement*
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List of Abbreviations

ARFID	Avoidant/restrictive food intake disorder	**LGBTQ**	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
ARRS	Additional Roles. Reimbursement Scheme.	**MH**	Mental Health
BOB	Buckinghamshire, Oxfordshire and Berkshire	**MDT**	Multi Disciplinary Team
BW	Berkshire West Integrated Care Partnership	**MHSDS**	Mental Health Services Data System
CAMHS	Child and adolescent mental health services	**MHST**	Mental Health Support Team
CIC	Children in Care	**NHS**	National Health Service
CYP	Children and Young People	**NHSE/I**	NHS England and NHS Improvement
EUPD	Emotionally unstable disorder also known as borderline personality disorder	**NICE**	National Institute for Health and Care Excellence
FREED	First episode and Rapid Early intervention for **Eating Disorders** (**FREED**)	**PEACE**	**Pathway** for Eating disorders and Autism developed from Clinical Experience
GAU	Gynaecology Assessment **Unit**	**PC**	Primary Care
ICP	Integrated Care Partnership	**PICU**	Psychiatric Intensive Care Unit
ICS	Integrated Care System	**RBH**	Royal Berkshire Healthcare
LD	Learning Disabilities	**VCSE**	The Voluntary Community and Social Enterprise

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BOB ICS Response to the Healthwatch CAMHS Report

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
Report Author:	Niki Cartwright
Report Sponsor:	Sarah Webster
Item for:	Discussion

1.   Purpose of the Report

To provide an update from the on Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB) response to the recommendations made in the Survey Feedback report by Healthwatch West Berkshire on Child and Adolescent Mental Health Services (CAMHS) (February 2021) .

2.   Recommendation(s)

For the Health and Wellbeing Board to note the responses provided by the Integrated Care Board to the recommendations made in the Healthwatch report and consider if additional work is required to address the points raised.

3.   Executive Summary

This report provides an update on how the BOB ICB is responding to the issues raised in the Healthwatch report on CAMHS, which was first considered by the Health and Wellbeing Board in December 2021.

4.   Supporting Information

4.1   Healthwatch West Berkshire undertook research with local patients and their families, regarding their experience of CAMHS. They published a report in February 2021 in which they made 12 recommendations for improvements to the CAMHS service. The report was subsequently presented to the Health and Wellbeing Board on 9 December 2021. Responses to each of the recommendations have been provided by the BOB ICS below.

4.2   **Recommendations:**

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

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

BOB ICB is undertaking demand and capacity modelling across all CAMHS to establish investment gaps and opportunities for service improvements. Children Mental Health has been adopted as a priority both nationally and regionally. BOB ICB

will continue to invest in children's mental health as set out in the Long Term Plan and the BOB Operational Plan. We are continuing to work with the national team on what a clinically reasonable waiting times should look like for a national standard. The impact of the pandemic has meant an increase in referrals by 60% to CAMHS and the acuity has also increased; this is a significant pressure on the system. In addition to an increase in demand we are also experiencing workforce issues where there are insufficient people available to recruit to vacant posts. This is not a local issue, but unfortunately is a national situation. In order to mitigate BOB ICB has established a CAMHS Academy to work across the ICB to build a sustainable workforce strategy.

4.3   Recommendation:

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

We have agreed to review the CAMHS specification this year to align it with the national recommended Thrive Model. This will include data capture of outcomes and effectiveness of interventions. We will initially be testing specific pathways to use outcomes reporting and improve the flow to the national mental health dataset. This will be in addition to quality reporting on the experience of families and young people using the service. Feedback from young people and their families will be part of our regular quality assurance and will be fed into service improvement action plan

4.4   **Recommendations:**

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

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

Part of the CAMHS Transformation will include how we improve on step down from CAMHS and work with our wider children's services to ensure good quality transitioning. We are currently in discussion about how we can enable better links with the Voluntary, Community and Social Enterprise (VCSE) sector to enable young people to feel more supported in their journey to discharge from the service.

4.5   Recommendation:

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

We will as part of the CAMHS Review look at the young person's journey to ensure they have the support they need in order to make progress and recover. This will be in the context of the Thrive model and building better integrated pathways with our local authorities' emotional wellbeing academies, Mental Health Support Teams (MHSTs) and the VCSE sector. We will be aspiring to the 'Getting it Right the First Time' principle. Young people and their families will be invited to contribute to the review and redesign of pathways.

4.6   Recommendations:

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

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

The Long Term Plan investment will continue for the reminder of the programme as is specified and growing the workforce is part of our reporting to NHSE assurance.

4.7   Recommendation:

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

The CAMHS Local Transformation Plan reports regularly to the Health and Wellbeing Boards on implementation and sign off the refreshed plans and priorities. This is part of the assurance process and it is anticipated that this will not change with the implementation of the BOB ICB.

4.8   Recommendation:

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

The Joint Strategic Needs Assessment is developed in partnership between the local authority and the ICB as set out in our statutory duties. The JSNA is a key document and support the development of strategies and commissioning of services to improve the public's health and reduce health inequalities.

4.9   Recommendation:

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

The ICB continues to work in partnership with our Provider Trusts, Local Authorities and the VCSE to improve and expand the provision of preventative and early intervention services. We have a number of new initiatives and priorities to continue to deliver the vision of Future in Mind. This will continue to be a key priority for the CAMHS Local Transformation Plan (LTP).

4.10   Recommendation:

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

The integration of emotional wellbeing academies, MHSTs and mental health pathways is a priority in the Refreshed LTP. We are currently looking at how we can improve information sharing to make sure children get to the right service first time and we are promoting the free DfE sponsored training that is available to schools to develop their Mental Health Leads.

5. Options Considered

A range of responses have been considered as part of the update of the LTP.

6. Conclusion(s)

The above responses show how the BOB ICS has responded to the Healthwatch CAMHS report. Further detail is provided in the refreshed LTP, which is the subject of a separate report on this agenda.

7. Consultation and Engagement

None

8. Appendices

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

Background Papers:

Healthwatch Report – Child and Adolescent Mental Health Services, Health and Wellbeing Board, 9 December 2021

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 delivering improvements to CAMHS.

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Appendix A

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"The waiting list needs to be reduced. As a parent and a teacher, I cannot believe how inadequate mental health care is. Two years appears to be the minimum wait time which is unbelievable."
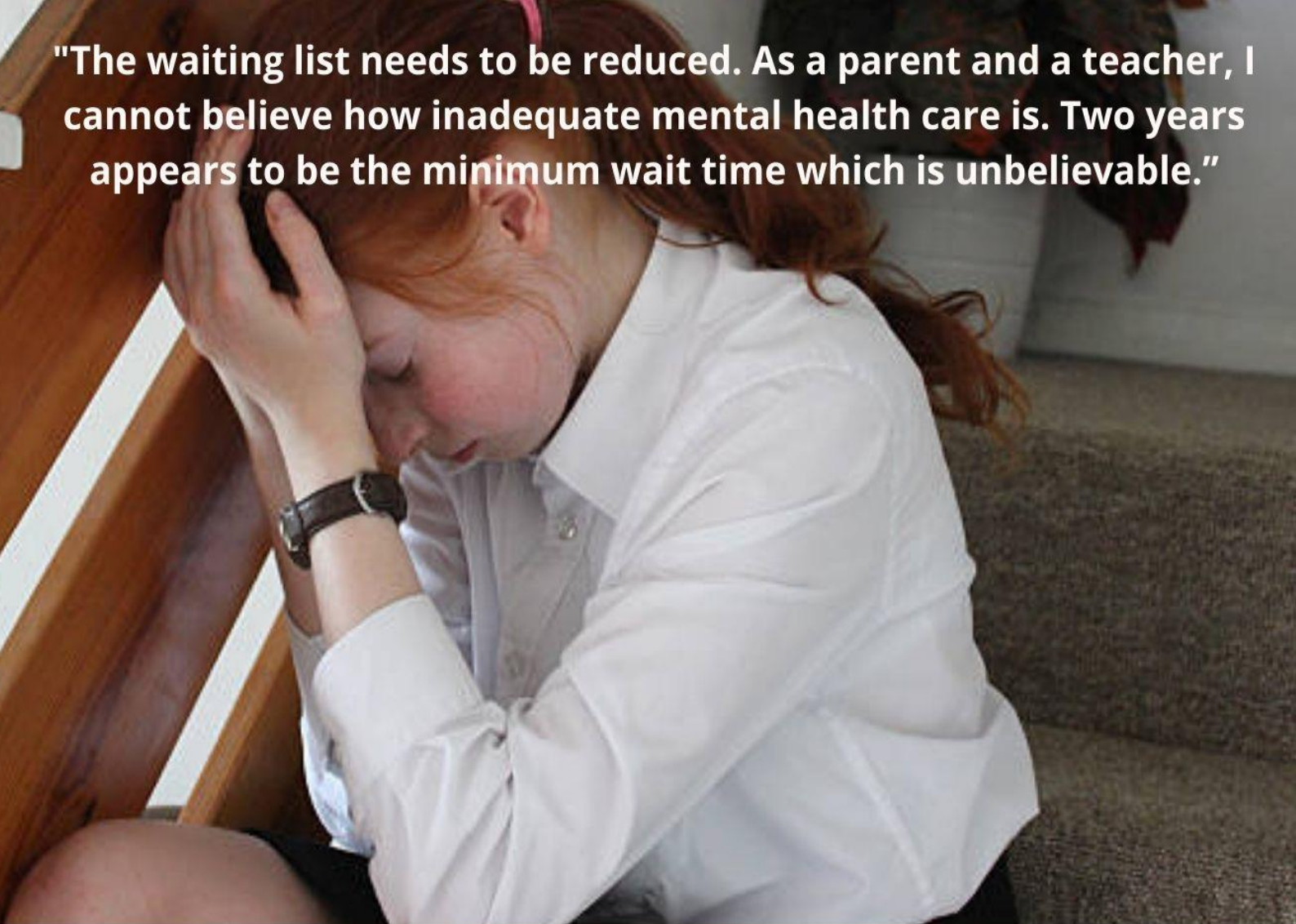
Child and Adolescent Mental Health Services (CAMHS) Survey Feedback Report February 2021

healthwatch
West Berkshire

Contents

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

2

Introduction

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

"The mental health of the UK's children and young people was deteriorating before the pandemic, while health, educational, and social outcomes for children with mental health conditions are worse than for previous cohorts.[456] Between 2004 and 2017 anxiety, depression, and self-harm increased, particularly among teenage girls.[7]" (1)

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

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

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

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

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

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

3

Executive Summary

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

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

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

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

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

The refreshed LTP can be found here:

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

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

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

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

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

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

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

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

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

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

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

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

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

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Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Survey Findings

Question 1 - Parents/guardians were asked the age of their child who accessing/awaiting access to CAMHS was.
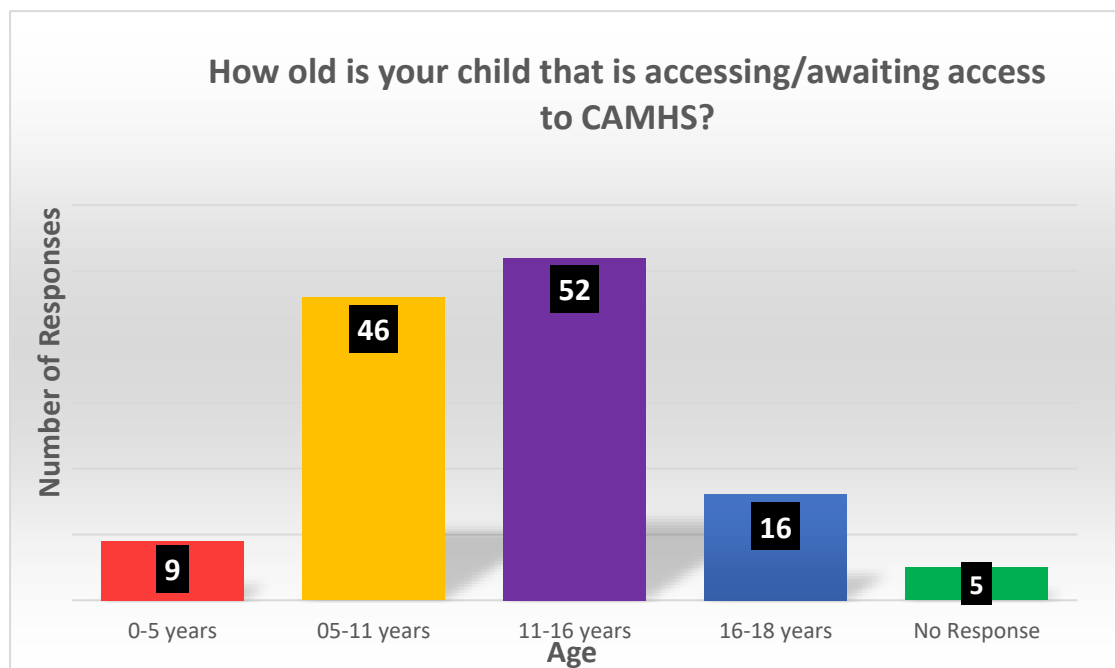
Out of 123 responses, 43% of children were 11-16 years old and 37% were 5-11 years old. Thus 80% (98 out of 123) were from ages 5 to 16 years. 13% were 16-18 years old, and 7% were in the 0–5-year age group. (5 non responders). For future reference 93% of the children and young people who were accessing CAMHS were of school age.

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

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

If you are waiting a diagnosis - how long ago was your referral?

Time Waited	Response count
0-6 months	13
6-12 months	26
1 -3 years	50
3 - 5 years	9
over 5 years	4
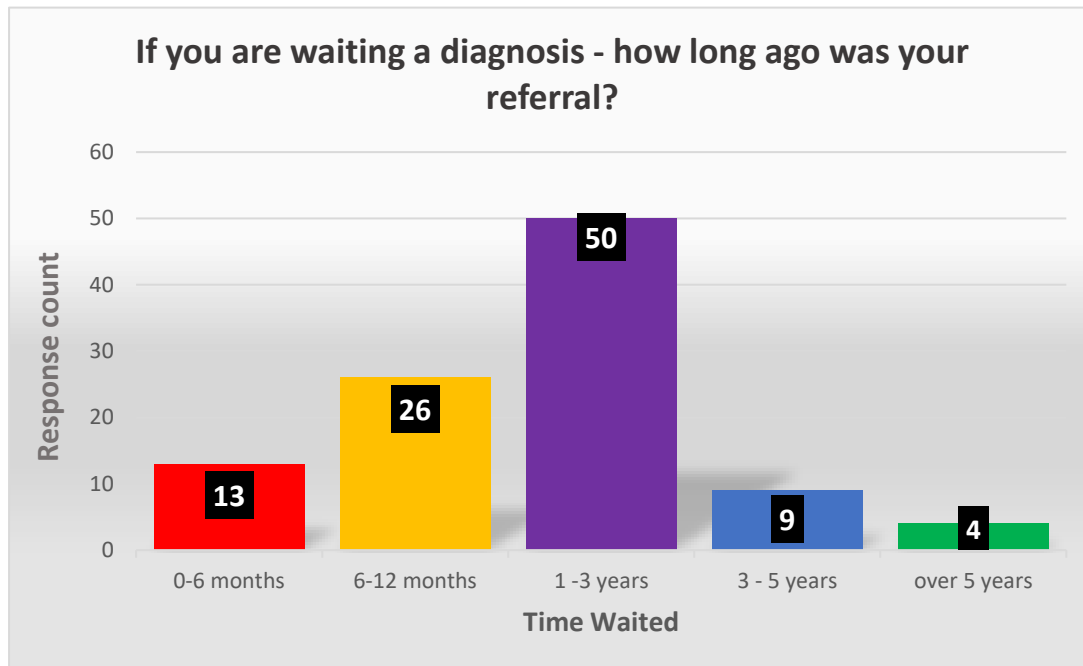
Out of 102 responses, almost half (49%) reported waiting between 1 and 3 years from their referral to CAMHS for a diagnosis. Only 13% said their referral to CAMHS was 0-6 months ago whole another 25% waited 6-12 months. A disturbing 9% said their referral was 3-5 years ago, with a further 4% reporting a gap of over 5 years. (26 non responders). (Recommendation 1)

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

If you have accessed CAMHS either in the past or are currently how long did you have to wait until your child saw someone?

Time Waited	Number of Responses
0-6 months	19
6-12 months	16
1-3 years	54
3-5 years	7
Over 5 years	1

8
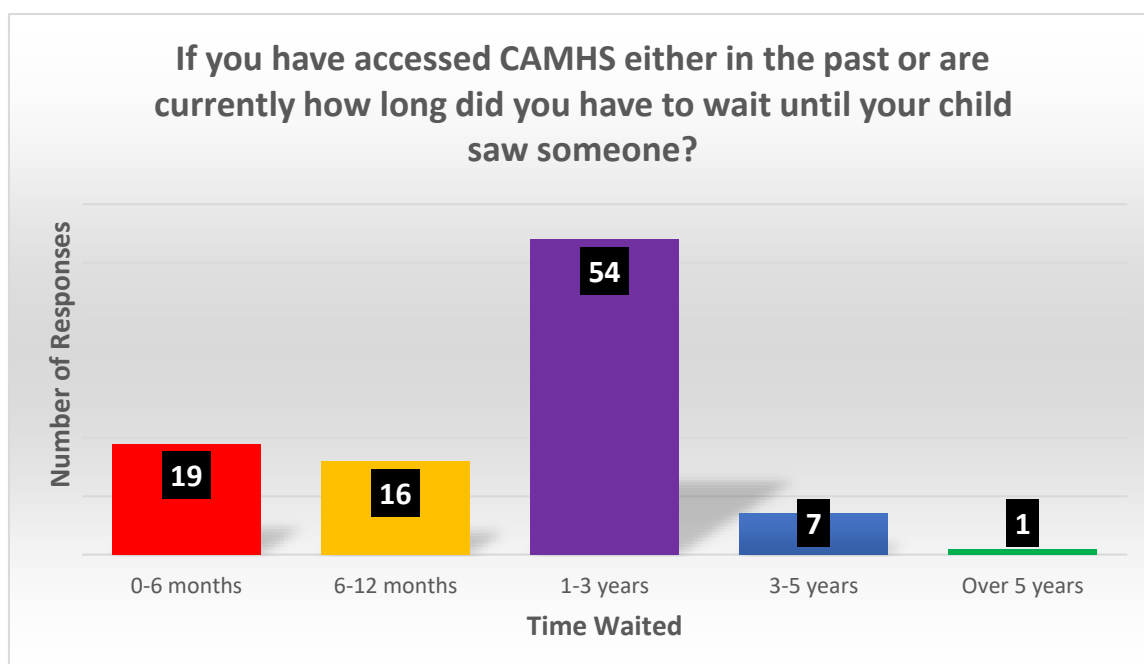
Out of 97 responses, over half (56%) said the wait for CAMHS to see their child was between 1-3 years. Only 20% said the wait for their child to be seen was between 0-6 months while a further 16% waited between 6 to 12 months. 7% of respondents said they waited 3-5 years for CAMHS to see their child with 1% reporting a wait of over 5 years. (31 non responders) (recommendation 2)

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

How strongly do you agree/disagree with the following statement? CAMHS has made a real difference to my child.

- 14%
- 25%
- 61%

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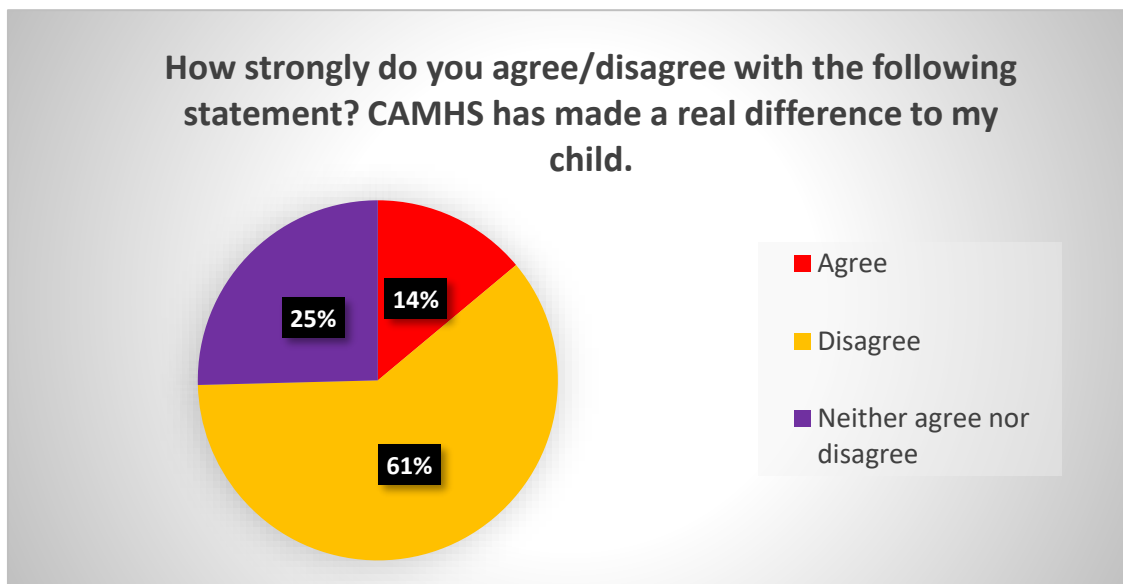
Of 122 who responded (6 non responders), a majority of 61% disagreed or strongly disagreed that CAMHS had made a real difference to their child. Only 14% agreed that CAMHS had made a difference, and 25% of respondents neither agreed nor disagreed. (Recommendation 3)

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

If you had got earlier access to CAMHS would this have made a difference?

- 23%
- 3%
- 74%

Legend:
- Yes
- No
- Dont know

9
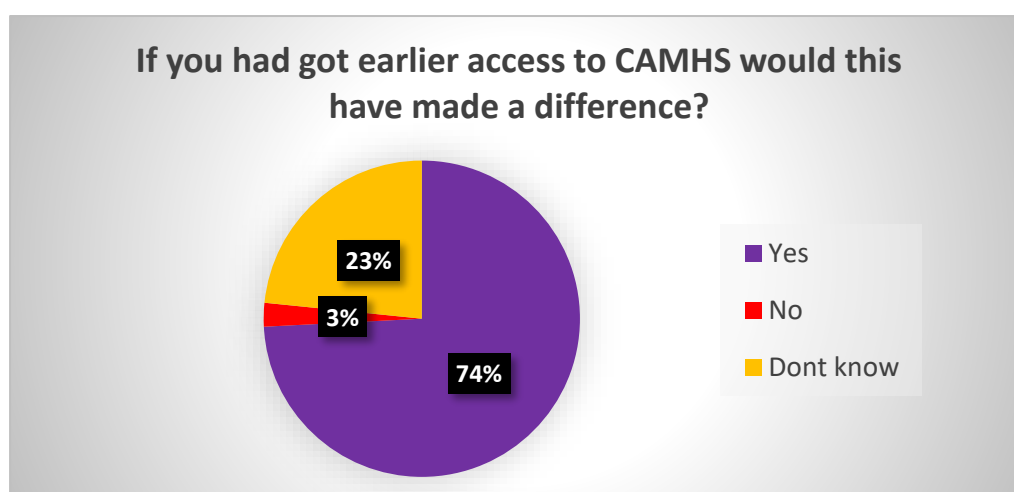
Out of 124 responses, around three quarters (**74%**) believed that if they had got earlier access to CAMHS this would have made a difference to their child's mental health. **23%** reported they did not know whether earlier access would have made a difference while a small percentage (3%) did not believe earlier access would have made a difference. (4 non responders) (recommendations 1 and 2)

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

- 62% of responders (52/84) were dissatisfied with the time it took for their child to be seen by CAMHS. This included time taken to be seen, be assessed, be given a diagnosis or to receive treatment (recommendation 1 and 2)

- 20% or 1 in 5 (17/84) were unhappy with the treatment their child did receive from CAMHS (recommendation 3)

- 17% (14/84) believed the condition of their child worsened due to the delay in being seen by CAMHS (recommendation 1 and 2)

- 13% (11/84) believed that their child's education had suffered significantly because they had not received the help they needed from CAMHS in a timely fashion.

- 9 respondents stated that they were forced to pay privately for their child to receive help.

- 7 respondents reported that as a result of their child having to wait to receive the help they needed from CAMHS it had affected other family members.

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

If your child has been discharged, was the information you were given useful?

