

Notice of Meeting



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Health and Wellbeing Board

Thursday, 13 July 2023 at 9.30am
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, 5 July 2023

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

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



Agenda - Health and Wellbeing Board to be held on Thursday, 13 July 2023 (continued)

To: Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Councillor Heather Codling (Executive Portfolio Holder: Children, Education and Young People's Services), Councillor Lee Dillon (Leader of Council; Executive Portfolio Holder Strategy, Communications and Public Safety), Councillor Janine Lewis (Portfolio Holder for Public Health, Culture, Leisure, Sport and Countryside), Councillor Joanne Stewart (Shadow Portfolio: Adult Social Care; Integrated Health; Public Health), Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), Prof John Ashton (Director of Public Health for Reading and West Berkshire), Bernadine Blease (Berkshire Healthcare Foundation Trust), Paul Coe (Interim Executive Director - People (DASS & DCS)), Matthew Hensby (Sovereign Housing), Jessica Jhundoo Evans (Arts and Leisure Representative), Supt Helen Kenny (Thames Valley Police), Stephen Leonard (Royal Berkshire Fire & Rescue Service), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Sean Murphy (Public Protection Manager), April Peberdy (Acting Service Director - Communities and Wellbeing), Garry Poulson (Voluntary Sector Representative), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Fiona Worby (Healthwatch West Berkshire)

Agenda

Part I

Page No.

Standard Agenda Items 1

- | | | |
|---|--|---------|
| 1 | Apologies for Absence
To receive apologies for inability to attend the meeting (if any). | 7 - 8 |
| 2 | Minutes
To approve as a correct record the Minutes of the meeting of the Board held on 20 April 2023. The Minutes from the meeting held on 28 June will be considered at the next meeting of the Health and Wellbeing Board. | 9 - 16 |
| 3 | Actions arising from previous meeting(s)
To consider outstanding actions from previous meeting(s). | 17 - 18 |



West Berkshire
C O U N C I L

Agenda - Health and Wellbeing Board to be held on Thursday, 13 July 2023 (continued)

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

The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings: <ul style="list-style-type: none">• Councillor Alan Macro – Governor of Royal Berkshire Hospital NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership.• Councillor Janine Lewis – Governor of Berkshire Healthcare NHS Foundation Trust | 19 - 20 |
| 5 | Public Questions
Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with Part 3.2 of the Council's Constitution (Questions Appendix). <i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i> | 21 - 22 |
| 6 | Petitions
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion. | 23 - 24 |
| 7 | Membership of the Health and Wellbeing Board
To agree any changes to Health and Wellbeing Board membership. | 25 - 26 |

Items for discussion

Strategic Matters

- | | | |
|---|--|---------|
| 8 | Building Berkshire Together Update
Purpose: To provide an update on funding for the New Hospitals Programme and what this means for the redevelopment of the Royal Berkshire Hospital. | 27 - 32 |
| 9 | Berkshire West Place Based Partnership
Purpose: To provide an update on arrangements for the Berkshire West Place Based Partnership. | 33 - 34 |

Operational Matters

- | | | |
|----|--|-----------|
| 10 | West Berkshire Better Care Fund Annual Report 2022/23
Purpose: To present the Better Care Fund annual report for 2022/23. | 35 - 54 |
| 11 | Berkshire West Health and Wellbeing Strategy Delivery Plan Review
Purpose: To provide an update on how the Delivery Plan for West Berkshire is being reviewed and updated, and how the Sub-Groups of the Health and Wellbeing Board are evolving to better align with the priorities of the Strategy's priorities.
<i>(Note: Appendices to follow.)</i> | 55 - 60 |
| 12 | Delivery Plan Progress Report - Priority 1
Purpose: To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the first priority to reduce the differences in health between different groups of people. | 61 - 74 |
| 13 | Local Response to Cost of Living Increases
To update the Health and Wellbeing Board on the collective response to the impact on residents in West Berkshire of the rise in the cost of living, and to consider how we build upon the response so far. | 75 - 112 |
| 14 | Changes to Pharmaceutical Services
Purpose: This report provides details of recent and planned changes to pharmaceutical services in West Berkshire and advises the Health and Wellbeing Board on the implications for the West Berkshire Pharmaceutical Needs Assessment. | 113 - 116 |

Other Information Not for Discussion

- | | | |
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| 15 | Buckinghamshire, Oxfordshire and Berkshire West ICB Annual Report
To present the Integrated Care Board's annual report for 2022/23 | To Follow |
| 16 | Members' Question(s)
Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with Part 3.2 of the Council's Constitution (Questions Appendix).
<i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i> | 117 - 118 |



Standard Agenda Items 2

- 17 **Health and Wellbeing Board Forward Plan** 119 - 120
An opportunity for Board Members to suggest items to go on to the Forward Plan.
- 18 **Future Meeting Dates**
28 September 2023
7 December 2023
22 February 2024
2 May 2024
(All meetings to start at 9:30am)

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.

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Health & Wellbeing Board – 13 July 2023

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, 20 APRIL 2023**

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Paul Coe (Interim Executive Director - People (DASS & DCS)), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), April Peberdy (Acting Service Director - Communities and Wellbeing), Garry Poulson (Voluntary Sector Representative), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing)

Members Attending Remotely: Prof John Ashton (Director of Public Health), Supt Zahid Aziz (Thames Valley Police), Jessica Jhundoo Evans (Culture Sector Representative), Councillor Rick Jones (West Berkshire Council), Sean Murphy (Public Protection Manager), Belinda Seston (Interim Integrated Care Board Director of Berkshire West) and Fiona Worby (Healthwatch West Berkshire)

Also Present: Rob Bowen (Acting Director of Strategy and Partnerships), (Gordon Oliver (Principal Policy Officer) and Ben Ryan (Democratic Services Officer

Apologies for inability to attend the meeting: Sarah Webster, Matthew Hensby (Sovereign Housing), Janet Lippett (Royal Berkshire NHS Foundation Trust), Gail Muirhead (Royal Berkshire Fire and Rescue Service), and William Orr (Royal Berkshire NHS Foundation Trust)

Absent: Bernadine Blease (Berkshire Healthcare Foundation Trust)

PART I**87 Minutes**

The Minutes of the meeting held on 23 February 2023 were approved as a true and correct record and signed by the Chairman.

88 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

In relation to Action 211, it was agreed that the presentation to the Corporate Parenting Panel would be promoted to all Councillors.

In relation to Action 218, it was noted that several meetings had taken to consider support for asylum seekers, which had included partner organisations. Reassurance was provided that responses to the Healthwatch recommendations were being discussed and reviewed.

89 **Declarations of Interest**

Councillor Jo Stewart and Dr Heike Veldtman declared an interest in Agenda Item 11, but reported that, as their interest was a personal or an other registrable interest, but not a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on the matter.

90 **Public Questions**

There were no public questions submitted to this meeting.

91 **Petitions**

There were no petitions presented to the Board.

92 **Membership of the 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:

- April Peberdy had replaced Steve Welch as Interim Service Director - Communities and Wellbeing, and Zoe Campbell had been nominated as her substitute.
- Professor John Ashton had replaced Professor Tracy Daszkiewicz as Director of Public Health for Reading and West Berkshire.
- Kate Rees had replaced Lorraine Adams as Matthew Hensby's nominated substitute.

RESOLVED: to note the changes.

93 **Joint Forward Plan**

Rob Bowen, Integrated Care Board (ICB) Acting Director of Strategy and Partnerships, presented the report on the Joint Forward Plan (Agenda Item 8).

Members of the Health and Wellbeing Board were invited to provide feedback on the draft Joint Forward Plan and it was confirmed that there would be a formal request from the ICB in June for the Health and Wellbeing Board to confirm how well the Plan aligned to / supported the Joint Local Health and Wellbeing Strategy (JLHWS) for Berkshire West.

It was acknowledged that the recent workshop to discuss the Plan had been a very useful and positive event with good levels of engagement. It was felt that the right messages had been communicated to the ICB, but there was some cynicism about how the vision could be achieved given the current pressures and the fact that the health system was starting from a deficit position.

Rob Bowen was thanked for his work in developing the Plan.

The Board welcomed the commitment to an increased focus on prevention activity and asked what the Council could do to support this. It was acknowledged that there was a challenge to balance short and long-term priorities, but the ICB was seeking to lay the foundations for long-term change.

It was noted that housing was a critical area and there was a need for more and better quality housing. It was suggested that the Council needed to have more influence, particularly in relation to smaller social / private landlords, since tenants often struggled to engage with them. The ICB acknowledged that wider determinants of health (such as housing) were important.

HEALTH AND WELLBEING BOARD - 20 APRIL 2023 - MINUTES

It was highlighted that GP surgeries were key points of contact for residents, but they had become less accessible since Covid and had been overwhelmed with enquiries. It was suggested that expanded health centres could provide one-stop shops. The ICB acknowledged the critical role of GP practices in providing support to patients and in supporting the shift in care from acute to community settings. It was confirmed that a five year strategy would be developed over the coming 12 months which would ensure that any models put in place were sustainable.

The Board recognised that there were lots of layers and strategies within the health system, and stressed the need for efficient working practices to avoid greatly increasing the number of meetings.

It was suggested that self-care was a critical aspect, since there were increasing numbers of older people with multiple conditions who were exerting huge pressures on the NHS. It was stressed that the NHS only accounted for 10% of care and there was a need to build resilience and develop knowledge of how to manage common conditions (e.g. through peer support). Also, it was suggested that patients should be encouraged to plan for the rest of their lives once they got to their 60s.

Discharge from hospital was highlighted as another important issue and it was suggested that the housing sector should be represented on hospital boards. It was noted that while the overall care market was challenging, domiciliary care was OK. It was confirmed that a strengths based approach was applied and the aim was to keep people independent for as long as possible.

Action: Paul Coe agreed to brief Professor John Ashton on challenges and actions being taken in relation to acute care and hospital discharge.

It was suggested that there was currently insufficient investment in communications and engagement. There was a need to drive behavioural change and to involve patients in decision making. All parties needed to be bought into the prevention agenda, with solutions focused on healthy lifestyles rather than tablets.

Actions:

- **The Board was encouraged to visit the [ICB's public engagement site](#) and to highlight at an early stage if there was anything in the Joint Forward Plan that was considered to be problematic.**
- **The Health and Wellbeing Board Sub-Groups were encouraged to engage with the Joint Forward Plan individually or jointly.**

RESOLVED to note the report.

94 Health and Wellbeing Board Steering Group Terms of Reference

The Chairman presented the draft Health and Wellbeing Steering Group Terms of Reference (Agenda Item 9).

It was noted that terms of reference would be prepared for each of the Board's sub-bodies and that each would be approved by the body above. The Board's terms of reference had been approved by Council and the Board was asked to approve the terms of reference for the Steering Group.

It was agreed that the representative from the Voluntary and Community Sector should be amended to 'a representative of the Council for Voluntary Service'.

It was highlighted that substitutes should be allocated. It was confirmed that the voluntary sector had a process for allocating substitutes.

HEALTH AND WELLBEING BOARD - 20 APRIL 2023 - MINUTES

RESOLVED to approve the terms of reference subject to the amended wording from 'Voluntary and Community Sector' to 'Council for Voluntary Service'.

95 **Pharmaceutical Needs Assessment - Decision Making Process**

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the item on the Pharmaceutical Needs Assessment (PNA) Decision Making Process (Agenda Item 10).

It was noted that the recent notifications of proposed closures in the Sainsbury's superstores at Calcot and Newbury had been a trigger for the Board to review its processes. It was recognised that the Board needed to respond in an agile manner between meetings.

Members noted that updating the PNA or publishing a supplementary statement would not address issues created by pharmacies closing and asked how concerns could be escalated. It was explained that the Board merely had a duty to assess the implication of any proposed changes to provision and had no powers beyond this. An updated PNA or supplementary statement was useful in highlighting gaps, but it was up to providers if they wanted to enter the market. It was confirmed that the PNA and any supplementary statements would be published on the West Berkshire Observatory website.

It was noted that the Health Scrutiny Committee had a role in questioning the NHS about the operation of pharmacies and had done so at the last meeting. Also, it was acknowledged that pharmacies were mostly private businesses and an appropriate response needed to be agreed by the NHS system.

It was proposed that all Board members should be notified of proposed changes to pharmacy services.

It was highlighted that recent temporary closures had resulted in long queues at other pharmacies in the areas, and that there was a need to communicate with patients and GPs.

It was recognised that pharmacies played a key role in the preventative approach to health care.

One of the proposed closures was in an area of relative deprivation where it was considered important to have a pharmacy present within the community in order to make access as easy as possible.

A question was asked about provision of pharmacies in new developments.

Concern was expressed that other pharmacies may be on the verge of closing.

Members were reminded that this item was related to the process for assessing the impact of changes rather than the planned closures, which would be discussed as part of Item 11.

There was a query about whether the PNA process took account of online pharmacies. It was recognised that while these offered benefits in terms of reliable supply of medicines and avoiding the need to queue, community pharmacists did much more than dispense medicines. Also, they were unable to provide same day supply of medicines.

Action: April Peberdy to confirm if the PNA took account of online pharmacy options.

It was noted that the proposal was for local ward councillors only to be consulted if a gap was identified. However, it was suggested that they should be consulted on all changes,

HEALTH AND WELLBEING BOARD - 20 APRIL 2023 - MINUTES

since they had the local intelligence to help identify issues that may contribute to gaps in provision being declared. They could also disseminate messages to local residents.

It was suggested that a review was needed to get a better understanding of the current and future situations with respect to pharmacy provision in West Berkshire.

A point was made about the potential for strengthening primary care through extended hours health centres with in-house pharmacies.

Members observed that many family-owned pharmacies had been bought out by large pharmacy providers who were now disengaging.

It was noted that Healthwatch had been unaware of the proposed closures until the story broke in the local newspaper. This reinforced the importance of all Board Members being informed when notifications of planned closures were received.

It was highlighted that patients were increasingly being told to visit their pharmacist as an alternative to visiting their GP, but were experiencing long queues. Patients were also experiencing problems in getting repeat prescriptions.

A question was asked about the proportion of independent pharmacies vs independent pharmacies and whether all were privately owned.

Action: April Peberdy to provide further detail on the breakdown of pharmacy ownership in West Berkshire.

A number of amendments were proposed to the Pharmaceutical Needs Assessment Terms of Reference.

- 3.3.2 to move up to 3.2 and become: 'Details of proposals shall be circulated to the Health and Wellbeing Board and local ward members so they can provide relevant comments for consideration by the Sub-Committee'.
- 3.3.1 to be amended: delete 'and / or'.
- 3.3.2 to be amended: 'where a Gap is anticipated, consultation with the Local Pharmaceutical Committee in order to understand the likely impacts on other pharmacies'.

The proposal was seconded and an indicative vote was taken of all Members include those attending remotely prior to the formal vote by Members in the room.

RESOLVED that:

- (a) notifications of changes to pharmaceutical services in West Berkshire should be shared with all members of the Health and Wellbeing Board and local ward councillors;
- (b) decisions about the appropriate response to notifications of changes to pharmaceutical services be delegated to a Sub-Committee of the Health and Wellbeing Board, consisting of the Chairman and Vice Chairman of the Health and Wellbeing Board, the Director of Public Health for Berkshire West, and a senior Public Health Officer;
- (c) the Sub-Committee shall consult the Local Pharmaceutical Committee (Pharmacy Thames Valley) if a gap in provision is identified in order to understand the likely impact on other pharmacies;
- (d) all decisions of the Sub-Committee will be reported back to the Health and Wellbeing Board at the next public meeting and the Berkshire West Shared Public Health Team will publish any supplementary statements or updated PNA on the Berkshire Public Health Observatory website as required;

HEALTH AND WELLBEING BOARD - 20 APRIL 2023 - MINUTES

- (e) the proposed terms of reference for the Pharmaceutical Needs Assessment Sub-Committee be approved subject to the following amendments:
- 3.3.2 to move up to 3.2 and become:
 - ‘Details of proposed changes shall be circulated to the Health and Wellbeing Board and local ward members so they can provide relevant comments for consideration by the Sub-Committee’;
 - 3.3.1 to be amended:
 - delete ‘and / or’;
 - 3.3.2 to be amended to:
 - ‘where a Gap is anticipated, consultation with the Local Pharmaceutical Committee in order to understand the likely impacts of the closure(s) on other pharmacies’.

96 Pharmacy Closures - FEJ88 and FVP85

(Councillor Jo Stewart declared a personal interest in Agenda Item 11 by virtue of the fact that the Calcot Sainsbury’s superstore was in her ward. As her interest was personal and not prejudicial she was permitted to take part in the debate and vote on the matter.)

(Dr Heike Veldtman declared a personal interest in Agenda Item 11 by virtue of the fact that the Newbury Sainsbury’s superstore was in the catchment for her GP practice. As her interest was personal and not prejudicial she was permitted to take part in the debate and vote on the matter.)

April Peberdy (Interim Service Director – Communities and Wellbeing) presented the item on Pharmacy Closures (Agenda Item 11).

Although Thames Valley Pharmacy had indicated that there was spare capacity at other pharmacies, Members observed that there had been significant queues at local pharmacies in recent weeks. It was highlighted that pharmacies offered other essential services, which may be compromised if they were struggling to cope with demand for prescriptions.

Members observed that new development would further increase the pressure on pharmacies.

Concern was expressed that the closure of the pharmacy at the Newbury Sainsbury’s superstore would require some people to walk further to other pharmacies in the town centre and the quoted walking times were felt to be optimistic. Officers recognised that any closure would have an impact on residents, but the analysis had shown that a significant gap would not be created in Newbury. Officers confirmed that walking times were averages and used standard values

Members thanked the staff at the Lloyds pharmacy in Calcot who had suffered abuse from customers who were frustrated at having to queue. It was noted that there were two wards affected by this closure, including one of the more deprived wards in the District.

