

# Notice of Meeting

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## Health and Wellbeing Board

**Thursday 5 December 2024 at 9.30 am**  
in Council Chamber Council Offices  
Market Street Newbury

This meeting can be viewed online at: [www.westberks.gov.uk/hwbblive](http://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 27 November 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](mailto:gordon.oliver1@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk).



**Agenda - Health and Wellbeing Board to be held on Thursday 5 December 2024**  
(continued)

**To:** Councillor Heather Codling (Executive Portfolio Holder: Children and Family Services), Dr Abid Irfan (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Councillor Jeff Brooks (Leader of the Council; Executive Portfolio Holder: Strategy and Communications), Councillor Patrick Clark (Executive Portfolio Holder: Adult Social Care and Public Health), Councillor Nigel Foot (Executive Portfolio Holder: Culture, Leisure, Sport and Countryside), Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), 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), Jessica Jhundoo Evans (Arts and Leisure Representative), Janet Lippett (Royal Berkshire NHS Foundation Trust), Rebecca Morgan (Sovereign Network Group), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Sean Murphy (Public Protection Manager), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), April Peberdy (Service Director - Communities), Rachel Peters (Voluntary Sector Substitute), Supt Andy Penrith (Thames Valley Police), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Helen Williamson (Berkshire Healthcare NHS Foundation Trust Substitute) and Fiona Worby (Healthwatch West Berkshire)

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## Agenda

### Part I

**Page No.**

#### Standard Agenda Items 1

- |   |   |         |
|---|---|---------|
| 1 | <b>Apologies for Absence</b><br>To receive apologies for inability to attend the meeting (if any).                  | 7 - 8   |
| 2 | <b>Minutes</b><br>To approve as a correct record the Minutes of the meeting of the Board held on 12 September 2024. | 9 - 16  |
| 3 | <b>Actions arising from previous meeting(s)</b><br>To consider outstanding actions from previous meeting(s).        | 17 - 18 |

## Agenda - Health and Wellbeing Board to be held on Thursday 5 December 2024 (continued)

- |   |  |         |
|---|--|---------|
| 4 | <b>Declarations of Interest</b><br>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' <a href="#">Code of Conduct</a> .<br><br>The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings: <ul style="list-style-type: none"><li>• Councillor Patrick Clark – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership; and</li><li>• Councillor Jo Stewart – spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.</li></ul> | 19 - 20 |
| 5 | <b>Public Questions</b><br>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.<br><br><i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i>   | 21 - 22 |
| 6 | <b>Petitions</b><br>Councillors or Members of the public may present any petition which they have received.  | 23 - 24 |
| 7 | <b>HWB Membership</b><br>Purpose: To agree any changes to Health and Wellbeing Board membership.   | 25 - 26 |

## Items for discussion

### Strategic Matters

- |   |  |         |
|---|--|---------|
| 8 | <b>Building Berkshire Together Update</b><br>Purpose: To provide an update from Royal Berkshire NHS Foundation Trust on their hospital redevelopment proposal. | 27 - 40 |
|---|--|---------|

## Agenda - Health and Wellbeing Board to be held on Thursday 5 December 2024 (continued)

- |    |  |         |
|----|--|---------|
| 9  | <b>Housing and Health</b><br>Purpose: To present the outcomes of the Housing and Health Hot Focus Session, and the Housing Condition Survey.   | 41 - 48 |
| 10 | <b>GP Access Project</b><br>Purpose: To present the work undertaken by Healthwatch West Berkshire into the public's understanding and experience of the new ways of working in Primary Care. | 49 - 86 |
| 11 | <b>Pharmaceutical Needs Assessment Update</b><br>Purpose: To update the Board on plans to develop the Pharmaceutical Needs Assessment for West Berkshire.                                    | 87 - 94 |

### Operational Matters

- |    |   |           |
|----|---|-----------|
| 12 | <b>Cost of Living Update</b><br>Purpose: To provide an update on the impacts of the cost of living on local residents and the support being provided locally.   | 95 - 100  |
| 13 | <b>Better Care Fund Monitoring Report - Q1 2024/25</b><br>Purpose: For the Board to note the Better Care Fund quarterly monitoring report for Q1 2024/25.   | 101 - 104 |
| 14 | <b>Better Care Fund Monitoring Report Q2 - 2024/25</b><br>Purpose: For the Board to note the Better Care Fund quarterly monitoring report for Q2 2024/25.   | 105 - 112 |
| 15 | <b>Joint Health and Wellbeing Strategy Delivery Plan Progress Report - Q2 2024/25</b><br>Purpose: To update on progress in implementing the actions set out in West Berkshire's Joint Health and Wellbeing Strategy Delivery Plan, and highlight any emerging issues. | 113 - 130 |
| 16 | <b>ICB Update</b><br>Purpose: To receive an update from the Berkshire, Oxfordshire and Berkshire West Integrated Care Board.  | 131 - 134 |

### Items for information

- |    |   |           |
|----|---|-----------|
| 17 | <b>Health and Wellbeing Board Sub-Group Updates</b><br>Purpose: To provide a summary of recent activities and future actions for each of the Health and Wellbeing Board Sub-Groups. | 135 - 150 |
|----|---|-----------|

**Agenda - Health and Wellbeing Board to be held on Thursday 5 December 2024**  
(continued)

- 18 **Members' Question(s)** 151 - 152  
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.  
*(Note: There were no questions submitted relating to items not included on this Agenda.)*

## **Standard Agenda Items 2**

- 19 **Health and Wellbeing Board Forward Plan** 153 - 154  
An opportunity for Members of the Health and Wellbeing Board to suggest items to go on to the Forward Plan.
- 20 **Future meeting dates**  
6 March 2025  
8 May 2025  
(All meetings to start at 9.30am)



Sarah Clarke  
Service Director: Strategy and Governance

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



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Health & Wellbeing Board – 5 December 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 12 SEPTEMBER 2024

**Present:** Councillor Heather Codling (Chairman), Dr Abid Irfan (Vice-Chairman), Councillor Patrick Clark, Paul Coe, AnnMarie Dodds, Sean Murphy, and Dr Matt Pearce

**Attending Remotely:** DCI Emily Evans (Substitute) (In place of Andy Penrith), Dr Janet Lippett, Bernie Prizeman (Substitute) (In place of Rachel Peters), Councillor Jo Stewart, Fiona Worby

**Also Present:** Dr Lara Alloway Chief Medical Officer, NHS Hampshire and Isle of Wight ICB), Steven Bow (Consultant in Public Health), Dr Charlotte Hutchings (Clinical Director, NHS Hampshire and Isle of Wight ICB), Naomi Ratcliffe (Clinical Programme Manager Hampshire Hospitals NHS Foundation Trust), Kate Toone (Adult Social Care), Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust), Gordon Oliver (Principal Policy Officer) and Sam Chiverton (Apprentice Democratic Services Officer – Digital)

**Apologies for inability to attend the meeting:** Councillor Jeff Brooks, Councillor David Marsh, Gail Muirhead, Supt Andy Penrith, Rachel Peters, Dr Heike Veldtman

**Councillor(s) Absent:** Councillor Nigel Foot and April Peberdy

#### PART I

#### 19 Minutes

The Minutes of the meeting held on 11 July 2024 were approved as a true and correct record and signed by the Chairman.

#### 20 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

In relation to action 24-5, it was noted that membership of the sub-groups had been added to each of their reports.

#### 21 Declarations of Interest

No declarations of interest were received other than the standing declarations given in the agenda papers.

#### 22 Public Questions

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

#### 23 Petitions

There were no petitions presented to the Board.

## **24 Health and Wellbeing Board Membership**

The following changes to the Board's membership were noted:

- Sarah Webster had gone on maternity leave, so Dr Abid Irfan would step in as Vice Chairman until a new ICB Medical Director was appointed.
- April Peberdy had been appointed as WBC Service Director – Communities. (It was confirmed that she would remain as a Board Member, since she managed a number of services that impacts the wider determinants of health.)

It was noted that the proposed Local Government Association review of the Health and Wellbeing Board would consider its future membership needs.

## **25 Hampshire Together Update**

The Board received an update on the Hampshire Together Programme (Agenda Item 8). The Item was introduced by Isobel Wroe (Director of Reconfiguration and Strategic Change, NHS Hampshire and Isle of Wight ICB) and Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust).

The following points were raised in the debate:

- The area covered by the consultation included the hospital's catchment plus key areas around the edges, including parts of West Berkshire.
- There would be little impact on the Royal Berkshire Hospital if the Basingstoke Hospital was to relocate, since changes to travel time would be minor. Some people may choose to travel to Swindon instead. It was recognised that public transport could affect hospital choices for some people. All current options for both hospitals were being considered in the modelling.
- It was noted that new ways of working were already being introduced, such as Integrated Neighbourhood Teams. Alongside the hospital redevelopment programme, collaborative community models of care were being developed with Primary Care Networks to reduce the need for patients to travel to hospital. This included tests and diagnostics as well as digital/remote transformation. It was recognised that more could be done to work with GPs near the Hampshire/West Berkshire boundary.
- The importance of public transport links was recognised. The Hampshire Together Team had already talked to Stagecoach. It was noted that hospital bus services tended to be amongst the most profitable. However, it was difficult to give absolute assurance at this stage about exactly what bus services would be provided. Until there was commitment to a particular site, the Hampshire Together Team had to be cautious about what they said. This was recognised as an important topic in terms of feedback received, and its role in tackling access and environmental issues. Most people would still go to the same location for scans and outpatient appointments, so their journeys would not be affected.
- It was confirmed that conversations were taking place between the teams planning new hospitals locally. These were happening at ICS level and through the New Hospitals Programme. The Hampshire, Berkshire and Frimley Teams were mindful of their inter-relationships. Transport had been a key concern highlighted in feedback from initial engagement on Berkshire Together, and access was considered to be more important than the hospital's location.
- It was noted that the Directors of Public Health had joined the Options Development Group. Conversations were being sought about: prevention, taking a whole system

## HEALTH AND WELLBEING BOARD - 12 SEPTEMBER 2024 - MINUTES

approach, managing demand, and new models of care, rather than just focusing on new buildings. This would be important in terms of reducing the size of the new hospitals.

- Members stressed the importance of investment in Newbury Hospital, given that current proposals were to relocate the acute hospitals further away.

**RESOLVED** to note the update.

### 26 **Cost of Living Update**

The Board considered the Cost of Living Crisis Update (Agenda Item 9). Sean Murphy (Service Lead - Public Protection) presented this item.

The following points were raised during the debate:

- Concern was expressed that West Berkshire Council's latest Household Support Fund allocation had already been exhausted.
- It was agreed that it was important for the Board to keep a watching brief on cost of living issues.
- Housing was acknowledged as a key factor, and changes proposed in the current Renters (Reform) Bill were of particular interest.
- It was noted that the Board had recently held a Hot Focus Session on Housing and Health, and a report would be brought to a future HWB meeting on this topic.
- The cost of living reports were considered useful for providing valuable insights into the local situation and how local residents were affected.
- The Board was reminded that the Joint Local Health and Wellbeing Strategy included a priority to reduce the differences in health between different groups of people. Lifestyle and behaviour factors were of secondary importance when people were struggling to pay for food and bills.
- It was noted that there had been no drop in demand for support, and in Children's Services they were seeing increasing complexity, which was linked to the Cost of Living Crisis. The situation was particularly challenging due to the reduction in early help and prevention activity as a result of the pressures the Council was experiencing.
- It was recognised that the Council needed to have a more pro-active and early engagement model of working with the voluntary sector.

**RESOLVED:**

- (a) To note the report and the response of partners to date.
- (b) That the Service Lead for Public Protection provide an update to the Board at its next meeting.

### 27 **Proposed Review of the Health and Wellbeing Board**

The Board considered the report on the Proposed Review of the Health and Wellbeing Board (Agenda Item 10). The item was introduced by Dr Matt Pearce (Director of Public Health).

The following points were raised in the debate:

- Members were supportive of the proposals and agreed that the Board should seek to provide tangible benefits for the health and wellbeing of local residents.
- It was agreed that the brief had captured all the relevant 'positives' and 'drivers for change'.
- Members could see the potential power of the Board, but agreed that it needed to do more than rubber stamp reports.

## HEALTH AND WELLBEING BOARD - 12 SEPTEMBER 2024 - MINUTES

- It was suggested that Board should review what it was doing to drive improvements in population health.
- It was highlighted that the Board's sub-groups did not feel empowered, and lacked dedicated funding to deliver additional work.
- Also, it was stressed that officers should not be expected to take on additional work, and sometimes an additional resource was needed to be an activator of change.
- It was felt that this was a good point at which to undertake a review of the Board.

**RESOLVED** to approve the brief for issue to the Local Government Association to inform their review of the Board's governance arrangements and working practices.

### 28 **Joint Local Health and Wellbeing Strategy Delivery Plan Update**

The Board considered the Joint Local Health and Wellbeing Strategy Delivery Plan Update (Agenda Item 11). The item was presented by Steven Bow (Consultant in Public Health).

The following points were raised in the debate:

- It was acknowledged that the Delivery Plan would need to be aligned with the findings of the LGA review, but the review may not be able to consider the Delivery Plan in detail and the onus would be on the Board and Steering Group to drive this forward.
- It was suggested that attention should be given to those actions that hadn't been delivered as planned.
- Issues with delivery of Action 2.1 (Dementia Awareness Training) were noted, and concerns were expressed at the lack of take-up amongst Adult Social Care (ASC) staff. However, it was explained that ASC staff already had considerable insight into dementia and this particular action was unlikely to add to their knowledge and understanding. Further work was needed to work out who was the best target for awareness training and what the best way would be to get the message across.
- It was suggested that the Board needed to reflect on whether the underlying strategy should be reviewed. It was felt that the strategy was quite broad, so rather than reviewing the strategy, the Board may wish to consider whether it was focusing on the right things and the areas where performance was poor.
- It was highlighted that some of the actions had delivery timescales that were in the past and it was suggested that these should be reviewed.

**RESOLVED** to note the progress made in implementing the Delivery Plan and agree that it be updated, taking account of feedback received as part of the proposed LGA Review of the Health and Wellbeing Board.

### 29 **Changes to Pharmaceutical Services**

The Board considered the report on Changes to Pharmaceutical Services (Agenda Item 12). Gordon Oliver (Principal Policy Officer) presented the item.

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

- It was noted that recent media articles had highlighting that West Berkshire had the lowest number of pharmacies per head of population in the country and there had been issues in the recent past where individual pharmacies had struggled to meet demand. It was suggested that this could be highlighted in the response.

## HEALTH AND WELLBEING BOARD - 12 SEPTEMBER 2024 - MINUTES

- It was highlighted that there had previously been four pharmacies in Thatcham, but there were currently only two, which suggested that a third pharmacy would not be an issue.
- Officers reminded the Board that they had previously agreed not to publish a supplementary statement to say that there was a significant gap in provision. The Local Pharmaceutical Committee was consulted on all applications for new pharmacies - they were mindful of the impact on the viability of existing pharmacies and looked to see whether there was sufficient capacity, taking account of changes in demand and population. The existing pharmacies in Thatcham were considered to be performing well. However, it was suggested that the perspective of local residents needed to be considered as well.
- It was noted that communities to the north of the town tended to visit Thatcham to use pharmacy services.
- While local Ward Members had not raised any fundamental concerns, they had previously highlighted temporary issues with local pharmacies.
- It was recognised that the Pharmacy First programme was being rolled out and a new contract proposed for 2025 may generate additional work. It was suggested that this would be a lot of additional work for just two pharmacies in Thatcham.
- The Board was reminded that major housing growth was proposed for areas to the north and east of Thatcham.
- It was noted that work was about to commence on updating the Pharmaceutical Needs Assessment, which would take account of the aforementioned issues.

**RESOLVED** that the Board should make formal representation to NHS Resolution to support the unforeseen benefits application for an additional pharmacy in Thatcham, delegating the wording of the response to the Director of Public Health in consultation with the Chairman of the Health and Wellbeing Board.

### 30 **Better Care Fund Plan 2024/25**

The Board considered the Better Care Fund Plan 2024/25 (Agenda Item 13). The item was presented by Paul Coe (Executive Director – Adult Social Care).

The following points were raised in the debate:

- Due to the challenging timescales for submission, the Plan had already been signed off by the Health and Wellbeing Board Chairman, so the item was presented for information only.
- Thanks were expressed to Maria Shepherd for the work she had put into preparing the submission.

**RESOLVED** to note the report.

### 31 **BOB ICB Annual Report and Joint Capital Resource Use Plan 2024-25**

The Board considered the BOB ICB Annual Report and the Joint Capital Resource Plan (Agenda Item 15). Dr Abid Irfan presented the item.

The following points were raised in the debate:

- It was suggested that a report should be taken to a future meeting of the Health and Wellbeing Board to provide an update on the ICB's new operating model.

## HEALTH AND WELLBEING BOARD - 12 SEPTEMBER 2024 - MINUTES

- It was confirmed that the consultation had closed and the ICB was reviewing the feedback provided. This would be considered at a ICB meeting towards the end of September, and the outcomes would subsequently be communicated to partners.
- It was highlighted that the ICB had done a lot of work on how they could work differently in future.
- While it was recognised that there had been some reassurances from the ICB about how some potentially undesirable impacts could be mitigated, the Board wanted to have the opportunity to comment on the impacts of the new operating model at a later date and raise any concerns about areas that were not felt to be working as they should.

### **Actions:**

- **ICB to provide an opportunity for the Board to provide feedback on how the new operating model is working by means of a report to the May 2025 meeting.**

**RESOLVED** to note the two reports presented.

## **32 Community Wellness Outreach Update**

The Board considered the Community Wellness Outreach Update (Agenda Item 14). Kate Toone (Project Manager (Integration and Quality) and TEC Service Manager) presented the report.

The following points were raised in the debate:

- The Board considered this to be a good example of joint working, preventative work, and awareness raising, and expressed their support for the scheme.
- Links to the hospital redevelopment proposals and alternative models of care were identified.
- It was noted that the programme of checks was being expanded with regular clinics in the Council Offices and Newbury Library.
- Members asked about where the community champions had come from.
- It was suggested that a clinical audit would be useful to understand how the project had impacted population health.

### **Actions:**

- **Kate Toone to provide details about how the community champions had been recruited.**
- **Matt Pearce to discuss the project with the Audit Team.**

**RESOLVED** to note the report.

## **33 Integrated Care Board Update (September 2024)**

The Board considered the ICB Update (Agenda Item 16).

No comments were received in relation to this item.

**RESOLVED** to note the report.

## **34 Health and Wellbeing Board Sub-Group Updates**

The Board considered the Sub-Group Updates (Agenda Item 17).

**HEALTH AND WELLBEING BOARD - 12 SEPTEMBER 2024 - MINUTES**

It was noted that reports were missing for the Homelessness Strategy Group and Skills and Enterprise Partnership.

**Action: Updates to be circulated when available.**

**RESOLVED** to note the report.

**35 Members' Question(s)**

There were no Member questions submitted to this meeting.

**36 Health and Wellbeing Board Forward Plan**

The Board reviewed the Forward Plan (Agenda Item 19).

- It was noted that Dr Abid Irfan would not be able to attend the next meeting in December, so Helen Clark would present the item on the implementation of the Pharmacy First initiative.
- The following changes were proposed:
  - Bring an Annual Health Protection report to the December meeting.
  - Bring a report on the new ICB Operating model to the March meeting.
  - Dr Matt Pearce to consider whether a report would be required on the approach to be used for the Pharmaceutical Needs Assessment.
  - Bring a report on SEND and the outcomes of the Delivering Better Value Programme to the March meeting.
  - Bring forward the report on Housing Standards from March to December.

**Action: Dr Matt Pearce to consider whether a report on the PNA should come to the December meeting.**

**RESOLVED** to note the Forward Plan subject to the proposed amendments.

**37 Future meeting dates**

The dates of the future meetings were noted.