30% Yes
70% No

10
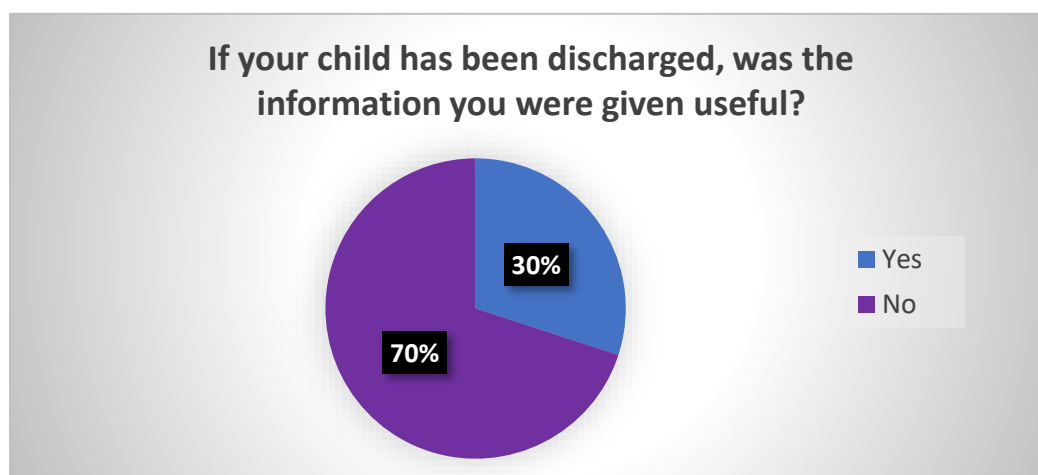
70% (49/70) did not believe the information given to them when discharged was useful, and only 30% (21/70) felt the information given was useful. 58 respondents did not answer this question. (Recommendation 4)

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

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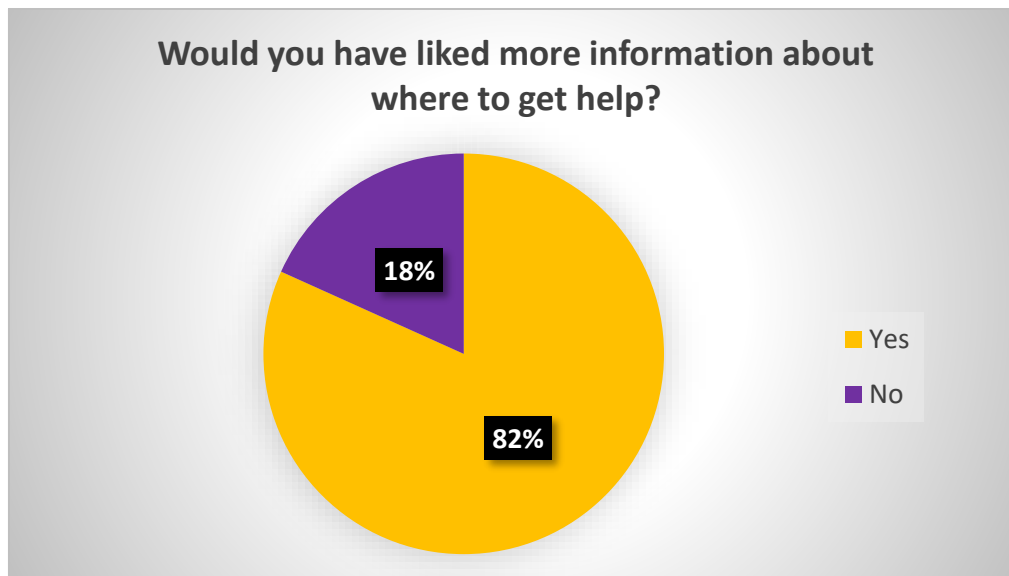
Of 104 responses, around 4 out of 5, or 82% (85 respondents), said would have liked more information about where to get help from CAMHS. 18% (19 respondents) said they would not have liked more information. 24 people did not respond to this question. (Recommendation 5)

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

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

- 55% (52/94) of respondents urged that waiting times be significantly reduced. (Recommendations 1 and 2)

- 20% (19/94) recommended more support be made available for both children and families while the child was waiting to be seen, from referral, during diagnosis and treatment, and after treatment. (Recommendation 6)

- 22% (21/94) recommended that there was better communication between the CAMHS team, the child/young person and the families at every stage of the process. (Recommendation 7)

- 23% (22/94) wanted to see more staff and more experienced staff within CAMHS. (Recommendation 8)

- 9 responders suggested increased funding was needed to bring down the waiting times and increase the number of staff.

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

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

- Just over a quarter (21/79) of the comments were critical and negative. Typical phrases included 'appalling service', 'disappointed with the service', 'feel let down', 'awful experience', 'an absolute disgrace'.

- Only 8 respondents, or around 10%, made any positive comments. Some of these comments mentioned 'practical advice', 'excellent clinician who got to the bottom of our problem', 'amazing course of therapy' and 'very thorough and diligent professionals'.

- Waiting times again featured with 18 respondents, or 22%, mentioning this was a problem in their child's diagnosis and treatment. (Recommendations 1 and 2)

THANK YOU

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

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

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Acronym Buster

CAMHS – Child and Adolescent Mental Health Services

BMJ – British Medical Journal

LTP – Local Transformation Plan

CYP – Children and Young People

ASD – Autism Spectrum Disorder

ADHD – Attention Deficit Hyperactivity Disorder

CCG – Clinical Commissioning Group

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Better Care Fund Plan 2022-23

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
Report Author:	Maria Shepherd, Integration Lead
Report Sponsor:	Andy Sharp, Executive Director - People
Item for:	Decision

1. Purpose of the Report

The purpose of this report is to gain formal sign-off for West Berkshire's Better Care Fund Plan 2022-23, which consists of three parts: narrative plan, planning template and a new demand and capacity template.

2. Recommendation(s)

To approve the Better Care Fund Plan for 2022-23.

3. Executive Summary

The Better Care Fund (BCF) is a national vehicle for driving health and social care integration, using pooled budgets. The Better Care Fund policy framework requires that the plan is jointly agreed with local health and social care commissioners, and that it is signed off by the Health and Wellbeing Board. The Board is asked to approve the Better Care Fund Plan for 2022-23.

4. Supporting Information

4.1 The Better Care Fund (BCF) is a national vehicle for driving health and social care integration, using pooled budgets.

4.2 The Better Care Fund Policy Framework for 2022-2023 provides continuity from the previous rounds of the programme.

4.3 The Policy Framework was published in late July 2022.

4.4 The Policy Framework sets out four national conditions:

(1) A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.

(2) NHS contribution to Adult Social Care to be maintained in line with the uplift to CCG minimum contribution.

(3) Invest in NHS commissioned out of hospital services.

(4) Plan for improving outcomes for people being discharged from hospital.

4.5 The Policy Framework also sets out four national metrics:

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

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

(3)   Avoidable admissions (indirectly standardised rate of admissions per 100,000 population).

(4)   Percentage of people, resident in the HWB, who are discharged from hospital to their normal place of residence.

5.   Options Considered

The Board could decide not to approve the Better Care Fund Plan and request amendments. However, this would result in delays to funding.

6.   Proposal(s)

To approve the Better Care Fund Plan as presented.

7.   Conclusion(s)

The Better Care Fund policy framework requires that the plan is jointly agreed with local health and social care commissioners and that it is signed off by the Health and Wellbeing Board.

8.   Consultation and Engagement

The Plan has been shared with the following:

- Councillor Graham Bridgman, Health and Wellbeing Board Chairman
- Dr James Kent, Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS) Accountable Lead
- Nigel Lynn, Chief Executive
- Andy Sharp, Executive Director - People
- Belinda Seston, BOB Integrated Care Board Interim Place Based Director
- Paul Coe, Service Director - Adult Social Care
- Jo Stewart, Portfolio Holder for Adult Social Care
- Royal Berkshire Healthcare Trust (Royal Berkshire Hospital)
- Berkshire Healthcare Foundation Trust (BHFT – Community Hospital)
- Members of the Locality Integration Board.

9.   Appendices

Appendix A – West Berkshire's BCF Narrative Plan

Appendix B – West Berkshire's BCF planning template

Appendix C – West Berkshire's Demand and Capacity Template

Background Papers:
2022 to 2023 Better Care Fund Policy Framework

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 driving health and social care integration, using pooled budgets.

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Better Care Fund Plan for 2022-23

West Berkshire Health and Wellbeing Board

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

- West Berkshire Council (Adult Social Care, Housing and DFG Leads, Public Health and elected Councillors)
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
- A34 Primary Care Network
- Kennet Primary Care Network
- West Berkshire Rural Primary Care Network
- West Reading Villages Primary Care Network
- Berkshire Healthcare Foundation Trust (BHFT)
- Royal Berkshire NHS Foundation Trust (RBFT)
- South Central Ambulance Service NHS Foundation Trust
- Representatives from the Voluntary Sector
- West Berkshire Healthwatch
- Community Pharmacy
- Social Care Providers through Commissioning and Market Management Lead

West Berkshire's BCF plan has been developed as a progression of previous plans and national guidance. Our programme supports the Health and Wellbeing Strategy, Urgent and Emergency Care Board Priorities and the NHS 5 year forward plan.

Our system partners are updated on BCF performance and the BCF finances through a monthly highlight report, which is presented to the Locality Integration Board. We also provide the HWB with a quarterly update on progress against the plan and meet with colleagues from the ICB to report on spend within the BCF budgets.

Our priorities for 2022-23 were agreed at Locality Integration Board towards the end of 2021-22 and two align with the Core20plus5 approach outlined by NHS England to support the reduction of Health inequalities.

Executive Summary

West Berkshire's BCF plan for 2022-23 builds on previous plans, National Guidance and a review of our priorities for 2022-23, which are: -

- **Risk Stratification** – we plan to 1) employ or utilise a data analyst from across the system to develop the Connected Care platform for use by GP practices, ASC, BHFT and Public Health 2) put in place a common criteria to identify patients for MDT's and 3) an understanding of inequalities in practice populations and identify groups which may need targeted work in the future.

- **Service User Experience** – we plan to 1) Map current methods of capturing and integrating the service user voice in services, including MDTs 2) Identify any gaps and commission work to address needs and 3) Explore ways in which service user voice is integrated into MDTs.

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

  Locality Integration Board has taken the decision to put this project on hold but it will be refreshed once requirements of the NHS's long term plan for anticipatory care model are known.

- **Reducing inequalities** – This project aligns with the Core20plus5 approach outlined by NHS England to support the reduction of health inequalities. We are supporting PCN projects to improve the take up of LD and SMI health checks. People living with a learning disability (LD) and or serious mental illness (SMI) often have poorer physical health and a shorter life expectancy than other people. Annual health checks offer general practice an opportunity to provide appropriate health and lifestyle advice to patients and to help identify preventable illnesses early (this is also sits in the HWB action plan).

- **Targeted Community NHS Health Check Outreach Programme** – This project aligns with the Core20plus5 approach outlined by NHS England to support the reduction of health inequalities. We are supporting a two year project to design, implement and evaluate a targeted NHS Health-Check service in West Berkshire using specialist community engagement to reduce hospital admissions & health inequalities related to CVD and COVID-19 for disproportionately impacted and under-represented groups.

  This service will be supplementary to the universal NHS Health Check service offered by local GPs.

In addition to our priorities we have a number of actions that sit within the HWB plan as follows: -

Objective	Item	Description	Update
1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.3: Support PCNs to tackle health inequalities	1.4.3: Support PCNs to tackle health inequalities through identifying and engaging with a population experiencing health inequalities	The four West Berkshire PCNs are working jointly on a project to support patients with learning disabilities and sever 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.
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	2.6.1: Increase GP registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration (placeholder)	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: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.4: Homeless patients in hospitals	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)	A meeting took place with Hospital Discharge Team and Housing Colleagues in April 2022. Hospital Discharge Policy shared and reviewed , housing leaflets have been placed in elective wards at RBH and Rough Sleeper Prevention Officer has been put in contact with Therapy Lead at RBH. High Impact Change Model to be reviewed with Housing colleagues as part of BCF Plan for 22/23.

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

We are committed to delivering: -

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

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

Governance

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

The Berkshire West Place Based Partnership (PBP) brings together NHS foundation trusts, ambulance service and Local Authorities which serve the 513,000 residents of Reading, West Berkshire and Wokingham. The partnership works on a **place** basis to transform and integrate local services so patients receive the best possible care.

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

The West Berkshire **Locality** Integration Board fulfils this function for the circa 161,000 residents of West Berkshire.

Primary Care Networks are clusters of GP practices who serve **neighbourhoods** of up to 50,000 patients. Community services will wraparound these emerging networks to deliver care closer to patients.
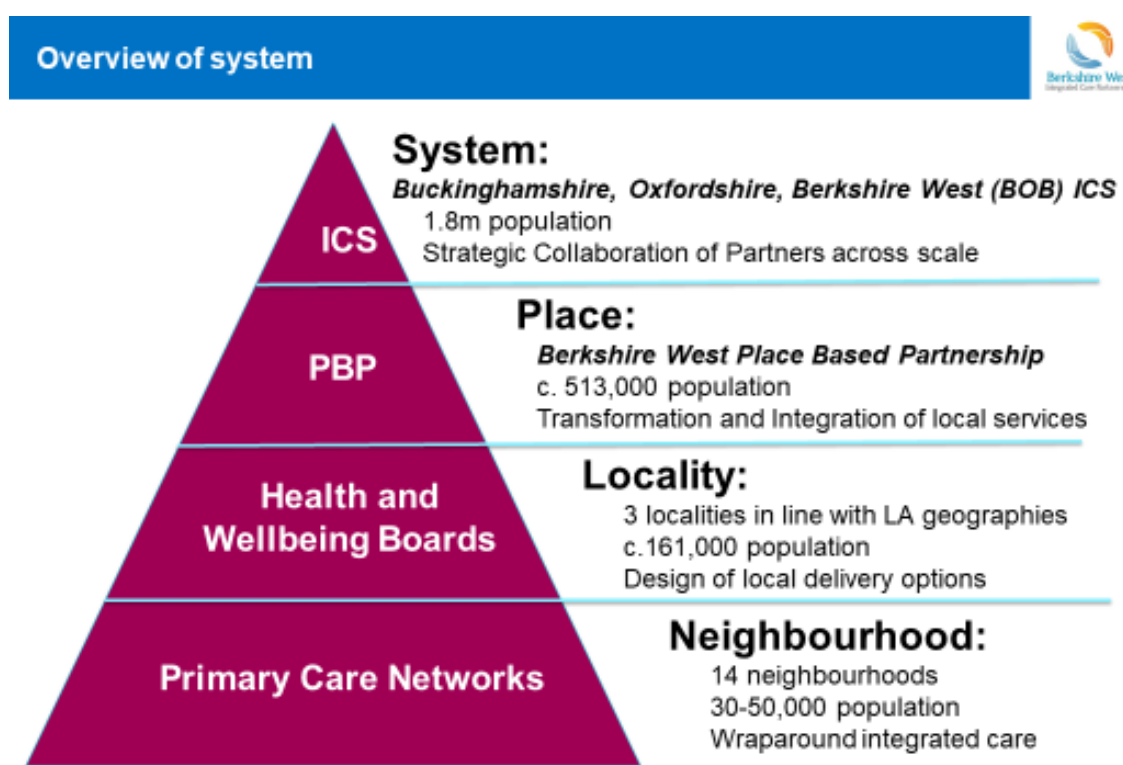
West Berkshire's Locality Integration Board is a sub-group of the West Berkshire Health and Wellbeing board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for West Berkshire at a locality and neighbourhood level. The Locality Integration Board also provides regular updates to the PBP.
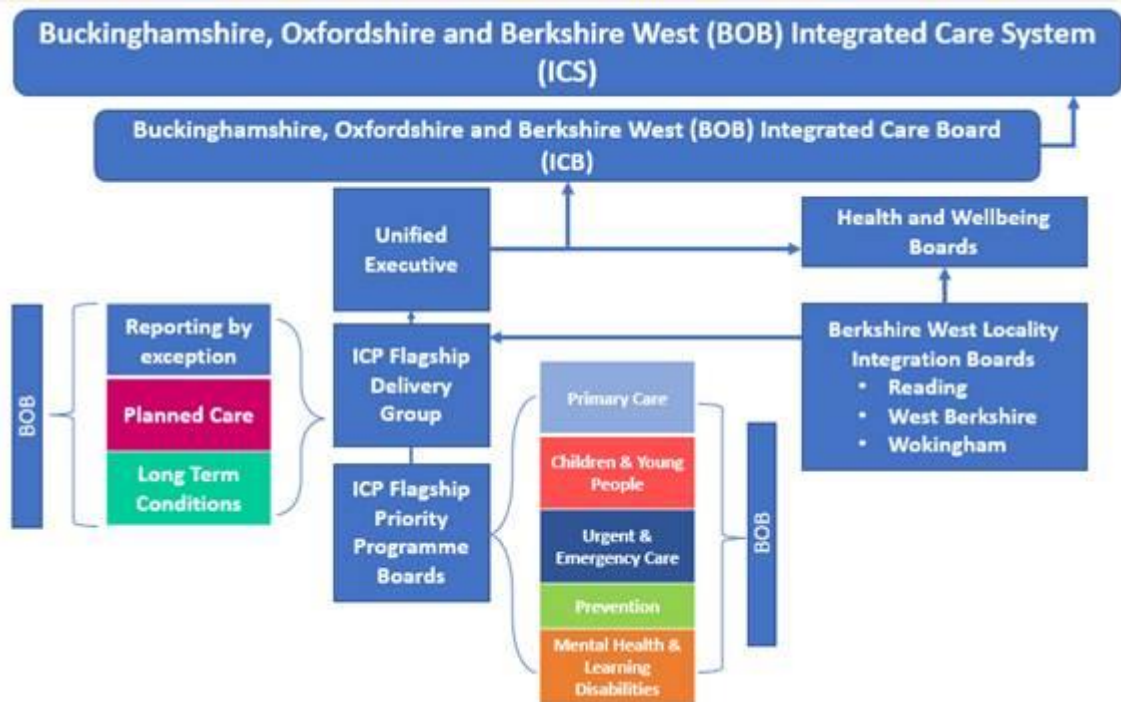
Overall BCF Plan and approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including
- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF Funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

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

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

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

The strategy has eight principles: -

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

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

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

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

5. Digital enablement – The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; improving digital literacy and access across the whole of

Berkshire West whilst at the same time ensuring services and support are available for those who prefer not to or who are unable to access the digitally.

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

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

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

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

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

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

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

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

Housing are represented on the Health and Wellbeing Board and specific areas of focus has been addressing homelessness. Making Every Adult Matter (MEAM) has been operational in West Berkshire since January 2018 and brings together the Council, Police, Social Services, Two Saints, Probation Service, BOB ICB, Berkshire NHS Trust, Fire and Rescue, DWP, ambulance Service, Sovereign Housing and various voluntary agencies. MEAM is an approach to homelessness which aims to identify those very vulnerable individuals with complex multiple needs who fall through the net. These people might have mental health issues, addictions, a history of life on the streets and for whatever

reason they find it impossible to engage with the system. They tend to lurch from crisis to crisis at great cost to themselves and to the agencies which respond to each emergency as it arises.

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

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

- BHFT Reablement Contract – provides Reablement and rehabilitation services across West Berkshire to support both Hospital Discharge and avoidable admissions.
- Carers Funding – support for young people with dementia, Alzheimers Dementia Advisor & Stroke Association.
- Rapid Response and Treatment Service for Care Homes – this is a joined up health and Social Care service reducing avoidable admissions, carrying out medication reviews and provide support and training to care home staff.
- Out of Hospital Speech and Language Therapy – eating and drinking service
- Out of Hospital Care Home in-reach- support to facilitate hospital discharge
- Out of Hospital Community Geriatrician – community geriatrician service working within the Care Homes.
- Out of Hospital Health Hub – provides an acute single point of access to community health services
- Out of Hospital Intermediate Care night sitting, rapid response, Reablement and falls – rapid response services delivered to patients in their own homes avoiding hospital admission.
- Connected Care – an integrated IT system sharing information across Health and Social care to improve patient care.
- Integrated Discharge Service – this service operates using a multi-disciplinary team across Health and Social Care focussing on a home first approach. It is co-located in RBFT and continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health bed at the point they no longer need clinical care and prevent avoidable admissions.
- Mental Health Street Triage – this service operates from Reading and Newbury Police station with the aim to reduce use of police custody and use of section 136 of the Mental Health Act, allowing the police to take the person to a place of safety from a public place. Enabling the right support at times of potential crisis and reduce avoidable hospital admissions and A&E attendances.
- Falls and Frailty – this service aims to improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E Attendances

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

Implementing the BCF objectives national condition four

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well and independent at home for longer
- Provide the right care in the right place at the right time

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

We are committed to delivering: -

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

Adult Social Care's first commitment to its residents is to support them to maintain or develop their independence. This is seen as a range of services, including Reablement, sensory needs and resource centres. It is also seen in our use of the three conversation model, which is based upon the principle that we should only provide long term services where absolutely required and that we should first support people to manage without our long term intervention. These approaches align with the Care Act focus on preventing, reducing and delaying the need for care and support.

Whilst not funded by the Better Care Fund, the Ageing Well Programme also supports people to maintain their independence and only attend hospital when absolutely necessary, including virtual wards and virtual care.

Through the BCF West Berkshire has committed to a number of local priorities to help avoid hospital admissions: -

- MDTs
- Risk Stratification
- Targeted Community Health Checks

Across Berkshire West we continue to fund a number of schemes to help reduce avoidable admissions: -

- Rapid Response and Treatment Service for Care Homes
- Mental Health Street Triage
- Falls and Frailty

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

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

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

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

The JCPS operates a pathway desk, which deals with incoming referrals via the BHFT Trust hub, also funded through the BCF and focusses on sourcing care promptly to expedite discharge for all West Berkshire Residents and support the home first approach using the four pathways defined by the NHS.

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

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

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

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

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

In order to help our social Care providers address the cost of living and ensure we have a healthy care market an uplift of 5.6% has been awarded to providers operating in West Berkshire.

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

Following the creation of the Rapid Community Discharge Group last year a number of initiatives/projects were created and remain in place: -

- Promotion of single handed care – this project will end in August 2022 but there are plans to submit a bid for further development of this programme through the community hospitals
- Complex booking guidance for transport was rolled out to all wards, this has led to fewer errors, which are demonstrated by the medically optimised for discharge (MOfD) data collection.
- A dedicated phone helpline was put in place for care homes to contact the acute hospital following a hospital discharge to raise any concerns.
- A bariatric/plus size forum was created to take a system-wide approach and standard operating procedure
- Medicine Discharge Service to support vulnerable individuals and those with multiply medications

A self-assessment review of the Hospital Discharge and Community Support Guidance, published on 31st March 2022 was conducted in May 202, to help shape the direction of travel and joint working between Health and Social Care and mapped across to the 100 day challenge and High Impact Change Model within Berkshire West.

A System Flow Improvement Plan was drawn up across Buckinghamshire, Oxfordshire and Berkshire West (BOB) in May 2022, to improve hospital discharge flow. Berkshire West "Place" had the lowest average length of stay across the three "Places" within the Integrated Care System (ICS). The key areas of focus identified for were in relation to discharges to Care Homes. We have referenced the Rapid Community Discharge (RCD) project group initiatives in the previous section and expand on these further here, taken from the System Flow Improvement Plan:

1. The predominant issue to address is the delay in discharges to Care Homes.
2. RCD Project -aims to improve liaison and communication with Care Homes in order to streamline transfers and repatriation.
3. Care Home Forum -A monthly forum in which concerns and processes needing improvement can be raised. This has recently been expanded to include key Nursing leads in Berkshire West who are linked to Care Homes. Community Hospital leads are also included in the expansion.
4. Transfer documentation revised -In response to Care Homes concerns around the level (lack of) of information being transferred with the patient to a care Home, the

transfer documentation has been revised and simplified -from a 5 page document to a 2 page document. More work is needed to roll this out across the Trust.

5. Format of 72 hour 'diaries' review -The current 72 hour diary is old and not well formatted –a new format has been produced and is being trialled in Elderly Care

6. Care Home Help-Line -In January a dedicated telephone line was introduced to enable any Care Home to call should they be unable to get through to a ward to discuss a patient. The qualified nurse at the end of the help-line will facilitate the ward liaison or will use EPR to answer the query directly

7. Revitalise the Red Bag Project-The initial Red Bag project was seen as a success but has fallen down during Covid times. Plans are in progress to revitalise it.

8. Business Case for a dedicated Care Home Liaison Practitioner -The success of the Care Home Help-line has demonstrated the benefits of dedicated liaison. A dedicated practitioner would support Care Home Assessment, placement of self-funders and set up of meetings such as 'Best Interest Meetings' as well as general liaison on a day to day basis.

9. Introduction of care Home 'Clinic' in May 2022 -A new concept in which key Care Homes are invited to join the Care Home Forum attendees to share concerns, good news stories and learning in general. It is felt that any unmet training needs can be picked up and addressed in this forum.