It was noted that while Sainsbury’s was easy to access by bus, patients may struggle to access other pharmacies in the area that were not as well served by local bus routes. Some customers had already started to make alternative plans, including switching to online pharmacies.

The importance of the role of pharmacies in primary care provision was highlighted. Concern was expressed that several pharmacies had closed in West Berkshire, which would affect patient access and would impact on remaining pharmacies. Concern was

HEALTH AND WELLBEING BOARD - 20 APRIL 2023 - MINUTES

also expressed that West Berkshire had a lower ratio of pharmacies to resident population than the national average. Members asked what could be done to address the issue. Officers recognised these concerns, but indicated that decisions about pharmacies opening and closing in West Berkshire were up to providers.

Members suggested that the Local Pharmaceutical Committee and Health Scrutiny Committee may have a role to play in stimulating the market and investigating the causes of pharmacies closing. It was confirmed that Pharmacy Thames Valley had been consulted in relation to the planned closures.

Concern was expressed that parts of Calcot were amongst the most deprived in the country. However, it was confirmed these areas were only within the fourth decile of the index of multiple deprivation.

Members highlighted issues with the availability of medicines at local pharmacies and it was suggested that the problems were exacerbated by recent strikes. It was noted that many pharmacies operated a 'just in time' supply chain and only carried around two days of supplies. It was suggested that online pharmacies were often easier to use and more reliable and would be part of the mix in future..

It was highlighted that Finland had reduced primary care consultations by over 20% by educating the public about self-care for common conditions, but this needed a strong pharmacy sector.

The Board noted that the government was keen to promote the role of pharmacies, but this was in conflict with the rationalisation process that was prevalent.

It was stressed that the ICB had a role to play in reassuring pharmacies that there would be the business flow and necessary margins to give them the confidence to invest.

Members highlighted an issue where older people who could no longer drive may struggle to access pharmacies and it was suggested that there needed to be a whole system strategy to tackle issues with the pharmacy sector.

It was suggested that the Board should write to Lloyds to express its concerns.

Action: April Peberdy to draft a letter in consultation with the Chairman and Vice Chairman.

It was noted that pharmacies had a contract with the NHS and had to give at least three months' notice of closures.

It was suggested that if other pharmacies were subsequently found not to be coping with the increased demand then the situation should be reviewed to determine whether a gap in provision should be declared for Newbury. It was stressed that any decision should take account of the impact of planned development and changing demographics.

It was noted that there would be implications for GPs as a result of the closures, since they needed to request the prescriptions. While online pharmacies were good for repeat prescriptions, it was acknowledged that there was a need for immediate access to medicines in some cases, which online pharmacies could not provide.

An analogy was made with banks where the government had put pressure on different providers to collaborate and maintain a physical presence within individual communities.

Concern was expressed about the impacts of future development in Newbury and whether there could be some form of qualification of the Board's response to reflect this. It was confirmed that the analysis had not shown a gap in provision, but the situation would be kept under review. Also, the Pharmaceutical Needs Assessment would be

HEALTH AND WELLBEING BOARD - 20 APRIL 2023 - MINUTES

renewed every three years and new development would be considered as part of that process.

RESOLVED to:

- (a) note the receipt of the NHS notification of the termination of the contract and subsequent closure of the following pharmacies on 22 April 2023:
 - FEJ88 – Lloyds Pharmacy Ltd (in Sainsbury), Bath Road, Calcot, Reading, Berkshire, RG31 7SA
 - FVP85 – Lloyds Pharmacy Ltd (in Sainsbury), Hectors Way, Newbury, Berkshire RG14 5AB
- (b) note the assessed impacts of the closures;
- (c) agree that a supplementary statement be issued in relation to the closure of FEJ88;
- (d) agree that no action is needed in relation to the closure of FVP85;
- (e) write to Lloyd to express the Board’s concern at the closures.

97 Young Carers

The report on Young Carers (Agenda Item 12) was provided for information only and was not discussed at the meeting.

RESOLVED to note the report.

98 Members' Question(s)

There were no questions submitted to the meeting.

99 Health and Wellbeing Board Forward Plan

Members reviewed the Health and Wellbeing Board Forward Plan.

RESOLVED that the Forward Plan be noted.

100 Future Meeting Dates

The dates of the future meetings were noted.

(The meeting commenced at 9.30 am and closed at 11.27 am)

CHAIRMAN

Date of Signature

Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Agenda item	Action	Action Lead	Agency	Status	Comment
153	24/09/2020	Health and Wellbeing Board Meetings	Seek another peer review of Health and Wellbeing Board.	April Peberdy	WBC	In progress	It has been agreed that this will be deferred until the Place Based Partnership is operational. Also, consideration is being given as to how this will work with other peer reviews planned within the Council.
197	19/05/2022	Berkshire West PBP Transformation Programme	Have a discussion with the Unified Executive about how they could be more agile and report back	Belinda Seston / Sarah Webster	ICB	In progress	Discussions are ongoing in relation to development of the Place Based Partnership. An update will be given to the Health and Wellbeing Board on 13 July 2023.
211	08/12/2022	Children and Young People's Mental Health - Refreshed Local Transformation Plan 2022-24	ICB to give a presentation to the Corporate Parenting Panel on the CiC Service.	Lajla Johansson	ICB	Complete (30/06/2023)	Following liaison with Lajla Johansson it was agreed that there would be greater benefit from her and the manager of the project to jointly present at the CPP in June rather than March. The provision is in its infancy and is still recruiting to get the full complement of staff for the project.
218	23/02/2023	Healthwatch Report - Asylum Seekers	Officers to look at the report's recommendations in the context of their statutory functions to see what improvements could be made.	Sean Murphy / Nick Caprara	WBC	In progress	A WBC asylum meeting took place on 30 March which Housing, Education, Health, Public Protection, Transport reps all attended. The Head of Hotel Mobilisation from Clearsprings attended this meeting to discuss the key findings of the Healthwatch report.
220	23/02/2023	Financial Problems and Mental Health	Incorporate fraud prevention within the report's recommendations.	Adrian Barker	MHAG	In progress	The report is being updated and will be presented to the Health and Wellbeing Board in September 2023.
221	23/02/2023	Financial Problems and Mental Health	Consider how the Better Care Fund could be used to support initiatives to tackle financial problems and mental health.	Maria Shepherd / Adrian Barker	WBC / MCAG	In progress	Adrian Barker to be invited to the next LIB meeting to discuss further.
222	23/02/2023	Health and Wellbeing Strategy Delivery Plan - Progress Report Q3 2022/23	Officers to ensure that more detailed updates are provided for Delivery Plan actions.	April Peberdy / Gordon Oliver	WBC	In progress	A Task Group has been set up to review the Delivery Plan and the reporting mechanisms. The Delivery Plan will be imported to InPhase project management software, which will provide a more user-friendly dashboard. However, there have been significant delays and it is not known when this work will be completed. It is proposed that the Board should receive a rolling programme of reports to provide updates on individual JLHWS priorities - the first report will be presented to the Board on 13 July 2023. It is also proposed to have focused sessions for HWB Members between public meetings.
227	20/04/2023	Joint Forward Plan	Brief Professor John Ashton on challenges and actions being taken in relation to acute care and hospital discharge	Paul Coe	WBC	Complete (15/06/2023)	Email sent
228	20/04/2023	Joint Forward Plan	All Board Members encouraged to visit the ICB's public engagement site and to highlight at an early stage if there is anything in the Joint Forward Plan that is considered to be problematic. https://yourvoicebob-icb.uk/engagementhq.com/developing-a-joint-forward-plan-for-bob	All	All	Complete (26/04/2023)	Details of the public engagement site were circulated with the minutes of the HWB meeting of 20 April 2023.
229	20/04/2023	Joint Forward Plan	HWB Sub-Groups to be encouraged to engage with the Joint Forward Plan individually or jointly.	Gordon Oliver	WBC	Complete (26/04/23)	Email sent
230	20/04/2023	PNA Decision Making Process	Confirm if the PNA took account of online pharmacy options	April Peberdy	WBC	Complete (27/04/23)	Online pharmacies are not considered as part of the PNA because: a) Patients cannot get immediate access to medicines from online pharmacies for urgent medical conditions. b) Some treatments / services are not suitable for online provision as they require physical interaction with the patient (e.g. vaccination, blood pressure monitoring, etc) c) Not all patients are online, so the principle of universal access to healthcare services would be compromised by reliance on online pharmacies. d) Online services are best suited to handling repeat prescriptions - a such, then should be seen as supplementary to community pharmacies.

Actions arising from Previous Meetings of the Health and Wellbeing Board

231	20/04/2023	PNA Decision Making Process	Provide further detail on the breakdown of pharmacy ownership in West Berkshire	April Peberdy	WBC	Complete (27/04/23)	Currently 50% of pharmacies in West Berkshire are classed as being in independent ownership.
232	20/04/2023	Pharmacy Closures -FEJ88 and FVP85	Draft a letter to Lloyds in consultation with the Chairman and Vice Chairman to express concerns about the proposed closures	April Peberdy	WBC	Complete (15/05/23)	Email drafted for approval by Cllr Macro.

Updated: 05/072023

Health & Wellbeing Board – 13 July 2023

Item 4 – Declarations of Interest

Verbal Item

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Health & Wellbeing Board – 13 July 2023

Item 5 – Public Questions

Verbal Item

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Health & Wellbeing Board – 13 July 2023

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Lee Dillon	WBC Leader of the Council	Cllr Vicky Poole
Cllr Alan Macro (Chairman)	WBC Portfolio Holder for Adult Social Care and Health Integration	
Cllr Janine Lewis	WBC Portfolio Holder for Public Health, Culture, Leisure, Sport and Countryside	
Cllr Heather Codling	WBC Portfolio Holder for Children, Education and Young People's Services	
Cllr Jo Stewart	WBC Conservative Group Spokesperson for Health and Wellbeing	Cllr Dominic Boeck
Cllr David Marsh	WBC Green Group Spokesperson for Health and Wellbeing	Cllr Carolyne Culver
Paul Coe	WBC Interim Executive Director, People (DASS and DCS)	Maria Shepherd Dave Wraight
April Peberdy	Interim WBC Service Director – Communities and Wellbeing	Zoe Campbell
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Prof John Ashton	Director of Public Health for West Berkshire and Reading	
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)	
Fiona Worby	Healthwatch West Berkshire	Mike Fereday
Stephen Leonard	Royal Berkshire Fire and Rescue Service	Gail Muirhead Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	William Orr Andrew Statham
Matthew Hensby	Sovereign Housing	Kate Rees
Supt. Helen Kenny	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	Rachel Peters

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BUILDING BERKSHIRE *Together*



Royal Berkshire
NHS Foundation Trust

WEST BERKSHIRE HEALTH AND WELLBEING BOARD

OUR NEW **HOSPITAL** PROGRAMME

Building Berkshire Together Update
Janet Lippett and Alison Foster
13 July 2023



Overview and Background

In 2019 the Royal Berkshire NHS Foundation Trust (RBFT) was placed on the New Hospital Programme (NHP) as part of the Government commitment to deliver 40 new hospitals by 2030. The Trust submitted a Strategic Outline Case (SOC) in December 2020. The options set out in the SOC were:

1. Part new build/part refurbishment on existing site – est £785m
2. Whole site redevelopment - est £995m
3. New hospital on a new site – est £1.3bn

The RBFT is in Cohort 4 of the NHP, which means being full adopters of the new approach to building new hospitals. This is called ‘Hospital 2.0’ and means, for example, standardised designs, centralised processes and Modern Methods of Construction (MMC). It is anticipated that, through economies of scale, there will be a significant reduction in time and cost to build new healthcare facilities.

New Hospital Programme (NHP) Progress

In March 2023, total NHP Programme funding allocation was agreed by HM Treasury and was then announced on 23 May 2023 by the Secretary of State for Health and Social Care as £20bn.

The addition, and prioritisation, of RACC hospitals (Reinforced Autoclaved Aerated Concrete) may mean that some hospitals currently on the scheme are not be able to deliver before 2030, due to both constraints on the funding allocation but also supply chain issues.

The scheduling of RBFT has not been decided yet and can only be decided after some further work over the next 5-8 months with the New Hospital Programme.

List of shortlist options

The updated shortlist of options which have had Board approval on 28 June 2023 are

In summary, the short list includes the following four options

- Option 1: Do Nothing
- Option 2: Do Minimum, which brings the existing estate up to Condition B and may permit some reconfiguration to be undertaken
- Option 3: New build on a new site
- Option 4: New build on the current site

RBFT Progress in 2022/23

- **Engagement** – this has included a public survey collecting 3,692 responses, analysed by the University of Reading, public engagement events, staff and stakeholder workshops. The intelligence gathered has also been reviewed with wider consultations being carried out by other system partners at the same time and has contributed to the refinement of our shortlist of options.
- **Clinical Services Strategy** - approved by the Board in August 2022 this is critical to the planning of a new hospital and completing the Outline Business Case.
- **Digital Strategy** - aims to provide the best patient care today while planning for the future.
- **Green Plan** – In line with a number of other organisations in Reading, it was announced in April 2022 that the Trust would work towards becoming net zero by 2030, ten years ahead of the NHS goal.
- **Outline Business Case** – we have been developing robust evidence in support of the case for change and the Trust’s investment objectives for the new hospital. We have also progressed the Economic Case, another part of the OBC, which sets out the Critical Success Factors

Immediate Next Steps

1. Work with New Hospital Programme on our Minimal Viable Product Hospital 2.0 (MPV).
2. Review and update our Strategic Outline Case (SOC), submitting a 'lite' version and ensures strong alignment to wider system.
3. Work with system partners on the next stages in developing the Clinical Model.
4. Maintain regular engagement with public and increase engagement in groups identified through the survey which were under-represented.
5. Continue options appraisal work
6. Progress enabling works such as
 - Due diligence to establish if a Hospital 2.0 can be achieved on the current site
 - Developing digital capacity and capability which enable moves
 - Exploration of the potential of benefits of investment in wider estate

Health & Wellbeing Board – 13 July 2023

Item 9 – Place Based Partnership Update

Verbal Item

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Better Care Fund Plan Year End 2022-23

Report being considered by:	Health and Wellbeing Board
On:	13 July 2023
Report Author:	Maria Shepherd, Interim Service Director, Adult Social Care
Report Sponsor:	Paul Coe, Interim Service Director - People
Item for:	Information



1. Purpose of the Report

The purpose of this report is to share the Better Care Fund (BCF) end of year report for 2022-2023 and the Adult Social Care (ASC) Discharge Fund end of year report for 2022-23. Both reports received delegated sign-off from the Chairman of the Health and Wellbeing on 24th April 2023, ahead of submission to NHS England on 2nd May 2023.

2. Recommendation(s)

To note the attached BCF end of year report for 2022 and 2023 and the ASC Discharge Fund end of year report for 2022 and 2023 (last tab on the attached spreadsheet).

3. Executive Summary

The Better Care Fund is a national vehicle for driving health and social care integration, using pooled budgets. The Adult Social Discharge Fund was announced in November 2022, with an additional £500 million provided nationally to tackle delays with discharging patients from hospitals who are fit to leave and free up hospital beds. The Adult Social Discharge Fund has been pooled with the Better Care Fund. There is a requirement for local authorities to submit end of year reports to NHS England to explain how the funding has been spent and the impacts of the expenditure. This report sets out how the two funding streams have been spent in West Berkshire.

4. Supporting Information

- 4.1 The Better Care Fund Policy Framework for 2022-2023 provides continuity from the previous rounds of the programme and there is a requirement to submit an end of year template.
- 4.2 Due to the pressures the NHS experienced last year, in particular acute hospitals. The Government also announced details of the £500m Adult Social Care Discharge Funding in late November 2022. This funding was distributed to both Local Authorities and Integrated Care Boards (ICB's) and pooled into the local Better Care Fund (BCF), 40% at the end of December 2022 and 60% at the end of January 2023.
- 4.3 Local Authorities were required to submit a plan on 16th December 2022 outlining how they intended to use the funding. In line with usual BCF requirements the plan

required sign-off from Chairman of HWB and agreement from the Berkshire West Integrated Care Board.

BCF year-end report

4.4 This report confirms that we met the four national conditions: -

- (1) The plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006 (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)"
- (2) The planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy
- (3) Agreement to invest in NHS commissioned out of hospital services
- (4) Plan for improving outcomes for people being discharged from hospital

4.5 This report provides an update on the four national metrics: -

- (1) **Avoidable Admissions** – we have continued to perform well in this area and were on track to meet target. Our end of year position against a plan of 539 was 521.
- (2) **Percentage of people discharged to their normal place of residence** – we were on track to meet target. Our end of year position according the SUS data, against a plan of 91% was 91%. Although we have been under reporting to Locality Integration Board throughout the year - a deep dive into the backing data is currently taking place to see if a trust is duplicating records locally.
- (3) **Residential Admissions** - Our year end position against a plan of 612 was 645. We had a huge spike in May 2022, which we believe was caused by the use of Covid funding. During the year 87 new clients were admitted into Residential/Nursing homes from the Hospital route and 62 clients were admitted following a planned/unplanned hospital episode. This is something we need to review in 23-25 and further work needs to be done on the trusted assessor approach in the acute setting and there also needs to be more scrutiny of the pathways. This will be a priority in 2023-2025.
- (4) **Reablement** – we have performed well in this area and were on track to meet target. Our year end position against a plan of 85% was 88%.

4.6 This report provides a summary of the income and expenditure for 2022-23.

4.7 The planned expenditure of £14,567,441 was increased by £185,048 to £14,752,490 in year. (£66,000 contingency, £34,035 CHS project, £17,090.78 SCAS, £67,921.78 PMO – all from the ICB allocation).

4.8 We had an under spend of £340,205 against £14,752,490 which will be carried forward into 2023/2024 to support our new priorities.

