

Notice of Meeting



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Health and Wellbeing Board

Thursday, 2 May 2024 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, 24 April 2024

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, 2 May 2024 (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 Jeff Brooks (Executive Portfolio: Acting Leader; Strategy, Communications, Governance and Transformation), Councillor Heather Codling (Executive Portfolio Holder: Children, Education and Young People's Services), 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), John Ashton (Director of Public Health for Reading and West Berkshire), Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children and Family Services), Matthew Hensby (Sovereign Housing), Jessica Jhundoo Evans (Arts and Leisure Representative), Janet Lippett (Royal Berkshire NHS Foundation Trust), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Sean Murphy (Public Protection Manager), April Peberdy (Acting Service Director - Communities and Wellbeing), Andy Penrith (Thames Valley Police), Rachel Peters (Voluntary Sector Representative), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Helen Williamson (Berkshire Healthcare NHS Foundation Trust) and Fiona Worby (Healthwatch West Berkshire)

Agenda

Part I

Page No.

Standard Agenda Items 1

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| 1 | Apologies
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 22 February 2024. | 9 - 16 |
| 3 | Actions arising from previous meeting(s)
To consider outstanding actions from previous meeting(s). | 17 - 18 |

Agenda - Health and Wellbeing Board to be held on Thursday, 2 May 2024 (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; and• Councillor Jo Stewart – spouse is Head of Contract Management at the Royal Berkshire 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 the Meeting Rules contained in the Council's Constitution. | 21 - 22 |
| 6 | Petitions
Councillors or Members of the public may present any petition which they have received. | 23 - 24 |
| 7 | Membership
Purpose: To agree any changes to Health and Wellbeing Board membership. | 25 - 26 |

Items for discussion

Strategic Matters

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| 8 | Berkshire West Health Protection Board
Purpose: To endorse the establishment of a Berkshire West Health Protection and Resilience Partnership Board to provide assurance that robust arrangements are in place to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading). | 27 - 36 |
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Agenda - Health and Wellbeing Board to be held on Thursday, 2 May 2024 (continued)

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| 9 | Berkshire Suicide Prevention Strategy
Purpose: To provide an update on the Berkshire Suicide Prevention Strategy. | 37 - 68 |
| 10 | Building Berkshire Together Update
Purpose: To provide an update on plans for the redevelopment of the Royal Berkshire Hospital. | 69 - 76 |

Operational Matters

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| 11 | Local Response to the Cost of Living Crisis
Purpose: 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 consider how we build upon the response so far. | 77 - 82 |
| 12 | Health and Wellbeing Board Dashboard
Purpose: To note the contents of the new Health and Wellbeing Board Dashboard. | 83 - 118 |
| 13 | Delivery Plan Progress Report: Priorities 4 & 5
Purpose: To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the fourth and fifth priorities to: 'Promote good mental health and wellbeing for all children and young people', and 'Promote good mental health and wellbeing for all adults'. | 119 - 142 |

Other Information not for discussion

- | | | |
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| 14 | Better Care Fund Monitoring Report: Q3 2023/24
Purpose: To note the BCF quarterly monitoring report for Q3 2023/24. | 143 - 152 |
| 15 | Changes to Pharmaceutical Services
Purpose: To provide details of recent and planned changes to pharmaceutical services in West Berkshire and advise the Health and Wellbeing Board on the implications for the West Berkshire Pharmaceutical Needs Assessment. | 153 - 196 |
| 16 | Health and Wellbeing Board Sub-Group Updates
Purpose: To provide a summary of recent activities and future actions for each of the Health and Wellbeing Board Sub-Groups. | 197 - 216 |

Agenda - Health and Wellbeing Board to be held on Thursday, 2 May 2024 *(continued)*

- 17 **Members' Question(s)** 217 - 218
Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Meeting Rules contained in the Council's Constitution.

Standard Agenda Items 2

- 18 **Health and Wellbeing Board Forward Plan** 219 - 220
Purpose: An opportunity for Members of the Health and Wellbeing Board to suggest items to go on to the Forward Plan.
- 19 **Future meeting dates**
11 July 2024
12 September 2024
5 December 2024
6 March 2025
8 May 2025
(All meetings to start at 9:30am)

Sarah Clarke.

Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Gordon Oliver on telephone (01635) 519486.



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Health & Wellbeing Board – 2 May 2024

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, 22 FEBRUARY 2024

Present: Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration) (Chairman), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) (Vice Chairman), Councillor Heather Codling (Executive Portfolio Holder: Children, Education and Young People's Services), 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), Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children and Family Services), Hannah Elder (Culture and Leisure Representative), DCI Emily Evans (Thames Valley Police), Mike Fereday (Healthwatch West Berkshire), Kirubananthan Nagarathnam (Royal Berkshire NHS Foundation Trust), April Peberdy (Acting Service Director - Communities and Wellbeing), and Garry Poulson (Voluntary Sector Representative)

Attending Remotely: Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), and Neil Whiteman (Royal Berkshire Fire & Rescue Service)

Also Present: Julie Dandridge (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), David Dean (Pharmacy Thames Valley) and Rachel Peters (Volunteer Centre West Berkshire), Sanjay Desai (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), David Dean (Community Pharmacy Thames Valley), Rachel Peters (Volunteer Centre West Berkshire), Gordon Oliver (Principal Policy Officer), and Thomas Radbourne (Apprentice Democratic Services Officer),

Apologies for inability to attend the meeting: Councillor Jeff Brooks, John Ashton, Jessica Jhundoo Evans, Supt. Helen Kenny, Stephen Leonard, Dr. Janet Lippett, Sean Murphy and Fiona Worby

Absent: Matthew Hensby and Helen Williamson

PART I

55 Minutes

The Minutes of the meeting held on 7 December were approved as a true and correct record and signed by the Chairman.

56 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

57 Declarations of Interest

There were no declarations of interest received other than the standing declarations set out in the agenda.

58 Public Questions

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

59 Petitions

There were no petitions presented to the Board.

60 Membership of the Health and Wellbeing Board

The following changes were noted:

- Councillor Jeff Brooks had replaced Councillor Lee Dillon while he was on a sabbatical from his role as Leader of the Council.
- Andy Penrith to replace Helen Kenny as the Thames Valley Police representative from 26 February 2024.
- Garry Poulson to retire on 28 March 2024, from which point Rachel Peters would become the Voluntary Sector representative.

61 ICB Primary Care Strategy

Sanjay Desai (Head of Primary Care Operations, BOB ICB) presented the item on the Primary Care Strategy (Agenda Item 8).

The following points were raised during the course of the debate:

- The Strategy would be a key element of the Health and Wellbeing Board conference on 19 April.
- The Strategy was seen as the starting point for the prevention agenda. Cardiovascular disease (CVD) was the biggest killer of people in England. The new Community Wellness Project encompassed what partners were seeking to do in terms of prevention. Prevention activity would progress to other conditions once the impacts of the CVD project were understood.
- There was considerable collaboration taking place between the ICB and primary care providers.
- Pharmacy First was the biggest change to affect community pharmacy in 10 years and it was accompanied by a cash injection, which would help providers to survive. Initial feedback had been overwhelmingly positive. It was easier for patients to see pharmacists than to get a GP appointment. Over 200 practice managers and GPs had received a presentation on Pharmacy First. Working together would help to ensure that patients received the care they deserved.
- Members sought reassurance that patient information captured at the pharmacy would be shared with GPs through the NHS app. It was confirmed that £20M had been invested in digital pathways to ensure that every consultation was added to the patient's record. These would be accessible by GPs and by patients via the NHS app. If hospitals were able to access patient records, they would be able to see this information too.
- The ICB had received feedback from patients that it was sometimes hard for patients to access the right person. The Strategy sought to ensure that the patient got to see the right person at the right time. It was recognised that patients with complex needs would benefit from seeing the same clinician each time and from having longer consultations, but it was often difficult to accommodate this.

HEALTH AND WELLBEING BOARD - 22 FEBRUARY 2024 - MINUTES

- Primary care providers were keen to do more pro-active and preventative work and the Strategy should help by better managing urgent demand.
- Pharmacy First would help to tackle the frustrations experienced by patients who had previously consulted their pharmacist only to find that they still needed to see their GP for a prescription.
- The Strategy also sought to build on existing relationships with community / voluntary / social services. Integrated Neighbourhood Teams would bring all healthcare professionals together to offer a seamless service to residents.
- Members suggested that the scheme could be better promoted. It was explained that national advertising had only just started that week and the ICB was also in the process of rolling out its campaign. It had been a conscious decision not to have a big launch on the first day, since pharmacists were being trained to be confident in clinical examination. Advertising would be ramped up in the coming weeks.
- While Members welcomed the move from acute care to primary care, the Royal Berkshire NHS Foundation Trust had a £10M budget deficit and it was queried whether this was a case of 'robbing Peter to pay Paul'. It was explained that the ICB was currently developing its financial plans for 2024/25. There was a desire to invest in pro-active / preventative services where possible, but the potential risk of destabilising services was acknowledged. Work was underway to tackle the Trust's budget deficit. Consideration was being given to how best to align resources to free up resources to invest elsewhere. This included reallocating staff as well as funding. Shifting to a more preventative model of care would allow people to stay well for longer and lead to a reduced level of resources in acute care.
- Members were encouraged to talk to their constituents about the Strategy and provide feedback.
- Engagement on the draft Strategy would continue until the end of March. A number of focus groups had already been held, but the ICB was happy to arrange additional events if needed.

RESOLVED to note the report.

62 Changes to Pharmaceutical Services

April Peberdy (Acting Service Director – Communities and Wellbeing) presented the report on Changes to Pharmaceutical Services (Agenda Item 10).

The following points were raised during the course of the debate:

- Given that some pharmacies appeared to be struggling to cope with existing levels of demand, Members asked why new pharmacy applications were being refused, particularly if reliance on community pharmacies would increase as a result of Pharmacy First. It was explained that pharmacy funding had remained unchanged for the last 10 years, but the volume of prescriptions had increased, and costs had risen 40% in real terms over the same period. This was leading to viability issues - 20 pharmacies had closed across BOB in the last 18 months. Opening new pharmacies could affect the viability of existing pharmacies and lead to further closures.
- It was noted that Newbury Town Council considered there was a need for another pharmacy in the town given that Lloyds and Superdrug had closed, and they had supported the recent application. Members felt it was dispiriting that Boots was trying to block the application. Customers were experiencing significant waiting times, and it was suggested that an additional pharmacy would not threaten existing ones.

HEALTH AND WELLBEING BOARD - 22 FEBRUARY 2024 - MINUTES

- It was suggested that other pharmacies were seeking to protect their commercial interests. The applicant would be aware of the funding constraints, but they had worked out that they would be able to deliver a viable business.

RESOLVED:

- (a) To note the changes to pharmaceutical services in West Berkshire;
- (b) To note the decisions made by the Pharmaceutical Needs Assessment Sub-Committee on 23 January 2024;
- (c) In relation to the application for inclusion in a pharmaceutical list at Ground Floor Flat 1, 4 Hambridge Road, RG14 5SS in respect of distance selling premises by Halo Pharmacy Limited, to agree that the Chairman of the Health and Wellbeing Board should be authorised to respond to the consultation to indicate that there are no implications for the West Berkshire Pharmaceutical Needs Assessment and that the Board has no objection to the application.

63 Resilience of Community Pharmacies

Julie Dandridge (Head of Pharmacy, Optometry and Dentistry, BOB ICB) presented the item on the Resilience of Community Pharmacies (Agenda Item 9).

The Chairman invited David Dean (Chief Officer, Community Pharmacy Thames Valley (CPTV)) to comment. CPTV had been working closely with the owner of the new independent pharmacies in West Berkshire and had been impressed by their enthusiasm and willingness to work with local communities. They were more flexible and helpful than the larger chains (e.g. free deliveries outside the NHS contract). They were signing up to new initiatives such as Pharmacy First and were investing in their workforce. Some were being held back by the size of their premises, but they were investigating extensions or even automated lockers to allow people to pick up prescriptions outside of opening hours.

Key points raised in the debate included:

- It was stressed that the Pharmaceutical Needs Assessment (PNA) should be about more than the distance that patients had to travel. Community pharmacies were able to deliver a greater range of services than when the PNA had been produced, so the ICB needed to think of community pharmacy in a new context.
- It was noted that new development would create additional demand, and the resilience and sustainability of pharmacies needed to be considered when reviewing new applications.
- There was agreement that independent pharmacies had a 'can do' attitude and brought new opportunities for neighbourhood working.
- Members had received complaints about one particular pharmacy attached to a GP surgery. These related to waiting times, patients not being able to use the NHS app for repeat prescriptions, and patients being prevented from taking their prescriptions to other pharmacies. The pharmacy was only open standard hours, so access was an issue for those working away from the village. It was confirmed that it was illegal to restrict patients to one pharmacy. It was also suggested that processes at the pharmacy could be reviewed to reduce waiting times (e.g., the surgery could upload stable repeat prescriptions for several months at a time onto the system). Dealing with every prescription as a 'walk-in' was inefficient.

Action: Councillor Heather Codling to email David Dean with the details so they could provide advice and support.

HEALTH AND WELLBEING BOARD - 22 FEBRUARY 2024 - MINUTES

- It was suggested that there were opportunities for cross-promotion of the Pharmacy First and Community Wellness Outreach Service.

Action: April Peberdy to consider how best to cross-promote services.

- Concerns were raised about the ability of pharmacies to accommodate additional demands resulting from Pharmacy First when they were already at capacity, particularly for pharmacies with large populations of older people who needed more time per consultation. It was explained that labelling and dispensing of prescriptions was becoming simpler and more automated, freeing up time for initiatives such as Pharmacy First, which was what the pharmacists had trained for.
- Concerns were also raised about over-reliance on digital tools (e.g., NHS App), and how patients who were not digitally enabled would be supported. It was explained that digital tools allowed pharmacies to plan ahead and dispense in quieter times. A recent PPG event had been used to show the NHS app to patients and this had been very successful, but it was recognised that the app would not suit everyone. Also, it was stressed that 95% of digital services were not patient-facing and were designed to give pharmacists more time. For some pharmacists these had freed up as much as 3 hours per day for pharmacists to spend with patients.
- Members asked about how rural residents would be served by Pharmacy First if they were unable to get to a pharmacy. It was acknowledged that a home service was not currently offered, but Pharmacy First was offered remotely and patients could also use online pharmacies. It was suggested that the voluntary and community sector could be used to identify patients who were struggling to access pharmacy services and to work out how best to help them.
- It was suggested that the Community Wellness Outreach Project should be seen as just a starting point to help counter digital exclusion. The PPG event was seen as a good way of making digital real for patients. It was stressed that traditional means of accessing services would be retained. Encouraging some people to switch to digital would mean that other patients would have a better service.
- It was noted that older patients may find it difficult to access digital services because they had a shared email address with their partner and the NHS app required individual email accounts.

RESOLVED to note the report.

64 **Right Care, Right Person - 3 Month Update**

DCI Emily Evans (Thames Valley Police) presented the Right Care, Right Person – 3 Month Update (Agenda Item 11).

The following points were raised in the debate:

- Members noted that the contact details for the Control Room were for a personal email address and asked what would happen if that person was unavailable / on leave. It was explained that contact would be via the 101 telephone number and that the named person was the lead officer.
- A question was asked around Police involvement in people absconding from mental health institutions and residents going missing from care homes. It was confirmed that the Police would be involved in such cases and would treat them as a missing person investigation. Calls about missing people with dementia were given an immediate response, since they were often located close to where they went missing.

RESOLVED to note the report.

65 Health and Wellbeing Board Dashboard

The report on the Health and Wellbeing Board Dashboard (Agenda Item 12) was deferred to the next meeting.

66 Voluntary Sector Update

Garry Poulson (Director, Volunteer Centre West Berkshire) and Rachel Peters (Partnership and Engagement Manager) presented the Voluntary Sector Update (Agenda Item 13).

The following points were raised in the debate:

- It was noted that in the past, the voluntary sector was seen as ‘the added value’ to statutory services, but increasingly voluntary sector organisations were becoming ‘the value’ and the institutions that people relied on. Therefore, it was important to embed the voluntary sector within the Health and Wellbeing Board.
- It was noted that a lot of the activities undertaken by the voluntary sector were in areas that were covered by the Health and Wellbeing Board Sub-Groups and it was recognised that there was a need to capture the learning from the voluntary sector within these sub-groups.

Action: April Peberdy to meet with Garry Poulson and Rachel Peters to discuss how best to integrate the voluntary sector with the HWB Sub-Groups.

RESOLVED to note the report.

67 Young People and Vaping

George Lawrence (Team Manager, Public Protection Partnership) presented the report on Young People and Vaping (Agenda Item 14).

The following points were raised in the debate:

- Members noted that school staff were having to search toilet areas for vapes, which were being shared amongst students. Schools were having to go to extreme measures such as removing doors on toilets to keep children safe from vapes.
- Vaping was seen as a significant concern, and Members welcomed the fact that the issue was being given attention.
- It was suggested that messaging should go out through schools and that training was also needed for school staff.
- Issues around vaping amongst young people had been discussed at the last meeting of the Licensing Committee. It was noted that the Public Protection Partnership (PPP) was undertaking mystery shopping to identify shops involved in selling to underage customers.
- It was welcomed that the government was introducing legislation to ban disposable vapes.
- Members asked if the PPP provided advice to retailers. It was noted that some retailers were displaying vapes on open stands in the middle of shops rather than as part of the tobacco counter. Officers explained that the current focus was on users and taking enforcement action against retailers. However, with additional resourcing, the service would be happy to work more closely with retailers and the trade and it was hoped that they would be able to do this next year. Smaller, independent retailers tended to need more support.

HEALTH AND WELLBEING BOARD - 22 FEBRUARY 2024 - MINUTES

- It was suggested that schools could share ideas on how they were tackling vaping. Some schools had airport-style body scanners to help detect vapes.
- It was also recognised that parents had a significant role to play and should be encouraged to search their children's rooms if they were concerned that their children were using vapes. It was suggested that information should go out to parents from schools about having a more robust approach. This could help to reduce pressures on the schools.
- Members highlighted that vapes were being sold in shops where children went to buy their sweets and they were made to look attractive. It was questioned whether local shop staff were exercising sufficient diligence when questioning the age of young people buying vapes. Police Cadets were being used in test purchases. Officers confirmed that a recent test purchase operation only found one retailer selling to underage customers.
- Officers also highlighted work around product seizures to identify and confiscate illegal vapes that had not come through the proper import channels. All vape products on sale had to be properly certified. A national programme had tested numerous vapes and found wide variation in the level of nicotine and failures around labelling.
- The PPP was keen to identify rogue traders and supply chains, and criminal activity.
- Members asked what was meant by a 'holistic approach' and asked if any work was being done through role-play to understand why young people wanted to use vapes, and what was being done to help parents understand the consequences. It was confirmed that drama productions had been used, but they tended to be aimed at children. The PPP welcomed any ideas for how to engage better with other stakeholders.
- The previous Director of Public Health had written to all schools to explain the risks associated with vaping, and it was suggested that further communications may be appropriate.

Action: April Peberdy to liaise with Paul Graham about a letter to parents around the risks associated with vaping.

- It was highlighted that vapes were being promoted as a safer alternative to smoking, but they should only be used as an interim measure (i.e., a 'swap to stop'). It was suggested that the messaging needed to reflect this.

RESOLVED to note the report.

68 **West of Berkshire Safeguarding Adults Board - Annual Report 2022/23**

The West of Berkshire Safeguarding Adults Board Annual Report (Agenda Item 14) was provided for information only.

RESOLVED to note the report.

69 **Health and Wellbeing Board Sub-Group Updates**

The Health and Wellbeing Board Sub-Group Updates (Agenda Item 16) were provided for information only.

RESOLVED to note the report.

70 Members' Question(s)

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

71 Health and Wellbeing Board Forward Plan

The Board reviewed the Forward Plan (Agenda Item 18).

The Chairman highlighted consultations related to the redevelopment of the Hampshire Hospitals and Royal Berkshire Hospital. It was agreed, given the tight timescales and potential conflicts of interest of some Board Members, that each partner organisation should respond separately rather than organising a special meeting to consider them. Further information was available on the following websites:

- <https://www.hampshiretogether.nhs.uk/>
- <https://buildingberkshiretogether.co.uk/>

It was noted that there was an in-person listening event for the Hampshire Hospitals proposal from 1pm - 3pm on 23 February at the Waterside Centre in Newbury.

Members were reminded that the next session was planned for 6 March at Shaw House and would focus on Health Inequalities.

Members agreed that the following Hot Focus Session could be used to consider lessons from the recent Peer Challenge.

72 Future meeting dates

The dates of the future meetings were noted.

(The meeting commenced at 9.31 am and closed at 11.20 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
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		
244	03/10/2023	Local Response to Cost of Living Crisis	Meet with Matthew Hensby to discuss the support that is available and to coordinate activity.	Sean Murphy	WBC		
245	03/10/2023	Financial Problems and Mental Health	Give further consideration to the potential for improved coordination and discuss this with relevant parties.	Helen Clark	ICB	In progress	Scheduled for discussion at the next meeting of the Berkshire West Mental Health Programme Board.
246	03/10/2023	Financial Problems and Mental Health	Review how the Public Protection Service could be involved in delivery of targets identified in the report.	Sean Murphy	WBC		
251	07/12/2023	Local Response to the Cost of Living Crisis	Share details of the Supper Club when available.	Jessica Jhundoo Evans	Corn Exchange	In progress	The Corn Exchange is currently fundraising for the Supper Club.
252	07/12/2023	Local Response to the Cost of Living Crisis	Promote the Panto Pay It Forward scheme and Supper Club to service users and voluntary sector partners.	Sean Murphy / Garry Poulson	WBC / VCWB	In progress	Details of the Panto Pay It Forward scheme were circulated after the last meeting and there was additional uptake as a result.
253	07/12/2023	Local Response to the Cost of Living Crisis	Discuss promotion of where people could donate items with voluntary sector partners.	Sean Murphy	WBC		Awaiting update.
254	07/12/2023	Local Response to the Cost of Living Crisis	Provide details of local charitable trusts in Tilehurst and Theale to Garry Poulson.	Cllr Alan Macro	WBC	In progress	Still seeking a contact for the Tilehurst charity, but details of the Theale charity have been sent to Garry Poulson.
255	07/12/2023	Health and Wellbeing Board Annual Conference 2024	Programme a hot focus session on the links between poverty and health.	Gordon Oliver	WBC	In progress	To be progressed once the new Consultant in Public Health is in post.
256	22/02/2024	Resilience of Community Pharmacies	Email David Dean re pharmacy issues at Downlands.	Cllr Healthier Codling	WBC	Complete	BOB ICB Primary Care Team has been asked to support the practice manager to manage their scripts in a more efficient manner.
257	22/02/2024	Resilience of Community Pharmacies	Consider how best to cross-promote Pharmacy First and the Community Wellness Programme.	April Peberdy	WBC	Complete	Saleen and Juliana from Solutions4Health had a productive meeting with David Dean. Juliana is the Solutions4Health pharmacy lead and she is in contact with pharmacies regarding sharing information, etc. Solutions4Health will actively signpost people to pharmacies.
258	22/02/2024	Voluntary Sector Update	Discuss how best to integrate the voluntary sector with the HWB Sub Groups.	April Peberdy / Garry Poulson / Rachel Peters	WBC / VCWB	In progress	Meeting arranged for 25 April to discuss further.
259	22/02/2024	Young People and Vaping	Liaise with Paul Graham about a letter to parents about the risks associated with vaping.	April Peberdy	WBC	In progress	An information pack is going out to schools by 26 April.

23 April 2024

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Health & Wellbeing Board – 2 May 2024

Item 4 – Declarations of Interest

Verbal Item

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Agenda Item 5

Public Questions to be answered at the Health and Wellbeing Board meeting on 2 May 2024 «Date_of_Meeting».

Members of the Health and Wellbeing Board to answer the following questions submitted by members of the public in accordance with the [Council's Constitution](#):

A. Question submitted to the ICB Executive Director for Berkshire West Place by Paula Saunderson:

“How is the review of the awarding of NHS CHC within West Berkshire coming along, who is conducting the review, and when will it report please as it is over three years since I raised the issues with awarding of Continuing Health Care in West Berkshire and a review was agreed?”

B. Question submitted to the ICB Executive Director for Berkshire West Place by Paula Saunderson:

“Why are West Berkshire Adult Social Care and the BOB NHS CHC Fast Track Team placing people with late stage dementia into care and nursing homes that do not list dementia care amongst their services, for example, in two BUPA Homes – Bayford House Care Home and The Donnington Care Home?”

C. Question submitted to the Executive Director – Adult Social Care by Paula Saunderson:

“What progress is being made with provision of help for dementia carers in West Berks, and specifically how are the WBC Dementia Friendly West Berks Team interacting with the new Age UK Carers Partnership service to improve provision, especially for those in domiciliary care with late stage dementia?”

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Health & Wellbeing Board – 2 May 2024

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Jeff Brooks*	WBC Acting 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 Carlyne Culver
Paul Coe	WBC Executive Director - Adult Social Care	Maria Shepherd
AnnMarie Dodds	WBC Executive Director – Children and Family Services	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	Hannah Elder
Helen Williamson	Berkshire Healthcare Foundation Trust	
Sarah Webster (Vice Chairman)	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)	Helen Clark
Dr Heike Veldtman	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (2)	
Fiona Worby	Healthwatch West Berkshire	Jamie Evans/ Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Stephen Leonard Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	William Orr Andrew Statham
Matthew Hensby	Sovereign Housing	Kate Rees
Supt. Andy Penrith	Thames Valley Police	DCI Emily Evans
Rachel Peters	Voluntary Sector Representative	

Notes:

- * Councillor Jeff Brooks to replace Councillor Lee Dillon while he is on a sabbatical from his role as Leader of the Council.

Establishment of a Berkshire West Health Protection & Resilience Partnership Board (West Berkshire, Wokingham, Reading)

Report being considered by:	Health and Wellbeing Board
On:	2 May 2024
Report Author:	Charlotte Pavitt, Interim Consultant in Public Health
Report Sponsor:	John Ashton, Interim Director of Public Health
Item for:	Decision



1. Purpose of the Report

This report proposes the establishment of a Berkshire West Health Protection and Resilience Partnership Board to provide assurance that robust arrangements are in place to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading).

2. Recommendation(s)

- 2.1 The Health and Wellbeing Board are asked to endorse the establish a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) to provide assurance that robust arrangements are in place to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading).
- 2.2 The Board are asked to accept the drafted Terms of Reference for the Health Protection and Resilience Partnership Board (Appendix A).

3. Executive Summary

- 3.1 Health protection includes activities that seek to prevent, or reduce the harm caused by, communicable (infectious) diseases and minimise the health impact from environmental hazards such as chemicals and radiation.
- 3.2 Local Authorities were given an additional health protection duty under Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This was in addition to the existing health protection functions and three statutory powers delegated to local authorities under the Public Health (Control of Disease) Act (1984), the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990). Local Authorities are also a category one responder under the Civil Contingencies Act 2004 and responsible for coordinating and agreeing plans and strategies in Emergency Planning Resilience and Response.
- 3.3 The additional mandatory duty given to local authorities is to ensure that there are plans in place to protect the health of the population. Directors of Public Health, acting on behalf of their Local Authorities, and working in collaboration with relevant stakeholders, have a critical role in protecting the health of their population, both in

terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. It is expected that Local Authorities and partners across Berkshire West work to ensure that threats to health are understood, prepared for, and (when necessary) responded to.

- 3.4 Temporary working arrangements were established in Berkshire West during the pandemic, which provided a mechanism for delivering against national guidance on health protection (with a focus on COVID-19). There is now a need to establish a permanent governance structure to protect the health of residents across Berkshire West.

4. Supporting Information

Aims

- 4.1 The aim of the Berkshire West Health Protection and Resilience Partnership Board is to provide assurance to the three Health & Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group that robust arrangements are in place to protect the health of residents across Berkshire West

Objectives

- 4.2 The objectives of the Board are to:
- be assured, through a reporting framework submitted by each organisation, that partners are undertaking effective and efficient discharge of duties under the Health and Social
 - Care Act 2021, to protect the health of the population; provide strategic direction for health protection in Berkshire West (West Berkshire, Wokingham, Reading);
 - horizon scan for emerging risks and then advise and/or escalate to partner organisations to mitigate risks;
 - provide a forum for the scrutiny of the provision of all health protection duties across Berkshire West (West Berkshire, Wokingham, Reading).

Work programme

- 4.3 To deliver these aims and objectives, the Board will produce an annual work programme. Further details of the work programme are included in the proposed Terms of Reference (Appendix A).

Ways of Working

- 4.4 The Board will ensure that effective consultation and engagement takes place as part of its work programme and assurance role.
- 4.5 The Board will work to ensure coordination of strategic and operational response across Berkshire West (West Berkshire, Wokingham, Reading).
- 4.6 The Board will ensure that there is a focus on reducing health inequalities and that health protection issues of underserved groups are addressed.

5. Options Considered

- 5.1 Establish a Berkshire West Health Protection and Resilience Partnership Board (HPRPB) to provide assurance that robust arrangements are in place to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading).
- 5.2 Do nothing and keep temporary arrangements in place
- 5.3 No other options were considered

6. Proposal(s)

- 6.1 It is recommended that a Berkshire West Health Protection & Resilience Partnership Board (HPRPB) should be established to exercise the strategic and mandatory assurance functions related to Health Protection (as outlined above).

7. Conclusion(s)

- 7.1 Health protection covers a broad range of activities (see Appendix A). There is a need to establish a permanent governance structure to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading) from a range of risks to health.
- 7.2 The Director(s) of Public Health in Berkshire West are responsible for the strategic leadership of health protection across Berkshire West (West Berkshire, Wokingham, Reading). The Director(s) of Public Health, on behalf of the Local Authorities and partnership organisations, must be assured that the arrangements to protect the health of the local community are robust and are implemented appropriately.

8. Consultation and Engagement

A key role for the Health Protection Board will be to ensure that effective consultation and engagement takes place as part of its work programmes and assurance role.

9. Appendices

Appendix A – Terms of Reference

Background Papers:

N/A

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 impact of Covid 19 is still very much being realised today. The Health Protection board will provide the necessary infrastructure to assure the HWBB that threats to health are understood, prepared for, and (when necessary) responded to. In addition, the proposals contained in this report will support the above Health and Wellbeing Strategy priorities in

.....
reducing health inequalities in relation to health protection risk and support individuals at risk of poor health outcomes through vaccination and screening programmes for example.
.....

Appendix A: Berkshire West Health Protection & Resilience Partnership Board (West Berkshire, Wokingham, Reading)

Draft Terms of Reference

1. Introduction

- 1.1 The Health and Social Care Act 2012 states that upper tier and unitary local authorities have planned duties to protect the health of the population. Directors of Public Health have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. Directors of Public Health need to have the appropriate specialist health protection skills available to them to carry out these functions.
- 1.2 In the paper “Health Protection in Local Government” published in August 2012, the Department of Health suggested that Local Authorities establish a local forum/partnership for health protection issues, chaired by the Director of Public Health, to review plans and issues that need escalation.
- 1.3 The definition of health protection refers to the protection of the public from hazards which damage their health and limiting impact where exposure cannot be avoided. Health protection includes weather events, infectious diseases, conflict, terrorism and state security, chemical, biological, radiological and nuclear (CBRN) incidents, and cyber security.
- 1.4 The Berkshire West Health Protection & Resilience Partnership Board (HPRPB) will provide a forum for the Director(s) of Public Health and partner agencies to undertake the duties referred to above to protect the health of the population.
- 1.5 Topics covered will include:
- Infection prevention and control including healthcare associated infections
 - Pandemic Influenza
 - New and emerging infections, including zoonoses, but not animal health
 - Immunisation programmes
 - Environmental hazards and control, chemical, biological, radiological and nuclear
 - Emergency preparedness and response
 - Communicable disease control including the management of outbreaks
 - Infectious disease related to sexual health
 - Tuberculosis (TB)
 - Blood borne viruses including Hepatitis
 - NHS & Public Health Emergency preparedness, response and resilience
 - Screening programmes – cancer, infectious disease and others
 - Climate change and emergency preparedness

2. Constitution

- 2.1 The Board is established as a partnership body of both the three Health and Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group.

3. Membership

- 3.1 Core membership of the Board will comprise:

- Director(s) of Public Health representing West Berkshire, Reading and Wokingham local authorities
- Consultant(s) in Public Health, from each local authority (or agreed substitute where positions are not filled)
- Head of Emergency Planning Unit, from each local authority
- Thames Valley Local Resilience Forum (TVLRF) Partnership Manager
- Environmental Health Manager, from each local authority
- Consultant in Communicable Disease Control/Consultant in Health Protection, UKHSA
- Integrated Place Based Partnership Board Representative
- ICB Berkshire West Infection Control Lead
- South East Area Team NHSE Board Emergency Planning Resilience and Response Manager
- South East Area Team NHSE Immunisation & Screening Manager/Consultant

4. Appointments

- 4.1 Appointments to the Board will be approved by the Partnership through the authority delegated to individual members from their host partner organisations.

5. Chair Person

- 5.1 The Chair of the Board will be a Director of Public Health from the Berkshire West area. The Vice Chair will be a nominated Consultant in Public Health.

6. Arrangements for the Conduct of Business

Chairing the meetings

- 6.1 The Director of Public Health will act as Chair. In the Chair's absence, the Vice Chair will take on this role.

Quorum

- 6.2 A quorum will be the Chair or Vice Chair and at least three other members from across a range of organisations.

Frequency of meetings

- 6.3 Meetings will be held quarterly as routine, with additional meetings called if demand dictates.

Frequency of attendance by core members

- 6.4 Core members are expected to attend all meetings where reasonably possible. Where a member cannot attend, a nominated deputy with delegated authority should attend on behalf of that member.

Co-option of members

- 6.5 Members may be elected to the Board on an ad hoc basis as agreed by the Board.

Declarations of Interest

- 6.6 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the group have given due consideration to the matter. All declarations of interest will be minuted.

Urgent matters

- 6.7 Any urgent matters arising between meetings will be dealt with by Chair's action after agreement from three other members of the group.

Secretariat support

- 6.8 Secretarial support will be provided by the office of the Chair.

7. Conduct of business

- 7.1 Agendas and papers will be circulated to members at least seven days before the meeting.
- 7.2 Minutes of the meeting will be circulated as soon as possible after the meeting.

8. Authority

- 8.1 The Board is endorsed by the three Health & Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group to ensure a coordinated approach to the health protection duties of the Director(s) of Public Health covering the Berkshire West (West Berkshire, Wokingham, Reading) area. All decisions made within the Board are through the authority delegated to individual members of the Board from their host partner organisations, and the governance of such decisions is through the mechanisms of these organisations.

9. Aim and objectives

Aim

- 9.1 The aim of the Board is to provide assurance to the three Health & Wellbeing Boards (West Berkshire, Wokingham, Reading), the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Berkshire Resilience Group that robust arrangements are in place, in line with the duties under the Health and Social

Care Act 2021, to protect the health of residents across Berkshire West (West Berkshire, Wokingham, Reading).

Objectives

9.2 The objectives of the Board are to:

- provide strategic direction for health protection in Berkshire West (West Berkshire, Wokingham, Reading);
- horizon scan for emerging risks and then advise and/or escalate to partner organisations to mitigate risks;
- be assured, through a reporting framework submitted by each organisation, that partners are undertaking effective and efficient discharge of duties under the Health and Social Care Act 2021, to protect the health of the population;
- provide a forum for the scrutiny of the provision of all health protection duties across Berkshire West (West Berkshire, Wokingham, Reading).