*(The meeting commenced at 9.30 am and closed at 11.09 am)*

**CHAIRMAN** .....

**Date of Signature** .....

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## Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Agenda item	Action	Action Lead	Agency	Status	Comment
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.
264	02/05/2024	Berkshire Suicide Prevention Strategy	Update the Suicide Prevention Strategy Action Plan in consultation with SPAG and bring this back to a future meeting for approval.	Steven Bow	WBC	In progress	The Strategy and Delivery Plan are being updated and will be presented for approval at the March 2025 meeting.
267	02/05/2024	Delivery Plan Progress Report: Priorities 4 & 5	Discuss actions referred upwards to 'Place' and 'System' levels at the Berkshire West Mental Health Board	Helen Clark	ICB	In progress	This was due to be discussed at the meeting in July.
24-2	11/07/2024	Health and Wellbeing Board Annual Report 2023/24	Include a table of priorities for the coming year on the website	Steven Bow	WBC	In progress	This will be done once the Delivery Plan has been reviewed.
24-4	11/07/2024	Local Response to the Cost of Living Crisis	Bring a report on Housing and Health to the next Health and Wellbeing Board meeting.	April Peberdy/ Steven Bow/ Sean Murphy	WBC	Complete	This is included in the December HWB agenda.
24-7	12/09/2024	BOB ICB Annual Report and Joint Capital Resource Use Plan 2024-25	Provide an opportunity for the Board to provide feedback on how the new operating model is working by means of a report to the May 2025 meeting	Helen Clark	ICB	In progress	This will be covered as part of the regular ICB Updates
24-8	12/09/2024	Community Wellness Outreach Update	Provide details about how the community champions had been recruited.	Kate Toone	WBC	Complete	We have CVD community champions in the following areas: 1) Member of Newbury Muslim Centre / Riverside Community Centre (mainly Muslim Bangladeshi Community). He has arranged three Health check clinics and one engagement session. We now have Monday and Saturday clinics in the Riverside Centre. 2) Member of Greenham Community Centre (Youth worker in the Greenham Community). She lives in the Nightingales and has been hugely helpful with building bridges with local business and residents in the Nightingales. 3) Member of the Royal Berkshire Fire Service. She lives and works in Thatcham. Her work involves accessing vulnerable /old person households across all communities. She is trusted and has opened doors particularly in the older community in Greenham/ Thatcham. We will be working together in Pangbourne.
24-9	12/09/2024	Community Wellness Outreach Update	Discuss a clinical audit of the project with the Audit Team.	Dr Matt Pearce	WBC	Complete	
24-10	12/09/2024	Health and Wellbeing Board Sub-Group Updates	Provide updates for the Skills and Enterprise Partnership and Homelessness Strategy Group when available.	Gordon Oliver	WBC	Complete	It was confirmed on 4 October that Kate Barrow was the new Chair of the Skills and Enterprise Partnership. Membership details have been provided in the latest SEP update.
24-11	12/09/2024	Health and Wellbeing Board Forward Plan	Consider whether a report on the PNA should come to the December meeting.	Dr Matt Pearce	WBC	Complete	This is included in the December HWB agenda.

25 November 2024

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Health & Wellbeing Board – 5 December 2024

## **Item 4 – Declarations of Interest**

Verbal Item

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Health & Wellbeing Board – 5 December 2024

## **Item 5 – Public Questions**

Verbal Item

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Health & Wellbeing Board – 5 December 2024

## **Item 6 – Petitions**

Verbal Item

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# Agenda Item 7

## MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Jeff Brooks	Leader of the Council, Executive Portfolio Holder: Strategy and Communications	Cllr Vicky Poole
Cllr Patrick Clark	Executive Portfolio Holder: Adult Social Care and Public Health	
Cllr Heather Codling	Executive Portfolio Holder: Children and Family Services	
Cllr Nigel Foot	Executive Portfolio Holder: Culture, Leisure, Sport and Countryside	
Cllr Jo Stewart	Conservative Group Spokesperson for Health and Wellbeing	Cllr Dominic Boeck
Cllr David Marsh	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	Rebecca Wilshire
Dr Matt Pearce	Director of Public Health (WBC & RBC)	Steven Bow
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
April Peberdy	Interim WBC Service Director – Communities and Wellbeing	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Hannah Elder
Helen Williamson	Berkshire Healthcare NHS Foundation Trust	
<b>Dr Abid Irfan (Vice Chairman)</b>	<b>Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)</b>	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
Rebecca Morgan	Sovereign Network Group	Kate Rees
Supt. Andy Penrith	Thames Valley Police	
Rachel Peters	Voluntary Sector Representative	Bernie Prizeman

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Royal Berkshire  
NHS Foundation Trust

# Building Berkshire Together

WEST BERKSHIRE COUNCIL  
HEALTH AND WELLBEING BOARD

ALISON FOSTER, PROGRAMME DIRECTOR  
5 DECEMBER 2024



OUR NEW HOSPITAL PROGRAMME

Agenda Item 8



@building\_berkshire\_together



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@BuildingRBH

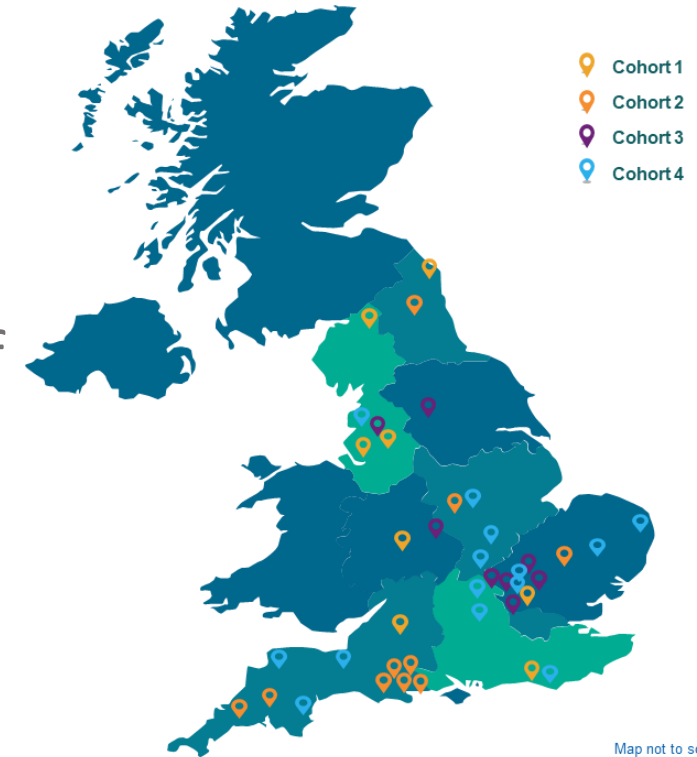
# Agenda

- New Hospital Programme & Background
- Programme update (programme plan slide)
- Location-led Impact Assessment
- Next Steps
  - Options Development
    - Clinical Model
    - Environmental
    - Travel and Transport Assessment



# New Hospital Programme

- Major Government programme investing in hospitals across England
- Centralised programme which will use a common set of designs to save money and time – this is called Hospital 2.0
- Construction for Royal Berkshire is currently scheduled to begin in 2031
- NHP Review – expected outcome in the new year



OUR NEW HOSPITAL PROGRAMME



# Options for Royal Berkshire Hospital

A once in a generation opportunity  
Strong case for change

Our current site is challenging to build on;

- Landlocked site and limited space to expand
- Hospital 2.0 requirements
- Geology of the site

Focus on a whole new hospital on a new site



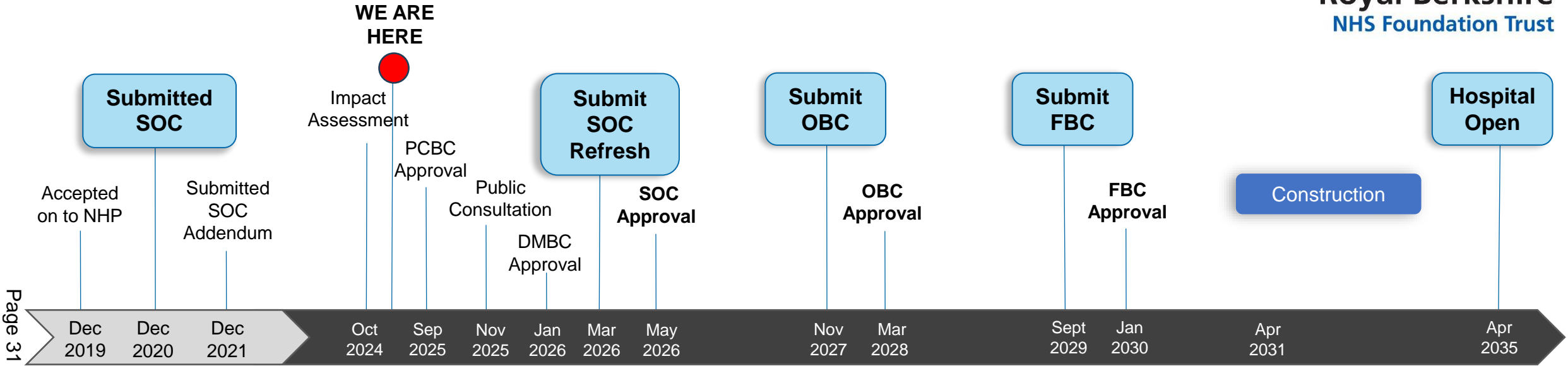
OUR NEW HOSPITAL PROGRAMME



# Building Berkshire Together Road Map



Royal Berkshire  
NHS Foundation Trust



Target Dates

Options Appraisal      Feasibility Study

Construction      Handover

Assumption is funding confirmed in February 2025

PCBC – Pre-Consultation Business Case, DMBC – Decision Making Business Case, SOC – Strategic Outline Case, OBC – Outline Business Case, FBC – Full Business Case

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# Current position

- Outcome of NHP review in January 2025
- Location-led Integrated Impact Assessment
- Pre-Consultation Business Case (PCBC)
  - Options Development
    - Clinical Model
    - Environmental and Sustainability
    - Travel and Transport Infrastructure
- Land acquisition
  - Site selection
  - Securing options for consultation







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# Location-Led Integrated Impact Assessment

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# Integrated Impact Assessment (IIA) Background

- Ran between May 2024 – September 2024
- Two sites met the site criteria – Thames Valley Park & Thames Valley Science Park
- Quantitative / Qualitative – over 10,000 individuals contributed through;
  - Staff workshops
  - One to one briefings with Healthwatch & Council officers
  - Community Leader workshops
  - Public survey
- Iterative



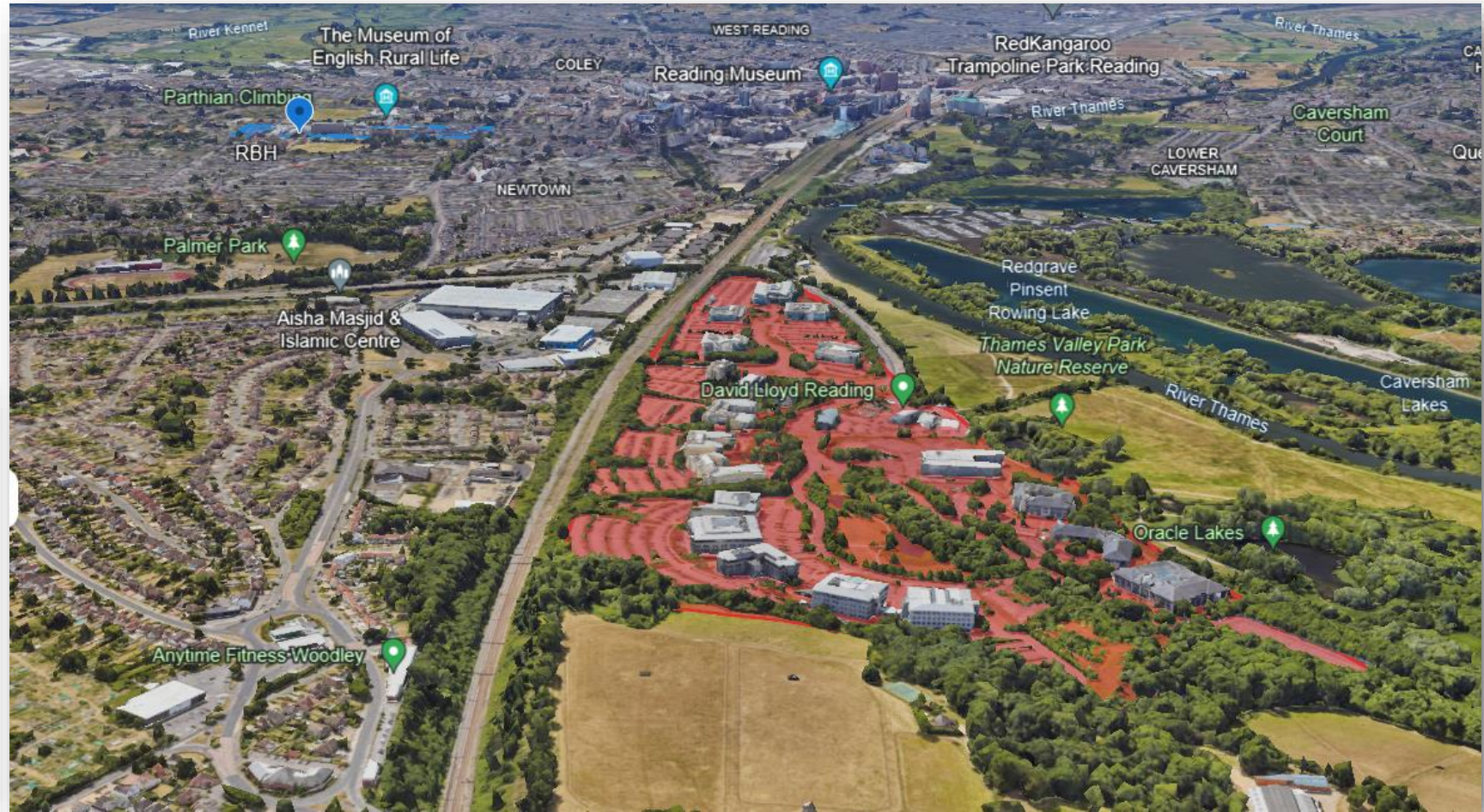
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# Thames Valley Park



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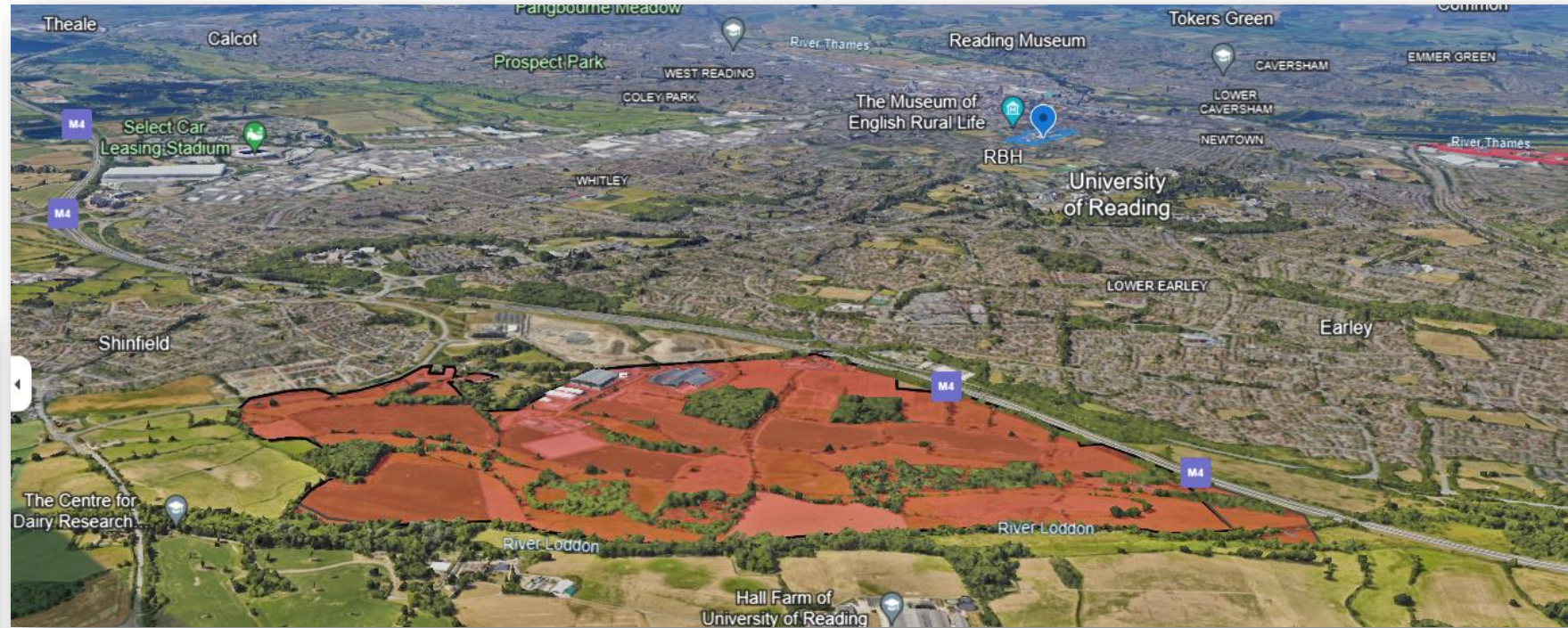
2.2 miles from current site

Note that the sites are approximate areas and do not show exact site boundaries proposed for the new hospital. Distances are based on driving route from RBH main entrance

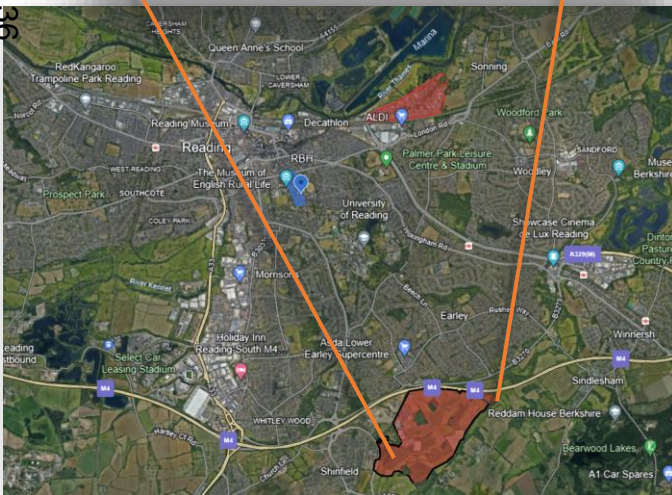
# Thames Valley Science Park



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Note that the sites are approximate areas and do not show exact site boundaries proposed for the new hospital. Distances are based on driving route from RBH main entrance

3.7 miles from current site

# Key Chapter Takeaways

## Chapter

## Key Message

### Health Services Impact Assessment

Relocating to TVP or TVSP provides **infrastructure upgrades** and **access to modern facilities**, aligning with NHP Hospital 2.0 goals. Any move will **reduce clinical risks associated with the hospital infrastructure**, though the full impact on health services will depend on the development and assessment of the clinical model.

### Traffic & Transport Impact Assessment

Relocating to TVP or TVSP **increases travel times for patients using public transport, walking, or cycling**, with TVP performing better than TVSP. While **TVP sees 62% of patients within a 60-minute public transport ride, TVSP only has 35%**, and both sites have fewer patients within walking or cycling distance compared to the current location.

### Local Health Economy Impact Assessment

Relocating to TVP or TVSP **aligns with the ICB strategy and local health plans**, aiming to improve patient care and outcomes. The **gravitational analysis predicts a 4.9% increase in patient numbers for RBFT at TVP, but only a slight 0.1% rise at TVSP** due to its more rural location.

### Health Inequalities Impact Assessment

Relocating to either site **could increase travel times for all 13 protected and underserved groups**, potentially limiting access. **Impact on inequalities will be clearer once the care model is assessed**, with significant variations in accessibility, such as a 10% reduction for low-income individuals at TVP and 73% fewer over-65s at TVSP, alongside concerns about transport, parking, and access for groups like refugees.