10. Training Sessions instigated for Care Homes -In order to facilitate transfer to a care Home RBFT has set up simulated training in the Sim Lab in order for Care Home staff to be trained when training is vital for the transfer. This has been provided by acute clinical experts free of charge. Further training will be provided as required

11. Visits to key care Homes -The System Lead Co-ordinator and Lead for Complex DC have a series of visits underway to key Care Homes to build a system of trust and liaison. This includes follow-up of complex patients who are accepted into Care Homes and where the care Home wishes to develop admission-avoidance plans for the future.

The BCF supports this work through the jointly commissioned integrated discharge service and the Care home service detailed above.

The diagram below demonstrates a system baseline assessment of the NHS 100 day challenge: -

System Baseline Assessment — NHS England

		BOB	Frimley	HIOW	K&M	Surrey Heartlands	Sussex
1.	Identify patients needing complex discharge support early						
2.	Ensure multi-disciplinary engagement in early discharge plan						
3.	Set Expected Date of Discharge (EDD), and discharge within 48 hours of admission						
4.	Ensuring consistency of process, personnel and documentation in ward rounds						
5.	Apply 7 day working to enable discharge of patients during weekends						
6.	Treat delayed discharge as a potential harm event						
7.	Streamline operation of Transfer of Care Hubs						
8.	Develop demand/capacity modelling for local and community systems						
9.	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges						
10.	Revise intermediate care strategies to optimise recovery and rehabilitation						

Key:

Green — Intervention routinely happening across all providers, all the time

Amber — Intervention routinely happening some but not all of the time in all providers or all of the time in some providers

Red — Intervention not routinely happening across all providers all of the time

In addition a key priority identified was to support the avoidance of admissions and increase bed capacity through, Anticipatory Care, Virtual Wards and Virtual Care, and we are working with system partners at a Berkshire West "Place" level to improve capacity. We have recently been advised that the funding has been awarded and we are in the planning stage of implementing the required services to support winter pressures and enable timely hospital discharge, which will support the Better Care Fund metrics for 2022/23.

Supporting unpaid carers

Please describe how BCF Plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Better Care Fund monies are used to support unpaid carers in West Berkshire in the following ways:

£72.5k per annum is used to commission a Carers Information and Advice service, currently delivered by TuVida.

The contract is jointly commissioned with the BOB ICB and Reading Borough Council, who are the Lead Commissioners. The service is available to all carers in West Berkshire. It includes the provision of a telephone helpline, facilitation of peer support groups, updates on useful information through email mail outs, support to access breaks, support to complete carers' assessments. TuVida run a range of activities for Carers Week and Carers' Rights Day.

£200K per annum is used to pay for respite care. This follows an assessment/carer's assessment to identify a suitable level of support and identify reasonable costs. Although the service user is the person in receipt of the care, carers derive significant benefit from being able to take a break from caring. These funds are used to commission from a wide range of suitable care providers.

£60K per annum is available for direct payments to Carers, mostly used as one-off payments, following an Assessment, to provide Carers with the support required to meet their own identified and assessed need.

£191k per annum is used to pay for a Carers Support Service, consisting of a sitting service (including an urgent response service) to ensure that carers can take time away from the cared for person when needed. This contract is currently with Crossroads.

£20.9K is provided to the CAB for the provision of advice and information to carers. This is in addition to **£10k** specifically to meet Information and Advice duties in the Care Act.

BCF monies are also used to fund a number of services which have benefit to both service users and their carers. For example:

£33K for Stroke Care
£22K for Younger People with Dementia
£12.7K for Mencap Family Advisor
£36K for Dementia Advisors Service

All of the above services deliver critical support to unpaid carers. It is recognised that this is a large cohort who make an invaluable contribution through the care they provide. It is also recognised that there is a long-term toll on carers, often leading to poor health outcomes. The above services look to prevent or reduce this harm. West Berkshire's Carers Strategy has identified collaboratively the key areas of work to support carers in the district.

Disabled Facilities Grant (DFG) and wider services

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

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

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

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

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

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

	No. of referrals	No. of awards
2019-2020	285	136
2020-2021	323	108
2021-2022	315	122

The completed adaptations cut across all tenures and ages to deliver to those in need.

Further links between the Acute Trust and Housing have been made with leaflets relating to DFG now available on wards and partners able to expedite hospital discharges through urgent DFG applications where necessary.

There are strong links with Adult Social Care to fund OT equipment from the DFG budget which also enables applicants to remain in their home and move about safely and independently.

The Berkshire Community Equipment Service is jointly commissioned across 6 Local Authorities in Berkshire and their Health Partners. West Berkshire is committed to the provision of equipment to people in the community to enable them to live more independently.

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

In addition, from 2019-2020 the Local Authority invested £142,000 into a Technology Enabled Care Project. This project employed a TEC Advisor and provided expert support and advice to Social Workers in delivering some aspects of care in a different way, where possible, by increasing the appropriate use of Assistive Technology and avoiding costs to the Health and Social Care economy by promoting individual choice and independence for as long as possible and avoiding a hospital admission. The project saw an 8% increase in the use of TEC in the community. However, due to staffing issues this project was temporarily paused in February 2022.

The Local Authority has invested a further £150K into this area of work in 2022/23 and we are in the process of re-scoping this work to explore smarter technology in our in house care provision and increasing the prevention of falls within Adult Social Care to avoid hospital admissions.

Equality and health inequalities.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include
- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

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

The strategy is accompanied by a local delivery plan for each of the three Local Authority areas (West Berkshire, Wokingham and Reading), describing how the strategy will be implemented in each area.

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

The Task group communicates between stakeholders and group members and monitors actions to support the whole system.   For example: -

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

  These actions have been incorporated into the BCF Monthly highlight report which is updated and shared with partners.

- The Chair of the Health and Inequalities group is also a member of the Locality Integration Board.

The Health Inequalities Task Force will have a Health Inequalities Needs Assessment, completed by the end of December 2022 as per the Action Plan for 2022/23 that will provide: -

- a set of agreed priorities to address current health inequity in West Berkshire based on data, research and community participation (with a focus on disproportionately impacted and under-represented residents)

- an understanding of stakeholder's views about addressing the prioritised health inequity issues, including actions on the wider (or social) determinants of health

This will enable us to develop and implement a Health Inequalities Delivery Plan, to address the prioritised health inequality issues, incorporating the wider (or social) determinants of health – see figure 1 and 2 below.

Figure 1. Adapted Labonte model (source: Place-based approaches to health inequalities
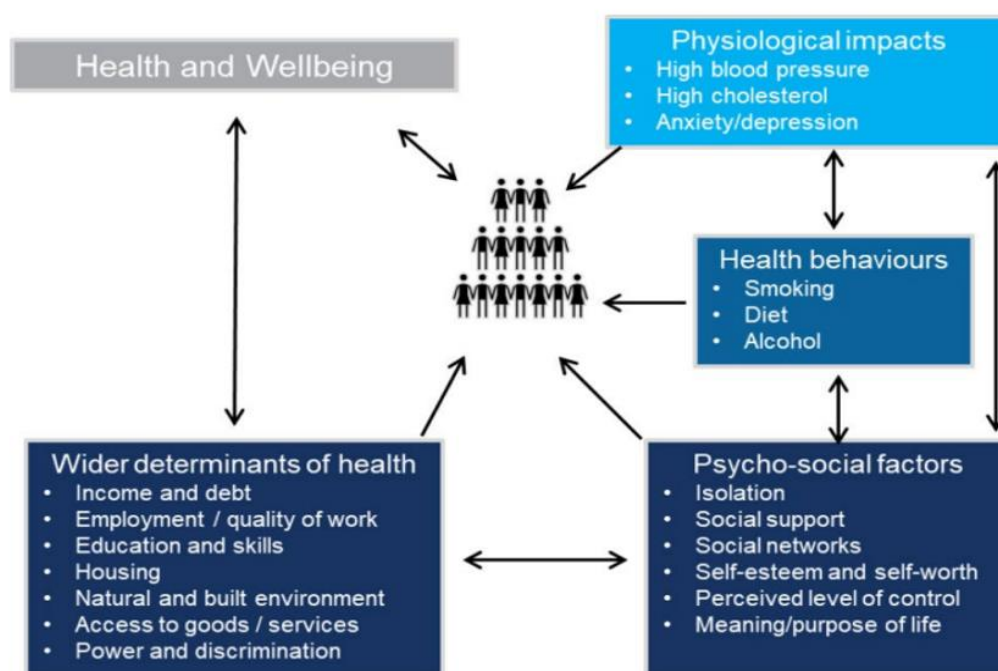
Figure 2:
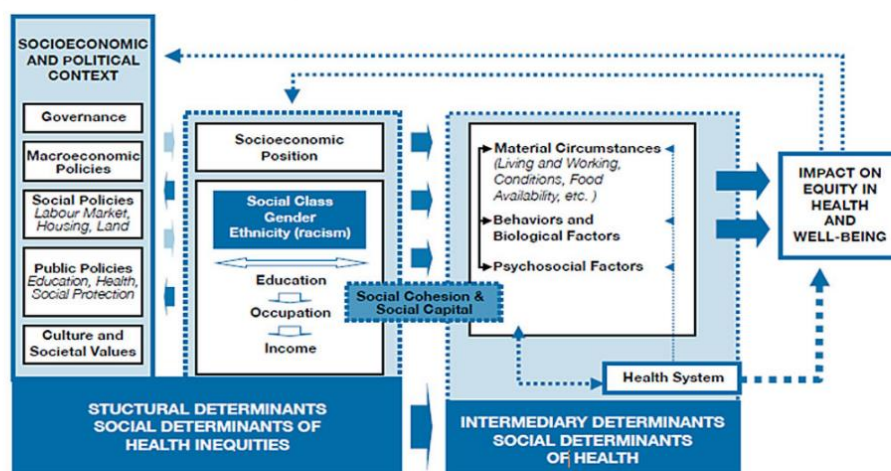
Ref: Solar O, Irwin A. *A conceptual framework for action on the social determinants of health. Social Determinants of Health* Discussion Paper 2 (Policy and Practice). Geneva, WHO, 2010

The BCF is also supporting a two year project to design, implement and evaluate a targeted NHS Health-Check service in West Berkshire using specialist community engagement to reduce hospital admissions & health inequalities related to CVD and COVID-19 for disproportionately impacted and under-represented groups. This service will be supplementary to the universal NHS Health Check service offered by local GPs.

This project will: -

- Develop a mobile Targeted Community Outreach Service for NHS Health Checks, illustrating how they will reach priority groups in partnership with the Commissioner,

with a focus on increasing uptake of Health Checks from residents facing increased risk of cardiovascular disease in disproportionately impacted and under-represented groups.

- Provide support and information to service users of the risks associated with CVD, and encourage behavioural lifestyle changes for the patient's wider physical and mental health as well as additional lifestyle services where required

- Provide regular updates on progress made in relation to KPIs.

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

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BCF Planning Template 2022-23
1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Version 1.0.0

HM Government

NHS

Please Note:
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- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	West Berkshire
Completed by:	Maria Shepherd
E-mail:	maria.shepherd@westberks.gov.uk
Contact number:	01635 519782
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	
If using a delegated authority, please state who is signing off the BCF plan:	Councillor Graham Bridgman, Chairman of HWB

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

Job Title:	Councillor
Name:	Graham Bridgman

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Graham	Bridgman	Graham.bridgman@westberks.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	James	Kent	James Kent99@nhs.nt
	Additional ICB(s) contacts if relevant	na/	n/a	n/a	n/a
	Local Authority Chief Executive	Mr	Nigel	Lynn	nigel.lynn1@westberks.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Andy	Sharp	andy.sharp1@westberks.gov.uk
	Better Care Fund Lead Official	Mrs	Maria	Shepherd	maria.shepherd@westberks.gov.uk
	LA Section 151 Officer	Mr	Joseph	Homes	joseph.holmes1@westberks.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

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

Please see the Checklist below for further details on incomplete fields

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

<< Link to the Guidance sheet

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Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: West Berkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,065,205	£2,065,205	£0
Minimum NHS Contribution	£11,157,227	£11,157,227	£0
iBCF	£806,499	£806,499	£0
Additional LA Contribution	£538,510	£538,510	£0
Additional ICB Contribution	£0	£0	£0
Total	**£14,567,441**	**£14,567,441**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£3,018,851
Planned spend	£4,597,350

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£5,532,108
Planned spend	£5,805,277

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£357,000	(2.5%)
Carers Services	£0	(0.0%)
Community Based Schemes	£1,357,813	(9.3%)
DFG Related Schemes	£2,065,205	(14.2%)
Enablers for Integration	£370,800	(2.5%)
High Impact Change Model for Managing Transfer of (	£136,200	(0.9%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£0	(0.0%)
Bed based intermediate Care Services	£2,005,395	(13.8%)
Reablement in a persons own home	£2,912,630	(20.0%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£1,861,184	(12.8%)
Residential Placements	£2,869,344	(19.7%)
Other	£631,870	(4.3%)
Total	**£14,567,441**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	0.0	0.0	0.0

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.0%	91.0%	91.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	444	612

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.3%

Planning Requirements >>

Theme	Code	Response
	PR1	Yes
NC1: Jointly agreed plan	PR2	Yes

	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: | West Berkshire

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

iBCF Contribution	Contribution
West Berkshire	£806,499
Total iBCF Contribution	**£806,499**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
West Berkshire	£538,510	carry forward from previous years
Total Additional Local Authority Contribution	**£538,510**	

NHS Minimum Contribution	Contribution
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£11,157,227
Total NHS Minimum Contribution	**£11,157,227**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£11,157,227**	

	2021-22
Total BCF Pooled Budget	**£14,567,441**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

£468,410 carried over from 20/21, work did not take place due to covid. Small carry over from 2021-22. Money allocated to priorities in 22/23 to support project work, winter planning and hospital discharge.

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: West Berkshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,065,205	£2,065,205	£0
Minimum NHS Contribution	£11,157,227	£11,157,227	£0
iBCF	£806,499	£806,499	£0
Additional LA Contribution	£538,510	£538,510	£0
Additional NHS Contribution	£0	£0	£0
Total	**£14,567,441**	**£14,567,441**	**£0**

Required Spend

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

	Minimum Required Spend	Planned Spend	Under Spend	>> Link to further guidance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,018,851	£4,597,350	£0	
Adult Social Care services spend from the minimum ICB allocations	£5,532,108	£5,805,277	£0	

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

															Planned Expenditure			
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Under 65 LD residential and supported living	Residential Placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum NHS Contribution	£1,433,235	Existing
2	Carers	Carers Services	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum NHS Contribution	£357,000	Existing
3	Reablement	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum NHS Contribution	£434,700	Existing
31	Reablement	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	iBCF	£307,300	Existing
4	Memory and cognition over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Private Sector	Minimum NHS Contribution	£495,161	Existing
41	Memory and cognition over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Private Sector	iBCF	£34,700	Existing
42	Memory and cognition over 65	Residential Placements	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum NHS Contribution	£49,138	Existing

5	Physical Support over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Private Sector	iBCF	£168,800	Existing
52	Physical Support over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Private Sector	Minimum NHS Contribution	£659,152	Existing
53	Physical Support over 65	Residential Placements	Residential Placements	Nursing home		Social Care		LA			Private Sector	Minimum NHS Contribution	£65,213	Existing
54	Physical Support over 65	Residential Placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum NHS Contribution	£16,835	Existing
6	Carers Support - direct payments	Carers Services	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Private Sector	Minimum NHS Contribution	£65,000	Existing
61	Carers support - other	Carers Services	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Private Sector	Minimum NHS Contribution	£94,000	Existing
62	Carers support - Voluntary Sector	Carers Services	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£219,000	Existing
66	Under 65 LD residential and supported living	Residential Placements	Residential Placements	Care home		Social Care		LA			Private Sector	Minimum NHS Contribution	£946,922	Existing
7	Over 65's Care Homes	Residential Placements	Residential Placements	Supported living		Social Care		LA			Local Authority	Minimum NHS Contribution	£125,746	Existing
71	Over 65's Care Homes	Residential Placements	Residential Placements	Supported accommodation		Social Care		LA			Local Authority	Minimum NHS Contribution	£232,255	Existing
8	Joint Care Pathway	Intermediate Care Services	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum NHS Contribution	£187,489	Existing
81	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum NHS Contribution	£264,931	Existing
82	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Other	Joint Health and Social Care Service	LA			Local Authority	iBCF	£217,199	Existing
83	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Other	Joint Health and Social Care Service	LA			Local Authority	Minimum NHS Contribution	£220,600	Existing
84	Joint Care Pathway	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Other	Joint Health and Social Care Service	LA			Private Sector	Minimum NHS Contribution	£500,000	Existing
9	DFG	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Private Sector	DFG	£2,065,205	Existing
10	DTOC Projects	Mental Health Link Worker	High Impact Change Model for Managing	Early Discharge Planning		Social Care		LA			Private Sector	iBCF	£60,000	Existing
11	DTOC projects	EDS	High Impact Change Model for Managing	Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£6,000	Existing
12	CHC Reviews	CHC review	Other		CHC Reviews	Social Care		LA			Private Sector	Additional LA Contribution	£200,000	Existing

No.	Scheme	Description	Col4	Col5	Col6	Commissioner Type	Col8	Source	Col10	Provider	Funding Source	Amount	Status
13	Locality Lead	BCF Lead	Other		BCF Lead	Social Care		LA		Local Authority	Minimum NHS Contribution	£93,700	Existing
14	BCF Data Analyst	Other	High Impact Change Model for Managing	Early Discharge Planning		Social Care		LA		Local Authority	iBCF	£12,500	Existing
141	BCF Data Analyst	Other	High Impact Change Model for Managing	Early Discharge Planning		Social Care		LA		Local Authority	Minimum NHS Contribution	£23,700	Existing
15	IMHA and Veterans	Prevention/Early intervention	Prevention / Early Intervention	Risk Stratification		Social Care		LA		Charity / Voluntary Sector	Minimum NHS Contribution	£42,100	Existing
17	Reablement Funding	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge - step down		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£967,900	Existing
18	BW PMO	Share of cross Berkshire West Programme Management	Enablers for Integration	Programme management		Other	CCG	CCG		CCG	Minimum NHS Contribution	£85,800	Existing
19	CCG Continency	Share of cross Berkshire West Contingency Funding	Other		Contingency	Other	Contingency	CCG		CCG	Minimum NHS Contribution	£66,000	Existing
20	Risk Share	Risk Share	Other		Risk Share	Other	Risk Share	CCG		NHS Acute Provider	Minimum NHS Contribution	£201,000	Existing
21	Care Homes (RRAT)	Intermediate Care Services	Prevention / Early Intervention	Risk Stratification		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£476,900	Existing
22	SCAS falls and frality	Cross Berkshire scheme to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£27,000	Existing
23	Street Triage	Reduce the number of section 136's	Prevention / Early Intervention	Risk Stratification		Mental Health		CCG		NHS Mental Health Provider	Minimum NHS Contribution	£65,527	Existing
24	Connected Care	Data Integration between Health and Social Care	Enablers for Integration	System IT Interoperability		Other	Joint Health and Social Care Service	CCG		Private Sector	Minimum NHS Contribution	£285,000	Existing
25	CHS	Service to support self funders in hospital to facilitate discharge	High Impact Change Model for Managing	Early Discharge Planning		Acute		CCG		Charity / Voluntary Sector	Minimum NHS Contribution	£34,000	Existing
26	Speech & Language Therapy	Intermediate Care Services	Prevention / Early Intervention	Risk Stratification		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£81,900	Existing
27	Care Home in reach	Support Care Homes across BW to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£337,524	Existing
28	Community Geriatrician	Support Care Homes across BW to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£184,893	Existing
29	Intermediate Care Discharge Services	Intermediate Care Services	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£583,221	Existing
30	Health Hub	Integrated care planning and navigation	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£428,103	Existing
31	Intermediate Care night sitting, rapid response	Intermediate Care Services	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG		NHS Community Provider	Minimum NHS Contribution	£806,582	Existing

32	Project to support LIB priorities	Ris Stratification	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Local Authority	Additional LA Contribution	£71,170	New
33	Project to support LIB priorities	MDT's	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Local Authority	Additional LA Contribution	£71,170	New
34	Project to support LIB priorities	Targeted community NHS health Check outreach prorgramme	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Local Authority	Additional LA Contribution	£100,000	New
35	Infection Control	Support Care home to avoid hospital admissions	Prevention / Early Intervention	Risk Stratification		Social Care		LA			Local Authority	Additional LA Contribution	£25,000	New
36	Project to support LIB priorities	Service User Feedback	Other		Enagement with Service Users	Social Care		LA			Local Authority	Additional LA Contribution	£71,170	New

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.

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

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: | West Berkshire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Rate per 100,000	85.5	81.9	94.6	81.9	Please note the figure for Q1 is an acutal. Our target for 22/23 remains the same as last year, which will be a stretch given the following: 1) increase in population according to Census 2021 - West Berkshire has an increase of people aged 65+ of 33.8% 2) cost of living resulting in more falls as a result of the cold and not being able to afford to put their heating on and 3) as social contact has returned to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023.	The Berkshire West CCG has several groups set up to look at specific conditions that sit within this list of conditions. Currently, the system is supporting specific projects with COPD, Diabetes complications and Influenza/Pneumonia. Asthma, ENT, Epilepsy and cellulitis are currently being dealt with as business as Usual. The 2 hr response for Ageing Well, will also support performance in this target, as if people meet the criteria for the service, all of these conditions would be in scope for the service. The BCF supports avoidable admissions by funding the following schemes across Berkshire West: Care Homes and the Rapid Response and Treatment Service, SCAS falls, Street Triage, Health Hub and out of hospital services: night sitting, rapid response, reablement and falls. The BCF is support a number of project locally to support avoidable admisisons.
	Indicator value	135.5	129.9	150.0	129.9		
	Denominator	158,500	158,500	158,500	158,500		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value	0.0008267	0.0008141	0.0009466	0.0008141		
	Indicator value	131	129	150	129		
	Denominator	158,465	158,465	158,465	158,465		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal	Quarter (%)	91.0%	90.9%	90.4%	90.9%	We did not quite achieve our target of 91% in 2021/22, we believe this was down to the use of interim beds using covid funding to expedite hospital discharge at a time when we faced real challenges with the care market in sourcing domicilary care. This has been agreed with our system partners within the Acute Trust and Urgent	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We are continuing to monitor care capacity in the market using our dashboard which helps us understand where the pressures are and
	Numerator	2,631	2,718	2,644	2,445		
	Denominator	2,891	2,990	2,925	2,689		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	91.0%	91.0%	91.0%	91.0%		
	Numerator	2,631	2,631	2,631	2,631		

						and Emergency Care Board.	have awarded a 5.6% uplift to ASC providers in order to help with the cost of living and managing the market. Our hospital discharge team also hold a care capacity call weekly with commissioners, reablement and health to expedite discharges.
place of residence (SUS data - available on the Better Care Exchange)	Denominator	2,891	2,891	2,891	2,891		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	443.6	602.5	602.5	611.7	Our new admissions are already high, April - July we are 72 ytd. We have over the last few years always had higher numbers in Q4. We had a spike of 31 new admissions in May 2022, this may have been a consequence of the shift in pathways (ending of Covid/CCG funding on 31st May 222 and working wih people that may have been just self funders). We also know that the number of referrals for financial assessments for residential is much higher than last year.	We are monitoring this very closely. We are undertaking work with the independent market in particular seeking to ensure that there is sufficient available provision to use domiciliary care/ live-in care wherever safe. We have seen some improvement in the availability of domiciliary care but the rural nature of West Berkshire and negative unemployment make this a significant challenge. We are also working with providers on the development of new Extra-Care Housing schemes but these will not be operational in the near future. We are seeking to use all available equipment/ technology to support safe care at home.
	Numerator	138	192	192	199		
	Denominator	31,106	31,865	31,865	32,533		

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

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	82.3%	85.3%	85.3%	85.3%	We are proposing to retain the target of 85.3% for 22/23	There is a Berkshire West wide review of reablement services, which will support better joint working.
	Numerator	153	162	162	162		
	Denominator	186	190	190	190		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
 - 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
 - 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: | West Berkshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	n/a		
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	n/a		
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	n/a		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	n/a		
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	n/a		
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	n/a		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	n/a Yes		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	n/a Yes		

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans,

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to
 - Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
 - Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in

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

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, cont
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the

https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and Estimated levels of discharge should draw on:

 - Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
 - Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

 - Voluntary or Community Sector (VCS) services
 - Urgent Community Response
 - Reablement or reabilitation in a person's own home
 - Bed-based intermediate care (step up or step down)
 - Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

 - VCS services to support someone to remain at home
 - Urgent Community Response (2 hr response)

- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government   **NHS**

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	West Berkshire

Completed by:	Maria Shepherd

E-mail:	maria.shepherd@westberks.gov.uk

Contact number:	01635 519782

Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	Thu 08/12/2022

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

Job Title:	Councillor and Chairman of HWB
Name:	Graham Bridgman

How could this template be improved?	There needs to be more room for assumptions. The LA does monitor demand and capacity within Residential and Nursing Homes and Domiciliary Care and we know from tracking this that demand is outstripping capacity within the Domicilary Care

Question Completion - Once all information has been entered please send the template to <u>england.bettercarefundteam@nhs.net</u> saving the file as 'Name HWB' for example 'County Durham HWB'

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: | West Berkshire

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

 - Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23

 - Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	628	607	628	628	567	628
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	126.25	143.25	137.25	138.25	130.25	117.25
2: Step down beds (D2A pathway 2)	56	32	38	32	25	34
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	25.25	24.25	20.25	22.25	28.25	25.25

Any assumptions made:	Please note in West Berkshire we work with three acute trusts and one community Hospital. The figures included in this template only include Hospital Discharges from the Royal Berkshire Hospital and the Community Hospital (BHFT). The Activity from North Hants and Great Western Hospital accounts for a further 27% of hospital discharges on either PW1 or PW3 which our current capacity also has to meet.