10. Work Programme

10.1 To deliver their aims and objectives, the Board will produce an annual work programme which will include work:

- To ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.
- To coordinate and agree plans and strategies in Emergency Planning Resilience and Response for public health responsibilities, within Berkshire West Councils, as a category one responder under the Civil Contingencies Act 2004.
- To gain assurance that plans and strategies in Emergency Planning Resilience and Response for both NHS and public health responsibilities, are in place and appropriately tested.
- To support partners in delivering the strategies for the commissioning and implementation of national immunisation programmes, infection prevention and control and national screening programmes.
- Across partnerships to gain assurance of standards in the commissioning of national immunisation programmes, infection prevention and control and national screening programmes. These standards will be based on national standards, whenever feasible, and be applied to the Berkshire West context.
- To monitor the performance of each provider, commissioner and stakeholder in respect of;
 - National immunisation programmes
 - Emergency Preparedness, Resilience and Response
 - Health Care Associated Infections (incidence, incidents and action being taken to address)
 - Infection prevention and control compliance to relevant standards, including sexually transmitted infection
 - National screening programmes
 - Prevention and control of environmental hazards and communicable diseases
 - Public Health National Outcomes Framework
- To manage emerging risks including delivering effective commissioning and provision of health and social care for;

- Infection Prevention and Control failure in compliance with Health and Social Care Act 2008 Code of Practice
 - Immunisations: failure to attain targets
 - Screening: failure to attain targets
 - Sexually Transmitted Infection: failure to attain targets
 - Emergency Preparedness, Resilience and Response: failure to plan or respond adequately
 - Environmental hazards and communicable disease control: failure to contain incidents
 - Health Care Associated Infections: overview and assurance through reporting from partnership groups
- 10.2 The Board will gain assurance that plans are in place to ensure prompt and effective cascade of major health protection alerts (including Chief Medical Officer cascade, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, and other major alerts) to appropriate audiences and to confirm that systems are in place for responding to such alerts.
- 10.3 The Board will contribute, where appropriate, to the Berkshire West Joint Health & Wellbeing Strategy.
- 10.4 The Board will escalate risk to either the relevant Council(s), partner organisations, Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and/or the Health and Wellbeing Board(s), as appropriate and dependent on the risk, for resolution and assurance that appropriate action has been taken.

11. Relationships and Reporting

- 11.1 Minutes and recommendations of any Sub-Committees/Groups of the Board will be formally recorded and submitted to the Board.
- 11.2 The Board will produce formal minutes of meetings and a copy of those minutes will be available to the Health & Wellbeing Boards upon request.
- 11.3 The Chair, either directly or via a Director colleague, will provide verbal updates as appropriate to the Health & Wellbeing Boards.
- 11.4 The board will provide assurance to the South East UKHSA representative in relation to Emergency Planning Resilience and Response.

12. Monitoring of Compliance

- 12.1 Compliance is monitored by submission of an annual Health Protection Report to the Unified Executive (Strategic Board of the Berkshire West Place Based Partnership) and the Health & Wellbeing Boards (West Berkshire, Wokingham and Reading).

13. Review of Terms of Reference

- 13.1 These Terms of Reference will be reviewed annually or sooner if required.

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Berkshire Suicide Prevention Strategy 2021 – 2026: An Update

Report being considered by:	Health and Wellbeing Board
On:	2 May 2024
Report Author:	Charlotte Pavitt, Interim Consultant in Public Health
Report Sponsor:	John Ashton, Interim Director in Public Health
Item for:	Decision



1. Purpose of the Report

This report provides the West Berkshire Health and Wellbeing Board with an update on the Berkshire Suicide Prevention Strategy 2021 – 2026 and proposal for local implementation in 2024/25. A revised pan-Berkshire action plan has been developed, outlining specific, targeted actions aligned with the original goals of the Berkshire Suicide Prevention Strategy 2021–2026 and the latest National Strategy of 2023. The priority actions outlined in the action plan will support the refresh of existing suicide prevention action plans in the six Berkshire local authorities.

2. Recommendation(s)

2.1 The Health and Wellbeing Board are asked to:

- (1) Approve the Pan-Berkshire Suicide Prevention revised action plan 2024/25.
- (2) Request a progress report on the development and delivery of the 2024/25 West Berkshire action plan and proposal for a 2025/26 refresh in March 2025.
- (3) Request assurance from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) that the spending plan for all age mental health transformation and service provision (now that the NHS England suicide prevention funding has ceased) is aligned to the Pan-Berkshire Suicide Prevention priorities, particularly bereavement support.
- (4) Health and Wellbeing Board members are asked to also offer support for involvement of their organisations in the emerging West Berkshire multi-agency Suicide Prevention Group (currently the Suicide Prevention Action Group) to develop and implement the local action plan.

3. Executive Summary

3.1 Suicide Prevention remains a priority both nationally and locally.

- 3.2 The National Suicide Prevention Strategy was refreshed and published in September 2023. The clear narrative throughout the strategy highlighted the importance of suicide prevention being everyone’s business, the strategy aims to:
- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner;
 - improve support for people who have self-harmed;
 - improve support for people bereaved by suicide.
- 3.3 After reviewing the Berkshire Strategy for 2021-2026 to ensure that approaches were aligned to the new national strategy, the Berkshire local authority suicide prevention leads agreed to focus on refreshing their suicide prevention action plan at a local operational level. This will facilitate local implementation across the six Berkshire Local Authorities and result in local preventative activity.
- 3.4 Work to establish suicide prevention leadership and pan-Berkshire governance has now been completed. High-level Berkshire system priorities and actions have been identified:
- Continued investment in commissioned Bereavement Support Services
 - Review of the Real Time Surveillance (RTS) System
 - Review of the Berkshire Suicide Prevention Group
 - A suicide audit for Berkshire
- 3.5 A Local Authority action plan (Appendix A) and audit tool (Appendix B) have been developed and once endorsed, need undertaking and implementing with the support of a local multiagency suicide prevention steering and implementation group.

4. Supporting Information

Policy Context

- 4.1 Suicide prevention has been a national political priority since 2016 and remains a high priority for public health teams across Berkshire. The complexity of the Public Health System in Berkshire with six different local authorities encompassing diverse populations, presents significant challenges to a strategic approach to suicide prevention.
- 4.2 The Berkshire Suicide Prevention Strategy (2021 – 2026) was developed in 2020 and endorsed by the Health and Wellbeing Board in October 2021. In July 2022, it was recommended to the Health and Wellbeing Board to refresh the strategy due to changes in the policy landscape. This period coincided with significant changes to local public health and healthcare system. Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy (2021 – 2026) was not universally adopted by all six local authorities. Consequently, the coordination, production, and oversight of the strategy refresh was delayed.
- 4.3 On 11th September 2023 the Government published a new national 5 year cross-sector suicide prevention strategy for England with a national action plan. The aim

of the national strategy is to bring everybody together around common priorities and set out actions that can be taken to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide.

4.4 After reviewing the Berkshire Strategy for 2021-2026 to ensure that approaches were aligned to the new national strategy, the Berkshire local authority suicide prevention leads agreed to focus on refreshing their suicide prevention action plan at a local operational level. This will facilitate local implementation across the six Berkshire Local Authorities and result in local preventative activity.

Implementation of Berkshire Strategy and Local Action Plans

4.5 To date, the following actions have taken place to support the implementation of the Berkshire Suicide Prevention Strategy (2021 – 2026). These include:

- The appointment of a Lead Director of Public Health (Berkshire West / East).
- The appointment of a Lead Consultant (interim) in Public Health / Assistant Director of Public Health.
- A review of the current Berkshire position with a set of immediate priority actions recommended to Director/s of Public Health.
- An audit of the strategy recommendations, mapped at a system level with potential lead organisations identified.
- Establishment of Berkshire Suicide Prevention Public Health Leads meetings to review current local activity and establish a network to support good practice and delivery.
- High level Berkshire actions identified and operational action plan along with the with the development of an audit tool.
- A Thames Valley Real Time Surveillance System workshop undertaken in January 2024 to share good practice and scope what a local system might look like.
- Local Public Health teams reviewing their local action plans against the operational action plan audit tool.

4.6 The Berkshire Suicide Prevention Group, chaired by one of the Berkshire Directors of Public Health, has consistently convened quarterly meetings with the objective of driving the suicide prevention agenda forward. The group advocates for a collaborative approach, actively working towards effecting tangible change in the prevention of suicides across Berkshire through coordinated actions taken by member organisations.

4.7 To progress local implementation of the Berkshire Suicide Prevention Strategy, an operational action plan has been collaboratively developed with the six Berkshire

suicide prevention leads and co-leads. This plan encompasses high-level system actions across the Thames Valley, BOB Integrated Care Board, and Berkshire. These actions are:

- Continued investment in commissioned Bereavement Support Services
- Review of the Real Time Surveillance (RTS) System
- Review of the Berkshire Suicide Prevention Group
- A suicide audit for Berkshire

4.8 There will be different approaches to implementing the Berkshire Strategy at the local level. In support of Local Authorities, the action plan audit tool (Appendix B) has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism for evaluating strengths, identifying areas for improvement, and establishing connections with pre-existing local strategies, ensuring the efficient delivery of actions. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions, including considerations related to resources and capacity.

4.9 Suicide is a complex issue, and prevention should be integrated into other local strategies and programs, including the commissioning of other preventative and mental health and well-being services across the life course.

4.10 An Equality Impact Assessment (EIA) was conducted in conjunction with the development of the Berkshire Suicide Prevention Strategy (2021-2026).

5. Options Considered

5.1 To focus on refreshing local suicide prevention action plans at an operational level to ensure activity is aligned to the national strategy refresh, and for the work to be steered and implemented through a local multiagency group making suicide prevention everyone's business in West Berkshire.

5.2 No other options were considered.

6. Proposal(s)

Once the action plan is endorsed, the proposed actions will then be mapped against existing workstreams already underway in West Berkshire and gaps and new workstreams stood up. It is proposed that the terms of reference and membership of the existing VCSE Suicide Prevention Action Group will be reviewed to determine if it can effectively take ownership to oversee and coordinate delivery against the action plan.

7. Conclusion(s)

Suicide prevention is a national and local priority and is everyone's business. Local suicide prevention activity should be steered and implemented through a local multi-agency suicide prevention group that reports to the Health and Wellbeing Board, being accountable to local residents. Recognising the complex mix of factors contributing to suicidal tendencies, no single agency can prevent suicide in isolation.

Both the Berkshire Suicide Prevention Group and the local multi-agency suicide prevention action planning groups can facilitate and promote collaborative efforts at both strategic and operational levels to prevent self-harm and suicides among Berkshire residents.

8. Consultation and Engagement

A systemwide Suicide Prevention Summit took place on 15th December 2022, preceded by a survey. The recommendations from the summit were incorporated into the high-level action plan for Berkshire, which will be further developed by the six Berkshire Public Health leads. This process will involve identifying appropriate lead organisations across Thames Valley, BOB ICB, and Berkshire.

9. Appendices

Appendix A – Pan-Berkshire Implementation Action Plan

Appendix B – Action Plan audit tool

Background Papers:

Pan Berkshire Suicide Prevention Strategy

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 targeting suicide prevention activity to where need and risk is greatest and thus reducing the differences in morbidity and mortality between different groups of people. In addition, suicide prevention activity aims to prevent both self-harm and mental health crisis (and the risk of suicide contagion) which contributes to the promotion of good mental health and wellbeing across all age groups.

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Suicide Prevention Action Plan



1. Introduction

Death by suicide can affect anyone and remains a key public health issue. Sadly, 1 in 20 people will attempt suicide at some point in their life. However, deaths by suicide are not always inevitable, and with the right support, we can help individuals recover from crisis, or better still, prevent them from reaching a crisis in the first place. Living through the COVID-19 pandemic has left few people unscathed; the health, social, and economic impacts, as well as loss and bereavement, have been experienced by many individuals and communities. While we emerge from the pandemic, hardships persist for many Berkshire residents as the cost of living rises, and people struggle in these times of financial crisis and uncertainty.

Suicide prevention is a national responsibility, and local authorities have a statutory duty of implementing and acting upon a comprehensive suicide prevention strategy and action plan. The Berkshire Suicide Prevention Strategy 2021 – 2026 encompasses core actions to reduce suicide and self-harm at a local level, based on local intelligence, data and strategic priorities. This action plan refresh outlines specific, targeted actions aligned with the goals of the Berkshire Suicide Prevention Strategy 2021 – 2026 and the National Strategy of 2023. The priority actions outlined in the action plan will support the refresh of existing plans in the six Berkshire local authorities.

2. Background and Context

National context

On 11th September 2023 the Government published the new [Suicide prevention in England: 5-year cross-sector strategy](#) and [action plan](#). The aim of the strategy is *to bring everybody together around common priorities and set out actions that can be taken to:*

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner;
- improve support for people who have self-harmed; and
- improve support for people bereaved by suicide.

The strategy outlines eight priority actions areas which include:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

The latest national strategy sets out over [100 actions](#) led by various government departments, the NHS, the voluntary sector and other national partners to support their aim of securing progress in these areas, particularly within the next two years. National actions will broadly impact on local work and will be monitored by the Berkshire Suicide Prevention Action Group but they key actions which Local authorities are leads/co leads on are below.

Priority Action Area	Action	Lead	Timeframe
<i>Tackling means and methods of Suicide: High frequency locations</i>	Work together to improve data collection and data sharing in all areas, including identifying where an individual resides as well as the location in question, to improve understanding and provide appropriate support and guidance for future lessons learned	NPCC OHID Local Authorities	Ongoing
<i>Providing timely and effective bereavement support</i>	Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loves to bereavement support	Local Authorities	Ongoing
<i>Making suicide prevention everyone's business</i>	DHSC (lead) to work with VCSE and local authorities to create a short resource outlining appropriate language to use when talking about suicide. This resource will be disseminated widely to both online and in-person conversations	DSHC	2024
<i>Financial difficulty and economic adversity: Gambling</i>	Update guidance for local authorities on gambling-related harms, and encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling	Local Government Association	2023

Local Context

The Berkshire Suicide Prevention Strategy 2021-2026 was developed in 2020 and distributed across six Berkshire Local Authorities and Health and Wellbeing Boards. This period coincided with significant changes induced by the COVID-19 pandemic and marked a transitional phase for the local public health and healthcare system, including the establishment of the East and West public health teams, as well as the formation of Integrate Care Boards and Integrated Care Systems. With England emerging from restrictions, sectors were deeply focused on addressing the aftermath of COVID-19, understanding its impact on communities, as well as local health and social care services.

Due to these challenging circumstances, the Berkshire Suicide Prevention Strategy was not universally adopted by all six local authorities. Consequently, the coordination, production, and oversight of the Berkshire Suicide Prevention Action Plan, along with the local action plan, were adversely affected. Upon revisiting the Berkshire Strategy for 2021-2026 to ensure our approaches aligned to the new National Strategy, it was decided to refresh the suicide prevention action plan at an operational level. This refresh aims to facilitate local implementation across the six Berkshire Local Authorities. Moreover, given the absence of significant recommendations or actions in the recently launched new national strategy that directly impact the local Strategy, this operational update is seen as necessary for effective local suicide prevention efforts.

The vision for the Berkshire Suicide Prevention Strategy 2021–2026 is: *“To reduce deaths by suicide in Berkshire across the life course and ensure better knowledge and action around self-harm.”*

The guiding principles used to develop the Berkshire Strategy were as follows:

1. Reduce the risk of suicide in key, high-risk groups.
2. Tailor approaches to improve mental health in specific groups.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection, and monitoring.
7. Reduce rates of self-harm as a key indicator of suicide risk.

Five core priority areas were identified using local intelligence in the Berkshire Suicide Prevention Strategy 2021 – 2026 which align to the new national strategy for 2023–2028, specifically our approach to improve mental health in specific groups and reducing suicide rates across all Berkshire population groups. The five core areas of focus are:

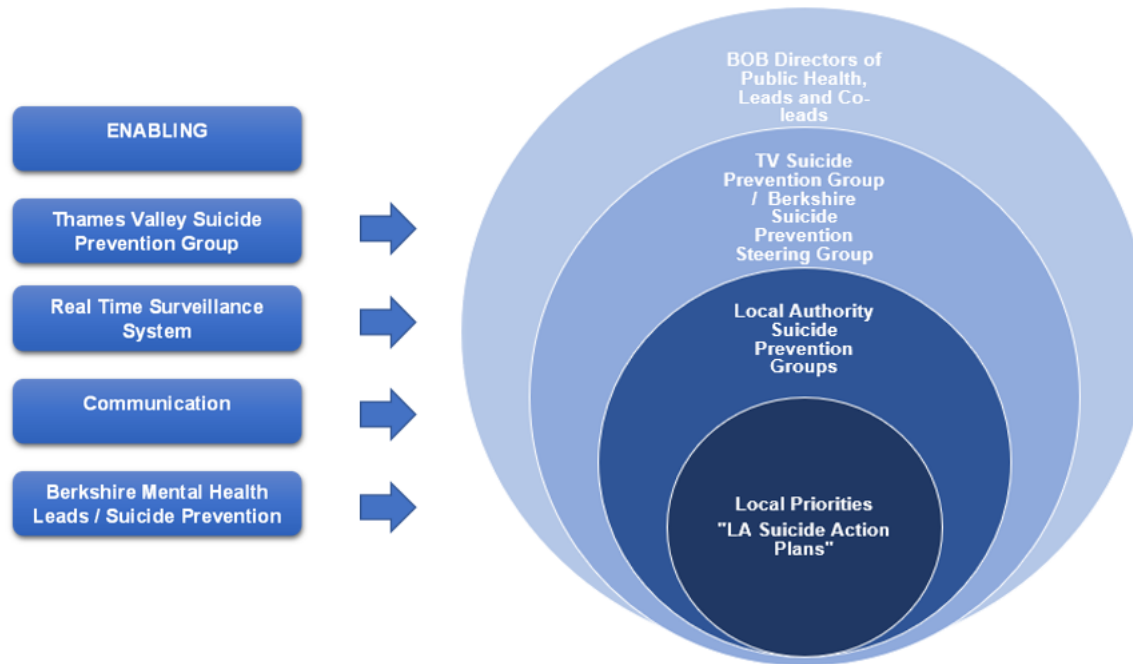
1. Children and young people.
2. Self-harm.
3. Female suicide deaths.
4. Economic factors.

5. Supporting those who are affected or bereaved by suicide.

3. Governance

Suicide prevention is a national responsibility, and local authorities have a statutory duty to develop and implement a comprehensive suicide prevention strategy and action plan. To date, Berkshire has established a multi-agency Berkshire Suicide Prevention Group, chaired by one of the Berkshire Directors of Public Health who actively drives this agenda forward. The group convenes quarterly to provide a joint approach to achieve real change in the prevention of suicides in Berkshire through actions taken by member organisations. Figure 1 below visually represents the collaboration between Thames Valley, Berkshire, Local Authorities and enablers to ensure effective implementation of the Berkshire strategy and local action plans.

Berkshire Level Governance Figure 1



Local Authority Level

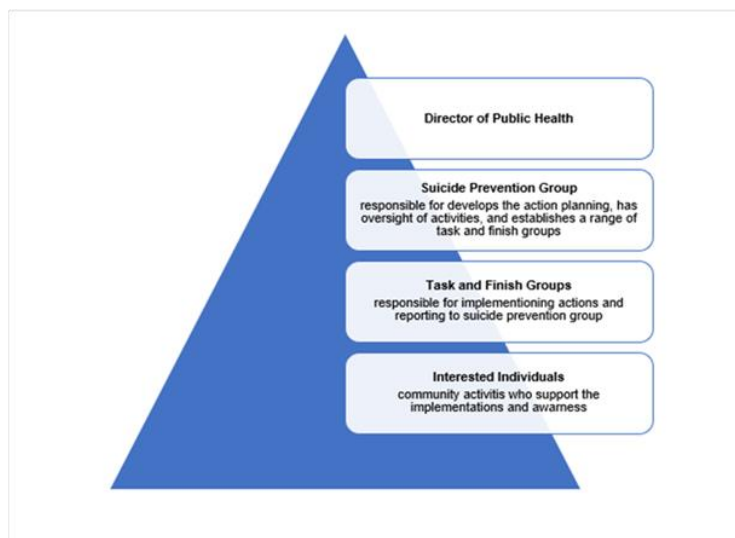
Each local authority should maintain a local multi-agency suicide prevention group that reports to the respective Health and Wellbeing Board, being accountable to local residents. Recognising the intricate factors contributing to suicidal tendencies, no single agency can prevent suicide in isolation. Both the Berkshire Suicide Prevention Group and the local multi-agency groups can facilitate and promote collaborative efforts at both strategic and operational levels, aiming to prevent self-harm and suicides among Berkshire residents.

The successful implementation of the actions outlined in this action plan necessitates engagement from a diverse array of partners at both the local and Berkshire levels. These partners include:

- Service users, carers, and survivors of suicide.
- Communities and their leaders.
- Third Sector organisations.
- Health Services: Integrated Care Board (BOB), general practitioners, primary care staff, and pharmacies.
- Specialist Mental Health Services, Children and Adults
- Learning Disability
- Criminal Justice: Probation, Police, and Courts.
- Education: Schools, colleges, and universities.
- Fire Service.
- Local Authority: Housing, Leisure, Safeguarding, Planning, Transport and Welfare / Benefit.

The oversight of the local suicide prevention action plan should rest with the Director of Public Health (or the named portfolio lead) and the Health and Wellbeing Board. It is recommended that local suicide prevention groups (multi-agency) be established with delegated responsibility to develop and implement the action plan based on local needs. Regular reports should be submitted to monitor progress. Considering this as a tiered system at a local level, the local suicide prevention group would be responsible for developing the action plan, overseeing activities, and establishing various task and finish groups for implementing actions. Additionally, local suicide prevention groups may want to explore ways to engage a broader range of individuals in suicide prevention activities—individuals who can serve as champions for prevention. This approach will vary depending on local structures; one example of a structure is presented in figure 2.

Figure 2.



There will be different approaches to implementing the Berkshire Strategy. To support local areas, an audit tool has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism to evaluate strengths, pinpoint areas for improvement, and establish connections with pre-existing local strategies, thereby ensuring the efficient delivery of actions. It is strongly recommended that the prevention group familiarises themselves with the Berkshire Suicide Prevention Strategy 2021–2026. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions. This includes considerations related to resources and capacity. Suicide is a complex issue, and prevention should be integrated into other local strategies and programs, including the commissioning of other public health and wellbeing services across the life course.

High Level Berkshire Actions

High Level Priority Actions	System level actions across BOB, Thames Valley, Berkshire
Berkshire	<ol style="list-style-type: none"> a. Continue supporting local data and intelligence analysis, focusing on: <ul style="list-style-type: none"> • Analysing Current TV/BOB RTS System: Identifying successful practices within the current TV/BOB system. • Exploring Future RTS System Options: Evaluating potential models for a future Real-Time Surveillance System. b. To explore improving data capture on sexual orientation for all ages in RTSS data and promote this across the suicide prevention system. c. To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS. d. Improve data collection of domestic abuse data in RTSS. e. To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS. f. Ensure the local bereavement offer continues and is culturally and ethnically appropriate g. Link with the BOB and Frimley local maternity systems on suicide risks in the perinatal period. h. Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors. i. Refresh local action plans aligned to the Berkshire Prevention Strategy (2021-2026) and National Strategy (2023) j. Explore means to improve local intelligence and data on self-harm to be regularly reviewed at the Berkshire Suicide Prevention Steering Group. k. Review Berkshire Suicide Prevention Group l. Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.

Local Authority Actions

Priority Area 1: Children and Young People	Children and Young People: including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQIA+ and transitions.
Berkshire Strategy Recommendations	<ul style="list-style-type: none"> a. To raise awareness of the link between trauma and adversity, and suicide across the life course. b. Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community. c. To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention. d. To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.
Priority Area 2: Self-harm	Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admission, mental health, young people and self-harm
Berkshire Strategy Recommendations	<ul style="list-style-type: none"> m. Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm. n. Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care. o. Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support. p. Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.
Priority Area 3: Females	Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress
Berkshire Strategy Recommendations	<ul style="list-style-type: none"> a. Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.

	<p>b. Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (Whether the client is a victim, survivor, perpetrator or child or young person)</p>
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Priority Area 4: Economic stresses	Economic factors; including the impact of COVID-19, debt, mental health, benefits, socio-economics disadvantage and gambling
<p>Berkshire Strategy Recommendations</p>	<ul style="list-style-type: none"> a. Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; <ul style="list-style-type: none"> i. reduce the stigma of ‘being in debt’ and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals ii. encourage people in debt to reach out for help to reduce impact on mental health iii. encourage people with poor mental health to reach out for debt advice b. Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available. c. Support Berkshire local authorities with a single point of access information site around money matters. d. Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities. e. Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people’s incomes. f. Make sure that all parts of the health service where patients showing suicidal intent first make contact, are sign posted or triaged appropriately using a process that includes debts and other economic stresses as risk factors. g. Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. h. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways. i. Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.

Priority Area 5: People bereaved by suicide	Supporting those who are bereaved or affected by suicide; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace.
Berkshire Strategy Recommendations	<ol style="list-style-type: none"> a. Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services. b. Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service. c. Building in bereavement support to extend to wider family members, friends and communities. d. Continue to commission suicide bereavement support services and monitor its impact. e. Explore training opportunities for staff impacted by suicide. f. Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers

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Audit Tool Section 7

Local suicide leads/co-leads are strongly encouraged to familiarise themselves with the Berkshire Suicide Prevention Strategy 2021–2026. This strategy outlines core actions aimed at reducing suicide and self-harm at the local level, grounded in local intelligence and strategic priorities. It is advisable for local suicide prevention groups (multi-agency) to utilise the audit tool. This tool serves as a means to assess areas of strength, identify improvement opportunities, and establish links to existing local strategies for effective action delivery. The information gathered through the audit tool will empower you to formulate your own local implementation plan, prioritise areas, and define specific actions.

National Priorities

The latest national strategy sets out over 100 actions led by various government departments, the NHS, the voluntary sector and other national partners to support their aim of securing progress in these areas, particularly within the next two years. National actions will broadly impact on local work and will be monitored by the Berkshire Suicide Prevention Action Group but they key actions which Local authorities are leads/co leads on are below.

Priority Action Area	Action	Outcome	Milestone	Theme	Owner	System Level	RAG	Local Priority	Activities	Due Date	Owner	Resources / Contact
Tackling means and methods of Suicide: High frequency locations	Work together to improve data collection and data sharing in all areas, including identifying where an individual resides as well as the location in question, to improve understanding and provide appropriate support and guidance for future lessons learned											
Providing timely and effective bereavement support	Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loves to bereavement support											
Making suicide prevention everyone's business	DHSC (lead) to work with VCSE and local authorities to create a short resource outlining appropriate language to use when talking about suicide. This resource will be disseminated widely to both online and in-person conversations											
Financial difficulty and economic adversity: Gambling	Update guidance for local authorities on gambling-related harms, and encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling											

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	NATIONAL
2. Children and Young People	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector	Berkshire; Local Authority	Needs and links across lifecourse (including transitions see 2f); Identify key partner organisation/s and roles	Berkshire Suicide Prevention Group	Health Promotion Training	Addressing common population level risk factors
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre diagnosis and supported and adaptations made for their needs, reducing suicide risk	Berkshire; Berkshire West Local Authority	Identify best-practice for needs led approach; Agree scope of support offer to system and identify leads	tbc	Training Health Promotion	Tailored, targeted support for priority groups
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach	Berkshire Local Authority	Map of local organisations and charities working across Berkshire/s to support LGBTQIA+ communities Understanding commissioning/funding arrangements for groups; Review reporting and outcomes;	Berkshire Suicide Prevention Group Local Authority Leads	Partnership	Providing effective bereavement support (postvention) Tailored, targeted support for priority groups
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector	Berkshire Local Authority	See 2a) Identify best practice in relation to training and what is available locally; Identify gaps and support required;	Berkshire Suicide Prevention Group Local Authority CYP/ASC and Public Health Leads	Training Health Promotion	Addressing common population level risk factors Tailored, targeted support for priority groups
3. Self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience	Berkshire West Local Authority	Identify and share best practice in relation to prevention of self-harm and resilience building in CYP; Identify local data and reporting in relation to at risk CYP/Schools;	tbc	Partnership Data and Evidence	Addressing common population level risk factors Tailored, targeted support for priority groups
	3.b) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	tbc	Health Promotion	Addressing common population level risk factors

3. Self-harm	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;		Health Promotion	Addressing common population level risk factors Providing effective crisis support
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed	Berkshire	Undertake a review of evidence around impact/risk on others re self-harming behaviours	TBC	Research	Addressing common population level risk factors Providing effective crisis support
4. Female Suicides	4.b) To explore data collection on the perinatal period; risk factors and the link to suicide including data captured in the RTSS.	Improved understanding and insight into the risk factors and link to suicide within the perinatal period.	BOB Frimely & RBH Berkshire	See 4a) Review links between maternal system data and RTSS;	Berkshire Suicide Prevention Group Thames Valley Police RTSS	Surveillance Partnership	Improving data and evidence
	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services	Berkshire Local Authority	Understand best practice in relation to pathways between services; Review local authority pathways and reporting;	Berkshire Suicide Prevention Group Local Authority Leads (PH, CMHT, CSP)	Partnerships	Tailored, targeted support for priority groups Providing effective crisis support
	4.d) Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.	Thames Valley	Identify gaps in data collection of domestic abuse in RTSS; Identify solution (training?) Agree and assign actions and improvement target;	TV Police RTSS Officer; TV SPIN/BOB ICS	Surveillance Training	Improving data and evidence
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.	Berkshire	Linked to 1c)	Berkshire Suicide Prevention Group	Data & Intelligence	Improving data and evidence
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need	Berkshire Local Authority	Identify best practice in relation to responding to self-harm/suicide ideation in all people in contact with DA services (all sex/gender).	Berkshire Suicide Prevention Group Local Authority Leads	Training	Tailored, targeted support for priority groups Providing effective crisis support

5. Economic Factors	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help	Berkshire Local Authority	Review evidence and local need in relation to debt, MH and suicide risk; Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Berkshire Suicide Prevention Group Local Authority Leads	Health Promotion Training	Addressing common population level risk factors
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.	Berkshire Local Authority	Identify training and support for frontline staff:	Berkshire Suicide Prevention Group	Training	Addressing common population level risk factors
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.	Berkshire Local Authority	Review need regarding SPA and information around money matters;	Berkshire Suicide Prevention Group	Partnership Health Promotion	Addressing common population level risk factors
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.	Berkshire Local Authority	Review actions taken in relation to compassionate debt collection by LA; Identify need for any further action;	Local Authority Leads	Partnership Policy (?)	Addressing common population level risk factors Providing effective crisis support Tailored, targeted support for priority groups
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk				Health Promotion	Addressing common population level risk factors Tailored, targeted support for priority groups
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress	Berkshire West Local Authority	Linked to 5c) Review local processes in relation to content/signposting for debt/economic stress factors	Berkshire Suicide Prevention Group Community Mental Health Team/s	Partnerships Training	Providing effective crisis support

	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk	Local Authority	Review current system partnerships; Identify local referral pathways	Local Authority Leads	Partnerships	Addressing common population level risk factors Tailored, targeted support for priority groups
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.	Berkshire Local Authority	Identify local data and intelligence sources regarding gambling; Ongoing monitoring of Government/LGA Guidance in relation to gambling (due 2024)	Berkshire Suicide Prevention Group	Data & Intelligence	Improving data and evidence
6. Bereaved by Suicide	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.	BOB Local Authority	Review commissioned service/s and relevant KPI/outcomes	BOB ICS Commissioner	Partnership	Providing effective bereavement support (postvention)
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service	Berkshire	To review local volunteer lead SoBS arrangements and support needs	Berkshire Suicide Prevention Group	Partnership	Providing effective bereavement support (postvention)
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing	Berkshire Local Authority	Review local arrangements and needs		Commissioning	Providing effective bereavement support (postvention)
	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.	BOB Thames Valley Berkshire	BOB ICS to continue to commission suicide bereavement support services and contract/performance manage service/s.	BOB ICS Commissioner	Commissioning	Providing effective bereavement support (postvention)
	6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide	BOB/Thames Valley Berkshire	Review of organisation employee/workplace support	All - Individual organisation led	Training	Providing effective bereavement support (postvention)
	6f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide	BOB/Thames Valley Berkshire	See 6e)	See 6e)	Partnership Training	Tailored, targeted support for priority groups Providing effective crisis support

PRIORITY AREA	#g'	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Children and Young People: including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQIA+ and transitions.	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector	Berkshire; Local Authority	Needs and links across lifecourse (including transitions see 2f); Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Health Promotion Training						
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre diagnosis and supported and adaptations made for their needs, reducing suicide risk	Berkshire; Berkshire West Local Authority	Identify best-practice for needs led approach; Agree scope of support offer to system and identify leads	Training Health Promotion						
	2.e) To work with local organisations and charities who work with the LGTBQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach	Berkshire Local Authority	Map of local organisations and charities working across Berkshire/s to support LGBTQIA+ communities Understanding commissioning/funding arrangements for groups; Review reporting and outcomes;	Partnership						
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector	Berkshire Local Authority	See 2a) Identify best practice in relation to training and what is available locally; Identify gaps and support required;	Training Health Promotion						

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Self-harm; as a risk factor, groups vulnerable to self-harm, hospital admission, mental health, young people and self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience	Berkshire West Local Authority	Identify and share best practice in relation to prevention of self-harm and resilience building in CYP; Identify local data and reporting in relation to at risk CYP/Schools;	Partnership Data and Evidence						
	3.b) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	Health Promotion						
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family	Berkshire Local Authority	Agree awareness raising campaign/messages with key partners;	Health Promotion						
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed	Berkshire Local Authority	Undertake a review of evidence around impact/risk on others re self-harming behaviours	Research						

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Female suicide deaths; including perinatal mental health, domestic abuse, parental or carer stress	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services	Berkshire Local Authority	Understand best practice in relation to pathways between services; Review local authority pathways and reporting;	Partnerships						
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need	Berkshire Local Authority	Identify best practice in relation to responding to self-harm/suicide ideation in all people in contact with DA services (all sex/gender).	Training						

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Economic factors; including the impact of COVID-19, debt, mental health, benefits, socio-economics disadvantage and gambling	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to; • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help	Berkshire Local Authority	Review evidence and local need in relation to debt, MH and suicide risk; Identify key partner organisation/s and roles Agree awareness raising campaign/messages	Health Promotion Training						
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.	Berkshire Local Authority	Identify training and support for frontline staff.	Training						
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.	Berkshire Local Authority	Review need regarding SPA and information around money matters;	Partnership Health Promotion						
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.	Berkshire Local Authority	Review actions taken in relation to compassionate debt collection by LA; Identify need for any further action;	Partnership Policy (?)						
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk			Health Promotion						
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress	Berkshire West Local Authority	Linked to 5c) Review local processes in relation to content/signposting for debt/economic stress factors	Partnerships Training						
	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk	Local Authority	Review current system partnerships; Identify local referral pathways	Partnerships						
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.	Berkshire Local Authority	Identify local data and intelligence sources regarding gambling; Ongoing monitoring of Government/LGA Guidance in relation to gambling (due 2024)	Data & Intelligence						

PRIORITY AREA	RECOMMENDATION	OUTCOME	SYSTEM LEVEL	ACTION	OWNER	THEME	LOCAL PRIORITY	ACTIVITIES	OUTCOME MEASURES	DUE DATE	OWNER	RESOURCES / CONTACT
Supporting those who are bereaved or affected by suicide; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace.	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.	BOB Local Authority	Review commissioned service/s and relevant KPI/outcomes	BOB ICS Commissioner	Partnership						
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service	Berkshire	To review local volunteer lead SoBS arrangements and support needs	Berkshire Suicide Prevention Group	Partnership						
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing	Berkshire Local Authority	Review local arrangements and needs	BOB ICS Commissioner	Commissioning						