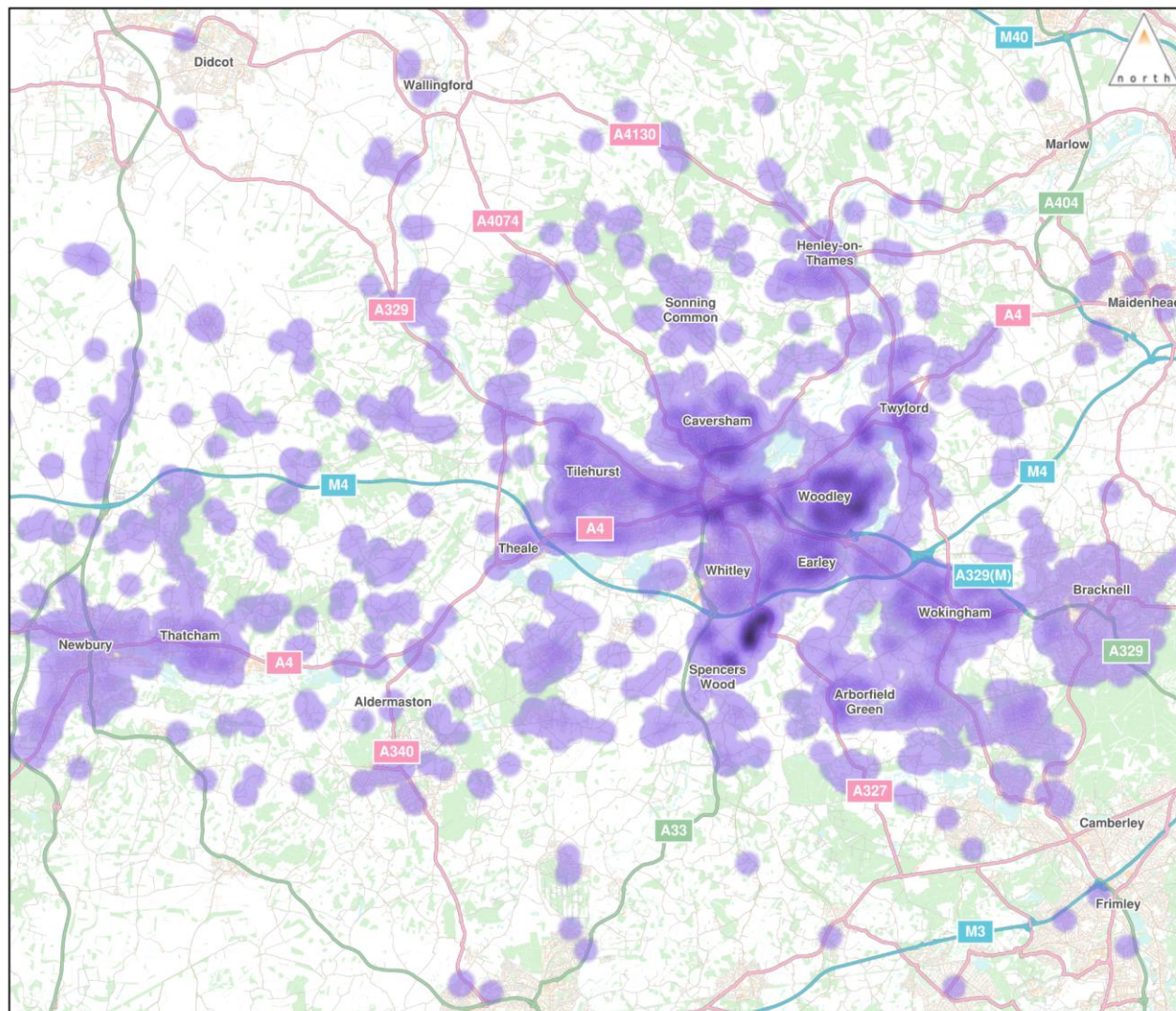
### Community Impact Assessment

Our **qualitative assessment suggests both TVP and TVSP align with regional and local council policies**, with **potential biodiversity and environmental risks that can be mitigated**. Local residents and businesses near the sites were generally positive or neutral about the relocation, and the impact on the RBFT supply chain is considered neutral.

### Economic Impact Assessment

**So far** the location-led Economic Impact Assessment shows **TVSP offers the highest economic benefits** at £819m, £57m more than TVP's £762m, driven by a higher land value uplift and cost savings. Both sites generate £26m from construction jobs, with TVSP slightly ahead in environmental benefits (£55m vs £53m for TVP).

# West Berkshire Survey Respondents



- 9642 respondents to the public survey
- 8873 gave their postcode
- 2110 West Berkshire postcodes = 24%

# West Berkshire Feedback

- Residents in West Berkshire were **positive of a move to both new sites** due to their proximity to the M4/A329(M) with the emphasis on **improvements required** to bus services and having a suitable place to wait (e.g. a bus depot).
- Thatcham representatives emphasized **the need for choice with regards to transport** and ensuring adequate car access, parking and public transport links.
- There was also a point raised to bridge current and future need and consider developing a site that will reduce reliance on cars.
- West Berkshire residents saw **satellite hubs** as a positive for ease of access and reduced parking costs compared to RBH. Some commented on making better use of satellite sites, with an example of moving diagnostics out of the main RBH site to reduce footfall.
- Concerns about **access from villages** was raised.



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# Next steps

- Await the outcome of the New Hospital Review – expected in the new year
- Follow the process to lead us to a formal public consultation
- Options Development
  - Clinical Model
  - Travel and Transport Analysis &
  - Environmental/Sustainability
  - Pre-Consultation Business Case
- In parallel with this work we are working out which services we need in the future to determine the right size of hospital
- Engagement opportunities - workshops and focus groups to be part of options development



OUR NEW HOSPITAL PROGRAMME





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## Housing and Health

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**Report being considered by:** Health and Wellbeing Board

**On:** 5 December 2024

**Report Author:** Sean Murphy

**Report Sponsor:** Sean Murphy



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**Item for:** Decision

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### 1. Purpose of the Report

The purpose of this report is to update Health and Wellbeing Board on the Housing and Health hot focus group that took place on 18<sup>th</sup> June 2024 and to recommend to the Board a number of proposals to ensure that housing standards remain at the heart of the public health agenda.

### 2. Recommendations

That the Health and Wellbeing Board:

- (a) **RESOLVES** that the Board should include a permanent representative of the Council's statutory housing functions.
- (b) **RESOLVES** that a working group be established to develop an action plan to respond to the housing stock condition survey findings set out at 4.1 to 4.6 below.
- (c) **RESOLVES** that the action plan proposed in 2(b) above be presented to Board for consideration.
- (d) **RESOLVES** that the Service Lead for Public Protection provide an update to the Board at its next meeting on the implementation of the Renters Reform Bill.

### 3. Executive Summary

- 3.1 The correlation between poor housing and health inequalities is stark. Along with poverty, lifestyle and poor nutrition these make up the main drivers of health inequalities and variances in life expectancy. Health professionals over the years have begun to draw strongly on the correlation between housing and its implications on health outcomes, despite the complexities that is associated with this. It is widely acknowledged that housing goes beyond the physical structure as it is a strong indicator that shapes wellbeing, and overall quality of life. Studies have also shown that housing is a critical social determinant of health, as it represents a crucial factor that shapes wellbeing, economic stability, and overall quality of life. The Local Government Association in 2022, showed that about one in three (7.7 million) households in England experience at least one housing problem and around one million households (13 per cent) experience multiple housing problems. [https://www.local.gov.uk/sites/default/files/documents/25.213%20HICM%20Housing\\_04\\_MJ\\_AA.pdf](https://www.local.gov.uk/sites/default/files/documents/25.213%20HICM%20Housing_04_MJ_AA.pdf)

- 3.2 Research from The Health Foundation found that 17 per cent of homes in England were classed as non-decent (houses that do not meet the minimum standard for housing in the United Kingdom and Ireland) in 2019, and that there was notable variation between housing tenures. The proportion of homes that are non-decent was highest in the private rented sector, at 23 per cent. Sixteen per cent of owner-occupied homes were non-decent, and 12 per cent of social rented homes. <https://www.health.org.uk/evidence-hub/housing/housing-quality/trends-in-non-decent-homes-by-tenure#:~:text=17%25%20of%20homes%20in%20England,12%25%20of%20social%20rented%20homes>
- 3.3 Historically the links between poor housing and poor health have been recognised. From the early days of the drive to improve sanitation to modern building standards setting out stringent requirements on energy efficiency, ventilation and noise reduction physical and mental health has been at the heart of improving housing standards.
- 3.4 A healthy home is one that is safe and warm and provides a place of stability for an individual or a family to live out their life whilst being part of a community. On the other hand, overcrowding, damp, cold and mouldy homes with other hazards can contribute significantly to ill health or even death. The tragic death of Awaab Ishak, aged two in 2020 from the effects of mould exposure brought this to the fore and resulted in new obligations (Awaab's Law) on social landlords. More information can be found here: [Awaab Ishak: Prevention of future deaths report - Courts and Tribunals Judiciary](#) . The measures are due to be extended to private sector landlords under the terms of the Renters Reform Bill.
- 3.5 Affordability and availability are other factors for inequalities. Rent and mortgage arrears, excessive energy bills driven by poor insulation or cold homes driven by poverty can all affect mental and physical health. The mental health effects of debt and poverty have been discussed many times at this Board and for individuals, friends and family can be catastrophic leading to depression, substance misuse and even suicide. The ratio of median house prices to median earnings in West Berkshire is 9.83. This is a public health concern as it will often force families to make difficult trade-offs. When a significant portion of income is spent on rent or mortgage payments, there is less money available for food, healthcare, education, and other necessities. This "housing cost burden" is most intense in lower-income populations, where households may spend more than 50% of their income on housing, leaving insufficient funds for essential health-related expenses.
- 3.6 Local authorities and their partners play a significant role in seeking to improve standards and to mitigate risk. From planning policies, systems and allocations that deliver enough high quality and affordable social housing to building control ensuring the safety and standards of new housing. The provision of an effective statutory housing service dealing with everything from rough sleeping to the ready availability of a safety net and long-term housing solutions to the public protection service managing rental housing standards and regulating landlords.
- 3.7 With respect to West Berkshire the data indicates that the district performs better than regional and national averages. For example, looking at individuals in overcrowded households based on overall room occupancy levels, West Berkshire scores below national average (England 8.7%, West Berkshire 7.7%). Therefore, one can be tempted to believe that West Berkshire is not burdened with housing challenges.

However, housing remains a significant issue, with nearly 17,000 West Berkshire residents living in areas that are in the 20% most deprived nationally on the Living Environment domain of the Index of Multiple Deprivation (2019): <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

- 3.8 This report sets out the headline findings of a recent housing stock condition survey in West Berkshire, what this may mean for residents, the current response and finally options for the future.

## 4. Housing in West Berkshire

### Stock Condition Survey

- 4.1 The Public Protection Service commissioned a stock condition survey which was conducted in the first half of 2024 by a recognised and reputable provider. The survey generally found that the standards of the housing stock in West Berkshire was very good with 89% having no category one hazards.

- 4.2 The survey established that:

- There were 68K dwellings in West Berkshire
- Of these 69% owner occupied
- Some 17% private rented (11.5K properties), and
- 14% were social rented properties (9.5K properties)

- 4.3 The survey also looked at the estimated number of properties that could have hazards as defined by Health and Housing Safety Risk Rating Scheme (HHSRS including:

- Damp and mould.
- Excess heat or cold.
- Dangerous electrical installation.
- Disrupted or faulty water supply.
- Trip and falls risks.
- Fire safety risk.
- Risk of structural collapse.
- Overcrowding.

- 4.4 Having done so the report estimated that:

- 6,500 premises identified as having Category 1 HHSRS Hazards.
- This equates to 11% of properties.
- 1422 dwellings in the private rented sector have Category 1 Hazards (12%), and
- That the highest concentration of Category 1 Hazards is in rural areas where many older properties are located.

- 4.5 Category 1 Hazards are those that are deemed to present an immediate risk to occupants with all other hazards being deemed category 2.
- 4.6 Other findings included:
- There are an estimated 656 HMOs in West Berkshire of which 177 are likely to need to be licensed.
  - 11.9% (1,371) of private rented dwellings in WB are estimated to have an EPC rating below band E.
  - In the private sector stock, there are an estimated 12,807 dwellings with un-insulated cavity walls and 8,339 dwellings with less than 100mm of loft insulation.

### **Current Response in West Berkshire – Housing Service**

- 4.7 At the time of writing there are 57 individuals and families in emergency accommodation. This places a significant pressure on budgets and is primarily caused by the shortage of temporary accommodation and the lack of availability of settled housing options. The service has received an average of 65 new homelessness approaches a month since April 2024, while each month on average 190 new applications are received from households wishing to join the Housing Register.
- 4.8 The Housing Service continues to enable the delivery of new affordable housing in the district. In 2024/25 we anticipate 165 new homes will be completed. Officers continue to seek opportunities to increase accommodation provision. One significant scheme in recent times has been the Sterling Gardens development in Newbury which has brought a windfall of 119 affordable homes online, including 27 properties at social rent levels, 62 affordable rented properties and 30 shared ownership units. Nevertheless, demand significantly outstrips supply with the Housing Register currently having 1,032 active households, with an average waiting time for a two bedroom property currently being seventeen months.
- 4.9 In terms of other local response to housing pressures Officers are increasing the level of managed emergency accommodation provision by providing specific family based accommodation which will reduce the need for families to be accommodated in bed and breakfast accommodation.
- 4.10 There are currently 13 verified rough sleepers in the district following the evidence based count undertaken on 21st November 2024. This figure includes individuals sleeping in vehicles, and 6 entrenched rough sleepers. Clients who are being supported whilst sofa surfing were excluded from this figure. The service continues to support former rough sleepers through the provision of accommodation designed to prevent a return to rough sleeping. Twenty clients are currently housed through the Councils Housing First scheme with floating support being provided to support individuals to manage mental health or addiction issues. A further 15 bed spaces are provided and managed by the Council through the MHCLG & Home Office funded Rough Sleeper Accommodation Programme funded scheme.
- 4.11 The team currently administers the Household Support Fund. An update on current allocations and spend is set out elsewhere on this agenda.

- 4.12 The Home Improvement Agency provides aids and adaptations to enable clients to remain in their own home through the administration of disabled facility grants through the Better Care Grant funding. In 2023/24 the team completed 132 in grant funded adaptations with an average grant funding of £11K per claim.
- 4.13 The Migration Team currently support 74 households (126 individuals) through the Homes for Ukraine Scheme; 22 Afghan families in settled accommodation and 36 asylum seekers in dispersed accommodation.

### **Current Response - The Public Protection Service**

- 4.14 The Public Protection Service has a raft of legal responsibilities with respect to housing related matters. These include the regulation housing standards in the rented sector including private landlords and social landlords. This work includes following up complaints about housing standards and where necessary taking enforcement action including issuing improvement notices and immediate prohibitions if there is an imminent risk.
- 4.15 The Private Sector Housing Team also licence houses of multiple occupation (HMOs) and carry out routine inspections of properties in this sector. Currently the Service has an ongoing programme to identify unlicensed HMOs in the district as the number licensed falls well short of the numbers licensable as identified by the stock survey.
- 4.16 The Private Sector Housing Team also licence regulated caravan sites in the district and inspect sites to ensure that safety standards are being maintained. Part of this work also includes assessment of operators to ensure that they meet the 'fit and proper' tests set out in law.
- 4.17 There are also targeted programmes being conducted by the team and this has included the inspection of prior approval conversions (from commercial to residential). Some of the work conducted by the team is conducted under the terms of a memorandum of understanding with Royal Berkshire Fire and Rescue Service particularly with respect to post Grenfell measures around fire safety. This includes joint inspections.
- 4.18 Trading Standards have responsibility for a range of measures including the regulation of letting fees, energy performance certification, landlord deposit schemes, unfair contract terms and unfair trading within the sector. Under the terms of Operation Jigsaw we are seeking to work across functions in delivering this area of work. A project on EPC's is being conducted at the time of this meeting.
- 4.19 The Coroner's findings in the case of Awaab Ishak brought renewed focus on the issue of damp and mould with the government requiring an action plan to be submitted along with statistical returns. This also saw an increase in the number of damp and mould related service requests and our output of advice. The following guidance is available for the public and landlords [Keeping Your Home Free from Damp and Mould Document](#) and the issue is regularly highlighted through our social media output. Our work on housing standards is set out in our housing policy here: <https://publicprotectionpartnership.org.uk/media/2630/environmental-health-housing-policy-22-25.doc>
- 4.20 Another area closely linked is domestic nuisance. There is an undoubtable link between nuisance and health with noise, burning and other forms of nuisance having

serious psychological and, in some cases, physical input on those suffering the impacts. This is a high volume area of work for the service and we deploy a number of tools from abatement to mediation to reduce impact. The Service has developed a [Nuisance Policy](#) that sets out how these complaints will be dealt with.

- 4.21 At the meeting of the Joint Public Protection Committee in October 2024 the Committee identified living environment as one of its seven key priority areas up until 2027. Further details of this and other key priorities can be found in our Strategic Assessment to be found here: [20240617-ppp-strategic-assessment-24-27.pdf](#)
- 4.22 The major delivery challenge for the Service is resourcing. The work competes with a large volume of other conflicting demands from fraud to food safety and environmental protection to licensing. Housing standards work is also conducted across West Berkshire and Bracknell whilst the Trading Standards input covers West Berkshire, Bracknell and Wokingham. The Service is nevertheless looking at options around re-deployment of resource of public health grant funding to enable more proactive work to reduce risks.

## 5. Summary

- 5.1 West Berkshire has good housing stock compared to both regional and national benchmarks. That said it also has some poor stock and properties that may present risks to those who live in them. Cold, damp and mould are undoubted issues in some properties as seen by the Public Protection Service on a regular basis. However, Officers believe it to be significantly under reported along with other hazards (based on the stock survey and other evidence from the voluntary sector) as people are often concerned to report because of potential impacts on the relationship with landlords.
- 5.2 A significant proportion of the housing stock in West Berkshire has been built in the last thirty years and is subject to the ever improving standards set down in building regulations and improved planning and design standards. However, a significant amount of property is of an age where energy efficiency is low and other standards are also not in keeping with modern requirements. There are also a number of poorly converted properties that have inherent problems.
- 5.3 House prices and rents are very high. The median price to median earnings ratio is just short of ten. Good rental properties are in short supply and rents and mortgages have been rising in line with rising interest rates. Some landlords have indicated that as maintenance costs and mortgage rates have risen so steeply that repairs are becoming unaffordable without significantly higher rents.
- 5.4 The impact of the Renters Reform Bill is not yet known. The abolition of the Section 21 no fault evictions could lead to a flurry of evictions ahead of enactment as landlords seek to exit the market or evict tenants they see as problematic. New rules on energy performance restricting new lets to A-C ratings may be desirable but may have unforeseen consequences. The combination of measures may also see rents rising in a diminishing market.
- 5.5 The future of energy security is currently linked intrinsically to world events as we saw in 2021-23 where prices rose exponentially. Although they have fallen back significantly the price cap has outstripped inflation. The means testing of the winter fuel allowance will significantly affect those at the margins with many living in older less energy efficient properties.

5.6 Finally, there is the cost of emergency and temporary accommodation which is a challenge for all councils in the region. Demand is high but so are costs and this will continue to present operational and financial pressures for the foreseeable future.

### 6. Next Steps

6.1 The 'hot focus session' gave the subject of housing and health an airing. There was a feeling that the approach to tackling health inequalities could be more co-ordinated. A lot of work has been done through the auspices of the cost of living working group but there remains a feeling that closer working could identify and help deliver 'minimum living standards' for residents. These include an insulated and warm home with carpets and furnishings, free of damp and mould and other risks and working to reduce overcrowding.

6.2 It is also felt that housing needs a permanent voice on the Board whether this be in the form of an Officer or the relevant portfolio holder or champion.

6.3 Finally, there is the Renters Reform Bill which promises significant change in the rental market. It is proposed that HWB should receive a report on progress to implementation and any challenges as it goes through the parliamentary process.

### 7. Appendices

None

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#### Background Papers:

None

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#### 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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# GP Access Project

## New Ways of Working



# Table of contents



Introduction



Accessing GP services



Care Navigation



NHS app



Communication



Stories



# About Healthwatch in Berkshire West

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Healthwatch is the health and social care champion for people who live and work across the three areas of Berkshire West. As an independent statutory body, Healthwatch have the power to make sure local NHS leaders and other decision makers listen to people's feedback to improve standards of care.

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In Berkshire West, Healthwatch: Reading, West Berkshire, Wokingham Borough joined together for a collaborative project to get local views of the new ways of working introduced at GP practices.

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We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure the experiences of people and communities improve health and care services for everyone.

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We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services. We also offer information and advice. We are entirely independent and impartial, and any information shared with us is confidential.

# Introduction

*“They say call at 8am. 1 hour wait on the phone then say no appointments. Doctors refuse my online prescription reorder; they send text to say make an appointment with doctor. Left without no medication or appointment.”*

Locally, people are struggling. There is a huge appointment shortage, long waits on the phone, and the new ways of working are not fully functional yet.

*“GP’s try to send medication with a QR code\*, but [local] pharmacy don’t have a QR code - it is all very over-complicated.”*

It is well known that GP surgeries are extremely stretched nationally and locally leading to complaints received about GP led services and long waiting times on the phone. However, what we have heard locally is that people registered with local GPs are not aware of the new ways of working and therefore their expectations do not match what they might experience when contacting their GP practice or seeking help. This project intended to raise awareness of the new ways of working, support GP surgeries to improve communication with the public, make efficient use of pathways, increase appropriate access to services and reduce complaints.

\* QR code - Quick Response code is a type of barcode that holds encoded information and can be read by a digital device, such as a smartphone.

# New Ways of Working



## What are the New Ways of Working?

GP-led services have introduced various new ways of working. This has impacted the way services are accessed, availability of services and overall practice communication.

### 1. Accessing GP services

**Cloud telephony:** this call back function is now offered by many surgeries. This means callers do not have to wait on the phone to speak with their surgery. They will retain their position in the queue if they request a call back.

**Care navigation/triage:** the traditional receptionist role is replaced by a trained care navigator. Appointments are now booked through the care navigators. Care navigators ask questions and triage callers to appropriate services/professionals based on their healthcare needs.