4.9 This report outlines two successes and two challenges experienced during 2022-23.

4.10 The successes included: -

- (1) **Strong, system-wide governance and systems leadership** - In order to ensure our system was as robust as possible during the winter, we supported the "Be Well this Winter" campaign. This campaign ran from December 2022 - March 2023 and enhanced the key messages of our urgent care centre, financial support, mental health, self-care and winter wellbeing tips to avoid unnecessary hospital admissions during the winter months. The scheme was supported by the LA's cost of living hub and the BOB ICS's Health on the Move Van. The scheme delivered 18 hosted sessions, 13 health on the move events, 375 residents engaged, 274 had a Covid booster, 1558 resources were distributed and 1590 making every contact count conversations were held.
- (2) **Good quality and sustainable provider market** - we sustained our provider market during increased activity from all of the hospitals we support: 3 Acute, 1 Community and 1 Mental Health. We used some of our ASC Discharge Funding to offer Domiciliary Care Providers an incentive of £450 for every patient that was discharged from hospital on pathway 1 within 1-2 days of appearing on the Medically fit to go list.

4.11 The challenges included: -

- (1) **Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)** - our admissions into residential and nursing homes remains high. Data from March 2023 suggests that 87 new clients were admitted into a residential/nursing home through the hospital route. Further work needs to take place to understand why these numbers are so high.
- (2) Reporting on the ASC Discharge Fund has been particularly challenging for both the Local Authority's data and finance teams due to pressures with year end, the new Client Level Data and by fact that these teams are small.

ASC Discharge Fund year-end report

4.12 This report is contained on the last tab of the spreadsheet and provides an update on spend and activity between 16th December 2022 and 31st March 2023.

4.13 This spend and activity supported the discharge of people from hospital when they were fit to leave.

4.14 The impact of this funding was that more hospital beds were available for those that needed them and people were able to recover at home or in residential care instead of spending too long in hospital.

4.15 The total spend within this plan was £1,184,415.

5. Options Considered

None

6. Proposal(s)

The Board is asked to note the report. No decision is required.

7. Conclusion(s)

As this is an end of year report that has already been submitted to NHS England, it is being brought to the Board for information only.

8. Consultation and Engagement

The following were consulted prior to submission of the reports to NHS England on 2nd May: Councillor Graham Bridgman, Health and Wellbeing Board Chairman; Paul Coe, Interim Executive Director - People; Joseph Holmes, Executive Director – Resources; and members of the Locality Integration Board.

9. Appendices

Appendix A – BCF year end 2022-23 Template (Excel spreadsheet).

Background Papers:

West Berkshire Better Care Fund Plan, Health and Wellbeing Board (9 December 2022)

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
-

Appendix A

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Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements 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; 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

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the
- 4) To enable the use of this information for national partners to inform future direction and for local areas to

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in

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 more optimally 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 The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special'

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

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF 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 update
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contains the BCF sign off and will be subject to your own governance arrangements which may include a delegated authority
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:
england.bettercarefundteam@nhs.net
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 them

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the <https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any
 - In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information.
- Please also reflect on the metric performance trend when compared to the quarter from the previous year -

Please note that the metrics themselves will be referenced (and reported as required) as per the standard

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the
- Please provide any comments that may be useful for local context for the reported actual income in 2022-

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration'

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model)
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model)

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

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

Checklist	
Complete:	
	Yes
	Yes
	Yes
	Yes
	Yes
	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board:

West Berkshire

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Challenges and Support Needs
Achievements

Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans
Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	539.0	On track to meet target	n/a	We continue to perform well in this area. Our forecasted year end position is 521.4
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.0%	On track to meet target	The SUS Data on the Better Exchange Fund states that Q1 was 91.4%, Q2 was 91.6%, Q3 was 91.1% and Q4 is forecast to finish at 91%. However, we have been reporting lower than this locally. A deep dive into the	According to SUS data we have achieved the target.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	612	Not on track to meet target	Our final outturn against plan of 612 was 645. We had a huge spike in May 2022, which we believe was caused by the use of Covid funding. During the year 87 new clients were admitted into	n/a
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.3%	On track to meet target	n/a	We performed exceptionally well. December 90%, January 90%, February 89% and March 88%.

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

West Berkshire

Income

2022-23			
Disabled Facilities Grant	£2,065,205		
Improved Better Care Fund	£806,499		
NHS Minimum Fund	£11,157,227		
Minimum Sub Total		£14,028,931	
	Planned		
NHS Additional Funding	£0		
LA Additional Funding	£538,510		
Additional Sub Total		£538,510	
			Actual
Do you wish to change your additional actual NHS funding?		Yes	£185,048
Do you wish to change your additional actual LA funding?		No	
			£723,558
Total BCF Pooled Fund	Planned 22-23 £14,567,441	Actual 22-23 £14,752,489	

ASC Discharge Fund			
	Planned		
LA Plan Spend	£417,415		
ICB Plan Spend	£767,000		
ASC Discharge Fund Total		£1,184,415	
			Actual
Do you wish to change your additional actual LA funding?		No	
Do you wish to change your additional actual ICB funding?		No	
			£1,184,415
BCF + Discharge Fund	Planned 22-23 £15,751,856	Actual 22-23 £15,936,904	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

£66,000 contingency, £34,035 CHS project, £17,090.78 SCAS, £67,921.78 PMO

Expenditure

	2022-23
Plan	£14,567,441

Do you wish to change your actual BCF expenditure?

Yes

Actual	£14,412,285
--------	-------------

	ASC Discharge Fund
Plan	£1,184,415

Do you wish to change your actual BCF expenditure?

No

Actual	£1,184,415
--------	------------

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

Plan of £14,567,441 was increased by £185,048 to £14,752,490 in year. We have an underspend of £340,205 against £14,752,490 which will be carried forward into 23/24.

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

West Berkshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Monthly highlight reports, including spend, progress on priorities and metrics are reported to Locality Integration board and HWB via the Health & Wellbeing Steering Group. Group agreed to support a number of additional scheme during the year to support joint working between health and social care. The additional schemes were Infection Control, Be Well
2. Our BCF schemes were implemented as planned in 2022-23	Neither agree nor disagree	Limited progress was made against our MDT scheme - this was put on hold whilst waiting for ancitipatory care Model. Limited progress was made on the Service User Experience - this required more buy in from partners to progress further. Some progress was made on the risk stratification scheme, a tool exists within the Connected Care Programme used
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	We have positive working relationships in West Berkshire, which are enabled through the BCF.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	In order to ensure our system was as robust as possible during the winter, our locality integration board supported the "Be Well this Winter" campaign. This campaign ran from December 2022 - March 2023 and enhanced the key messages of our urgent care centre, financial support, mental health, self care and winter wellbeing tips to avoid unnecessary hospital admissions during the winter months. The scheme was supported by the LA's cost of living hub and the BOB ICS's Health on the Move Van. The scheme delivered 18 hosted sessions, 13 health on the move events, 375 residents

Success 2	6. Good quality and sustainable provider market that can meet demand	We sustained our provider market during increased activity from all of the hospital we support : 3 Acute, 1 Community and 1 Mental Health. We used some of our ASC Discharge Funding to offer Domiciliary Care Providers an incentive of £450 for every patient that was discharged from hospital on pathway 1 within 1-2 days of appearing on the Medically fit to go list. In doing this we were able to support partners by avoiding any unnecessary delays in hospital
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Our admissions into residential and nursing homes remains high. Data from March 2023 suggests that 71 new clients were admitted into a residential/nursing home through the hospital route. Further work needs to take place to understand why these numbers are so high, benchmark with other Local Authorities.
Challenge 2	Other	Reporting on the ASC Discharge Fund has been particularly challenging for both the Local Authority's data and finance teams due to pressures with the new Client Level Data and year end returns.

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

West Berkshire

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

■

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible and any learning	Do you have any learning from this scheme?
Admin	Administration	<Please Select>	£11,844	£11,844	0	N/A	No		Yes	Yes. This supported the production and analysis of reports on activity and spend in order to populate reporting template as required by DHSC.	
Contingency	Contingency	(blank)	£59,334	£0	0	N/A	Yes	This pot of money was intended for the VCS. However, following a meeting in early December 2022 with our Volunteer Centre they felt there was very little they could do to support given the	No		The VCS sector felt more time was required to plan and a commitment of
Domiciliary care	Home Care or Domiciliary Care	(blank)	£99,747	£52,650	117	N/A	Yes	We offered Domiciliary Care providers a one off incentive of £450 for every patient on Pathway 1 that were on the medically fit for discharge list and were discharged within 1-3 days. A total	Yes	We had little or no delays for those being discharged on pathway 1 between January - March 2023.	Additional staff within the Hospital Discharge Team were required to keep up
Domiciliary care	Home Care or Domiciliary Care	Domiciliary care packages	£767,253	£466,678	18,794	Hours of care	Yes	Purchase of packages of care to expedite hospital discharge on Pathway 1. Remainder of the money was used to support those on pathway 3 into a residential or nursing placement.	Yes	We were able to expedite hospital discharges into the community	
one off payment to families	Home Care or Domiciliary Care	Other	£9,000	£0	0	Hours of care	Yes	This was not required.	No	Capacity within the care market was good so this was not required.	
Recruitment	Improve retention of existing workforce	Retention bonuses for existing care staff	£150,000	£90,829	94	N/A	Yes	All staff supporting Hospital Discharge were offered a retention payment. A total of 94 staff were paid a retention payment.	Yes	We retained all staff supporting Hospital Discharge.	
Staffing	Additional or redeployed capacity from current care workers	Costs of agency staff	£23,058	£60,935	1,274	hours worked	Yes	Additional staff had to be put in to keep up with the speed of hospital discharges on pathway 1, support the flow in and out of the D2A beds and hospital discharges on pathway 3.	Yes	We were able to put in additional staff to keep up with the speed and volume of discharges.	
Staffing	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£23,058	£23,058	922	hours worked	No	We were able to support self funders and their families across all Hospital locations with information on suitable homes with vacancies in order to expedite Hospital Discharge.	Yes	Appropriate information and signposting was given to families. However in some cases families don't always appreciate the pressure the hospitals are under and do take their time in	
Staffing	Local recruitment initiatives	(blank)	£23,343	£23,343	1	N/A	No	One additional member of staff was recruited to support with commissioning activities.	Yes	This provided additional capacity within the team.	
Staffing	Local recruitment initiatives	Redeploy other local authority staff	£17,778	£17,778	1	N/A	No	One additional member of staff was recruited to support mental health discharges into the community.	Yes	No reported concerns and we were able to facilitate hospital discharges in a timely manner.	
				£437,300	59		Yes	This was not included in our original plan but this scheme supported individuals to be discharged on pathway 3 into a residential or nursing home. This provided 409.14 weeks.	Yes	We were also able to expedite hospital discharges on Pathway 3.	

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Delivery Plan Review

Report being considered by: Health and Wellbeing Board

On: 13 July 2023

Report Author: Gordon Oliver

Report Sponsor: April Peberdy

Item for: Discussion



1. Purpose of the Report

1.1 The Berkshire West Joint Local Health and Wellbeing Strategy (JLHWS) was adopted in December 2021. This sets out 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.

1.2 Each of the three Health and Wellbeing Boards within the Berkshire West 'Place' has developed its own Delivery Plan to address these shared priorities, tailoring the approach to their particular needs and circumstances.

1.3 This report provides an update on how the Delivery Plan for West Berkshire is being reviewed and updated, and how the Sub-Groups of the Health and Wellbeing Board are evolving to better align with the priorities of the JLHWS and the associated Delivery Plan.

2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

- (1) note the report and the progress made to date;
- (2) endorse the approach proposed by the Health and Wellbeing Board Steering Group for reviewing the JLHWS Delivery Plan and reporting progress through the rolling programme of Progress Reports for each of the JLHWS priorities.

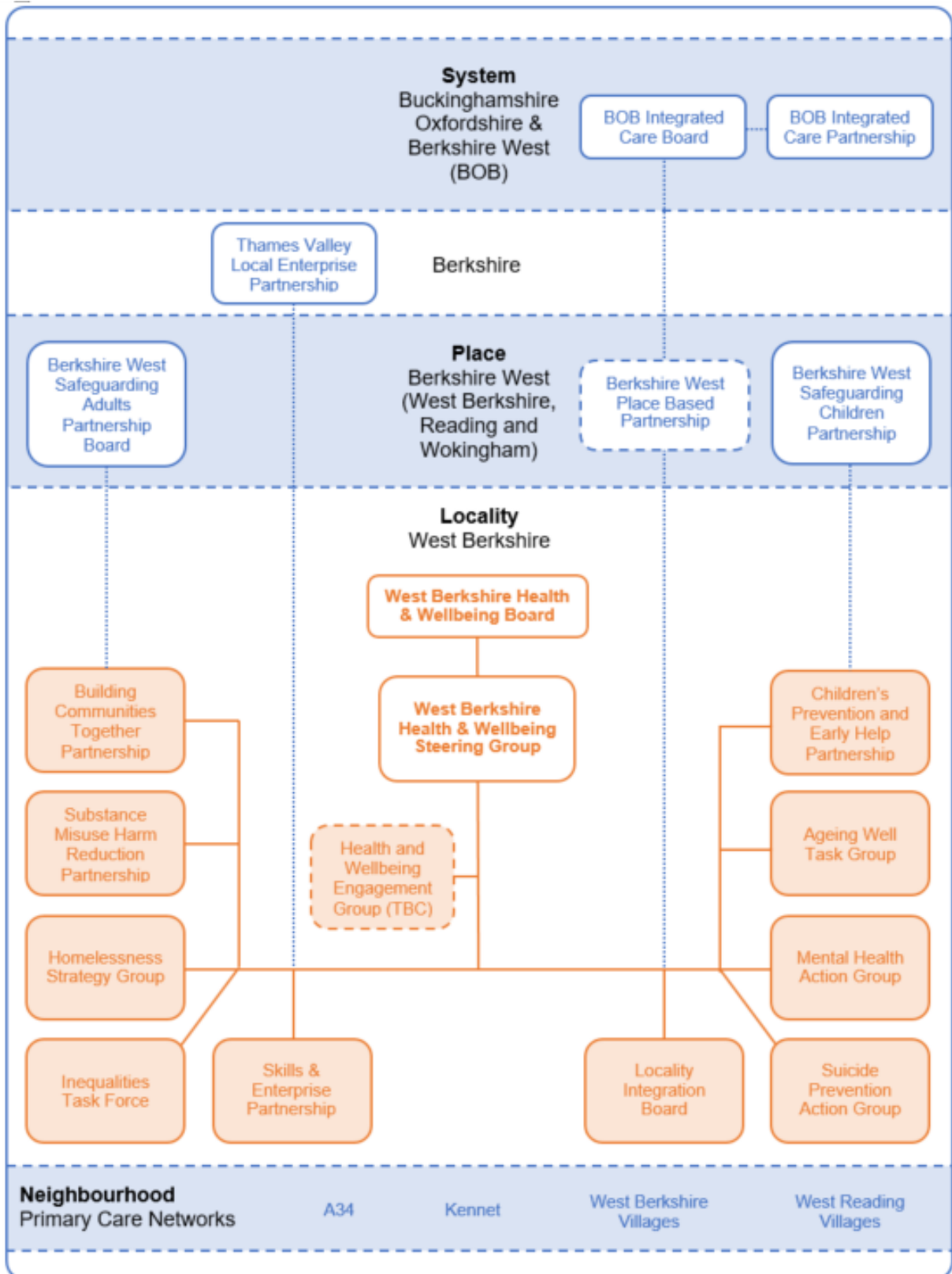
3. Executive Summary

3.1 This report describes the work being undertaken by the Health and Wellbeing Board Steering Group to review the JLHWS Delivery Plan and to review the structure of the Board's Sub-Groups in order to better align with the JLHWS priorities.

4. Supporting Information

- 4.1 The Delivery Plan was developed in the second half of 2021. Not only was this during the latter stages of the Covid pandemic, but it was also a period of significant change within the NHS in anticipation of the requirements of the Health and Care Act 2022. This included the transition from Clinical Commissioning Groups (CCGs) to new structures and organisations at ‘System’ and ‘Place’ levels. This transformation is still underway, with arrangements for Place Based Partnerships still to be finalised. However, with greater clarity regarding the new arrangements, and the respective roles and responsibilities of the individual bodies, the Health and Wellbeing Board Steering Group considers that this is an appropriate time to review the Delivery Plan.
- 4.2 Good progress has been made with implementation of many of the Delivery Plan actions, and a significant number of actions were completed by the end of the 2022/23 financial year. In some cases, needs or circumstances have changed since the Delivery Plan was first developed, so some actions may no longer be relevant. In other cases, it may not be possible to deliver the actions as originally planned due changes in the availability of funding or resources. Also, some actions are considered to be ‘business as usual’ activities that are delivered and monitored through existing service plans / business plans with no need for additional support or oversight through the Health and Wellbeing Board. As a result, some actions may need to be deleted or replaced with new actions. The actions currently earmarked for deletion are highlighted in Appendix B.
- 4.3 The original Delivery Plan consisted of over 150 individual actions, which were allocated to over 30 different bodies or organisations. In some cases, these were not allocated to the correct owners, but most have since been reassigned. Some actions were assigned to organisations that operate across areas wider than West Berkshire, such as the Berkshire Healthcare NHS Foundation Trust. Also, a significant number of actions were initially allocated to the Berkshire West CCG, whose functions have since transferred to the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (ICB). Where appropriate, actions are being referred upwards for incorporation into delivery plans at ‘Place’ or ‘System’ levels – these are summarised in Appendix C.
- 4.4 Given that the Strategy has a 10 year lifespan, additional actions are now required to build on the early progress that has been made and to respond to emerging issues, such as those identified in the health inequalities needs assessments. Work is still progressing to develop these new actions, but some initial suggestions are shown in Appendix A. As a result of the changes identified above, some of the priorities have relatively few actions remaining. However, work will continue in the coming months to identify additional actions and work streams to deliver these priorities. These will be reported through the rolling programme of Priority Progress Reports. This approach is consistent with the original intention for the Delivery Plan to be a living document.
- 4.5 In parallel with the work being undertaken to review the Delivery Plan, the Steering Group is also considering how the Sub-Groups can be better structured. The existing set of Sub-Groups are illustrated in Figure 4.1 below. These were originally established to deliver the priorities of the previous Health and Wellbeing Strategy. A key challenge will be to ensure that where Sub-Groups have proved effective in addressing particular health issues, this work is not lost as part of any restructure.