PRIORITY AREA	RECOMMENDATION	OUTCOME	(STARTING POSITION) CURRENT ACTIVITIES	ACTIONS NEEDED	OWNER	RESOUCRE REQUIRMENTS / COSTS	COMMENTS / NOTES
2. Children and Young People	2.a) To raise awareness of the link between trauma and adversity, and suicide across the life course	Link between trauma and adversity across the life course is clear and understood by partners, professionals and the voluntary and community sector					
	2.c) Support the system to adopt a needs-led approach for neurodiverse children and young people, particularly in the prevention and early intervention arena, e.g. in schools and the community	Neurodiverse children and young people pre diagnosis and supported and adaptations made for their needs, reducing suicide risk					
	2.e) To work with local organisations and charities who work with the LGBTQ+ community on suicide prevention.	Improved insight and knowledge into the LGBTQ+ community and suicide prevention and risk, informing the Suicide Prevention Groups focus and approach					
	2.f) To raise awareness of the impact of the transitional period (children moving into adulthood) on the mental health impact and the risks of suicide during this period for children and young people.	Improved knowledge and understanding on the impact of the transitional period on mental health and suicide risk for children and young people for partners, professionals and the education sector					
3. Self-harm	3.a) Working with Mental Health Support Teams (MHSTs), ensure a continued focus on the prevention of self-harm by increasing resilience and general coping skills and support for those who self-harm.	School pupils at risk of self-harm or self-harming have improved coping skills, support and resilience					
	3.b) Decrease the stigma related to self-harm and encourage help seeking behaviour and self-care	Those who self-harm feel able to seek help with less fear of stigma and have improved self-care					
	3.c) Help friends, family and professionals understand the physical and emotional signs of self-harm, how they can help and where they can get support	Friends, family and professionals are able to identify and understand self-harm, how they can help and where to get support. Those who self-harm feel better supported by professionals, their friends and family					
	3.d) Explore the impact of self-harm on parents and siblings on their own mental health and wellbeing.	Further understanding of the impact of self-harm on parents and sibling's mental health and wellbeing, allowing future interventions into how to support these groups to be well informed					
4. Female Suicide	4.c) Promote the need for clear pathways and knowledge exchange between domestic abuse and mental health services.	Domestic abuse services and mental health services have an improved understanding of the links between domestic abuse and suicide and are confident in utilising the pathways between the services					
	4.d) Improve data collection of domestic abuse data in RTSS.	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.					
	4.e) Include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide	Improved understanding and insight into domestic abuse as a risk factor for suicide within Berkshire.					
	4.f) Provide information to domestic abuse services on how to respond to concerns where clients may be self-harming or considering suicide (whether the client is a victim, survivor, perpetrator or child or young person)	Improved knowledge and understanding of suicide risk and self-harm for domestic abuse professionals for all groups affected. Clients within the domestic abuse services who are at risk of self-harm or suicide feel better supported and able to access the services they need					
5. Economic Factors	5.a) Work with colleagues to raise awareness of the risk between debt, mental health and suicide risk among frontline professionals and the wider public. Awareness raising needs to: <ul style="list-style-type: none"> • reduce the stigma of 'being in debt' and signpost to access debt and benefit advice and support. this information also needs to be shared with frontline professionals • encourage people in debt to reach out for help to reduce impact on mental health • encourage people with poor mental health to reach out for debt advice 	The risk between debt, mental health and suicide risk is further understood by frontline professionals and the wider public. The stigma of 'being in debt' is reduced for both frontline workers and the wider public, therefore potentially increasing the number of those seeking help. Frontline professionals feel confident to signpost to debt and benefit advice and support, encourage people to reach out for help, and for debt advice, therefore potentially increasing the number of those seeking help					
	5.b) Support frontline professionals to feel comfortable about talking about debt and financial problems and the link to poor mental health and suicide, and what support is available	Frontline professionals feel comfortable and able to talk about debt and financial problems and can link this to poor mental health and suicide, and support available. Those with poor mental health benefit from accessing debt and financial support where needed following conversations with frontline professionals, reducing suicide risk.					
	5.c) Support Berkshire local authorities with a single point of access information site around money matters	There is a single point of access for information on money matters, allowing for up to date and consistent information being accessible to all.					
	5.d) Ensure compassionate debt collection. Make sure the process is supportive and aims to steer residents to places that can provide help and support. Support vulnerable groups at increased risk of debt including people with long-term conditions or disabilities	Reduction in stress and anxiety for those who are facing debt collection. Support and help highlighted to those facing debt collection, reducing stress and anxiety.					
	5.e) Work with key partners to actively promote services that provide help around navigating the benefits system and potentially increasing people's incomes.	Improved understanding of navigating the benefits system, therefore potentially increasing incomes and reducing financial stress, reducing suicide risk					
	5.f) Make sure that all parts of the health service where patients showing suicidal intent first make contact, are signposted or triaged appropriately using a process that includes debts and other economic stresses as risk factors.	Identification of debt and economic stresses as risk factors upon first contact, therefore allowing professionals to have a better-informed approach to support, signposting and guidance, reducing suicide risk. Self-help or advisors for debts and practical issues (housing, relationships) highlighted to patients, therefore potentially reducing anxiety and stress					

	5.g) Work with system partners on the early identification and support of people who are at increased risk of debt and financial concerns (e.g. unemployed or people with long-term conditions) as early as possible and offer effective support to manage personal finances through appropriate referral pathways.	Reduction in debt and financial stresses as a risk factor for suicide for those who are at an increased risk					
	5.h) Monitor local data and intelligence on levels of problem gambling within Berkshire and its link to suicide.	Improved understanding of the levels of problem gambling and its link to suicide within Berkshire, informing the Suicide Prevention Group's approach.					
6. Bereaved by Suicide	6.a) Ensure our local bereavement offer is culturally and ethnically appropriate for different groups within communities to develop resources and services	The local bereavement offer is available and accessible for all groups within Berkshire and has accessible resources and services. Different groups within communities feel the services are culturally and ethnically appropriate.					
	6.b) Continued support to the volunteer led local SoBS groups to be able to continue to offer a peer to-peer support service.	Those bereaved by suicide can access and benefit from a peer-to-peer support service					
	6.c) Building in bereavement support to extend to wider family members, friends and communities.	Wider family members, friends and communities are able to access bereavement support, and feel able and supported in doing so, potentially improving their emotional and mental wellbeing					
	6.d) Continue to commission suicide bereavement support services and monitor its impact.	Bereavement support services are available and accessible across Berkshire, providing consistent support for those bereaved.					
	6.e) Explore training opportunities for staff impacted by suicide	Training for staff impacted by suicide in place and being delivered where appropriate, potentially improving emotional and mental wellbeing for staff following suicide					
	6.f) Work with Thames Valley Police and other first responders to a suicide to share appropriate resources with employers	Employers able to better support their staff who have been affected by suicide					

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WEST BERKSHIRE HEALTH AND WELLBEING BOARD

Building Berkshire Together Update

Alison Foster
Programme Director



Background

- In Oct 2019 the Royal Berkshire NHS Foundation Trust (RBFT) was placed on the New Hospital Programme (NHP)
- 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 the programmatic approach this will deliver economies of scale, such as reductions in time and cost to build new healthcare facilities



OUR NEW HOSPITAL PROGRAMME



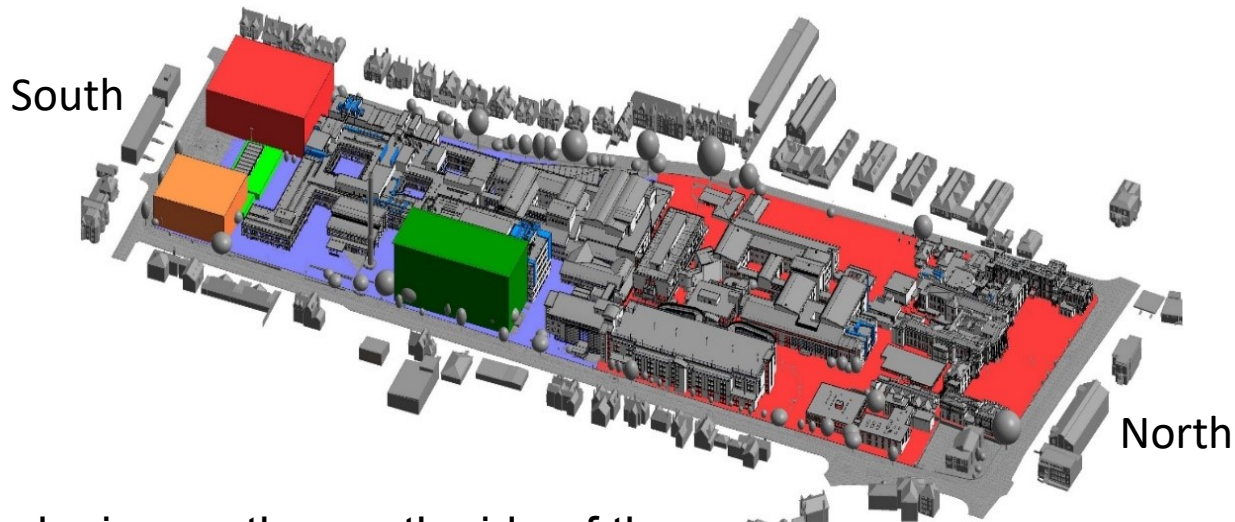
New Hospital Programme

- On 23 May 2023 announcement by the Secretary of State for Health and Social Care as £20bn
- An additional 5 hospitals were added to the programme which have RAAC (*Reinforced Autoclaved Aerated Concrete*)
- Some hospitals currently on the scheme are not able to be delivered before 2030, due to both constraints on the funding allocation, but also supply chain issues
- The scheduling of RBFT was pushed back to 2031 and funding allocation was aligned to a partial/early phase development of the current site
- The Trust Preferred Way Forward is a new hospital on a new site

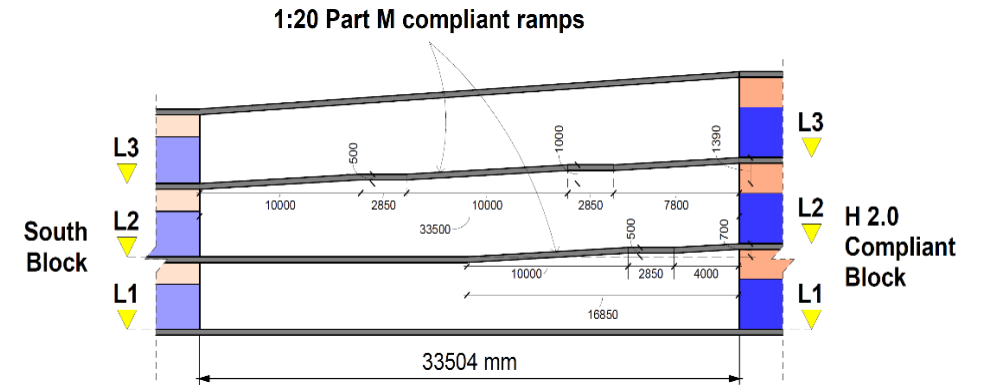


Remaining on RBH site

Our current site is challenging to build on – constrained, potential planning issues and underground challenges which will cost more to build on



Developing on the south side of the site if permitted by RBC, would result in poor adjacencies



Hospital 2.0 requirements may make development on site challenging to achieve

Alternative site

- Jan-Mar 2024 - Criteria Survey – over 2,400 responses to understand what is important to our stakeholders when we review alternative sites
- Two sites have had initial due diligence:
 - Thames valley Science Park
 - Thames Valley Park
- Carrying out further review with updated criteria – The feedback and impact of feedback on criteria survey and site search will be published in May



OUR NEW HOSPITAL PROGRAMME



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@BuildingRBH

Impact Assessment

- We will now be exploring how alternative locations impact our staff, patients and communities and what mitigations we might need to explore
- Health inequalities
- Traffic and transport analysis
- Economic report – local businesses and residents
- Workshops / focus groups / Interviews
- Survey



Summary

- Building on the current site is very challenging
- The Trust Preferred Way Forward is a new hospital on a new site and we have provided the New Hospital Programme (NHP) with independent evidence to support this
- We are exploring alternative sites, carrying out due diligence
- We will be engaging with patients, public, stakeholders and community between now and August on impact of moving the RBH – please get involved
- The NHP are meeting Treasury on 30 April to agree final funding allocation and the timing of schemes – we have been told we will be informed of the outcome in May



OUR NEW HOSPITAL PROGRAMME



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Cost of Living Update

Report being considered by: Health and Wellbeing Board

On: 2 May 2024

Report Author: Sean Murphy

Report Sponsor: Sean Murphy



Item for: Decision

1. Purpose of the Report

The 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 high cost of living.

2. Recommendation(s)

That the Health and Wellbeing Board:

- (a) **NOTES** the report and the response of partners to date.
- (b) **RESOLVES** that the Service Lead for Public Protection report on additional progress to the Board at its meeting on 11 July 2024.

3. Executive Summary

- 3.1 On the 13th July 2023, 4th October 2023 and 7th December 2023 the Board received updates on the local response by the Council and voluntary sector partners to support residents facing challenges due to financial pressures.
- 3.2 In April 2024 the Office for National Statistics reported that the headline Consumer Price Index (CPI) rate in the year to March 2024 stood at 3.8%. The inflation rate for food and non-alcoholic beverages stands at 4% in March (down from 5% in February 2024).
- 3.3 For the period from 1st April 2024 to the 30th June 2024 the 'energy price cap' was reduced to £1,690 per year which amounts to a reduction of £238 per year (12%) for the typical household. This is significantly lower than its peak in April 2023 (over £4,000) it is still significantly higher than the price cap in early 2021 that stood at £1,042. The review for the period from the 1st July is set to be announced on 24th May 2024.
- 3.4 Fuel prices have been static for some time, but in the last few weeks have started to creep up. A typical cost per litre for petrol is around 149p per litre and around 157p per litre for diesel.
- 3.5 Whilst many of these baseline indicators show an improving situation, it is nevertheless the case that food prices are still rising, and previous rises are now factored in on an ongoing basis and reports from West Berkshire Citizens Advice and

others in the local voluntary sector indicate many are struggling with high rental costs and rising levels of debt.

- 3.6 This report updates the Board on the use of Household Support Fund (HSF) spend in 2023/24, the latest update from the voluntary sector and proposals for the HSF for the period April 2024 – October 2024.

4. Update Report

Household Support Fund

- 4.1 West Berkshire Council was allocated £1.39M of Household Support Fund (HSF) for 2023/24. Members of the Board will recall from previous meetings that in the autumn of 2023 there was a significant amount of work done with voluntary sector partners to help deliver the aims and objectives of the scheme. This resulted in a re-allocation of funds in both November 2023 when the match funding contribution to the shared fund administered by Greenham Trust was increased to £70K, and a further re-allocation on the 14th December 2024 as set out in this Individual Member Decision ([Public Pack](#))[Agenda Document for Individual Executive Member Decisions, 14/12/2023 10:00 \(westberks.gov.uk\)](#)
- 4.2 This marked a significant change in the way that we had distributed the fund and provided for greater flexibility and speed of delivery of funds and other support to those in need of assistance.
- 4.3 In summary, all of the 2023/24 grant that was available was allocated including:
- £346K in direct payments to residents who met the scheme criteria. This was administered by the Council's Housing Service.
 - £404K for provision for those on 'free school meals' during the school holiday period. This amounted to 6 weeks funding over the various holiday periods for over 4,000 children.
 - £120K support for those on housing benefit who were not eligible for other cost of living support payments.
 - Additional £20K match funding allocated to the shared Cost of Living Grant Fund administered by Greenham Trust making a total of £70K.
 - Over £350K of support delivered through the voluntary sector, including support for pensioners; support for those in temporary and emergency accommodation; essential household goods including white goods and carpets, curtains and mattresses and support with food and energy costs.
 - 10% of the fund was used for administration in line with the scheme allocation and guidance.

Voluntary Sector Update

- 4.4 On the 5th April 2024, the joint 'Poverty and Cost of Living Hub' met to discuss the latest situation as established by local voluntary sector providers. It was attended by a range of organisations as well as Greenham Trust and various Members and

Officers from West Berkshire Council, including the Executive Portfolio Holder for Housing. The meeting was arranged by the Volunteer Centre.

4.5 The feedback was that the new approach had been a success and the joint working had allowed for a range of innovations to support the local community in a timely and focussed manner. The group were informed that there had been a recent announcement of a further six months of Household Support Fund grant funding and that the Council would be looking to work with partners in a similar vein to the previous round to meet the objectives of the scheme.

4.6 Contributions from partner organisations during and subsequent to the meeting included:

- The Community Resource Centre reported continued high demand for support under the essential household goods scheme. An arrangement had been made with a carpet supply company to donate off cuts that could be used to carpet uncarpeted properties.
- Citizens Advice and the Foodbank both reported high levels of enquiries relating to debt matters. Statistics provided by Citizens Advice West Berkshire indicate a 22% increase in requests for advice in the period April 2023 – January 2024 compared to the same period the previous year. This includes a 31% increase in debt enquiries, a 40% increase in housing enquiries and a 63% increase in charitable support enquiries.
- West Berkshire Homeless reported receiving as many as 20 enquiries in one day, including a number from people suffering from mental health related issues. In February alone, they helped 110 individuals with essential provision, averaging around £45 of support per case.
- West Berkshire Foodbank reported high demand for debt advice from their dedicated advisor, who has also provided a lot of referrals on a whole range of matters from school uniform support to energy top-ups, clothing and essential household goods. They have also reported that there is a significant gap between the food donated to the foodbank and that issued to service users. In the first three months of 2024, that gap had risen to 11 tonnes with 37 tonnes of stock being issued.

4.7 In summary, there was consensus that there was a clear cohort of people in the district who were suffering from the effects of financial hardship. This in turn had impacted on physical and mental health, requiring the need for wider support around advice, camaraderie and support for mental and physical health. A number of organisations, including Educafé and the Soup Kitchen, are now providing that support including access to NHS health checks and targeted services.

4.8 A range of grants from the joint cost-of-living grant fund administered by Greenham Trust have been approved. Further details will be reported verbally at the meeting.

Household Support Fund April 2024 to October 2024

4.9 In late March 2024, the Government announced that West Berkshire Council has been allocated **£694,849** to meet the stated aims of the Household Support Fund of supporting the vulnerable or those that cannot pay for essentials. The funding period

for this round of funding runs from April until 1st October 2024. It is not known if there will be another round of funding at this stage.

- 4.10 The award letter stated amongst other things that the *'The purpose of the grant is to provide support to certain local authorities in England for expenditure lawfully incurred or to be incurred by them in accordance with the Grant Conditions to provide support to households, who would otherwise struggle to buy food or pay essential utility bills or meet other essential living costs or housing costs (in exceptional cases of genuine emergency) to help them with living costs'*.
- 4.11 The Council must also ensure that the grant is *'primarily allocated to support with the costs of energy (for heating, lighting and cooking), food, water (for household purposes, including sewerage) and other essential living needs in accordance with the Scheme guidance'*.
- 4.12 The options for this fund were discussed at the recent 'hub' meeting and it was agreed that the principles of working in partnership with Greenham Trust and the voluntary sector would continue. A detailed options paper will be considered as an Individual Member Decision on the 2nd May 2024.
- 4.13 Once the detailed allocations have been considered, we will report back to the Health and Wellbeing Board on progress in meeting the scheme's aim, and levels of support for local residents.

5. Conclusions and Next Steps

- 5.1 It is tempting in the context of the falling headline inflation figures to think that the cost-of-living challenges for some residents are receding. The evidence suggests that this is not the case and for some the situation is very challenging. This report gives an update on some of the work done since we last reported in December to provide a safety net for our residents vulnerable to the impacts of financial hardship.
- 5.2 The focus in this period has been on expanding the support provided through voluntary sector partners to provide a responsive and focussed approach to supporting those in priority groups. The focus going forward will be the same. We are all agreed that we deliver best when we deliver through our strong local partnership.

6. Appendices

None

Background Papers:

None

Health and Wellbeing Priorities Supported:

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

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by helping to mitigate the impacts of the cost of living increases.

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Health and Wellbeing Board Dashboard

Report being considered by:	Health and Wellbeing Board
On:	2 May 2024
Report Author:	Gayan Perera (Public Health Intelligence Manager)
Report Sponsor:	John Ashton (Director of Public Health)
Item for:	Information



1. Purpose of the Report

The Joint Health and Wellbeing Strategy in West Berkshire include five priorities. This document summarises the key performance indicators for these five priorities.

2. Recommendation(s)

For the Health and Wellbeing Board to note the contents of the Health and Wellbeing Board Dashboard.

3. Executive Summary

This report identifies two key health inequalities in West Berkshire: lower diabetes diagnoses rates in the two most deprived quintiles; and a lower percentage of children who receive free school meals achieving good development across West Berkshire compared with England.

4. Supporting Information

4.1 **PRIORITY 1: Reduce the differences in health between different groups of people**

Indicator 1.1: Disease prevalence (number of individuals and percentage of population) of major disease groups in West Berkshire, comparing the GP registered population as a whole to those living in the most deprived areas (IMD quintile 1&2). (Source: Frimley Local Insights)

Hypertension is a key risk factor for heart diseases and stroke. Diagnosing and treating hypertension is essential to reduce premature mortality due to cardiovascular diseases. During 2022-23, 18,541 residents (13.7% of all West Berkshire residents) were diagnosed with hypertension. During the same time period, 655 residents in the two most deprived quintiles were diagnosed with hypertension (15% of the population residing in the two most deprived quintiles).

Overall, 5% of West Berkshire population were diagnosed with diabetes but 8% of the population in the two most deprived quintiles were diagnosed with diabetes suggesting a lower diabetes diagnosis rates in the two most deprived quintiles.

Indicator 1.3: Proportion of West Berkshire's GP registered population who smoke, compared to the proportion of those living in the most deprived areas of West Berkshire (IMD quintile 1 &2) who smoke. (Source: Frimley Local Insights)

Smoking prevalence is significantly higher in the most deprived population at 20.2%

Indicator 1.4: Proportion of West Berkshire's GP registered population who are obese, compared to the proportion of those living in the most deprived areas of West Berkshire (IMD quintile 1 &2) who are obese. (Source: Frimley Local Insights)

Registered prevalence of obesity is higher in the most deprived population.

4.2 **PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives**

Indicator 2.1: Difference in life expectancy at birth between the most deprived and least deprived areas in West Berkshire and England, by Gender. (Source: Fingertips/PHE)

Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. In West Berkshire the difference in life expectancy at birth for females (4.1 years) is lower to England (7.9 years) and is also lower for males (3.5 years) compared to England (9.7 years).

Indicator 2.2: Percentage of those aged 65 years+ who are estimated to have dementia who have received a diagnosis, in West Berkshire and England. (Source: NHS Digital)

In West Berkshire 60.2% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia as of July 2023, which is lower than England (64.5%).

Indicator 2.3: Rate of people sleeping rough in West Berkshire and England (per 100,000 population). (Source: Department for Levelling Up, Housing and Communities)

The rate of people sleeping rough in West Berkshire has increased between 2021 and 2022 from 0.62 per 100,000 to 4.94 per 100,000. This is similar to England with 5.4 per 100,000.

Indicator 2.4: The proportion of supported working-age adults with learning disabilities in paid employment in West Berkshire and England. (Source: Fingertips/PHE)

The percentage of supported working-age adults with learning disabilities who are in paid employment has remained same over time in West Berkshire and currently is 4.8%. This is similar to England (5.6%).

Indicator 2.5: 'Percentage of people who are registered as paid carer who have received a health check'. No longer on Fingertips

Alternative indicators:

[Social Isolation: percentage of adult carers who have as much social contact as they would like \(18 yrs r+\) 21/22](#)

[Productive Healthy Ageing Profile - Carers - OHID \(phe.org.uk\)](#)

4.3 PRIORITY 3: Help families and children in early years

Indicator 3.1: The percentage of children deemed school ready at Reception year in the whole population compared to those who are eligible to Free School Meals (FSM), in West Berkshire and England. (Source: Department for Education)

This indicator comes from the early years foundation stage profile (EYFSP) results and shows the percentage of children achieving a good level of development at Reception by free school meal status.

West Berkshire has a lower percentage (39.1%) of children with free school meals achieving good development than England (51.6%) in 2022/23, and a similar percentage (70.2%) of children with no free school meals achieving a good level of development to England (71.5%) in 2022/23. Note: the statistical releases for 2019/20 and 2020/21 were cancelled. Due to the 2021/22 EYFS reforms, it is not possible to directly compare the 2018/19 and 2021/22 figures. Any changes in the proportion of children eligible for free school meals are likely due to changes in eligibility criteria or population rather than the EYFSP publication.

Indicator 3.2: Number of hospital admissions, per 10,000 children aged 0-4 years, caused by unintentional and deliberate injuries in West Berkshire and England. (Source: OHID/Child and Maternal Health)

West Berkshire has a similar rate (109.7 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 to England with 103.6 per 10,000. Note: there is no historic data for this indicator.

Indicator 3.3: Percentage of children being reviewed using The Ages and Stages Questionnaire 3 (ASQ-3) at their HCP 2 year review by the Health Visiting Team in West Berkshire and England. (Source: OHID/Public Health Profiles)

The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two-year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews that use the ASQ-3. West Berkshire has a higher percentage (96.4%) of children receiving ASQ-3 than England (85.2%).

Indicator 3.4: Percentage of children achieving the expected level in communication skills at 2 to 2 and a half years in West Berkshire and England. (Source: Fingertips)

This indicator comes from the public health outcomes framework and shows the percentage of children achieving the expected level in communication skills. West Berkshire has a higher percentage (92%) than England (85%).

Indicator 3.5: The percentage take up of targeted 2 year old funding for eligible children. (Source: Early Years Team)

Currently the proportion of uptake of funding for eligible disadvantaged 2-year-old children is above the target of 65% at 76%.

4.4 **PRIORITY 4: Promote good mental health and wellbeing for all children and young people**

Indicator 4.1: Percentage of all school pupils who have social, emotional and mental health needs as their primary Special Educational Needs (SEN) identified in West Berkshire and England. (Source: OHID/Public Health Profiles)

The indicator shows the proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional, and mental health as the primary type of need, expressed as a percentage of all school pupils. West Berkshire has a slightly lower percentage (2.5%) of pupils with social, emotional, and mental health needs than England (3.3%).

Indicator 4.2: Rate of children in care per 10,000 under 18 population in West Berkshire and England. (Source: Explore Education statistics GOV.UK)

The indicator shows the rate of children in care at 31 March for each year (rate per 10,000 population aged under 18 years). West Berkshire has a lower rate of children in care than England, with 57 per 10,000 and 71 per 10,000 respectively.

Indicator 4.3: 'Children looked after whose emotional well-being is a cause for concern'. No longer on Fingertips

Alternative indicators:

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

[Children and Young People's Mental Health and Wellbeing - OHID \(phe.org.uk\)](https://phe.org.uk)

PRIORITY 5: Promote good mental health and wellbeing for all adults.

Indicator 5.1: Number and proportion of the population diagnosed with Serious Mental Illness in West Berkshire. (Source: Frimley Local Insights)

The prevalence of Serious Mental Illness is currently at 0.9% in West Berkshire.

Indicator 5.2: Number and proportion of the population diagnosed with Depression in West Berkshire. (Source: Quality and Outcomes Framework (QOF), NHS England)

The prevalence of depression is currently 13.9%.

Indicator 5.3: 'Number of drug and alcohol outreach support to the street homeless population'. Waiting for data.

Indicator 5.4: Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low happiness score. (Source: Annual Population Survey (APS), Office for National Statistics (ONS))

This indicator comes from the Annual Population Survey (APS). According to this survey residents have a significantly low satisfaction score (6.2% in West Berkshire vs 5% In England), similar happiness score (8.3% in West Berkshire vs 8.4% In England), low worthwhile score (5.9% in West Berkshire vs 4.0% In England), high

anxiety score (20.5% in West Berkshire vs 22.6% In England) compared with England.

Indicator 5.5: Percentage of people who feel lonely often, always, or some of the time in West Berkshire and England. (Source: OHID/Public Health Profiles)

This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time"). According to this survey residents of West Berkshire feel less lonely (16.9% in West Berkshire vs 22.3% in England), compared with England.

Indicator 5.6: The percentage point difference between the percentage of those with a physical or mental health long term condition (aged 16-64 years) who are classified as employed and the percentage of all respondents classified as employed in West Berkshire and England. (Source: OHID/Public Health Profiles)

This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In West Berkshire the gap (4.7) is similar to England (10.4).

Indicator 5.7: percentage of households that experience fuel poverty (based on low income, low efficiency methodology) in West Berkshire and England. (Source: OHID/Public Health Profiles)

The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology. West Berkshire has a lower percentage of households experiencing fuel poverty (6.7%) than England (13.1%).

Indicator 5.8: Unemployment rate (%) in working age population in West Berkshire and England. (Source: OHID/Public Health Profiles)

The indicator shows the percentage of the working-age population who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. The overall unemployment rate in West Berkshire is lower to England (3.0% in West Berkshire vs 5.0% In England).

Indicator 5.9: Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%). (Source: OHID/Public Health Profiles)

The percentage of adults aged 18-69 who are in contact with mental health services and live independently. West Berkshire has a similar percentage (59%) than England (58%).

5. Options Considered

None – report is for information only.

6. Proposal(s)

For the Health and Wellbeing Board to note the report.

7. Conclusion(s)

The Health and Wellbeing Board Dashboard summarised key indicators and highlighted inequalities in diabetes diagnosis in the two most deprived areas and a lower percentage of children achieving good development compared with England.

8. Consultation and Engagement

The Health and Wellbeing Steering Group has been consulted.

9. Appendices

Appendix A: Health and Wellbeing Board Dashboard.

Background Papers:

Some of the data are available publicly on public health profiles (<https://fingertips.phe.org.uk/>)

Health and Wellbeing Priorities Supported:

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

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by showing the progress of key performance indicators.

Health Wellbeing (HWB) Dashboard NW

[View in Power BI](#) ↗

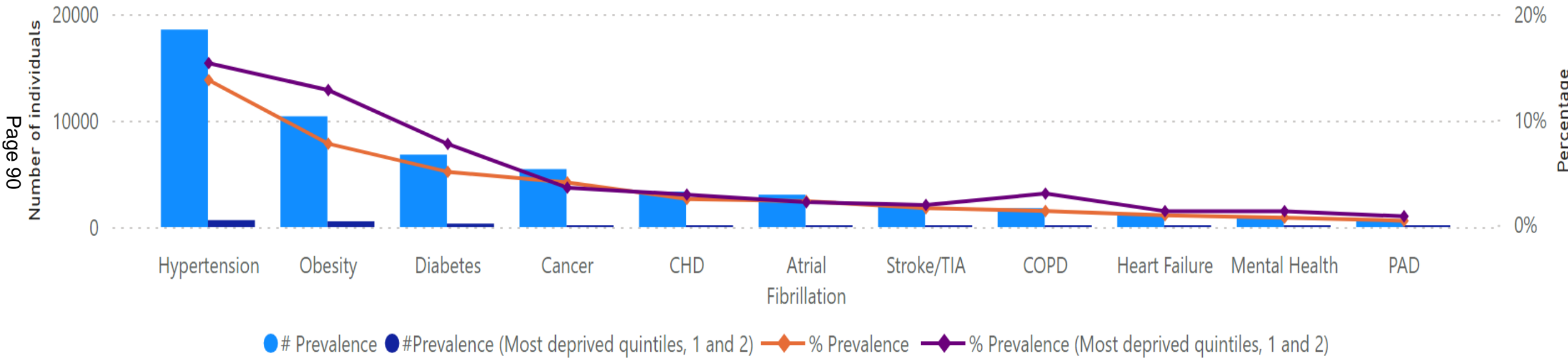
Last data refresh:
4/22/2024 7:52:35 PM UTC

Downloaded at:
4/22/2024 7:55:54 PM UTC

Health & Wellbeing Strategy Priorities

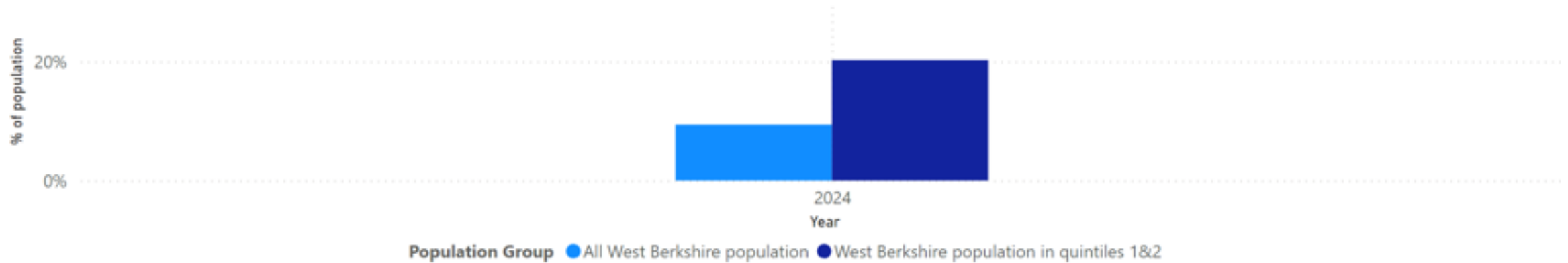
Priority 1 - Reduce the differences in health between different groups of people

1.1 Disease prevalence (number of individuals and percentage of population) of major disease groups in West Berkshire, comparing the GP registered population as a whole to those living in the most deprived areas (IMD quintile 1&2)



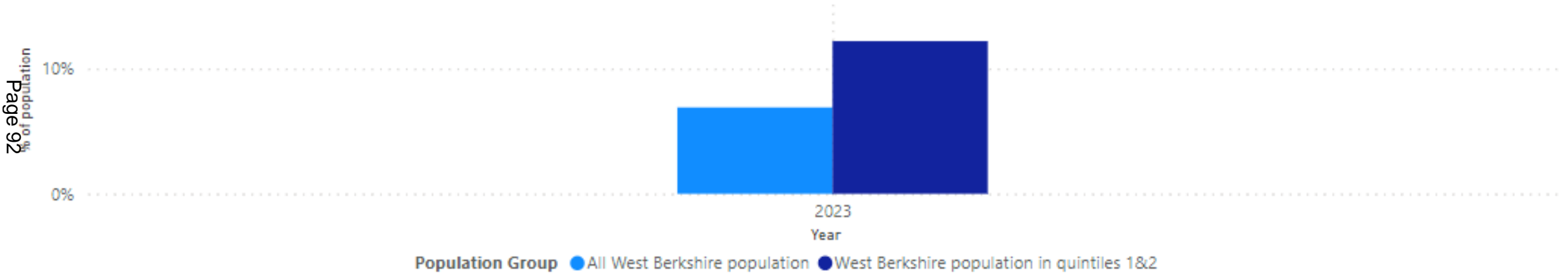
The percentage prevalence of obesity, diabetes, mental health conditions, and COPD is higher in the population living in the most deprived quintiles. (Frimley Local Insights)

1.3 Proportion of West Berkshire's GP registered population who smoke, compared to the proportion of those living in the most deprived areas of West Berkshire (IMD quintile 1 &2) who smoke



Smoking prevalence is significantly higher in the most deprived population. (Frimley Local Insights)

1.4 Proportion of West Berkshire's GP registered population who are obese, compared to the proportion of those living in the most deprived areas of West Berkshire (IMD quintile 1 & 2) who are obese