# New Ways of Working



**Other professionals:** patients may not see the same GP each time. Care navigators can direct them to a different GP at different times. Patients can also be referred to other professionals such as a paramedic, pharmacist, mental health professional, physiotherapist, occupational therapist, physician associate or an advanced nurse practitioner.

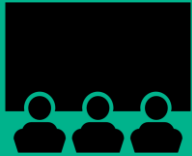
## 2. Digital services

These include use of online systems such as eConsult, the NHS app or other apps to view health records, order repeat prescriptions, book appointments and access other services like submitting blood test results.

## 3. Consultation alternatives

At times, in-person appointments are not deemed necessary. Care navigators can arrange telephone/video appointments with GP/other professionals.

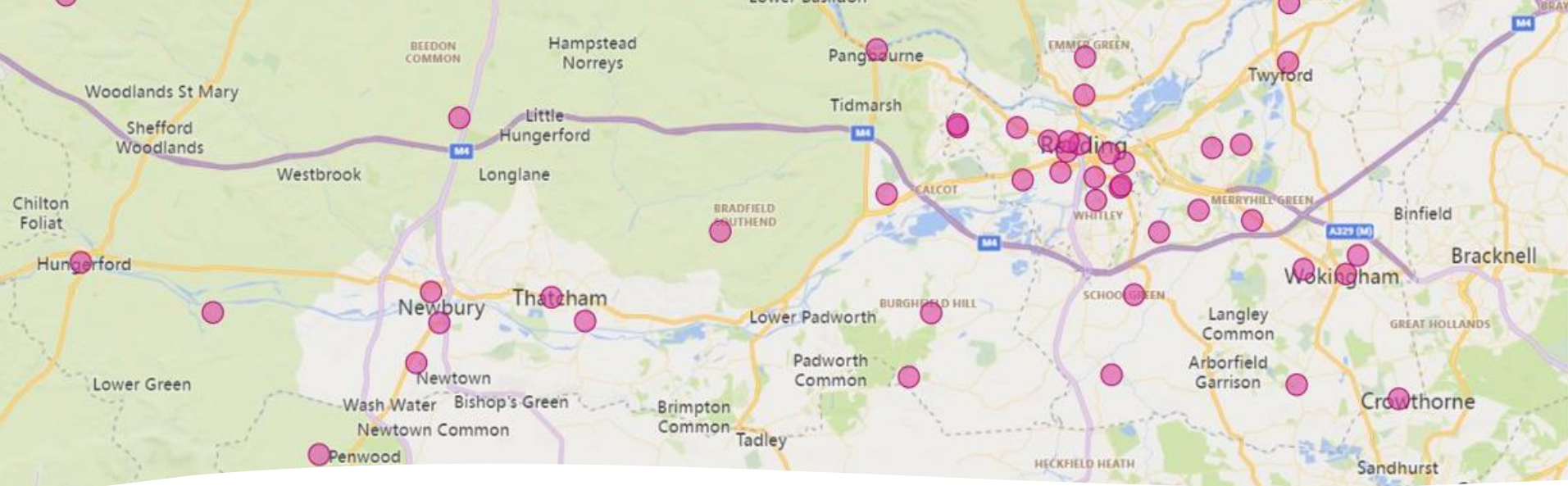
# Hearing the local voice



## Working together

Healthwatch wanted to raise awareness and explore public understanding of the new ways of working. This was done in two ways:

- 1) Conducting an online survey:** an online survey was designed to capture information about public understanding, expectations and experiences of accessing GP services. This includes experiences of care navigation and digital services.
- 2) Conducting focus groups:** focus groups raised awareness and helped participants to gain an understanding of the new ways of working. Participants were encouraged to share their experiences, issues and concerns regarding the new ways of working.



**Berkshire West Participants' surgeries**

# Voice of Berkshire West

Across Berkshire West, a total number of 555 people participated in the project; 205 through various focus groups, and 350 through an online survey.

Participants were diverse and came from different backgrounds. Responses were received from varied ethnic, age, gender and disability demographics that represent a wide cross-section of the communities surveyed.

Demographics data across all the regions is available on request.



# Accessing GP services

Self-care is ubiquitous,

# 77%

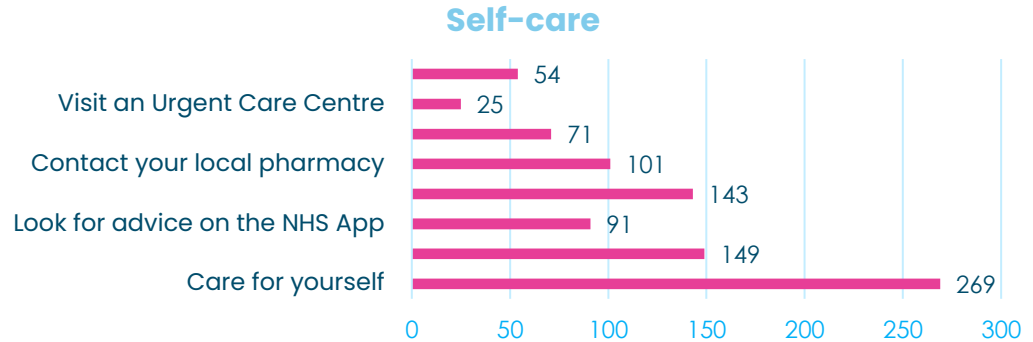
of our respondents cared for themselves before contacting their surgery.

"I don't book my appointment, my carer does."

# 84%

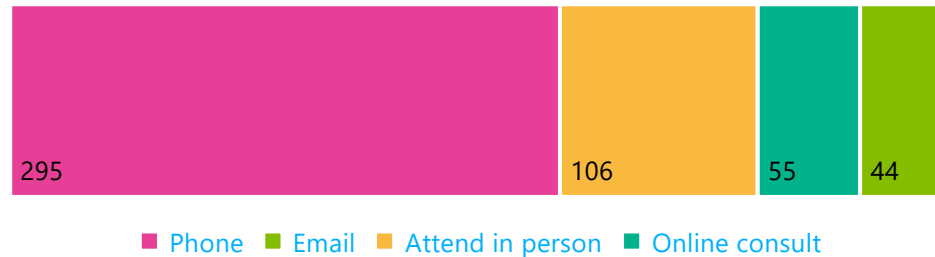
of the appointments were made over the phone and 30% by attending in person.

## How GP services are accessed



People are aware how stretched GP services are. Before contacting the GP, they: opted for self-care, took advice from friends/family, local pharmacy, NHS app or the internet. Most participants preferred making appointments over the phone or by attending in person.

## Making appointments



# Accessing GP services

"I am a red alert patient, and I still can't get an appointment"

"Although you wait

# 50

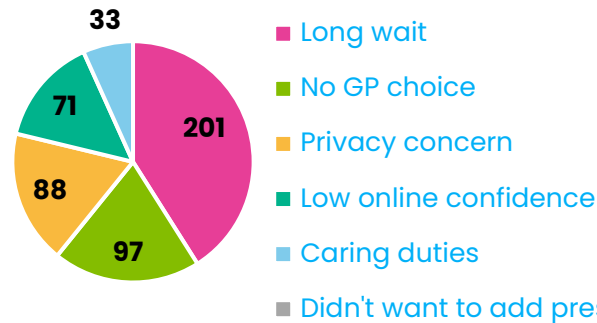
# minutes

to book a GP appointment on the phone at 8am you still have to wait this amount of time to be told no appointments left too. This is a waste of time and very frustrating."

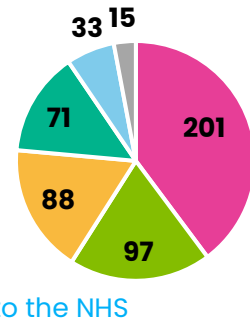
"They didn't check my ears at my annual health check even though I asked - The doctor said she was in too much of a rush."

## Difficulties accessing services

Appointment shortage, long waits on the phone, and no choice of preferred GP were the main difficulties encountered by participants. Participants with caring responsibilities struggled to fit in appointments around their caring duties.



Difficulties attending appointments



Difficulties making appointments

35% of our online survey respondents were unable to see their preferred GP and 33% faced a long waiting time. 17% of our participants found it difficult to understand the advice given. Out of this 17%, 7% had a learning difficulty/disability.

# Accessing GP services



“NICE guidelines aren't being followed for ear syringing, they are being expected to pay and go to Specsavers.”

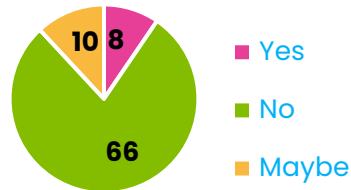
**66%** of the participants we surveyed would not miss an appointment due to cost-of-living.



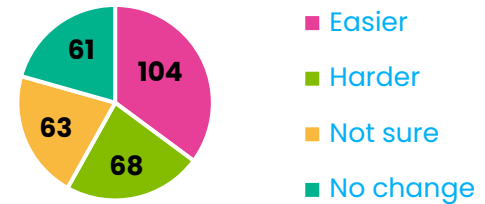
“No-one should be excluded. Shouldn't all be online, as it's not inclusive to all.”

## Cost of living impact

A significant 8% of our participants would miss a GP/other appointment due to transport and/or parking cost, and another 10% may consider missing it. Although many participants were exempt from prescription charges, most of the remaining ones would not miss a prescription due to cost reason. However, 3% of them have missed a prescription and another 7% may miss it.



Missed appointments



Technology Impact

## Impact of increased use of Technology

Technology made it easier for 30% of participants to access GP services. However, 19% of all participants found that it made it harder for them. Another 17% have seen no change and 16% were unsure. Some elderly and disabled participants found it hard to get on with new technology. They need help to learn and get used to it.

# Accessing GP services

“Treated well.”

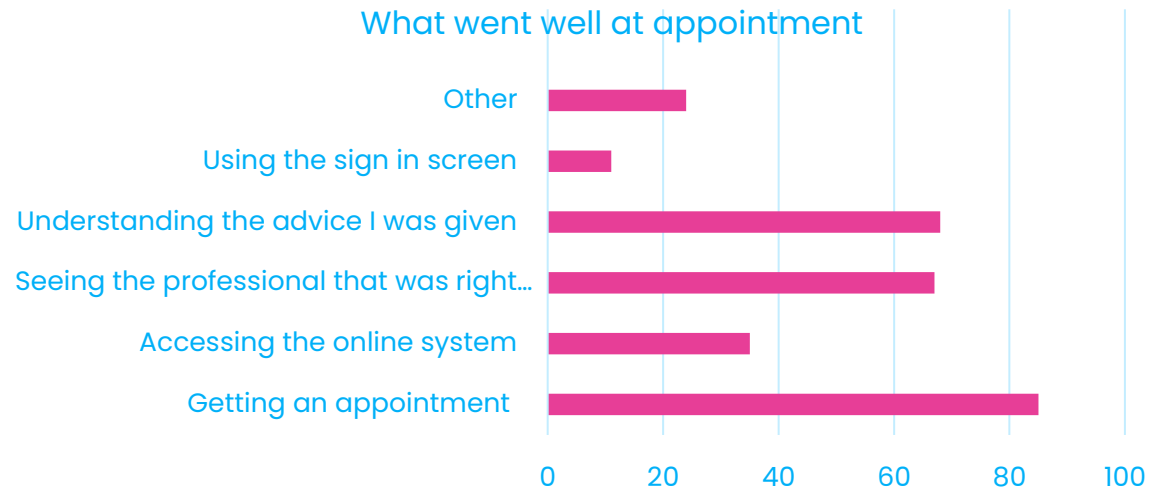
“I walked into my GP, and was immediately signposted to a paramedic, no issues.”

“I see a nurse - would feel more reassuring to see the same person each time. ”

## What went well with appointments

People were happy to get an appointment, see the right professional, and understand the advice given.

*“I am sent to the Nurse practitioner; he is very good”*



Participants preferred to see the same professional each time. Having knowledge of their medical history not only helps them to explain themselves better but also saves time.

# Accessing GP services



## Recommendations

1. Make opportunities to assess whether a patient can access digital services effectively. Show a flag on each patient's record indicating whether digital services are appropriate.
2. Encourage carers to let their surgery know they are a carer and show a flag on their record indicating this. Consider other ways to engage with carers (for example drop-in sessions, set times where carers can access appointments or services).
3. Provide clear and *repeated* communications to patient group about the benefits of care navigators and triage and how this ensures patients access the most effective route for their needs.
4. Digital systems and their use by GP surgeries, who do not all use the same ones, continue to evolve. We recommend that one system is used, but while this is not happening, it is particularly important that clear, concise information should be given to all patients regarding how to access the system to support their needs.
5. Surgeries should provide clear, accessible information on how appointments are shared out and alternative options. There should be simple, clear routes to accessing appointments.

# Care Navigation/ Triage



"I think people won't know what being triaged means."

"Not aware that receptionist is trained to triage. The phone message that could explain it - is too long and wordy."

"Care navigator system seems similar to 111 and 999 which seems to work."

## Raising Awareness

*"Who are these different teams? Who are the mental health team at GP Surgeries?"*

While some participants were aware and happy with triage, many were unaware. They had no communication from their surgeries. Some felt staff did not appear to have the patience to explain the new ways of working. This made patients feel uncomfortable. They were concerned they might end up speaking to someone who did not understand their issue.

*"No idea what social prescribers are!"*

# Care Navigation

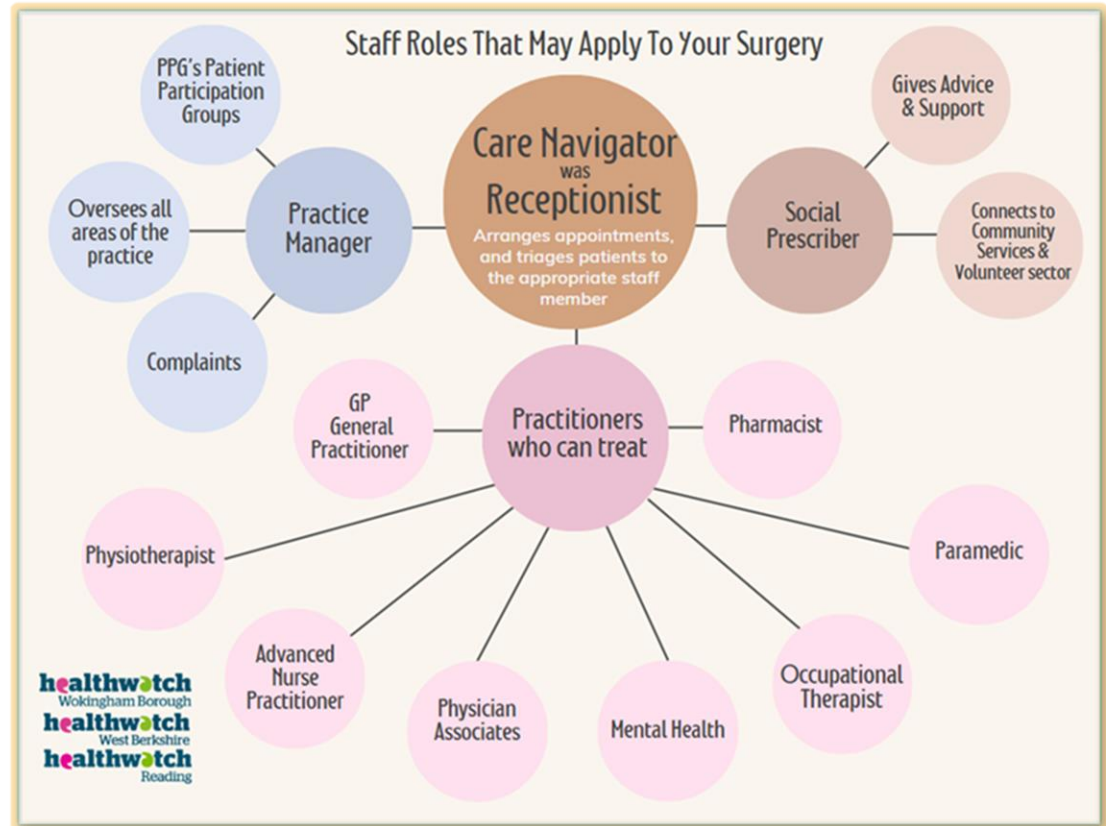
“As a visual person it’s [the infographic] clear to understand. Good for those that struggle to read.”

Page 63

“Now I understand the reason why after looking at this image, I don’t mind them asking the questions so much.”

“It makes sense now I see it like this. Before I couldn’t envision what you were saying.”

We produced a simple infographic to help visualise the triaging process. This infographic was used together with Dr Sharma’s video to raise awareness of the care navigation process. Participants found this information useful.



# Care Navigation



“What kind of training do care navigators receive to qualify them to triage effectively and how much do they understand about medical conditions to be able to triage”



“I don't like that they are having a very private conversation with you, in a very public place.”

## Triage concerns and issues

**Trust:** people wanted to know if care navigators were trained to understand their needs and redirect them to the right service/professional. Patients with repeat illness knowing who to see find it frustrating if the care navigators do not listen and respect this.

*“Care navigators sometimes do not understand the urgency and agony or pain we go through. It feels like they look at a checklist and see if we fit any given criteria, this approach often does not seem to consider any human emotions.”*

**Privacy:** people were concerned that care navigators will have access to their confidential data. A participant felt that this was a breach of confidentiality with their doctor.

*“It feels very invasive and like I am not entitled to confidentiality.”*

Participants felt conversations with the care navigators need to happen in a more private space.

*“I feel relatively comfortable about this, unless it's for ladies or personal issues.”*



# Care Navigation



“Most of the time they are unsure what to suggest and come up with lot of options which is confusing”



“Surely having care navigators needing to understand all of your issues is going to make wait times even longer because they are going to have to speak to you on the phone for much longer”

**Priority:** people with a long term/ongoing condition thought that they should have a priority, and not have to go through the whole process each time.

**Difficulties:** the triaging process can lead to many options and redirections. This makes it complicated, confusing, and difficult for the elderly and for people with disabilities. Cultural/Language barriers make it difficult to communicate complex medical issues over the phone.

**Efficiency:** people thought triaging took a lot of time. It was repetitive and complicated. They questioned the efficiency of the triaging process - how well it worked and did it really save any time.

*“It's waste of time as we have to duplicate our efforts to explain the issue.”*

*“Do you have any record that the new system has actually freed more time for the GPs to see more patients.”*

# Care Navigation

“It’s very difficult to get appointment when we are really in need.”

“What really concerns me is this ‘care navigator’ versus receptionist. It takes things to a different level that might confuse people, like ‘who now do I call.’”

## Other Issues:

- Triage not visible at some local surgeries
- Long waiting times, difficulty getting through to the reception staff
- New systems not accessible/too slow, no call back facility or call back not working
- Appointment shortage, no online appointment booking at local surgery
- No appointment guarantee with call back, no real time benefit and fear of losing place in the queue.
- Miscommunication, triage feeling impersonal

# Care Navigation



## Recommendations

1. Use an infographic/s to show the workings of each section of the surgery, e.g. triaging, to provide patients with a visual representation of workings in an accessible format.
2. Surgeries should provide clear, accessible information about the roles of practice staff (not just limited to Care Navigators) that patients can access explaining the benefits of the surgery structure, and transparency around the Care Navigator process. It should be made available in the surgeries for patients to view, and in the online application to increase understanding and trust for the public.
3. Where language, deafness or other accessibility issues are a barrier, both Care Navigators and patients need to be aware that the patient is entitled to alternative routes to support. This needs to be displayed in the surgery and be accessible online.

# NHS app



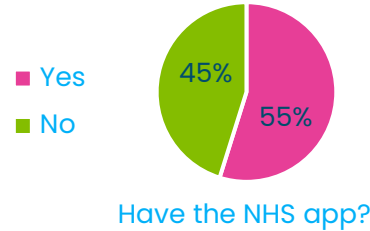
“I appreciate the app. It is working well, and it makes things easier.”

“I haven't got it yet, but I think it's a good idea and will be a weight off the secretarial staff.”

“Works very well. Easily accessible. Much easier to get problems dealt with. Wide range of info. Quicker.”

“Love the app, use it all the time.”

## Awareness and usage



Awareness of the NHS app was mixed. There were many participants who were unaware of the app and had no communication from their surgeries.

### ***“What is it? Do I need it?”***

Some participants got the app during covid time and continued using it, others stopped as they were not sure if they should continue.

### ***“Only used it for covid. Not used it since.”***

Alternatives such as Patient Access app, Anima and My medical record are also in use. Some surgeries have an online system that people were happy with.

### ***“We use the surgery website not the app.”***

# NHS app

“Perfect for repeat prescriptions.”

“Happy to use it more as it develops.”