Figure 4.1 – Health and Wellbeing Board Governance Structure



4.6 It should be noted that the Health and Wellbeing Engagement Group has been dormant for some time. This was previously chaired by a CCG representative, but a replacement could not be identified after she had left, and so meetings lapsed. Given that engagement is one of the core principles of the JLHWS, the Steering Group is actively considering options for how this Sub-Group could be reconvened, with an updated terms of reference that is more closely aligned to the strategic priorities.

5. Options Considered

The Board could choose not to update the Delivery Plan. However, this would not respond to changes that have occurred since the Delivery Plan was originally developed in 2021, and it would limit the progress that could be made towards achieving the JLHWS priorities in the coming years.

6. Proposal(s)

It is proposed that the Steering Group should continue to update the Delivery Plan over the coming months, and that the Board should be kept updated through the rolling programme of Progress Reports for each of the JLHWS priorities.

7. Conclusion(s)

The approach set out in Section 4 above will ensure that the Delivery Plan remains up to date and responsive to changes that have occurred since it was originally developed in 2021. It will also ensure that the Sub-Groups are structured appropriately so they are more closely aligned to the priorities set out in the JLHWS.

8. Consultation and Engagement

The Health and Wellbeing Board Steering Group has been consulted on this report.

9. Appendices

Appendix A – Updated Delivery Plan (to follow)

Appendix B – Completed Actions and Actions Proposed for Deletion (to follow)

Appendix C – Actions Proposed for Escalation to Place or System Level (to follow)

Background Papers:

[Berkshire West Health & Wellbeing Strategy 2021-2030](#)

[Health & Wellbeing Strategy - West Berkshire Delivery Plan \(as adopted, December 2021\)](#)

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 ensuring that the Delivery Plan is kept up to date.

Appendix A

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Progress Report: Priority 1 - Reduce differences in health between different groups of people

Report being considered by: Health and Wellbeing Board

On: 13 July 2023

Report Author: Gordon Oliver

Report Sponsor: April Peberdy

Item for: Discussion



1. Purpose of the Report

1.1 The Berkshire West Joint Local Health and Wellbeing Strategy (JLHWS) sets out 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.

1.2 Each of the three Health and Wellbeing Boards within the Berkshire West 'Place' has developed its own Delivery Plan to address these shared priorities, tailoring the approach to their particular needs and circumstances.

1.3 A rolling programme of reports will update the Health and Wellbeing Board on progress in implementing the actions set out in West Berkshire's Delivery Plan for each of the above priorities. This report focuses on the first priority *reduce the differences in health between different groups of people*.

2. Recommendation(s)

The Health and Wellbeing Board is asked to:

- (1) note the report and the progress made to date;
- (2) consider if the actions are still appropriate, if existing actions need to be updated, or if additional actions are required;
- (3) agree the actions to be referred upwards to the 'Place' or 'System' levels;
- (4) commit their respective organisations to delivering the agreed actions.

3. Executive Summary

This report relates to actions in the Joint Local Health and Wellbeing Strategy Delivery Plan that relate to the priority *reduce the differences in health between different groups of people*. It presents the progress that has been made since the Strategy was adopted in December 2021 and highlights key deliverables that will be targeted in the coming year. It also identifies where actions would be more appropriate to be progressed by other partnerships operating at the 'Place' or 'System' level.

4. Supporting Information

Background

- 4.1 Many people in our area experience health inequities. This may include groups who are economically disadvantaged, isolated young people, refugees and asylum seekers and people with disabilities.
- 4.2 People who experience health inequities are often at high risk of bad health outcomes, so there is overlap between groups identified above within this priority, and those who are also identified within the second priority of this Strategy: *Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives*.
- 4.3 Health outcomes are affected by a wide range of factors including: their individual characteristics; their lifestyle choices; their social and community networks; and their socio-economic, cultural and environmental conditions.
- 4.4 In tackling health inequities, the focus is on closing gaps in healthy life expectancy between those who have the worst and best outcomes.
- 4.5 The JLHWS identified three key issues:
- (1) Inequities in opportunity and / or outcome;
 - (2) Inequities and lack of access;
 - (3) The impact of Covid-19 and how it has exacerbated existing health inequities
- 4.6 The Strategy also identified the following core objectives under this priority:
- Use information and intelligence to understand our communities, identify those who are in greatest need and ensure that they are able to access the right services and support.
 - Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. We have to ensure access to these services are available to all during Covid-19 recovery.
 - Take a Health in All Policies approach that embeds health across policies and various services. The aim of this approach is that the impact on health will be considered for all of the work that the three council's do, encouraging closer working relationships between statutory bodies and the voluntary and community sectors.

- Address the variation in the experience of the wider social, economic and environmental determinants of health
- Continue to actively engage and work with ethnically diverse communities, the voluntary sector, unpaid carers and self-help groups, ensuring their voices are heard.
- Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empowers communities to take ownership of their own health.

4.7 The Delivery Plan sets out a range of actions that are being progressed to work towards the above objectives. A summary of some of the key actions is provided below, while a more detailed description provided in Appendix A:

- The Health Inequalities Task Force has completed a health inequalities needs assessment and has produced a digital dashboard.
- A Covid dashboard was created for West Berkshire on the Berkshire Public Health website, with data updated on a weekly basis. This was discontinued when domestic restrictions were lifted in April 2022.
- A Recovery and Renewal Strategy was approved by West Berkshire Council in June 2020, with an updated version approved in [May 2021](#). This set out a range of projects and opportunities to support recovery from the Covid-19 pandemic. Most actions have since been completed or have been incorporated into business as usual activity.
- In order to promote sustained employment of people from under-represented groups, Groundwork successfully delivered an employer event at the Watermill Theatre on the 15 September 2022. This was focused on helping organisations to understand Autism, Asperger's and mental health issues and how small changes within organisations can result in successful placements, employment, and training.
- Work has been progressing to support patients with learning disabilities and severe mental illness to take up the offer of an annual health check.
- 15 physical activity champions have been trained and a network established.
- A Health in All Policies (HiAP) pilot '[Wild West Berkshire](#)' was developed around the Environment Strategy Delivery Plan's action to 'encourage children to spend more time in nature', while delivering statutory health education to primary school children and a healthy lifestyle service. Delivery of the programme commenced in September 2022 in partnership with Berkshire, Buckinghamshire and Oxfordshire Wildlife Trust (BBOWT) to deliver public health and environmental objectives in an education setting. The pilot featured on BBC South Today in March 2023.

4.8 Looking forward, further progress is expected with some of the above actions, with work also starting on a number of additional actions. Key priorities for 2023/24 include:

- Increase awareness and uptake of council support services for those most in need. Community Spaces, building on the success of the Cost of Living Hub.
- Develop digital inclusion champions.
- Health on the Move van to support the Covid-19 spring booster campaign. Delivered as a partnership between West Berkshire Council, Solutions4Health and Oxford Health. The Health on The Move Van will take Covid-19 vaccination out to residents and provide advice and signposting to other support services.
- Inequalities funding with a focus on cardiovascular disease prevention and outreach, Commissioning of NHS Health Check outreach and engagement.
- Embed HiAP work within the Council following approval by Corporate Board on 2nd May 2023. A HiAP approach seeks to ensure health and wellbeing are at the centre of decision making. A HIAP approach recognises health and wellbeing as 'everyone's business', benefits all partners involved and supports shared goals. Specific actions include:-
 1. Development of a health impact policy for planning to support healthy environments. A protocol has been drafted and further assessment will take place around training for key staff prior to implementation. The aim is to have the protocol implemented by March 2024.
 2. Evaluation of the Wild West Berkshire pilot, including production of an executive summary of service reports and review of further development opportunity. The reports which will be shared with stakeholders for consideration in 23/24.
 3. Development of a health impact scoring system for pipeline funding bids and an application template for future bids.

4.9 The following actions have been identified as being more appropriate for delivery at the Place or System levels and will be escalated accordingly:

- Embed a population health management approach across all programmes, incorporating 2021 Census data when available. The Integrated Care Board (ICB) accepts the ambition, but further work is required to understand what this means and to break this down into actions with agreed timescales, targets and indicators.
- Undertake a dental review to understand current provision and identify recommendations for action - Utilising results of the British Dental Survey 2022/23. Commissioning of dental services has recently passed to the Integrated Care Board.

5. Options Considered

All actions have been reviewed to understand:

- if they are still relevant;
- if they have the necessary support, resources and budget;

- if they are completed and should be removed;
- if they represent business as usual activity that will be delivered through existing business / service plans;
- if actions would be best delivered at the 'Place' or 'System' level;
- if additional actions are needed to respond to circumstances that have changed since the Delivery Plan was first adopted.

6. Proposal(s)

The Health and Wellbeing Board is asked to:

- consider if the actions designed to deliver Priority 1 of the JLHWS are still appropriate, if existing actions need to be updated, or if additional actions are required;
- agree the actions to be referred upwards to the 'Place' or 'System' levels;
- commit their respective organisations to delivering the action plan.

7. Conclusion(s)

This report provides the Board with assurance that actions related to implementation of the actions around the JSHWS priority to *reduce the differences in health between different groups of people* are being delivered and updated.

8. Consultation and Engagement

The Health and Wellbeing Board Steering Group has been consulted on this report.

9. Appendices

Appendix A – JLHWS Delivery Plan: Priority 1

Background Papers:

[Berkshire West Health and Wellbeing Strategy 2021-2030](#)

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 reviewing the Berkshire West Health and Wellbeing Strategy Delivery Plan actions.

Appendix A

New or Refreshed Actions

Health and Wellbeing Strategy Delivery Plan 2022-2025																		
Objective	Description	New 23/24	Owned by	Contact	Timescale	Indicator	Target	2022/23				RAG Status	2023/24				RAG Status	Commentary
								Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		
Priority 1 - Reduce the differences in health between different groups of people																		
1.3: Take a Health in All Policies approach	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 Task Force	Elisabeth Gowens	Sep-24	Opportunity identified Project plan put together and approved Commissioning process complete Service delivered Follow-up data collected and analysed Final report on both service and the broader HIAP process												We worked through 2021/22 with colleagues in Environment and Education to design a service that could: * Deliver the Environment Deliver Plan's action to 'encourage children to spend more time in nature' * Deliver statutory health education to primary school children * Pilot a new healthy lifestyle service, focusing on nutrition and physical activity, for primary school children A 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. Delivery 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
	1.3.5: 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 Task Force	Elisabeth Gowens	Mar-23	Process developed. Template implemented												Work underway with colleagues in Legal to discuss the best way to move this process forward. Q3: This will form part of the paper going to Corporate Board.
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 Task Force	Zoe Campbell / Catherine Greaves	Mar-24	Approach to be developed Evaluation to demonstrate impact	Mar-24											Q4 2022/23 update To be initiated following needs assessment - target date changed to reflect change in HINA target date
	1.4.4: Development of a health impact policy for planning to support healthy environments		Health Inequalities Task Force	Elisabeth Gowens	Mar-24	Process developed Process implemented	Mar-24											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. Q3: Drafts shared with relevant colleagues across the Council and will be reviewed in Q4, ready to put implementation plan together. Q4: hoping to work with OHID to deliver some tailored sessions to colleagues on the use of HIAs. Also now liaising with Health Scrutiny on this work also. Aim to have protocol implemented by March 2024.
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 Task Force	April Peberdy/ Catherine Greaves	ongoing	Services that are commissioned around council support from Autumn 2022 have a service specification with a clear health inequalities focus and a proportionate universalism approach.	100%	n/a	n/a									Q4 2022/23 update: This has been achieved for the commissioning of PH services but has not been rolled out across the Council
	1.6.2: Develop Digital Inclusion Champions (specific actions around recruitment and numbers in place)	Assigned to MHAG	Mental Health Action Group	Adrian Barker		Number of champions in West Berkshire, Geographical areas covered, communities of interest	Top 5 most deprived wards covered											There is some work ongoing around digital literacy related to use of the NHS app but this project falls outside of the scope of the team's current role. They would be happy to be involved to support this and recommend speaking to Oxfordshire who are leading some positive work on this. Was started by Kamal, project didn't get off the ground. Catherine Marstill Digital Literacy Lead for BOB has been in touch with Adrian and Rachel. Adrian Barker initiated. Assign to MHAG.

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Completed or Removed Actions

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Description	Owned by	Contact	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
							Q1	Q2	Q3	Q4		
Priority 1 - Reduce the differences in health between different groups of people												
1.1 Use information and intelligence to understand our communities, identify those who are in greatest need and ensure they are able to access the right services and support	1.1.1: Undertake a health needs assessment on health inequalities, including impact of Covid-19	Wider Determinants (Health Inequalities) Sub Group	Zoe Campbell/ Catherine Greaves/ John Ashton	Sep-23	Completed HNA							Q4 2022/23 update The following outputs from the HI Needs Assessment are complete: data analysis & a digital dashboard (Powerbase Platform) for officers in the PH team & the HITF, infographics for engagement & co-production use (will be published on the Observatory in the next 6/52 or so. These outputs are in progress: a digital HI story map for the Berkshire Observatory, an interim MS Word report for the HITF, an MS Word PDF HINA report. The delivery date for the HINA report and Action Plan has been pushed back to reflect the delivery date in the corporate Service Plan schedule. The HITF aren't currently meeting during this time of change in the PH leadership at WBDC & BW level and there are still some decisions to be made around community engagement/co-production for the completion of the HINA. We are also awaiting the finalisation of the BOB ICP priorities directly linked to HI.
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	Catalin Bogos	Survey every 2 years	Survey completed.							Next survey due 2024.
	1.2.6: Implementing the Recovery from Covid-19 Strategy	Recovery and Renewal Group	Joseph Holmes		KPIs as under the delivery plan							Complete and for removal. The original Recovery Strategy was approved in June 2020, with an updated version approved in May 2021. This set out a range of projects and opportunities for the Council to implement in order to assist with the recovery from the Covid-19 pandemic. On 1 April 2022, all remaining Covid restrictions had been lifted, and given that most of the actions had been substantially completed or were ongoing, the Executive agreed in July 2022 to approve the disbanding of Covid-19 recovery work and move any outstanding work into 'business as usual' or form part of the Council Strategy 2023-27.
	1.2.7: Complete the Covid-19 Dashboard. Including the incorporation of local West Berkshire data	Recovery and Renewal Group	Tracy Daszkiewicz	Dec-21	Completed dashboard							Complete and for removal. 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.
1.3: Take a Health in All policies approach	1.3.2: Mapping of West Berkshire Strategies to identify areas of opportunity for combined working	Wider Determinants (Health Inequalities) Sub Group	Elisabeth Gowens	Mar-22	Completion of mapping work.							Complete and for removal. Potential areas of focus for HIAP work identified.
	1.3.4: Establish local authority support network for HIAP	Health Inequalities Taskforce, Public Health West Berkshire	Elisabeth Gowens	Dec-21	Network created. First meeting held. ToR produced	N/A						Complete and for removal. Management of the network handed over to the LGA.
1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.2: Public Awareness campaign to promote the sustained employment of people from under-represented groups	Skills and Enterprise Partnership	Iain Wolloff		Delivery of campaign, engagement	One campaign						Complete and for removal. Groundwork successfully delivered an employer event at the Watermill Theatre on the 15th September 2022. The purpose of the day was to help 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	Maria Shepherd / Belinda Seston	Delivery to commence from March 2022	Population identified Intervention designed and implemented	N/A								<p>Complete and for removal. The four West Berkshire PCNs are working jointly on a project to support patients with learning disabilities and severe mental illness to take up the offer of an annual health check. A project brief outlining the identified interventions has been presented to the Locality Integration Board and regular updates are being provided.</p> <p>Q3 Update: Improvement toolkit for practices shared with LD advocates for contributions, signed off by Dr Heather Howells and shared with practices. Successful meeting held with special schools regarding development of a lesson plan to support young people with LD to understand the importance of health checks. Some practices already performing very well with their health checks. Next project phase will be for practices to implement advice in improvement toolkit and maximise health check take up throughout Q3 and Q4. Key feedback from both pertains to reasonable adjustments.</p>
	1.4.5: Physical Activity Champion training	Public Health	Elisabeth Gowens	Jun-22	Number of Champions trained	15								<p>Complete and for removal. Training complete and PAC network established.</p>
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 of our current Community and Voluntary sector partners who are working to address health inequalities	Health Inequalities Taskforce	Zakyeya Atcha	Dec-22	Completion of network map	N/A								<p>Complete and for removal. 21 stakeholders mapped.</p>
	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)	Susan Powell	Dec 2021 April 2022 Nov 2021 April 2022 TBC	KPIs as under Comms and Engagement Delivery Plan	As per plan								<p>Complete and for removal. - Reviewing engagement with Parish & Town Councils (Dec 21) - completed and Improvement Plan being implemented. - Voluntary and community sector support (April 22) - 2 tendering processes unsuccessful; grant being negotiated with the Volunteer Centre West Berkshire. - 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. Develop, distribute and evaluate a new grant fund to support community based co-production work. (aligns with Equality and Diversity Strategy too) - grant fund no longer available. This action to be closed down.</p>
	1.5.4: Ethnically diverse advocacy groups: identifying and engaging with key community contacts amongst the ED community	Communities and wellbeing/ HR BCT	Susan Powell	Ongoing	Key diverse communities are better understood									<p>Complete and for removal. Commissioned service provided by Educafe has provided details of ethnically diverse communities in West Berkshire. Action complete and this work will continue as business as usual.</p>
	1.5.5: Increase accessibility of Ethnically diverse advocacy services across West Berkshire: Expansion of Educafe to provide mobile service	Communities and wellbeing/ HR BCT	Susan Powell	Jun-22	Number of outreach community cafes									<p>Complete and for removal. Educafe have run community cafes for approx. 40 weeks. They also held an inclusive event in Dec 22 (festive bazaar). Mobile service was trialled in summer 2022 in Hungerford and Thatcham. Resourcing currently focused in Newbury to deliver single community cafe successfully. Weekly attendance approx. 150-180 at Newbury library and this will continue - business as usual.</p>

	1.5.6: Promote the range of events that celebrate the diversity of our community	Communities and wellbeing/ HR BCT	Susan Powell	Dec-22	Number of events							Complete and for removal. 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). Continues as business as usual.
	1.5.7: Support and develop the Community Conversations forum	Health Inequalities Taskforce , BCT	Susan Powell	Ongoing	Number of community conversations forum meetings held . Number of community attendees	12 meetings/yr.						Complete and for removal. Collaboration with Building Communities Together Team to support the community conversation following completion of the needs assessment. Monthly Community Conversations continue on a range of topics chosen by participants. Additional Conversations have been arranged on specific topics such as the raising cost of living and also to support community engagement activities. Survey Monkey has been created to make sure the Conversations stay focused and are community based. To date 24 Conversations have taken place. This is now business as usual as an established way of working with community groups.
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	1.6.3: 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 BCT	Susan Powell	Weekly café	Attendance at cafe. Number of services/partners attending weekly							Complete and for removal. 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. This is now business as usual and is ongoing.
	1.6.4: Develop a Whole Systems Approach to Physical Activity. • Undertake system workshops • Develop system map • Physical activity strategy	ICP (Prevention Board)	Brett Nichols	Mar-23	Number of workshops. Development of Physical activity system map. Development of physical activity strategy	2 workshops						Complete? Q3: System Mapping workshops delivered and a map produced. Now looking to present findings to the Berkshire West Public Health team to get buy-in and understand strategic direction.
	1.6.6: Focus on CVD prevention • Pilot of BP kiosks across West Berkshire • Targeted approach to NHS Health checks with at risk groups	Public Health Team, ICP Prevention Board	April Peberdy/ Catherine Greaves	ongoing	Number of kiosks Utilisation of kiosks (evaluation) Targeted NHS Health checks delivered	3 kiosks 80% of overall						Complete and for removal. This work has been completed and a report has been circulated.