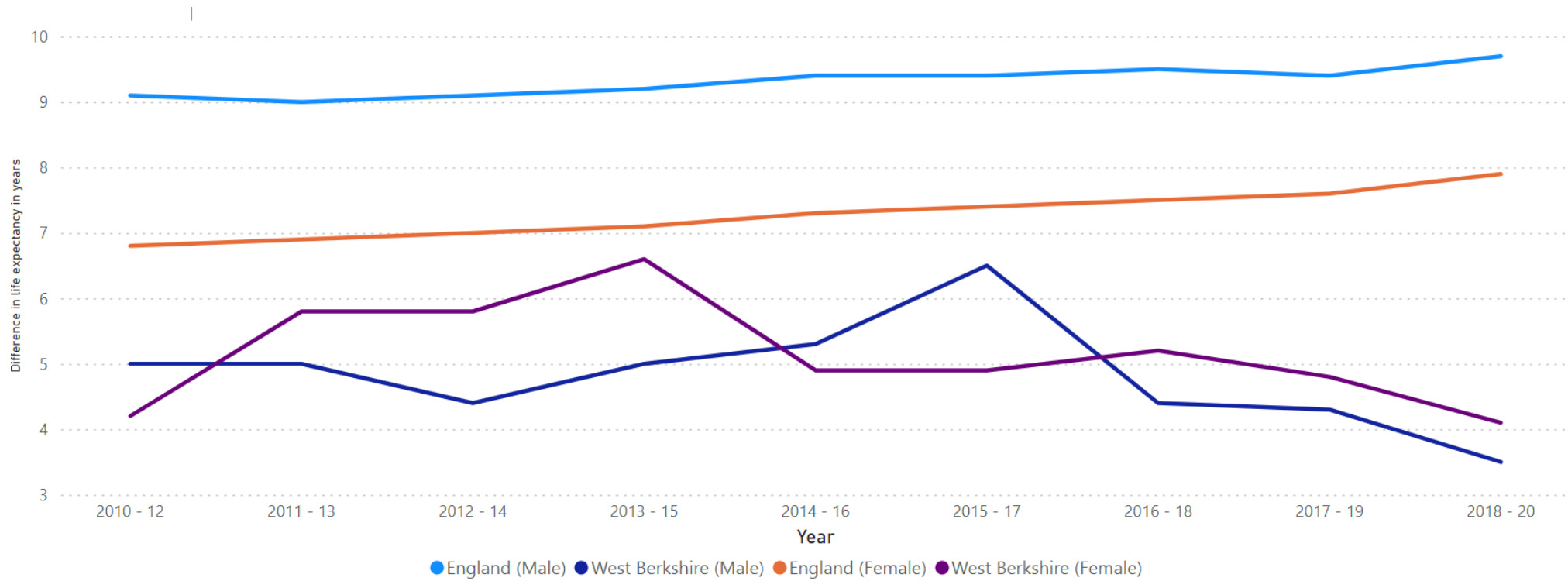


Registered prevalence of obesity is higher in the most deprived population. (Frimley Local Insights)

Health & Wellbeing Strategy Priorities

Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives

2.1 Difference in life expectancy at birth between the most deprived and least deprived areas in west Berkshire and England, by Gender

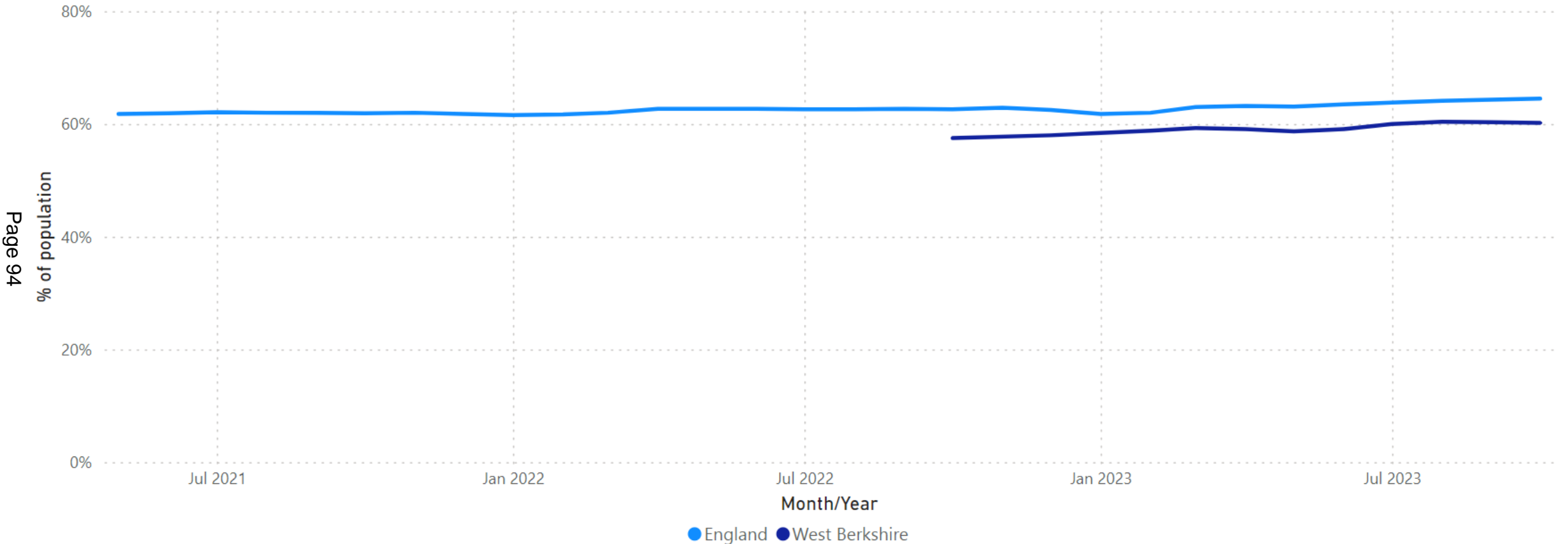


Life expectancy at birth is calculated for each deprivation decile of lower super output areas within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each area and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles. In West Berkshire the difference in life expectancy at birth for females (4.1 years) is lower to England (7.9 years), and is also lower for males (3.5 years) compared to England (9.7 years). (Fingertips/PHE)

Health & Wellbeing Strategy Priorities

Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives

2.2 Percentage of those aged 65 years+ who are estimated to have dementia who have received a diagnosis, in West Berkshire and England

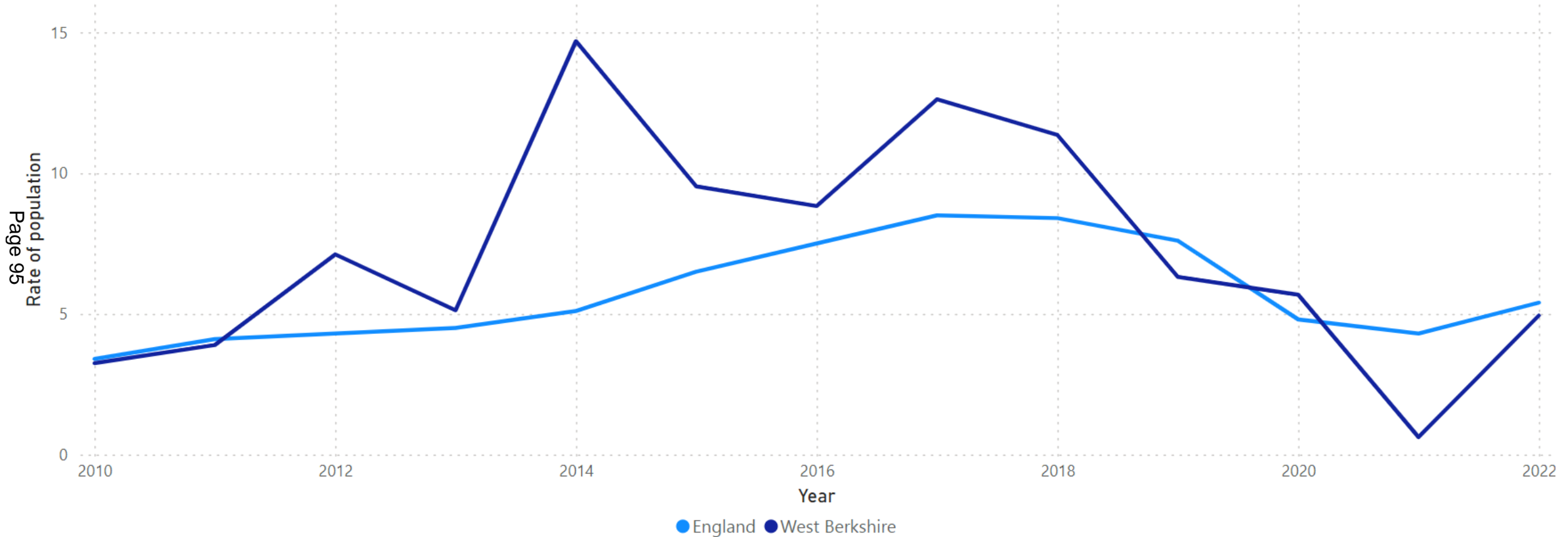


In West Berkshire 60.2% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia as of July 2023, which is lower than England (64.5%). (NHS Digital)

Health & Wellbeing Strategy Priorities

Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives

2.3 Rate of people sleeping rough in West Berkshire and England (per 100,000 population)

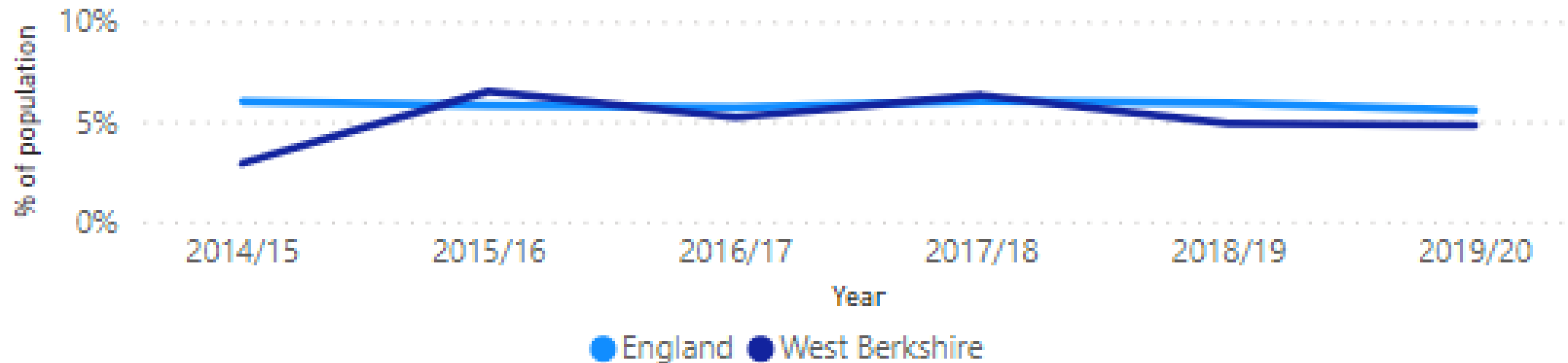


The rate of people sleeping rough in West Berkshire has increased between 2021 and 2022 from 0.62 per 100,000 to 4.94 per 100,000. This is similar to England with 5.4 per 100,000. (Department for Levelling Up, Housing and Communities)

Health & Wellbeing Strategy Priorities

Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives

2.4 The proportion of supported working-age adults with learning disabilities in paid employment in West Berkshire and England

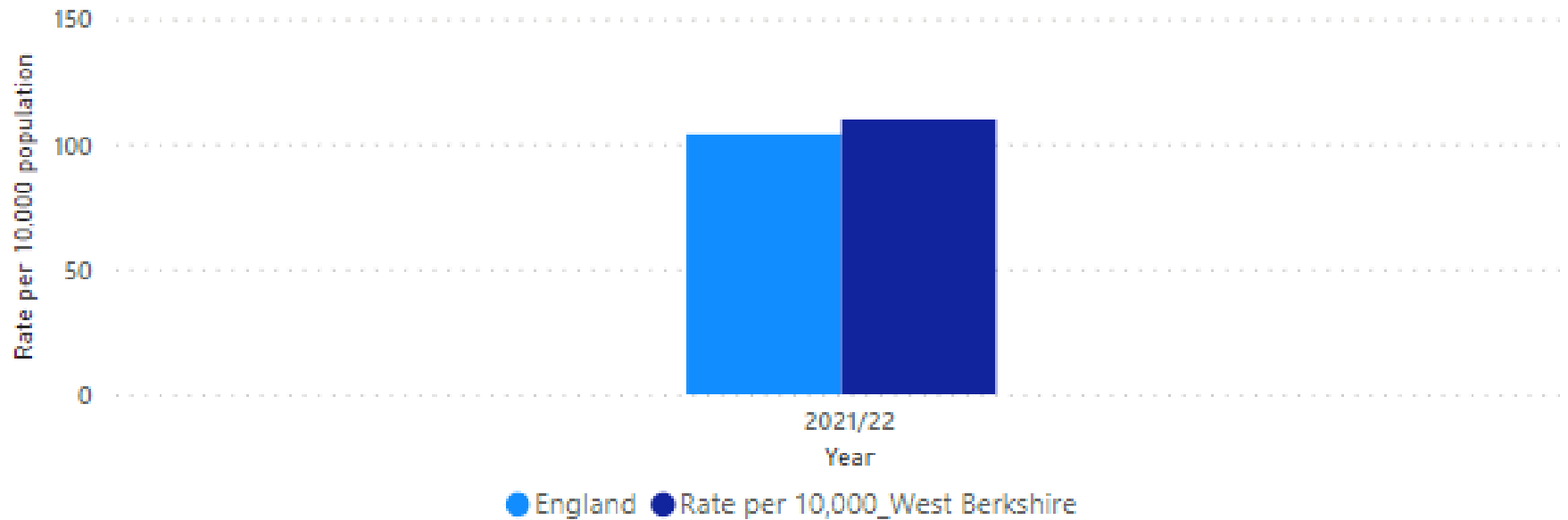


The percentage of supported working-age adults with learning disabilities who are in paid employment has remained same over time in West Berkshire and is currently 4.8%. This is similar to England (5.6%). (Fingertips/PHE)per 100,000. This is similar to England with 5.4 per 100,000. (Department for Levelling Up, Housing and Communities)

Health & Wellbeing Strategy Priorities

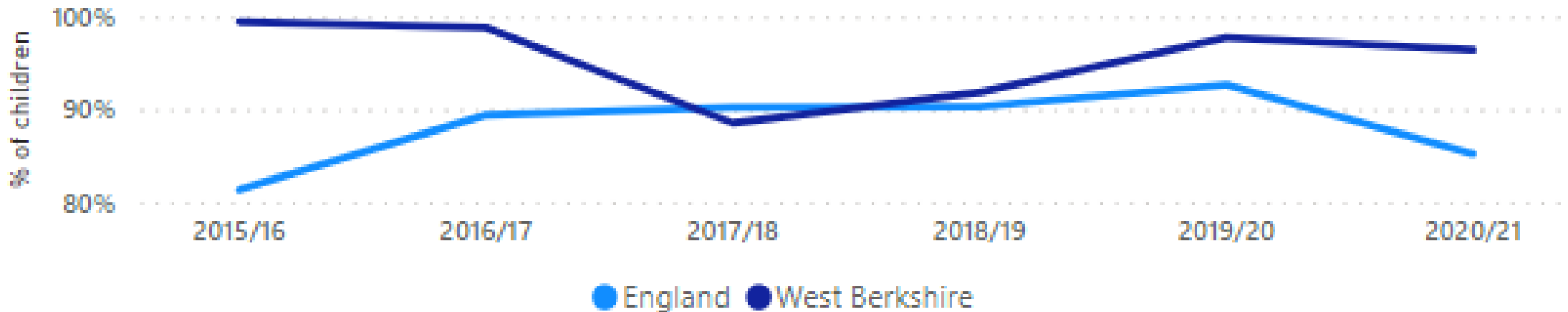
Priority 3 - Help families and children in early years

3.2 Number of hospital admissions, per 10,000 children aged 0-4 years, caused by unintentional and deliberate injuries in West Berkshire and England



West Berkshire has a similar rate (109.7 per 10,000) of hospital admissions for unintentional and deliberate injuries in children aged 0-4 to England with 103.6 per 10,000. Note: there is no historic data for this indicator. (OHID/Child and Maternal Health)

3.3 Percentage of children being reviewed using The Ages and Stages Questionnaire 3 (ASQ-3) at their HCP 2 year review by the Health Visiting Team in West Berkshire and England

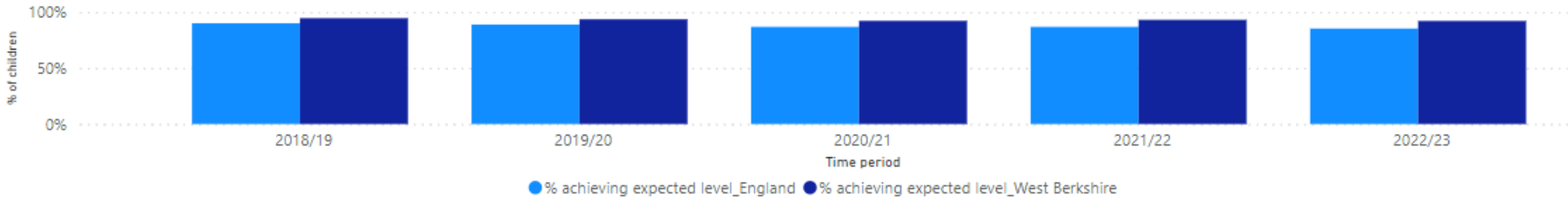


The Ages and Stages Questionnaire-3 (ASQ-3) covers five domains of child development: communication, gross motor skills, fine motor skills, problem-solving, and personal-social development. Health visiting teams should have been using ASQ-3 as part of HCP two-year reviews from April 2015. This indicator shows the proportion of 2-2½ reviews that use the ASQ-3. West Berkshire has a higher percentage (96.4%) of children receiving ASQ-3 than England (85.2%). (OHID/Public Health Profiles)

Health & Wellbeing Strategy Priorities

Priority 3 - Help families and children in early years

3.4 Percentage of children achieving the expected level in communication skills at 2 to 2 and a half years in West Berkshire and England

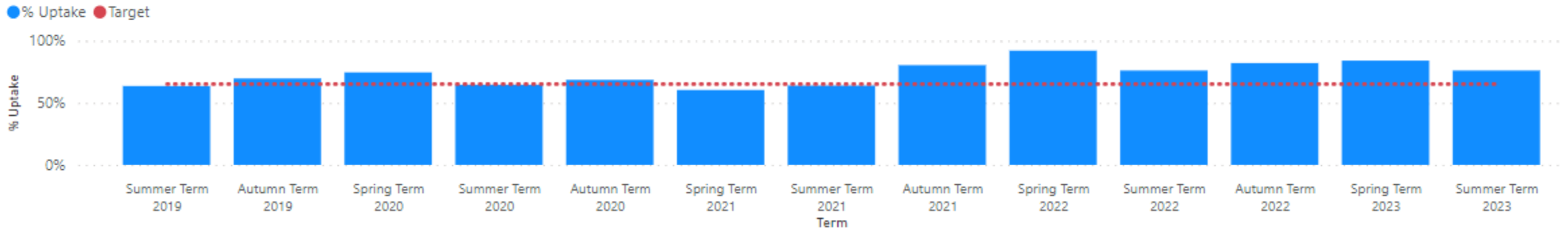


This indicator comes from the public health outcomes framework and shows the percentage of children achieving the expected level in communication skills. West Berkshire has a higher percentage (92%) than England (85%). (Fingertips)

Health & Wellbeing Strategy Priorities

Priority 3 - Help families and children in early years

3.5 The percentage take up of targeted 2 year old funding for eligible children



Currently the proportion of uptake of funding for eligible disadvantaged 2-year-old children is above the target of 65% at 76%. (Early Years Team)

Health & Wellbeing Strategy Priorities

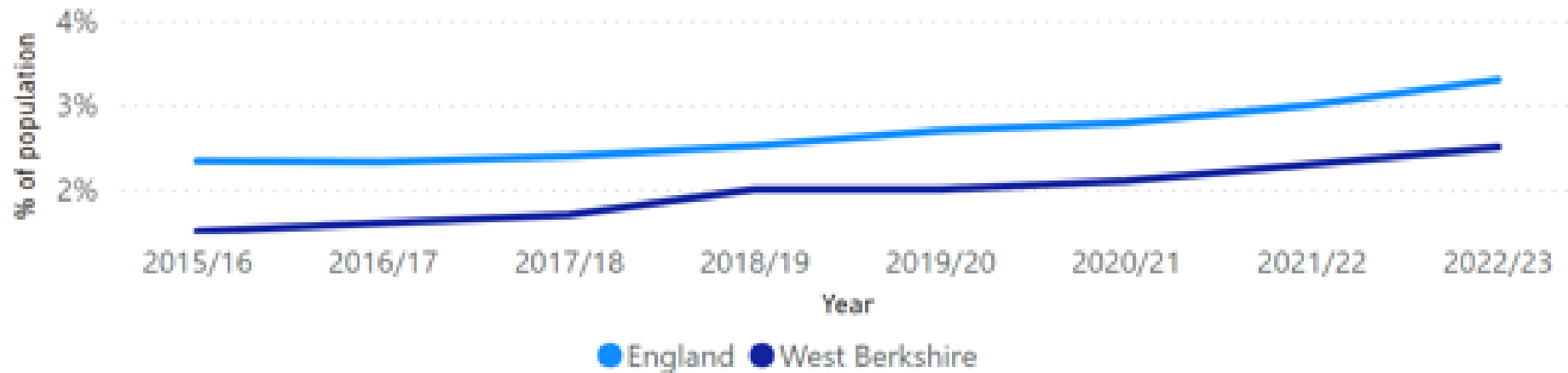
Priority 3 - Help families and children in early years

3.6 Health Visiting Data

Time Period	Quarter	Antenatal numbers seen (Target 100%)	New Birth Visits within 14 days (Target 95%)	6-8 Weeks Review Uptake within 8 weeks	6-8 Weeks Breast Feeding Recorded	6-8 Weeks Breast Feeding at all	One Year Review Uptake	15 Months Review Uptake	2.5 Years Review Uptake
2023/24	Q1	58	91	84	93	59	80	89	98
2023/24	Q2	75	93	82	93	55	85	81	99
2023/24	Q3	42	92	86	92	56	90	85	100
Total		175	276	252	278	170	255	255	297

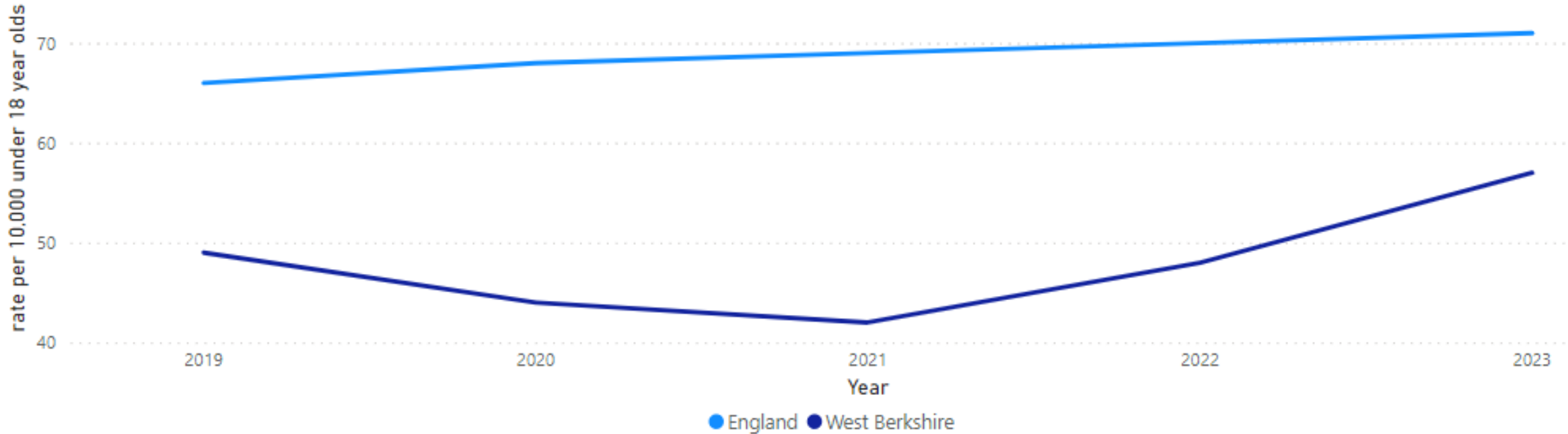
Source: OHID/Health visiting metrics

4.1 Percentage of all school pupils who have social, emotional and mental health needs as their primary Special Educational Needs (SEN) identified in West Berkshire and England



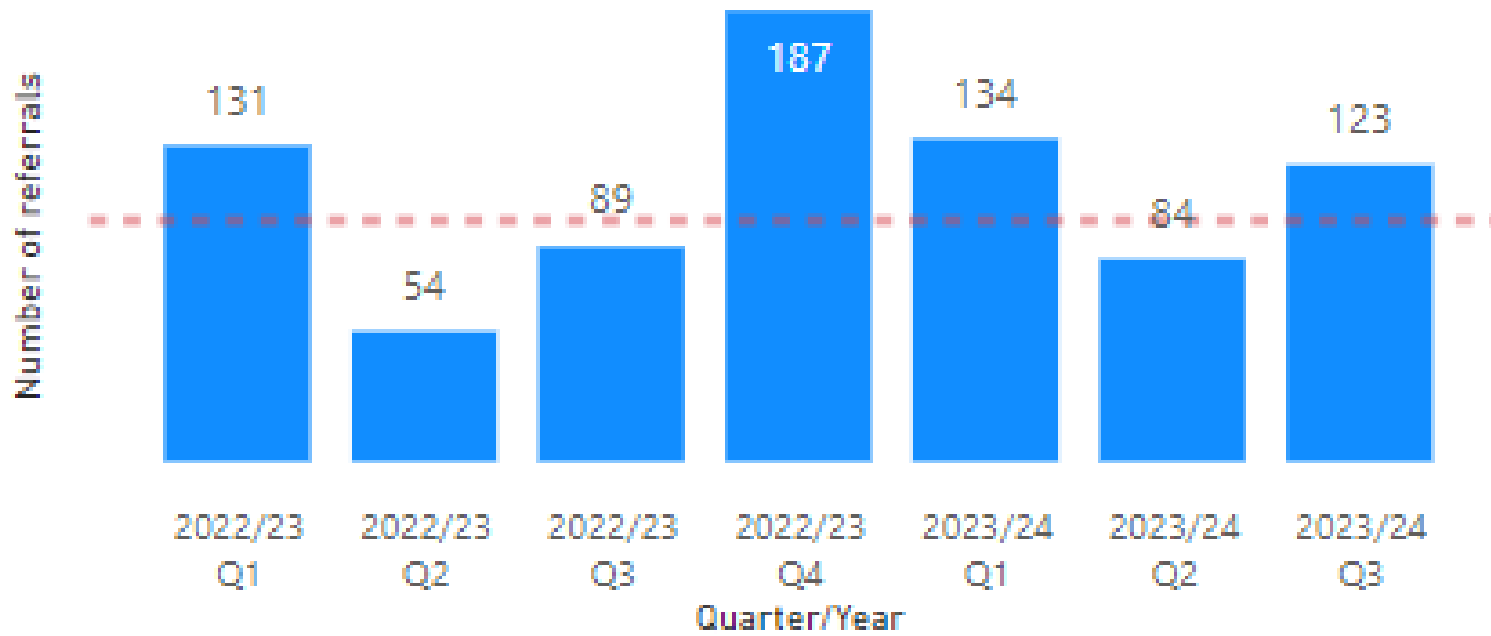
The indicator shows the proportion of school children with Special Education Needs (SEN) who are identified as having social, emotional, and mental health as the primary type of need, expressed as a percentage of all school pupils. West Berkshire has a slightly lower percentage (2.5%) of pupils with social, emotional, and mental health needs than England (3.3%). (OHID/Public Health Profiles)

4.2 Rate of children in care per 10,000 under 18 population in West Berkshire and England

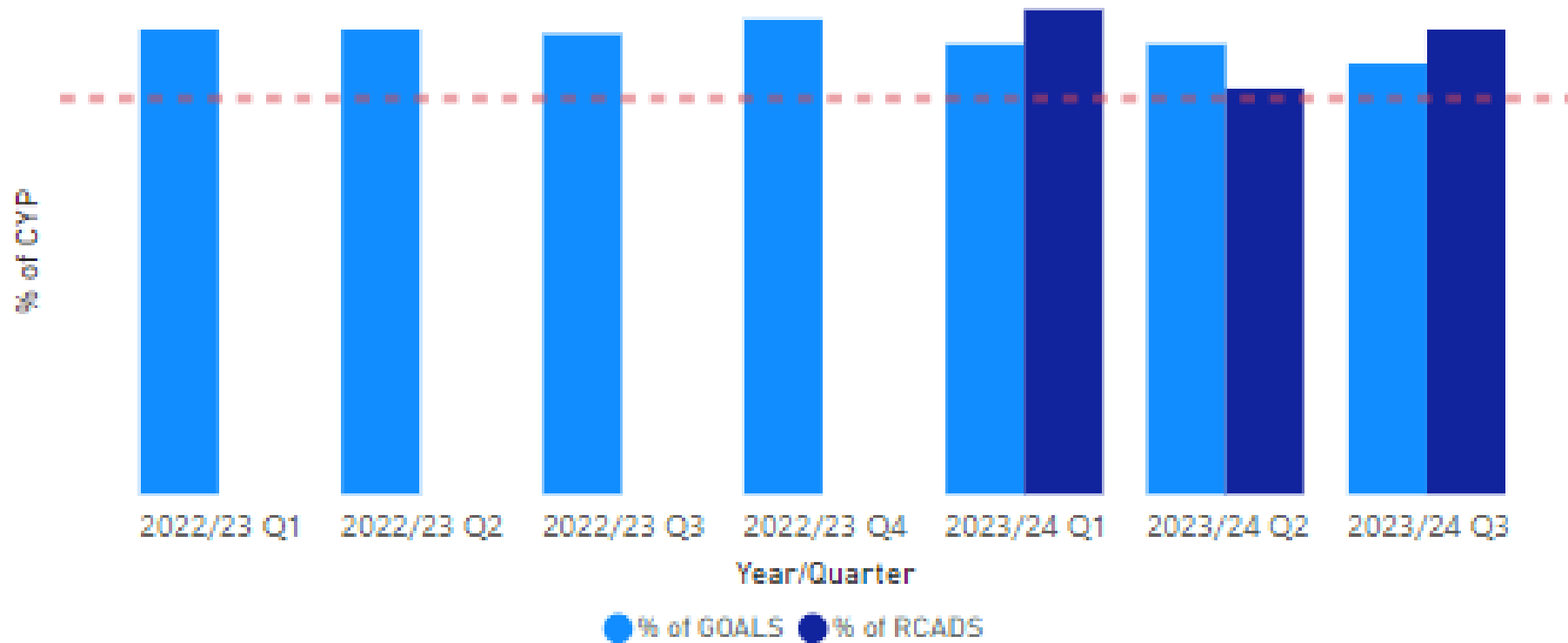


The indicator shows the rate of children in care at 31 March for each year (rate per 10,000 population aged under 18 years). West Berkshire has a lower rate of children in care than England, with 57 per 10,000 and 71 per 10,000 respectively. (Explore Education statistics GOV.UK)

4.4 Number of referrals of children aged 18 years and under to the Mental Health Service Team in West Berkshire against the target

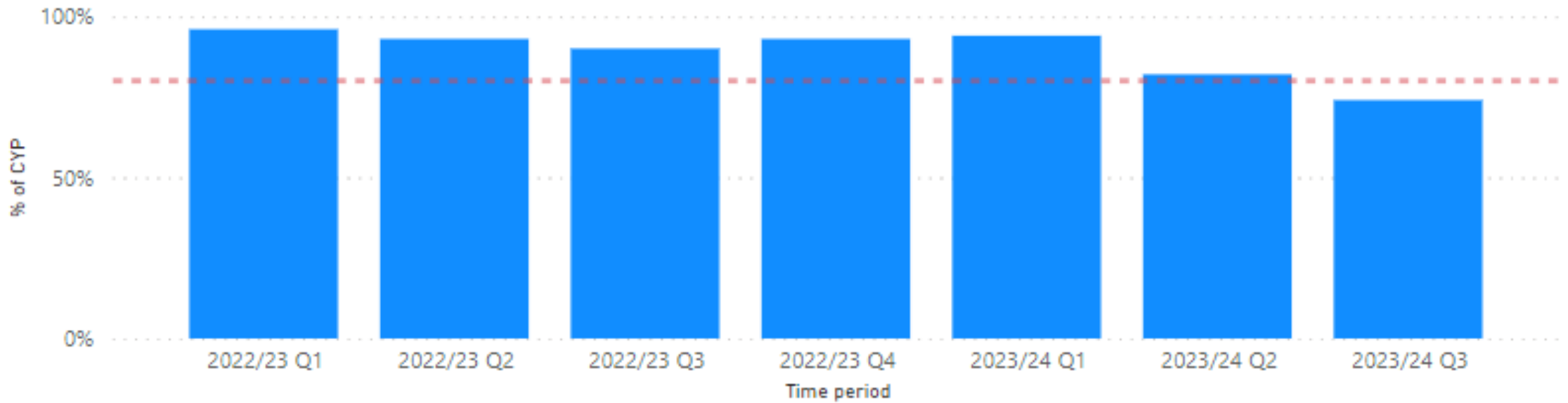


4.5 Percentage of children and young people engaged with MHST who have moved toward their goals

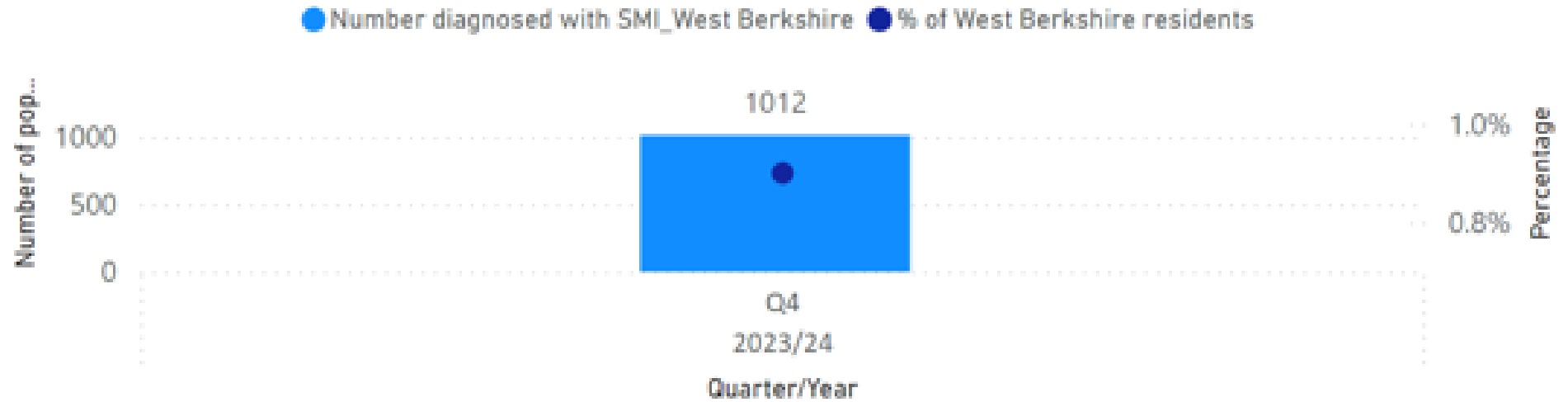


RCADS = Revised Children's Anxiety and Depression Scale

4.6 Percentage of children and young people working with the Primary Mental Health Team who have moved towards their goals in West Berkshire

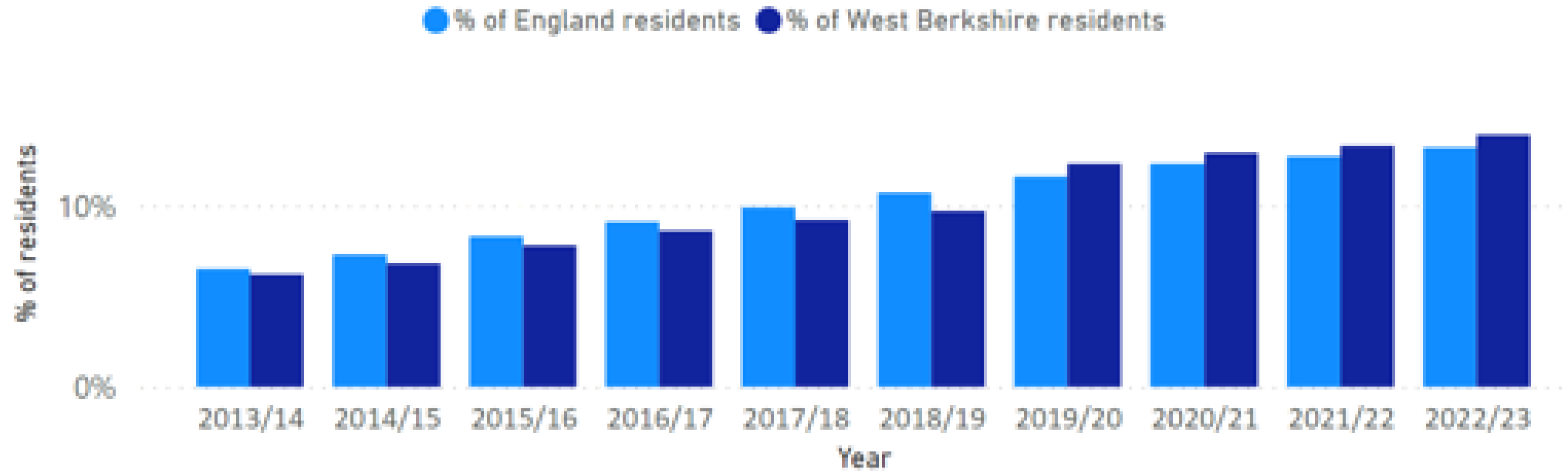


5.1 Number and proportion of the population diagnosed with Serious Mental Illness in West Berkshire



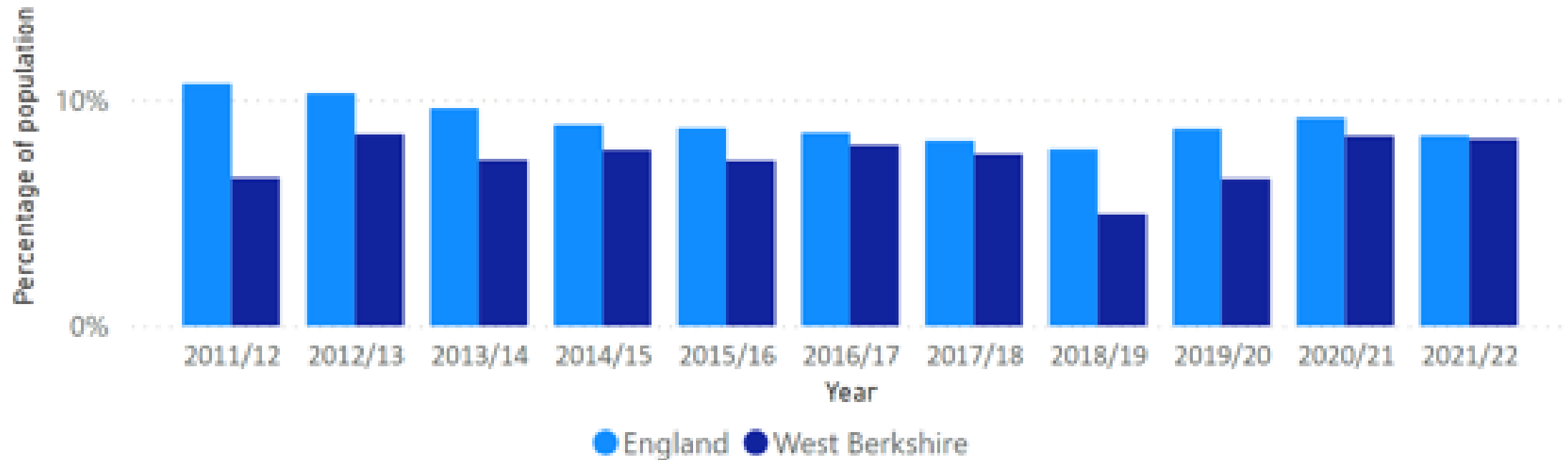
The prevalence of Serious Mental Illness is currently at 0.9% in West Berkshire. (Frimley Local Insights)

5.2 Number and proportion of the population diagnosed with Depression in West Berkshire



The prevalence of depression is currently 13.9%. (Quality and Outcomes Framework (QOF), NHS England)

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low happiness score



The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below:

Overall, how satisfied are you with your life nowadays?