!!Click on the filter box below to select Trust first!!   Demand - Discharge

Trust Referral Source (Select as many as you need)	Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
ROYAL BERKSHIRE NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community	628	607	628	628	567	628
ROYAL BERKSHIRE NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	74	91	85	86	78	65
ROYAL BERKSHIRE NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	28	32	38	32	25	34
ROYAL BERKSHIRE NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care (Discharge	20	19	15	17	23	20

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:　　West Berkshire

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:

Demand for voluntary and community sector services is unknown for both hospital discharge and admisison avoidance and requires much further
investigation as to how we gather this information from our partners in the voluntary sector - given the tight timescales this has not been possible. Our partners in BHFT are currently reporting that we do not have any bed based intermediate care in West Berkshire.

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services						
Urgent community response	86	86	86	96	96	96
Reablement/support someone to remain at home	97	127	91	110	88	85
Bed based intermediate care (Step up)						

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: | West Berkshire

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

 - Voluntary or Community Sector (VCS) services
 - Urgent Community Response
 - Reablement or reabilitation in a person's own home
 - Bed-based intermediate care (step down)
 - Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

| Any assumptions made: | Demand for VCS service, PW0, PW1 and residential care is unknown and needs much further work. We know we are already trying to source over 305 hours of care in the Domicilary Care Market as of 7/9/22 for people in the community and hospital discharge - this is a model we set up last year in order to try and understand our care market.
Bed based intermediate care (Step down - pathway 2) capacity represents numbers across Berkshire West. The |

Capacity - Hospital Discharge								
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
VCS services to support discharge	Monthly capacity. Number of new clients.						
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.						
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.						
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	104	104	104	104	104	104
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	25	24	20	22	28	25

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: | West Berkshire |

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Demand for VCS or community Sector services is unknown.

Capacity - Community							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.						
Urgent Community Response	Monthly capacity. Number of new clients.	89	89	89	89	89	89
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	80.67	80.67	80.67	80.67	80.67	80.67
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: | West Berkshire

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

 - Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23

 - Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£4,097,000
BCF related spend	£3,389,000

| Comments if applicable | Intermediate Care Services are commissioned by the former CCG through one provider - BHFT. BHFT provide these services across Berkshire West each Local Authority (West Berkshire, Reading and Wokingham) jointly fund this contract through |

Cost of Living Response

West Berkshire
C O U N C I L

Local Response - Background

- ❑ Based on partnership working with Greenham Common Trust, Volunteer Centre and others
- ❑ Health and Wellbeing Board
- ❑ Community Appeal
- ❑ Scoping of local provision – meetings with voluntary sector, scoping documents
- ❑ Community winter spaces - mapping

Emergency Cost of Living Crisis Fund

COST OF LIVING SUPPORT £100,000

West Berkshire
C O U N C I L

WBC Response Structure

Cost of Living Response – Response Structure
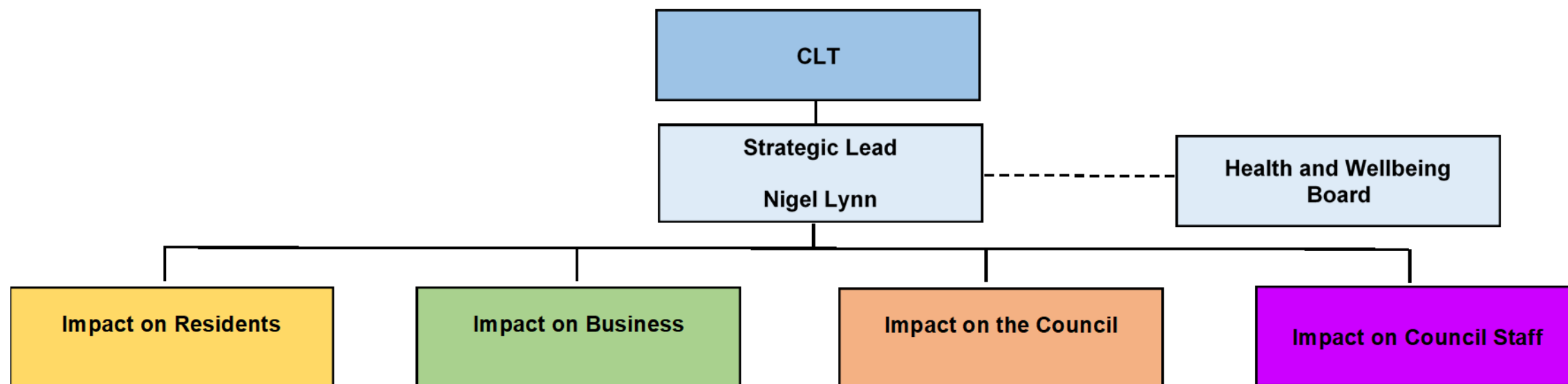
Residents

- ❑ Residents Working Group
- ❑ Hub Working Group
- ❑ Communications Plan
- ❑ Cost of Living Hub
- ❑ Individual Service Priorities
- ❑ Individual residents who have never navigated the system

Services Engaged

- ❏ Building Communities
- ❏ Public Health
- ❏ Community Engagement
- ❏ Public Protection
- ❏ Housing
- ❏ Children and Family Services
- ❏ Adult Services
- ❏ Revenues and Benefits

West Berkshire
COUNCIL

Community Support Hub

- Event at St John's Church
- Launched 24th October 2022
- Modelled on Covid Community Hub
- Merged with Homes for Ukraine Hub
- Staffed by secondees and other PPP / Hub Staff
- Advice, support, signposting and referrals
- Local and national support
- Safeguarding is the priority

Community Engagement - Communications

Community Engagement - Communications

Cost of Living Support Hub
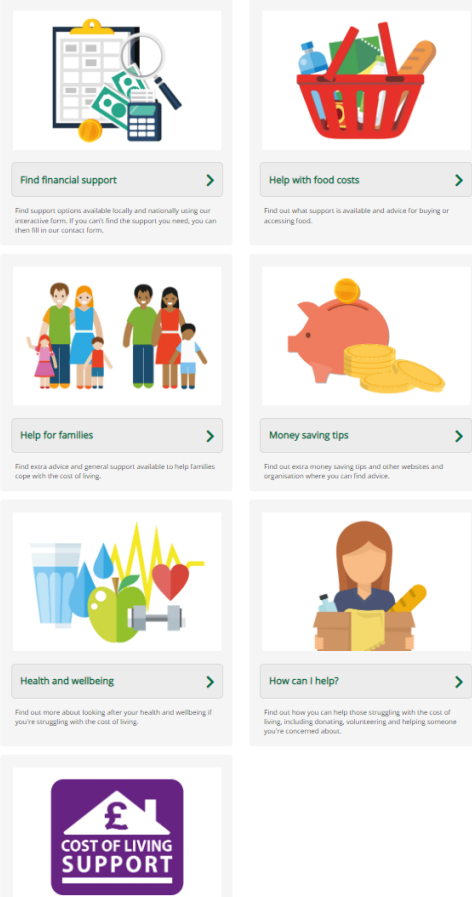
- ❏ Leaflet drop to every house
- ❏ Targeted leaflet / poster distribution through voluntary sector, GPs, libraries, churches, etc.
- ❏ Cost of Living Communications Toolkit
- ❏ Outreach
- ❏ Website
- ❏ Social media: regular posts + Dec live event

Community Engagement - Communications

How you can help:

❑ Tell people

❑ Share leaflets/posters

❑ Post in social media groups

❑ Share details on your social media

❑ Share text for community publications

❑ Suggest community locations for drop-ins

pr@westberks.gov.uk or 01635 519125

Outreach

- Links with 'Be Well this Winter' Programme
- Use existing facilities such as family centres and libraries
- Explore the use of venues occupied by the voluntary sector such as the food bank, Citizens Advice, community hubs etc.
- Signposting from all venues
- Face to face meetings by appointment

West Berkshire
C O U N C I L

New 'Be Well This Winter' – targeted outreach service

- ❑ On Monday 28th November, the new 'Be Well This Winter' service goes live, provided by Solutions4Health and their team of Wellbeing coaches.
- ❑ This highly targeted outreach service has been commissioned by the Public Health and Wellbeing team. The impact/ purpose of the Service is to contribute to the Council's efforts over Autumn and Winter 2022/23, to deliver these priorities in the Berkshire West Health and Wellbeing Strategy[1]:
  - ▪ "Reduce the differences in health between different groups of people."
  - ▪ "Support individuals at high risk of bad health outcomes to live healthy lives."
- ❑ The Service will provide the following by outreach services to priority groups of residents, under-served universal council and NHS services, including
  - ▪ Information-sharing and signposting on Cost of Living support and resources which are available to West Berkshire residents.
  - ▪ COVID-19 and 'Flu vaccine confidence conversations.
  - ▪ Scheduling and supporting the Health on the Move (HOTM) van visits (COVID-19 vaccinations).
  - ▪ Signposting to the local 'Flu vaccinations programmes
  - ▪ Information-sharing and signposting to the NHS Health Checks programme.
  - ▪ Self-Care conversations with residents to empower them with the confidence and information to look after themselves to prevent ill-health and hospitalisations.

West Berkshire
C O U N C I L

Looking ahead…..

- ❑ Hub demand?
- ❑ Increasing demand for voluntary sector?
- ❑ Cold, long winter?
- ❑ Effects of inflation
- ❑ Household Support Fund
- ❑ Outreach - next steps
- ❑ Parish / Health and Wellbeing Conference

West Berkshire
C O U N C I L

Health and Wellbeing Board Conference 2023: Option for Consideration

Report being considered by:	Health and Wellbeing Board
On:	09 December 2022
Report Author:	Dr Zakyeya Atcha
Report Sponsor:	Cllr Graham Bridgman
Item for:	Discussion

1. Purpose of the Report

This report provides an update on progress with the Health and Wellbeing Conference 2023 for West Berkshire.

2. Recommendation(s)

2.1 The Board is asked to approve the proposal for a joint conference with the parish councils sharing a panel and market place stalls.

2.2 The Board is asked to approve the proposal for a hybrid conference to be held on Tuesday 31 January 2023.

2.3 The Board is asked to agree Market Street council offices as the venue for holding the conference.

2.4 The Board are asked to consider and approve the conference agenda for the day.

3. Executive Summary

3.1 A working group has been established to deliver the health and wellbeing conference. The membership to the working group includes:

(1)   Zakyeya Atcha, Interim Public Health Consultant

(2)   Sue Butterworth, Programme Officer – Healthy Communities

(3)   Paul Graham, Senior Programme Officer

(4)   Penny Layland, PA to Steve Welch, Service Director - Communities and Wellbeing

(5)   Sean Murphy, Public Protection Manager

(6)   Jo Naylor, Principal Policy Officer, Building Communities Together

(7)   Gordon Oliver, Principal Policy Officer, Strategy and Governance

(8)   Susan Powell, Building Communities Together Team Manager

(9)   Charlotte Williams, Health and Wellbeing in Schools Support Officer

3.2   Additional support is being sought from the Communications and Information Technology Teams to ensure we are supported to promote the conference and to run an interactive hybrid conference.

3.3   Representation from health partners, and the voluntary and business sectors are being sought.

3.4   Market Street is being considered as the venue that would support accessibility, transportation links, the technology and size of venue to hold a hybrid conference and be a warm space.

3.5   Contingency planning will be required to manage identifiable risks including adverse weather, infection rates and manage infection prevention and control during the conference.

4.   Supporting Information

4.1   Following discussions at the health and Wellbeing Board, a hybrid format for the 2023 conference was proposed and approved.

4.2   The preference for a joint conference with parish councils was considered for 2024. Following the meeting, this was agreed as the preferred option for 2023. A survey has been sent from the Building Communities Together Team, to ensure parish council members' needs are addressed in this proposed joint conference.

4.3   The outline for the Health and Wellbeing Conference is provided in the appendix to the report and reflects the topics highlighted at Steering Group and agreed at the Health and Wellbeing Board.

4.4   There is no additional budget available to support the conference.

5.   Options Considered

5.1   The main themes related to the impact of the increase in cost of living and were believed to be relevant for the joint conference. Further themes will be identified through the survey of parish council members

5.2   Options considered included

(1)   Two separate conferences a week apart

(2)   Separate conferences on the same day

(3)   Shared conference with shared market place and panel discussions

(4)   Shared conference with additional time and space for focused work relevant to the health and wellbeing board and district parish councils separately.

5.3   Once the survey findings are available, the final format for the conference will be shared for approval by Board members.

6. Proposal(s)

6.1 The proposal made is to hold a hybrid conference on Tuesday 31 January 2023.

6.2 To agree Market Street as the chosen venue for the reasons stated.

6.3 To finalise the themes for the health and wellbeing focused elements of the conference to include the impacts of the increase in cost of living related to food poverty, mental health and substance misuse.

6.4 To await the survey findings to understand the district parish council conference needs to finalise the conference format

6.5 To identify communications and IT support.

7. Conclusion(s)

7.1 This report provides an update to the Health and Wellbeing Board members on the progress made to deliver the conference in 2023.

8. Consultation and Engagement

8.1 The Building Communities Together Team is leading on consulting with district parish councils.

9. Appendices

Appendix A – proposed outline of conference agenda

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 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 impacts on health and wellbeing.

Appendix A

Proposed Outline of Conference Agenda

- Note timings may change depending on the survey findings from district parish council members.

Pre-Conference Slideshow	13:30 – 14:00
Welcome (Cllr Graham Bridgman)	14:00 – 14:10
ICP Overview and Strategy (Sarah Webster)	14:10 – 14:25
Cost of Living Support (Sean Murphy)	14:25 – 14:40
Mentimeter Poll #1	14:40 – 14:45
Coping with Financial Pressures (Citizens Advice?)	14:45 – 15:00
Q&A #1	15:00 – 15:15
Mentimeter Poll #2	15:15 – 15:20
Food Poverty (Prof Tracey Daszkiewicz)	15:20 – 15:35
Mental Health (TBC)	15:35 – 15:50
Substance Dependency (Westminster Drug Project)	15:50 – 16:05
Q&A #2	16:05 – 16:20
Mentimeter Poll #3	16:20 – 16:25
Conference Close (Cllr Graham Bridgman and Sarah Webster)	16:25 – 16:30
Stalls Marketplace	16:30 – 17:30

Joint Health and Wellbeing Strategy Delivery Plan: Quarter 2 Update.

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
Report Author:	Dr Zakyeya Atcha
Report Sponsor:	Professor Tracy Daszkiewicz
Item for:	Discussion

1.   Purpose of the Report

This is the second quarterly update on progress made on the health and wellbeing strategy delivery plan following feedback from action owners.

2.   Recommendation(s)

2.1   The Health and Wellbeing Board is asked to receive the progress update for quarter 2. The Board is asked to NOTE a number of changes in the actions identified in delivery plan following feedback from sub-group chairs and action owners.

2.2   The Board is asked to AGREE that the Delivery plan is refreshed following the health and wellbeing conference to ensure the action plan reflects current and relevant priorities.

2.3   The Board is asked to NOTE that the performance management system to be introduced is currently in testing phase and the delivery plan will be added to the system following the testing phase.

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. This is currently in testing phase.

3.6 The Health and Wellbeing Board is asked to note for information the updates received for quarter 2.

4.   Supporting Information

The Delivery Action Plan is attached for information. It contains commentary where received, with RAG rated updates for quarter 2

5.   Options Considered

5.1 The Board is asked to receive the quarter 2 progress update for information.

5.2 The Board is asked to accept an annual refresh of the delivery plan actions following the annual conference to ensure the actions are relevant and responsive to current issues and to achieve the strategic priorities.

5.3 The alternative option is that the delivery plan remain unchanged and action owners propose changes individually.

6.   Proposal(s)

The Health and Wellbeing Board is asked to receive the update on progress with the delivery plan for quarter 2 in November 2022.

7.   Conclusion(s)

Progress is being made with actions to ensure the strategy priorities are delivered.

8.   Consultation and Engagement

Owners of action have been asked to provide an update. These have been mainly identified as subgroup 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 2 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											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
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	🟧				🟧	Interim health needs assessment report is focused on the data with the community engagement element of the report due in spring 2023.
	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						Seeking Action owner/Sub-group link. Potential link to JSNA super users work programme.
	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 due 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: Compete the Covid-19 Dashboard. Including the incorporation of local West Berkshire data	Recovery and Renewal Group	Dec-21	Completed dashboard							A Covid dashboard was created for West Berkshire on the Berkshire Public Health website, with data updated on a weekly basis. Following removal of domestic restrictions and free Covid testing in England on 1 April 2022 the dashboard was removed from the website.

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
1.3: Take a Health in All policies approach	1.3.1: Identify need for HiAP education and practical training across the Council and deliver sessions with aim to begin building a HiAP approach across services	Health Inequalities Taskforce	Mar-23	Number of sessions. Number of staff trained. % increased understanding. % saw relevance to current work		[amber]	[amber]			[amber]	Q1: Currently developing a training awareness session for staff that will be piloted and reviewed for the wider use.\n\nQ2: Have been in discussion with LGA to explore what training and further resources they can provide.
	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		[green]	[green]			[green]	Potential areas of focus for HIAP work identified
	1.3.3: Identify a current opportunity for a multi-team HiAP pilot project within the Council that can be used as a showcase piece in further staff education.	Health Inequalities Taskforce	Sep-24	Opportunity identified\n\nProject plan put together and approved\n\nCommissioning process complete\n\nService delivered\n\nFollow-up data collected and analysed\n\nFinal report on both service and the broader HiAP process		[amber]	[amber]			[amber]	We worked through 21/22 with colleagues in Environment and Education to design a service that could:\n* Deliver the Environment Deliver Plan's action to 'encourage children to spend more time in nature'\n* Deliver statutory health education to primary school children\n* Pilot a new healthy lifestyle service, focusing on nutrition and physical activity, for primary school children\n\nA contract was awarded to the Bucks, Berks and Oxon Wildlife Trust (BBOWT) to deliver this pilot programme to three year groups in two local primary schools.\n\nDelivery of the programme commenced in Sept 2023. Deliver will be complete by June 2023 and all final data and reports complete by Q1-Q2 2024
	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	[green]	[green]			[green]	Completed and management of the network handed over to the LGA.
	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	Mar-23	Process developed. Template implemented		[amber]	[amber]			[amber]	Work underway with colleagues in Legal to discuss the best way to move this process forward.

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
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						To be initiated following needs assessment
	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		1				Groundwork successfully delivered an employer event at the Watermill Theatre on the 15th September 2022. The purpose of the day was 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.
	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						The four West Berkshire PCNs are working jointly on a project to support patients with learning disabilities and sever mental illness to take up the offer of an annual health check. A project brief outlining the identifiedinterventions has been presented to the LIB and regular updates are being provided. Q1 Update: - 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	Public Health	Mar-23	Process developed Process implemented	N/A						A Healthy Planning Protocol has been drafted however needs further reviewing by relevant colleagues in the Council and a further assessment around potential training needed for key staff prior to implementation.
	1.4.5: Physical Activity Champion training	Public Health	Jun-22	Number of Champions trained	15						Training complete and PAC network established.

						2022/23					
Objective	**Description**	**Owned by**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	1.4.6: Implementation of the Supported Employment Strategy 2020 - 2024	Skills and Enterprise Partnership	Mar-24	Actions as per the Strategy	N/A						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) and Katherine Makant (Economy Manager) have agreed an alternative governance structure
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						

Health and Wellbeing Strategy Delivery Plan 2022-2025												
							2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target		Q1	Q2	Q3	Q4	RAG Status	Commentary
	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 April 2022 Nov 2021 April 2022 TBC	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 completed and roll out continuing. - Maintaining signposting and connections to community support functions (April 22) - Review of need for digital community signposting is complete. Pilot of aDoddle community mapping has been completed. Procurement exercise completed and project now re-defined and moved to Digital Services to secure a future solution. - Voluntary and community sector support (April 22) - 2 tendering processes unsuccessful; grant being negotiated with the Volunter Centre West Berkshire. 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 avaiable - this action to be closed down. .
	1.5.4: Ethnically diverse advocacy groups: identifying and engaging with key community contacts amongst the ED community	Communities and wellbeing/ HR	Ongoing	Key diverse communities are better understood								Commissioned service provided by Educafe has provided details of ethnically diverse communities in West Berkshire. Action complete.
	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								Educafe have promoted events and consultations to diverse communities across West Berkshire as they have arisen. Educafe hold an inclusive event themselves every year (to be held in Dec 22).
	1.5.6: Promote the range of events that celebrate the diversity of our community	Communities and wellbeing, HR	Dec-22	Number of events								Educafe have promoted events and consultations to diverse communities across West Berkshire as they have arisen. Educafe hold an inclusive event themselves every year (to be held in Dec 22).

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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 specifice topics such as the raising cost of living and also to support community engagement activites. Survery Monkey has been created to make sure the Conversations stay forcused 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 café.	Human Resources	Weekly café	Attendance at cafe. Number of services/partners attending weekly							Educafe hold weekly community café's at Newbury Library. These offer an inclusive opportunity for communities to connect and signpost to support; cafes are ongoing.

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	1.6.4: Develop a Whole Systems Approach to Physical Activity. • Undertake system workshops • Develop system map • Physical activity strategy	ICP (Prevention Board)	Mar-23	Number of workshops. Development of Physical activity system map. Development of physical activity strategy	2 workshops						Working across the Berkshire West ICP a series of 4 workshops were facilitated for us by Professor Harry Rutter and Dr Nick Caval. These workshops used the WHO best practice guide to systems mapping and tried to identify those elements that negatively or positively impact on physical activity participation and how these issues interact with each other in a complex environment. From this work key themes were indentified and a one page template document produced to support initial thinking around the production of individual LA or collective PA strategies. The outcome of this initial process has been briefed to the ICP Delivery Group and the Unified Executive group and recieved positive encouragement for the recommendations this contained. DPH has agreed to 'sponsor' the work and GBA will act as the facilitators across the 3 LA PH teams to see how this template and the recommendations accepted by the Unified Executives can be translated into action. The next stages will hopefully take place in 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 Utilisation of kiosks (evaluation) Targeted NHS Healthchecks delivered	3 kiosks 80% of overall						

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
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 no ASC resource available to support. Awaiting ASC update following very recent recruitment to the post.

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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	Carers Strategy Group		Number of organisations & businesses that are members of Dementia friendly West Berkshire Number of Dementia Friendly businesses, **Carers Strategy Group: New Provider we are working with: Reading and West Berkshire Carers Partnership. Our partners comprise of Age Uk Reading, Age UK Berkshire, Reading Mencap and Comminicare.**							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. Going foward it will be good to invite representative SB to the Carers strategy group meetings.
	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						Need to identify action owner or review this acton given there is already a national dementia books on prescription leaflet which has been around for many years.
2.2: Work together to ensure that the Dementia pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support	2.2.1: Engagement event to understand the person's experience and Journey (Placeholder - tbc)	Healthwatch (Wokingham) Berkshire West CCG		To be developed	TBC						
	2.2.3: Care home support for residents with Dementia: Medication reviews Managing behaviour changes Reduce levels 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						

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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.
	2.2.5: Develop a journey for people with dementia pre and post diagnosis (service transformation – Berkshire West) Identify key stakeholders for working group Review pathway to identify gaps Review Clinical and non-clinical pathway. Engage service users and carers in development of proposals	Mental Health & Learning Disability Board Berkshire West , Supported by Dementia Friendly West Berkshire ASC VCS	TBC	Establishment of working group							Historically this was being looked at by the Berks West Dementia Partnership - in it's abscence : 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. 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.
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	Carers Strategy Group	Oct-21	Number of PwD and carers supported weekly	25						We have not specifically asked carers about any difficulties they encountered regarding accessing covid 19 vaccine. We do not have this information to hand. We aim to capture this information going forward from our new providers (Reading and West Berkshire Carers partnership).
	2.3.2: Embedding new process for online referrals of Young carers and ensuring all partners are aware. • Social media promotion	Young Carers	Ongoing	Numbers of referrals	N/A						The website has a good landing page to highlight what young carers do as well as the online referral form. Social media awareness with the Comms Team needs improving and will worked on as part of the Early Help Strategy for partner agencies. We currently do not have means to measure this data within our recording system

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						2022/23					
Objective	**Description**	**Owned by**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
	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	🟥	🟥			🟥	Due to a change in worker and the need to recruit a second worker, no direct with schools has taken place yet. This will be shared via the Early Help Conference in December. YC Champions will be retintroduced early 2023 once staffing levels allow this work to be done
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	Carers Strategy Group	Dec-21	Leaflet completed. Distribution	N/A	🟩	🟩			🟩	Information within Carers Hub Leaflet
	2.4.2: Review and refresh the Carers Strategy Action plan	Carers 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	438	236			🟩	Regular clients on our core service 323, Emergency respite 115 = 438
	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	42	29			🟩	Most new referrals for YC come via the LA through the Early Response Hub. Assessments are completed in a timely manner with activities and clubs offered to those who meet criteria. Mentors are also in place for more complex families
	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	0	0			🟥	There is currently no method in place to gather quantative feedback, but qualitative feedback is given verbally from YC to staff. This needs to be recorded more effectively and frequently
	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	0	0			🟥	Due to staffing levels, recruitment activity on volunteers is currently low. Methods of free recruitment will be explored within the vision document
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.