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Escalated Actions

Health and Wellbeing Strategy Delivery Plan 2022-2025

Health and Wellbeing Strategy Delivery Plan 2022-2025												
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	2022/23				RAG Status	Commentary
							Q1	Q2	Q3	Q4		
Priority 1 - Reduce the differences in health between different groups of people												
1.1 Use information and intelligence to understand our communities, identify those who are in greatest need and ensure they are able to access the right services and support	1.1.2: Embed Population Health management approach across all programmes, incorporating 2021 census data when available	Public Health, BOB ICB (Berks West)	April Peberdy / Sarah Webster	Ongoing	To be developed	TBC						Further work required. ICB accepts the ambition and agrees that we need to ensure appropriate population health data is supporting prioritisation/programme delivery
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	1.6.5: Undertake a dental review to understand current provision and identify recommendations for action - Utilising results of the British Dental Survey 2022/23	Escalate to BOB ICB	Sarah Webster	Dec-22	To be developed							Sarah to understand work ongoing across BOB with regards to Dental improvement actions and will ensure West Berks is represented in that work.

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Local Response to Cost of Living Increases

Report being considered by: Health and Wellbeing Board

On: 13 July 2023

Report Author: Sean Murphy

Report Sponsor: Sean Murphy



Item for: Decision

1. Purpose of the Report

This purpose of this report is to update the Health and Wellbeing Board on the collective response to the impact on residents in West Berkshire of the rise in the cost of living. To consider how we build upon the response so far.

2. Recommendation(s)

That the Health and Wellbeing Board:

- (a) **NOTES** the report and the response of partners to date.
- (b) **RESOLVES** that the Public Protection Manager should arrange a meeting of statutory and voluntary sector partners and other interested partners to consider options and agree a way forward for providing ongoing support to residents who are struggling to cope with the rising cost of living
- (c) **RESOLVES** that the Board receives further updates on the impacts of the cost of living on local residents at each of the remaining meetings for the 2023/24 municipal year

3. Executive Summary

- 3.1 On the 29th September 2022 the Board received a report on the rapidly emerging increases in the cost of living and the potential effect on residents. The report also considered some of the potential individual effects, such as the impact on mental health, as well as the broader risk of exacerbating or creating further health inequalities.
- 3.2 The report in September 2022 also considered the causes of the cost of living impacts and how they could affect residents. These included CPI headline inflation that subsequently exceeded 11%, fuel prices (which subsequently rose to 190p per litre for diesel) and energy prices (where the energy price cap rose to £3,000 in April 2023). The rise in the cost of the energy price cap was lower than some predictions but prices still almost tripled to pre-April 2022 levels. They are now predicted to fall.
- 3.3 At a national level a number of interventions were made including a universal subsidy of £400 for all households paid in equal instalments over the winter months. There were additional payments for those on low incomes, the elderly and those with

vulnerabilities. In addition, the government announced another tranche of Household Support Fund funding which totalled £694,000 for West Berkshire.

- 3.4 At the time of writing, residents still face significant challenges with high energy costs, which though expected to fall later in the year will still remain at levels which are more than double the pre April 2022 price levels. Latest figures put the numbers in fuel poverty at over 3 million. Headline inflation has fallen to under 9%, however grocery inflation currently stands at 16.5% and food inflation at 18.4%, with some basic food items rising significantly higher. Overall, average food prices were 34% higher than in 2019. Some of the most significant rises have been in so-called supermarket 'value' product lines. Finally, fuel prices locally remain steady at around 145p per litre.
- 3.5 Another significant and developing concern for households is interest rates. In early December 2021 the Bank of England Base rate stood at the historically low 0.1%. Since then it has steadily risen and at the time of writing stands at 5.0% (more than trebling since August 2022). They are not expected to gradually fall back until late 2024. Meanwhile, at a national level, some 1.4 million mortgage payers will come off low interest fixed rate mortgages in 2023. 57% are coming off two year deals with fixed rates of 2%. The cheapest equivalent fixed rates are now around 6% and offers are being withdrawn routinely as uncertainty continues. The impacts of this are very significant and will play through in due course to private sector rentals, where landlords face the challenge of falling house prices, rising interest rates and a very significant rise in maintenance costs. So called 'no fault evictions' rose 116% in January to March 2023 in comparison to the same quarter in 2022.

4. The Response in West Berkshire

- 4.1 Following the meeting of the Health and Wellbeing Board in September 2022 a number of actions took place. Firstly, a Cost of Living Appeal was set up by Greenham Trust, which was pump-primed by £50,000 each from Greenham Trust and West Berkshire Council. The idea of this fund was to support local voluntary sector providers and charities to support residents with challenges arising from the increases in Cost of Living. This appeal eventually raised a total of £72,475. A summary of grants awarded from the appeal is set out below:
- 4.2 Secondly, a discussion was set up with the voluntary sector, the Volunteer Centre, Greenham Trust and West Berkshire Council to establish both what support the sector needed and whether there was any appetite for the 'Cost of Living Hub' to be hosted by West Berkshire Council.
- 4.3 Thirdly, the Council developed a comprehensive website offer, with signposting to local and national sources of help and assistance. This was part of a wider communications strategy, examples of which are set out at Appendix B to this report.
- 4.4 Fourthly, a Cost of Living core co-ordinating group was set up, consisting of the then Leader of West Berkshire Council, Public Protection Manager, Hub Manager and the Chief Executive Officers of both the Volunteer Centre and Greenham Trust.
- 4.5 Finally, an internal officer delivery group was set up in West Berkshire Council to oversee the Council's 'cost of living response'. This group, Chaired by the Public Protection Manager, included Adult and Children's services, Public Health, Housing, Communication and Public Protection Hub Team.

Cost of Living Hub

- 4.6 On the 24th October 2022, the Cost of Living Hub was launched with a distinct telephone number, e-mail address (costofliving@westberks.gov.uk) and supported by distinct branding as set out at Appendix B. The hub was hosted in the Public Protection Service and operated under the same management structure as the Homes for Ukraine Hub which was also hosted in the Public Protection Service. The hub shared call handling support with the Ukraine Hub and was delivered day to day by an internal secondment (Pete Evans), acting as CoL lead, supported by the Hub Manager and a Trainee from the Public Protection Service.
- 4.7 At the same time, each of the voluntary sector providers who undertook to receive referrals directly from the hub agreed a protocol for such referrals, which formed a manual for staff providing advice and support. The range of external referral organisations included:
- West Berkshire Foodbank
 - Community Furniture Project
 - Draughtbusters – Newbury and Thatcham
 - Citizens Advice
 - Cowshed
- 4.8 Internally the referral routes included:
- Household Support Fund
 - Environmental Health
 - Children and Adolescent Services (CAAS)
 - Council Tax
 - Adult Safeguarding
- 4.9 In addition, a meeting was held to look at options around referrals for mental health support, as it was apparent from outset that the increase in the ‘cost of living’ presented a risk to physical and mental health for some residents.
- 4.10 By the time the Hub had closed, it had supported over 500 individual residents and families cases. A fully summary of the Hub Data can be found at **Appendix C** to this report. The following is a summary of the headline data on contact numbers and access routes:
- 4.11 During the running of the Col hub handled over 700 contacts:
- 424 of which were phone calls
 - 77 online forms (through WBC website)
 - 177 email referrals
 - 1 3rd party referral
 - 2 other
- 4.12 Referrals into the Hub were through the following routes:
- 519 - Self referrals
 - 28 – Children and Adolescent Services
 - 8 – Adult Social Care

- 2 – Citizens Advice
- 6 – CFS (community furniture project)
- 18 – Health Visitors
- 2 – Schools
- 30 – Others

Household Support Fund

4.13 In October 2023 the Government released Tranche 3 of the Household Support Fund. The allocation for West Berkshire Council amounted to £694K. At the time of release the guidance encourage local authorities to:

- use discretion on how to identify and support those most in need, taking into account a wide range of information, and,
- use the funding from 1 October 2022 to 31 March 2023 to meet immediate needs and help those who are struggling to afford energy and water bills, food, and other related essentials. Authorities can also use the funding to support households who are struggling to afford wider essentials

4.14 The fund which was managed by the Council’s Housing Service made 3030 assessments and made 1975 awards with 1055 being rejected. The primary reason for rejection in this period was that the applicant had already received a payment in Tranche 3. In addition 24% of tranche three funding was allocated to free school meals during holiday period. Over 2022/23 the holiday Free School Meal payment was paid at equivalent of £3 per child per day for up to 4000 children for 6 weeks over the financial year. Since the scheme began in 2021 West Berkshire Council has made over 400 awards with the average award being £263.

4.15 In March 2023 the Government announced there would be a further tranche of HSF funding for 2023/24. For West Berkshire the allocation has been set at £1.389M.

4.16 In terms of the 2023/24 spend The Household Support Fund went live 30 May 2023. Since the re-launch up until 23/6/23 the Council has received 581 applications of which 356 are being and being processes and 116 have been approved funding £28,800 support payments to households. A total of 48 have been rejected primarily because they were incomplete or did not meet the criteria. A breakdown of all applications approved is set out in the table below:

Category	Number approved claims	Total payment
Single Households	18	£2,700
Family household (1 – 2 children)	66	£16,500
Family (3+ children)	32	£9,600

Community (Warm) Hubs

4.17 In September 2022 there was an event hosted at St John the Evangelist Church in Newbury hosted by Cllr Steve Masters, formerly of this Board, to look at the appetite for setting up a network of community warm hubs. It was attended by a range of organisations from church representatives and community groups to the West

Berkshire Foodbank, Newbury Soup Kitchen Community Furniture Project and Community Larders.

- 4.18 At this meeting the concept of a 'cost of living hub' was endorsed and a network of new and existing community groups were set up and developed.
- 4.19 A regular network meeting was hosted by West Berkshire Council Building Communities Team to talk about best practice, what worked well and laterally about the basis for an evaluation and the longer-term options for a network of Community Hubs. This evaluation is currently being conducted and will be used to look at the longer-term options for delivery of some services at local level and through this network.

'Be Well this Winter'

- 4.20 West Berkshire Council Public Health Service commissioned a winter health resilience initiative for the 2022/23 autumn winter period, The initiative, titled 'Be Well this Winter' (BWTW) was aimed at improving the uptake of Covid and Influenza vaccines, improving the uptake of accessing winter health advice and encouraging the uptake of NHS health checks with the aim improving cardiovascular disease and wider health outcomes. In addition, the service was also commissioned to provide 'signposting to support at risk populations given increased cost of living pressures'
- 4.21 Across 18 outreach sessions and 13 'health on the move sessions' the initiative engaged 375 residents covering all priority groups. During the MECC (Making Every Contact Count) conversations the second highest area of concern was the cost of living with 312 people raising this in conversation. Signposting for further advice and support was delivered where appropriate. The full headline data on the initiative can be found at **Appendix D** to this report.

Health and Wellbeing Conference

- 4.22 In January 2023, the theme of the Health and Wellbeing Conference was the impact of the Cost of Living on residents. A mid-point update on the work of the CoL Hub was presented alongside presentations from Citizens Advice, Greenham Trust, along with presentations on the impacts of food poverty and the rising cost of living on mental health.

5. Evaluation and Looking Ahead

- 5.1 Various pieces of evaluation have been conducted. As set out above the Community Hub, evaluation is still being completed, however an evaluation has taken place already of the 'Be Well the Winter' programme and a survey conducted of the users of the Cost of Living Hub.

Cost of Living Hub

- 5.2 A survey of users of the Cost of Living Hub garnered 41 responses. The headline figures from that survey were as follows:
- The main route into the hub was awareness through social media (21%) and referral from another Council Service (13%)

- 70% had never had reason to contact the Council about similar issues previously.
- The main reasons for contacting the Hub were; help with household costs (59%) and food costs (56%). 27% declared themselves as 'in crisis'
- 59% rated the service from the Hub as excellent; 19% very good, 11% good and 11% poor.
- 59% said they felt the Hub Officer understood their situation 'extremely well'; 19% very well and 11% somewhat well.
- 81% said the Hub could not have done anything differently to improve their experience of using the hub.

5.3 The observations of users of the service included:

- I won't of not been able to cope
- I probably would've struggled. After speaking with everyone a weight has been lifted. As I'm either doing the right things (energy) or they have pointed me in the right direction
- It would of affected me really bad and I don't know what I would of done
- I don't know what I would of done without the help from cost of living hub, thank you to you at the hub :)
- I believe that without your help we would not have been able to have any heating on, which would have been detrimental to me and my partners health issues.
- It's nice to know that there so one who can help people who are struggling.
- We as a family would have been in a very difficult situation and I don't know how and what we would have done to cope ever so helpful and a lot of helpful information too brilliant thank you so much
- I'm disabled so i would have suffered
- I'd of had nothing to feed my child
- Gone without food and heating for 2 weeks thank you
- I was grateful as I was struggling
- I found their response very good and understanding and warm
- The teams I spoke with, were very helpful, informative, they also handled my situations with empathy. I know it's their job but I felt safe and looked after in the way I needed
- I was so pleased and very grateful for the help I received.

- Hannah Stacey and Pete Evans have gone above and beyond to help me and my family.
- They are very helpful and I just wanna say thank you to Pete that was helping me with everything
- So helpful gave all I needed and more to help me and my family get through a really hard time and we're so very greatly grateful
- Staff were very helpful and friendly checked there were any other areas that I may be struggling with. E-mailed me with good links to help me at this time.

5.4 As part of the evaluation process, staff who worked in the Hub were asked to give their observations. These are as follows:

'The hub achieved a lot and became a vital link between the Council departments, the third sector and the residents.'

'It was originally set up as a simple signposting and referrals service for specific CoL needs. It was quickly apparent that residents needs were complex and required lots of time and skills to assist with multiple resources average contact times became 3Hrs +'

'Partnerships between the council and certain agencies were strengthened, collaborative working and sharing information helped plan for potential pressure periods'

'The CoL also worked a conduit between various internal services and residents. This as either when the resident didn't have the capacity to engage with multiple services (or even one!) at the same time or an issue had risen to a level that required direct action (MP office/potentially a complaint).'

'The CoL hub has lots of successes and always helped (even if the help was someone being able to talk about the issues and knowing they are doing all the right things).'

'The Households that we helped would of no doubt been an additional strain on other services in WBC (whether previous known or not). We were only ever able to react, there was a clear demand for the service to be targeted at certain groups, such as outreach. This was proven through the limited work done with S4H 'be well this winter campaign'

6. Current Position with the Voluntary Sector

6.1 The views of local voluntary sector support organisations have been sought and a summary of the challenges being faced is set out below:

West Berkshire Foodbank

Since 01/04/23 donations are significantly reduced. Donations have totalled 20467Kg and Foodbank support granted has been 26103Kg leaving a shortfall of 5.6 tonnes in less than 3 months. Food is being bought in to manage the deficit.

The foodbank is currently supporting 17 schools with breakfast clubs and/or internal foodbanks. In addition, they have already been approached by 36 schools asking for support for 1,441 people during the school holidays.

Feedback from client-facing volunteers indicates that are experiencing a five-fold increase in the amount of time we are spending with first-time clients due to the amount of/ type of issues they are experiencing.

Meanwhile the foodbank has a reducing pool of volunteers, due to volunteer fatigue, retirement and many going back to work due to the current cost of living, leaving the organisation severely stretched in all areas currently.

Newbury Soup Kitchen

The Soup Kitchen reports that the general state of the economy, due to food and fuel crisis and interest rate rises, is having a huge impact on all our donations.