Overall, how happy did you feel yesterday?

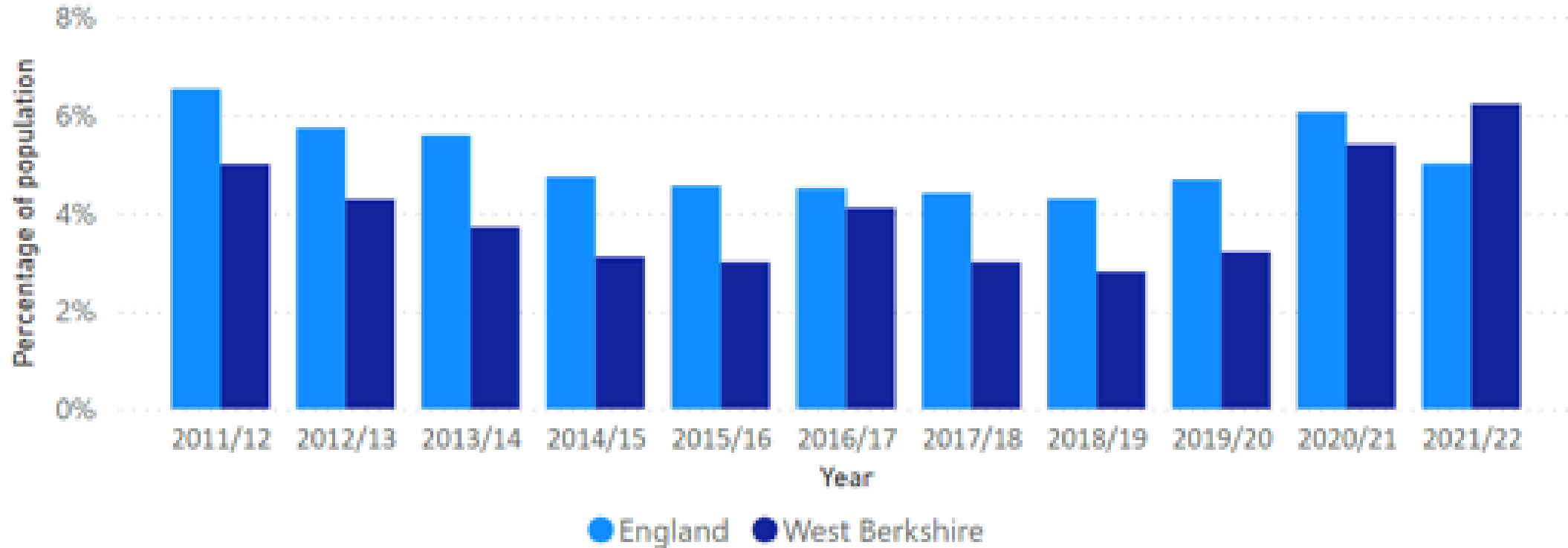
Overall, how anxious did you feel yesterday?

Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0 to 10 (where 0 is “not at all satisfied or happy or anxious or worthwhile” and 10 is “completely satisfied or happy or anxious or worthwhile”).

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low satisfaction score



The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below:

Overall, how satisfied are you with your life nowadays?

Overall, how happy did you feel yesterday?

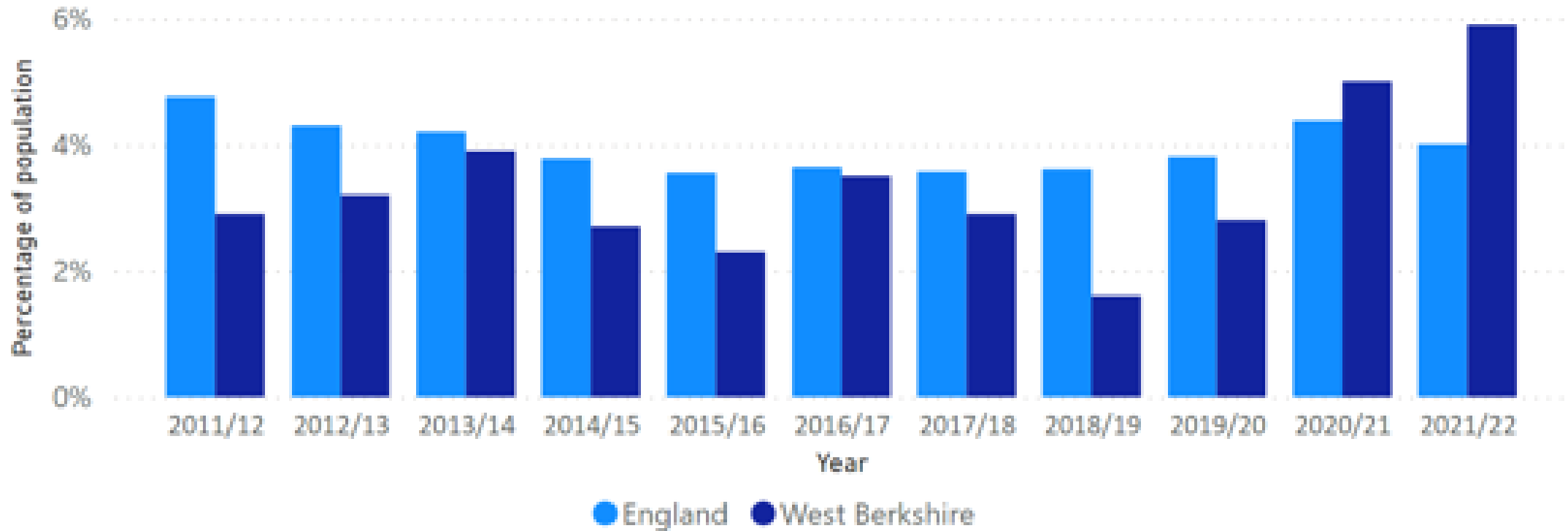
Overall, how anxious did you feel yesterday?

Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0 to 10 (where 0 is “not at all satisfied or happy or anxious or worthwhile” and 10 is “completely satisfied or happy or anxious or worthwhile”).

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - Low worthwhile score



The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below:

Overall, how satisfied are you with your life nowadays?

Overall, how happy did you feel yesterday?

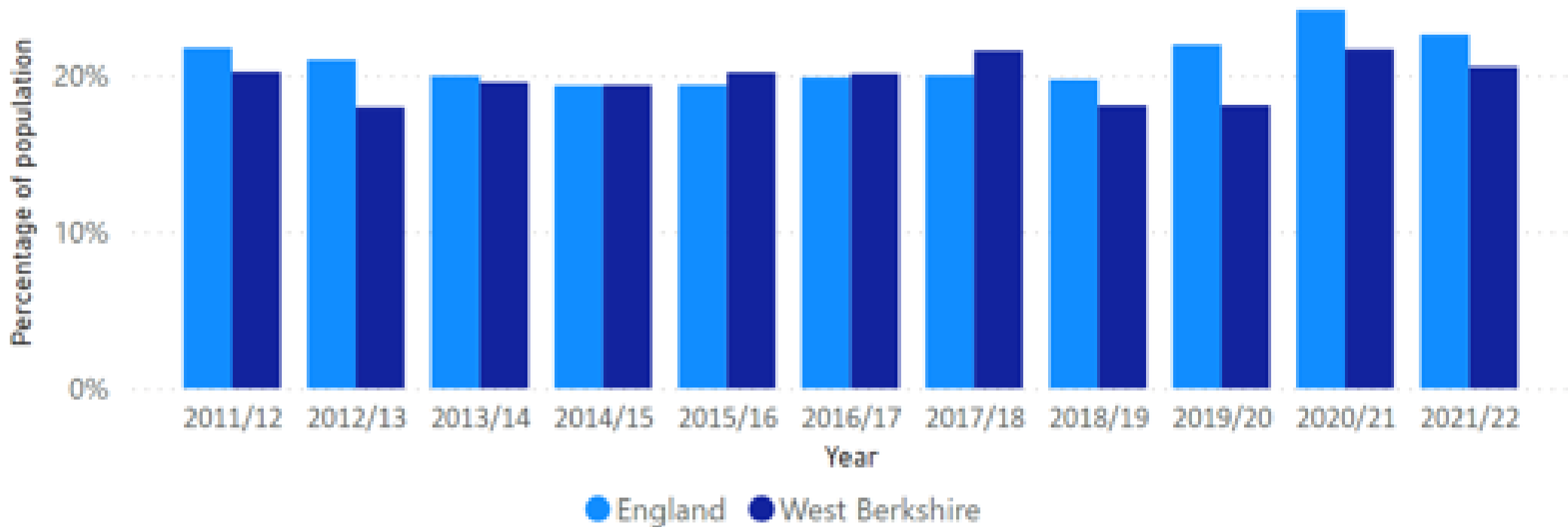
Overall, how anxious did you feel yesterday?

Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0 to 10 (where 0 is “not at all satisfied or happy or anxious or worthwhile” and 10 is “completely satisfied or happy or anxious or worthwhile”).

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

5.4 Self-reported well-being (happiness/anxiety/satisfaction/worthwhile) - High anxiety score



The indicators comes from the Annual Population Survey (APS). The indicators are based on the four questions below:

Overall, how satisfied are you with your life nowadays?

Overall, how happy did you feel yesterday?

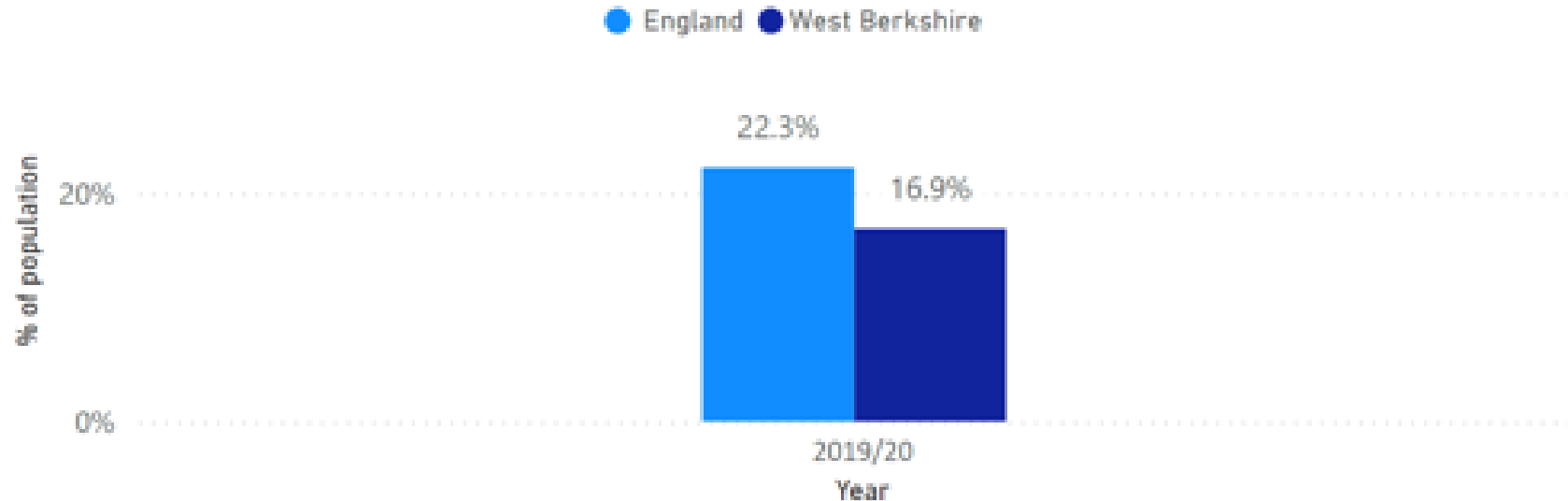
Overall, how anxious did you feel yesterday?

Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0 to 10 (where 0 is “not at all satisfied or happy or anxious or worthwhile” and 10 is “completely satisfied or happy or anxious or worthwhile”).

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

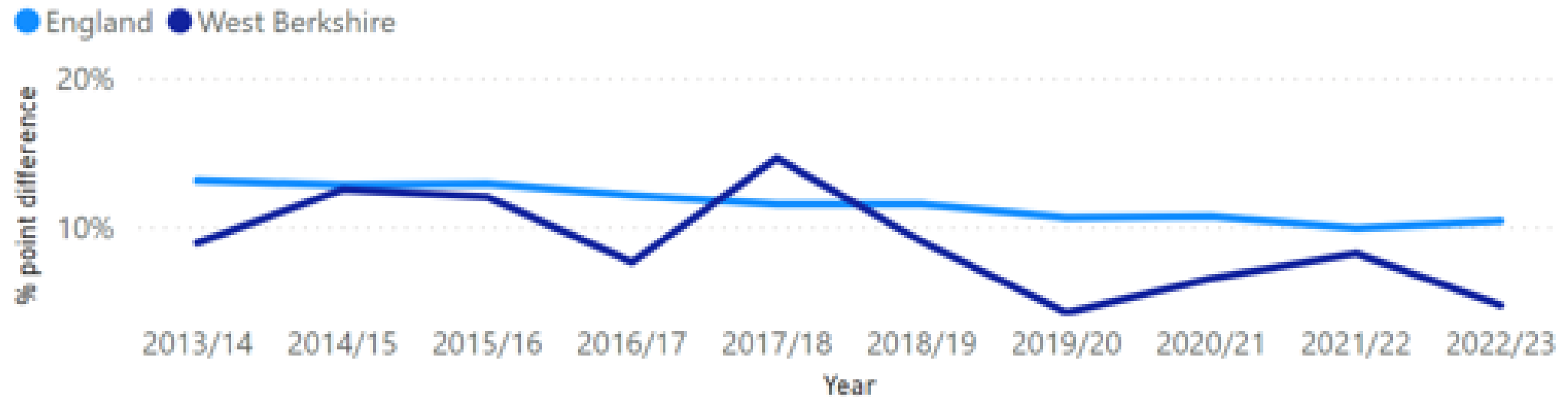
5.5 Percentage of people who feel lonely often, always, or some of the time in West Berkshire and England



This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time". (OHID/Public Health Profiles)

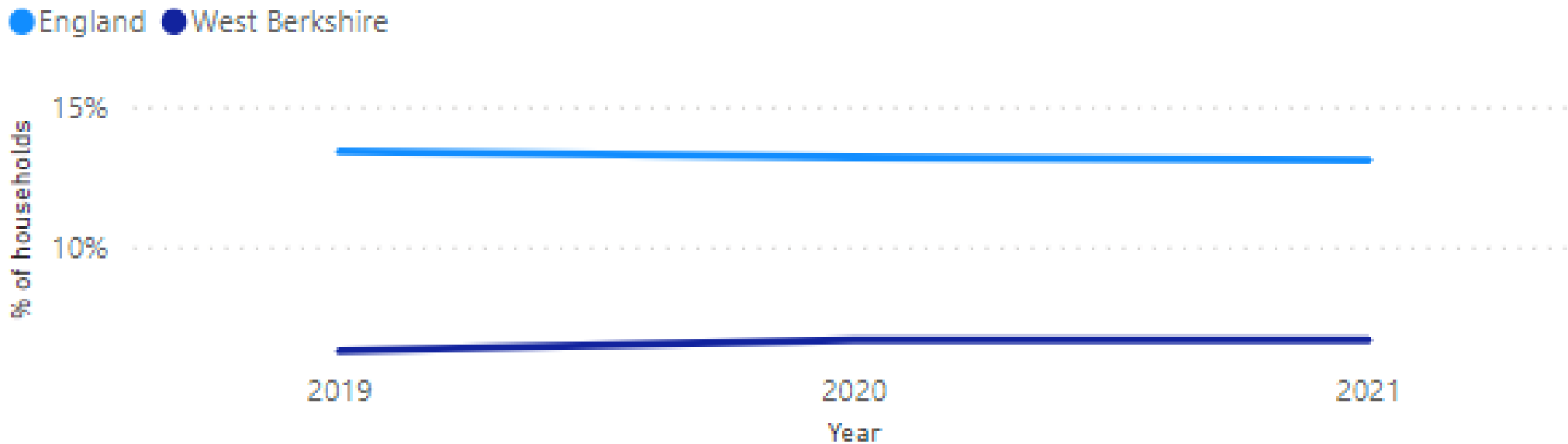
This indicator comes from the Active Lives Adult Survey, Sport England. It shows the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time". (OHID/Public Health Profiles)

5.6 The percentage point difference between the percentage of those with a physical or mental health long term condition (aged 16-64 years) who are classified as employed and the percentage of all respondents classified as employed in West Berkshire and England

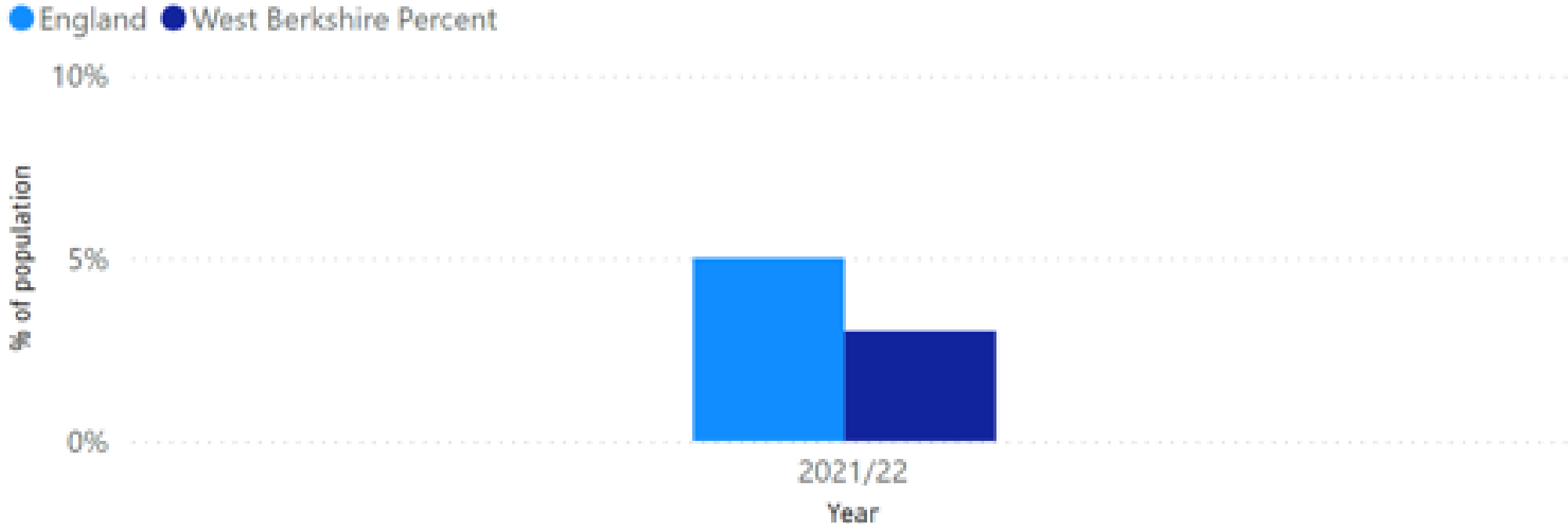


This indicator shows the percentage point gap between the percentage of respondents in the Labour Force Survey who have a long-term condition who are classified as employed (aged 16 to 64) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64). In West Berkshire the gap (4.7) is similar to England (10.4). (OHID/Public Health Profiles)

5.7 percentage of households that experience fuel poverty (based on low income, low efficiency methodology) in West Berkshire and England

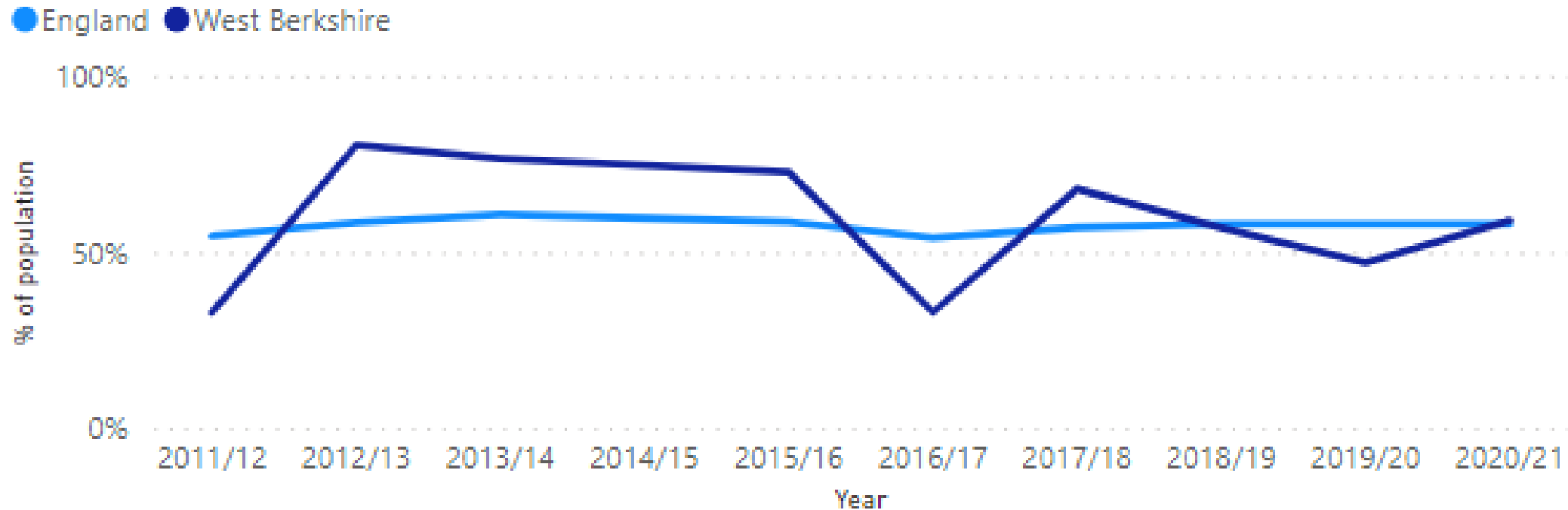


5.8 Unemployment rate (%) in working age population in West Berkshire and England



The indicator shows the percentage of the working-age population who are claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. The overall unemployment rate in West Berkshire is lower than England. Note: this is a new indicator that replaces the previous model-based unemployment rate and there is no comparable historical data. (OHID/Public Health Profiles)

5.9 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)



The percentage of adults aged 18-69 who are in contact with mental health services and live independently. West Berkshire has a similar percentage (59%) than England (58%). (OHID/Public Health Profiles)

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Progress Report - Priorities 4 & 5

Report being considered by:	Health and Wellbeing Board
On:	2 May 2024
Report Authors:	Adrian Barker / Gordon Oliver
Report Sponsor:	John Ashton
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 fourth and fifth priorities:
- Priority 4 - Promote good mental health and wellbeing for all children and young people
 - Priority 5 – Promote good mental health and wellbeing for all adults

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 any 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 concerns the actions in the JLHWS Delivery Plan that relate to the priorities *'Promote good mental health and wellbeing for all children and young people'*, and *'Promote good mental health and wellbeing for all adults'*. 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

Priority 4 - Promote good mental health and wellbeing for all children and young people

- 4.1 The mental and emotional health of children and young people (CYP) is as important as their physical health and wellbeing. Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects: 50% of those with lifetime mental illness experience symptoms by age 14.
- 4.2 The Joint Local Health and Wellbeing Strategy identified the following issues as affecting the mental and emotional welfare for local CYP:
- (1) Limited access to mental health education and services to support children and young people and prevention services;
 - (2) Limited resources, service cuts and the impact of Covid-19 and the lockdowns on the ability to access service;
 - (3) The waiting time to access Child and Adolescent Mental Health Services (CAMHS).
- 4.3 The Strategy set out the following objectives under this priority:
- Aim to enable all our young people to thrive by helping them to build their resilience and have the skills to overcome normal life challenges and stresses without long term harm.
 - Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition, in order to intervene early to support them with their emotional wellbeing, build self-confidence and so prevent worsening mental health.
 - Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will also improve the equality of access across all services by recognising the diversity of our youth population.
 - Engage with staff, students, parents, the community and mental health support teams to inform interventions for emotional health and wellbeing, supporting a Whole School Approach to Mental Health and embedding wellbeing as a priority across the school environment.

- Each local authority will proactively support the mental health and wellbeing of their looked after children and care leavers, adopting behaviours and attitudes, acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic and fulfilled lives (Corporate Parenting Principles).
- Expand our trauma-informed approach among formal and informal service providers, including charities and voluntary organisations, supporting recovery and resilience in our children and young people. Improve the process for transition to adult mental health services for our young people, starting the planning early and including the young person themselves in order to ensure that the process is as smooth as possible.

4.4 The Delivery Plan set out actions designed to support the above objectives:

- 4.1.1 Three Schools have obtained the [Health and Wellbeing in Schools Award](#) and a further three schools are progressing towards achieving the award, and 27 schools have received related workshops.
- 4.1.3 A total of 29 Young Health Champions have been created in 2023/24 (against a target of 30). The programme is for young people between the ages of 14 - 24 who want to help their peers develop a healthier lifestyle and make their voice heard around health and wellbeing issues.

4.5 The Delivery Plan was reviewed in Quarter 1 of 2023/24. As part of this process, a number of actions were identified for deletion due to: being complete; now being considered 'business as usual' activity; a lack of budget / resources; or not being an agreed action. Further details are provided in Appendix A.

4.6 As part of the review process, a number of Delivery Plan actions have been identified as being more appropriate for delivery at Place or System levels, and have been escalated accordingly. Many of these actions related to Priority 4, due to services such as CAMHS being delivered by Berkshire Healthcare Foundation Trust. Unfortunately, this has resulted in a greatly depleted list of actions still being delivered at a local level. However, it is anticipated that the Delivery Plan will be reviewed and updated once the new Director of Public Health is in post.

Priority 5 - Promote good mental health and wellbeing for all adults

4.7 Adults could be affected by mental health issues at any time. In any one year, one in four adults experience at least one diagnosable mental health problem¹. Mental Health impacts all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society. In 2022/23, an estimated 19.6 million working days were lost due to work-related stress, depression or anxiety in Great Britain, accounting for the majority of days lost due to work related ill health². The cost of mental ill health was estimated to be £300bn in England in 2022 (made up of £110bn economic costs, £130bn human costs and £60bn health and care costs). This was double the NHS's budget for England in that year (£153bn)³.

¹ <https://www.england.nhs.uk/mental-health/adults/>

² <https://www.hse.gov.uk/statistics/dayslost.htm>

³ <https://www.centreformentalhealth.org.uk/publications/the-economic-and-social-costs-of-mental-ill-health/>

4.8 The key issues identified in the Joint Local Health and Wellbeing Strategy were:

- (1) Lack of early identification of, and intervention in, mental health problems;
- (2) Limited social networks having a significant impact on the health and wellbeing of people;
- (3) Improving the access, quality and efficiency of current services.

4.9 The Strategy set out the following objectives under this priority:

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

4.10 The Delivery Plan set out a range of actions designed to achieve the above objectives. Good progress has been made and many of the original actions have now been completed as set out in Appendix A. Some of the key actions are highlighted below:

- 5.1.2: To help support new residents to West Berkshire with a sense of belonging and awareness of local services, a [webpage](#) for new residents, with input from key council departments has been produced.
- 5.1.4 To raise awareness of resources and interventions that help to address mental health and wellbeing to residents, community groups and key stakeholders information has been provided in a number of ways, including the West Berkshire Council website, the West Berkshire Directory and the production of mental health 'z-cards' (including an additional print run providing 3,000 for schools, 1,000 for the West Berkshire Foodbank, 50 to Newbury Soup Kitchen and 100 to the West Berkshire Suicide Prevention Group).

- 5.2.2: Over £260k was allocated to local voluntary and community organisations through the “Surviving to Thriving” fund which was set up in order to help mitigate the impact of Covid-19 on mental health.
- During Mental Health Awareness Week 2023, a new Poetry in Mind campaign was launched which encouraged West Berkshire residents to submit poems about mental health related themes. As part of this, a Celebration Event was held at Shaw House on World Mental Health Day in October. Over 100 poems were received, and a selection were displayed in West Berkshire libraries, the museum and Shaw House. At the event, participants were presented with a certificate of participation from Councillor Janine Lewis, and some brave residents read out their poems to the group, which was at times very emotional. All the chosen poems are available to read online:
<https://www.westberks.gov.uk/poetry-in-mind>
- The MHAG has been able to secure a place on the Berkshire West Mental Health Place Board. It is hoped that this will enable improved integration with wider governance structures.
- 5.4.5: Monitor and support the implementation and development of the new Mental Health Integrated Community Service (MHICs) in West Berkshire. This service went live in January 2024. MHAG has been actively represented on the Steering Group for setting up the new service. The initial period of central funding to set up the initiative ends in March 2024, with the service now continuing as business as usual.
- 5.1.1. A final report on Financial Problems and Mental Health was presented to the Health and Wellbeing Board at its meeting on 3rd October 2023. The Board noted the actions already undertaken and ongoing progress with delivery of the recommendations. Amongst other things, it also agreed:
 - that the Scrutiny Commission be asked to review issues around debt recovery and the Council Tax Reduction Scheme
 - that the Public Protection Service be asked to review how it could be involved in delivery of the targets identified in the report, including training of staff on mental health
 - that consideration be given to improved co-ordination of work between the voluntary sector and BHFT
 - that BHFT be asked to respond to the original request on the ability of its staff to provide support on financial problems, such as through signposting to other sources of help
 - We have continued to work with the Health and Wellbeing in Schools Co-ordinator to produce a guide for teachers of resources to help them support students on financial management. This was produced to coincide ‘Talk Money Week’, 6th-10th November.

4.11 Further progress is expected with some of the above actions, with work also starting on a number of new / amended actions. Current priorities include:

- One of the Group's Delivery Plan aims is to "develop and promote a range of information and tools to support transition across the life course". One of the examples in the delivery plan is bereavement, and the group felt this would be a worthwhile area to focus on initially. We are currently doing further work to decide what MHAG might be able to do in this area.
- Some initial work has been done on digital inclusion champions, considering the nature of the problem and possible routes to effective action. While work is being done on this by a number of different bodies, it is currently quite fragmented, so there may be opportunities from helping join it up.
- The MHAG is looking to re-establish a Mental Health Forum bringing together a wider range of voluntary sector organisations, service users and mental health service providers to regularly share information and raise issues to feed into the Mental Health Action Group and with other relevant organisations.

4.12 The Delivery Plan was reviewed in Quarter 1 of 2023/24. As part of this process, a number of actions were identified for deletion due to: being complete; now being considered 'business as usual' activity; a lack of budget / resources; or not being an agreed action. Further details are provided in Appendix A.

4.13 As part of the review process, a number of Delivery Plan actions have been identified as being more appropriate for delivery at the Place or System levels, and have been escalated accordingly.

5. Options Considered

5.1 All actions have been reviewed by the Mental Health Action Group 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.

5.2 The Health and Wellbeing Board may choose to accept the changes or make recommendations for further changes.

6. Proposal(s)

The Health and Wellbeing Board is asked to:

- consider if the actions designed to deliver Priorities 4 and 5 of the JLHWS are still appropriate, if existing actions need to be updated, or if additional actions are required;

- consider if any actions would be better delivered at 'Place' or 'System' levels;
- commit their respective organisations to delivering the action plan.

7. Conclusion(s)

This report provides the Board with assurance that Delivery Plan actions around the JLHWS priorities to '*Promote good mental health and wellbeing for all children and young people*', and '*Promote good mental health and wellbeing for all adults*' 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 – Priority 4 & 5 Delivery Plan

Appendix B – Case Studies

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 ensuring that the JLHWS Delivery Plan actions are delivered and regularly reviewed.