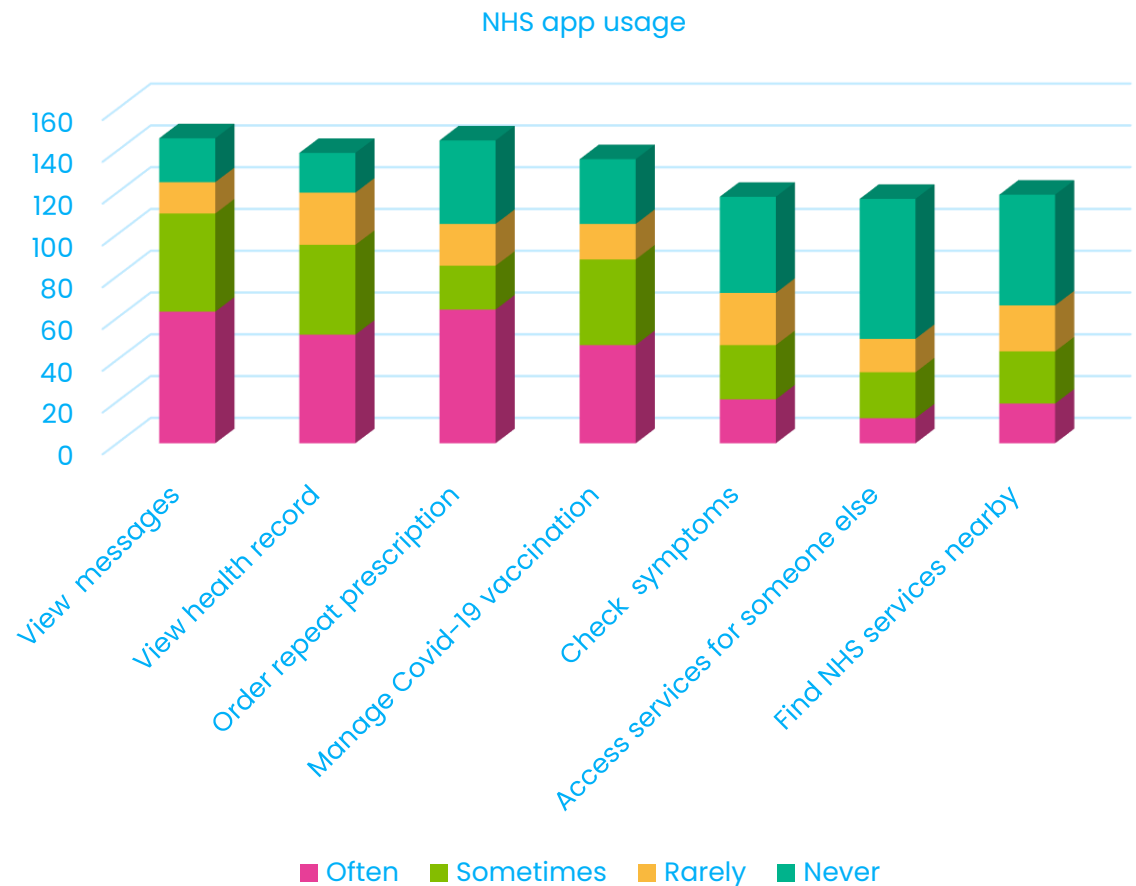
“Very good! Have also added access to health records.”

“I would consider using it if it was simple.”

“I use it less as I also have the patient access app which is what I use more often.”

People want to use the app to manage vaccinations, order repeat prescriptions, book appointments, receive updates and have access to complete health records.

***“I was not aware until today that it covers all my medical records and prescriptions rather than just covid vaccinations.”***



# NHS app

“I don't understand or use apps”

“So far I have failed to access prescription service.”

“I think I have an old version of the app, but don't know how to get the latest version.”

“I don't use the app and I don't know about it. I have no internet or smart phone.”

“Doesn't matter as I would never get it as I can't access the internet.”

## Issues and concerns

### Problem downloading/setting up the app

Some participants with an android phone got a 'unable to download as not in region' error message. This could be an issue for people who have a phone setting from a previous country they moved from. It is difficult to set up the app without a photo ID. A visit to the GP is required to gain access. Lot of instructions are available in English only. This makes accessing the app difficult for non-English speakers.

### Appointment booking

Many participants were unable to book appointments using the app. The app will be used by more people if it offered appointment booking facility.

***“It's a joke that you can 'make an appointment' via the app. As a carer, the constant need to ring at 8am is wearing.”***

# NHS app



“App too difficult to use because of my disability.”

“Impossible for 80% of People Over 70”

“It is a hard process for those who are lacking IT skills. I had to try 2 or 3 times before I succeeded.”

“I didn't know about the app but I do sometimes use patient access, but I find it hard to use. I usually really struggle with it.”

## **Complicated/confusing/difficult to use**

Many people needed family help to register. They felt the registration process was very complicated and long. It was not easy to book an appointment. Some participants thought it was not inclusive of the elderly, disabled, visually impaired, and less techno savvy participants.

***“It is also confusing because all of the appointments you can book are for different things, and you don't always know exactly what you will need.”***

## **Limited functioning**

The app is not fully functional yet. Issues encountered include:

- Unable to add dependents such as babies and disabled family members as the mobile/email details need to be different.
- Does not allow access to all records, historical records.
- Vaccinations not updated
- Doesn't work for test results, complex needs

***“I would like to see information regarding GP surgeries and the roles people play on there.”***

# NHS app

“VERY wary of data collection.”

“We got a message from our surgeries telling us to download it. However, if I hadn't known it was coming, I would not have opened it because it looked very much like a scam.”

“A very good idea, but it needs to be advertised nationally to get it used by more people.”

## Privacy concern

There were concerns that the app could track users, concerns about privacy if the device is lost, stolen or hacked into. Participants were concerned about who their data will be shared with.

## Poor marketing/App benefits not realised

There was no promotion of the app. Lots of people did not know what the app is for, how to use it or see the benefit of using the app over the old methods such as calling. They thought local GPs can do the same as what the app is for.

***“I downloaded it and didn't find it helpful, so deleted it.”***



# NHS app



## Recommendations

1. Patients are currently asked to use more than one app or digital platform to access appointments, information, advice and guidance, and their records. This can be the NHS app, a surgery app, or other methods. A decision should be made to reduce the apps and digital platforms people are required to use. One app for everyone which will improve consistency and reduce duplication and confusion.
2. To further expand on the above, people do not always understand the purpose or range of uses for the NHS app. Clear information on the purpose and range of uses for the NHS app should be made available.
3. Surgeries should have a visual representation (infographic or video) of roles in individual surgeries.
4. Clarity and reassurance should be provided about with whom and where data stored is shared and for what purpose.

# Communication

"It appears that the way that repeat prescriptions are generated has changed. Better communication required."



"It would help if we had been told about the changes."



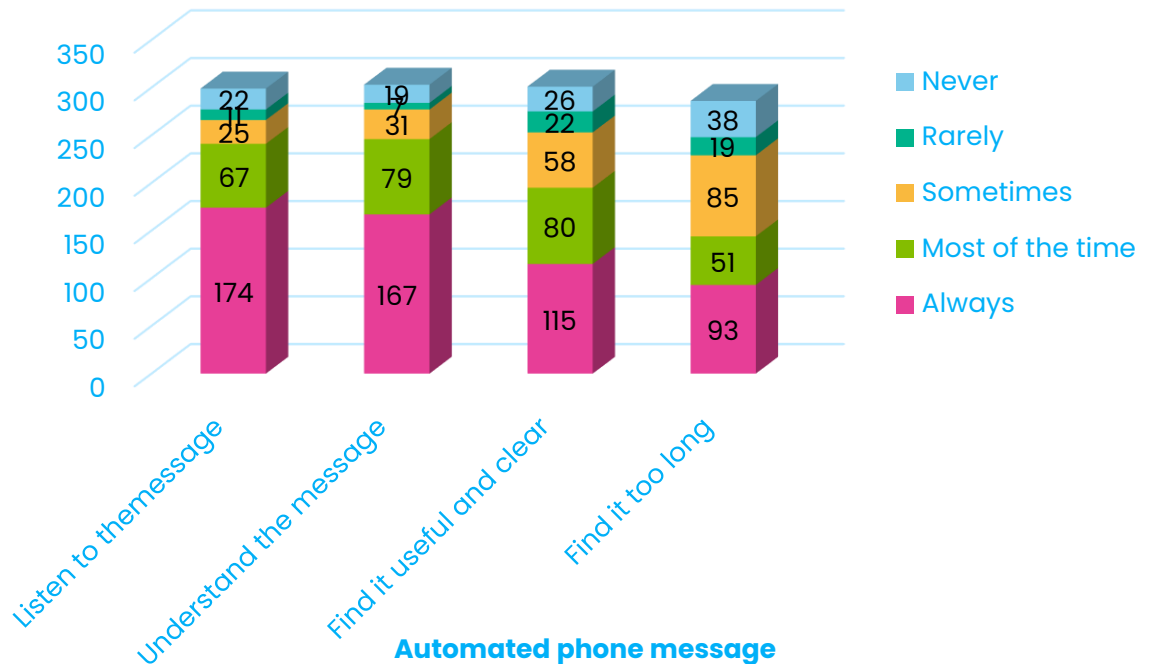
"I think we did quite a lot, but there are 21,000 people at our surgery, so maybe only 1,000 know it."

**Inclusivity:** people want to be involved in developing the communication they receive from their surgeries. This will help them understand and get on board with any changes.

*"Why aren't we asked what information we need from the surgeries?"*

**Listening to messages:** most of the participants always listened to and understood the automated phone messages at their surgery. They found it useful, but too long with no option to skip.

*"The message on the GP phone is way too long."*



# Communication



“I am deaf so would appreciate face to face appointment when necessary.”



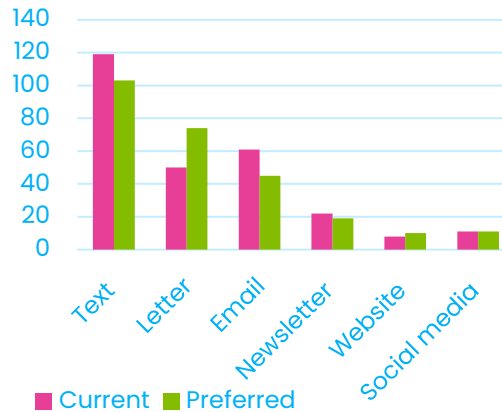
“I don't want to have phone call appointments because of my anxiety but they call me anyway. This is not good for me.”



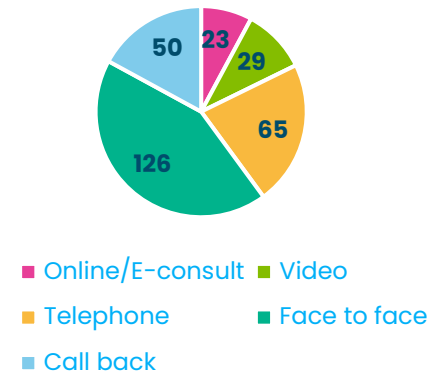
“I think skype or zoom calls would be better than phone calls and would be more useful as you could actually see your doctor.”

**Consultation:** people felt face-face consultation was nice, reassuring and helped them to explain themselves better. They felt there is a comfort in seeing your GP in person - a sense of security that you do not get from being triaged on the phone. Although telephone consultation was the next preferred option, not everyone was comfortable with it.

Communication methods



Consultation preference



**Communication methods:** text message is the preferred communication method for receiving updates from surgeries. Letter and email are the other choices that people are familiar with. If they had any complaints/compliments, they preferred communicating it by visiting in person. They were also open to email and text messages.

# Communication

“The video was good but who would find it. It needs to be published somewhere like the NHS app and maybe also by email.”



“Think it[infographic] ought to be on the NHS app for each surgery.”

## Publicising information:

The new ways of working are challenging for people as they did not receive any information from their surgeries. They want this information publicised along with the video and the infographic for future use. Having this information easily accessible will help them to communicate with their surgeries and access appropriate services.

# Communication



## Recommendations

1. Surgeries would benefit from sharing timelier information on changes or updates to services, both in surgery, website and online. Ensure Easy Read, and accessible language is available, and consider the use of visual representations of key information. This should be available as noted, and repromoted throughout each year to improve absorption and retention of information.
2. Patient Participation Groups (PPGs) use across Berkshire West varies. Surgeries utilising the role of the PPG's would improve communication between the surgeries and their patients. It would also encourage inclusivity, diversity, and consistent and improved communication.
3. Consider reviewing the messaging, and the choice options to make it easier and more accessible for those patients that phone.

# Stories

Many participants we spoke with found it difficult to get appointments.

*"I have visited my GP surgery to book an appointment and was told that there are no more appointments, and they would not be releasing any more appointment until 3 days' time. Not acceptable."*



The call back system did not work for everyone.

One of our participants told us that she had an accident and was trying to contact the surgery for over a **month**. No one contacted her back, she was struggling to use the system and found it extremely difficult to get through to them. This was detrimental to her health considering the importance of her checkup.

There was confusion about telephone and face-to-face appointments that left participants frustrated. This was noted by many of our participants.

*"I get told that it is face-to-face but then I go to [Finchampstead] and they send me home because someone else then tells me it is supposed to be on the phone."*

# Stories

People thought the system is complicated and felt they are 'just being passed around'. They wanted the old system back.



"Now it is complicated. For example, today I had an appointment, and I was running late - I called the receptionist, and they send they will send me a link - the link is for cancelling an appointment - it took me to Anima, then the NHS app. I was told at 7am to re-book. I needed a blood test to check for diabetes. I do not understand when they send links or texts. I would like the old system back."

A participant felt that they were being sent to the GP, then A+E, then Ill, then back to the GP. Seeing different doctors made it more confusing and issues were missed. GPs did not read the notes properly and they didn't always understand the previous issues. These issues contributed to her daughter being in hospital for over a week - which she feels could have been avoided with better previous medical attention.

A participant who has not seen a GP since 2014 had a call for 20 minutes. The call was helpful, but the time ran out, so the participant subsequently went to A and E.

# Stories

Participants felt that the GP surgeries applied judgement to their reason for calling. If they called up when their condition was either too bad or not bad enough, they got 'told off' for calling up unnecessarily or for leaving it too late. One participant called the receptionist to ask if their blood test results had come in - the receptionist seemed confused and gave an unclear answer. This type of instance shows what caused the participants to have a lack trust in the Care Navigators.



One of our elderly participant who prefers face to face appointment thought telephone appointments are a waste of time because the doctor cannot see you and properly assess you. The participant had a telephone appointment and was asked to send a photo of their spot. The GP said,

***“it was okay, but it turned out that I needed someone in the end because the spot spread.”***



# Acknowledgements

Healthwatch Reading

Healthwatch West Berkshire

Healthwatch Wokingham Borough

Berkshire West Patients and Patient Participation Group members

Berkshire West Primary Care Alliance

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Primary Care

Communications team at Royal Berkshire NHS Foundation Trust

# Responses

Response from

## **Sanjay Desai**

**Head of Primary Care Operations, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.**

Thank you for sharing the report and also for the work undertaken by the Healthwatch team in compiling the report. As you are aware, your engagement around Primary Care in Berkshire West was running concurrently with the BOB ICB public engagement around the Draft Primary Care Strategy and many of your findings align with those received during the ICB engagement. These have all been reviewed and considered and have helped shape the new BOB ICB Primary Care Strategy which was launched in May.

At the heart of our Primary Care activity is an ongoing commitment to work with people and communities in equal partnership and to engage them at the earliest stages of service design, development and evaluation to ensure an enhanced patient experience is central to the Primary Care they receive.

A key element of this work is our engagement with Patient Participation Groups (PPGs), and we would like to take this opportunity to thank our local PPGs for the valuable role they play within their Practices, helping raise awareness amongst patients of developments within their Practices as well as supporting the delivery of training around digital activity and providing a vital liaison between surgery staff, patients and their local community.

# Responses

Extensive work has been done to educate and inform patients around modern Primary Care and the different healthcare professionals now working at Practices, including Social Prescribers, Care Navigators and Physician Associates, and also to support patients to understand and use the digital elements of Primary Care, recognising there will always be people whose preference will be non-digital engagement with their surgery.

Healthwatch's report rightly highlights the importance of communicating with patients and we ensure all patient communication is accessible, easy to understand, relevant and timely so patients are kept informed and involved in activity at their Practices and have opportunities to have their say. In addition, communication tools like videos, social media posts, websites and posters are used to support people to live well and independently within their communities, remaining fit and healthy for as long as possible. This is pivotal in ensuring Practice staff, especially GPs, are free to dedicate more time to those patients with serious or multiple long-term conditions.

# Responses

Response from

**Dr Amit Sharma**

**Strategy and Partnerships Lead, Brookside Group Practice**

In general, it is a useful insight. Overall, though whilst the recommendations are useful, there isn't enough balance to this report. It isn't clear for practices, what is working well as well as the challenges that patients are having. It would be good to have more positive news alongside areas for potential development.

On the recommendations, I would suggest there are some other considerations to make. We know from data that those practices that have significant numbers of patients using online triage systems to make appointments, have much quicker phone wait times for patients that really need this and struggle more digitally. Our PCN's own phone wait time showed a reduction from over 20 mins to 5 mins last year with the widescale adoption of our triage system. So, I am unsure why a recommendation isn't that more patients engage with online access and the NHS app as well as encouraging practices to get on board with online access too. It helps those that can online and those that cannot too. Whilst I understand the recommendations are for practices, if patients haven't got any recommendations, then it is harder for them to engage and take more ownership for their own health.

# Responses

On care navigation, once digital triage facilitates the information being the in-patient record which has been shown to save clinicians time and means the patient is investing in their health prior to the appointment. It also again means much less time on the phone, explaining each issue. Centralised triage (one dashboard which incorporates online, telephone and walk in patients) also more objectively allows us to prioritise those patients at risk more easily rather than a first come first served appointment system. Again, the digital solution allows self-book for those able, so they can book an appointment themselves once triaged at a time convenient for them.

Most practices should now have Cloud Telephony, and the care navigation doesn't reference this, as most practices will now have callback functionality.

Overall agree that everything will go into NHS app including the digital triage providers, this is a work in progress but should be resolved later this year for some of them. In addition, some surgeries, including ours provide NHS app clinics to teach patients how to use the app in person.

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## Pharmaceutical Needs Assessment

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**Report being considered by:** Health and Wellbeing Board

**On:** 5 December 2024

**Report Author:** Gordon Oliver

**Report Sponsor:** Dr Matt Pearce

**Item for:** Decision

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### 1. Purpose of the Report

This report outlines the methodology for developing the West Berkshire Pharmaceutical Needs Assessment (PNA) and seeks approval for the proposed oversight and sign-off arrangements.

### 2. Recommendation(s)

2.1 The Health and Wellbeing Board is recommended to:

- (1) Note the proposed process for developing the West Berkshire PNA.
- (2) Agree that the Director of Public Health will take responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner.
- (3) Agree that the decision to approve the consultation draft version of the PNA be delegated to the Steering Group.

### 3. Executive Summary

3.1 Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations), set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.

3.2 The current version of the West Berkshire PNA was adopted in September 2022 and expires at the end of September 2025. This report describes how the PNA will be updated.

### 4. Supporting Information

4.1 There are eight key stages to developing a PNA. These are set out below with details of how it is proposed these will be progressed in West Berkshire, reflecting government guidance provided in the Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards.

## Stage 1 - Governance

- 4.2 The Board has a statutory duty to produce and publish its next PNA by the end of September 2025, so it is important that sufficient resources are identified and that there is Board level support for the development of the document, with a named Board member taking overall responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner.
- 4.3 Due to the serious consequences of not following due process in developing the PNA, the guidance recommends that this is captured in the Council's risk register. (This has been flagged with the Council's Performance Research & Consultation Manager.)
- 4.4 The guidance strongly recommends that a steering group is established to support the process. Officers are exploring whether a steering group can be convened at the Buckinghamshire, Oxfordshire and Berkshire West (BOB) level. This would include representation from:
- Each of the local authority public health teams
  - Each of the local authority comms and engagement teams
  - The Local Pharmaceutical Committee (LPC)
  - The Local Medical Committee (LMC) (for those local authorities with dispensing practices)
  - Each of the Healthwatch services
  - The Integrated Care Board (ICB)
- 4.5 The benefits of this include:
- Opportunities to share learning and best practice between the local authorities
  - Achieving a consistency of approach across the BOB ICB area.
  - Minimising the number of meetings for key partners, such as the LPC, LMC and ICB representatives.
- 4.6 The Steering Group is responsible for agreeing the following:
- The project timeline
  - How areas will be split up into localities
  - The content of questionnaires for contractors/dispensing doctors
  - The content of the public engagement questionnaire, how it will be made available, and any other ways of engaging with the public
  - The structure of the document



- 4.7 Although it is proposed to have a common Steering Group across BOB, each local authority must develop its own LPA. Reading and West Berkshire have undertaken a joint procurement exercise and have appointed Healthy Dialogues to progress their LPAs. A separate Task Group is being set up to oversee this work. This will have regular meetings in between Steering Group meetings. A draft project timeline is included in Appendix A. If it is not feasible to have a BOB Steering Group, then membership of the Task Group will be expanded, and it will act as the Steering Group.