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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						
	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 and monitor at bi-monthly meetings. Various pieces of work have been commissioned/undertaken to date.
	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 - A full needs assessment is required every three years but a refresh is required on an annual basis to review any change in provision. Therefore, funding has been allocated towards commissioning a consultant to undertake the needs assessment refresh. The consultant will also be responsible for comining our Domestic Abuse Stratgey 2020-23 and Domestic Abuse Safe Accommodation Startegy 2021-23. Expected work to begin in the new year.

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						2022/23						
Objective	**Description**	**Owned by**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
	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 - Domestic Abuse Board regularly review datasets at each bi-monthly meeting.
	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 and operational for over 6 months. This group reports into the Domestic Abuse Board.
	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	0	9				During Q1 no DA training took place due to trainer sickness. During Q2, 1 DA Awareness training took place.
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		800				The second annual Work & Careers Fair (the 'Destinations Expo') was successfully delivered on 13th October 2022 at Newbury College. Over 800 young people from local secondary schools attended, with around 50 employers and other organisations exhibiting. There was a strong focus on careers for students with disabilities, with over 100 attending and all employers attending a briefing on supported employment. The EBP projected managed the event, 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		163				The H&WB approved funding for this programme, which was delivered in secondary schools by the EBP. All sessions were completed by July 22, with 163 participants. A further funding bid for 22/23 has been submitted for consideration by the HWB Board.

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						2022/23					
Objective	**Description**	**Owned by**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
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						
	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						Review West Berks Directory udertaken by BCT team. The process did not result in receiving any successful bids. Paper to procurement board recommending extension of exisitng contract for a further year whilst alternative options are explored. New Action owners identified for this next phase of work.

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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 personal and collective resilience using research and good practice	3.1.1: Map the current offer for support to parents and carers from all services	CDG (1001 DAYS)	Mar-22	Mapping of provision completed	N/A						3.1.1, 3.1.2, 3.1.4, 3.1.5 are the same (albeit slightly different wording) as line 88 (3.2.2) therefore action owner would recommend deleting these.
	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							60 plus attendees at group or 1 to 1 sessions. Managers report on a quarterley basis providing igures feedback and a case study.
	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	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%						

| | | | | | | 2022/23 | | | | | |
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
midwifery, Family hubs, healthy visiting and school nursing	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	🟩	🟩			🟩	Mapping exercise completed with engagement sessions with services and partners. Infographic in draft form ready for consultation with a group of users.
	3.2.3: Promote breastfeeding (placeholder)	CDG (1001 DAYS)	Jun-23	Increase Breastfeeding rates at 6 - 8 weeks	TBC (Subject to funding approval)	🟩	🟩			🟩	28 given 1:1 support, 12 Antenatal, Educafe 4, the remaining 12 seen at groups where support is offered, phone or text conversations. 16 feedback forms received.
	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	🟧	🟧			🟧	This has been indroduced as part of the new 0 - 19 Public Health Nursing (Health Visiting and Sch Nurs) contract which started on 1st April 2022 but reporting on this will not commence until q1 2023.
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%	🟧	🟧			🟧	As above
	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				🟩	🟩			🟩	Good joined up approaches. Delivery of services alongside in Family Hubs. Use of social media. 1001 Days Infographic task group.
3.4: Ensure that our early years setting staff are trained in trauma informed practice and care, know where to find	3.4.1: Undertake an evidence review of trauma informed training, including cost-analysis	CDG	Jun-22	Evidence review completed	n/a						

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
information or help and can signpost families properly	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						The first round of Early Years Elsa work is complted and the review report is being drafted. There are plans for secrueing a secodn round of funding to support a further delivery to settings.
	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							Documentation in draft and going out for trial and consultation
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						Family Hub staff working closely with local voluntary sector to ensure that local support is provided and signposted. Childcare provision and costs available on the West Berkshire Directory. Telephone and email support available during working day.
	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							Professionals guide available to services and voluntary sector providing infomration on Family hub delivery. Social media used to highlight current awareness.
	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						All Family Hubs have established parent/carer engagment groups. The annual survey has been revisited and amendments made to provide greater scope ofr feedback and development of servies.
Priority 4 - Promote good mental health and wellbeing for all children and young people											
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	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. % of schools completing who sign up or target of 5 per year. 2. Universal offer 3. Every Year 5 & 6 child in West Berkshire - these will be redeveloped next financial year	1	3				
	4.1.2: Number of local primary schools who have received a Life Education Performance	CDG	Apr-22	Number of schools	12						

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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 - 30 per year	11					Target updated to 30 per year for 2022/23
	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						This work was not funded and therefore has been deleted from the Delivery Plan
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						
	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						

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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						
	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						

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	4.4.2: Recruit Young Health Champions in Schools	CDG	Jul-22	Number of schools engaged	Year 1 - 3 schools 10 YHC per school Year 2 - 3 schools 10 YHC per school						
	4.4.3: ~~Run Living Well Workshops for Year 7 students.~~Xeeate PSHE resources for KS3 and KS4 srudents to support schools' PSHE delivery	CDG	Jul-22	~~Number of workshops~~ Number of schools engaged Feedback from attendees	~~TBC~~ 5 resources per year						
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						
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		▆	▆			▆	138 primary colleagues; 53 seconday colleagues, 69 LA colleagues of which 14 CS's colleagues have trained as tutor trainers with access to TT elearning platform to train their teams, supporting a common language with each other, schools, pupils and families. 100% of participants rated the training good or very good and articulated how it will improve their work with partners.
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									

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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										
	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	🟩	🟩			🟩	Being progressed by a sub-group which had had its first meeting by the end of the quarter. Initial report from the sub-group taken to the Mental Health Action Group on 30th June 2022 who approved next steps for this project. November 2022: Stakeholder workshop held in September 2022 to look at the financial issues for people with mental health issues and starting to look at solutions.

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						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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	🟩	🟩			🟩	Draft of a webpage for new West Berkshire residents completed in this quarter and comments received from key council departments about changes they wanted to make and additional content. November 2022: webpage has been completed. The next phase is to promote the webpage accross the district and monitor hits on the webpage.
	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	🟩	🟩			🟩	Additional print run of mental health z cards undertaken and sent to key organisations including social prescribers, West Berkshire libraries and mental health first aiders. November 2022: Z cards updated again and a further 5,000 cards have been ordered. 3,000 for schools and 1,000 for west berkshire foodbank, 50 to Newbury Soup Kitchen, 100 to West Berkshire Suicde Prevention Action Group.
	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						Project not started. Need to link in with Elisabeth Gowens on this piece of work.
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	🟩	🟧			🟩	There has been a drop off in applications to the fund but over £260k has been allocated to local VCS organisations. There is £53k still to allocate, and we are keeping the fund open for the time being whilst Covid is still circulating. This will be reviewed next quarter. November 2022: The funding panel hasn't met for a while due to low number of applications.

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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	🟥	🟥				See indicator = Berkshire Directors of Public Health halted the Be Well project due to concerns over safeguarding.
	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	🟧	🟧			🟧	Initial meeting held with stakeholders, with a view to holding an event later in the year involving young people, parents carers and support organisations. November 2022: The next thinking together event with young people to be run later in the year with Berkshire Youth.
	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		🟥	🟥				Project not started yet. Need to clarity whether funding got approved or not.
	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	🟧	🟧				November 2022: Need clarity on this

Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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						Is this duplication of a similar indicator?
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?
	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						November 2022: Matt Pearce removed the need for a separate mental health strategy.
	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						November 2022: Interviews have been conducted and are being written up with key themes to be included within the needs assessment.

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Health and Wellbeing Strategy Delivery Plan 2022-2025											
						2022/23					
Objective	Description	Owned by	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	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		🟧				November 2022: Need to establish how this differs from 5.1.2.
	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		🟥				November 2022: Be Well project has been halted by the Directors of Public Health for Berkshire due to concerns over safeguarding. Need to consider a different way of delivering the project.
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 MHAG chairs worked with Rachel Johnson and Elisabeth Gowens (WBC Public Health and Wellbeing) to offer MH training for SMEs. Unfortunately, there has been no take-up of the offer by SMEs, but the programme is being delivered for voluntary organisations. In addition to the email and social media marketing of the training, the DWP are also now promoting the offer to employers.
	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 weight 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	🟧				🟧	MHAG is monitoring progress and providing any advice and support it can. Percentage of those registered with SMI receiving all six elements of the SMI health check is increasing but still not clear if or when it will reach the national target of 60% by the end of the year.
	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	🟩				🟩	This has been completed by Terry Simpson from SCAS. He is presenting this resource to the Berkshire Suicde Prevention Group in Autumn 2022. November 2022: This piece of work is now being rolled out across the Thames Valley.

						2022/23					
Objective	**Description**	**Owned by**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
	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.
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						Breathing Space launched in September 2021 and extension into West Berkshire in April 2022 so need to be clear on timeframe for evaluation
	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		target exceeded				THE WBSPAG delivered a face to face suicide prevention training course targeted at the racing industry in the Lambourn Valley in August.In September we met with Proud to be Trans Group and two members subsequently attended the October course. In September we have been contacting all local libraries and some churches and established social groups souch as Mens Breakfast Clubs, walking groups, leagacy leisure, carers support groups, lunch clubs and pastoral friends group. The next SPAG course is already booked for January

Continuing Health Care

Report being considered by:	Health and Wellbeing Board
On:	08 December 2022
Report Author:	Paul Coe
Report Sponsor:	Councillor Jo Stewart

Item for:	Information

1. Purpose of the Report

To provide an update on work relating to the management of Continuing Health Care (CHC) in West Berkshire.

2. Recommendation(s)

That the Health and Wellbeing Board notes the outcomes and recommendations of the peer review of CHC in Berkshire West and notes that a full report on the implementation of the associated Transformation Plan will be presented to the next meeting on 23 February 2023.

3. Executive Summary

3.1 West Berkshire Council's Adult Social Care (ASC) department has had very longstanding concerns regarding the management of CHC locally. Those concerns are mirrored in neighbouring authorities which sit within the Berkshire West Locality (Reading Borough Council and Wokingham Borough Council).

3.2 There is now a clear plan for the transformation of CHC within the Buckinghamshire, Oxfordshire and Berkshire West footprint. The Terms of Reference for the Transformation Plan are provided at Appendix A. Further detail or the approach is provided at Appendix B.

4. Supporting Information

4.1 NHS England has commissioned the LGA to deliver a short series of peer reviews of continuing healthcare (CHC) services.

4.2 The Peer Review took place across Buckinghamshire, Oxfordshire and Berkshire West on the 19th and 20th July 2022.

4.3 The reviews were intended to:

- Support systems to identify and share improving practice which support personalised, high-quality and safe care.

- Help system leaders understand better their strengths and areas for development to strengthen system leadership and lead to improvements in service delivery.

- Provide a safe space for system partners together to consider new and better ways of working together, build shared understanding and agree next steps.

4.4 The peer review was delivered by an experienced team of peers drawn from senior leaders in health and care, with experience of both CHC and its role within wider service planning and delivery. Insight was collected and triangulated from interviews across each workstream over two days and discussed as a team to reach the position reflected in the feedback session on 20th July 2022.

4.5 Detailed findings were shared, including the following extracts:

Performance

- The peer team saw a focus on process over practice, from both health and social care perspectives. The team heard staff found it difficult to reflect on practice in a constructive and developmental way, assuming a defensive position when professional challenge is offered.

- There was considerable mention from staff of the variation in CHC process and delivery compared to other places within BOB, and the peer team considered whether the local population are achieving their best outcomes.

- There is tension between the different ways of working with each local authority and the different resource challenges faced by each.

- Significant communication issues between health and social care and an inability for colleagues to identify their counterparts in the other organisations.

Leadership, Behaviour and Culture

- Demographic and inflationary pressures have put huge pressure on health and social care budgets. It was evident to the peer team that there is a lack of trust and collaboration between leaders, which we believe is preventing them from coming together to resolve the financial challenges for CHC in the system.

- The challenges between health and social care organisations in Berkshire West are very visible to partner organisations, which have serious concerns for the individuals at the centre of these.

- There is a focus on old cases – a significant amount of time in sessions was spent discussing previous CHC reviews and the issue of disputed cases.

- The peer team heard of significant constraints in workforce capacity in both health and social care, making it difficult to meet local CHC demands, and both training and recruitment were noted as issues.

Recommendations

- The very visible issues in Berkshire West need resolving for staff, the local population, and the ICS, and this will need senior executive health and social care oversight and commitment, to ensure the transformational change required is driven forward, underpinned by a clear shared vision and person-centred approach.

- There is a need to work together to understand the wider pressures and create ways of working which support all organisations.

- Significant work needs to be done to bring a close to those cases still in historic dispute via a task and finish group or using external support.

- It would also be helpful to consider commissioning a generalised advocacy contract for the locality, to ensure there is a clear offer to all individuals receiving services including those moving through their CHC journey.

- The approach to partnership within the CHC structures should be wider than just between NHS and local authority representation, including also ICS senior leadership, provider and voluntary sector representatives, and individuals and their families and carers. This should be designed into a refreshed and inclusive meeting structure, which could support system leaders, clinicians and partners (including voluntary sector and advocacy groups) to come together to build trust in a shared process.

- Experience from elsewhere in the ICS around both CHC delivery (process and practice) and developing improvement in partnership working in this area could inform a co-designed OD programme with individuals and carers; this could support staff through a significant cultural and practice transformation with a focus on people's experience and outcomes.

- There is a need for a user guide for individuals, and their families and carers to navigate CHC in the system, including helpful contacts and mapping of organisational processes and timelines.

- There were pieces of good practice identified by health colleagues that could offer some 'quick wins' to improve working and offer more streamlined practice.

- There is a need to regularly evaluate processes to enable partner organisations to constructively feedback where things are not working – for example family carer form or care home checklist.

- Where appropriate, Berkshire West colleagues should call upon the ICB's responsibility to audit fast track activity and provide feedback to referees when a fast track has been used inappropriately; fast tracks should not be turned down.

5.   Options Considered

None.

6.   Proposal(s)

It is proposed that West Berkshire Council Adult Social Care (ASC) cooperate fully with the planned work to improve the management of CHC within the district and make it an area of priority, and that a full report on the Transformation Plan be brought to the next meeting of the Health and Wellbeing Board on 23 February 2023.

7.   Conclusion(s)

Following the Peer Review a transformation Programme for All Age Continuing Care (AACC) has been approved to support BOB ICS implement a programme for change

for adult NHS Continuing Healthcare and NHS-funded Nursing Care (CHC) and for Children and Young People's Continuing Care (CYPCC).

8. Consultation and Engagement

8.1 Holly Whitwham, WBC Legal Services.

9. Appendices

Appendix A – Transformation Board ToR Final

Appendix B – Programme Board Presentation

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 improving the management of CHC within the District.

BOB ICS All Age Continuing Care (AACC) Board

Transformation Board - Terms of Reference

09th November 2022

1   Introduction

1.1   A Transformation Programme for All Age Continuing Care (AACC) has been approved to support BOB ICB implement a programme for change for adult NHS Continuing Healthcare and NHS-funded Nursing Care (CHC) and for Children and Young People's Continuing Care (CYPCC).

1.2   The ICB has responsibility to provide CHC & CYPCC services for its population. This is provided by three dedicated CHC/CYPCC teams across the ICS, each coterminous with the three placed-based localities of the ICS. There are five local authorities within the ICS and these are Oxfordshire, Buckingham, Reading, Berkshire West and Wokingham.

1.3   The purpose of the CHC service is to establish and review eligibility for CHC, NHS-funded Nursing Care (FNC) and CYPCC and for people found eligible, to commission and pay for their safe care.

1.4   The process is operated under the National Framework (NF) for CHC and FNC (revised 2022) which set out the principles and processes for determining eligibility.

1.5   The NF is underpinned by the Standing Rules Regulations issued under the National Health Service Act 2006, which requires the ICB to comply with its responsibilities to operate within the exigencies of the NF.

1.6   There is a parallel process governed under a separate process called the National Framework for Children and Young People's Continuing Care (revised 2016).

1.7   The overall aims of the programme are:

- Ensuring assessments occur at the right time and in the right place, meeting all nationally mandated KPIs
- Reducing variation in patient/carer experience of CHC assessments and eligibility across BOB
- Establishing appropriate ICB oversight of CHC and related services performance, developing locally appropriate KPIs
- Standardising and enhancing the corporate support services for CHC and related services, improving service resilience and efficiency
- Commissioning services at scale where appropriate yet retain local flexibility and responsiveness

1.8 The Transformation Board will have responsibility to oversee the Transformation Programme for adult CHC and CYPCC across the ICS. It will provide leadership, governance and assurance to ensure the 3 key pillars of the programme are delivered viz:

Phase 1	Undertake a comprehensive and detailed review and analysis of All Age CHC services across BOB, ensuring the involvement of key stakeholders, patients and carers in workstreams as appropriate	16 weeks
Phase 2	Produce a comprehensive Transformation Programme Plan (TPP) to implement the recommendations from Phase 1	8 weeks
Phase 3	Support the delivery of the TPP through an All Age CHC service Operating Model	26 weeks

1.9 To align the ICB's approach with the plan, the group will prioritise engagement with local partners, including local authorities and the voluntary sector, and involve patients and communities.

1.10 The group will need to have regard to achieving economies and efficiencies. This requires a fresh consideration of how services can be delivered at different scales within the ICB; how care is commissioned; and how technology is used to reduce paper-based systems.

1.11 These are powerful drivers for change that will define the purpose and outlook of the Transformation Board and which need to be reflected sensitively in an ICS as well as more local context.

2 **Membership**

2.1 Membership of the Board needs to include the three CHC leads in the ICS and representatives from different teams and specialists from within the ICS and local authorities including finance, quality, commissioning, workforce and corporate services.

2.2 It needs to include a representative from each of the five Local Authorities and public/patient representatives.

2.3 It will be chaired by the ICB Chief Nursing Officer and with support from the Programme Lead, will have oversight of the Transformation Board's improvement and implementation plans and processes.

2.4 The membership proposed would be as follows (subject to agreement):

Representative	Role	Organisation
Rachael Corser	Chief Nursing Officer & Chair	ICB
Yvonne Le Brun	Programme Lead	ICB
Dr Paul Pettigrew	Facilitator	ICB
Uko Umotong	Programme Support	ICB
Suzanne Adawallah	Head of Service	Buckingham CHC service
Liz Rushton	Head of Service	Berkshire West CHC service
Holly Squires	Head of Service	Oxfordshire CHC service
Victoria Baran	Interim Deputy Director Adult Social Care	Oxfordshire LA
Adam Payne	Head of Service North and East Localities	Buckingham LA
Sunny Mehmi	Assistant Director Adult SC	Reading LA
Matt Pope	Director of Adult Services	Wokingham LA
Paul Coe	Service Director Adult SC	West Berkshire LA
Nita Hughes	CHC Consultant/Associate Director Commissioning	Buckinghamshire Place
Ian Bottomley	Joint Commissioner	Oxfordshire Place
Niki Cartwright	CHC Senior Responsible Officer for the ICB/Commissioner Berkshire West	ICB Commissioning Team/Berkshire Place
David Williams	Deputy Director of Quality	ICB Quality Team
TBC		ICB Finance Team
TBC		ICB Corporate Services
Rosalind Pearce	Executive Director	Healthwatch Oxfordshire
Zoe McIntosh	Chief Executive	Healthwatch Bucks
Andrew Sharp	Chief Officer	Healthwatch Berkshire West
Emma Leaver	Service Director Community Services	Oxfordshire Healthcare FT

Jennifer Bransby-Leaver		Oxfordshire Healthcare FT
Katie Taylor	Operations Manager	Oxfordshire Healthcare FT
Tracey Brown/James Hughes	Head of CHC/Deputy Head	NHSE SE Regional Office

2.5 Additional members may be invited to Group meetings in pursuit of particular themes and workstreams as and when required.

3 Responsibilities

3.1 The Transformation Board will function as the main decision-making body for the Transformation Programme and will have the authority to deliver the programme unhindered to ensure timely implementation.

3.2 The Board's particular responsibilities will be for:

- Detailed design and delivery of the Transformation Programme within agreed timescales

- Overseeing and defining the roles and requirements of working groups tasked with specific deliverables

- Setting up task and finish groups as required to consider particular specialist areas such as Personal Health Budgets, CYPCC, etc., establishing their terms of reference and reporting arrangements back to the main Transformation Group

- Reporting and providing assurance on the Programme's progress as required to:

  - ICB Executive Group

  - Oxfordshire, Buckingham, Reading, Wokingham and West Berkshire Local Authorities

3.3 The minutes will be made available to the relevant governance bodies within the represented organisations, including ICB Quality and Clinical Governance Committees and Joint Commissioning Groups.

3.4 In the event that the Board cannot agree on a particular matter, it will fall to the SRO within the ICB responsible for CHC and CYPCC and Directors of Adult Social Services to resolve the issue.

3.5 The Transformation Board will adhere to the corporate governance of the represented organisations, including risk management arrangements. It will also conduct its business under relevant codes of practice including Nolan principles

4   **Frequency and Quoracy**

4.1   The Group shall meet four weekly unless the exigencies of the business require more frequent meetings.

4.2   For meetings to be quorate it must include the Chair or the Programme Lead, plus the Facilitator; two Heads of CHC; two other ICB representatives; and at least three Local Authority representatives.

4.3   The members will have responsibility for communicating the proposals, plans, decisions and actions through their own organisations and work to foster a spirit of partnership.

4.4   Meetings will normally be held via Teams and face to face by exception.

4.5   The members may nominate a proxy to attend meetings if they cannot attend in person or by using technology. The Group Chair and Facilitator should be informed of any apologies from members and their proxies as soon as possible before the meeting.

4.6   Nominated proxies should be well-briefed before attending meetings and have the appropriate delegation of authority to participate in meaningful discussions and decision- making.

4.7   Nominated proxies should provide relevant feedback from the Group to the Group member they are representing as soon as possible after the meeting.

4.8   The Chair of the Board may be proxied by another ICB senior officer or LA representative.

5   **Agendas and Papers**

5.1   The agenda will have the following standing items:

- Introduction and apologies

- Conflict of interest

- Minutes of previous meeting

- Matters to be discussed for decision

- Matters to be discussed for information

- Any other business

- Date and time of next meeting

5.2   The Transformation Board will consider monthly reports or briefings containing updates on progress within workstreams. The detail and content of these reports

will be developed by the Programme Group

5.3   All agenda items must be forwarded to the Facilitator by close of business three working days prior to the next scheduled meeting.

5.4   The members may raise additional relevant items at the discretion of the Chair and Facilitator depending on their urgency and importance and if time permits at the meeting.

5.5   The meeting agenda and any associated papers will be distributed at least three days prior to the next scheduled meeting via identified administrative resource within the Programme.

5.6   Minutes and any action notes from Group meetings will be distributed by the identified administrative support person and circulated within five working days to all Group members.

6   Management and Accountability

6.1   The BOB ICB has overall accountability for ensuring that all CHC-related activities, including those of the Transformation Board, operate within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and CYPCC; adhere to statutory responsibilities under the Mental Health Act 2007; and Section 117 (aftercare) in particular.

6.2   The Transformation Board is accountable to its memberships' governance structures and ultimately to their respective Governing Bodies and Cabinets.

7   Authority

7.1   The Transformation Board is authorised by the statutory bodies making up its membership to investigate any activity within its terms of reference.