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Appendix A - New or Refreshed Actions

Health and Wellbeing Strategy Delivery Plan 2022-2025													
Objective	8	New 23/24	Owned by	Contact	Timescale	Indicator	Target	2023/24				RAG Status	Commentary
								Q1	Q2	Q3	Q4		

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	8	New 23/24	Owned by	Contact	Timescale	Indicator	Target	2023/24				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
Priority 4 - Promote good mental health and wellbeing for all children and young people													
4.1 Enable our young people to thrive by helping them to build their resilience	4.1.1: Health and wellbeing in schools programme: 1. Health and Wellbeing in Schools Award 2. The Public Health and Wellbeing Health and Wellbeing in Schools programme.	Amended 23/24	Communities and Wellbeing (Public Health)	Paul Graham	Mar-24	1. No. of schools taking up offer. 2. Universal Year 3 Living Well workshop	1. 75% of schools who start the award completing it 2. 30 schools receiving workshop	60% (3 out of 5 schools) 4 schools	1. 0 2. 15	2. 8	A	1. Three schools completed award in Q1. 3 schools still in progress yet to complete. 2. 27 schools receiving universal workshops in 2023/24	
	4.1.3: Develop and expand the Young Health Champions programme	Amended 23/24	Communities and Wellbeing (Public Health)	Paul Graham		Number of champions recruited. Number of young people reached.	2022/23 - 30 per year	0	5	12	12	A	29 YHC created in 2023/24
4.7: Improve the process for transition to adult mental health services	4.7.6 Dedicated 16-25 transitions worker within CYP Substance Misuse services		Substance Misuse Partnership	Denise Sayles / Jessica Ryall-Spoor	New contract beginning April 2022	Worker in place					R	DS to prepare new actions to come out of Combatting Drugs Partnership. Currently on hold due to staff sickness.	
Priority 5 - Promote good mental health and wellbeing for all adults													
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	5.1.3: Work with the Homelessness Strategy Group to understand gaps and/links to poor mental health and wellbeing (e.g. reason for eviction)		Homelessness Strategy Group	Nick Caprara	Jun-22	Gaps identified in service provision % of homeless people reporting being support with their mental health (place holder)	As per Homeless Strategy Group KPI's						
	5.1.4 Raise awareness of resources and interventions that help to address mental health and wellbeing and related issues (e.g. rural isolation and loneliness) to residents, community groups and key stakeholders	Transferred to Ageing Well	Ageing Well Task Group	Sue Butterworth	Dec-22	Number of entries inputted onto aDoddle (community mapping tool) Number of hits on West Berkshire directory						Z cards updated again and a further 5,000 cards have been ordered. 3,000 for schools and 1,000 for west Berkshire foodbank, 50 to Newbury Soup Kitchen, 100 to West Berkshire Suicide Prevention Action Group. We have also provided some to Healthwatch and the new Be Well this Winter service. Ageing Well Task Group meeting to decide on actions. Suggestion that this action is split into two - one for MHAG around raising awareness and one for AWTG around rural isolation and loneliness.	
5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma	5.2.4: Run regular service users engagement events to ensure the continuous improvements of local services e.g. Thinking Together		Mental Health Action Group	Adrian Barker	Mar-23	Number of Thinking Together events held Number of service users attending events % service users and % professionals in attendance	As per service specification/ funding agreement					A The next thinking together event with young people is to be run with Berkshire Youth, has been postponed until at least March 2023. August 2023: Healthwatch West Berkshire carried out a survey at Newbury College in March 2023 and spoke to young people about their experiences. Report is due. Due to budget changes within Healthwatch it is likely that they do not have capacity to lead on thinking events going forwards and will focus on their core activity. October 2023: Clarity being sought from Healthwatch at the next MHAG meeting about whether they can still lead on this. March 2024: since Healthwatch do not have the necessary resources to run these events, it has been decided to establish a Mental Health Forum. This will involve the same range of stakeholders as 'Thinking Together' events, in smaller numbers, but meeting more frequently. The new forum is being set up in a co-produced way, between professionals and service users.	

Health and Wellbeing Strategy Delivery Plan 2022-2025

Health and Wellbeing Strategy Delivery Plan 2022-2025													
Objective	8	New 23/24	Owned by	Contact	Timescale	Indicator	Target	2023/24				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting access and signpost to activities that promote wellbeing	5.3.2. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	New 23/24	Ageing Well Task Group	Sue Butterworth		Work in partnership to develop a supported volunteer programme with residents with a learning disability, which addresses the identified need for gardening help for ageing or vulnerable residents in West Berkshire	Gardening help for elderly and vulnerable residents					A	Project Support Officer, Nature for Health in post. Indicator amended in line with appraisal objectives. Work is ongoing in the development of this indicator.
	5.3.3. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	New 23/24	Ageing Well Task Group	Sue Butterworth		Work in partnership to develop a supported volunteer programme with residents with a learning disability, which addresses the identified need for gardening help for ageing or vulnerable residents in West Berkshire	Support and encouragement for people with learning disability to acquire new skills and confidence which could help them into paid employment					A	Project Support Officer, Nature for Health in post. Indicator amended in line with appraisal objectives. Work is ongoing in the development of this indicator.
	5.3.4 Using a co-production approach where possible - develop and deliver nature for health activities to reduce social isolation and loneliness and support communities	New 23/24	Ageing Well Task Group	Sue Butterworth		Using a co-production approach develop and deliver nature for health activities to on an intergerne	Deliver a nature for health project to an intergenerational audience					G	Intergenerational gardening project set up working with residents Newbury Grange care home and children from Fir Tree School. This is now operational and proving popular and succesful
5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.	5.4.4: Develop and promote a range information and tools to support transition across the life course (e.g. birth, school, college/ university, employment, moving house, marriage, divorce/ separation/ widow, bereavement) through Be Well (or similar platform).		Mental Health Action Group	Adrian Barker	Apr-22	Number of resources produced	One per quarter					R	<p>August 2023: Be Well project was halted by the former Director of Public Health so this action cannot be progressed in its current form. MHAG will consider other options.</p> <p>October 2023: This has been added as an agenda item for the next MHAG meeting in November.</p> <p>March 2024: it has been decided to pursue bereavement as a key transition across the life course. The first step will be to bring together relevant bodies engaged in this area to identify any problems and suggest ways in which they could be addressed.</p>
	NEW: 5.4.5: Monitor and support the implementation and development of the new Mental Health Integrated Community Service in West Berkshire		Mental Health Action Group	Adrian Barker	Mar-24	Regular reports/updates to MHAG from BHFT	TBC					G	<p>August 2023: Natalie Chatham, Community Mental Health Programme Manager at Berkshire Healthcare NHS Foundation Trust attended the Mental Health Action Group in June 2023 to provide an update. She explained that the MICHS service which was supposed to commence in June 2023, has now been delayed until October/November 2023. The service will support residents with moderate/severe mental health issues who sit between primary care and secondary care to prevent mental health crisis.</p> <p>October 2023: Some MHAG members attended the MICHS Stakeholder event on Tuesday 10th October. We received an update on implementation of the new service in West Berkshire. Berkshire Healthcare Foundation Trust have plans to set up a Steering Group to oversee the implementation in West Berkshire.</p> <p>March 2024: A number of members of the MHAG have been actively contributing to the MHICS (Mental Health Integrated Community Service) Steering Group since its establishment in November 2023. The service had a soft launch at the end of January 2024. It is developing in a phased approach, gradually increasing where it is taking referrals from and building up to its full complement of staff.</p>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	8	New 23/24	Owned by	Contact	Timescale	Indicator	Target	2023/24				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
5.6: Improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.	5.6.2: Implement and deliver the priorities of the new Berkshire Suicide Prevention Strategy		Shared Public Health Team	Charlotte Pavitt	Jan-24	Operational delivery plan produced	N/A					R	Work on the Suicide Prevention Strategy has been delayed due to staff sickness. An update will be provided to the Health and Wellbeing Board meeting on 2 May.
	5.6.3 Raise awareness of the issue of suicide, its causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.		West Berkshire Suicide Prevention Action Group	Garry Poulson	Apr-22	Number of organisations contacted	10 per quarter	8					A

Appendix A - 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 4 - Promote good mental health and wellbeing for all children and young people												
	4.1.2: Number of local primary schools who have received a Life Education Performance	Childrens Prevention and Early Help Partnership	Denise Sayles	Apr-22	Number of schools	12					G	Delete - BAU activity
	4.1.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	Jaqueline Cooper	Jun-22	Delivery of campaign No. of books available No. of books issued		1 27 80	1 27 117	1 27 76		G	Complete As part of general Reading Well promotions on Libraries social media in April and May (Q1), July and September (Q2) and November (Q3 - latter focusing on e-books). Also specific social media promotions for the revised Reading Well for Teens books in December (Q3). Please see details in 5.3.3 re Empathy Day promotions in Libraries. All 27 titles are in stock in West Berkshire Libraries. (Number of copies varies at any given point but usually at least two.) This booklist was revised by The Reading Agency during the year and older titles were still in stock throughout Q1-Q3.
	4.1.5: Implement the Recovery curriculum RSH through provision of a suite of resources and workshops for pupils in primary and secondary schools (placeholder – tbc)	Communities and Wellbeing (Public Health)	Paul Graham	Dec-23	To be developed	TBC						Delete This work was not funded and therefore has been deleted from the Delivery Plan.
4.2: Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition	4.2.3: Meeting the COVID surge demand as it arises	Berkshire West CCG		Mar-22	Meeting three weekly to address need, beginning in August 2021.						G	Delete Transformation Plan developed and in place.
	4.2.1: Single access and decision-making	Childrens Prevention and Early Help Partnership		Oct-21	Work beginning Autumn 2021		Existing access and referral arrangements realigned into a single Berkshire west approach	Completed Sept 2022				

	4.2.2: Building a formal Delivery Partnership arrangement.	Childrens Prevention and Early Help Partnership		TBC	Autumn conference with Oxfordshire Mind who will work with key parties to build and present a proposal		Berkshire West event in Spring 22	Aligned Commissioning model June 2022				
4.3: Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health	4.3.1: Create a stakeholder map of our current Community and Voluntary sector partners who are working on mental health and wellbeing for children and young people	Communities and Wellbeing (Childrens Prevention and Early Help Partnership)		Dec-22	Completion of network map	n/a					G	Complete
	4.3.2: Be Well Campaign	MH & LD Board		Jun-22	Number of engagements/unique users with new website, by local authority Number of visitors providing feedback on Be Well website Regular emoji feedback rating % of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	Baseline % of West Berkshire residents TBC TBC						
4.4 Engage with staff, students, parents, the community and mental health support teams to inform interventions for emotional health and wellbeing, supporting a Whole School Approach to Mental Health and embedding wellbeing as a priority across the school environment.	4.4.1 Mobilising 2 further Mental Health Support Teams in schools. Newbury. Reading (South & East)	Berkshire West ICP Children's Programme Board	Niki Cartwright	Oct-22	MHST teams established	2 new MHSTs					G	Complete and for removal. Teams now fully mobilised. Celebration event postponed due the death of Her Majesty Queen Elizabeth.
	4.4.2: Recruit Young Health Champions in Schools		Paul Graham	Jul-22	Number of schools engaged	Year 1 - 3 schools 10 YHC per school Year 2 - 3 schools 10 YHC per school						Delete due to duplication. See 4.1.4 for details.
	4.4.3: Create PSHE resources for KS3 and KS4 students to support schools' PSHE delivery	Childrens Prevention and Early Help Partnership	Paul Graham	Jul-22	Number of schools engaged Feedback from attendees	5 resources per year	2 PSHE podcasts created		2 (4) PSHE4you podcasts created		G	Delete - BAU Activity On target for 5 resources this year
4.6: Expand our trauma informed approach among formal and informal service providers	4.6.1: Develop a trauma informed strategy for West Berkshire. mapping exercise. options appraisal for TI training across BOB	Childrens Prevention and Early Help Partnership, ICS Children's Board	Andy Sharp	Dec-22	To be agreed by Dec 2021 Mapping exercise and Options Appraisal Completed (feedback needed re ICS proposals for BOB and timescales on actions)							Delete The BW ICP Children's Group closed this as an area of work following the options appraisal on the basis that there are a range of approaches being undertaken within the patch that contain trauma informed elements and therefore a single approach wouldn't be appropriate. The Berkshire West Safeguarding Children Partnership however have recently discussed this as being an area of focus and activity for them and this is likely to form part of the business plan for the BWSCP in the future.

	4.6.2: Expand the provision of Therapeutic Thinking training for all school staff	Childrens Prevention and Early Help Partnership	Michelle Sancho	Dec-22	Number of schools engaged Reduced number of suspensions Reduced (FTEs) permanent exclusions Reduced number of Alternative provision Reduced number of SEND specialist placement									
	4.6.3: Provide Therapeutic Thinking Training for Children's Services staff	West Berkshire Children's Service	Lucy Hilyard	Dec-22	Number of staff trained Feedback from attendees							A	Complete and for removal. 138 primary colleagues; 53 secondary colleagues, 69 LA colleagues of which 14 CS's colleagues have trained as tutor trainers with access to TT eLearning platform to train their teams, supporting a common language with each other, schools, pupils and families. 100% of participants rated the training good or very good and articulated how it will improve their work with partners.	
4.7: Improve the process for transition to adult mental health services	4.7.4. Ensure models are trauma informed	BOB ICB	Niki Cartwright									G	Delete - this is a way of working not an action Continuing to embed trauma informed approaches is a priority for the refreshed Children and Young People's Mental Health Local Transformation Plan 2022-24.	
	4.7.5. A place focused (School focused or community focused) pilot, including the role of alternative education												Undefined - delete.	
	Dedicated 16-25 transitions worker within CYP Substance Misuse services	BCT Partnership?	Denise Sayles	New contract beginning April 2022	Worker in place							G	Complete	
Priority 5 - Promote good mental health and wellbeing for all adults														
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	5.1.1 Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)	Mental Health Action Group	Adrian Barker	Ongoing	Number of clients supported by CAB Number of clients referred to CAB by social prescribers. [update: Final report submitted]	As per specification Stakeholder workshops, Report, Proposals for suggested actions							G	Stakeholder workshop held in September 2022 to look at the financial issues for people with mental health issues and starting to look at solutions.
	5.1.2: Supporting new residents to West Berkshire with a sense of belonging and awareness of local services	Mental Health Action Group	Adrian Barker	Ongoing	Number of new residents to West Berkshire	50% of new residents							G	Complete and for removal Webpage has been completed. The next phase is to promote the webpage across the district and monitor hits on the webpage.
	5.1.3: Work with the Homelessness Strategy Group to understand gaps and/links to poor mental health and wellbeing (e.g. reason for eviction)	Homelessness Strategy Group	Nick Caprara	Jun-22	Gaps identified in service provision % of homeless people reporting being support with their mental health (place holder)	As per Homeless Strategy Group KPI's								
	5.1.4 Raise awareness of resources and interventions that help to address mental health and wellbeing and related issues (e.g. rural isolation and loneliness) to residents, community groups and key stakeholders	Ageing Well Task Group	April Peberdy	Dec-22	Number of mental health z cards distributed Number of entries inputted onto aDoddle (community mapping tool) Number of hits on West Berkshire directory	One per household 20 organisations 10% increase from baseline							G	Complete and for removal. Z cards updated again and a further 5,000 cards have been ordered. 3,000 for schools and 1,000 for west Berkshire foodbank, 50 to Newbury Soup Kitchen, 100 to West Berkshire Suicide Prevention Action Group. We have also provided some to Healthwatch and the new Be Well this Winter service.
	5.1.5: Create a tool which allows policymakers to examine the impact of their proposals and decision making on mental health	Public Health and wellbeing	Rachel Johnson	Dec-22	Health in all policies tool complete	N/A								Delete Project started in public health and wellbeing as per section 1.3 above.

5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma	5.2.1: Utilise opportunities to promote existing mental health resources/services at local resident engagement events (e.g. educate)	Public Health and wellbeing	Rachel Johnson		Number of organisations provided with information	5+ per quarter					A	We recently provided resources to the Patient Information Point at West Berkshire Community Hospital.	
	5.2.2 Through the surviving to thriving fund, enable local organisations to provide support and develop services that improve mental health and wellbeing of West Berkshire residents	Mental Health Action Group	Adrian Barker	Mar-22	Number of beneficiaries Amount of funding awarded Key outcomes for beneficiaries	Baseline >£300k TBC					G	Complete	
	5.2.3: Develop a new mental wellbeing campaign (Be Well) to connect people from all backgrounds with local support and reduce stigma			Jun-22	Number of engagements/unique users with new website, by local authority Number of visitors providing feedback on Be Well website Regular emoji feedback rating % of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	Baseline % of West Berkshire residents TBC TBC						Delete	
	5.2.5: Commission Public awareness training sessions on a range of mental health issues including: self esteem anger management bereavement coping with redundancy coping with relationship breakdown sleep Death and dying	Communities and Wellbeing	Rachel Johnson		Number of sessions Number of attendees Feedback							Delete.	This work has not been funded and therefore has been deleted from the Delivery Plan. Funding for an alternative project on death literacy is currently being explored.
	5.2.6: Ensure services are responsive to the needs of vulnerable and marginalised groups in society, e.g. socioeconomically disadvantaged, ethnically diverse communities	Mental Health Action Group	Adrian Barker	Mar-24	TBC	TBC						A	Delete Links to 5.1.1.

	5.2.7: Commission a range of public bite-sized awareness training sessions or on a range of life events that can impact mental health and wellbeing (e.g. including but not limited too; self-esteem, anger management, grief and bereavement, coping with redundancy coping with relationship breakdown, sleep death and dying)	Communities and wellbeing (public health)	Rachel Johnson	Feb-22	Number of sessions, Number of attendees, Feedback	As per service specification							Delete Links to 5.2.5.
5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting access and signpost to activities that promote wellbeing	5.3.1 Establish a Creative Health Alliance to improve the availability and promotion of arts and cultural activities			Apr-23	Terms of reference developed, Number of meetings, Number of new members	N/A, At least once per quarter, As per terms of reference							
	5.3.2. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	Ageing Well Sub Group	April Peberdy		Project officer – nature for health recruited Number of people taking part in health walks	N/A, Baseline	165	220	241		G	Complete and for removal. Project Support Officer, Nature for Health in post. Summer drop in Sessions at Shaw House raised beds have run in August and Autumn programme promoted. Working in Partnership with Sovereign and Community Matters on another project for the autumn. Drop in sessions continue to run at Shaw House Q3. Consider putting the number of people taking part in health walks under a different indicator.	
	5.3.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day (June 2022)	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	Jacqueline Cooper	Jun-22	Delivery of campaign No. of books available No. of books issued		1 158 483	1 158 684	1 158 475		G	Delete - BAU Activity General Reading Well promotions on Libraries social media in April and May (Q1), July and September (Q2) and November (Q3 - latter focusing on e-books), plus a specific campaign in May (Q1), prior to Empathy Day, which focussed on the resources available for adults, young adults and children respectively on different days. Given the requirement for Libraries to focus on activities for the Queen's Platinum Jubilee celebrations, no activities were arranged for Empathy Day itself, although social media promotions by Empathy Lab UK were shared on Libraries social media Prior to this, a general message relating to books for empathy was developed with Public Health for the Libraries 'Message of the Month' in May. This was used on Libraries social media on several occasions throughout the month, in posters in all libraries and images on library kiosks, and featured in the Libraries May customer newsletter. All 158 titles from the 5 Reading Well booklists are in stock in West Berkshire Libraries. (Number of copies varies at any given point but usually at least two.) In addition, the titles from the older edition of the Reading Well for Teens list were still in stock throughout Q1-Q3.	
5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them	5.4.1: Create a 10 year mental health strategy (placeholder)		Adrian Barker	Dec-22	Strategy approved by the Health and Wellbeing Board	N/A							Delete - no longer required. Matt Pearce removed the need for a separate mental health strategy after discussion at MHAG.
	5.4.2: Completion of Adult Mental Health Needs Assessment and regularly review other sources of data e.g. residents survey	Communities and wellbeing (Public Health and Wellbeing)	Adrian Barker	Mar-23	Mental health needs assessment completed and published	N/A					A	Complete and for removal. Interviews have been conducted and are being written up with key themes to be included within the needs assessment.	

	5.4.3: Provide welcome packs to target people moving home or new to West Berkshire (e.g. resource pack focusing on Health and Wellbeing)	Mental Health Action Group, Public Health and Wellbeing	Adrian Barker	Adrian Barker	Welcome packs developed Process for distribution identified	N/A					A	Delete Duplication of 5.1.2
	5.4.4: Develop and promote a range information and tools to support transition across the life course (e.g. birth, school, college/ university, employment, moving house, marriage, divorce/ separation/ widow, bereavement) through Be Well (or similar platform).	Mental Health Action Group	Adrian Barker	Apr-22	Number of resources produced	One per quarter					R	Delete Be Well was not progressed.
5.5: Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between mental and physical health	5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment)	Public Health and Wellbeing, Skills and Enterprise Partnership	Rachel Johnson / Iain Wolloff	Aug-22	Number of relevant training courses held Number of businesses adopting mental health policies (placeholder)	As per service specification					G	Delete. The SEP and MHAG chairs worked with Rachel Johnson and Elisabeth Gowens (WBC Public Health and Wellbeing) to offer MH training for SMEs. Unfortunately, there has been no take-up of the offer by SMEs, but the programme is being delivered for voluntary organisations. In addition to the email and social media marketing of the training, the DWP are also now promoting the offer to employers.
	5.5.3: Develop and implement a universal mental health education training and delivery package around mental health crisis.	Berkshire West ICP Mental Health and Learning Disabilities Programme Board, Mental Health Action Group	Niki Cartwright		Current training models reviewed Training schedule completed Number of people completing the course by organisation	N/A					G	Complete and for removal. This has been completed by Terry Simpson from SCAS. He is presenting this resource to the Berkshire Suicide Prevention Group in Autumn 2022. This piece of work is now being rolled out across the Thames Valley.
	5.5.4 Commission services to support people who are in contact with mental health services to find or stay in work (Supported Employment Strategy)	Skills and Enterprise Partnership	Iain Wolloff	Jan-23	Employment rates between working age adults in contact with mental health services and the general population.	Baseline						G
5.6: Improve access to support for mental health crises and develop alternative models which	5.6.1: Evaluate the pilot crisis café: Breathing Space (delivered across Berkshire West)	Berkshire West ICP Mental Health and Learning Disabilities Programme Board	Niki Cartwright	Apr-22	Evaluation complete	N/A					G	Complete and for removal. Breathing Space launched in September 2021 and extension into West Berkshire in April 2022. Funding has been allocated to fund an external evaluation. This is currently being agreed.

Appendix A - Escalated 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 4 - Promote good mental health and wellbeing for all children and young people												
4.3: Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health	4.3.3: Continuing temporary contract during Covid for Kooth (online support)	Berkshire West ICP Children's Programme Board	Niki Cartwright	Ongoing	Standard Kooth indicators	No formal target but offered to give YP a choice of services					G	Contract has been extended till end of December whilst scoping of future provision is being undertaken.
	4.3.4: Addressing gaps in access and service offer due to inequalities. (cohorts LGBTQ+, Ethnically diverse groups, Learning Disabilities)	Berkshire West ICP Children's Programme Board	Niki Cartwright	Mar-22	Plan for data and monitoring improvement April 2022	Plan for data and monitoring improvement April 2022					G	CSW commissioned to undertake
	4.3.5: Tackling the waiting times in both specialist/ Core CAMHS for access and interventions in key areas: anxiety, depression, Specialist CAMHS, Autism and ADHD.	Berkshire West ICP Children's Programme Board BOB ICB	Niki Cartwright	Mar-22	Create a 2 year investment plan with BHFT for Core CAMHS to cover. 2022 ? 2024	Plan delivered March 2022					G	Investment plan in place for ASD/ADHD assessments and funding agreed to expand workforce . External contracts with Psychiatry UK also in place through BHFT.
	4.3.6: Meeting the Eating Disorder waiting times for response to referrals.	Berkshire West ICP Children's Programme Board BOB ICB	Niki Cartwright	Sep-21	Local Berkshire Protocol	Protocol in place by end of 21/22.					A	Recruitment to posts remains the biggest challenge. If fully recruited to then demand would be met. Looking to recruit GP with Special Interest to undertake physical check and link with Primary Care.
	4.3.7: Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases required locally to meet our 24/7 response commitment in the NHS long term plan	Berkshire West ICP Children's Programme Board BOB ICB	Niki Cartwright		Go live with phased offer January 2022, full workforce mobilisation March 2022	24/7 access for crisis cases					G	Fully recruited to and CYP 111 element is being piloted as part of the model
4.5: Support the mental health and wellbeing of looked after children and care leavers	4.5.1: Co-production of an 'In-reach' bespoke service for Children in Care. (placeholder)	Berkshire West ICP Children's Programme Board, Berkshire West local authorities	Niki Cartwright	Apr-23	To be scoped	To be scoped					G	Service is in mobilisation phase with approx. 50% of establishment recruited to. Full Launch planned for April 23.

4.7: Improve the process for transition to adult mental health services	4.7.1 (placeholder) Additional Reimbursement Role (ARRs) placed in a strategic primary care network that has a 16 plus focus	BHFT	?								G	PM now in place and first mobilisation meeting with stakeholder steering group in November.	
	4.7.2.Pilot a managing emotions programme -a psychoeducational course designed to support people who experience intense emotions that are difficult to manage.	BHFT	?		In Partnership with local VCS						G	This pilot has been extended to enable a more comprehensive evaluation of the model.	
	4.7.3. Work through the community mental health framework implementation model to test how to target and meet mental health needs of care leavers,	BOB ICB	Niki Cartwright										New pilot is mobilising for 16-25 year olds to provide support to Care Leavers and other vulnerable young adults. This will interface with the Adult MH Transformation Programme.
	4.7.4.Ensure clinical pathways review findings are focused on the transition from CYP to Adult Pathways	RBH	?										

Priority 5 - Promote good mental health and wellbeing for all adults

5.5: Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between mental and physical health	5.5.2: Increase uptake of annual health checks for people with serious mental illness and ensure appropriate behavioural support is available e.g. smoking cessation and weight management services	Berkshire West ICP Mental Health and Learning Disabilities Programme Board Mental Health Action Group	Niki Cartwright	Mar-23	% of people on GP SMI registers in receipt of all six elements of SMI health checks (by GP practice and overall number)	As per NHS KPIs						A	MHAG is monitoring progress and providing any advice and support it can. Percentage of those registered with SMI receiving all six elements of the SMI health check is increasing but still not clear if or when it will reach the national target of 60% by the end of the year. The Community Support Service with Oxfordshire Mind is now operational. This is a pilot support PCNs to reach patients who are difficult to reach. Performance is monitored monthly and support
	5.6: Improve access to support for mental health crises and develop alternative models which offer sustainable solutions	5.6.1: Evaluate the pilot crisis café: Breathing Space (delivered across Berkshire West)	Berkshire West ICP Mental Health and Learning Disabilities Programme Board	Niki Cartwright	Apr-22	Evaluation complete	N/A						G

Appendix B

Priority 4 Case Study: Mental health senior leaders and mental health in schools conference

Since 2021, the Department for Education has been offering grants to schools and colleges to train a senior mental health lead. In West Berkshire we are above the national and regional average in terms of schools who have applied for a grant from the DfE, however, we are also aware of schools who have a trained lead who have not applied for the grant.

In January 2024 we conducted a survey to map how many schools in West Berkshire had a trained lead or a member of staff with responsibility around mental health. This survey also asked whether colleagues would be interested in being involved in a network of fellow mental health leads, and if so, how this might look.

59 schools responded to confirm they had a member of staff who held such a responsibility and 80% of schools confirmed they would be interested in joining a network to share best practice and learn more about how to support the mental health of young people and the wider school community.

Following discussions with school colleagues, the first West Berkshire Mental Health in Schools Conference took place on 20 March 2024, with representatives from over 30 West Berkshire schools.

The agenda included presentations from local partners, case studies from one primary school and one secondary school, and time for reflection and discussion amongst colleagues.

The intention is for the conference to become an annual event in between network meetings that will be a blend of online and in person meetings.

Feedback from the event was very positive – an example is provided below:

“Kayley and I just wanted to thank you both sincerely for the Conference yesterday. It was a great afternoon - very informative and useful, and we enjoyed the chance to listen to the organisations present and to speak to other colleagues. We would certainly welcome a second Conference next year!

We are also looking forward to networking opportunities before then, and we will always really welcome the chance to chat more about staff wellbeing as well as student wellbeing.”

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Appendix B

Priority 5 Case Study - Involvement of Service Users

Over recent years, input has been received from mental health service users in a number of different ways.

- A series of 'Thinking Together' events have been run, organised by Healthwatch, bringing together groups of around 60-90 people, made up of service users, voluntary organisations, commissioners and service providers. These enabled commissioners and providers of services to hear first-hand the issues being faced by service users. These range from matters which could be addressed quite simply to bigger issues requiring further investigation (such as help in crisis, the need for holistic support and how to reduce stigma).
- People with lived experience (sometimes also wearing other hats) have also been represented on the Mental Health Action Group and predecessor bodies.
- Ad hoc feedback is received directly and indirectly through conversations and events, which, while not representative, can give early warnings of issues arising. This has sometimes been through events organised by the Mental Health Action Group and sometimes those organised by other bodies.

Healthwatch no longer have the resources to organise the large, 'Thinking Together' events, so to fill that gap, the Mental Health Action Group resolved to establish a wider, more general group, building on the model of a Mental Health Forum which had run successfully for a number of years in the past.

While service users have been involved in local mental health bodies before, this has sometimes felt like them being invited to what is essentially a meeting for 'professionals' (whether from the public or voluntary sector). This can mean that the events are organised in ways in which it is difficult for service users to attend and contribute. Other issues related to service user involvement include out of pocket costs of getting to meetings, timing and location, nature of the agenda and use of specialist language and knowledge.

It was therefore decided to that the new Mental Health Forum should be established in a co-produced way. A first planning meeting was held in March 2024, with four service users and six 'professionals' (though with some of the latter also 'experts by experience'), from statutory and voluntary sector organisations. This established the sort of priorities the new Forum would have and started thinking about how it would work.

The Forum is to have three broad roles:

- Sharing information and good practice between members

- Developing ideas and proposals and feeding them through relevant processes (principally via MHAG)
- To respond to ideas from MHAG (or elsewhere)

Involving service users and people with lived experience will always be a continuing endeavour. However, it is an essential part of understanding current service delivery, gaps and opportunities for improvement.

Better Care Fund Plan 2023-24 Q3 Report

Report being considered by:	Health and Wellbeing Board
On:	2 May 2024
Report Author:	Maria Shepherd, Integration Lead
Report Sponsor:	Councillor Alan Macro, Chair of HWB
Item for:	Information



1. Purpose of the Report

The purpose of this report is for the Board to note the Q3 Better Care Fund (BCF) Report. The report was submitted to NHS England on 9th January 2024 with the necessary sign off from the Health and Wellbeing Board Chairman.

2. Recommendation(s)

To note the Better Care Fund Plan 2023-2024 Q3 report.

3. Executive Summary

3.1 The Better Care Fund Policy Framework for 2023-25 provides continuity from the previous rounds of the programme and is a two-year plan.

3.2 The Policy Framework requires quarterly reports to be submitted, using a template to report on the performance against the five national metrics.

3.3 The five national metrics are:

1. Avoidable admissions - indirectly standardised rate of admissions per 100,000 population
2. Falls – Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. (This metric is new for 2023-25)
3. Discharge to usual place of residence – percentage of people, resident in HWB, who are discharged from acute hospital to their normal place of resident.
4. Residential Admissions – long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
5. Reablement – proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation service.

3.4 We are currently on track to meet four of the five BCF Metrics.

3.5 We are not on track to meet the target for residential admissions. We are continuing to monitor this closely and working in partnership with the Acute Trusts in enforcing the home first approach and reducing the number of patients being discharged on pathway 3.

3.6 The S75 agreement is in the process of being signed and sealed with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

4. Supporting Information

The formal governance for the Better Care Fund Plan sits within the Locality Integration Board, a sub-group of the Health and Wellbeing Board.

5. Options Considered

None – the report is for information only.

6. Proposal(s)

For the Health and Wellbeing Board to note the report.

7. Conclusion(s)

The quarterly report must be signed off by the Health and Wellbeing Board Chairman.

8. Consultation and Engagement

Councillor Alan Macro, Health and Wellbeing Board Chairman, and the Locality Integration Board.

9. Appendices

Appendix A – Q3 report

Background Papers:

[Better Care Fund Plan 2023-25](#)

Health and Wellbeing Priorities Supported:

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

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by driving health and social care integration, using pooled budgets.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, 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 (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (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 ICBs, local authorities and service providers) for

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

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 to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require 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' operation and paste 'Values'

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

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 change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover



HM Government



Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly 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 Better Care Exchange) 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 the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

West Berkshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	29/02/2024

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

West Berkshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs 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

Achievements 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 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	130.3	127.5	132.4	129.0	130.2	137.8	On track to meet target	We now appear to have a discrepancy in local data. Locally our Q1 data is showing actual performance in Q1 of 135.7 and in Q2 140.6. This was escalated to the data team within ICB on 12th January 2024 to look into.	We are on track according to national data. South, Central and West Commissioning Unit attended our Locality Integration Board and presented data on admissions to hospital. We continue to perform well compared to
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.4%	91.6%	91.1%	91.0%	92.0%	92.7%	On track to meet target	We still have a discrepancy in local data - this was escalated again to the ICB on 12th January 2024.	We are on track according to national data.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,686.0	374.8	366.8	On track to meet target	n/a	We are performing well in this area and if we continue on this trajectory we will be on track to meet our target.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				616	2022-23 ASCOF outcome: 663.8		Not on track to meet target	We will continue to monitor this very closely to evaluate the impact of enforcing home first approach from Hospital.	We are working in partnership with Trust to enforce the home first approach. In December we had 7 new admissions to Care Homes compared to 18 in December 2022 and an average of 17 across previous 7
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				85.0%	2022-23 ASCOF outcome: 88.7%		On track to meet target	n/a	At the end of December we are at 89%.