### **Stage 2 - Gathering of Health and Demographic Data**

- 4.8 Data can mostly be supplied by the Public Health Team, but input will also be sought from other Council departments, including Highways and Planning for information on known housing developments, regeneration projects or transport developments that are current or will occur within the lifetime of the PNA.

### **Stage 3 - Pharmaceutical Services Information**

- 4.9 Much of the information on the provision of local pharmaceutical services can be sourced from the NHS Business Services Authority website, with supplementary information obtained from NHS England. However, some information can only be gathered directly from contractors via questionnaires (see below).

### **Stage 4 - Public and Contractor Engagement**

- 4.10 Whilst not required by the regulations, the guidance strongly recommends that the views of the public are gathered to allow testing of assumptions around how and where people access services. It is proposed to run public surveys between January and March 2025 (although timescales may change to harmonise with the timescales of the other local authorities and Steering Group meetings).
- 4.11 Also, it is proposed to run the survey of pharmaceutical contractors and dispensing doctors in parallel with the public surveys.

### **Stage 5 - Analysis and Drafting**

- 4.12 Drafting of the PNA will take place as the required data and information is gathered. A checklist of the statements that must be included will be produced in order to ensure the document meets the requirements of the 2013 Regulations.

### **Stage 6 - Consultation Draft PNA Review and Sign-Off**

- 4.13 Once the data analysis and drafting of the PNA are complete, the Steering Group will then need to: review the draft document, identify any gaps in provision that currently exist or that will arise within the three-year lifetime of the PNA, and articulate these as needs for, or improvements or better access to, a pharmaceutical service or services. The consultation draft PNA will then be produced for sign-off. The guidance indicates that the Health and Wellbeing Board may delegate sign-off to the Steering Group.

### **Stage 7 - Consultation**

- 4.14 The Health and Wellbeing Board must consult certain organisations on the contents of the PNA at least once, and that consultation must run for a minimum period of 60 days. It is proposed to run the consultation between May and July 2025 (although

timescales may change to harmonise with the timescales of the other local authorities and Steering Group meetings).

### **Review, Sign-Off and Publication**

- 4.15 A report on the consultation must be included in the final version of the PNA. The Steering Group will need to review the consultation responses and agree what, if any, changes are to be made to the document.
- 4.16 Once the document is finalised it will then need to be signed-off by the Health and Wellbeing Board and published. The PNA will be published on the West Berkshire Observatory website, but a link to that site will be included on the Council's own website, as the Health and Wellbeing Board is under a duty to ensure that NHS England has access to the document and any supplementary statements that are included alongside it.

## **5. Options Considered**

- 5.1 The Board could nominate any of its members to take overall responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner.
- 5.2 The Board could choose to discharge the responsibility to approve the consultation draft PNA, or delegate it to the Steering Group.

## **6. Proposal(s)**

- 6.1 It is proposed that the Board nominates the Director of Public Health to take overall responsibility for ensuring the PNA meets the regulatory requirements and is published in a timely manner. This is the logical choice, since the Public Health Team has procured the consultants to develop the PNA.
- 6.2 It is proposed to delegate approval of the consultation draft PNA to the Steering Group, since meetings of the Steering Group could more easily be convened at short notice than meetings of the Health and Wellbeing Board.

## **7. Conclusion(s)**

The proposed approach is consistent with government guidance and would ensure that the Board meets its statutory obligation to develop and publish a PNA by end of September 2025.

## **8. Consultation and Engagement**

The Director of Public Health and Consultant in Public Health have been consulted on this report.

## **9. Appendices**

Appendix A – Draft Project Timeline for Producing the West Berkshire PNA.

**Background Papers:**

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

[Pharmaceutical Needs Assessments – Information pack for local authority health and wellbeing boards](#)

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**Health and Wellbeing Priorities Supported:**

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

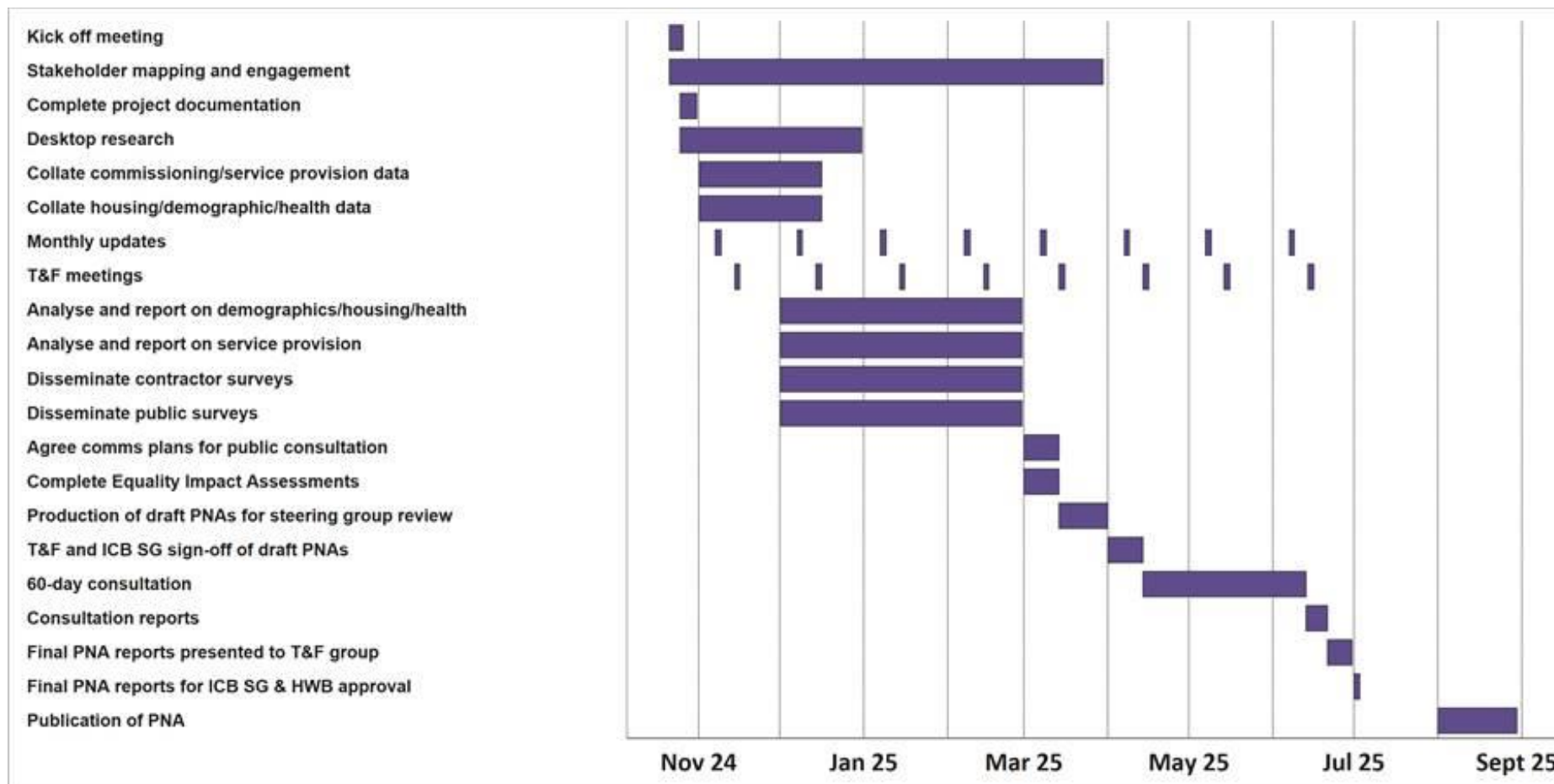
- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and young children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health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

The proposals contained in this report will support the above Joint Health and Wellbeing Strategy priorities by ensuring that provision of and access to pharmaceutical services in West Berkshire has been appropriately assessed relative to current and future needs, with any gaps in provision identified to inform future commissioning decisions.

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## Appendix A: Proposed Timeline for Producing the West Berkshire Pharmaceutical Needs Assessment



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## Poverty and Cost of Living Update

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**Report being considered by:** Health and Wellbeing Board

**On:** 5 December 2024

**Report Author:** Sean Murphy

**Report Sponsor:** Sean Murphy



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**Item for:** Decision

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### 1. Purpose of the Report

The purpose of this report is to help the Health and Wellbeing Board keep a watching brief on cost of living issues and the collective response to the impact on residents in West Berkshire.

### 2. Recommendations

That the Health and Wellbeing Board:

- (a) **IS INFORMED** about the current position.
- (b) **RESOLVES** that the Service Lead for Public Protection provide an update to the Board at its next meeting.

### 3. Executive Summary

- 3.1 The Board has now received six updates on the local response by the Council and voluntary sector partners to support residents facing challenges due to financial pressures. The most recent was on the 12<sup>th</sup> September 2024. This report updates on matters since September.
- 3.2 In November 2024 the Office for National Statistics reported that the headline Consumer Price Index (CPI) rate in the year to October 2024 stood at 2.3% up from 1.7% in September 2024. Transport costs have fallen by 2% in the year to October 2024. This is largely due to a decrease in the cost of fuel (average cost of unleaded petrol around £1.36 and diesel £1.40), but this has been offset by an increase in the cost of second hand cars.
- 3.3 CPIH, which includes owner occupier's housing costs rose by 3.2% in the 12 months to October 2024 which was up from 2.6% in September. The largest contributor to this increase is from electricity and gas prices. Food and non-alcoholic beverage costs continue to rise and are up by 0.1 % to 1.9% since September 2024. This increase is primarily attributable to an increase in the price of vegetables.
- 3.4 For the period from 01 July to the 30 September 2024 the 'energy price cap' was reduced to £1,568 per year for typical households which was £122 per year lower than the price cap of £1,690 set from the 1<sup>st</sup> April to 30<sup>th</sup> June 2024. However, from the 1<sup>st</sup> October to the 31<sup>st</sup> December, this increased again to £1,717 per year an

increase of 10% and added around £12 per month to the average bill. It has also been announced that the price cap will rise to £,1738 in January 2025.

- 3.5 The Government have also announced that as of the 2024/25 winter, households in England and Wales will no longer be entitled to the Winter Fuel Payment unless they receive Pension Credit or certain other means tested benefits. It is estimated that only around 14% of pensioners receiving the £200 or £300 payment are likely to continue to do so.
- 3.6 People are still feeling the impact of the cost of living crisis, and this is likely to be exacerbated with the steep increase in inflation in October 2024, and many families are still struggling with debt and continue to sacrifice essentials. The latest official quarterly figures also show that pay grew at its slowest rate for more than two years between June and August, down from 5.1% to 4.9%.
- 3.7 In November, the Bank of England cut rates for the second time in 2024 to 4.75%.
- 3.8 The voluntary organisations and charities assisting those struggling financially are reporting significant increases in demand for support and advice. This is also borne out by demand for personal / family grants from the Household Support Fund.
- 3.9 The introduction of the Renters Reform Bill is likely to have an impact on the housing rental market. It will bring in new laws for private landlords that are designed to improve housing quality and improve overall protection for tenants. The Decent Home Standard will require landlords to keep homes free from health and safety hazards and be kept in a good state of repair. There will be a specific emphasis on damp and mould.
- 3.10 No fault evictions under Section 21 will be abolished which will mean that landlords will only be able to evict a tenant in reasonable circumstances. The Bill will also see the introduction of an Ombudsman covering all private landlords. Other changes will see a prohibition on rental bidding wars, a ban on in tenancy rent increases and the abolition on blanket bans on tenants with children or receiving benefits.
- 3.11 While the improvements will provide additional security and protection for tenants, the increased responsibilities for landlords might have an impact on the supply of this type of housing. There may also be an impact on tenants in the lead up to the implementation of the Act.
- 3.12 The government had already announced that there will be another £421M of Household Support Funding available from 1<sup>st</sup> October 2024 to 31<sup>st</sup> March 2025 for local authorities. Collaborating with local voluntary sector partners, including Greenham Trust, West Berkshire Council has been allocated circa £694K of this funding to distribute. Applications opened on the 18<sup>th</sup> October 2024.

## 4. Update Report

### Household Support Fund (HSF)

- 4.1 The government announced in October that there was to be a second tranche of funding for 2024/25. The allocation for West Berkshire for tranche 2 is £694K. The allocations for Tranche 2 were agreed by Individual Executive Decision on 18<sup>th</sup> October 2024. The allocations are set out in the report here: [HSF Individual Decision Report Update October 24.pdf](#)



- 4.2 Demand for grants under the main fund rose significantly in the first tranche exceeding the whole of 2023/24 in the six month period. It now appears that demand in tranche 2 against the £255K main fund allocation is on a trajectory to exceed that in tranche 1 with 579 applications being received in around six weeks.
- 4.3 The following table sets out demand in 2024/25 to date:

	Tranche 1 (1/4/24 - 30/9/24)	Tranche 2 (1/10 - 11/11/24)
Households with children	678	253
Households with Pensioners	18	6
Households with disabilities	397	152
Households with single occupants	114	98
Total direct applications received (Tranche 2 correct to 11/11/24)	<b>1207</b>	<b>579</b>
Spend	£307,849	£79,250
Total spend including direct award	£629,849	

- 4.4 The government has announced in the autumn budget statement that there will be a further round of funding for 2025/26. The amount and grant conditions will not be known for some time.

## 5. Voluntary Sector Update

- 5.1 **West Berkshire Homeless** report averaging 10+ calls per day from people in immediate food or utility poverty and who are looking for help whilst more sustainable support can be sought – all those that contact WBH are also signposted.

They also report that there are currently 20 rough sleepers in our area. These rough sleepers come into the single person category and several, although having mental health problems, do not have sufficient evidence to provide to be considered a priority and this does take some time to obtain. WBH understand that, even if vulnerability is proved, there is a waiting list for Two Saints.

- 5.2 **Citizens Advice West Berkshire** reports the number of clients they have seen increased by 7.14% from Q1 to Q2, suggesting a growing demand for support services. There is an even larger increase in the number of contacts (22.1%) and issues (8.35%) per client points to clients having more complex needs, indicating that they are seeking advice in a multitude of interconnected issues.

The issues clients are dealing with went up by 8.35% from Q1 to Q2, showing that people are facing tougher problems. There has been a big jump in homelessness cases (up 30.2%), those needing help to find housing (up 100%), and council tax debts (up 112%), pointing to growing financial and housing struggles. Meanwhile, the steady need for financial advice shows that people continue to need support with managing money. Overall, the data suggests that clients are increasingly looking for help with basic needs like housing and debt.

- 5.3 **The Community Resource Centre** reports that the rate of requests for assistance with essential household goods continues to remain high. In the period 1<sup>st</sup> April to 11<sup>th</sup> November, a total of 317 referrals to their Essential Household Goods Scheme

(EHGS) were fulfilled at a cost of £95,498. This was for furniture, beds, bedding, white goods etc. During the same period last year, the Centre fulfilled 265 cases at a cost of £86,103. Therefore, cases have increased by 19.62% and expenditure by 10.91%, the average cost per referral however has reduced by £23.66 (-7.85%). Cases range from those on very low incomes moving into properties without furnishings or appliances to families with newborn babies requiring support with furnishings. Other areas of support include following family deaths, those leaving domestic abuse settings or as a consequence of family break ups.

During the same period (April – November 2024) 64.67% (205) of applications received were via West Berkshire Council staff, 24.29% (77) from charities, 4.73% (15) from schools and 6.31% (20) from other referrers (mainly social housing providers). By value, referrals from WBC accounted for 69.78% (£66,645.63) of the total spend. 69.4% (220) of all referrals related to families in need.

As previously reported, financial hardship continues to be by far the most often cited reason for the needs identified. These account for 168 applications (53%). Other reasons include emergency accommodation at 22 (6.94%); domestic abuse at 17 (5.36%) and new tenancy at 16 (5.05%).

As previously reported the CRC report demand and spend is running ahead of the forecast and budget. With only 61.53% of the year elapsed, they have expended 79.58% of the annual budget. The budget anticipated a monthly expenditure of £10,000, it is currently running at £13,172. Giving a projected spend of £158,000 against a budget of £120,000. The £40,000 of HSF funding for NCRC announced by WBC in the recent Residents' Newsletter will, it is anticipated, enable the scheme to be fully funded until the end of March subject to the winter spike in demand not exceeding that experienced last year.

It is reported that the recent Government budget has brought additional financial pressures, with the National Living Wage and National Insurance changes increasing the NCRC's annual staff costs by £66,000.

The supply and fitting of carpets continues, with 70 carpets fitted to date. The CRC still only have one carpet fitter available. and it is taking around two weeks from original referral to fitting being completed. Major problems are being encountered in many properties due to their poor state due to lack of cleaning by residents or hoarding. The supply of carpets is not included in any of the above figures.

Finally, in addition to the Community Resource Centre's EHGS activity they carry out wider work in the community delivering training, supported volunteering opportunities, adult day services etc along with their environmental projects which continue apace.

- 5.4 **West Berkshire Foodbank** have received all their donations from Schools and Churches for harvest festival. Unfortunately, they report that although donors have been wonderful and given what they can current stock levels are seriously depleted. Calculating throughput from 1/9/24 to 11/11/24 their stock in was 33,021Kg and stock out was 27471Kg, giving us an overall harvest surplus of 5,550Kg. The foodbank is not confident that this level of stock will get them through to the end of year due to increased Christmas demand. They go on to report that the charity will find it exceptionally challenging in the lean months of January through March 2025.

Comparing stock levels this time last year, stock level as on 11/11/2023 was 41,024Kg Stock level as of 11/11/2024 is 26,188Kg, **equating to a year on year decrease in stock of 44%**

The foodbank is gearing up for increased demand in December and have arranged three full days of volunteer collections at all three large Tesco stores in West Berkshire, as well as a collection day at Sainsbury, Newbury and Waitrose, Newbury. Previously these days have proved very successful but use up a huge amount of volunteer hours at our most busy time. Pinchington Lane Tesco for instance will need four volunteers for eight hours for three days, as well as two collection drivers. (Approx 100 volunteering hours for this store alone)

Regarding older residents the foodbank report that they are getting enquiries from over 65 year olds asking if they would be entitled to foodbank support and how they would access that. In response they are explaining their procedures, addressing clients concerns as well as signposting them to the Household Support Fund and Age UK. The numbers of over 65's coming to them is holding steady currently.

Finally, the foodbank has also purchased electric heated throws to allow them to support those who they are most concerned over. This financial outlay has come from their core costs budget and will be a reduced number of units.

**Greenham Trust** have reported that two grants have been awarded from the Joint Cost of Living Fund from Fair Close (Age Concern) (meal subsidy for seven months) and Berkshire Healthcare Trust (Winter Essential Packs). The current fund balance available is £56K.

**West Berkshire Action for Refugees** reports a range of issues including difficulty sourcing housing for single person households. In addition, they report that most have their skills under-utilised in employment terms. Many are reported as starting in poverty and affordability of clothing, household goods etc. is an issue. Finally, there are issues faced in relation to accessing intensive English language lessons and digital exclusion.

## 6. Conclusion and Next Steps

- 6.1 The rise in demand for support from the voluntary sector and the household support fund remains on an upward trajectory. In addition, there is the potential for hardships caused to residents by the withdrawal of the winter fuel allowance especially for those just above the pension credit threshold. Steps are being taken to support people applying for pension credit.
- 6.2 There is also the unknown implications of the Renters Reform Bill and the risk of increased so-called Section 21 'no fault' evictions. There is also the possibility of landlords leaving the sector and an increase in homelessness in the short term.
- 6.3 There are uncertainties about the implications of the budget and in particular the NI increase which could drive through into price inflation. Finally, there is the possibility of a static energy price cap at a level significantly above where it was three years ago.
- 6.4 There is still much for the Council with its partners to have regard to. The Cost of Living / Poverty Working Group is due to meet on 15<sup>th</sup> November 2024.

6.5 A further report will be produced for the next meeting of the Board should the Board determine it wishes to receive one.

## 7. Appendices

None

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### Background Papers:

None

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### 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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## Better Care Fund Plan 2024-2025 Q1 Report

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<b>Report being considered by:</b>	Health and Wellbeing Board
<b>On:</b>	05 December 2024
<b>Report Author:</b>	Maria Shepherd, Interim Service Director, ASC
<b>Report Sponsor:</b>	Councillor Heather Codling, Chairman of HWB
<b>Item for:</b>	Information

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### 1. Purpose of the Report

The purpose of this report is for the Board to note the Q1 Better Care Fund (BCF) Report. The report was submitted to NHS England on 28<sup>th</sup> August 2024 with the necessary sign off from the Chairman of the HWB.