7.2   The Transformation Board is authorised to seek any information it requires from any employee of the membership organisations and such employees must co-operate with any reasonable request for information made by the Group.

BOB ICS All Age CHC
Transformation Programme
November 2022

Our Aims

✓ To ensure that assessments occur at the right time and place, meeting all nationally mandated KPIs

✓ To reduce variation in patient/carer experience of CHC assessments and eligibility across BOB

✓ To establish appropriate ICB oversight of CHC and related services performance, developing locally appropriate KPIs

✓ To standardise and enhance corporate support services for CHC and related services, improve service resilience and efficiency

✓ To commission services at scale where appropriate yet retain local flexibility and responsiveness
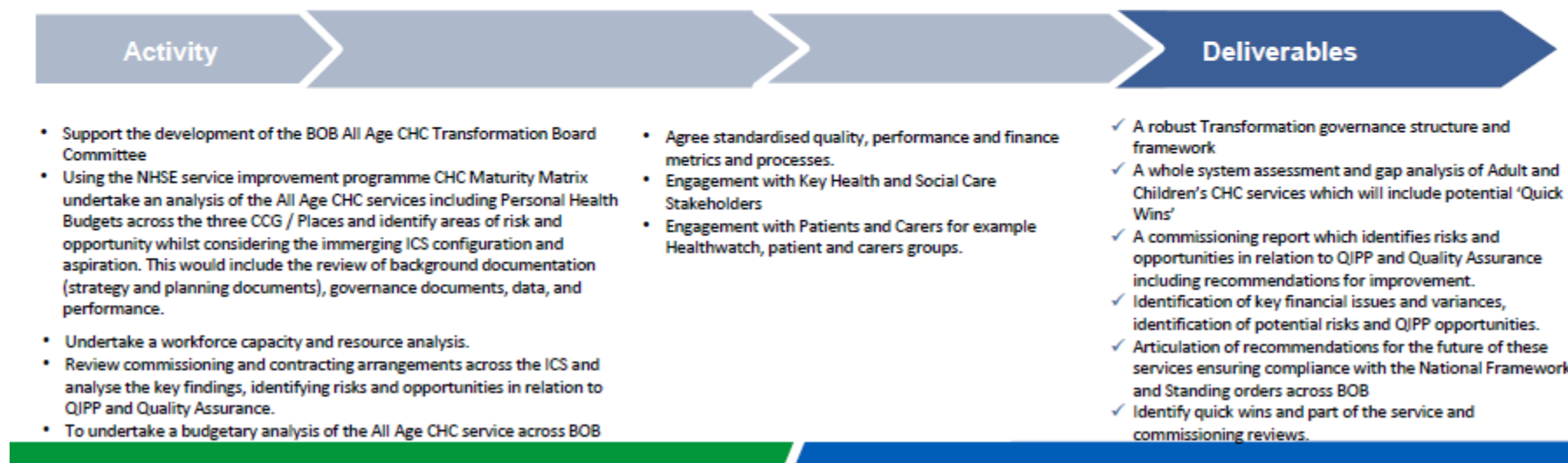
Our approach and timeframes – *Phase 1*

NHS

Over 16 weeks we will undertake a comprehensive review of the All Age CHC service across BOB.

Objective

→ Establish the All Age CHC transformation programme governance structure
→ Undertake a comprehensive review of All Age CHC services across BOB and baseline the current provision.
→ Assess existing services against key measures and metrics including NHSE performance reporting for All Age CHC.
→ Identify system level service development opportunities and efficiencies to inform the future All Age CHC Strategy (including reviewing and confirming the initial identified 'Quick Wins')
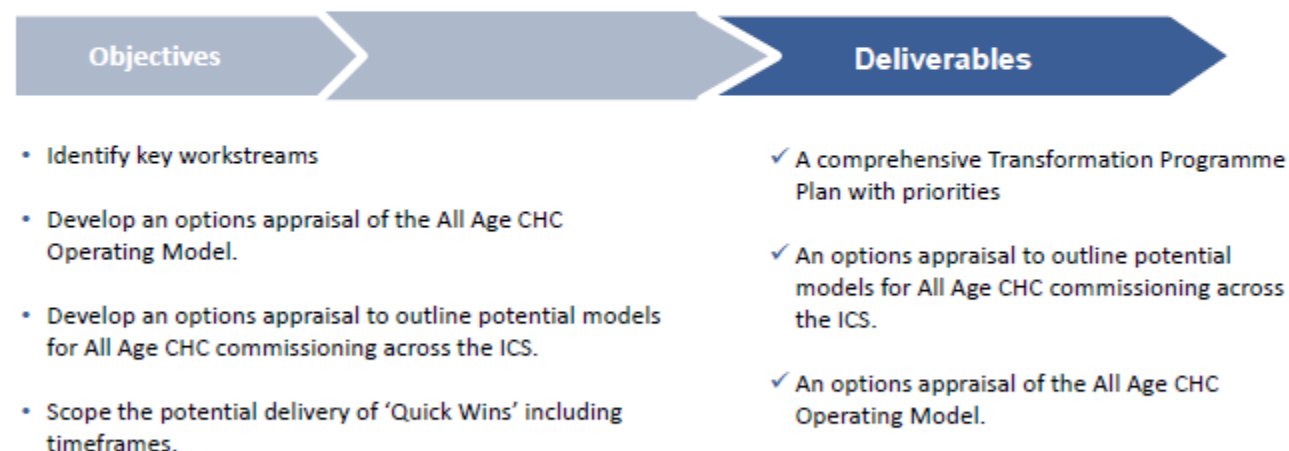→ To develop standardised quality and performance reporting across all three Places.

Approach

Activity ➤ ➤ **Deliverables** ➤

- Support the development of the BOB All Age CHC Transformation Board Committee
- Using the NHSE service improvement programme CHC Maturity Matrix undertake an analysis of the All Age CHC services including Personal Health Budgets across the three CCG / Places and identify areas of risk and opportunity whilst considering the immerging ICS configuration and aspiration. This would include the review of background documentation (strategy and planning documents), governance documents, data, and performance.
- Undertake a workforce capacity and resource analysis.
- Review commissioning and contracting arrangements across the ICS and analyse the key findings, identifying risks and opportunities in relation to QIPP and Quality Assurance.
- To undertake a budgetary analysis of the All Age CHC service across BOB

- Agree standardised quality, performance and finance metrics and processes.
- Engagement with Key Health and Social Care Stakeholders
- Engagement with Patients and Carers for example Healthwatch, patient and carers groups.

✓ A robust Transformation governance structure and framework
✓ A whole system assessment and gap analysis of Adult and Children's CHC services which will include potential 'Quick Wins'
✓ A commissioning report which identifies risks and opportunities in relation to QIPP and Quality Assurance including recommendations for improvement.
✓ Identification of key financial issues and variances, identification of potential risks and QIPP opportunities.
✓ Articulation of recommendations for the future of these services ensuring compliance with the National Framework and Standing orders across BOB
✓ Identify quick wins and part of the service and commissioning reviews.

Our approach and timeframes – *Phase 2*

NHS

Over 8 weeks we will produce a comprehensive strategic development plan for implementation of the recommendations from phase 1 ensuring high quality efficient, fair, and equitable All Age CHC services across BOB ICS.

Phase 2

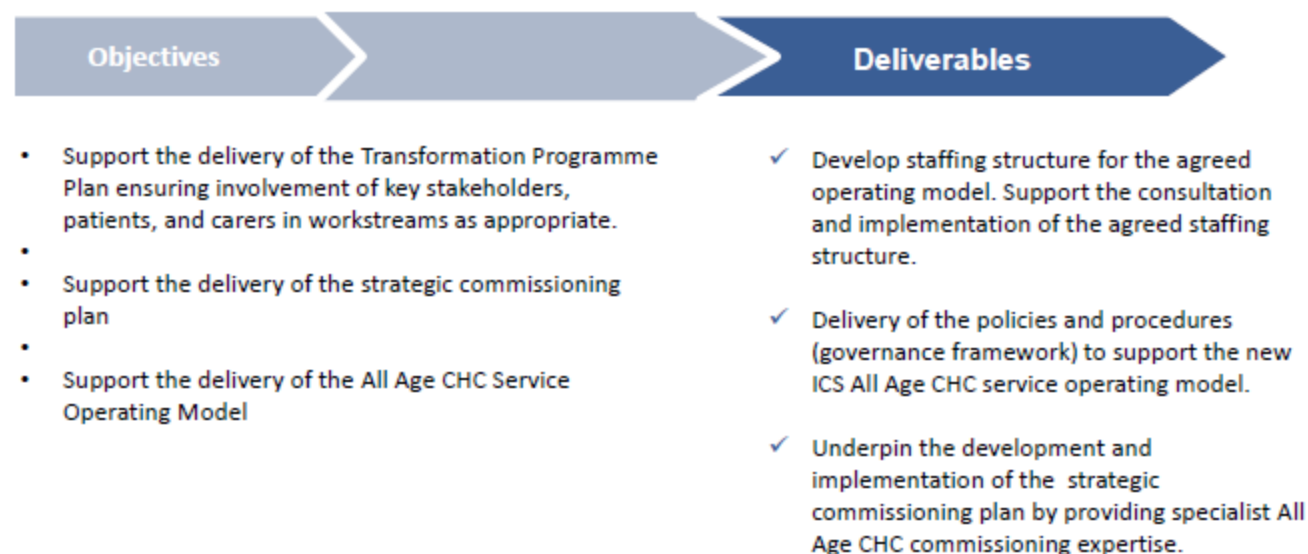### Approach

Objectives		Deliverables

- Identify key workstreams

- Develop an options appraisal of the All Age CHC Operating Model.

- Develop an options appraisal to outline potential models for All Age CHC commissioning across the ICS.

- Scope the potential delivery of 'Quick Wins' including timeframes.

✓ A comprehensive Transformation Programme Plan with priorities

✓ An options appraisal to outline potential models for All Age CHC commissioning across the ICS.

✓ An options appraisal of the All Age CHC Operating Model.

Our approach and timeframes – *Phase 3*

Over 26 weeks we will underpin the delivery of the Transformation Programme Plan using an inclusive and supportive approach, providing leadership and mentorship to the clinical and non-clinical teams responsible for service provision.

Phase 3

Approach

Objectives	Deliverables

- Support the delivery of the Transformation Programme Plan ensuring involvement of key stakeholders, patients, and carers in workstreams as appropriate.

- Support the delivery of the strategic commissioning plan

- Support the delivery of the All Age CHC Service Operating Model

✓ Develop staffing structure for the agreed operating model. Support the consultation and implementation of the agreed staffing structure.

✓ Delivery of the policies and procedures (governance framework) to support the new ICS All Age CHC service operating model.

✓ Underpin the development and implementation of the strategic commissioning plan by providing specialist All Age CHC commissioning expertise.

PHB Workstream

PHB workstream Highlight Report	Note this workstream is for Personal Health Budgets for people who are eligible for CHC/CYPCC and not for wider groups including wheelchairs and Sect 117	Date: 25.10.22
Strategic Objective	1. To ensure all individuals eligible for CHC and CYPCC and who live in their own homes have a PHB 2. To ensure that PHBs are delivered according to the principles of personalisation and integrate services around the person, offering choice and control over care delivered with the focus on outcomes to improve health and well-being 3. To ensure that the ICB has a suite of policies and guidance to govern PHBs and are available on the ICB website 4. To ensure that Direct Payments (DPs) are offered and delivered in line with the Direct Payment Guidance 2014 and that safe care is delivered by Personal Assistants (PAs) 5. To ensure that financial governance and audit is supported through clear contractual arrangements between the ICB and individuals 6. To ensure individuals are supported in PHBs with advice, guidance and technological support being available to assist in managing and operating direct payments 7. To ensure that staff are trained in all aspects of PHBs, personalised care & support planning and case management of individuals with PHBs	Status: RAG **Red (not met)**
Headline	Significant disparity across BOB in terms of the PHB offer, with many people who are legally entitled to a PHB not in receipt of one. Lack of suitably trained and experienced staff is an issue as well as lack of policies and procedures to support and govern this work	Author: Yvonne Le Brun

Mandate / Objectives	Progress / Achievements
• Undertake baseline assessment of the 3 BOB areas and PHBs • Determine whether BOB is meeting its obligations for those legally entitled to PHBs • Identify areas of good practice and gaps in provision • Develop BOB-wide policies and procedures to oversee delivery of PHBs	• Baseline assessment already completed • Assessment already completed and BOB is not meeting its obligations • Areas of good practice have been identified and a comprehensive gap analysis has been completed • No policies exist but some good contractual arrangements are in place

Issues for Discussion / Decision	Risks
• Agree establishment of PHB workstream to include each place in BOB	• Inequity of PHB offer across BOB footprint • Lack of policies and procedures to minimise clinical, financial and reputational risks • Staff lack training and confidence in elements of PHB
	Quality Impact
	• Not yet undertaken
	Equality Impact
	• Not yet undertaken

CYPCC Workstream

NHS

CYPCC workstream Highlight Report		Date: 24.10.22
Strategic Objective	1. To ensure the best possible experience for people going through the AACC assessment process. 2. To ensure CHC assessments occur at the right time and in the right place 3. To identify best practices across BOB and create a system-wide approach that is coherent, fair, efficient and fit for purpose. 4. To help system leaders understand the importance and exigencies of CYPCC, including safeguarding responsibilities, and to match resources with needs, taking advantage of efficiency gains through system-wide working in, for example, administration, finance and commissioning. 5. Establish a coherent system-wide approach to funding healthcare in AACC, including joint funding of unmet health needs and Personal Health Budgets (PHBs), underpinned by appropriate policies.	Status: RAG Amber (in progress)
Headline	Some disparity of provision and inequity of staffing capacity.	Author: Claudia Hobden

Mandate / Objectives	Progress / Achievements
• Obtain baseline assessment of the 3 BOB areas CYPCC service • Information gathering • Development of CYPCC maturity matrix to allow accurate gap analysis	• Interviews with CYPCC leads held. • Internal paperwork gathered. • No Policies for CYPCC but all share RAT – CHAT • Disparity of PHB offer Training needs analysis for PHB workers required • Draft prepared
Issues for Discussion / Decision	**Risks**
• At scale model for CYPCC to facilitate equitable service delivery.	• Inequity of CYPCC offer across B.O.B footprint • Differences in relationships with stakeholders dictating provision • Differences in staffing skill mix
	Quality Impact
	• Not yet undertaken
	Equality Impact
	• Neutral Not undertaken

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Financial Problems and Mental Health

Report being considered by:	Health and Wellbeing Board
On:	8 December 2022
Report Author:	Adrian Barker
Report Sponsor:	Councillor Jo Stewart
Item for:	Discussion

1. Purpose of the Report

This is an interim report from the Mental Health Action Group as part of its work in addressing elements of the delivery plan for the West Berkshire Health and Wellbeing Strategy, agreed by this Board last year. This work involves the impact of personal financial problems on people's mental health.

2. Recommendation(s)

The Board is invited to note the report.

3. Supporting Information

3.1 The specific aim in the delivery plan that we are addressing is.

> "5.1.1: Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)"

3.2 Although addressing this issue was identified as a long term aim before the current cost of living crisis, it clearly overlaps with it, so we have tried to co-ordinate the work with other activities accordingly.

3.3 A final report is due to be presented to the Board at its February 2023 meeting. It was suggested at the Board's meeting on 29th September that an interim report be brought to its next meeting.

3.4 The attached report outlines the findings so far, based on discussions with a range of individuals and organisations in the voluntary, public and private sectors.

4. Options Considered

4.1 None.

5. Proposal(s)

As this is an interim report, it does not make any recommendations at this stage and the Board is simply asked to note the findings.

6.   Conclusion(s)

6.1   This is a complex topic and the scale of the work means that MCAG has only been able to scratch the surface of it. Proposals will be developed, assessed and refined for inclusion in the final report to Health and Wellbeing Board in February 2023.

7.   Consultation and Engagement

7.1   A wide range of organisations and individuals have been consulted in collecting the information for this report, particularly those voluntary organisations providing direct support to people in need, but also other bodies including West Berkshire Council, DWP, Sovereign, a social prescriber and Healthwatch West Berkshire.

8.   Appendices

Appendix A – Interim report of the Mental Health Action Group on financial problems and mental health.

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 highlighting the links between financial problems and mental health.

Appendix A

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Interim report to the Health and Wellbeing Board
From the Mental Health Action Group
Financial problems and mental health
December 2022

1. Introduction and background

This is an interim report from the Mental Health Action Group as part of its work in addressing elements of the delivery plan for the West Berkshire Health and Wellbeing Strategy, agreed by this Board last year. A final report is to be presented to the Board at its February 2023 meeting.

It was suggested at the Board's meeting on 29th September that an interim report be brought to its next meeting.

The specific aim in the delivery plan that we are addressing is.

> 5.1.1: Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)

This is part of the broader strategic objective to:

> "Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness"

The current context for this is the escalating cost of living crisis. While this work needs to be aware of that context, and to help where it can in addressing the issues, it has a more enduring aim: to try and reduce the extent of mental health problems arising from personal financial difficulties in the longer term.

The work so far has included the following actions:
- a sub-committee including key local organisations and individuals was formed to offer advice and support. It includes a councillor and officers from West Berkshire Council, the DWP, Citizens Advice, a social prescriber, Eight Bells and the ICS GP lead for mental health
- discussions with a number of individuals and groups
- a stakeholder event on 14th September with 20 participants representing statutory and voluntary sector bodies including the key ones providing help to people in need.

[Please note that the comments in italics throughout this report are summaries of what was said at the stakeholder event rather than direct quotes, though often close to the wording used.]

2. The Nature of the Problem

The personal financial problems that people are suffering are worse at the moment than they have been, but the same underlying issues were there before the cost of living crisis and will probably still be there afterward.

It is abundantly clear that mental health problems are closely tied up with financial and other difficulties (some of the research evidence is presented later in this report). The agencies participating in the September stakeholder workshop said that many of the people using their services had mental health problems. At the start of the workshop we ran a poll asking "What proportion of your service users have a mental health problem?" with options from 0% to 100% in 20% bands. No-one selected the 0% option. The answer with most responses was 60% having mental health problems. Four respondents said 100% of their service users have mental health problems. As one participant noted, *"why would you not have mental health difficulties given the sort of situation they are faced with"*.

2.1 The main, broad types of problem

While everyone in financial difficulty is different, common factors and patterns in problems and circumstances can be identified. Identifying these groupings can be helpful when trying to identify ways of tackling the problems. (These are not mutually exclusive groups and people can move between them, but they represent features that were highlighted by the people we have spoken to).

2.1.1 Multiple problems and chaotic lives

At one extreme are those with a range of serious problems such as addiction, homelessness and serious mental illness. They are sometimes described as living 'chaotic lives'.

> *We try and talk to people about budgeting but they've got nothing to budget with, so it kind of feels insulting.*

2.1.2 Trigger event and spiral down

There is another group of people who have been managing (albeit 'just about') who have been tipped into financial, mental health and other difficulties, then find it difficult to escape

> *I see other people who have been in work. Things like life changing events, addictions, health issues can trigger people and take them over the edge and force them into financial difficulties. Once they struggle with the debt they spiral down into serious mental health conditions and it's very difficult to get out of that.*

There are many sorts of such trigger factors such as bereavement, unemployment, relationship breakdown or taking on caring responsibilities. Some are, in principle, preventable, while others (such as bereavement or some ill health) are just part of life.

2.1.3   External events – the cost of living crisis

Because it is currently so salient, it is also worth separating out those who are affected by 'external' events (i.e. outside of local control, albeit that national governments have a role in addressing them). These are different because they affect many more people and are factors that can be mitigated against rather than controlled. It includes things like energy prices, inflation more generally, the impact of war, pandemic etc.

We heard how people who have not experienced such problems before are being brought into the net of vulnerability and poverty.

> *People are scared, so, so scared. Those on a fixed income, working families, we are finding all of those people are struggling with it, and they are feeling down because they can't see an end to it.*

> *We are seeing client groups that historically have been able to manage. People that are only in receipt of state retirement pension that have always been able to manage, now can't.*

> *The demographic of people that come to the foodbank has changed considerably. … 60% of the people that come to us are on universal credit but are working. I am speaking to intelligent, educated people who for some reason don't know about the amazing charity work that's going on in West Berkshire and the support available.*

2.1.4   Deficit budgets

Increasingly, there are people in each of the groups above, whose income is not enough to meet their basic needs. So, this is not an issue of budgeting better and making 'sensible' life choices. Better management of personal finances is not, on its own, a viable path to resolving such situations.

> *There are no more ways of maximising income, of squeezing people's budgets. Deficit budgets are becoming the norm. We know that people can't cope with that and they will be driven to take out debt with very high interest rates, particularly people on benefits. It causes added pressure, stress and anxiety – and we've only seen the tip of the iceberg on mental health.*

> *We're finding that people are struggling just to pay their day to day rent and if they've fallen into arrears or have other debts, no matter how*

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much you look at their income and expenditure there is no disposable income to pay the arrears.

2.2 Particular groups affected more than others

There are particular groups of people within those identified above who tend to be more affected than others. They are especially those who are vulnerable for other reasons or face additional costs, e.g. disabled people, those with chronic health conditions, those who are discriminated against (whether intentionally or systemically). Some examples are given below.

According to the Food Foundation, "People who are limited a lot by disability are approximately 5 times more likely to be food insecure (in the past six months) than people who aren't living with a disability."[1] They also note that "People on Universal Credit are 5 times more likely to have experienced food insecurity the past six months."

According to the Runnymede Trust, while black and minority ethnic people make up 15% of the population, they account for 26% of those in 'deep poverty':

"Black and minority ethnic people are … 2.2 times more likely to be in deep poverty (having an income that falls more than 50% below the relative poverty line), than their white counterparts."[2]

Families with dependent children, and particularly lone parent families, are hit worse by fuel poverty. "26.5 per cent of all lone-parent households were fuel-poor in 2020 (2)."[3] This is particularly illustrated in the following graph from the Food Foundation:

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1 https://foodfoundation.org.uk/press-release/new-data-shows-food-insecurity-major-challenge-levelling-agenda

2 https://www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk
3 Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

Food insecurity has increased more in households with children
Percentage of households experiencing food insecurity*:
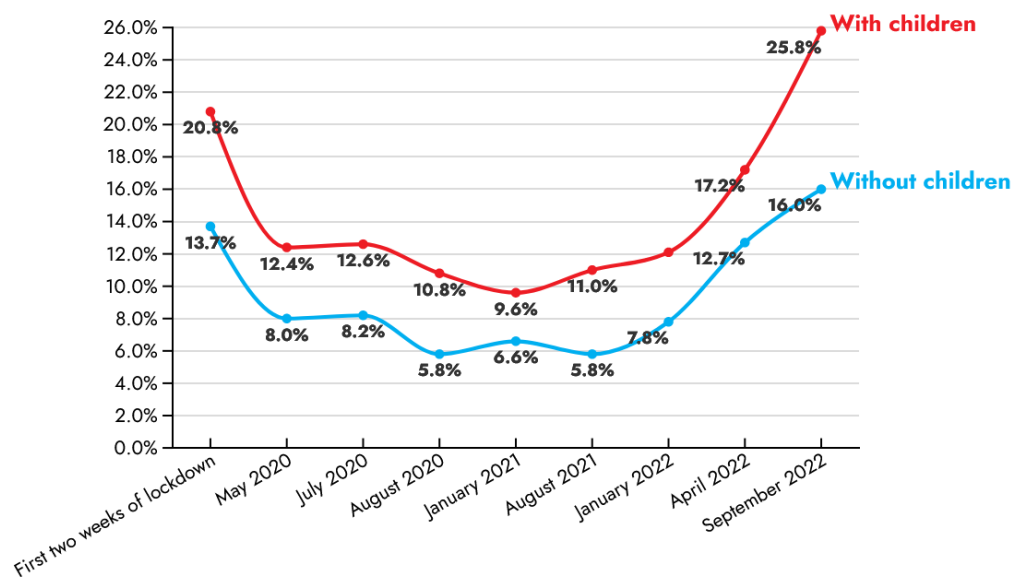
2.3 Helping people

Clearly many services provide invaluable services, offering advice, support, and food. But sometimes it is just listening compassionately that makes a difference.

> *A little bit of compassion can make a huge difference to enable people to start facing up to, and addressing, their problems*

> *Often, people are doing the best they can and wouldn't choose the challenges they face. [A] little bit of compassion [can lead to an] outcome where they feel, 'I'm not as to blame for this as I'm made to feel by society'.*

> *The feedback we get is that, even if it's just a listening ear, just looking at grants and funds available, people feel better after getting advice.*

3. How financial problems, mental health and other factors affect each other

3.1 Impact of poverty and low incomes on mental health

Much of the research evidence on the impact of financial problems on mental health is based on people in ongoing poverty. However, there is also evidence on the effect of immediate changes such as loss of job or income. Both are relevant for this work.