Checklist
Complete:

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

West Berkshire

Checklist	Yes	Yes	Yes	Yes							
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
1	Under 65 LD residential and supported living	Residential Placements	Care home	Minimum NHS Contribution	£1,580,091	£1,185,068	24	16.1	Number of beds/placements	Yes	We are experiencing ongoing issues with a handful of providers requesting above inflation increases. We have a limited supply of providers in the LD market. This has been highlighted in our Market Position Statement as an area of need/concern. It has also been recorded in the ASC's risk register.
3	Reablement	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£454,734	£341,051	11,131	14300	Hours of care (Unless short-term in which case it is packages)	No	
31	Reablement	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£307,300	£230,475	7,522	9664	Hours of care (Unless short-term in which case it is packages)	No	
42	Memory and cognition over 65	Residential Placements	Nursing home	Minimum NHS Contribution	£49,138	£36,854	1	0.9	Number of beds/placements	No	
53	Physical Support over 65	Residential Placements	Nursing home	Minimum NHS Contribution	£65,213	£48,910	1	1.3	Number of beds/placements	No	
54	Physical Support over 65	Residential Placements	Care home	Minimum NHS Contribution	£16,835	£12,626	0	0.2	Number of beds/placements	No	
6	LA Discharge Funding	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Local Authority Discharge Funding	£113,070	£113,070	4,916	4741	Hours of care (Unless short-term in which case it is packages)	Yes	As of the end of December the LA has spent an additional 619K to support Hospital Discharge
62	ICB Discharge Funding	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£773,000	£773,000	164	39	Packages	Yes	As of the end of December the LA has spent an additional 619K to support Hospital Discharge. The 773K has been used to fund 21,273 hours of home care and 39 packages.
66	Under 65 LD residential and supported living	Residential Placements	Care home	Minimum NHS Contribution	£946,922	£710,192	14	9.7	Number of beds/placements	No	
7	Over 65's Care Homes	Residential Placements	Care home	Minimum NHS Contribution	£125,746	£94,310	24	1	Number of beds/placements	No	
71	Over 65's Care Homes	Residential Placements	Supported housing	Minimum NHS Contribution	£254,344	£190,758	3	2	Number of beds/placements	No	
8	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£187,489	£140,617	8,151	5896	Hours of care (Unless short-term in which case it is packages)	No	
81	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£264,931	£198,698	11,518	8331	Hours of care (Unless short-term in which case it is packages)	No	
82	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	iBCF	£217,199	£162,899	9,443	6830	Hours of care (Unless short-term in which case it is packages)	No	
83	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£220,600	£165,450	9,591	6937	Hours of care (Unless short-term in which case it is packages)	No	
84	Joint Care Pathway	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£548,658	£411,494	23,854	17253	Hours of care (Unless short-term in which case it is packages)	No	
9	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,065,205	£759,000	325	185	Number of adaptations funded/people supported	No	
17	BHFT Contract	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£1,022,682	£767,012	888	0	Hours of care (Unless short-term in which case it is packages)	Yes	Data on outputs not readily available
29	Out of Hospital Services - Intermediate Care - Discharge Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Minimum NHS Contribution	£616,231	£462,173	108	0	Hours of care (Unless short-term in which case it is packages)	Yes	Data on outputs not readily available
31	Out of Hospital Service - Intermediate Care night sitting, rapid response	Home-based intermediate care services	Rehabilitation at home (to support discharge)	Minimum NHS Contribution	£852,235	£639,176	181	0	Packages	Yes	Data on outputs not readily available
42	23/25 priority 1	Workforce recruitment and retention		Additional LA Contribution	£96,145	£72,109		1.5	WTE's gained	Yes	Due to issues with permanent recruitment we are using agency staff which cost more

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Changes to Pharmaceutical Services

Report being considered by: Health and Wellbeing Board

On: 2 May 2024

Report Author: Gordon Oliver

Report Sponsor: John Ashton

Item for: Information



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 decisions made by the Pharmaceutical Needs Assessment Sub-Committee on 17 April 2024; and
- (b) Note the recent changes to pharmaceutical services in West Berkshire;

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 from Primary Care Support England (PCSE) on 13 March 2024 advising of an application from Bolcer Ltd for a new pharmacy at the at Gaywood Drive Shops, Newbury, RG14 2PR, which offered unforeseen benefits. As part of this notification, it was stated that NHS Commissioning intended to consider this application together and in relation to the unforeseen benefits application submitted by LP SD One Hundred Seven Ltd for a new pharmacy at the Kingsland Centre, Thatcham, RG 19 3HN. The latter had been considered previously by the Pharmaceutical Needs Assessment Sub-Committee, but the consultation period had been reset so the two applications could be considered together.
- 3.3 As a statutory consultee, the Health and Wellbeing Board was invited to submit comments on the above applications within 45 days of the notification date.
- 3.4 Both applications were considered by the Pharmaceutical Needs Assessment Sub-Committee on 17 April 2024 and responses were submitted to PCSE on 23 April 2024.

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 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, 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 refers 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.
- 4.4 Any application for a new pharmacy in a location where a gap in provision has not been identified is known as an 'unforeseen benefits application', because it was not included within the PNA and no significant gap in provision has been published.

Unforeseen Benefits Applications – Gaywood Drive Shops, Newbury, and Kingsland Centre, Thatcham

- 4.5 A notification was received on 13 March 2024 from Primary Care Support England (which administers applications on behalf of NHS England), advising of an unforeseen benefits application by Bolcer Ltd for a new pharmacy at Gaywood Drive shops in Newbury. PCSE advised that this should be considered alongside the unforeseen benefits application by LP SD One Hundred Seven Ltd for a new pharmacy at the Kingsland Centre, Thatcham. As a statutory consultee, the Health and Wellbeing Board was invited to submit comments on both applications within 45 days of the notification date (i.e., by 26 April 2024). Copies of the applications are included in Appendices A and B.
- 4.6 Given that the deadline for comments was before the next scheduled meeting of the Health and Wellbeing Board, the matter was referred to the Pharmaceutical Needs Assessment Sub-Committee for consideration on 17 April 2024. The Sub-Committee resolved to write to PCSE in support of both applications. A copy of the letter is included in Appendix C.

Changes to Opening Hours

- 4.7 On 4 January 2024, the South East Pharmacy, Optometry and Dentistry Commissioning Hub sent notification of changes to pharmaceutical services that had occurred across the region in March 2024. These included changes to the opening hours for Halo Pharmacy, 3-5 Crown Mead, Bath Road, Thatcham, RG18 3JW. The changes are shown below.

Boots Pharmacy	Previous Opening Hours	New Opening Hours
Monday	09:00 – 18:30	08:30 – 18:30
Tuesday	09:00 – 18:30	08:30 – 18:30
Wednesday	09:00 – 18:30	08:30 – 18:30
Thursday	09:00 – 18:30	08:30 – 18:30
Friday	09:00 – 18:30	08:30 – 18:30
Saturday	09:00 – 17:30	09:00 – 17:30
Sunday	Closed	Closed

4.8 In summary, the change is that the pharmacy now opens from 08.30 instead of 09:00 Monday to Friday. For the purposes of the PNA, 8am to 6pm is considered to be normal working hours. Any pharmacy that opens before 8am is deemed to have early morning opening and those open after 6pm are deemed to have late evening opening. Halo will continue to operate within normal working hours following the change. Therefore, there are no implications for the PNA.

5. Options Considered

None – the report is provided for information only.

6. Proposal(s)

6.1 It is proposed that the Board should simply note the decisions made by the Pharmaceutical Needs Assessment Sub-Committee on 17 April 2024, and note the recent changes to pharmaceutical services in West Berkshire.

7. Conclusion(s)

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

8. Consultation and Engagement

8.1 Healthwatch West Berkshire was consulted on the proposals for the two new pharmacies.

8.2 Local ward councillors have been informed of the changes to pharmaceutical services outlined in this report.

9. Appendices

Appendix A - Notification re Unforeseen Benefits Application for Gaywood Drive Shops, Newbury

Appendix B – Notification re Unforeseen Benefits Application for Kingsland Centre, Thatcham

Appendix C – Letter to PCSE regarding the Unforeseen Benefits Applications for Gaywood Drive Shops, Newbury, and Kingsland Centre, Thatcham.

Background Papers:

[West Berkshire Pharmaceutical Needs Assessment 2022-2025](#)

[Pharmaceutical Needs Assessments: Information pack for local authority health and wellbeing boards, DHSC, October 2021](#)

[Pharmaceutical Needs Assessment Sub-Committee Agenda and Minutes, 17 April 2024](#)

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.

Our Ref: CAS-270183-Q5R4N4

Please quote this reference on all correspondence

Primary Care Support England
PCSE Enquiries, PO Box 350
Darlington, DL1 9QN
pcse.marketentry@nhs.net
0333 014 2884

To interested parties being notified of this application – see enclosed distribution list – sent by email only

13th March 2024

Dear Sir/Madam,

Re: Application offering Unforeseen Benefits at Gaywood Drive Shops, Newbury, RG14 2PR (best estimate) by Bolcer Ltd

We have received the above application, a copy of which is enclosed, and NHS commissioning has completed its preliminary checks. We are now notifying interested parties of the application.

If you wish to make written representations on this application they should be sent to us at the above address within 45 days of the date of this letter i.e. by **26th April 2024**. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

NHS commissioning will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

We can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

NHS commissioning intends to consider this application together and in relation to the following application...

- ME3093 – LP SD One Hundred Seven Ltd – Unforeseen Benefits – RG19 3HN (best estimate) – CAS-261308-H8K8C7

Primary Care Support England provides administrative and support services for primary care on behalf of NHS England and is part of Capita PLC. NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

Yours faithfully,

L Hyde

Lewis Hyde
Market Entry Officer
Primary Care Support England

Chapter 15

Annex 1

Application Form

Application offering unforeseen benefits

Application for inclusion in the pharmaceutical list for the area of

.....West Berkshire..... (insert name of health and well-being board).

This is an application offering unforeseen benefits and as such is a routine application under regulation 18 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1 Information regarding the applicant

1.1 Full name and correspondence address of the applicant¹

Bolcer Ltd c/o Healthcare Plus Consulting Ltd
--

Is this a personal address? Yes No

1.2 Applicant's legal entity

I/we am/are applying as a:

¹ This is the name of the legal entity applying, not the person who is completing the application.

(Please tick relevant box. Only one box may be selected. GPhC/PSNI registration numbers only need to be provided for pharmacy applications.)

Sole trader My GPhC/PSNI registration number is

Partnership

<p>Please list each partner and their GPhC/PSNI registration number:</p> <p>Please continue on a separate sheet if necessary.</p>
--

Corporate Body

Superintendent's name and GPhC registration number is	Tanzil Ahmed 2075626
---	----------------------

1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate.

<p>Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.</p>

I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate

<p>Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.</p>
--

I/We have provided the required fitness information with this application.

1.4 Relevant fee

I/we include the relevant fee for this application. ✓

2 Proposed premises

(Please tick relevant box. Only one box may be selected.)

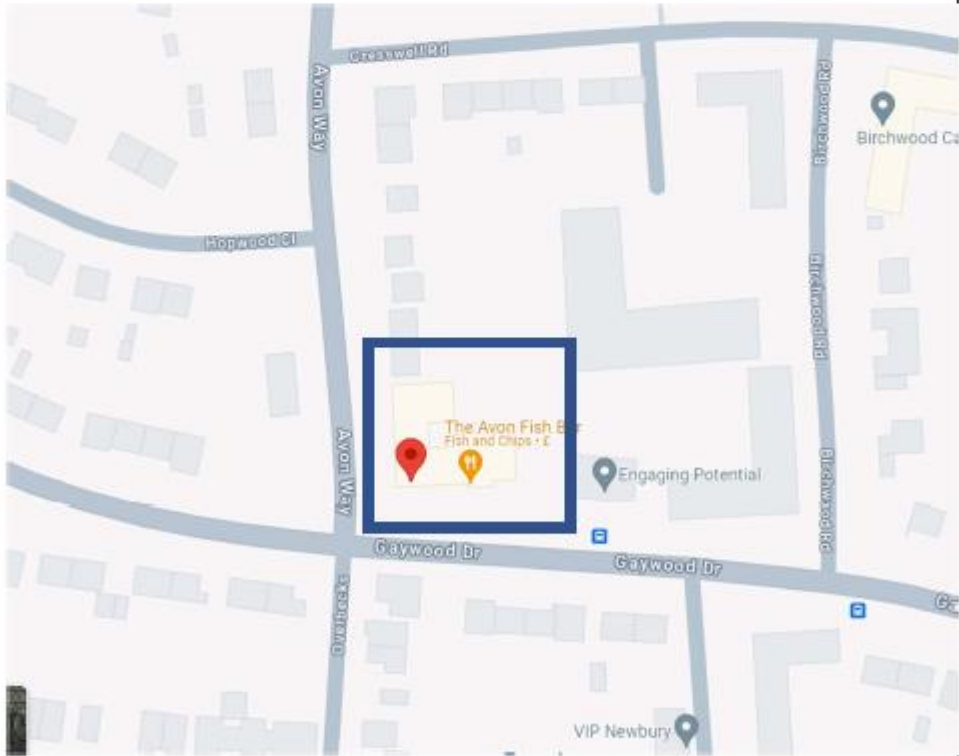
I/we know the address of the proposed premises

I/we provide a best estimate of the location of the proposed premises ✓

Please provide the address or best estimate² of the proposed premises

Gaywood Drive Shops
Newbury
RG14 2PR

Map covering best estimate area depicted below, with proposed best estimate sites located within blue box.



² Best estimates are to be precise as possible. Phrases such as "in the vicinity of" and "within 100m of the junction of the High Street and Church Lane" are unlikely to be considered acceptable.

Please continue on a separate sheet if necessary.

(Only complete the question below if you know the address of the proposed premises)

The premises above are currently in my/our possession* Yes No

* by rental, leasehold or freehold

3 Opening hours

3.1 Proposed core opening hours³

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	10:00-13:00	Closed	45.5

3.2 Total proposed opening hours⁴

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	10:00-13:00	Closed	50.5

4 Pharmaceutical services to be provided at these premises

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)
Or
Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if it is intended that the pharmacy will not provide appliances).

None

Please give details of any advanced and enhanced services⁵ you intend to provide. These details should include:

³ Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to secure unforeseen benefits in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be.

⁴ The total opening hours includes the core hours and any supplementary opening hours.

⁵ Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner.

- confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
- confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
- a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan cannot be provided please set out the reasons for this.

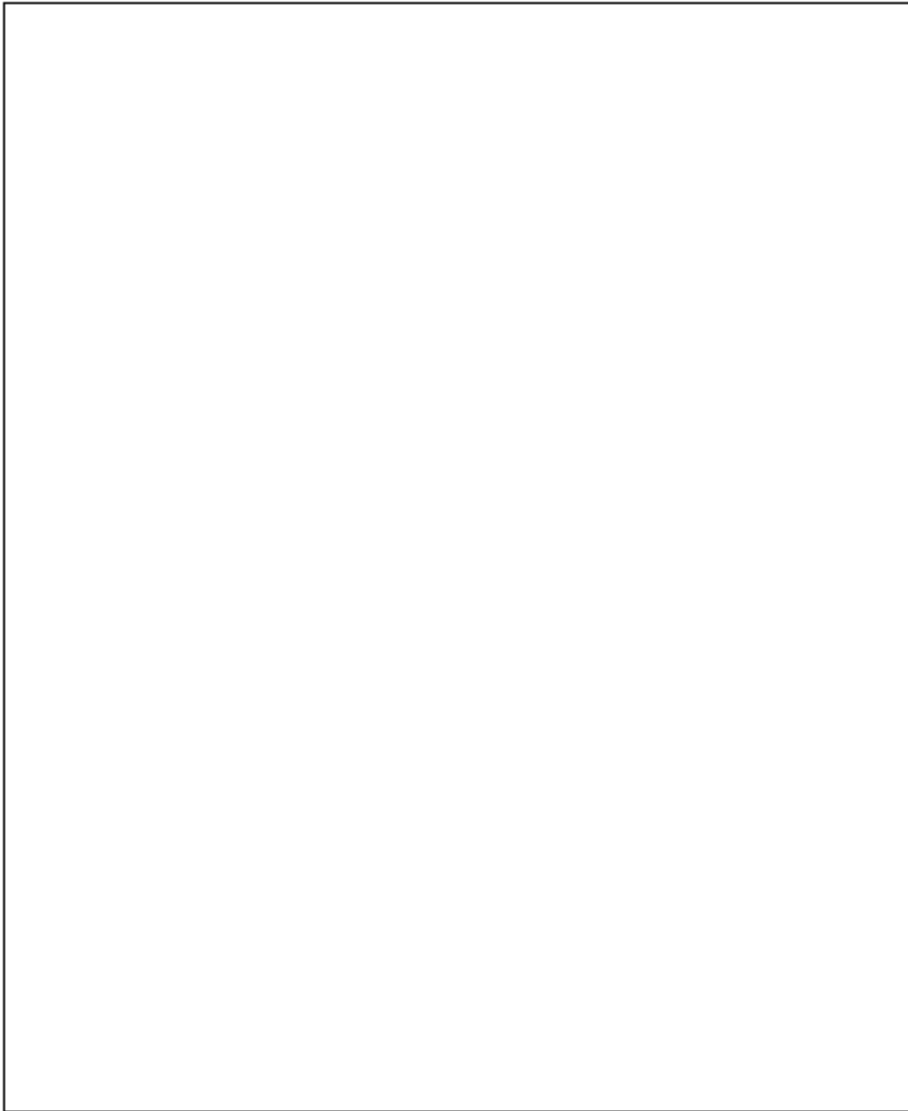
Service	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)
Substance misuse	Y	N
Needle Exchange	Y	N
Antiviral provision	Y	N
Palliative Care	Y	N
Smoking cessation	Y	N
CPCS	Y	N
Flu vaccination	Y	N
Pharmacy Contraception Service	Y	N
Hypertension	Y	N
New Medicine Service (NMS)	Y	N
Minor Ailments	Y	N

Please continue on a separate sheet if necessary.

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations. Yes ✓

Floor plan showing consultation area

To follow
 We are unable to currently provide a floor plan of the proposed premises as we do not have one from the shopfitters
 Once the premises have been secured (currently not in our possession as per application), they will be registered with the GPHC and will comply with all relevant legal & ethical requirements for the operation of a retail pharmacy business



Please continue on a separate sheet if necessary.

5 Applications in relation to premises that are in close proximity to other listed chemist premises

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

N/A

There is no pharmacy currently trading from/ adjacent to the proposed site.

Please continue on a separate sheet if necessary.

6 Information in support of the application

In making this application I/we am/are offering to secure improvements or better access that were not included in the HWB's pharmaceutical needs assessment.

Please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area.

Please see enclosed supporting Information

Please continue on a separate sheet if necessary.

Please explain how you intend to secure the unforeseen benefit(s).

The Lloyds in Sainsbury's, Hectors Way, Newbury, RG14 5AB;
The Superdrug, Northbrook Street, Newbury, RG14 1AE;
The Boots, Thatcham Health Centre, Thatcham, RG18 3HD

were open with no plans for closure at the time of the PNA being written. This application is therefore submitted under Regulation 18 as an unforeseen benefits application.

An increase in local pharmacy capacity and improved choice to meet the needs of the local population.

Better access and choice to pharmaceutical services given the closure of the above pharmacies.

See enclosed Supporting information for further detail.

Please continue on a separate sheet if necessary.

7 Undertakings

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 1) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England or the relevant delegated integrated care board if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

NameNikhil Koria.....

PositionDirector.....

Date24/01/24.....

On behalf of the company/partnershipBolcer Ltd.....

Contact phone number in case of queries.....

Contact email number in case of queries

Registered office

17 Kilderkin Court, Coventry, CV1 2UF
--

Please send the completed form to:

Email: PCSE.marketentry@nhs.net

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England's [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

Newbury New Contract Supporting Information

Background

This application is in respect of opening up a new pharmacy in order to provide better access for patients requiring access to pharmaceutical services in Newbury and Thatcham. Specifically, residents of the Newbury Clay Hill Ward; the Thatcham West Ward; and the surrounding areas.

We understand that there is currently no pharmacy situated in either ward. We believe that the recent closure of the following pharmacies have left/ will leave a significant gap in pharmaceutical services for Newbury and Thatcham:

- Lloyds in Sainsburys, Hectors way, Newbury, RG14 5AB – Closed June/ July 2023
- Superdrug, Northbrook Street, Newbury, RG14 1AE – Closed 16/09/2023
- Boots, Thatcham Health Centre, Thatcham, RG18 3HD – Closing 17/02/2024

Hence this application is offering unforeseen benefits not captured within the PNA.

The best estimate of the proposed site we wish to open up a new pharmacy is located on Gaywood Drive Shops, Newbury, RG14 2PR. This is a different location to the closures above, however we believe that a pharmacy located here would provide better access to the resident population, especially patients residing in the Newbury Clay Hill and Thatcham West wards.

Per PNA data, the Newbury Clay Hill Ward houses 7323 residents, and the Thatcham West Ward houses 7209 residents. For nearly 15,000 residents' access to pharmaceutical provision is evidently poor.

For further context, it is prudent to analyse overall pharmaceutical provision across Newbury and Thatcham. Per the 2021 census, Newbury has a resident population of 42,265 served by 5 pharmacies; and Thatcham has a resident population of 25,547 soon to be served by only 2 pharmacies.

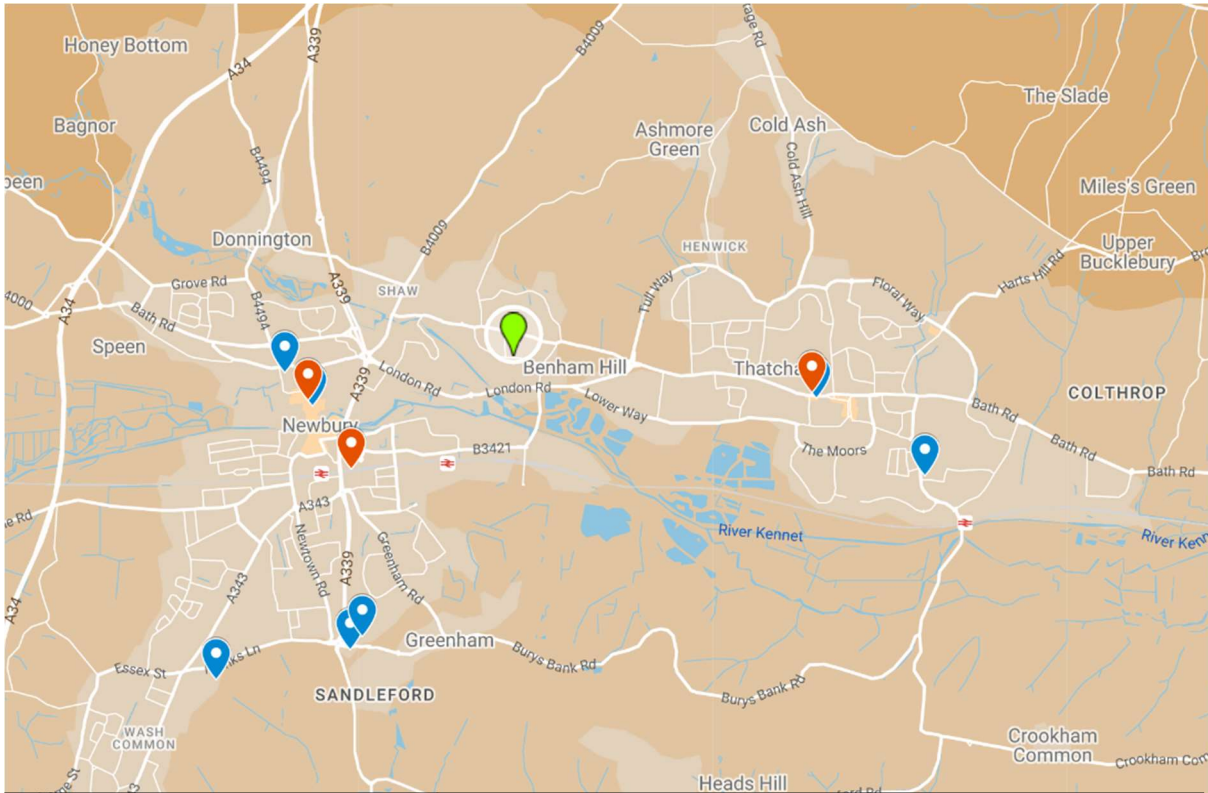
Aggregating and extrapolating the above figures allows us to conclude that Newbury and Thatcham only have 10.3 pharmacies per 100,000 people – half the average for England (20.6/100,000). Such pharmaceutical access and choice could be described as dire, especially when we consider that Newbury and Thatcham are very much urban areas. Common sense alone would dictate that there is a requirement for another pharmacy to serve Newbury and Thatcham, however we have set out distinct benefits of granting this application further on within this document.

Proposed Location

The proposed location is situated amongst a well utilised parade of shops, at the heart of the Newbury Clay Hill Ward, around the corner from Birchwood care home.

The parade is home to a Convenience Store; a Chinese takeaway; and a Fish & Chips shop. These are typical amenities that would be found within the local community; all with ample parking and wide walkways to access local services. There is good access by foot, car, and public transport.

The map overleaf illustrates the location of current pharmaceutical provision; the location of the recently closed/ closing sites; and the location of the proposed site.



Green marker - depicts the location of the proposed site, RG14 2PR
 Blue marker - depicts current pharmaceutical provision
 Red marker – depicts recently closed pharmaceutical provision

It is clear from the map above that there is a huge gap in geography where pharmaceutical services are required; a gap this application proposes to fill.

Site images



Image depicting the parade, with wide walkways and parking available outside the proposed site.



Image depicting sheltered Bus stop outside the proposed site.



Image depicting further street parking adjacent to proposed premises.

Regulations

We are required by NHS England to address the overarching question in an Unforeseen Benefits application:

“Please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB area”.

When considering the above question, the provisions of Regulation 18(2)(b) should be noted:

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also the NHSCB’s duties under sections 13I and 13P of the 2006 Act(b) (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also the NHSCB’s duties under section 13G of the 2006 Act(c) (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also the NHSCB’s duties under section 13K of the 2006 Act(a) (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

We note that points on reasonable choice; protected characteristics; and innovation are desirable, however, they are merely supporting considerations when determining whether in fact the overarching test in regulation 18(2)(b) has been met: an application should be granted should it provide *improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB’s area.*

For the benefit of the committee, this application does not seek to rely on Regulation 18(2)(b)(iii).

We have addressed these regulations overleaf.

Patient Journeys

Above we identified approximately 15,000 residents of the Newbury Clay Hill and Thatcham West wards who would likely access pharmaceutical services at the proposed site. When considering securing better access, we must consider what a typical patient journey would currently look like. We also consider the reasonable choice within these journeys, alongside how those with protected characteristics find those journeys.

In assessing patient journeys below, we would like to highlight the comments from the PNA steering group within the PNA on distance and access to pharmaceutical services in West Berkshire:

“The PNA Steering Group agreed that the maximum distance for residents in West Berkshire to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk.”

From the above we highlight that 1-mile/ 20 minutes by foot is the **maximum** distance that residents should have to travel to access pharmaceutical services in urban areas. This observation should be kept in mind for the scenarios below.

Using the proposed site, RG14 2PR, as an arbitrary marker to represent these residents; we can see that the next nearest pharmacy is the Boots in Newbury town centre (RG14 1DJ), which is 1.5 miles away. It must be noted that distance in itself is a barrier to access. For residents currently residing near the proposed site, current pharmaceutical services are difficult to access by foot and public transport.

By Foot from Proposed site to current nearest pharmacy (Boots, RG14 1DJ)

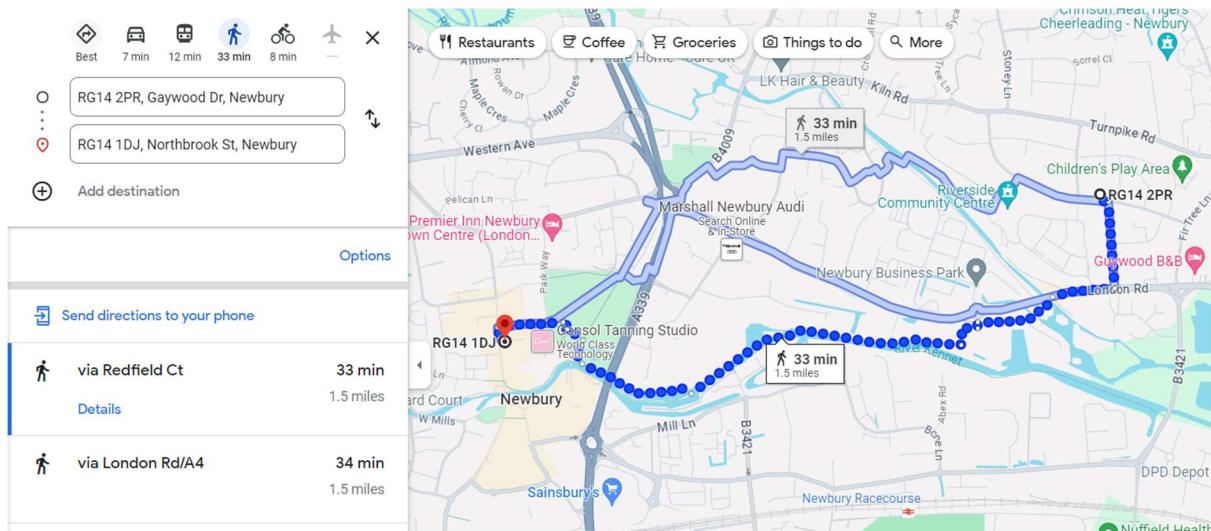
As can be seen from the map on the following page, this journey is 1.5 miles or 32 minutes, equating to a 1 hour 4-minute round-journey. It is worth reiterating that distance in itself is a barrier to access. This journey is far greater than the 1-mile PNA maximum distance and is clearly excessive, especially considering the sizeable 7000+ population in the Newbury Clay Hill ward who have to endure such a lengthy journey.

Such poor access by foot is especially relevant when we understand that 40.3% of residents access pharmaceutical services by foot in West Berkshire, per the PNA public engagement survey.

We cannot consider a 3-mile round walk to access pharmaceutical services as sufficient access, nor can we consider this as having a reasonable choice to pharmaceutical services. In fact, for residents near the proposed site, we would consider this as no pharmaceutical choice at all, much less than the threshold of ‘reasonable choice’.

Additionally, such an extended journey will prove difficult for the elderly, disabled, or parents with young children. Groups with protected characteristics do not have sufficient access by foot.

It follows that other pharmaceutical provision is also not accessible by foot on account of the greater distances involved. The Day Lewis pharmacy in Newbury town centre is 1.6 miles away, and Halo pharmacy in Thatcham is 1.8 miles away. Thus, there is a lack of reasonable choice and access to pharmaceutical services for those travelling by foot.



By Car from Proposed site to current nearest pharmacy (Boots, RG14 1DJ)

The journey by car to the Boots, RG14 1DJ, can be a 16-minute one-way journey during busy traffic hours.

Again, we cannot consider a 32-minute round drive to access pharmaceutical services as sufficient access, nor can we consider this as having a reasonable choice to pharmaceutical services.

We also note that car parking is an issue for those accessing the Boots due to its location in Newbury town centre. We understand that there is no car parking outside of the shop with the nearest parking situated in Camp Hopson car park. This car park is pay and display and thus may present a barrier to people who would like to access pharmaceutical services but may be deterred from doing so frequently due to parking charges.

As per the images above, street car parking at the proposed site is ample and free of charge and would introduce reasonable choice and eliminate the current barriers to access.

By Public Transport from Proposed site to current nearest pharmacy (Boots, RG14 1DJ)

The journey by bus to the town-centre Boots is not the best served by public transport. Patients would obtain the No. 1 Jetblack bus from outside the proposed site. The journey is 14-minutes; however, the bus service is infrequent with buses only arriving every half an hour. Once a patient has arrived at a pharmacy, they could be waiting up to half an hour for the return journey. Clearly this does not provide adequate access to pharmaceutical services, especially when we consider that the return journey by foot is also inaccessible.

Such poor choice of pharmaceutical access is felt especially by the elderly and disabled. These patient groups could face having to wait half an hour for a return bus in the shivering cold on a winter's day. When we consider that these patients may not be able to drive, or even may not feel comfortable driving in winter conditions; alongside their inability to walk the long 1.5-mile distance back home, it is obvious that current pharmaceutical provision is inadequate and such scenarios stem from a lack of reasonable choice.

Access to the Day Lewis and Halo pharmacy by bus is similar on account of the 1 Jetblack service running from Newbury to Thatcham via the proposed site. Hence these alternative pharmacies do not provide reasonable choice and sufficient access to pharmaceutical services by bus.

A pharmacy at the proposed site would mean pharmaceutical services are accessible by foot and thus residents do not need to suffer excessive waits for public transport. Thus, granting this application would introduce reasonable choice and sufficient access to pharmaceutical provision.

Opening Hours

When considering better access, we must also consider the provision of opening hours, and the reasonable choice that patients have.

The applicant recognises that access to pharmaceutical services during late evening and weekends is especially important, particularly given new the Pharmacy First Service proposed by NHSE; and the lack of daytime accessibility for those working 9-5 hours. When we consider all 3 recently closed stores offered late evening or Saturday morning provision, it is apparent that there is now a lack of access during these times. Thus, the applicant has committed to late evening core hours, and Saturday morning core opening hours to restore reasonable choice and access to pharmaceutical provision at these hours.

Conclusion

In our view, the closure of the Lloyds in Sainsbury's and Superdrug in Newbury town centre, coupled with the upcoming closure of the Boots in Thatcham Medical Practice will leave a significant gap in pharmaceutical services for Newbury and Thatcham.

Local residents and those who are using the local amenities would benefit significantly from having a pharmacy located on the parade of shops on Gaywood Drive.

Granting this application would secure better access to pharmaceutical services, especially when we consider the huge gap in geography that exists and access difficulties by foot, bus, and car. The elderly, disabled, and the wider population are likely to find the proposed pharmacy significantly more accessible than their current choices. It would also introduce reasonable choice of a different pharmaceutical provider for those in the local area.

We would like to note that granting this application would not cause significant detriment to access of pharmaceutical services, as this application is seeking to fill a gap vacated by the Lloyds (RG14 5AB), Superdrug (RG14 1AE), and Boots (RG18 3HD) closures; and notwithstanding the fact that the nearest pharmacy to the proposed site is located 1.5 miles away.

On the evidence outlined above, we believe that a new pharmacy contract should be granted.

Chapter 29

Annex 7

Unforeseen benefits application – best estimate

Application by Bolcer Ltd (the applicant) to open a pharmacy at Gaywood Drive Shops, Newbury, RG14 2PR – Map covering best estimate area depicted below [in application], with best estimate sites located within blue box

Explanatory notes by Buckinghamshire, Oxfordshire and Berkshire West ICB

Q1.What is this application for?

The applicant wishes to open an NHS pharmacy at Gaywood Drive Shops, Newbury, RG14 2PR – Map covering best estimate area depicted below [in application], with best estimate sites located within blue box.

A pharmacy can only give patients medicines prescribed by NHS GPs if it has Buckinghamshire, Oxfordshire and Berkshire West ICB's permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

Q2.Why have I been sent a copy of the application?

You are being invited to make comments on the application before Buckinghamshire, Oxfordshire and Berkshire West ICB takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, Buckinghamshire, Oxfordshire and Berkshire West ICB will consider any comments it has received and any response to those comments from the applicant.

Q3.What would the pharmacy's opening hours be and what services would it provide?

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us five weeks' notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

- the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
- the New Medicines Service, which is advice when someone starts a new drug, and

- vaccinations against flu.

The Applicant has also listed, in section 4 of the application, several other services which are paid for by West Berkshire County Council, Buckinghamshire, Oxfordshire and Berkshire West ICB, NHS England or other organisations.

Q4. Why does the applicant want to open a pharmacy?

To be given permission the applicant needs to prove that a new pharmacy would provide “significant benefits”. The reasons why the applicant thinks that there would be significant benefits are included in section 6 of the application form.

Q5. How will Buckinghamshire, Oxfordshire and Berkshire West ICB decide whether to give permission for a new pharmacy?

When considering whether to grant the application, we will look at:

- whether or not there is already a reasonable choice of pharmacy
- how easy it is for people who live or work near the applicant’s proposed pharmacy to travel to existing pharmacies
- walking routes, bus services and access by car (including parking)
- whether people who are disabled, elderly, have young children or have other particular needs currently have problems using local pharmacies, and would benefit from the proposed pharmacy
- whether opening another pharmacy would have any significant negative effects.

Q6. When will a decision be made?

We expect to make a decision by 29th June 2024.

Q7. What will happen if permission is given?

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have six months to tell us the exact address of the pharmacy. The applicant would then have a further 12 months to open the pharmacy, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

Q8. What if permission is refused?

The applicant would be able to appeal.

[NHS England’s [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

Our Ref: CAS-261308-H8K8C7

Please quote this reference on all correspondence

Primary Care Support England
PCSE Enquiries, PO Box 350
Darlington, DL1 9QN
pcse.marketentry@nhs.net
0333 014 2884

To interested parties being notified of this application – see enclosed distribution list – sent by email only

13th March 2024

Dear Sir/Madam,

Re: Application offering Unforeseen Benefits at Kingsland Centre, The Broadway, Thatcham, RG19 3HN (best estimate) by LP SD One Hundred Seven Limited

We have received the above application, a copy of which is enclosed, and NHS commissioning has completed its preliminary checks. We are now notifying interested parties of the application.