The Soup Kitchen reports that the demand for food is increasing as people struggle further. Homelessness is on the rise as landlords are evicting more and more people through no fault evictions. This is due to interest rates on rental properties that people can no longer afford and needing to sell or put higher paying tenants in to compensate.

In addition, mental health issues are on the increase, which has been exacerbated by COVID and is just starting to show its face. Addictions are taking further hold on people's lives which is resulting in non-engagement, anti-social behaviour, job losses and debt which is putting huge pressure on food provision charities.

They report that public no longer have the 'spare cash' to donate to small charities like Newbury Soup Kitchen. We are put lots of appeals on social media, but this is not generating much in the way of donations. Best Before dates have been scrapped on lots of ambient food to reduce food waste but this has impacted charity donations. As a result, food is kept on supermarket shelves for longer periods of time, so this reduces food available to them and it is often of poorer quality when they receive it thus not as accessible for us to use for their food provision. People are also buying more supermarket reduced items, therefore reducing the donations coming to us.

Homeless numbers are going up and emergency beds are at a premium now through statutory services.

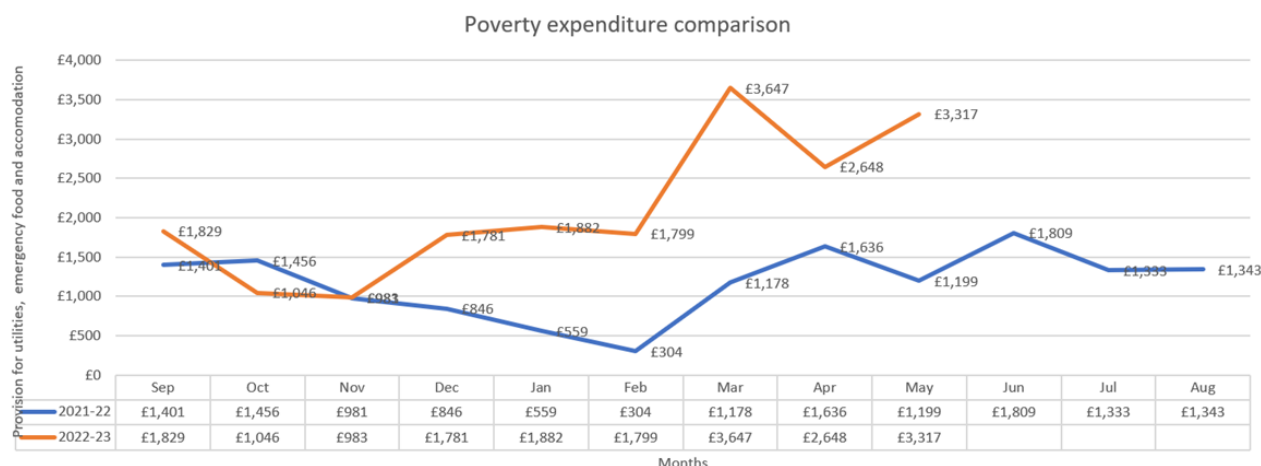
The Soup Kitchen is fundraising as much as possible, however the allocation from grants is definitely reduced. More charities are applying, so competition is greater. Many grants are for 'Project Costs' rather than 'Core' running cost grants, which can limit opportunities to apply for certain monies.

The Soup Kitchen is also paying out at present a lot of money to rebuild their food van.

Finally, we hope to move into a new building this year, which will increase our services and of course our outgoings. This will help cater for the increased need for outreach and support required locally.

West Berkshire Homeless

The charity West Berkshire Homeless (Newbury area) has seen a significant increase in requests for support and payments made to recipients in need:



Loose Ends

Loose Ends financial year ended on the 31st May and so they are still collating the data for the year. They report that their main service for vulnerable adults has been busy this year but there has not been a notable increase in meals served over the course of the year on current data. They go on to report that *‘in view of the profile of our adult clients, we are probably a lag indicator in terms of people’s experience of the cost of living crisis - I suspect we are more likely to see the impacts feeding through in the coming year. However, I can say that the financial pressure has been noticeable and that we have been spending around a £1,000 more on food than we did last financial year - nearly 20% more. At the same time food donations have dropped off.*

Late last winter, Loose Ends also started on Monday’s a free food service for vulnerable families and children referred by primary schools, Homestart and the Children’s Centre. This has been well attended and we are running at virtually full capacity most Monday’s. We are expecting to extend this service over the summer holidays, possibly including a play element.

Newbury Community Resource Centre

The Resource Centre report that the rate of requests for assistance with essential household goods has not diminished since the onset to the CoL crisis. In the period April to May they incurred costs of just over £20,000 fulfilling requests for furniture and white goods, with over 90% of applications being received through West Berkshire Council staff.

With only 16.6% of the year elapsed they have expended 29% of the annual budget. The Resource Centre report this is not sustainable and they anticipate the demand continuing for some time to come.

Citizen Advice West Berkshire

CAWB have seen a significant increase in cases where clients are facing severe housing problems, specifically related to damp and mould. They have also seen a significant increase in the number of clients we helped this quarter in comparison, not only, with the previous quarter but also with Q1 of last year, In Q1 2022-2023 CAWB

approximately 506 clients. The top three issues brought CAWB related to benefits and debt followed by housing. However, in Q1 of 2023-24, CAWB have seen a total of 701 clients which is an increase of over 35%. The main issue clients came to us with was still benefits (PIP and general entitlement mainly) followed by housing and relationship breakdown.

Berkshire Vision (BV)

Berkshire Vision report that the cost of living crisis has a greater impact on blind and partially sighted people than the general population ('Why the cost of living crisis has a bigger impact on people with sight loss' report, RNIB August 2022). It is reported that blind and partially sighted people are more than twice as likely to report an increase in public transport costs (45% compared to 22%) yet they are more reliant on it as they cannot cycle or drive and face greater barriers to navigating safely on foot independently. In addition the use of BV's own minibuses has increased and with it our costs, as family members can no longer transport them or it has become the only viable option. 1 in 10 have either started using or increased their dependency on foodbanks.

BV membership (and so those needing support) has doubled in the last 2 years. Our activities are subsidised and some members are choosing free activities rather than those with a fee. Others have stopped attending completely. There has also been an increase in Volunteers claiming their expenses.

BV report rising costs are impacting the organisation in a number of ways. Many of the members need the organisation to provide their information in large print hard copy (people with sight loss are twice as likely to be digitally excluded as the general population) but rising paper and associated printing costs have made this very difficult with these costs increasing by £1780 in just one year. The costs of producing Insight and the activities calendar in accessible formats have increased by over 30% (this is due to the increased costs of the CDs and USBs required for audio formats and the larger amount of printing to generate large print.

- 6.2 As can be seen above the local voluntary sector organisations are all reporting an increase in the impact of the high cost of living levels on local residents at the same time those increases are causing challenges to the organisation in rising demand and increases in their own operating costs. Predicting and projecting these trends will remain a feature going forward.

7. Conclusions and Next Steps

- 7.1 The collective response over the 2022/23 winter period is considered to have been effective in both its accessibility and delivery. Certainly those that responded to the Hub Survey were satisfied the service provided and many of those that answered with a narrative expressed the value of the service in clear terms.
- 7.2 It was a clear example of the effectiveness of cross service working within West Berkshire Council and the effectiveness of wider collaboration between the Council, Greenham Trust, The Volunteer Centre and a range of local voluntary sector providers, a number of whom are referred to in this report.
- 7.3 Looking ahead, the cost of living indicators paint a picture of a challenging period for many residents and a continued and increasing reliance on effective advice,

signposting and referral and the provision of valuable local support by a range of organisations. But as the summary at 6.1 above shows, a number of those organisations are themselves under pressure which is likely to increase.

7.4 It is clear that this is also a matter of public health with the escalating cost of living often affecting physical and mental health. A better understanding of the health impacts of those accessing cost of living support services would help to inform future decision making and provision. It is proposed to seek to ascertain this information.

7.5 Whilst the substantive recommendation of co-ordinated approach is set out at 2 above. There are a number of issues under consideration. These include:

- How do we build on the success of the Community Hubs?
- Should we re-open the cost of living response as a designated hub response?
- How much demand is there for outreach delivery of key community services such as public protection?
- What does outreach look like?

It is proposed the statutory and voluntary sector and other interested partners meet to consider these and other salient questions. We will return with more answers to the next meeting of the Board.

8. Appendices

Appendix A – Cost of Living Appeal – Grant Awards

Appendix B – Cost of Living – Examples of Communications

Appendix C – Cost of Living Support Hub Data

Appendix D – ‘Be Well this Winter’ headline data

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

Appendix A

Grants to local organisations from Cost of Living Appeal Fund

Application Ref	Organisation Name	Project Title	Grant Amount
19816	The Newbury Community Resource Centre Limited	Cost of Living Crisis - Essential Household Goods Scheme	£10,000.00
19803	West Berkshire Draughtbusters	Draught proofing 2022-23	£2,000.00
19927	Fair Close Centre (Age Concern, Newbury & District)	Urgent Help: Rising Gas & Electricity Costs	£5,000.00
19816	The Newbury Community Resource Centre Limited	Cost of Living Crisis - Essential Household Goods Scheme	£9,610.00
19725	West Berkshire Homeless (Newbury Area)	Essential Utility Support for those on the Poverty Line and Emergency Overnight Winter Accommodation	£5,687.25
19733	The Cowshed	Cost of Living Crisis Support	£2,500.00
19756	Citizens Advice West Berkshire	Cost of Living Crisis Support	£6,000.00
19822	Citizens Advice West Berkshire	Supporting People in Debt	£25,678.00
19725	West Berkshire Homeless (Newbury Area)	Essential Utility Support for those on the Poverty Line and Emergency Overnight Winter Accommodation	£6,000.00

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COST OF LIVING SUPPORT HUB

COMMS TOOLKIT

(INTERNAL SERVICES)



Communications Team
WEST BERKSHIRE COUNCIL

TABLE OF CONTENTS

Cost of Living Support Hub – Comms Toolkit (Internal Services)	2
<i>Key Messages</i>	2
<i>Email signature</i>	3
<i>Newsletter/Website/Service Dept copy</i>	4
<i>Social media messages</i>	5

COST OF LIVING SUPPORT HUB – COMMS TOOLKIT (INTERNAL SERVICES)

This toolkit has been put together to help staff recognise what the Council is doing to help West Berkshire residents and businesses during these challenging times.

We would like service areas to help us promote the Cost of Living Hub so that more people know help is available. Information in this pack will help you promote the Cost of Living Hub externally and equip you with the correct information to refer/signpost service users if you come across people in hardship.

There is also information in Appendix 1 which has information for staff only to know what is available for yourself and your family.

Please cascade the messages/resources within this pack to all your relevant service areas, stakeholder groups and service users, as appropriate.

If you need any additional help with this comms pack, please contact the Communications Team via email: PR@westberks.gov.uk or phone: 01635 519125.

Thank you.

KEY MESSAGES

- The Cost of Living Support Hub is open to provide advice and practical support for anyone in financial hardship, making it easier for residents and businesses to get the help they need.
- The Cost of Living Support Hub is a community resource from West Berkshire Council, Greenham Trust and the Volunteer Centre West Berkshire – working with more than 20 local charities and community organisations. We're working to arrange physical drop in sessions across the district so that residents can speak to someone face to face. Keep an eye on our website: <https://www.westberks.gov.uk/cost-of-living-support-hub> and on the Councils social media channels for updates.
- No matter how big or small residents and businesses need our support, the [Cost of Living Support Hub](#) is a place where everyone in West Berkshire can go to for advice on financial support, help with food costs, money saving tips, health and wellbeing, and help with benefits.
- The Opening Hours for the Cost of Living Hub are:
 - Monday to Thursday 8.30am - 5.00pm
 - Friday 8.30am - 4.30pm
- Be scam aware! There has been an increase in the number of scams taking place that prey on vulnerable residents by claiming to be messages offering support with cost of living support. The Council will raise awareness of scams based on Cost of

Living support and risks from unsafe solutions/options/practices (e.g. open flames, unsafe appliances).

- With annual energy bills more than doubling in the last year, the Government forced to freeze household bills at £2,500 a year, and inflation at around 10%, in partnership with Greenham Trust, we have pledged £50,000 each in 1:1 match funding, hoping that a further £100,000 can be raised for charities to provide emergency assistance to disadvantaged families and individuals. If you would like to make a donation to the appeal please visit: <https://app.thegoodexchange.com/project/19728/greenham-trust/west-berkshire-emergency-cost-of-living-crisis-appeal>
- Visit the hub online to find out more and contact the hub online: www.westberks.gov.uk/cost-of-living-support-hub. You can also email the hub at: costofliving@westberks.gov.uk or telephone the hub on: **01635 503333**.

EMAIL SIGNATURE

ADD THIS TO THE BOTTOM OF YOUR EMAIL SIGNATURE:

Find out what is happening around West Berkshire and sign up to our [newsletter](#).

The Cost of Living Support Hub helps residents facing financial hardship. If you, or someone you know needs help, please [contact the Hub online](#), email: costofliving@westberks.gov.uk or phone: 01635 503333.

COST OF LIVING SUPPORT HUB – NEWSLETTER/WEBSITE/SERVICE DEPT COPY

Communities across the country are feeling the pressure of increased living costs this winter and we are working hard to ensure everyone doesn't miss out on support available or reach a crisis point.

In West Berkshire, we are working as part of a new Cost of Living Support Hub in partnership with [Greenham Trust](#) and the [Volunteer Centre West Berkshire](#), to work closely together with the wider local community and voluntary sector.

Local residents and businesses can find advice and support around cost of living issues with a wealth of information available on the [hub website](#). The staff at the hub will be able to provide advice and match residents' needs with the support available both nationally and locally, including from local charities and voluntary organisations.

Local residents are also encouraged to help with donations and volunteering to help bring the community together, plus educate residents about scams which aim to exploit people through imitating cost of living support services.

The hub is open from Monday-Thursday 8.30-5.00pm, and Friday 8.30am-4.30pm.

[More information about the hub and an online contact form can be found on the Council's website](#). Enquiries can be submitted at any time via the online form and will be processed during opening hours.

We recommend people make initial contact using the online form so that Hub staff can best process and give the right advice to respond to your query. However, if necessary please call the team on: **01635 503333** or email: costofliving@westberks.gov.uk.


For children and their families, there is also additional support that can be accessed via the Cost of Living Support Hub from My Family First (MFF), who can provide longer term support and intervention delivered by a team of specially trained staff who work with children and their families at the earliest point possible. In addition, the [Early Response Hub \(ERH\)](#), can provide advice and work with families to create a plan of support.



The Cost of Living Support Hub is the latest in a range of support for residents impacted by the rising cost of living offered by the council and us. This includes assisting residents with advice, signposting and referrals to a range of partners and Council Services. *[add in your own information to this list as necessary]:*



- A [Household Support Fund](#)
- A £100,000 [Emergency Cost of Living Crisis Fund](#) - support frontline charities to help residents
- A [new online resource](#) is now available to help residents worried about paying bills find out about help available locally.

SOCIAL MEDIA MESSAGES

Please use the images that correspond to the message. All images can be found in the attached 'assets' folder that came with this comms pack.

<u>Facebook/Instagram</u>	<u>Twitter</u>	<u>Image</u>
<p>Please tag us all in:</p> <p>FB: @WestBerkshire / IG: @westberkshire</p> <p>@GreenhamTrustLtd / IG: @greenhamtrust</p> <p>FB: @volunteercenwestberkshire / IG: @vol.centre.westberks</p> <p>For anyone struggling during these challenging times we are here to help.</p> <p>We have collaborated with Greenham Trust and the Volunteer Centre West Berkshire, to create the Cost of Living Support Hub – a place where everyone in West Berkshire can go to for advice on financial support, help with food costs, money saving tips and help with benefits.</p> <p>No matter how big or small your query, residents or businesses please feel free to get in touch to see what help is available.</p> <p>We recommend you make initial contact using the online form: https://westberks.gov.uk/cost-of-living-support-hub. However, if necessary you can also call</p>	<p>Please tag us all in:</p> <p>@WestBerkshire</p> <p>@Greenham_Trust</p> <p>@VCWB1</p> <p>The West Berkshire Cost of Living Support Hub is now open. Residents or businesses with financial or emotional struggles during this challenging time can contact us to see what help is available.</p> <p>🔗 Click the link in our bio for more information</p> <p>#WestBerkshire #CostOfLiving</p>	 <p>The image shows the 'Cost of Living Hub' logo on a purple background, which includes a house icon and the text 'COST OF LIVING SUPPORT'. To the right is a colorful illustration of a house surrounded by various icons representing financial and household concerns: a shopping basket, a credit card, a lightbulb, a car, a calculator, and a document.</p> <p>Image: 1. COL hub_FB</p>

<p>the team on: 01635 503333 or email: costofliving@westberks.gov.uk</p> <p>#WestBerkshire #CostOfLiving #WorkingTogether</p>		
<p>The West Berkshire Cost of Living Support Hub provides advice and practical support for anyone in financial hardship, making it easier for you to get the help you need.</p> <p>☞ Please do get in touch: https://westberks.gov.uk/cost-of-living-support-hub</p> <p>#WestBerkshire #CostOfLivingCrisis</p>	<p>The West Berkshire Cost of Living Support Hub provides advice and practical support for anyone in financial hardship, making it easier for you to get the help you need.</p> <p>☞ Please do get in touch by clicking on the link in our bio for more information</p> <p>#WestBerkshire #CostOfLiving</p>	 <p><i>Image: 2. Support hub</i></p>
<p>The new West Berkshire Cost of Living Hub, which has been created to support those facing hardship this winter, is open and we are here to help.</p> <p>☞ We recommend you make initial contact using the online form: https://westberks.gov.uk/cost-of-living-support-hub. However, if necessary you can also call the team on: 01635 503333 or email: costofliving@westberks.gov.uk</p> <p>#WestBerks #CostOfLivingSupport</p>	<p>The new West Berkshire Cost of Living Hub, which has been created to support those facing hardship this winter, is open and we are here to help.</p> <p>☞ Please do get in touch by clicking on the link in our bio for more information</p> <p>#WestBerks #CostOfLiving</p>	 <p><i>Image: 3. COL hub open_FB</i></p>

<p>Be safe! Please be aware of scams which aim to exploit people through imitating cost of living support services with unsafe solutions/options/practices.</p> <p>Never give out your passwords or bank information to anyone.</p> <p>If you spot a scam let us know at: tsadvice@westberks.gov.uk or call us on: 01635 519930. If you have been the victim of a scam contact @actionfraud</p> <p>☞ We can help: https://westberks.gov.uk/cost-of-living-support-hub</p> <p>#WestBerkshire #CostOfLiving #BeScamAware</p>	<p>Be safe! Please be aware of scams which aim to exploit people through imitating cost of living support services with unsafe solutions/options/practices.</p> <p>Never give out your passwords or bank information to anyone.</p> <p>☞ We can help. Click the link in our bio for more information</p> <p>#WestBerkshire #CostOfLiving</p>	 <p><i>Image: 4. COL scam_FB</i></p>
<p>Find out how you can help those struggling with the cost of living, including donating, volunteering and helping someone you're concerned about.</p> <p>Get involved and help bring the community together here: https://westberks.gov.uk/cost-of-living-help</p> <p>#WestBerkshire #CostOfLiving #Volunteer #Community</p>	<p>Find out how you can help those struggling with the cost of living, including donating, volunteering and helping someone you're concerned about.</p> <p>Get involved and help bring the community together.</p> <p>☞ Click the link in our bio for more information</p> <p>#WestBerkshire #CostOfLiving #Volunteer #Community</p>	 <p><i>Image: 5. COL volunteering_FB</i></p>

With annual energy bills more than doubling in the last year, the Government forced to freeze household bills at £2,500 a year, and inflation forecast to reach 13% by December, we are working in partnership with @GreenhamTrustLtd to pledge £50,000 each in 1:1 match funding, hoping that a further £100,000 can be raised for charities to provide emergency assistance to disadvantaged families and individuals.