A review of the research[4] says there is clear evidence that economic shocks (e.g. loss of job or income) affect mental health. They say that there is robust evidence that:

> "… across a wide range of populations and study designs, positive economic shocks to individuals are shown to improve mental health, whereas negative economic shocks undermine mental health."[5]

There seems to be evidence, perhaps unsurprisingly, that worry and uncertainty drive mental ill health[6]. Worrying about what the next bill will bring and the stress of managing a complex financial situation are threats to mental health. This was also clearly reflected in what we heard as part of this work.

> *We had several single clients who were living on £190 a month to pay for gas, electric, t.v., water, council tax, food. How is anyone not depressed with this, how can people not be anxious? [Stakeholder event]*

While there is less firm evidence, it is thought that environmental factors like pollution, temperature extremes and sleep deprivation are factors affecting mental health[7]. Some of these are more likely to affect those in persistent poverty than those being pushed into financial dire straits by the current cost of living crisis, although the recent increases in energy costs means some people will be living in cold homes

Poverty in children and even in the womb can increase mental ill health even in adult life[8]. Around 50% of mental health problems have been developed by the age of 14 and 75% by 17.[9]

There is some evidence on associations between poverty, trauma, violence, crime and domestic violence[10]. People living in more deprived areas are more likely to experience crime, domestic violence and the early deaths of loved ones (given the lower life expectancy in those areas).

There is evidence of impact of social status, shame and isolation on mental wellbeing. Research in Norway found that when tax records became easily accessible online, so everyone could see everyone else's income, the gap in happiness between richer and poorer individuals rose by 29% and the gap in

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[4] Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. Science. 2020 Dec 11;370(6522):eaay0214. doi: 10.1126/science.aay0214. PMID: 33303583.

[5] Ridley et al, 2020, p.3.

[6] Ridley et al, 2020, p.4.

[7] Ridley et al, 2020, pp.4-5.

[8] *Persson, Petra, and Maya Rossin-Slater. 2018. "Family Ruptures, Stress, and the Mental Health of the Next Generation." American Economic Review, 108 (4-5): 1214-52.*

[9] Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Davies, Sally C.and others. Department of Health. 2013 October.

[10] Ridley et al, 2020, p.5.

life satisfaction rose by 21%[11]. The health impact of social relationships is comparable to the health impact of smoking[12]. Stigma and marginalisation can also increase social isolation and loneliness.

> *With our older clients, isolation is an issue as well. They have always been able to cope and make do and mend but they feel like they are failing which is affecting their mental health. [Stakeholder event]*

3.2   Impact of mental health on financial problems

There are a number of mechanisms by which mental health problems affect people's financial situation.

Firstly, people with mental ill health may be less able to work or to work so many hours, so reducing their income.

Both poverty and mental health can capture attention and tax 'mental bandwidth'[13]. There can be a lot of planning, thinking and problem solving needed to stay afloat financially. Depression often involves rumination, taking attention away from the necessary tasks of financial management. It also distorts decision making, potentially leading to worse financial choices.

Although progress has been made in recent years, there remains a good deal of stigma in having mental health problems and conscious or unconscious bias in recruitment and retention. Isolation from social networks can reduce opportunities for finding work.

The effect of mental ill health on education can reduce the ability to find better work in the future.

3.3   Financial problems and physical health

According to a review of the evidence quoted earlier, "Lower income is robustly associated with worse physical health."

> "Worse physical health may affect mental health through various channels. Chronic pain, worries about health and mortality, the financial costs of illness, and reduced physical activity may all worsen

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[11] *Perez-Truglia, Ricardo. 2020. "The Effects of Income Transparency on Well-Being: Evidence from a Natural Experiment." American Economic Review, 110 (4): 1019-54.*
[12] Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. https://doi.org/10.1371/journal.pmed.1000316, p. 14.
[13] Ridley et al, 2020, p.6

mental health. It is therefore unsurprising that physical ill-health often co-occurs with depressive and anxiety disorders."[14]

Some examples of the impact of financial problems on physical health are given below.

Research in South Africa found that significant financial stress was associated with a 13 fold increase in the chance of having a heart attack.[15]

Food insecurity is associated with lower intake of fruit and vegetables. There is some evidence for a link between food insecurity and weight gain, particularly for women. There's an association between food insecurity and diabetes prevalence and management. Some people are affected more than others (depending on their biology). There are also greater effects at particular periods of life (e.g. young childhood, puberty, pregnancy).[16]

A report by Michael Marmot's Institute of Health Equity identified links between fuel poverty, cold homes and health inequalities[17]. Some quotations from the report make the point clearly.

> "In 2019 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp and dangerous homes."

> "England saw an estimated 63,000 excess winter deaths in 2020–21. Estimates suggest that some 10 per cent of excess winter deaths are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes."

> "… studies have found that visits to GPs for respiratory tract infections increased by up to 19 per cent for every 1°C drop in mean outdoor temperature below 5°C (58). A case-control study also found that people with asthma were two to three times more likely to live in cold and damp household conditions than those without asthma (55). A cross-sectional study found people with COPD experienced better health when they lived in an indoor temperature of 21° …"

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[14] Ridley et al, 2020, p.5.

[15] Significant financial stress associated with 13-fold higher odds of having a heart attack. Cardiovasc J Afr. 2018 Jul-Aug;29(4):217. PMCID: PMC6291807. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3649100/

[16] Laraia BA. Food insecurity and chronic disease. Adv Nutr. 2013 Mar 1;4(2):203-12. doi: 10.3945/an.112.003277. PMID: 23493536; PMCID: PMC3649100.

[17] Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

4. Interrelationships between factors

Something that was clear from the people we have spoken to, and which is confirmed by the research evidence, is there isn't a simple, single line of causation, with one thing starting a chain of events. Rather one thing affects another, but that then affects the first thing.

> *There are two strands. You have mental health problems and the debt makes it worse. Or you can't budget, which affects your mental health. [Stakeholder event]*

Actually it is even more complicated than that, because other factors are often involved as well. Financial and mental health problems do not exist in a vacuum. There are often many other factors involved, such as physical health problems, substance abuse, bereavement, relationship breakdown or unemployment.

As we have seen, there is often a trigger event which means that people who were managing before no longer can. This can be a one-off event but whose repercussions continue for some time. Or it could be an ongoing issue. These other factors may be of at least three sorts:

* internal to the person (e.g. things which in principal they have some control over like gambling, drugs, alcohol),
* things specific to the person over which they do not necessarily have control (e.g. bereavement, redundancy, physical ill health) and
* external factors affecting all or most people (e.g. rising prices etc.).

These differences are important because they influence how you address the problems (e.g. whether it is possible to remove the negative factors or if they have to be mitigated, and how targeted any interventions will need to be).

Often these factors interreact, with each making the others worse. So, for instance, it isn't just that money problems create stress leading to depression which means you don't look after yourself and you become ill. Rather, while that chain of causation may occur, it is also happening in the reverse direction. Being physically ill makes you more likely to lose emotional wellbeing. Having less time (because you're resting in bed) makes it harder to earn money and manage the finances. Excessive use of alcohol and mental ill health or unemployment and financial difficulties may each be a trigger but also a consequence of the other.

The risk, then, is that this whirlpool of issues gradually sucks people under, financially and emotionally. In such cases, any success in tackling just one of the issues, such as mental health, on its own will be reversed if the other problems – like finance or substance abuse – are not also addressed at the same time.

These interrelationships are illustrated in the following diagram.

Triggering a downward spiral in finance and mental health
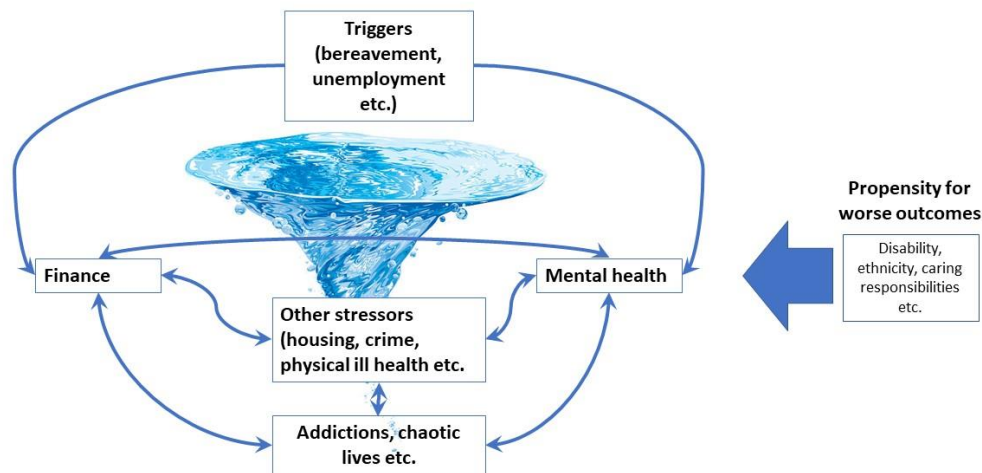
The other factor involved is how people respond to the circumstances they face. This is not always as objectively rational as you might expect.

An understandable response is having difficulty managing the situation. As noted above, managing difficult financial and other situations can be complex and the capacity to sustain focus and attention is drained. That means that the optimal approach may be missed, or stress and anxiety may mean sub-optimal decisions are hurriedly made (such as obtaining a loan on disadvantageous terms).

Less obvious but recognised phenomena are wilfully ignoring problems or even doing things that will make the problems worse. This was mentioned several times in our discussions with stakeholders.

> *Very often they make an arrangement which they can't keep and they don't keep in touch. They hide from it because they are terrified. The paperwork comes through the door, but they're frightened to open the letters.*

> *Sometimes people make 'terrible' decisions – but it is easier to understand that if you take into account the context of their lives. This may be the only thing to give them pleasure, meaning or self-esteem, or it may seem like the only way to escape their situation and circumstances.*

> *A lot of my clients make – what in their circumstances are – terrible choices. So, they'll spend money getting their hair or their nails done which they haven't got the money for. But they need to feel better about themselves. And society makes them feel dreadful about themselves, because they're not being sustained – they've got deficit budgets where their benefits don't cover what they need and society is*

saying you're not worth anything and they need to find that from somewhere else.

The idea of spending on luxury goods, albeit cheaper than what you might otherwise buy, is a recognised phenomenon, known as 'the lipstick effect'.[18] More people buying cheaper, but still 'luxury' items, during downturns and recessions has been noted by a number of observers over a number of decades.

It is clear then that the trajectory of people's situations can be complex and can easily career out of control. This makes the business of finding approaches to tackle the problems even more difficult.

5. Possible immediate actions

The stakeholder workshop we held in September and other meetings have thrown up various suggestions for things that could be done immediately to tackle the identified problems. We have been able to initiate or facilitate action on some of these and others were things that other bodies were already doing. We have been keen to work with others and not duplicate activities unnecessarily.

Some of the identified actions were:

- *Increase skills and knowledge of support services, e.g. training on managing money or on mental health*

Some contacts were made at our 14th September event, and a training session is planned for the subsequent 23rd November event. Public Health are funding some mental health first aid courses for volunteers and people working in the voluntary or not-for-profit sector.

- *Help improve co-ordination between support organisations such as a quarterly forum.*

This was requested by attendees at our stakeholder event. We learned from subsequent discussions with the Volunteer Centre that they were already planning such meetings.

- *Online platform for sharing information between organisations*

Cllr Steve Masters independently set up a WhatsApp group following an event for voluntary bodies.

We have held further discussion on the possibility of having another sort of platform which allows for static information (like on a website, as opposed just to discussion). The feeling so far is that this would risk adding to the

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[18] e.g. https://www.sciencedirect.com/science/article/abs/pii/S2214804319304884

confusion rather than clarifying it, particularly as the Council now has its cost of living hub.

- *Working with organisations to streamline procedures and make access easier*

An issue that was identified, was convoluted and inefficient procedures by public and private sector organisations (like taking over an hour to get through to someone on the phone) adding to the stress and anxiety of clients. It was suggested that there could there be one or more events, focussing on a particular issue (like benefits or housing), bringing together support organisations and public services and utilities, to home in on particular problems and try and find improvements. Citizens Advice already have meetings similar to this and the Volunteer Centre have expressed interest in some sort of event, so this seems to be an initiative worth pursuing.

- *Information to the public*

In the light of the cost of living crisis, the Council and others have already been providing information and any co-ordinated information campaign might be best directed by the Health and Wellbeing Board partner bodies.

One specific proposal was to draft a one-page leaflet encouraging people to obtain help and giving a few key sources for a first port of call. An initial draft has been produced and the Council have expressed an interest in using it. If it proves acceptable it could be used in other forms such as leaflets for voluntary organisations to give out, in doctors' surgeries, a large-font version, parish newsletters etc.

It was suggested that an article in local news media, including the Newbury Weekly News would be helpful in getting messages out. There has already been some coverage, but more might be useful.

6. Areas to explore in looking for approaches to address the problems

The analysis outlined above (suggesting that there is often an interrelationship of factors) has at least two implications when considering the way forward.

Firstly, there are a number of different circumstances (such as people who were able to manage but have now been plunged into debt as opposed to those with an addiction which could be a constant drain on their finances) which may each require different sorts of solution.

Secondly, it often won't be enough to only tackle financial problems without addressing a range of other factors which may continue to have a negative effect.

The outline model (the whirlpool) above suggests that initiatives or interventions will need to have an impact on one or more of:

- Finances – increasing income, reducing expenditure, improved financial management.
- Mental health – treatment, peer support, developing resilience and coping strategies
- Addressing other 'stressors' (usually already the purview of other services) such as substance abuse, housing, employment, bereavement.
- Combined approaches tackling more than one issue at once – e.g. mental health services signposting financial advice and support; dual diagnosis support; help for troubled families; homelessness support, family counselling, etc.

Any given intervention, initiative or service may not fit into those categories, but it will need to consider the impact it will have on those areas.

We will be developing and assessing proposals that may address some of these issues in the final stages of this project.

7. Conclusions and next steps

This is clearly a complex topic and the scale of the work means it has been possible only to scratch the surface of it. However, there is more chance of having deeper and more sustained impact if it can address the underlying causes, and not just the symptoms, of the problems.

By the time this report is presented to the Health and Wellbeing Board, we will hopefully have held a further event, trying to develop and refine proposals which will be brought back to the February 2023 meeting.

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Part []

Meeting Procedure Rules

1   Introduction

1.1   Council Meetings will be conducted in accordance with all relevant legislation including the LGA 1972, the Local Government and Housing Act 1989, the LGA 2000, the Localism Act 2011 and The Local Authorities (Standing Orders) (England) (Amendment) Regulations 2014.

1.2   Where they apply (see below), and subject to any specific Procedure Rules for particular Bodies or Meetings set out in other Parts of the Constitution, these Procedure Rules are required to be followed in relation to public Meetings of the Council, the Executive and other Council Bodies.

1.3   These Procedure Rules are not required to be followed in relation to private meetings of Bodies (including Task Groups) but the meeting Chairman may choose to follow some or all of them as desirable in the circumstances.

1.4   These Procedure Rules may be:

1.4.1   common to all Bodies; or

1.4.2   specific to a particular Body or Meeting.

1.5   These Procedure Rules set out:

1.5.1   items of Business that must be taken first and in a particular order;

1.5.2   items of Business that may be taken after those in the category above, but where the order may be varied:

1.5.2.1   by the Meeting Chairman; or

1.5.2.2   upon a successful Motion to do so;

1.5.3   Procedural Motions that may be Moved without Notice;

1.5.4   Proposals that may be Moved on Notice.

2   Business at a Meeting – the Meetings Rules Table

2.1   The First Appendix to this Part is a Meetings Rules Table setting out various matters including:

- standard Items of Business for particular Meetings;

- the order in which those Items of Business will be taken;

- Procedural Motions that may be Moved without Notice at a particular Meeting;

- Motions and Recommendations that may be Moved on Notice at a particular Meeting;

- Questions and Petitions that may be asked or presented at a particular Meeting.

2.2   If there is any conflict between the wording of the Constitution (excluding the Meetings Rules Table) and the contents of the Meetings Rules Table, the Constitution will prevail.

3   Business at a Meeting – Questions and Petitions

3.1   The Second Appendix to this Part sets out the Rules relating to the procedure for Public and Councillor Questions at particular Meetings.

3.2   The Third Appendix to this Part sets out the Rules relating to the procedure for dealing with Petitions.

4 Types of Public Meeting

4.1 Annual Meeting:

4.1.1 the First Annual Council Meeting following local elections - the Leader of Council is elected for the duration of the Council (four years);

4.1.2 an Annual Council Meeting (including the First Annual Council Meeting following local elections) - the Chairman and Vice-Chairman of Council are elected, the Leader announces the composition of the Executive, and the size, terms of reference and membership of Bodies is decided;

4.1.3 an Annual Meeting of a Body - generally these take place in turn during an adjournment or at the close of the Annual Council Meeting to elect the Body Chairman and Vice-Chairman only.

4.2 Council Budget Meeting – more fully detailed in Part [] (Council), this generally takes place in March each year and sets the Council's budget for the following financial year (and the substantive business of the Meeting is restricted to the budget.

4.3 Ordinary Meeting – the Body in question transacts general business, as described further below.

4.4 Extraordinary Meeting – the Body in question transacts only the specific business for which the Meeting has been called, as described further below.

5 Calling Meetings

5.1 The dates and times for Annual, Council Budget, and Ordinary, Meetings are set out in the Timetable of Meetings agreed from time to time by Council.

5.2 In any event:

5.2.1 the First Annual Council Meeting following an election will take place within twenty-one days of the retirement of the outgoing Councillors;

5.2.2 in any other year, the Annual Council Meeting will usually take place in May.

5.3 In the event that any adjustment to the date of a Meeting is found to be necessary the appropriate Officer should discuss matters with the Body Chairman and/or Vice-Chairman (and, as necessary and appropriate in the circumstances, the Group Leaders and/or Deputy Group Leaders), with the Body Chairman having the final say as to how to proceed.

5.4 An Extraordinary Meeting of a Body may be convened:

5.4.1 by the Body Chairman; or

5.4.2 by the Monitoring Officer; or

5.4.3 by Members of the Body presenting a requisition to the Monitoring Officer signed by at least:

5.4.3.1 five Councillors for an Extraordinary Council Meeting; or

5.4.3.2 three Members of any other Body for an Extraordinary Meeting of that Body;

in which event the Extraordinary Meeting shall be called by the Body Chairman or Monitoring Officer as soon as is practicably possible, but not later than seven days from the date that the requisition is presented to them.

6 Quorum

6.1 The quorum for a Meeting of:

6.1.1 Council is 11 Councillors;

6.1.2   the Executive is four Executive Members;

6.1.3   a Body is one third of the Body membership or four Body Members, whichever is the greater;

6.1.4   of a Joint Committee shall be determined by reference to the rules relevant to that Body;

6.1.5   a Licensing Sub-Committee or Appeals Panel is three Members;

6.1.6   a Sub-Body is one third of the Sub-Body membership or three Sub-Body Members, whichever is the greater, unless the Parent Body decides otherwise where permitted.

6.2   During any Meeting if the Meeting Chairman counts the number of Members present and declares there is not a quorum present:

6.2.1   the Meeting will adjourn immediately; and

6.2.2   the remaining business will be considered at a time and date fixed by the Meeting Chairman (or, if the Meeting Chairman does not fix a date, at the next Ordinary Meeting).

7   Non-Member Councillors

7.1   Councillors who are not Members of a Body may attend any Meeting of that Body.

8   Standard Business to be taken in order (where applicable – see Meeting Rules Table)

8.1   To elect a Member to be Meeting Chairman if the Body Chairman/Vice-Chairman is not present - any power or duty assigned to the Body Chairman in relation to the conduct of the Meeting may be exercised by the Meeting Chairman.

8.2   To receive apologies for an inability to attend the Meeting.

8.3   Any Meeting Chairman's remarks to the Meeting and presentations.

8.4   To elect the Body Chairman (only at the Annual Meeting, unless there is a vacancy).

8.5   To elect the Body Vice-Chairman (only at the Annual Meeting, unless there is a vacancy).

8.6   To approve the Minutes of the previous Meeting(s).

8.7   To receive Declarations of Interest.

8.8   To elect the Leader for a four year term (only at the First Annual Council Meeting following an election, unless there is a vacancy).

8.9   To receive the Leader's notification of the number and membership of the Executive (only at an Annual Council Meeting, unless there is a change).

8.10   To receive announcements from the Meeting Chairman/Leader/Executive/Chief Executive.

9   Standard Business where order can be varied by the Meeting Chairman or on Motion (where applicable – see Meeting Rules Table)

9.1   To receive Petitions submitted in accordance with the Petitions Appendix.

9.2   To respond to public written Questions submitted in accordance with the Questions Appendix.

9.3   To decide on Bodies including:

9.3.1   the size and terms of reference;

9.3.2   the allocation of seats to political groups in accordance with the political balance rules.

9.4   To appoint Councillors to Bodies.

9.5 To appoint Councillors to Outside Bodies (where the power to appoint has not been delegated, eg to the Leader).

9.6 To agree amendments to the Constitution.

9.7 To respond to Petitions previously received.

9.8 To receive and consider Reports and Recommendations.

9.9 To deal with matters referred to the Body.

9.10 To consider Motions.

9.11 To respond to Councillors' written Questions submitted in accordance with the Questions Appendix.

9.12 To consider Called In items.

9.13 To consider the business/any other business specified in the Agenda.

10   Procedural Motions (Motions that may be Moved without Notice)

10.1 To appoint a Meeting Chairman if the Body Chairman and Vice-Chairman are both absent.

10.2 To agree the accuracy of the Minutes/any amendments.

10.3 To refer any matter to the Council, the Executive, a Body or an Officer.

10.4 To establish a Body or Sub-Body if such need arises from an Agenda item.

10.5 To amend or withdraw a Proposal as permitted.

10.6 To amend the time limit for speeches (if any).

10.7 To allow a member of the public to speak in accordance with these Procedure Rules.

10.8 To allow the continuation of the Meeting past 22:00 (to conclude by 22:30 or, at the Meeting Chairman's discretion, by 22:45 for meetings of Council).

10.9 To suspend a Procedure Rule where permitted.

10.10 To exclude the press and public in accordance with statute.

10.11 That a Member Named for Disorderly Conduct not to be further heard or leave the Meeting.

10.12 A Closure Motion (see Rules of Debate – Closure Motions below).

11   Motions other than Procedural Motions - submission

11.1 A Motion must:

11.1.1 be submitted in writing to the Monitoring Officer;

11.1.2 relate to a matter or matters of concern to the District;

11.1.3 be submitted in the name of a Member or Members of the Body to which it is addressed;

11.1.4 identify the Meeting to which it is submitted.

11.2 A Motion may:

11.2.1 be submitted to any Executive Meeting;

11.2.2 not be submitted to an Annual Meeting or an Extraordinary Meeting (other than of the Executive);

11.2.3 only be submitted to the Council Budget Meeting if (in the sole opinion of the S151 Officer) it relates to expenditure or revenue;

11.2.4 be submitted to an Ordinary Meeting.

11.3   A Motion:

11.3.1   may be submitted for any Executive Meeting without Notice;

11.3.2   must be submitted for any other Meeting on Notice:

11.3.2.1   by 10:00 at least seven Clear Working Days before the Meeting to which it is to be submitted; or

11.3.2.2   by 10:00 on the day of the Meeting if it is an Urgent Motion and has the written consent of the Body Chairman to which it relates.

11.4   Motions will be included in the Summons for the next Meeting of the Body in the order in which they are received unless they are:

11.4.1   Motions to the Executive submitted too late to be included; or

11.4.2   Urgent Motions.

11.5   A Motions may be:

11.5.1   amended by the Monitoring Officer for the purpose of clarification, in consultation with the Member(s) who submitted it; or

11.5.2   amended or withdrawn by the Body Chairman, after informing the Member who submitted it, if it appears the wording is not in order or is framed in improper or unbecoming language.

11.6   Motions shall be dated, numbered and entered onto a database in the order in which they are received and the database may be inspected by Members and be open to inspection by the public.

11.7   A Motion or amendment in similar terms to one that has been rejected at a meeting of a Body in the past six months cannot be moved.

11.8   A Motion may not be moved to rescind a decision made at a meeting of a Body within the preceding six months unless notice of the Motion is given and is signed by at least one quarter of all Members of the Body.

12   Motions other than Procedural Motions – procedure at Meeting

12.1   The Member who submitted the Motion, or another Member nominated by them, must Move the Motion and another Member must Second the Motion for it to be considered.

12.2   If a Motion specified in the Summons is not Moved, it shall be treated as abandoned and shall not be Moved without fresh Notice.

12.3   In the event that multiple Motions are submitted for debate at a Meeting, the Chairman will consult with the Group Leaders to determine the appropriate priority for the order of debate.