If you wish to make written representations on this application they should be sent to us at the above address within 45 days of the date of this letter i.e. by **26th April 2024**. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

NHS commissioning will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Please ensure you include our reference (see above) in the subject line of your email as this will help us file your representations with the correct application as quickly as possible.

We can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

NHS commissioning intends to consider this application together and in relation to the following application...

- Bolcer Ltd – Unforeseen Benefits – RG14 2PR (best est) – CAS-270183-Q5R4N4

Primary Care Support England provides administrative and support services for primary care on behalf of NHS England and is part of Capita PLC. NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

Yours faithfully,

L Hyde

Lewis Hyde
Market Entry Officer
Primary Care Support England

Chapter 15

Annex 1

Application Form

Application offering unforeseen benefits

Application for inclusion in the pharmaceutical list for the area of

West Berkshire (name of health and well-being board).

This is an application offering unforeseen benefits and as such is a routine application under regulation 18 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations).

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England or the relevant delegated integrated care board's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1 Information regarding the applicant

1.1 Full name and correspondence address of the applicant

LP SD ONE HUNDRED SEVEN LIMITED

1.2 Applicant's legal entity

I/we am/are applying as a:

(Please tick relevant box. Only one box may be selected. GPhC/PSNI registration numbers only need to be provided for pharmacy applications.)

Sole trader

**My GPhC/PSNI
registration number is**

Partnership

Please list each partner and their GPhC/PSNI registration number:

Corporate Body

**Superintendent's name and GPhC
registration number is**

Mr. Nishaan Amin 2218036

1.3 Provision of fitness information required by Part 1, Schedule 2 of the Regulations

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate.

Please set out below when and to whom the information was provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

CAS-119535-T1H5V8 2/3/2022 and, CAS-3261214-T2L7L7 22/4/2022, and CAS-26468-ROP3C8 5/10/2020 and COD - CAS-259015-L3C9Y4

I/We have already provided the fitness information on a previous occasion to NHS England or the relevant delegated integrated care board or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate.

Please indicate what information NHS England or the relevant delegated integrated care board already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England or the relevant delegated integrated care board cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

I/We have provided the required fitness information with this application.

1.4 Relevant fee

I/we include the relevant fee for this application.

2 Proposed premises

(Please tick relevant box. Only one box may be selected.)

2 of 8

I/we know the address of the proposed premises

I/we provide a best estimate of the location of the proposed premises

Please provide the address or best estimate of the proposed premises

Best estimates are to be precise as possible. Phrases such as "in the vicinity of" and "within 100m of the junction of the High Street and Church Lane" are unlikely to be considered acceptable.

Kingsland Centre, The Broadway, Thatcham, RG19 3HN

There are several units available in the Kingsland Centre that would be fit for purpose for usage having previously been a tenant of a Lloyds Pharmacy. The plus code that will take you to the location of the proposed contract is: CP3V+35 Thatcham. The proposed location is also flagged with a red pin in the attached screenshot.

Screenshot 2023-11-15 at 20.53.21.png

(Only complete the question below if you know the address of the proposed premises)

These premises are currently in my/our possession*

* by rental, leasehold or freehold

Yes No

3 Opening hours

3.1 Proposed core opening hours

Core opening hours must total 40 hours per week for pharmacies or not less than 30 hours for DACs, unless the applicant is proposing more core opening hours to secure unforeseen benefits in which case NHS England or the relevant delegated integrated care board will need to agree with you when these additional core opening hours would be.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	0	0	40:00

3.2 Total proposed opening hours

The total opening hours includes the core hours and any supplementary opening hours.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:30 - 09:00; 09:00 - 17:00; 17:00 - 18:00	08:30 - 09:00; 09:00 - 17:00; 17:00 - 18:00	08:30 - 09:00; 09:00 - 17:00; 17:00 - 18:00	08:30 - 09:00; 09:00 - 17:00; 17:00 - 18:00	08:30 - 09:00; 09:00 - 17:00; 17:00 - 18:00	09:00 - 17:00	10:00 - 16:00	61:30

4 Pharmaceutical services to be provided at these premises

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)



If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if the pharmacy does not provide appliances).

--

Please give details of any advanced and enhanced services you intend to provide.

Please note that enhanced services are those commissioned by NHS England or the relevant delegated integrated care board. Do not include services which are commissioned by the local authority/council or any other commissioner.

These details should include:

- confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
- confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services; and
- a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

Service	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)
New medicine service (NMS)	Y	Y
Community Pharmacy Seasonal Influenza Vaccination	Y	Y
Community Pharmacist Consultation Service (CPCS)	Y	Y
Hypertension Case Finding Service	Y	Y
Smoking Cessation	Y	Y
Home Delivery Service	Y	Y
Medication Review Service	Y	Y
Needle and Syringe Exchange Service	Y	Y
Out of hours service	Y	Y
Patient Group Direction Service	Y	Y
Supervised Administration Service	Y	Y
Emergency Supply Service	Y	Y

4 of 8

I/we confirm that the pharmacy premises will have a consultation room that meets the requirements of paragraph 28A, Schedule 4 of the Regulations.

Yes



Floor plan showing consultation area

The floor plan attached shows the layout of the kingsland centre and highlights an example of the unit which we would secure. the layout of the property will easily accommodate a minimum of two consultation rooms.

Screenshot 2023-11-15 at 21.00.42.png

5 Applications in relation to premises that are in close proximity to other listed chemist premises

This section should only be completed if the premises included in section 2 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

6 Information in support of the application

In making this application I/we am/are offering to secure improvements or better access that were not included in the HWB's pharmaceutical needs assessment.

Please describe the unforeseen benefit(s) that you are offering to secure and how it will secure improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area.

Since the last PNA the HWB published a review of the pharmacy provisions which considered whether there was a gap in provisions or not in April 2023 when Lloyds Pharmacy Ltd submitted notice of their intentions to close two contracts:
<https://decisionmaking.westberks.gov.uk/documents/s112552/11.%20Pharmacy%20Closures.pdf>

Since the last PNA the number of closures stands as 3 and now with recent news that Boots-FE788 will be closing the contract on 17th January 2024 the number of closures will stand at 4. With no remaining contract offering 7 day a week service that cover the opening hours of the main two GP surgeries in Thatcham.

Currently if a patient within the area of Thatcham requires pharmacy service provisions on a Sunday they will have to travel and have the means of travelling over 3 miles away to access these services.

There are two contracts in the area that will remain operational in 2024 and that is Halo Pharmacy and Thatcham Pharmacy, both of which are independently operated. Only Thatcham Pharmacy offers a free delivery service 5 days a week with no restrictive parameters surrounding the service. Neither of the two contracts operate Sunday access.

The closure of the 3 pharmacies (excluding the boots closure that is in sight) saw a reduction in the overall availability of essential provision in the district. The closures have led to an increase in the average number of items dispensed in other pharmacies. Remaining contractors were able to accommodate an increase in capacity but since they have absorbed the pharmacy provision needs since the said closures, it is unlikely they have more capacity to cover the dispensing volume of the boots that is closing (roughly 14,000 items per month)- specifically the corporate operators.

Please explain how you intend to secure the unforeseen benefit(s).

There has been huge worry seen in social media from the residents of thatcham and newbury voicing their concerns at the lack of pharmacy provisions. We have the support of local GP surgeries who believe there is a gap in the pharmacy provisions and this is currently acting as an antagonist against the run of the grain that is the world of pharmacy at the moment. We are being relied on more every day by GP surgeries to help reduce the pressures they face by being more accessible and also a source of care for patients that need to be seen more urgently than the earliest GP appointment that is available- with the closures this area is facing the pressures are only getting worse for the surgeries.

Patients in the area currently have no source of door step delivery for medication if they need or request it, other than turning to distant selling pharmacies. These pharmacies rely on the likes of Royal Mail and face difficulties delivering cold chain and controlled drug products. With the lack of reliability with the postal services, especially with Thatcham recently being labelled the most troubled sorting facility for mail in the UK, we would be negligent to essentially force patients to turn to this form of pharmacy provisions when the opportunity to give them a locally operated service is a choice.

We have approximately 201 parking spaces at The Kingsland Centre and a huge weekly footfall, giving us the biggest car parking facility available to customers and the residents of the local area. We have off road access and are situated in a dedicated centre which has been designed to have good public transport links.

Our delivery service will run 7 days a week as well as our Pharmacy opening provisions.

Not only will we be able to help improve the provisions in the area for patients but also by being more accessible with opening times and location will mean other service providers will have a means of providing seamless care to patients that require it out of hours e.g. on a Sunday.

There is also several large developments going ahead in Thatcham and the PNA also did not account for the increase in housing/population

7 Undertakings

By virtue of submitting this application I/we undertake to notify NHS England or the relevant delegated integrated care board within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England or the relevant delegated integrated care board if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Chapter 29

Annex 7

Unforeseen benefits application – best estimate

Application by LP SD One Hundred Seven Limited (the applicant) to open a pharmacy at Kingsland Centre, The Broadway, Thatcham RG19 3HN.

Explanatory notes by Buckinghamshire, Oxfordshire and West Berkshire ICB

Q1.What is this application for?

The applicant wishes to open an NHS pharmacy at Kingsland Centre, The Broadway, Thatcham RG19 3HN

A pharmacy can only give patients medicines prescribed by NHS GPs if it has Buckinghamshire, Oxfordshire and West Berkshire ICB's permission. We give permission if we think that another pharmacy is needed in the area.

These notes explain the process we follow when deciding whether to give permission.

Q2.Why have I been sent a copy of the application?

You are being invited to make comments on the application before Buckinghamshire, Oxfordshire and West Berkshire ICB takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 45-day period.

Any comments we receive will be sent to the applicant. They will have a chance to respond to us about those comments.

When we come to make a decision, Buckinghamshire, Oxfordshire and West Berkshire ICB will consider any comments it has received and any response to those comments from the applicant.

Q3.What would the pharmacy's opening hours be and what services would it provide?

Section 3 of the application form includes the proposed opening hours.

"Core opening hours" are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having "supplementary opening hours". The pharmacy would be able to change these by giving us five weeks' notice.

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Pharmacies may also offer other services. Most pharmacies offer:

- the community pharmacist consultation service, which is where your GP practice refers you to a pharmacy for help with a minor ailment,
- the New Medicines Service, which is advice when someone starts a new drug, and
- vaccinations against flu.

The Applicant has also listed, in section 4 of the application, several other services which are paid for by West Berkshire County Council, Buckinghamshire, Oxfordshire and West Berkshire ICB, NHS England or other organisations.

Q4. Why does the applicant want to open a pharmacy?

To be given permission the applicant needs to prove that a new pharmacy would provide “significant benefits”. The reasons why the applicant thinks that there would be significant benefits are included in section 6 of the application form.

Q5. How will Buckinghamshire, Oxfordshire and West Berkshire ICB decide whether to give permission for a new pharmacy?

When considering whether to grant the application, we will look at:

- whether or not there is already a reasonable choice of pharmacy
- how easy it is for people who live or work near the applicant’s proposed pharmacy to travel to existing pharmacies
- walking routes, bus services and access by car (including parking)
- whether people who are disabled, elderly, have young children or have other particular needs currently have problems using local pharmacies, and would benefit from the proposed pharmacy
- whether opening another pharmacy would have any significant negative effects.

Q6. When will a decision be made?

We expect to make a decision by 22nd March 2024

Q7. What will happen if permission is given?

If we decide to give permission for the pharmacy to open, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, the applicant would then have six months to tell us the exact address of the pharmacy. The applicant would then have a further 12 months to open the pharmacy, although this could be extended to 15 months. If those deadlines were not met, then the permission would expire.

Q8. What if permission is refused?

The applicant would be able to appeal.

[NHS England’s [Privacy Notice](#) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.



The floor plan attached shows the layout of the kingsland centre and highlights an example of the unit which we would secure. the layout of the property will easily accommodate a minimum of two consultation rooms.

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22 April 2024

PCSE Enquiries
PO Box 350
Darlington
DL1 9QN

West Berkshire District Council
Council Offices
Market Street
Newbury
RG14 5LD

Our Ref: PNA-2024-03-13
Your Ref: CAS-270183-Q5R4N4 &
CAS-261308-H8K8C7
Tel: 01635 519486
e-mail: Gordon.Oliver1@westberks.gov.uk

Dear Mr Hyde,

Re: Applications offering Unforeseen benefits at Gaywood Drive, Newbury, RG14 2PR by Bolcer Ltd and Kingsland Centre, The Broadway, Thatcham RG19 3HN by LP SD One Hundred Seven Limited

Thank you for consulting the West Berkshire Health and Wellbeing Board in relation to the above applications. The applications were considered by the Pharmaceutical Needs Assessment Sub-Committee at its meeting on 16 April 2024. The Board wishes to make written representations on these applications as set out below.

There have been four pharmacies that have closed in Newbury and Thatcham since the Pharmaceutical Needs Assessment was carried out in 2022. Two years ago, the ratio of pharmacies per 10,000 population was 1.3 in West Berkshire, compared to 2.2 for England as a whole, but as a result of the closures across the district in the period since the PNA was completed, the ratio has fallen to just 1.0 per 10,000 population.

When the Health and Wellbeing Board considered the above closures, it did not consider that they had created a significant gap in the provision of pharmaceutical services in the Thatcham area that was sufficient to justify a review of the PNA or publication of a Supplementary Statement. This was because there were no additional households placed outside a 1 mile / 20 minute travel time to their nearest pharmacy as a result of the closures, and because the Local Pharmaceutical Committee had provided reassurance that there would be sufficient capacity at the remaining pharmacies to be able to process the displaced activity.

Notwithstanding this decision, the Board would welcome additional pharmacies in Gaywood Drive, Newbury, and within the Kingsland Centre in Thatcham town centre as a means of helping to increase capacity and choice for patients, and to improve the overall resilience of the pharmacy sector within West Berkshire. The additional pharmacies would also help to support the Pharmacy First Service, which will see greater numbers of referrals to pharmacies for a variety of conditions and minor illnesses.

The proposed pharmacy at Gaywood Drive would be the only one within the Newbury Clay Hill Ward to the north-east of the town centre, which has a population of 7,547 residents according to the 2021 Census. It would also serve parts of Thatcham West ward, as well as major new housing developments that are currently being built to the north of Newbury and on Lower Way, Thatcham.

Both Newbury Clay Hill and Thatcham West Wards have a higher proportion of families with very young children compared with the West Berkshire and England averages. These would be more likely to need pharmacy services than the wider population.

The Gaywood Drive site has good accessibility for a suburban location, with easy walking access from surrounding residential areas, as well as a bus routes and bus stops nearby, and plenty of on-street parking in the vicinity of the site.

The proposed pharmacy would have late evening and Saturday opening, which would be welcomed. Prior to closing in 2023, the Lloyds Pharmacy in Sainsbury's would have been the closest one to offer late evening opening for many residents of Newbury Clay Hill. Currently, residents have to travel to one of the pharmacies on the southern fringe of the town to be able to get to a pharmacy open after 6pm. Therefore, the Gaywood Drive pharmacy would enhance evening access.

As mentioned in our previous submission, the proposed pharmacy at the Kingsland Centre would enhance accessibility for patients living in Thatcham, since the location is well served by local walking, cycling and public bus networks. The Kingsland Centre has its own car park and there is plenty of on-street parking within the town centre, with level, step-free access from both directions. Furthermore, the location is close to a number of sheltered housing / retired living developments and so would be easily accessible by residents of these facilities.

The proposed pharmacy would be the only one in Thatcham to open seven days a week, which would be welcomed, since patients currently have to travel to Newbury to access a pharmacy that is open on Sundays. The application also indicates that the pharmacy will offer free home delivery, which would deliver significant benefits for patients who are less mobile and / or on low incomes.

Although the pharmacy would be in Thatcham Central ward, which has low levels of deprivation, it would be used by all Thatcham residents, including those living in Thatcham North-East, which has significant pockets of deprivation (20% of LSOAs within this ward are in the third decile on the Index of Multiple Deprivation). We see a correlation between poorer health (and health behaviours such as smoking and substance misuse) and increased deprivation. We would therefore expect to see a greater demand on pharmacy services (including Advanced and Enhanced Services, such as smoking cessation and needle and syringe exchange services) serving more deprived areas.

It should also be noted that the West Berkshire Local Plan Review proposes to allocate 1,500 additional homes to the north-east of Thatcham and these residents would also be likely to use the proposed pharmacy at the Kingsland Centre.

In summary, the Board is supportive of both applications and believes that they will deliver significant additional benefits for patients. The Board does not foresee any significant negative effects as a result of the proposal.

Please let us know if you have any queries in relation to the above comments.

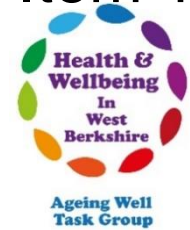
Yours sincerely,

A handwritten signature in black ink that reads "Alan Macro". The signature is written in a cursive style with a large initial 'A'.

Councillor Alan Macro

Chairman of West Berkshire Health & Wellbeing Board

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Ageing Well Task Group

Update for HWB Steering Group– 11th April 2024

Current Activity

- Refreshed Terms of Reference agreed
- Fall Proof Pilot commencing 1st April at West Berkshire Community Hospital
- Planning underway for a new weekly Ageing Well Community Café at Theale Library – plan to commence early June 2024
- Falls Pathway infographic being refreshed
- Face to face workshop 17th April - to refresh action plan for 24/25

Future Actions

- Exploring Falls Prevention ideas for LIB funding
- Nature for Health Activity during Carers Week

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Building Communities Together Partnership

Update for HWB Steering Group



Building Communities
Together Partnership

Current Activity

- The Partnership is due to meet on 16 April 2024.
- Updates will be given on the status of this year's Strategic Assessment and subsequent review of the Partnership Plan.

Serious Violence

- The Reducing Serious Violence Steering Group last met on 7 March 2024 Chaired by Chief Inspector David Whiteaker.
- Serious Violence Strategy 2024/25 was submitted to the Home Office via the OPCC and has been published locally.
- Under the Serious Violence duty, a yearly needs analysis will be completed by the end of the 2nd Qtr. 2024/25 alongside a review of the current plan (by the end of November 2024). This will inform the Serious Violence Strategy for 2025/26.
- Safer Streets Fund project has faced a reduction in funding from the Home Office for 2024/25 but work on each of the five interventions continues. The first 'clean up' day took place on 13th February. Work is progressing on the CCTV with locations identified, provider and installer agreed, type of cameras selected, and funding secured. Interviews recently took place for the Project Coordinator role and an excellent candidate has accepted the role. Interviews will take place after Easter for the two Guardian roles.

Anti-Social Behaviour

- Work in this area is currently extremely limited – see 'Challenges'.

Prevent

- There are currently two adopted cases in Channel.
- Work to complete the Prevent Risk Assessment following the annual Counter Terrorism Local Profile has been scheduled.
- Next Prevent Steering Group scheduled 23 April.
- Next Channel Panel meeting scheduled 10 April.

Domestic Abuse

- Domestic Abuse Board is due to meet 26/03/2024 and are moving to quarterly meetings (previously bi-monthly).
- Domestic Abuse Strategy 2023-27 is due to go out to consultation on 05/04/2024.
- One Domestic Homicide Review is being conducted.
- 2024/25 funding confirmed for WBC under Part 4 of the Domestic Abuse Act 2021; MOU has been signed.

Modern Slavery

- The next Modern Slavery and Human Trafficking Statement covering 1 April 2023 – 31 March 2024 will begin to be written and subject to sign off by Chief Executive.

District Parish Conference

- District Parish Conference took place on Tuesday 30th January at Shaw House. It was a very successful event with more than 50 attendees receiving an update on the recent flooding response, an introduction to the new Council Strategy 2024/25 and a consultation on the Council budget for 2024/25.
- Future District Parish Conferences are being organised.

Members' Community Bids

- The processing of claims from the last Members Bids Panel on 28/11/2023 continues.
- Funding of Members Bids for 2024/25 has been agreed.

Future Actions

- Planning is underway for a Mini District Parish Conference in the east of the district. This is as a result of feedback from the District Parish Conference held in January 2024.
- Report is due to be presented at Corporate Board for agreement on a formalised programme for Community Forums. It is proposed that a task and finish groups is set up to initiate the process and ensure that support is in place from other service areas to assist the BCT Team in the delivery of 6 Forums over the next 18 months.
- Domestic Abuse Strategy 2023-27 will be subject to approval by Executive once consultation closes.

Challenges

- Senior Community Co-ordinator Resolution post is currently vacant as the postholder is Acting BCT Team Manager. The majority of multi-agency anti-social behaviour related case work is no longer being done but any legislative requirements under the ASB, Crime and Policing Act 2014 are being prioritised.
- Domestic Abuse contract with Berkshire Women's Aid is not being managed; this has been escalated.
- Community Coordinator (Prevention) continues to fulfil the DA Safe Accommodation duty via overtime.

Children's Early Help & Prevention Partnership

Update for HWB Steering Group – 11th April 2024

Current Activity

Communications

Work is being developed in the Early Response Hub to create videos that explain the concepts that underpin Early Help making it accessible to parents and families who may use Early Help Services.

Universal Offer

Public Health outlined the Health Visiting offer and their role in Early Help, especially using their reach in the first few months to identify families early to support them. There was a discussion about the contract and the footprint that covers West Berkshire, Reading and Wokingham and the consequent scope to flex the provision locally.

Exclusion / Suspension and links to Early Help

The meeting received a presentation about the levels of school suspension and permanent exclusion and considered if this was an indicator that the family may need early help support. The rate of suspension has increased compared to the last year and is well above the statistical neighbours. It was recognised that attendance and engagement at school is a protective and positive factor therefore reducing suspension and exclusion has a positive effect. The Early Response Hub reflected on the correlation between suspension and referral rates – further work in this space is taking place.

Digital Referral Form

The digital referral form has now been extended from the original twelve agencies to all referrals into the Early Response Hub. There have been modifications to the form following feedback. It has been noted that there has been an increase in self-referrals following the introduction of the digital form.

Youth Offer Self-Assessment

We have been asked by the Culture, Media and Sport Committee to look at the Youth Offer in West Berkshire, a small tasks and finish group has been created to explore what are young people and families saying they want and need. The group has representation from a variety of different groups including the voluntary sector, statutory groups and providers. Mapping exercises will be done to look at our current provision then any gaps.

Supporting Families

An update was provided from the Supporting Families Operational Group – this noted some challenges with both attaching families and the subsequent Payment by Results process. The parenting provision continues to develop. The Better Together Data Hub continues to be developed with partners in Reading

Future Actions

Youth Work Self-Assessment – mapping exercise of provision

Digital Referral Form – evaluation following wider roll-out

Parenting support – development of courses and communication

Early Help Self-Assessment

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Health Inequalities Task Force

Update for HWB Steering Group – 11th April 2024

Current Activity

A Hot Focus Session on Health Inequalities was held on 6 March. This sought to develop participants' understanding of health inequalities, who experiences them, and their impacts. A data led approach was used to highlight the particular situation with regards to key health inequalities in West Berkshire. Various models, tools and frameworks were presented to highlight different ways of thinking about and acting to address inequalities.

Workshop sessions were held to look at three key aspects of health inequalities:

1. Closing early years education gaps
2. Improving outcomes for adults with learning disabilities
3. Empowering sub-groups to tackle health inequalities

A report summarising the outcomes from the workshops is included in the HWB Steering Group agenda.

Future Actions

Next steps need to be agreed to build on the outcomes of the Hot Focus Session, with clear actions allocated to the other sub-groups to identify and address inequalities within their areas.

It is recommended that future hot-focus sessions should seek to address particular aspects of health inequalities in West Berkshire.

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Homelessness Strategy Group

Update for HWB Steering Group

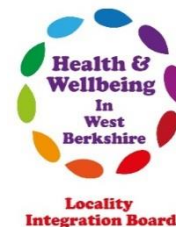
Current Actions

- Update on current position highlighting increased numbers in B&B accommodation including significant increase in families in B&B and rise in number of single homeless presentations.
- Update on projects which are currently underway to reduce B&B use including delivery of new 119 unit affordable housing scheme in Newbury, and proposals to develop additional temporary accommodation for families to reduce reliance on commercial B&B accommodation.
- Winter Plan provision - ends mid-April. Currently 10+ clients accommodated and a risk that all clients could end up back on the streets. Partners to ensure move on plan in place for all clients and a project closure report to be undertaken.
- Review of membership for HSG to be undertaken as lack of attendance from health care partners, Healthwatch; police and other agencies who used to attend regularly.
- Opportunities for including migrant households who are either in temporary accommodation or settling in district into food provision pans through agencies such as Loose Ends.
- Increased outreach provision via Newbury Soup Kitchen including liver scanning provision for clients.

Future Actions

- Development of new Preventing homelessness & Rough Sleeping strategy timetabled for 2024/25 for adoption in April 2025. Members to form part of working group to review.
- Homeless hostel procurement exercise to take place during 2024/25 for implementation April 2025.
- Development of future funding bids via DLUHC regarding funding Rough Sleeping Initiatives work once funding provision known (existing grant funding expires March 2025).
- To continue to progress previous workplan discussions around provision of Homeless Hub, recognising competing priorities for voluntary sector partners.
- Development of Migration Strategy Group during 2024

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Locality Integration Board

Update for HWB Steering Group – 11th April 2024

Current Activity

- Last met on 21/3/24, presentation received from Community Dentistry.
- Performing well against BCF Metrics although there is a discrepancy in National and Local Data, which we are trying to resolve.
- Community Wellness Outreach Service is up and running. Websites now live, regular clinics established with more being planned, marketing plan in place, 92 opportunistic health checks completed, corporate launch at HWB 19/4/24.

Future Actions

- Refresh of BCF plan – Metrics for 24/25 and Discharge Planning (Waiting for planning guidance to be published)
- Agree work programme for LIB for 24/25

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Mental Health Action Group

Update for HWB Steering Group – 11th April 2024

Current Activity

The Mental Health Action Group has not met since the last meeting of the Steering Group. Its meeting scheduled for 14th March had to be postponed because of a large number of apologies due to other work commitments and sickness.

Some work has been continuing in the meantime, including the following:

- There has been further work on setting up a Mental Health Forum bringing together a wider range of voluntary sector organisations, service users and mental health service providers to regularly share information and raise issues to feed into the Mental Health Action Group. This would, to some degree, take the place of the previous 'Thinking Together' events which were larger but with the same range of members. To ensure the new Forum is equally accessible and open to all, a meeting was held with professionals and service users to co-design it. Details of structure, process etc. are being finalised and it is hoped to have the first meeting later in the year.
- There has been further work on investigating bereavement as one of the 'transitions across the life course' that the delivery plan seeks to address. This has included consideration of remit and arrangements for an initial meeting of interested parties.
- Various members of the MHAG have continued to be represented on the Steering Group for setting up the Mental Health Integrated Community Service (MHICS) in West Berkshire. The service went live at the end of January and has gradually been increasing the number of people it has been able to see. When it is fully staffed, it will be able to receive referrals from a wider range of sources.
- We have also started to investigate what support is, and could be made, available for people with mental health challenges (or other problems) to deal with officialdom, such as filling in forms or dealing with utilities and other service providers.

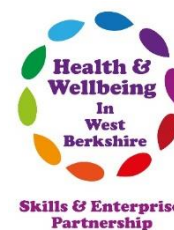
Future Actions

- Further work is going to establish the Mental Health Forum.
- A meeting is being planned to investigate what, if any, additional help is needed for people suffering bereavement, where the normal emotional response spills over into mental health difficulties.
- We continue to monitor and support the establishment of the Mental Health Integrated Community Service.
- We will continue to investigate what support could be available for people dealing with officialdom.
- We hope to make contact with others doing work on digital inclusion, with a view to providing mutual learning and support.
- MHAG will be supporting national mental health campaigns including dying matters week and mental health awareness week.

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Skills and Enterprise Partnership

Update for HWB Steering Group – 11th April 2024



Current Activity

The SEP hasn't met since the last update provided to the HWBB in January. However, the update on planned actions is as follows:

	Planned Actions	Progress at April 2024
2.8.4	Extension of the Developing Life Skills' programme	The H&WB approved funding for this programme in 2022/23, which was delivered in secondary schools by the EBP. All sessions were completed by July 23, with a significant increase to 250 participants. The further funding bid for 2023/24 was discussed at the HWB Board, however there are currently no identified funds to support these activities in 23/24. Greenham Trust are providing continuing funding for part of the programme, but, at present, the offer to Schools has been reduced.
2.8.2	Enhanced delivery of a Work and Careers Fair – including participation by local schools and supporting the work on employment opportunities for people with learning disabilities	As previously reported, the 2023/24 annual Work & Careers Fair (the 'Destinations Expo') was successfully delivered on 12th October 2023 at Newbury College, with 1,400 young people from local secondary schools attending, and around 60 employers and other organisations exhibiting. Planning for the 24/25 Destinations Expo is now underway for 10 th October 2024, with ambitious plans to increase attendance significantly and to grow the number of employers and education providers exhibiting. Recruitment of employers for the event is progressing well.
1.4.6	Green skills and jobs – seeking funding opportunities to extend the successful project, currently delivered in other areas of Berkshire, to develop skills and employment opportunities for people with disabilities in the Green economy (Groundwork)."	Groundwork has submitted a bid for Reading and an EOI in West Berks and are awaiting outcomes, which should be confirmed by the end of March 24.

1.4.7	Supported Internships – development of local provision of supported internships to enhance the employment routes for people with disabilities (Newbury College).	The College have been working with WBC and 'Ways into Work' in developing two approaches: first, through the NHS 'Route to Recruit' strategy (led by Ways into Work) and identifies placements at the Royal Berkshire Hospital. There are two learners identified for this route from September 24. Second, is placement in local businesses which links to WBC's target for 12 placements, with seven high needs learners currently identified, starting from September onwards.
1.4.8	Employability sessions – extension of the support provided by DWP to local schools and colleges to enhance the understanding of employment options for young people. Particularly focussed on under-represented groups and on the wide range of routes to skills and future employment (DWP)	The DWP have been working with schools around Berkshire to deliver Employability Skills and have had some good feedback from those schools. Further details of West Berkshire activity to follow in the next quarter.

Future Actions

The SEP is continuing to work on the agreed actions outlined above.



Substance Misuse Harm Reduction Partnership

Update for HWB Steering Group

Current Activity

The last Substance Misuse Harm Reduction Partnership meeting took place on 18th January 2024. The activity and future actions in respect of this meeting were discussed with the Steering Group on 1st February.

Future Actions

SMHRP meetings take place on a quarterly basis, with the next meeting scheduled to take place on 26th April 2024.

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Suicide Prevention Action Group

Update for HWB Steering Group – 11th April 2024

Current Activity

The West Berkshire Suicide Prevention Action Group is a stakeholder group managed by Volunteer Centre West Berkshire. The charity employs a suicide prevention outreach worker whose job it is to deliver accredited First Aid Suicide Prevention Training to front line workers and managers in both commerce, the public and community sectors. The post holder is funded for one day per week. (up to August 2024) We undertake one training session per month for up to 20 people. The courses provide attendees with basic tools to be able to talk to someone who is experiencing suicidal thoughts, be able to calm them and assist them to make a plan to seek professional help and support. On none training days the worker is visiting places of work or leisure to discuss the training opportunities and to leave resource materials. Recent training events have included the Newbury Canoe Club, front line homelessness charities/ food bank staff etc. The group also has a website

<https://westberkshiresuicideprevention.org/>

An attendee of the last course reported that following their training they were in situation during the weekend when they were able to successfully apply their learning.

Future Actions

To continue to deliver the training and manage the steering group. The group is currently engaged in attempting to establish a SOBS group for West Berkshire with the support of The National SOBS organisation. The group is also seeking funding from the August. The annual cost of the project is £7500

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Agenda Item 17

Member Questions to be answered at the Health and Wellbeing Board meeting on 2 May 2024«Date_of_Meeting».

Members of the Health and Wellbeing Board to answer the following questions submitted by Councillors in accordance with the [Council's Constitution](#):

A. Question submitted to the Executive Portfolio Holder for Children, Education and Young People's Services by Councillor Dominic Boeck:

“What has been the effect on the health and wellbeing of children of being taught in poor-quality classroom accommodation at Falkland Primary School?”

B. Question submitted to the Berkshire Healthcare NHS Foundation Trust Director of Urgent Care by Councillor Dominic Boeck:

“What is the current waiting time in West Berkshire for a young person’s first appointment with CAMHS after referral? Does this need to be improved?”

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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
Hot Focus Session - Housing (Date TBC)					
11 July 2024 - Board Meeting					
Health and Wellbeing Board Peer Challenge	To present the findings from the Health and Wellbeing Board Peer Challenge	For decision	02/07/2024	April Peberdy	Health and Wellbeing Steering Group
West Berkshire Better Care Fund Plan 2024/25	To present the Better Care Fund Plan 2024/25 for approval.	For decision	02/07/2024	Maria Shepherd	Health and Wellbeing Steering Group
Better Care Fund Monitoring Report - Q4 2023/24	To approve the BCF quarterly monitoring report for Q4 2023/24	For decision	02/07/2024	Maria Shepherd	Health and Wellbeing Steering Group
Delivery Plan Progress Report: Priority 1	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the first priority <i>'to reduce the differences in health between different groups of people'</i> .	For discussion	02/07/2024	April Peberdy	Health and Wellbeing Steering Group
Director of Public Health Annual Report	To present the Director of Public Health's Annual Report for 2023/24	For discussion	02/07/2024	John Ashton	Health and Wellbeing Steering Group
Buckinghamshire, Oxfordshire and Berkshire West ICB Annual Report	To present the ICB's draft annual report for 2023/24	For information	02/07/2024	Sarah Webster	Health and Wellbeing Steering Group
Hot Focus Session - Topic and Date TBC					
12 September 2024 - Board Meeting					
Community Wellness Outreach - Progress Report	To receive an update on progress in implementation of the community wellness outreach programme.	For discussion	03/09/2024		
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	03/09/2024	April Peberdy	Health and Wellbeing Steering Group
Better Care Fund Monitoring Report - Q1 2024/25	To approve the BCF quarterly monitoring report for Q1 2024/25	For decision	03/09/2024	Maria Shepherd	Health and Wellbeing Steering Group
Hot Focus Session - Topic and Date TBC					
5 December 2024 - Board Meeting					
Pharmacy First Update	To provide an update on the implementation of the Pharmacy First initiative within West Berkshire.	For discussion	26/11/2024	Sarah Webster	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	26/11/2024	April Peberdy	Health and Wellbeing Steering Group
Better Care Fund Monitoring Report - Q2 2024/25	To approve the BCF quarterly monitoring report for Q2 2024/25	For decision	26/11/2024	Maria Shepherd	Health and Wellbeing Steering Group
Berkshire West Safeguarding Children Partnership - Annual Report for 2023/24	To present the annual report from the Safeguarding Children Partnership	For information	26/11/2024	TBC	Health and Wellbeing Steering Group
Safeguarding Adults Board for Berkshire West - Annual Report for 2023/24	To present the annual report from the Safeguarding Adults Board	For information	26/11/2024	TBC	Health and Wellbeing Steering Group
Hot Focus Session - Topic and Date TBC					
6 March 2025 - Board Meeting					
Better Care Fund Monitoring Report - Q3 2024/25	To approve the BCF quarterly monitoring report for Q3 2024/25	For decision	26/02/2025	Maria Shepherd	Health and Wellbeing Steering Group
Conference (April 2025)					
8 May 2025 - Board Meeting					
Delivery Plan Progress Report: Priorities 4 & 5	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the fourth and fifth priorities to: <i>'Promote good mental health and wellbeing for all children and young people'</i> , and <i>'Promote good mental health and wellbeing for all adults'</i>	For discussion	28/04/2025	April Peberdy	Health and Wellbeing Steering Group

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