### 2. Recommendation(s)

To note the Better Care Fund Plan 2024-2025 Q1 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 provided by NHS England.
- 3.3 The Q1 template only required us to report on Hospital Discharge activity and spend.
- 3.4 The Discharge fund is split into two funds: Local Authority Discharge Funding and ICB Discharge Funding, both of which support with Hospital Discharge.
- 3.5 The total funding available through the BCF to support with Hospital Discharge is £1,554,319. In Q1 our spend was £435,161.

### 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.

### 6. Proposal(s)

That the Board should note the report.

## 7. Conclusion(s)

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

## 8. Consultation and Engagement

8.1 Councillor Heather Codling, Health and Wellbeing Board Chairman, Locality Integration Board and the Integrated Care System.

## 9. Appendices

Appendix A – Q1 Report

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### Background Papers:

None

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### Health and Wellbeing Priorities Supported:

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

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

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

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**3. Spend and activity (Discharge Fund only)**

[Add new schemes](#)

[existing schemes](#)

Selected Health and Wellbeing Board:

West Berkshire

<b>Checklist</b>	Yes	Yes	Yes	Yes
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Scheme ID	Scheme Name	Brief Description of Scheme	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.
6	LA Discharge Funding	Support with Hospital Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to ...)	Local Authority Discharge Funding	£188,450	£101,621	8,193	5857	Hours of care (Unless short-term in which case it is packages)	No	
62	ICB Discharge Funding	Support with Hospital Discharge	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£1,365,869	£333,540	71	32	Packages	No	

**Adding New Schemes (Discharge Fund only):**

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs (Number or NA)	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.

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## Better Care Fund Plan 2024-2025 Q2 Report

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<b>Report being considered by:</b>	Health and Wellbeing Board
<b>On:</b>	5 December 2024
<b>Report Author:</b>	Maria Shepherd, Interim Service Director, ASC
<b>Report Sponsor:</b>	Councillor Heather Codling, Chairman of HWB
<b>Item for:</b>	Information

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### 1. Purpose of the Report

The purpose of this report is for the Board to note the Q2 Better Care Fund (BCF) Report. The report was submitted to NHS England on 31<sup>st</sup> October 2024 with the necessary sign off from the Chairman of the Health and Wellbeing Board.

### 2. Recommendation(s)

To note the Better Care Fund Plan 2024-2025 Q2 report.

### 3. Executive Summary

- 3.1 The Better Care Fund Policy Framework for 2023-2025 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 provided by NHS England.
- 3.3 The template also requires a review of the demand and capacity plans for Hospital Discharge and Community as set out in the 2023-25 plan.
- 3.4 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.
- 3.5 We are currently on track to meet 2, 3 and 4 above. However, we are not on track to meet avoidable admissions.

- 3.6 As a system the Berkshire West Urgent Emergency Care (UEC) Board has prioritised several programmes of work with particular focus on establishing admission avoidance ahead of winter.
- 3.7 These programmes include same day urgent access, single point of access, discharge guidance and protocol of choice and Virtual Wards.
- 3.8 Our Demand and Capacity plans for Hospital Discharge have been refreshed. Gaps in Urgent Community Response has been escalated to the BOB ICS and the UEC monies being used to provide medical provision over weekends has been repurposed to cover the gap for the remainder of the financial year.
- 3.9 Berkshire West has requested some support from the National Team to look at good practice on data collection for demand and capacity plans to ensure we have robust mechanisms in place and that we all have a shared understanding of the data.

#### 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.

#### 6. Proposal(s)

That the Board should note the report.

#### 7. Conclusion(s)

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

#### 8. Consultation and Engagement

Councillor Heather Codling, Health and Wellbeing Board Chairman, Locality Integration Board and the Integrated Care System.

#### 9. Appendices

Appendix A – Q2 Report

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#### Background Papers:

None

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#### Health and Wellbeing Priorities Supported:

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

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

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

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See next sheet for Scheme Type (and Sub Type) descriptions

**Better Care Fund 2024-25 Q2 Reporting Template**  
6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board:

<< Link to summary sheet

Running Balances	2024-25			
	Income	Expenditure to date	Percentage spent	Balance
DFG	£2,252,624	£806,209	35.79%	£1,446,415
Minimum NHS Contribution	£12,455,968	£6,135,876	49.26%	£6,320,092
iBCF	£806,499	£399,882	49.58%	£406,617
Additional LA Contribution	£150,000	£57,000	38.00%	£93,000
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£188,450	£193,488	102.67%	£-5,038
ICB Discharge Funding	£1,365,870	£665,851	48.75%	£700,019
<b>Total</b>	<b>£17,219,411</b>	<b>£8,258,306</b>	<b>47.96%</b>	<b>£8,961,105</b>

Overspent!

Comments if income changed

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,370,255	£2,340,072	£1,030,183
Adult Social Care services spend from the minimum ICB allocations	£6,176,065	£3,463,328	£2,712,737

Checklist	Column complete:	Yes	Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if Scheme Type is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if Area of Spend is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Under 65 LD residential and supported living	Residential Placements	Residential Placements	Care home		23.3	10.9	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£1,610,113	£805,057	
2	Carers (Payments to Providers)	Carers Services	Care Act Implementation Related Duties	Safeguarding			NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£392,293	£196,147	
3	Reablement	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care packages		11784	10291	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	Minimum NHS Contribution	£481,405	£240,703	
31	Reablement	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care packages		7522	6569	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	iBCF	£307,300	£153,650	
4	Memory and cognition over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services			NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£565,782	£282,891	
41	Memory and cognition over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services			NA		Social Care		LA			Private Sector	iBCF	£34,700	£17,350	
42	Memory and cognition over 65	Residential Placements	Residential Placements	Nursing home		23.3	0.4	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£52,170	£26,085	
5	Physical Support over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services			NA		Social Care		LA			Private Sector	iBCF	£168,800	£84,400	
52	Physical Support over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services			NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£769,847	£384,924	
53	Physical Support over 65	Residential Placements	Residential Placements	Nursing home		1.4	0.6	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£69,237	£34,619	
54	Physical Support over 65	Residential Placements	Residential Placements	Care home		0.4	0.2	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£17,874	£8,937	
6	LA Discharge Funding	Support with Hospital Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		8193	11646	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Local Authority Discharge Funding	£188,450	£193,488	The LA will continue to support Hospital Discharge but this will put extra pressure on the LA's already stretched budgets.
61	Carers support	Carers Services	Care Act Implementation Related Duties	Safeguarding			NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£415,369	£207,685	
62	ICB Discharge Funding	Support with Hospital Discharge	Home-based intermediate care services	Reablement at home (to support discharge)		71	86	Packages	Social Care		LA			Charity / Voluntary Sector	ICB Discharge Funding	£1,365,869	£665,851	86 Placements 8165 Reablement hours
66	Under 65 LD residential and supported living	Residential Placements	Residential Placements	Care home		14.6	6.8	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£1,005,347	£502,674	
7	Over 65's Care Homes	Residential Placements	Residential Placements	Care home		23.3	0.7	Number of beds	Social Care		LA			Local Authority	Minimum NHS Contribution	£133,505	£66,753	
71	Over 65's Care Homes	Residential Placements	Residential Placements	Supported housing		2.7	1.4	Number of beds	Social Care		LA			Local Authority	Minimum NHS Contribution	£270,036	£135,018	

8	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		8654	4255	Hours of care (Unless short-term in which case it is packages)	Social Care		Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution	£199,057	£99,529	
81	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		12229	6013	Hours of care (Unless short-term in which case it is packages)	Social Care		Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution	£281,277	£140,639	
82	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		9443	4643	Hours of care (Unless short-term in which case it is packages)	Other	Joint Health and Social Care Service	Joint	10.0%	90.0%	Local Authority	iBCF	£217,199	£108,600	
83	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		10183	5007	Hours of care (Unless short-term in which case it is packages)	Other	Joint Health and Social Care Service	Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution	£234,211	£117,106	
84	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		25130	11928	Hours of care (Unless short-term in which case it is packages)	Other	Joint Health and Social Care Service	Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution	£557,993	£278,997	
9	DFG	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG grants		84	51	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG	£2,252,624	£806,209	
10	DTOC Projects	Mental Health Link Worker	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Private Sector	iBCF	£60,000	£29,554	
11	DTOC projects	EDS	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	iBCF	£6,000	£0	
13	Locality Lead	BCF Lead	Other				NA		Social Care		Joint	0.0%	100.0%	Local Authority	Minimum NHS Contribution	£97,093	£46,392	
141	BCF Data Analyst	Other	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£24,853	£12,583	
15	IMHA and Veterans	Prevention/Early intervention	Prevention / Early Intervention	Risk Stratification			NA		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£58,462	£39,436	
17	BHFT Contract	Intermediate Care Services (Reablement)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		888	444	Hours of care (Unless short-term in which case it is packages)	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£1,022,682	£511,341	
18	BW PMO	Share of cross Berkshire West Programme Management	Enablers for Integration	Programme management			NA		Other	ICB	NHS			NHS	Minimum NHS Contribution	£85,771	£42,885	
20	Risk Share	Risk Share	Other				NA		Other	Risk Share	NHS			NHS	Minimum NHS Contribution	£201,000	£0	
21	Care Homes (RRAT) (ICB Hosted scheme)	Intermediate Care Services	Prevention / Early Intervention	Risk Stratification			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£503,887	£251,943	
22	SCAS falls and frailty (ICB Hosted scheme)	Cross Berkshire scheme to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£27,000	£13,500	
23	Street Triage (ICB Hosted scheme)	Reduce the number of section 136's	Prevention / Early Intervention	Risk Stratification			NA		Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	£69,236	£34,618	
24	Connected Care (ICB hosted)	Data Integration between Health and Social Care	Enablers for Integration	System IT Interoperability			NA		Other	Joint Health and Social Care Service	NHS			Private Sector	Minimum NHS Contribution	£285,000	£142,500	
26	Out of Hospital Services - Speech & Language	Intermediate Care Services	Prevention / Early Intervention	Risk Stratification			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£86,535	£43,267	
27	Out of Hospital Services -Care Home in reach	Support Care Homes across BW to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£356,627	£178,313	
28	Out of Hospital Services - Community	Support Care Homes across BW to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£195,358	£97,679	
29	Out of Hospital Services - Intermediate Care	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess)		108	54	Hours of care (Unless short-term in which case it is packages)	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£616,231	£308,115	
30	Out of Hospital Services - Health Hub	Integrated care planning and navigation	Integrated Care Planning and Navigation	Care navigation and planning			NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£452,334	£226,167	
31	Out of Hospital Service - Intermediate Care	Intermediate Care Services	Home-based intermediate care services	Rehabilitation at home (to support discharge)		181	90	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£852,235	£426,117	
44	23/25 priority 2	Targeted Community Outreach Programme (using 22.23 Carry Forward)	Other			0	0		Social Care		LA			Local Authority	Additional LA Contribution	£13,000	£0	
45	23/25 priority 3	Falls Pathway (using 22.23 Carry Forward)	Other			0	0		Social Care		LA			Local Authority	Additional LA Contribution	£30,000	£30,000	This is a contribution to the 3 falls co-ordinators based in the locality teams.
47	23/25 priority 4	Self Care Programmes (using 22.23 Carry Forward)	Other			0	0		Social Care		LA			Local Authority	Additional LA Contribution	£80,000	£0	We have agreed re-purpose this one off funding to enhance our Dementia Care Advisory Service. The details are in the process of being finalised.
43	23/25 priority 1	Recruitment & Retention (Enabler to support BCF Objectives) (using 22-23)	Workforce recruitment and retention				6	WTE's gained	Social Care		LA			Local Authority	Minimum NHS Contribution	£461,448	£230,724	
142	BCF Data Analyst	Other	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	iBCF	£12,500	£6,328	
49	DTOC Projects	MH Link Worker	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£4,274	£2,105	
50	DTOC projects	EDS	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£427	£427	

143	falls	Project to support reduction in Falls admissions	Prevention / Early Intervention	Other	Falls	0	0		Social Care	0	LA	0.0%		Local Authority	Additional LA Contribution	£27,000	£27,000	This is a contribution to the 3 falls co-ordinators based in the locality teams.
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Adding New Schemes:

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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number)	Units (auto-populated)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	Planned Expenditure (£)	Expenditure to date (£)
			<Please Select>														

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## Joint Local Health and Wellbeing Strategy Delivery Plan Monitoring Report - Q2 2024/25

**Report being considered by:** Health and Wellbeing Board

**On:** 5 December 2024

**Report Author:** Gordon Oliver

**Report Sponsor:** Dr Matt Pearce

**Item for:** Decision



### 1. Purpose of the Report

This report provides an update on progress with the Joint Local Health and Wellbeing Strategy Delivery Plan.

### 2. Recommendation(s)

For the Board to note the progress made in implementing the Delivery Plan and agree the interim changes ahead of the review early in 2025.

### 3. Executive Summary

3.1 This report provides an update on progress in implementing the Berkshire West Health and Wellbeing Strategy Delivery Plan 2021-2030. A summary of performance in implementing the Delivery Plan is provided below:

	<b>Complete</b>	<b>Green RAG rated</b>	<b>Amber RAG rated</b>	<b>Red RAG rated</b>
Priority 1	1	3	2	2
Priority 2	6	9	0	4
Priority 3	7	2	3	0
Priority 4	0	2	0	1
Priority 5	4	1	0	5
<b>TOTAL</b>	<b>18</b>	<b>17</b>	<b>5</b>	<b>12</b>

3.2 It was agreed at the last meeting of the Board on 9 September that the Delivery Plan should be refreshed, taking account of feedback received as part of the Local Government Association (LGA) review of the Health and Wellbeing Board. As an interim step, a number of actions are proposed to be removed from the Delivery Plan, because they have been completed, or because the actions cannot be progressed.

### 4. Supporting Information

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

- (1) Reduce the differences in health between different groups of people.
- (2) Support individuals at high risk of bad health outcomes to live healthy lives.

- (3) Help children and families in early years.
  - (4) Promote good mental health and wellbeing for all children and young people.
  - (5) Promote good mental health and wellbeing for all adults.
- 4.2 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. West Berkshire Health and Wellbeing Board developed its Delivery Plan in the second half of 2021.
- 4.3 The opportunity was taken to review the Delivery Plan in the summer of 2023, which reduced the number of actions from over 150 to just over 50. This reflected the fact that good progress had been made, with a number of actions having been completed. In some cases, local needs or circumstances had changed since the Delivery Plan was first developed, so some actions were no longer considered to be relevant. In other cases, it had not been possible to deliver the actions as originally planned due changes in the availability of funding or resources. Also, some actions were considered to be 'business as usual' activities that were delivered and monitored through existing service/business plans, with no need for additional support or oversight through the Health and Wellbeing Board. As a result, some actions were deleted or replaced with new actions.
- 4.4 A similar housekeeping exercise has been performed ahead of the full review of the Delivery Plan proposed for the New Year, which will take account of feedback received through the LGA review.
- 4.5 There remain 29 'live' actions within the Delivery Plan, which are shown in Appendix A. Of these 17, are RAG rated 'Green', 5 are 'Amber' and 6 are 'Red'. Amongst the 'Red' and 'Amber' rated actions, common reasons for delays/lack of progress include:
- Long-term staff sickness
  - A lack of staff resources
  - A lack of funding
  - Challenges in securing buy-in from partner agencies.
  - Adverse trends at the national level.
- 4.6 Appendix B shows actions that have been completed, or which are recommended for deletion. In total, 18 actions are complete – recent successes include:
- Development and roll-out of the early response digital form;
  - Improved offers from the Contact Advice and Assessment Service (CAAS) and the Early Response Hub (ERH);
  - Establishment of the Mental Health Forum; and
  - Development of the Mental Health Integrated Community Service.

4.7 Reasons for proposing actions to be deleted from the Delivery Plan include:

- Actions are not SMART;
- Lack of resources/capacity/funding;
- Duplication of actions.

4.8 In some cases, the importance of the action is recognised, and it is suggested that they be revisited if funding becomes available.

## 5. Options Considered

The Board could choose to agree the proposed changes to the Delivery Plan, or request alterations.

## 6. Proposal(s)

It is proposed that the Board should note the progress in implementation of the Joint Health and Wellbeing Strategy Delivery Plan and agreed the changes ahead of the full review of the Delivery Plan in the New Year.

## 7. Conclusion(s)

Presentation of regular Monitoring Reports allows the Board to be assured that progress towards the Joint Local Health and Wellbeing Strategy priorities is maintained, while highlighting areas where there are challenges and where mitigation may be necessary to restore progress.

## 8. Consultation and Engagement

The following have been consulted on this report:

- Health and Wellbeing Board Steering Group
- Corporate Board

## 9. Appendices

Appendix A – Delivery Plan Monitoring Report Q2 2024/25.

Appendix B - Completed Actions and Actions Proposed for Deletion

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### Background Papers:

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

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**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 allowing the Board to be assured that progress towards the Joint Local Health and Wellbeing Strategy priorities is maintained, while highlighting areas where there are challenges.

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Appendix A - Current Actions