12.4   The Meeting Chairman will have absolute discretion during the Meeting to move from the item of business considering Motions to the next item of business on the Agenda, where the Meeting Chairman considers that to be necessary for the effective administration of the business on the Agenda.

12.5   Any Motion submitted to the Executive that relates to a Key Decision will need to comply with the requirements regarding publication of the proposed decision on the Executive Forward Plan prior to any decision being taken (see Part [] (Executive)).

12.6   Once Moved and Seconded, the Meeting Chairman will indicate that the Motion will be dealt with in one of the following ways:

12.6.1   be referred without debate to a relevant Body for decision because the subject matter falls within their remit for such (for the avoidance of doubt, except in respect of the Council Budget Meeting, any Motion that would materially increase expenditure, involve capital expenditure, materially reduce the revenue of the Council, or involve the disposal of a significant asset, falls within the remit of the Executive);

12.6.2   stand adjourned and be referred without debate to a relevant Body for initial consideration and report back because the subject matter falls within their remit for such;

12.6.3   be debated at the Meeting in accordance with the Rules of Debate; or

12.6.4   stand adjourned to a future Meeting.

12.7   Where a Motion has been moved and seconded but is not to be considered at the Meeting:

12.7.1   the mover of the Motion shall be entitled to speak to the Motion for a three minute period;

12.7.2   the Leader or relevant Executive Member shall be entitled to speak in response for a two minute period;

12.7.3   the Motion shall be referred to the next appropriate Meeting of the relevant Body; and

12.7.4   the Mover of the Motion, the Leader and the relevant Executive Member shall receive a copy of the Agenda for that Meeting and shall be invited to attend that Meeting; and:

12.7.4.1   the Mover of the Motion shall be entitled to speak to the Motion in accordance with the Rules of Debate; and

12.7.4.2   the Leader or relevant Executive Member shall be entitled to speak in response in accordance with the Rules of Debate; and

12.7.4.3   if the Motion has been referred to the relevant Body for decision, a Report as to the outcome will be included in the Agenda of the next appropriate meeting of the referring Body; or

12.7.4.4   if the Motion has been stood adjourned and referred to the relevant Body for initial consideration, a Report as to the outcome will be included in the Agenda of the next appropriate Meeting of the referring Body and the Motion shall be debated at that Meeting in accordance with the Rules of Debate.

13   Reports and Recommendations

13.1   A Report may be presented to a Meeting:

13.1.1   to be noted; or

13.1.2   with a proposal to adopt a Recommendation.

13.2   The Presenter of a Report shall generally be:

13.2.1   for a Report from or to the Executive, the Leader, relevant Executive Member or a relevant Officer;

13.2.2   for a Report from or to any other Body, the Body Chairman or other Member of the Body, or a relevant Officer.

13.3   Where a Report is presented for information, a Member may ask the Presenter a question or may make a statement lasting no longer than three minutes. The Presenter shall be entitled to reply.

13.4   Where a Report is presented with a proposal to adopt a Recommendation and that proposal is Moved and Seconded, the Report and Recommendation will be debated in accordance with the Rules of Debate.

14 Amendments to Motions or Recommendations

14.1   Provided that it could be Moved as an Amendment, the Proposer of a Motion or Recommendation may make a minor alteration to the Motion or Recommendation with the consent of the Seconder and the agreement of the Body Chairman.

14.2   A proposed Amendment to a Motion or Recommendation, other than a minor alteration, must:

14.2.1   be relevant to the Motion or Recommendation; and

14.2.2   not have the effect of negating the Motion or Recommendation; and

14.2.3   not seek to introduce new subject matter; and

14.2.4   be to remove and/or add words.

14.3   The Member who submitted the Amendment, or another Member nominated by them, must Move the Amendment and another Member must Second the Amendment for it to be considered.

14.4   Only one Amendment may be Moved and discussed at any one time. No further Amendment may be Moved until the Amendment under discussion has been disposed of in accordance with the Rules of Debate.

14.5   If an Amendment is carried, the Motion, as amended, takes the place of the original Motion and becomes the Substantive Motion to which any further Amendments are Moved.

14.6   Once all Amendments have been disposed of, the Meeting Chairman will put the Substantive Motion to the vote.

14.7   Any Amendment considered to be substantial by the S151 Officer in relation to a Motion or Recommendation that has a financial implication shall be the subject of discussion with and must receive the approval of the S151 Officer in advance of the Meeting to ensure that the Amendment does not compromise the Council's financial position.

14.8   In relation to the Council Budget Meeting, Part [] (Council) sets out the Rules for substantive Amendments proposed to the budget.

15 Withdrawal of Proposal

15.1   A Proposal may be withdrawn by the Proposer if the Seconder and the Meeting Chairman consent.

15.2   If consent to withdraw is granted no Member may then speak on the Proposal.

16 Rules of Debate - Speaking

16.1   If the Meeting Chairman stands, raises their hand, or speaks during a Meeting, the Meeting shall be silent and any Member then standing shall resume their seat.

16.2   The Meeting Chairman may request an appropriate Officer to speak by way of explanation of, or to draw the attention of the Meeting to, any legal, technical or administrative matter.

16.3   The Meeting Chairman may remain seated throughout a Meeting.

16.4   Councillors attending a Council Meeting in person may (where able) stand when speaking. Anyone attending a Council Meeting remotely, or attending any other Meeting, may remain seated when speaking.

16.5   All speakers shall address the Meeting Chairman when speaking.

16.6   The Meeting Chairman shall decide the order of speakers if more than one speaker wishes to speak.

16.7   Members shall direct speeches to the matter under discussion, a Point of Order or a Point of Explanation.

16.8   In a Council Meeting, speeches shall not exceed three minutes, unless the Meeting consents or another time limit is specified in these Procedure Rules.

16.9   There is a general assumption that Councillors who are not Members of a Body but attend a Meeting of that Body will, at the absolute discretion and upon the invitation of the Meeting Chairman, be permitted to speak at the Meeting.

17   Rules of Debate – Proposals

17.1   In a Council Meeting, a Proposal shall not be debated until it has been formally Moved and Seconded. The Seconder may reserve their speech until a later period in the debate.

17.2   In any other Meeting, with the consent of the Meeting Chairman, there may be discussion and debate prior to any Proposal being formally Moved.

17.3   The Meeting Chairman may require a Proposal to be put into writing before it is debated or voted upon.

17.4   A Member shall speak only once on any Proposal except to Move a relevant Procedural Motion or to raise a Point of Order or Explanation, and when a Proposal is under debate no other Proposal shall be Moved except a relevant Procedural Motion.

18   Rules of Debate - Points of Order/Explanation

18.1   A Member shall be heard:

18.1.1   immediately on a Point of Order relating to an alleged breach of a Procedure Rule or statutory provision identified by the Member;

18.1.2   when the Meeting Chairman decides it is relevant on a Point of Explanation concerning some material point in the present debate which appears to have been misunderstood.

18.2   The ruling of the Meeting Chairman on the validity, and any action to be taken in respect, of Points of Order or Explanation shall be final.

18.3   The Meeting Chairman shall rule on the interpretation of the Constitution having, where necessary, taken the advice of the Meeting Clerk and/or Monitoring Officer.

19   Rules of Debate - Closure Motions

19.1   At the conclusion of a speech of another Member, a Member may Move without comment that:

19.1.1   the debate be adjourned;

19.1.2   the Meeting be adjourned;

19.1.3   the Meeting proceed to the next business; or

19.1.4   the Meeting proceed immediately to Close of Debate.

19.2   Should the Closure Motion be Seconded and the Meeting Chairman consider that the question before the Meeting has been sufficiently discussed:

19.2.1   if the Closure Motion is to adjourn the debate or the Meeting, or to proceed to the next business:

19.2.1.1   the Meeting Chairman shall invite the Proposer to reply;

19.2.1.2   the Closure Motion shall be put to the vote and, if carried, the debate or Meeting shall stand adjourned, or the Meeting shall proceed to the next business, as the case may be;

19.2.2   if the Closure Motion is to proceed immediately to Close of Debate it shall be put to the vote and if carried the Meeting shall proceed immediately to Close of Debate.

20   Rules of Debate - Close of Debate

20.1   At the close of the debate on a Proposal, the following shall have the right of speech or reply in this order, but shall not introduce any new matter:

20.1.1   the Seconder, if they have not already spoken;

20.1.2   the relevant Executive Member or Body Chairman if they have not already spoken;

20.1.3   the Mover;

20.1.4   and, on an Amendment only, the Mover of the original Motion or Recommendation who shall not otherwise speak on the Amendment.

21   Voting

21.1   Voting shall be by show of hands, or electronically, or otherwise as determined by the Meeting Chairman.

21.2   Unless this Constitution or the law provides otherwise any matter will be decided by a simple majority of those present in person and permitted to vote on the matter at the time the question is put.

21.3   If there are equal numbers of votes for and against the Meeting Chairman will have a second or casting vote. There will be no restriction on how the Meeting Chairman exercises their vote.

21.4   Generally, the voting record in the Minutes will simply indicate whether the vote on the item under consideration was won or lost, but a record of how a vote was, or votes were, cast (as the case may be) will be made:

21.4.1   if, immediately after a vote has been taken, any Member requests that their vote for or against or their abstention be recorded; or

21.4.2   by way of a named vote such that the Monitoring Officer or Meeting Clerk can identify how each Member voting has cast their vote (eg electronically):

21.4.2.1   if any Member requests that the vote be so recorded and three other Members support that request; or

21.4.2.2   in accordance with The Local Authorities (Standing Orders) (England) (Amendment) Regulations 2014 (SI 2014/165) (2014 Regulations) in relation to any decisions relating to the setting of the Council's budget, at the Council Budget Meeting.

21.5   A Member may request that their opposition to a decision be recorded in the Minutes.

22   Confidentiality and Non-Disclosure of Reports

22.1   Reports for Meetings which are 'not for publication' in accordance with statutory provisions on the grounds that they contain Confidential Information or Exempt Information shall be treated as confidential and shall not be disclosed by any Member or Officer.

22.2   Such Information shall continue to be treated as confidential after the Meeting at which the Report is presented, except insofar as it ceases to be confidential by virtue of any statutory provision or by its inclusion in the public Minutes of the Meeting.

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Part []

Council Bodies

1 Bodies - Introduction

1.1 The Council has established various Bodies (the term includes Committees, Boards and Commissions – see Glossary) - these may only be added to or removed by the Council.

1.2 Each Body will have a number of aspects, many of which will be common (to a greater or lesser extent) to other Bodies and to the Council or Executive. Each Body will have:

- A specified Composition;
- Terms of Reference;
- Rules of Procedure;

and may have:

- Delegated or Statutory Powers.

1.3 The Bodies of the Council are:

- The Appeals Committee;
- The District Planning Committee;
- The Eastern Area Planning Committee;
- The Governance Committee;
- The Health Scrutiny Committee
- The Licensing Committee;
- The Personnel Committee;
- The Scrutiny Commission;
- The Western Area Planning Committee.

1.4 The following bodies also act in accordance with these Rules with aspects similar to Council Bodies:

- The Health and Wellbeing Board;
- The Joint Public Protection Committee;

2 Bodies – Composition

2.1 At each Annual Meeting (or at any other Meeting as necessary) Council will confirm the continuation of, or establish, or amend, or disband, its Bodies and decide upon the composition of each and appoint the membership.

2.2 Membership may be required by statute to reflect the Political Balance of the Council.

2.3 Bodies may or may not have Substitute Members able to substitute for a Member of a Body unable to attend a particular meeting.

2.4 Bodies may or may not have external members.

2.5 The specific composition of all Bodies, including the number of members and political affiliations (where the Body is politically balanced), substitutes, etc, is set out in a list published in respect of each Council Annual Meeting and re-published in the event of any changes, and available on the Website, and reflected in the Meetings Rules Table.

3 Sub-Committees, Panels and Task Groups ("Sub-Bodies")

3.1 A Body ("Parent Body") may form one or more Sub-Committees, Panels or Task Groups (together "Sub-Bodies") as described in this Part and/or in the relevant Appendix to this Part ("Body Appendix").

3.2 In particular:

- The Governance Committee has a Standing Advisory Panel established by Council for certain purposes in relation to the Code of Conduct (and only the Governance Committee has a Standing Panel);

- The Licensing Committee forms task-limited Sub-Committees from time to time to determine certain types of licensing application;

- The Appeals Committee forms task-limited Panels from time to time to determine certain appeals against Officer Decisions;

- The Health and Wellbeing Board has a Steering Group and a number of Sub-, Sub-Sub-, and Sub-Sub-Sub- Bodies (each a "Health and Wellbeing Sub-Body") as more fully detailed in the relevant Committee Appendices;

- The Scrutiny Commission and Health Scrutiny Committee may form Task Groups for the purpose of conducting in depth scrutiny reviews on a particular topic.

3.3 The Governance Committee Standing Advisory Panel, Licensing Sub-Committees and Appeals Panels are together referred to as the "Standing Sub-Bodies".

3.4 So far as a Sub-Body other than a Standing Sub-Body, is concerned (eg a Health and Wellbeing Sub-Body, a Sub-Committee or a Task Group), unless the relevant Body Appendix and/or the minutes of the meeting of the Parent Body that established it state otherwise:

3.4.1 Health and Wellbeing Sub-Bodies:

3.4.1.1 will be standing bodies meeting in private; and

3.4.1.2 any powers to act will be set out in the relevant Body Appendix and/or the Scheme of Delegation;

3.4.2 Sub-Committees:

3.4.2.1 will be standing bodies meeting in public; and

3.4.2.2 any powers to act will be set out in the relevant Body Appendix and/or the Scheme of Delegation;

3.4.3 Task Groups:

3.4.3.1 will be time- or task- limited bodies generally meeting in private; and

3.4.3.2 have no powers to act, only to advise/recommend.

4 Sub-Bodies - Composition

4.1 Sub-Body membership may be required by statute to reflect the Political Balance of the Council.

4.2 Sub-Bodies may or may not have Substitute Members able to substitute for a Sub-Body Member unable to attend a particular meeting.

4.3 Sub-Bodies may or may not have external members, subject to the agreement of the Monitoring Officer.

4.4 The composition of the Standing Sub-Bodies is set out in the relevant Body Appendix and reflected in the Meetings Rules Table.

4.5   The composition of Sub-Bodies other than the Standing Sub-Bodies will be set out, as appropriate in the circumstances, in the relevant Body Appendix and/or the minutes of the meeting of the Parent Body that established it.

4.6   The Parent Body may determine that certain classes of Sub-Body Member (eg Members of the Parent Body) shall be voting members of the Sub-Body and others (eg Non-Councillors) shall be non-voting.

4.7   The minimum membership shall be three voting Members for a Task Group and four voting Members for any other Sub-Body, apart from a Licensing Sub-Committee which shall be formed of three voting Members.

5   Bodies and Sub-Bodies – Terms of Reference and Delegated Powers

5.1   The terms of reference for each Body and Standing Sub-Body are set out in the relevant Body Appendix.

5.2   The terms of reference for Sub-Bodies other than the Standing Sub-Bodies are set out, as appropriate in the circumstances, in the relevant Body Appendix and/or the minutes of the meeting of the Parent Body that established it.

5.3   When establishing a Task Group, the Parent Body will determine:

5.3.1   the membership of the Task Group;

5.3.2   whether to appoint one of those Members to act as the chairman of the Task Group or let this be determined by the Task Group;

5.3.3   whether any non-Body members should be appointed to the Task Group;

5.3.4   whether there should be substitute members of the Task Group;

5.3.5   who other than Task Group members should be involved with the Task Group's work and who (if anyone) should be consulted

5.3.6   the Terms of Reference for the Task Group;

5.3.7   what the timescale for the task in question should be;

5.3.8   who should be responsible for reporting progress back to the Parent Body and how often;

5.3.9   and any other appropriate matter.

5.4   The powers delegated to each Body and, where relevant, Sub-Body are set out in Part [] (Scheme of Delegation).

6   Bodies and Sub-Bodies – Rules of Procedure

6.1   The general rules of procedure for each Body or Sub-Body are set out in Part [] (Meeting Procedure Rules).

6.2   Specific Procedure Rules relating to a Body and/or its Sub-Bodies are set out in the relevant Body Appendix.

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Part []

Council Bodies

Appendix: Health and Wellbeing Board

1 Preamble

1.1 Part [] (Meeting Procedure Rules) sets out the rules and procedures that apply to all of the Council's Bodies and Sub-Bodies.

1.2 If there is any conflict between the wording of Part [] and this Appendix, this Appendix will prevail.

2 Establishment

2.1 S.194(1) Health and Social Care Act 2012 ("HSCA") requires first tier local authorities, such as the Council, to establish a Health and Wellbeing Board ("HWB"). The West Berkshire HWB is referred to below as "the Board".

2.2 By s.194(11) HSCA the Board is a committee of the Council and is to be treated as if it were a committee appointed by the Council under s.102 LGA 1972.

3 Scope of Role - Statutory

3.1 S.195 HSCA requires the Board to:

3.1.1 encourage integrated working between bodies involved in the commissioning and delivery of health, social care and other public services in order to improve health and wellbeing outcomes for local residents, and in particular;

3.1.2 encourage arrangements between the authority and the NHS under s.75 National Health Service Act 2006 ("NHSA").

3.2 S.196 HSCA provides that the Board shall exercise the functions of the Council under ss.116 and 116A Local Government and Public Involvement in Health Act 2007, namely to lead and co-ordinate actions to:

3.2.1 assess the health needs of local residents and to prepare and publish a Joint Strategic Needs Assessment (JSNA); and

3.2.2 support the preparation and publication of a Joint Health and Wellbeing Strategy, and to oversee delivery of that Strategy.

3.3 Ss.2B and 111 NHSA require the Board to ensure that the Council complies with its duties to improve public health.

3.4 S.128A NHSA requires the Board to assess the need for pharmaceutical services in its area and to publish a Pharmaceutical Needs Assessment.

3.5 The Better Care Fund Policy Framework published by NHS England further to s.223 NHSA (as amended by s.121 Care Act 2014, and the Health and Care Act 2022) requires the Board, subject to any direction by the Secretary of State, to approve submission of the Better Care Fund Plan to NHS England.

4 Scope of Role – General

4.1 In general terms HWBs act "as a forum in which key leaders from the local health and care system … work together to improve the health and wellbeing of their local population" (King's Fund).

4.2   The Board will lead the development and review of the Council's Vision as set out in its Vision Document.

4.3   The Board will undertake such oversight of local safeguarding arrangements as it considers appropriate and necessary.

4.4   The Board will consider, as appropriate and necessary, reports from Sub-Groups.

5   Membership

5.1   Applying s.194 HSCA (as amended by the Health and Social Care Act 2022) to the Council, the minimum core Board membership is:

5.1.1   at least one elected Councillor appointed (s.194(3)(a) HSCA) by the Leader of Council;

5.1.2   at least one representative from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board ("ICB");

5.1.3   the Council's Executive Director – People (as both DASS (Director of Adult Social Services) and DCS (Director of Children's Services));

5.1.4   the Director of Public Health for Berkshire West;

5.1.5   a representative from Healthwatch West Berkshire.

5.2   Ss.194(8) and (9) HSCA set out that further Board Members may be appointed:

5.2.1   by the Council (ie by the Leader of Council) in consultation with the Board; or

5.2.2   by the Board itself.

5.3   Regulation 7 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 disapplies ss.15 and 16, and Schedule 1, Local Government and Housing Act 1989 vis-a-vis HWBs such that rules as to political proportionality of seats (etc) on Council committees do not apply to the Board.

5.4   Membership of the Board currently consists of the following (with Members encouraged to identify Substitutes to attend if they are unable to do so):

- the WBC Leader of Council;
- the WBC Portfolio Holder with responsibility for Adult Social Care;
- the WBC Portfolio Holder with responsibility for Children and Young People;
- the WBC Portfolio Holder with responsibility for Health and Wellbeing;
- the WBC Shadow Spokesperson for Health and Wellbeing;
- the WBC Minority Group Spokesperson for Health and Wellbeing;
- the WBC Executive Director – People (as both DASS and DCS);
- the Director of Public Health, Berkshire West;
- the WBC Service Director for Communities and Wellbeing;
- two nominated representatives from the ICB;
- a nominated representative from Healthwatch West Berkshire;
- a nominated representative from Berkshire Healthcare NHS Foundation Trust;
- a nominated representative from Royal Berkshire NHS Foundation Trust;
- a nominated representative from the Voluntary and Community Sector;
- a nominated representative from Thames Valley Police;

- a nominated representative from Royal Berkshire Fire and Rescue Service;

- a nominated representative from the housing sector;

- a nominated representative from the arts and leisure sector;

6   Chairmanship, Quorum and Voting

6.1   The Chairman of the Board shall be nominated by the Leader of Council from amongst the Councillors on the Board.

6.2   The Vice-Chairman of the Board shall be nominated from amongst the ICB representatives on the board.

6.3   The quorum for a meeting shall be four Members, which must include at least one WBC Councillor and at least one ICB representative.

7   Governance and Code of Conduct

7.1   S.27 Localism Act 2011 requires that all members of a Council committee (and thus all Board Members in respect of the Board) adhere to the relevant Councillors' Code of Conduct.

7.2   Members other than Councillors and Officers (who must do so anyway) must also complete a Register of Interests Form and declare any interests, gifts or hospitality they receive that could influence their decisions.

7.3   Members must notify the Monitoring Officer of any disclosable pecuniary interest (DPI) within 28 days of being appointed to the Board and are prohibited from participating in discussion or voting on any matter where they have a DPI.

8   Meetings and Decisions

8.1   The Board will meet at least five times per year, with ordinary meeting dates published in the Council's timetable for meetings.

8.2   Any recommendation, or proposed or prospective action, of the Board that would, in the opinion of the Chairman, impact on the finances or general operation of the Council must be referred to the Executive for final determination and decision.

9   Sub-Bodies and Steering Group

9.1   The Board is supported by a number of Sub-Bodies, which may have Sub-Bodies themselves, each responsible for an aspect of the Board's work or, in some cases, statutory obligations:

- Ageing Well Task Group;

- Building Communities Together Partnership:

- Domestic Abuse Board:

- Lived Experience Sub-Group;

- Children's Delivery Group;

- Health and Wellbeing Engagement Group;

- Health Inequalities Taskforce;

- Homelessness Strategy Group;

- Locality Integration Board;

- Mental Health Action Group;

- Skills and Enterprise Partnership;

- Substance Misuse Harm Reduction Partnership;

- Suicide Prevention Action Group.

9.2   The Sub-Bodies may have responsibility for overseeing implementation of particular aspects of the Joint Health and Wellbeing Strategy and its associated Delivery Plan.

9.3   The Board is supported by a Steering Group, which is comprised of the Chairman and Vice-Chairman of the Board, together with the chairmen or a representative of each of the Sub-Bodies.

9.4   The Vice-Chairman and Chairman of the Board shall be the chairman and vice-chairman respectively of the Steering Group.

9.5   The Steering Group's role shall be the effective forward planning, agenda preparation, performance and programme management, and delivery of the Board's decisions.

9.6   The Steering Group and the Sub-Bodies may:

- have their own Terms of Reference; or

- act in accordance with any resolution of the Board establishing them, or any other resolution of the Board.

Health & Wellbeing Board – 8 December 2022

Item 19 – 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
31 January 2023 - Conference					
23 February 2023 - Board meeting					
Strategic Matters					
West Berkshire Vision 2036	To present the refreshed West Berkshire Vision 2036 document for approval.	For decision	15/02/2023	Nigel Lynn / Catalin Bogos	Health and Wellbeing Steering Group
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
Healthwatch Report - Asylum Seekers	To present the Healthwatch erport on the experience of asylum seekers in West Berkshire.	For information and discussion	15/02/2023	Andrew Sharp	Health and Wellbeing Steering Group
Equity Diversity and Inclusion	To present an update on the needs assessment and engagement undertaken to date on EDI	For information and discussion	15/02/2023	Sam Shepherd	Health and Wellbeing Steering Group
Continuiing Health Care	To report on the actions taken in response to the Peer Review on Continuing Health Care Payments.	For information and discussion	15/02/2023	Sarah Webster / Andy Sharp	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	15/02/2023	Sarah Webster / Andy Sharp	Health and Wellbeing Steering Group
Operational Matters					
Social Determinants of Mental Health - Financial Support (Final Report)	To present the findings of the Mental Health Action Group's review of the impact of financial support on mental health	For information and discussion	15/02/2023	Adrian Barker	Health and Wellbeing Steering Group
Safeguardng Adults Board for Berkshire West - Annual Report 2021/22	To present the annual report from the Safeguarding Adults Board	For discussion	15/02/2023	Lynne Mason	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	12/04/2023	Steve Welch	Health and Wellbeing Steering Group

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