If you would like to make a donation to the appeal please

visit: <https://app.thegoodexchange.com/project/19728/greenham-trust/west-berkshire-emergency-cost-of-living-crisis-appeal>

#WestBerkshire #CostOfLivingCrisis #Community

@Greenham_Trust & @WestBerkshire launched a £100,000 Emergency Cost of Living Crisis Fund to help charities support those affected by unaffordable hikes in energy prices and double-digit inflation.

☞ Click the link in our bio for more information and how to donate to the appeal

Emergency Cost of Living Crisis Fund



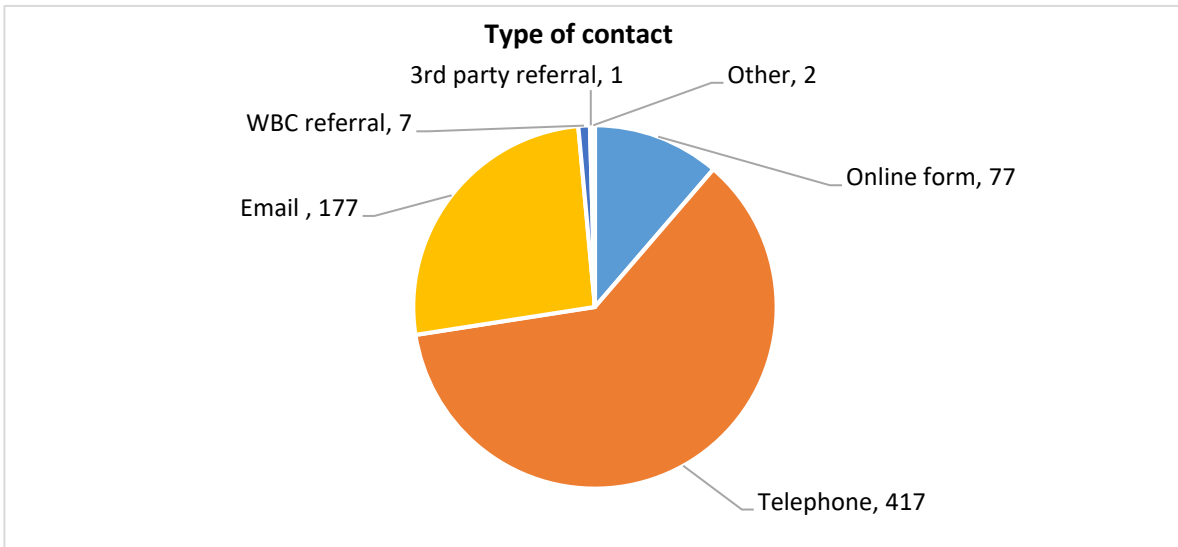
£100,000

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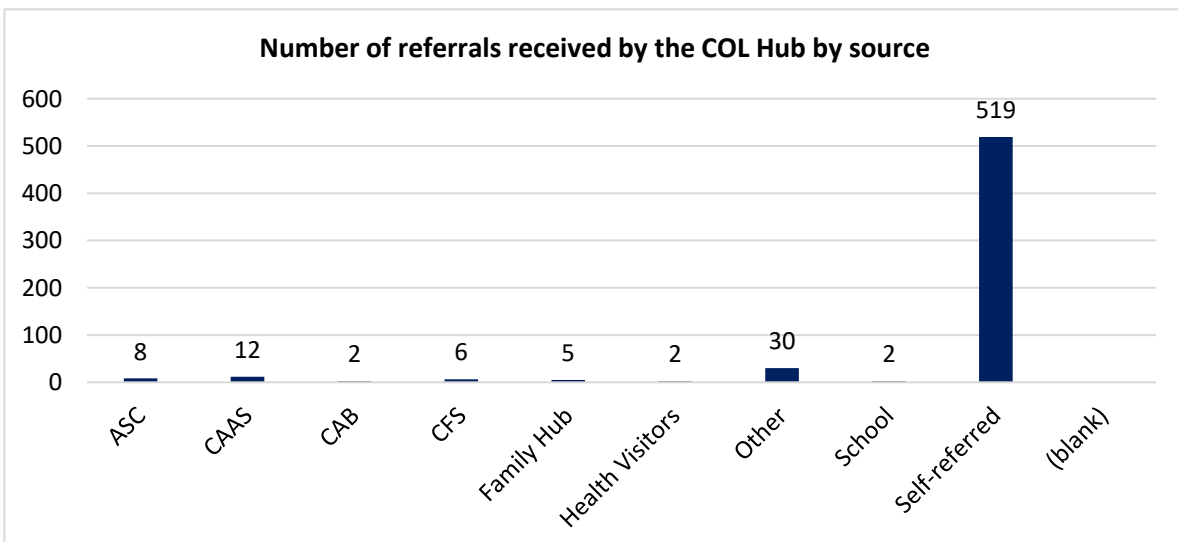
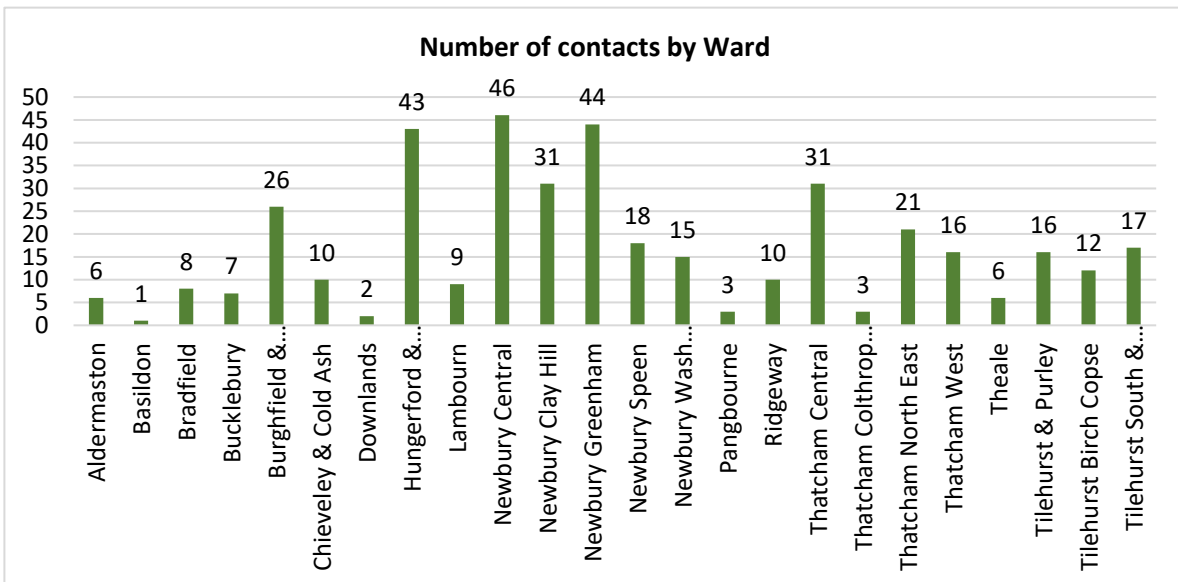


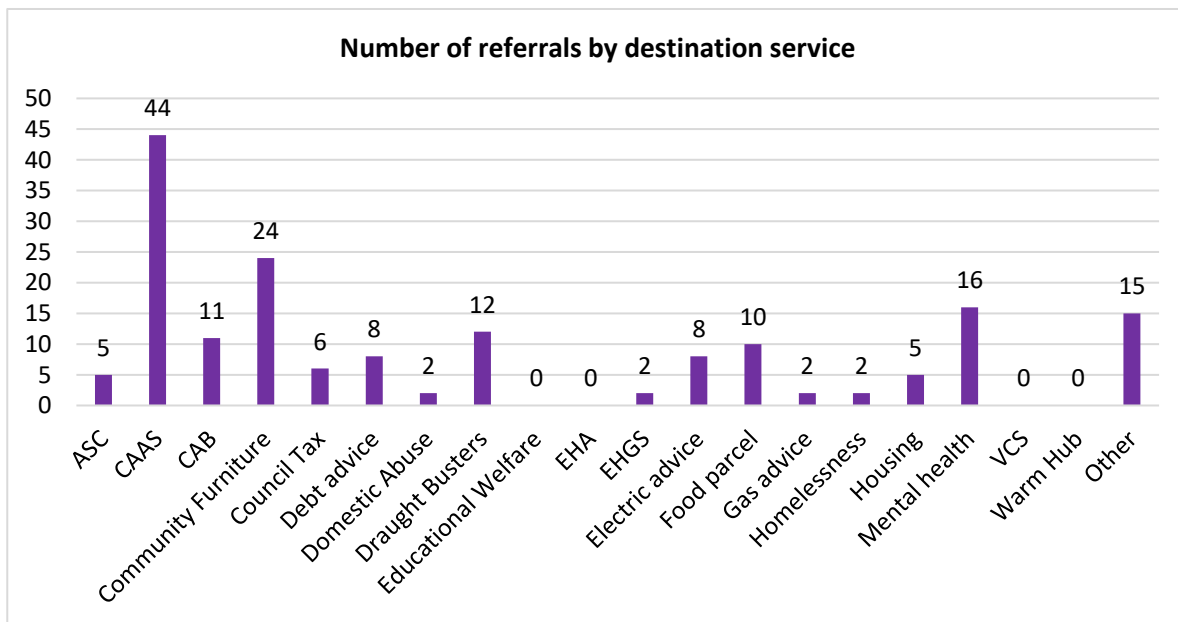
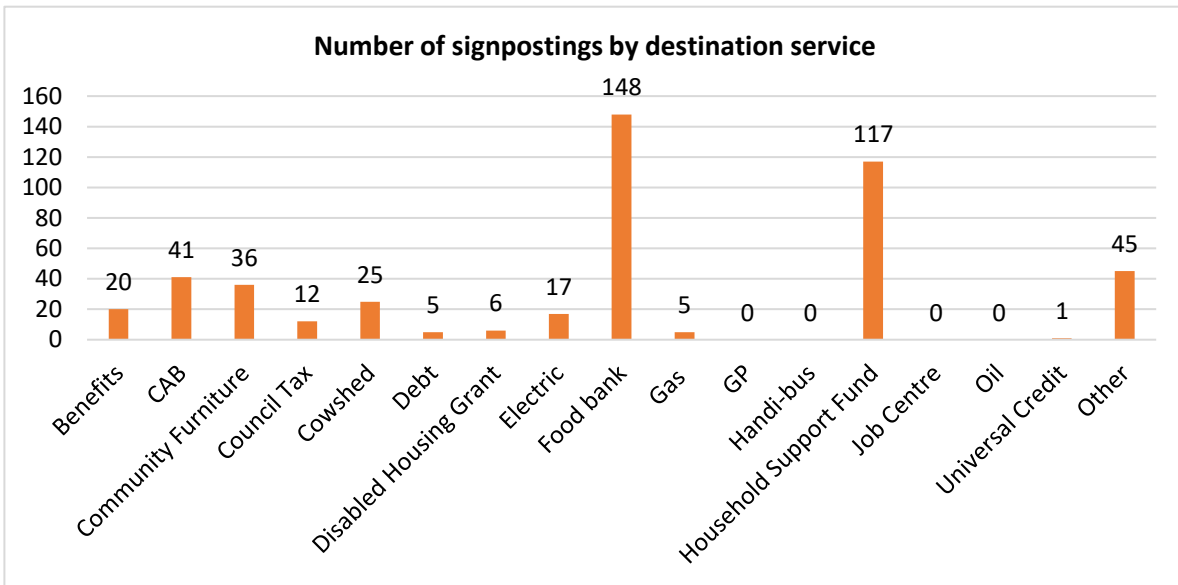


Updated: 12/06/2023



Total number of contacts received: 703





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Be well this Winter

An Evaluation of the Winter Resilience Service Commissioned by West Berkshire
Council Public Health Team 2022/23

Author:

Dr. Tom Corkery-Bennett, Foundation Year 2 Doctor, East Berkshire Public Health Hub

Background

- BWTW was commissioned to reduce inequalities across the population of West Berkshire with reference to specific areas of population health and deliver the following priorities in the Berkshire West Health and Wellbeing Strategy:

“Reduce the differences in health between different groups of people.”

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

Specific aims

- Reduce Inequalities in the uptake of Covid-19 and Influenza Vaccines identified across West Berkshire
- Improving cardiovascular disease (CVD) and wider health outcomes by encouraging uptake of NHS health checks and undertaking MECC conversations around healthy lifestyles to reduce CVD risk
- Signposting to improve awareness of national messaging and resources relating to self-care in winter
- Signposting to support at risk populations given increased cost of living pressures



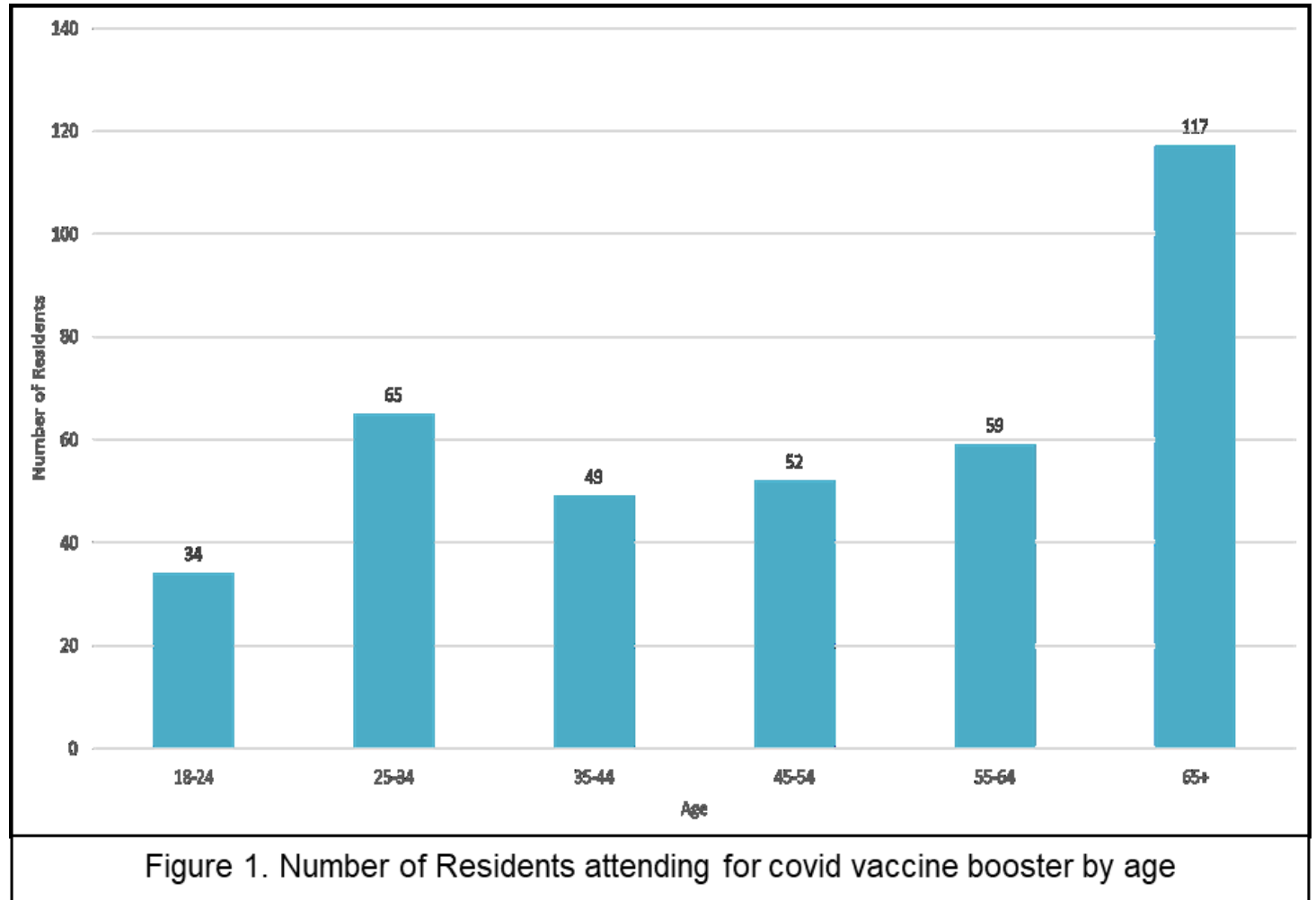
Service Model

- Facilitation of the Health on the Move Van (HOTM - a mobile covid-19 vaccine delivery unit)
- Hosting 'Be Well This Winter' (BWTW) sessions
- Vaccine Confidence and pre-HOTM sessions hosted by VCSE groups to improve engagement with the service prior to its attendance at a given site.
- Central to the services success was a proportionate universalism approach with utilization of MECC conversations

Headline Data

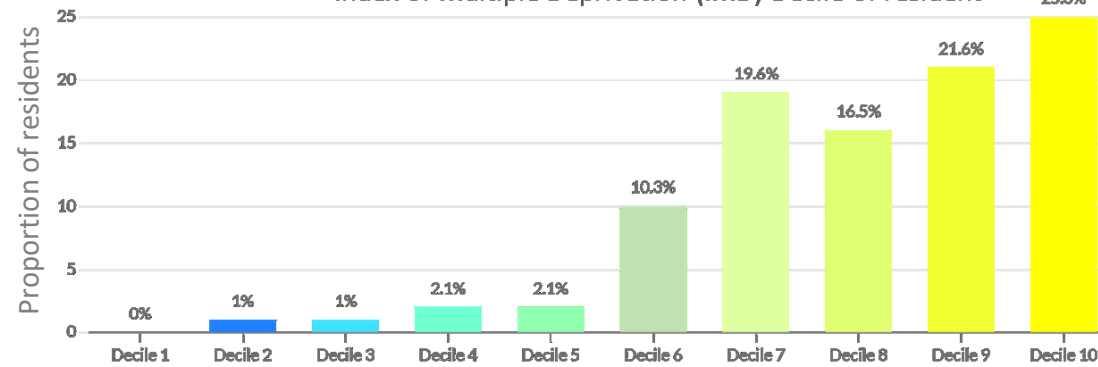
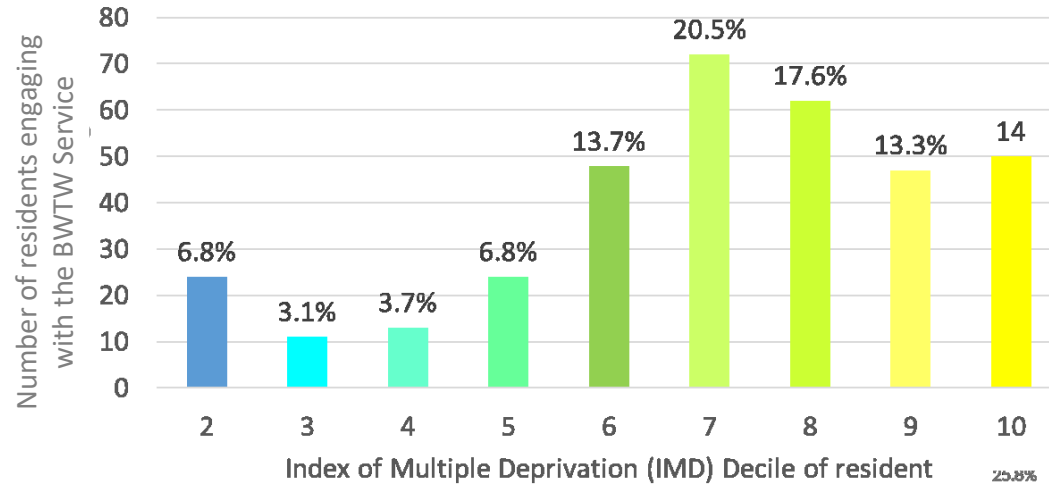
- A total of **18 ‘Be Well This Winter’** outreach sessions and **13 ‘Health on the Move’** outreach sessions facilitated during the course of the service
- **375 Residents** engaged with the service during its duration
- Administration of **274 Covid-19 booster vaccines** were facilitated by the service
- The **service engaged with members of every single priority group** identified in the service specification as being at risk of poor health and wellbeing during Winter
- A total of **1,558 resources** were distributed to residents relating to health, wellbeing, and support during winter 2022/23
- **1,590 MECC** conversations took place with residents during the period the service was commissioned

Targeted outreach – Covid 19 Vaccines



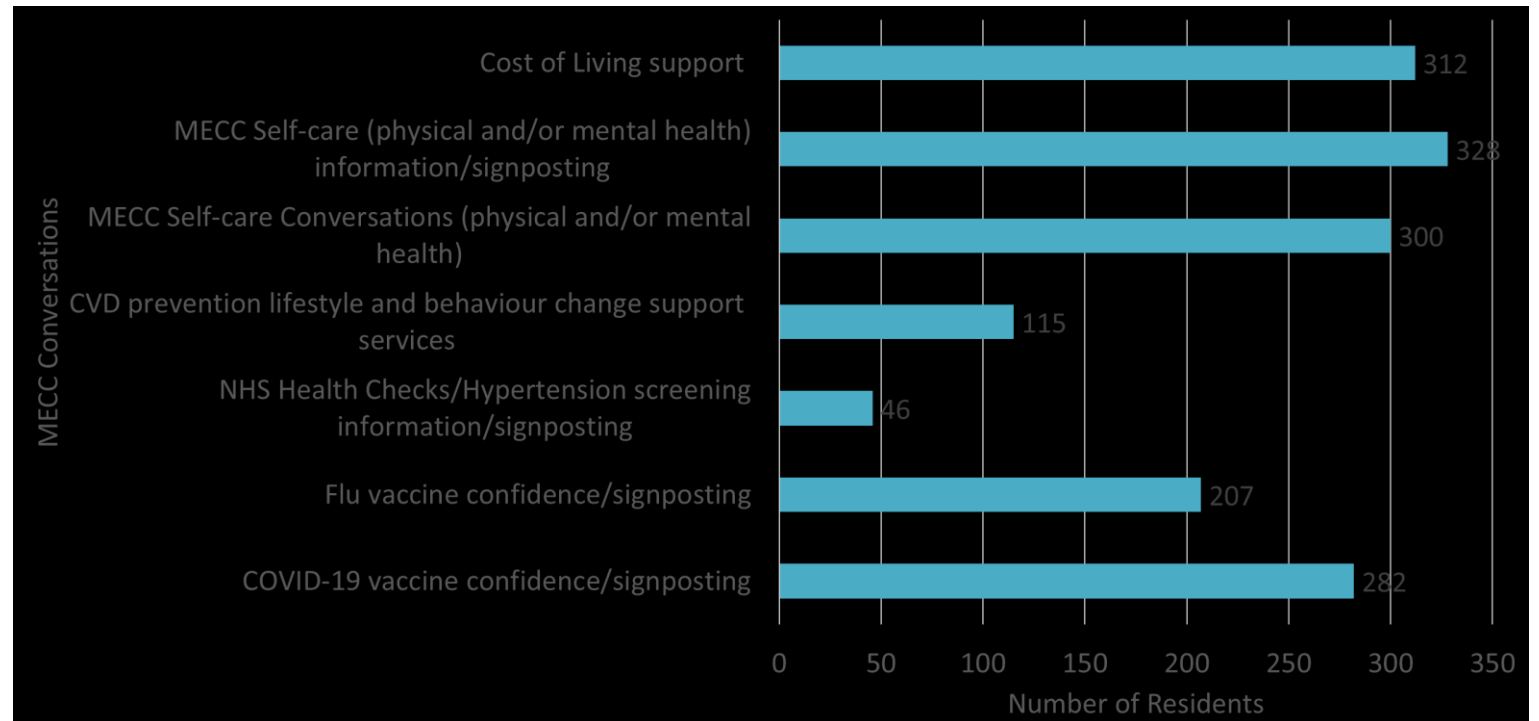
Targeted outreach – IMD analysis

Index of Multiple Deprivation (IMD) Decile of resident engaging with BWTW service



Bar chart displaying IMD distribution of residents within West Berkshire (lower graph) alongside bar chart depicting the IMD distribution of residents engaging with the BWTW service (upper graph)

MECC conversations – What concerns do residents have?



Outcomes

- Reduce Inequalities in the uptake of Covid-19 and Influenza Vaccines identified across West Berkshire
- Improving cardiovascular disease (CVD) and wider health outcomes by encouraging uptake of NHS health checks and undertaking MECC conversations around healthy lifestyles to reduce CVD risk
- Signposting to improve awareness of national messaging and resources relating to self-care in winter
- Signposting to support at risk populations given increased cost of living pressures



Learnings



The BWTW services provides a good example of a service utilising a proportionate universalism offering to target those most in need during winter



Excellent data collection is critical to successful understanding of Impact of Service



Service providers with expert local knowledge and wide-ranging communicative abilities greatly enhance the quality of a service



Future services should potentially build in mechanisms to assess the translational efficacy of MECC interventions



Going forward, services could aim to increase engagement with priority groups who are themselves underrepresented in those seen to engage with this service

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Changes to Pharmaceutical Services

Report being considered by:	Health and Wellbeing Board
On:	13 July 2023
Report Author:	Sarah Shildrick and Gordon Oliver
Report Sponsor:	April Peberdy
Item for:	Decision



1. Purpose of the Report

This report provides details of recent and planned changes to pharmaceutical services in West Berkshire and advises the Health and Wellbeing Board on the implications for the West Berkshire Pharmaceutical Needs Assessment.

2. Recommendation(s)

The Health and Wellbeing Board is asked to:

- (a) note the planned and recent changes to pharmaceutical services in West Berkshire;
- (b) note that the changes have been assessed as having a minimal impact on provision of pharmaceutical services, and agree that there is no requirement to update the Pharmaceutical Needs Assessment or publish a supplementary statement.

3. Executive Summary

- 3.1 The West Berkshire Health and Wellbeing Board has a duty to keep its Pharmaceutical Needs Assessment (PNA) under review in the light of any notifications of changes in provision of pharmaceutical services within the district.
- 3.2 A notification was received on 11 May 2023 from NHS England for of a change of ownership for the community pharmacy at 3-5 Crown Mead, Bath Road, Thatcham, RG18 3JW. The proposed change has been assessed in accordance with national guidance and legislative requirements and is considered to have minimal impacts.
- 3.3 A further notification was received on 22 June 2023 from NHS England summarising the closures and changes to pharmaceutical services that had occurred in NHS England South East during Quarter 4 of 2022/23.

4. Supporting Information

Background

- 4.1 The Health and Social Care Act 2012 established health and wellbeing boards and made them responsible for developing and updating PNAs with effect from 1 April 2013. The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirement for health and wellbeing boards to develop and update PNAs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations

2013 (the 2013 regulations), as amended, set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.

- 4.2 PNAs are used and referred to by those wishing to open a new pharmacy or dispensing appliance contractor premises. They are used by NHS England and NHS Improvement to determine applications, and NHS Resolution refer to them when applications go to appeal.
- 4.3 Following publication of a PNA, health and wellbeing boards must assess the impacts of any changes in provision of pharmaceutical services in their area and determine whether the changes warrant refreshing the PNA or publishing a supplementary statement to the existing PNA in accordance with national guidance and legislation, or if no action is required because the changes do not create a gap in provision.

Change of Ownership

- 4.4 NHS England sent notification on 11 May 2023 that they had granted a change of ownership application for Lloyds Pharmacy at 3-5 Crown Mead, Bath Road, Thatcham, RG18 3JW by Halo Pharmacy Limited. Halo Pharmacy Limited has indicated that they will continue to provide the same services as the current owner. The new owner proposes to provide the same opening hours and there will be no interruption to the provision of services at these premises, so there will be no access issues arising as a result of this change. No date has been provided as to when the change of ownership will take place.
- 4.5 NHS England subsequently sent a notification on 22 June 2023 summarising the closures and changes to pharmaceutical services that had occurred in NHS England South East during Quarter 4 of 2022/23. (It should be noted that this was received retrospectively.) Changes in West Berkshire are summarised below.

Pharmacy Name	Address	Change	Date
Wash Common Pharmacy	Monks Lane, Newbury, RG14 7RW	Change to opening hours: Monday and Tuesday from 08:15 – 18:15 to 08:45 - 18:15	08/02/2023
Day Lewis Pharmacy	Ground Floor Unit, Access House, Strawberry Hill Road, Newbury, RG14 1GE	Saturday closure	01/03/2023
The Little Village Pharmacy	24 West End Road, Mortimer, Reading, RG7 3TF	Change of ownership from Jhoods Pharmacy to ZVF Pharma Ltd	20/03/2023

- 4.6 As a result of the changes, Wash Common Pharmacy now operates slightly reduced hours on Mondays and Tuesdays. The pharmacy now operates extended hours Monday to Friday 08:45 - 18:15. It is also open on Saturdays 9am-5pm, but is closed on Sundays. The pharmacy operates for 55.5 hours per week, which is significantly in excess of its core contracted hours of 40 hours per week.
- 4.7 The Day Lewis Pharmacy was previously open from 09:00 – 13:00 on Saturdays and 09:00 – 17:00 Monday to Friday. It now operates from 9.00 – 17:30 Monday to Friday only. The pharmacy operates for 42.5 hours per week, which is in excess of its core contracted hours of 40 hours per week.
- 4.8 While the closure of the Day Lewis Surgery on Saturdays may cause issues for some patients, there are several other pharmacies in Newbury that are open on Saturdays, including:
- Superdrug, 81-82 Northbrook Street, Newbury, RG14 1AE
 - Boots, 4-5 Northbrook Street, Newbury, RG14 1DJ
 - Boots, Unit 13 Newbury Retail Park, Pinchington Lane, Newbury, RG14 7HU
 - Tesco Instore Pharmacy, Tesco Extra, Pinchington Lane, Newbury, RG14 7HB
- 4.9 The closest of these pharmacies is a 500m walk from the Day Lewis Pharmacy.
- 4.10 The Day Lewis Pharmacy does not provide any advanced services that are not available at other pharmacies within Newbury. Given that there are several other pharmacies that are open on Saturdays, it is considered that the change does not create a significant gap in the provision of pharmaceutical services.

5. Options Considered

The options available to the Health and Wellbeing Board are:

- (a) to refresh the PNA;
- (b) to issue a supplementary statement;
- (c) to do nothing

6. Proposal(s)

Public Health officers consider that the changes to pharmaceutical services described above will not create a gap in provision of pharmaceutical services, and so no further action is required.

7. Conclusion(s)

The changes in pharmaceutical services has been assessed in accordance with the national guidance and relevant legislation.

8. Consultation and Engagement

Local ward councillors have been informed of the proposed change of ownership.

9. Appendices

None

Background Papers:

[West Berkshire Pharmaceutical Needs Assessment 2022-2025 Information Pack for local authority health and wellbeing boards](#)

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 that there are sufficient pharmaceutical services in the District to meet the needs of the local population.

Health & Wellbeing Board – 13 July 2023

Item 15 – Members’ Questions

Verbal Item

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

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
28 September 2023 - Board Meeting					
West Berkshire Better Care Fund Plan 2023/24	To present the Better Care Fund Plan 2023/24 for approval.	For decision	20/09/2023	Maria Shepherd	Health and Wellbeing Steering Group
Health Inequalities Funding	To provide an update on funding allocated to address health inequalities in West Berkshire and the initiatives to be funded.	For discussion	21/09/2023	April Peberdy	Health and Wellbeing Steering Group
Financial Problems and Mental Health	To present the revised report for approval.	For decision	22/09/2023	Adrian Barker	Health and Wellbeing Steering Group
Berkshire Suicide Prevention Strategy	To present the final version of the Suicide Prevention Strategy for approval	For decision	23/09/2023	John Ashton	Health and Wellbeing Steering Group
Supported Employment Strategy Update	To provide an update on the Supported Employment Strategy	For discussion	20/09/2023	Sam Robins	Health and Wellbeing Steering Group
Delivery Plan Progress Report: Priority 2	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the second priority: <i>'To support individuals at high risk of bad health outcomes to live healthy lives'</i>	For discussion	20/09/2023	April Peberdy	Health and Wellbeing Steering Group
7 December 2023 - Board Meeting					
Health and Wellbeing Board Peer Review	To present the findings from the Health and Wellbeing Board Peer Review	For decision	29/11/2023	TBC	Health and Wellbeing Steering Group
Safeguarding Adults Board for Berkshire West - Annual Report for 2022/23	To present the annual report from the Safeguarding Adults Board	For information	29/11/2023	TBC	Health and Wellbeing Steering Group
Berkshire West Safeguarding Children Partnership - Annual Report for 2022/23	To present the annual report from the Safeguarding Children Partnership	For information	29/11/2023	TBC	Health and Wellbeing Steering Group
Delivery Plan Progress Report: Priority 3	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the third priority to: <i>'Help children and families in early years'</i>	For discussion	29/11/2023	April Peberdy	Health and Wellbeing Steering Group
22 February 2024 - Board Meeting					
Delivery Plan Progress Report: Priority 4	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the fourth priority to: <i>'Promote good mental health and wellbeing for all children and young people'</i>	For discussion	14/02/2024	April Peberdy	Health and Wellbeing Steering Group
2 May 2024 - Board Meeting					
Delivery Plan Progress Report: Priority 5	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the fifth priority to: <i>'Promote good mental health and wellbeing for all adults'</i>	For discussion	24/04/2024	April Peberdy	Health and Wellbeing Steering Group

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