Health and Wellbeing Strategy Delivery Plan 2022-2025													
Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
<b>Priority 1 - Reduce the differences in health between different groups of people</b>													
1.3: Take a Health in All Policies approach	1.3.5: Refine and improve process for reviewing new council policies and impact on health and emotional wellbeing (including a focus on reducing health inequalities)		Health Inequalities Task Force	Steven Bow	Mar-24	Process developed. Template implemented	Mar-24					G	Public Health have worked with Environment Delivery to develop the Sustainability Assessment Tool (SAT) which went to Corporate Board in c.February, and was approved for a 4-6 month pilot period of use amongst volunteer service areas. The SAT assesses the environmental and socioeconomic (wider determinants) impacts of work such as commissioning, strategies, projects, events, and gives a RAG-rated breakdown of each area. Subsequent to pilot period, adjustments to the SAT will be made and a policy for usage needs to be developed, but thought is that it will replace the 'environment' and 'health' sections on corporate report templates. <b>Updated November 2024</b>
1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.4: Development of a health impact policy for planning to support healthy environments		Health Inequalities Task Force	Steven Bow	May-24	Process developed Process implemented	May-24					A	Health Scrutiny T&F Group complete, with positive feedback recieved for Public Health on the draft Healthy Planning Protocol which sets out the HIA policy, internal and external processes, governance/ maintenance, HIA templates and guidance for developers. Final edits will be made in collaboration with the Planning Team and the ICB. Recommendations have been submitted to the ICB and will be submitted to Executive shortly, with responses to come back to Health Scrutiny later this year. The Protocol will be ready for adoption as soon as the Local Plan is approved. A new public health Senior Programme Officer started in November and will lead this work going forward. <b>Updated November 2024</b>
	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).		Skills & Enterprise Partnership	Kate Barrow	Dec-25	Number of people completing green skills education / training programmes  Number of people securing jobs after completing green skills education / training programmes						A	Groundwork South have secured funding in Reading to deliver 3 x 6 week Green Skills and Employability starting in September 24, the courses gives the participant the opportunity to learn new skills and gain a City and Guilds Brushcutter and Strimmer qualification.  Funding sources are still being sought for West Berkshire to support a project which benefits both the SEND community and the wider community by improving the mental health and wellbeing of the participants and increasing employment outcomes.  Groundwork also have a mixed 'Green and Blue' project in development, which will be a longer project. The participants will learn about river safety, invasive species their removal, and how they can support their local volunteers and employment progression in the industry. Both projects have proven that outdoor working has increased the mental health and wellbeing to the participants and in turn some have gained employment into the Green industries. <b>Updated May 2024</b> Groundwork have just launched their first 6-week Green Skills project in Reading, funded by REDAReading Borough Council have provided us the various green spaces that will allow participants to learn new skills, have employability workshops and have the opportunity to take the City and Guilds Brushcutter and Strimmer course, which will them the qualification to gain employment in Landscaping, Grounds Maintenance and other Green Sectors.  Isabel King has referred over ASCEND participants who she thinks may benefit from this wonderful opportunity. <b>Updated November 2024</b>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
	1.4.7: Supported Internships – development of local provision of supported internships to enhance the employment routes for people with disabilities (Newbury College).		Skills & Enterprise Partnership	Kate Barrow	Jul-25	Number of people on supported internships						G	<p>The College continues to work with WBC and 'Ways into Work', to deliver Supported Internships (SI) for students with EHCPs. Seven students are enrolled onto the Supported Internship course and attend the College every Friday. The course is designed to enhance the students employability skills in a variety of areas including, interview techniques, CV writing, job searching and gaining bespoke job related qualifications.</p> <p>Ways into Work are currently contacting local business in Newbury to set up work placements. Two students have started their SI placements, one is with a Care Home in Reading and the other student is with Newbury Town Council's green spaces team. While Ways into Work continue to reach out to local businesses for placements, the five remaining students have been kept busy with internal work experience at the College, their internal placements are ranging from, IT, Catering, Canteen, Library/The Hub, Reception, Gardening, Grounds Maintenance and Facilities with Mitie.</p> <p>The College has already started the process to identify 2025 SI students through; annual EHCP reviews, discussions with tutors and a Supported Internship information evening for all WBC/local parents/carers who have children with EHCP's. The SI information evening will be held at the College on the 26th November from 6.30pm, with representatives from WBC, Ways into Work and the College.</p> <p>The College is also in the process of designing a new Pre-Supported Internship Course to start in 2025, this course is for students who are not quite ready to go straight into external work placements and need</p>
	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)		Skills & Enterprise Partnership	Kate Barrow	Dec-25	Number of people attending employability sessions						G	<p>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. <b>Updated May 2024</b></p> <p>The DWP is currently delivering the Support for Schools project to approximately a dozen schools in Berkshire. At present this is working well, and they have a meeting with Berkshire Enterprise co-ordinators to promote this. <b>Updated November 2024</b></p>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives													
2.1: Raise awareness and understanding of dementia and ensure support for people who have dementia is accessible and in place for them and their unpaid carers	2.1.5: Work with local businesses in West Berkshire to raise awareness of role with the community, along with role as an employer for those who are unpaid carers		Ageing Well Task Group	Hannah Cole	Mar-24	Number of organisations & businesses that are members of Dementia friendly West Berkshire Number of Dementia Friendly businesses						G	Membership of DFWB has increased to 60 members although this has been driven by DFWB and does not indicate specific engagement around carers. Further discussion to take place around whether this indicator applies to older people living with dementia or all adults with other health conditions. It will be really helpful to understand the work that Carers Strategy group are doing around this too and how we can work together. Going forward it will be good to invite representative SB to the Carers strategy group meetings. <b>Carers Strategy Group:</b> New Provider we are working with: Reading and West Berkshire Carers Partnership. Our partners comprise of Age UK Reading, Age UK Berkshire, Reading Mencap and Communicare. With the implementation of the Carers Leave Act 2023 which came into force in April 2024, it will be worth finding out from Employers whether this has been incorporated in their organisations policy. <b>Updated August 2024</b> Employers are becoming aware and Carers UK are completing a survey which closed on the 08.11.24. Await the results of the survey to give us a general ideal of the Carers Leave Act 2024 implementation. <b>Updated November 2024</b>
2.2: Work together to ensure that the Dementia pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support	2.2.1 Raising awareness to increase identification of carers		Carers Strategy Group	Hannah Cole		Young carers card  Good quality information and advice for carers Explore ways to encourage Carers to gain IT and Digital skills	On going support and encouragement to be provided to Carers to gain digital skills as this will help them to stay connected and be able to access services and support quicker.					G	Re. Social Media : The Young Carers Activity Co-ordinator feedback they have been putting timetables on for Young Carers to access. This is on Facebook and Instagram. In terms of general awareness they have been putting information about Carers Week and sharing articles with young Carers. They want Young Carers to also read about some of the challenges they face and for them to know they are not alone. The new carers strategy is in the process of being agreed - updates to follow. Presently promoting schools to be active to take up responsibility for Young Carers in their schools. We hope the number of schools who show a committment will increase and by so doing more Young Carers will be identified. <b>Updated August 2024</b> We are working with Calcot and Thatcham Family Hubs to develop regional clubs. We hope that by offering regional clubs we can reach some families who live in more rural areas of West Berkshire. <b>Updated November 2024</b>
	2.2.2 Provide information and advice to carers		Carers Strategy Group	Hannah Cole		Young carers newsletter  Linking with GP Practices and Primary Health Care and other partner organisations who provide information and advice to Carers.	GP Practices and BHFT representation in the Carers group- quarterly updates					G	Young Carers Newsletter was launched in September. 1 new newsletter has been issued. The plan is that the newsletter will come out every 8-9 weeks. It contained information about recent summer holiday activities for example canoeing which the young carers enjoyed. We have BHFT representation in the Carers group and will invite GP Heather Howells to a Carers Group meeting to explore how we can work in partnership with the GP Practices. The new Carers Strategy is in the process of being agreed. <b>Updated August 2024</b>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
	2.2.3 Enable access to peer support groups for carers and young carers		Carers Strategy Group	Hannah Cole		Increase number of peer support groups available from 10 to 12 - Signpost to charities, other voluntary and private organisations that support carers and young carers.	Increase of 2 groups					G	We have the weekly Youth group for secondary school age carers. During the meetings Carers are offered a hot meal and there are always activities for them (e.g., craft, baking, sport or other physical activity). The new carers strategy is in the process of being agreed - update to follow. One of the priorities in the draft Carers Strategy is easy access to peer support groups for Carers and Young Carers. <b>Updated August 2024</b> With the support of the Greenham Trust to run provision with the Community Youth Project at Greenham for the last number of years. However they are in a position to deliver the project independently. They will be launching their own young carers group for secondary age young people which will become a new community led provision. <b>Updated November 2024</b>
	2.2.4 Support carers health and mental wellbeing		Carers Strategy Group	Hannah Cole		Ensure Carers assessments gives Carers time to explore their needs (mental, physical, emotional etc). Ensuring carers have access to services including mental health support groups Link with GP Practices and Social Prescribers Enabling participation in activities working in partnership with local leisure centres.	Quarterly updates on Carers assessment completed, Carers Partnership to provide update on signposting Carers to mental health support groups, gym, local leisure centres, health checks etc.					G	Carers Partnership continues to report that they signpost Carers to gym or to their GP's for health Checks (once they are registered as a Carer), leisure centres. The new carers strategy is in the process of being agreed - updates to follow. Carers Strategy Group now has a Social Prescriber who will attend quarterly meetings. In the process of recruiting a Social Care Practitioner who will focus mainly on completing and monitoring Carers assessment and signposting Carers much earlier. <b>Updated August 2024</b> We are in the process of developing the self assessment service for carers through the funding from DHSC-ARF. The Carers Partnership has been signposting carers to appropriate services in relation to their mental, physical and emotional health. <b>Updated November 2024</b>
2.4: Work with partner agencies to promote the health and wellbeing of unpaid carers	2.4.2: Review and refresh the Carers Strategy Action plan		Local Integration Board	Maria Shepherd / Hannah Cole	Jan-25	Actions will be contained within the plan	N/A					G	Draft Carers Strategy including Delivery Plan presented to LIB and Corporate Board. Also presented to Ops Board on 8th August. Will go to Executive for full sign off as we need to consult on Strategy and Delivery Plan. <b>Updated August 2024</b>  The draft carers strategy is currently out for consultation. It ends on 19th November 2024. The results will be published on 31 January 2025. <b>Updated October 2024</b>
2.5: Reduce the number of rough sleepers	2.5.1: Continue to work together to prevent rough sleeping and reduce the number of people who do sleep rough (Implementation of the Homelessness and Rough sleeping strategy)		Homelessness Strategy Group	Nick Caprara	Jul-25	Number of people sleeping rough	< 2	18	21			R	Nationally numbers have increased significantly meaning this target needs to be re-set for 2024/25. <b>Updated November 2024</b>
2.6: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.2: Increase dental registration among rough sleepers and those in temporary accommodation: work with ICB? to develop a process for registration (placeholder - to be determined)		Homelessness Strategy Group SE inequalities board,	Nick Caprara	Year 1	Process in place for registering	N/A					R	This is recognised as national issue and a barrier for homeless households. No-one has been able to secure any dental care to engage with our rough sleeper cohort or outreach provision. <b>Updated November 2024</b>



Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
2.8: Support people with learning disabilities, engaging with them and listening to them through working with voluntary organisations	2.8.2: Implement Positive Behaviour Support across Health and Social care		Skills and Enterprise Partnership (working with MP Laura Farris)	Kate Barrow	Annual	Delivery of event.  Attendance: - businesses - students  Feedback	40			60 1,200		G	As previously reported, the 2023/24 annual Work & Careers Fair (the 'Destinations Expo') was successfully delivered on 12th October 2023 at Newbury College, with 1,200 young people from local secondary schools attending, and around 60 employers and other organisations exhibiting. Planning for the 2024/25 Destinations Expo is well underway for 10th October 2024, with ambitious plans to increase attendance to 1,500 young people and to grow the number of employers and education providers exhibiting to 70. Recruitment of employers for the event is progressing well, and the meeting of the specific needs of students with SEND is embedded into the event. <b>Updated May 2024</b>  Destinations 2024 has now taken place - it was successful event with over 60 businesses and 1200 students attending. The spread of businesses was the most diverse it has ever been. We kept the 1st hour as a SEND specific session to ensure that students with additional needs had every opportunity to engage with the employers. We welcomed students from Mary Hare, Brookfields, The Castle, Icollege and Mile House as well as SEND students from mainstream schools. <b>Updated November 2024</b>
	2.8.4: Extension of the "Delivering Life Skills" Programme, delivered by the EBP.		Skills and Enterprise Partnership	Kate Barrow	Annual	Delivery of programme attendance Feedback from young people and schools	60 young people attending the DLS programme		160			G	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 2023, 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 2023/24. Greenham Trust are providing continuing funding for part of the programme, but, at present, the offer to Schools has been reduced. <b>Updated May 2024</b>  The situation remains the same - we received funding from GCT to run 8 DLS workshops during the 2023/24 academic year and impacted 160 students. We are continuing to seek funding to continue to run this programme this academic year. <b>Updated November 2024</b>
2.9: Increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes	2.9.8: Use targeted paid adverts on social media to improve knowledge and awareness of services, tips and advice about health and wellbeing (placeholder)		Public Health and Wellbeing	Steven Bow	Mar-24	To be developed	TBC					R	The Public Health Team puts frequent content on social media to support national campaigns, such as Covid and flu vaccinations, measles vaccinations, Mental Health Awareness Week, etc, as well as hot and cold weather alerts and messaging. They also share blogs from UKHSA on relevant topics. Paid adverts will be considered as necessary going forward. <b>Updated November 2024</b>
	2.9.9 Organise an annual Health and Wellbeing Conference, which is focused on current issues and tackling health inequalities		-	Gordon Oliver	Annual Next event April 2025	No. of people registering for the event  No. of providers attending the marketplace	100  5					G	The 2024 conference took place on 19 April and was themed around Primary Care and Community Outreach, promoting the ICB's Primary Care Strategy, Pharmacy First and the Community Wellness Outreach Service.  The themes for the 2025 conference are due to be discussed at the Health and Wellbeing board in December. <b>Updated October 2024</b>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
<b>Priority 3 - Help families and children in early years</b>													
3.1 Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.1.1 1001 Days Platform		Childrens Early Help and Prevention Partnership	Jo Roberts / Nerys Probert			Feedback from families. Platform live					G	<p>There was a soft launch for the Best Start in Life – The first critical 1001 days digital platform in December 2023. Parents' feedback was collected during the development stage, but we are mindful that we also want to test it further as a live resource so we can get additional feedback and make changes if we need to.</p> <p>The webpage was launched to Health visitors and midwifery colleague earlier this year and since then stickers with a QR code have been printed and given to Community Midwives and HV's for use in the Red Books. The webpage continues to be promoted via FH Antenatal and postnatal courses and on Facebook.</p> <p>It is planned to collect data about traffic to the page early next year.</p> <p><b>Updated October 2024</b></p>
	3.1.2 Enhance the Midwifery, Health Visitor and Early Response Hub liaison meeting to identify children and families at early help at the earliest opportunity		Childrens Early Help and Prevention Partnership	Steph Coomber - Early Response Hub	Sep-23	Increase in the number of pregnant women from vulnerable communities accessing support at an earlier stage	Vulnerable women receive support					A	<p>Early Years' sits within Education and therefore we are unable to comment fully however ERH works closely with the family hubs. We have a family hub worker present within ERH and ERH are now the highest referral source into family hubs. Our presence within the community needs to be enhanced and we would want co-location within the family hubs themselves or any other community space available. However we do have reach into many areas of the community via the collaborative work and partnership working via our 16 agencies who are partnered with ERH, the majority of which are community based. We undertake mapping to identify those within the community who may be in greater need. This is amber due to resource challenges and also the lack of buy-in on co-location.</p> <p><b>Updated November 24</b></p>
3.2: Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.2.4 Develop and promote Parental Conflict training and resources to those involved in providing Early Help		Childrens Early Help and Prevention Partnership	Didge Oku - Reducing Parental Conflict Coordinator	Jan-24	Practitioners and professionals are trained and equipped to identify and address parental conflict in the Early Help space	Practitioners are trained in reducing parental conflict					G	<p>There is embedded reducing parental conflict programme which delivers training to professionals and a full day workshop to parents to enable them to co-parent more effectively and to reduce conflict.</p> <p><b>Updated November 2024</b></p>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Health and Wellbeing Strategy Delivery Plan 2022-2025													
Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
3.3 The Early Help system in West Berkshire is designed to meet the needs of children and families who need early help support	3.3.3 Review, amend and update My Family Plan as a tool that can be used across the Early Help system to drive the early help practice		Childrens Early Help and Prevention Partnership	Karen Atalla - CAAS	Dec-23	Partners in community settings have confidence in leading or participating in a My Family Plan	Children and Families in need of early help find My Family Plan a useful tool to drive change and support					A	There continues to be hesitancy/reluctance with some partner agencies in uptaking the use of the MFP, however we are seeing some improvement. ERH continue to offer consultations and support if needed to partners who undertake MFP's. We have funding for three MFP co-ordinators and have been successful in recruiting to these posts. The three co-ordinators focus on supporting partners, particularly within schools to use the MFP as a tool to drive change and support. There remains an issue with the collation of pure data on numbers of MFP's started and closed, as the electronic form has not been accepted/utilised widely, and until our new electronic database is in place, this will continue to remain a challenge. Most agencies that have engaged with an MFP are still continuing to utilise the paper forms. It was hoped that MFP's could be placed and accessed by partners on CareDirector to resolve the issues, however unfortunately this is no longer an option, but should be an option when our new electronic database is in place..It is positive that the family hubs are continuing their engagement with the MFP's on the digital platform. The input of the MFP facilitators has been invaluable, and the trajectory is upward – We continue to drive this agenda forward, however this remains marked Amber as although we have seen an improvement, 'buy in' has not yet been evidenced sufficiently and requires the wider strategy and the use of policy around Early Help and Prevention. <b>Updated October 2024</b>
	3.3.4 Review the role of Family Hubs in the Early Help system in light of the Social Care Review recommendations		Children's Early Help and Prevention Partnership	Beth Kelly	Mar-25	Family Hubs role in Early Help and Family Help is clarified and strengthened	Families in need of Early Help are able to access support in a timely accessible way					A	Commitment in place to explore expanding the scope of West Berkshire Family Hubs to enable increased engagement with vulnerable families and older children and young people in early intervention and prevention services/the offer that Family Hubs delivers in the community. Family Hub expansion offer currently being progressed via collaborations with Emotional Health Academy, Coram Parent Champions Programme and West Berkshire Young Carers Groups. ERH/Family Help promotional film will feature Family Hub parents/carers and spaces to better demonstrate close working relationship between children and family services in West Berkshire. <b>Updated November 2024</b>
3.5: Publish clear guidelines on how families can access financial help, tackling stigma around this issue	3.5.4 Work with voluntary sector partners to review options and agree a way forward for providing ongoing support to residents who are struggling to cope with the rising cost of living.		Public Protection	Sean Murphy	Oct-23	Support model agreed.	New arrangements in place from October 2023						
<b>Priority 4 - Promote good mental health and wellbeing for all children and young people</b>													
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.		Public Health and Wellbeing	Paul Graham	Mar-25	1. No. of schools taking up offer.  2. Universal Year 3 Living Well workshop	1. 3 schools completing  2. 30 schools receiving workshop	0  2	1  2			G	1. One school completed the award in September 2. Two schools received workshops in Q2. Q2 was very quiet for school based work as half of Q2 is summer holidays. Corporately, school targets are reported termly to balance this. There are no concerns at this stage, as 30 schools have booked to receive workshops. <b>Updated October 2024</b>
	4.1.3: Develop and expand the Young Health Champions programme		Public Health and Wellbeing	Paul Graham		Number of champions recruited.  Number of young people reached.	2024/25 - 30 per year	4	0			G	Low number due to Q2 containing 6 weeks of school summer holidays. 12 students began Young Health Champions course and 20 are due to complete by end of Q3. On track for target <b>Updated October 2024</b>

Health and Wellbeing Strategy Delivery Plan 2022-2025

Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
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 Behaviour Partnership	Sue Butterworth	New contract beginning April 2022	Worker in place						R	This action was on hold for an extended period due to staff illness. Jessica Ryall-Spoor and Sue Butterworth will look at a new action as part of the Delivery Plan review. <b>Updated November 2024</b>
<b>Priority 5 - Promote good mental health and wellbeing for all adults</b>													
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	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	Sue Butterworth	Dec-22	Number of entries inputted onto aDoddle (community mapping tool)  Number of hits on West Berkshire directory						R	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.  There is currently insufficient staff resource to work on aDoddle, so this is not being updated.  The Ageing Well Task Group is working with Adult Social Care on increasing awareness of and access to the new West Berks Directory which includes a piece of work to support residents who are not enabled to access digitally.  Suggest that this action is split in two - one for MHAG around raising awareness and one for AWTG around rural isolation and loneliness. <b>Updated November 2024</b>
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	Dec-24	Number of resources produced	One per year	0	0			G	<b>March 2024:</b> 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. <b>June 2024:</b> a first meeting to investigate the impact of bereavement on mental health and identify areas where more could be done, is to be held in July. <b>August 2024:</b> a workshop involving a range of stakeholders (15 attendees) was held on 22nd July. A report summarising the event has been sent to attendees for comments. Further meetings are due to be held to take this forward. <b>October 2024:</b> meeting arranged for 29 October. Target updated from one resource per quarter to one resource per year - this reflects the fact that engaging stakeholders and the people with day to day involvement in a given area takes much longer, but is much more powerful in identifying gaps and areas for improvement. The aim is to produce and disseminate relevant information to help signposting to support the negotiation of the challenges at this critical period of people's lives, by December 2024.
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		West Berkshire Suicide Prevention Action Group	Steven Bow	Jan-24	Operational delivery plan produced	N/A					R	Work on the Suicide Prevention Strategy has been delayed due to staff sickness. An update was provided to the Health and Wellbeing Board meeting on 2 May.  The local Suicide Prevention action plan will be co-designed through the West Berkshire Suicide Prevention Action Group and appropriate sub-groups, aligned with the Pan Berkshire Suicide Prevention Group, with support from West Berkshire governance structures. <b>Updated: November 2024</b>

Appendix B - Completed Actions and Actions Proposed for Deletion

Health and Wellbeing Strategy Delivery Plan 2022-2025													
Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	2024/25				RAG Status	Commentary
								Q1	Q2	Q3	Q4		
<b>Priority 1 - Reduce the differences in health between different groups of people</b>													
1.3: Take a Health in All Policies approach	1.3.3: Identify a current opportunity for a multi-team HiAP pilot project within the Council that can be used as a showcase piece in further staff education.		Health Inequalities Task Force	Elisabeth Gowens	Dec-23	Opportunity identified Project plan put together and approved Commissioning process complete Service delivered Follow-up data collected and analysed Final report on both service and the broader HiAP process	Dec-23					C	This action is complete and the final report is available on request.
1.6: Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication	1.6.1: Increase awareness and uptake of council support services for those most in need e.g. winter grant (placeholder)		Health Inequalities Task Force	Catherine Greaves	ongoing	Services that are commissioned around council support from Autumn 2022 have a service specification with a clear health inequalities focus and a proportionate universalism approach.	100%					R	It is recommended that the action in its current form be deleted, but given the importance of the issue, it should be revisited when we come to review the Delivery Plan in the New Year, taking a steer from the Director of Public Health in relation to Health in All Policies. <b>Updated October 2024</b>
	1.6.2: Develop Digital Inclusion Champions (specific actions around recruitment and numbers in place)		Mental Health Action Group	Adrian Barker		Number of champions in West Berkshire, Geographical areas covered, communities of interest	Top 5 most deprived wards covered					R	Work ongoing around digital literacy related to use of NHS app but this is not part of MHAG's current role. They are happy to support this and recommend speaking to Oxfordshire who are leading some positive work on this. <b>August 2023:</b> Met with Catherine Mustill and Martha Fischer to talk through their digital inclusion project. Their focus was to increase access to the NHS App. Suggest this action is reassigned as it is beyond the scope of MHAG. Alternatively the objective could be revised to promote co-ordination between the groups working on this, implemented by MHAG with HITF. <b>October 2023:</b> Discussed at MHAG meeting. Cllrs Stewart and Lewis were keen to identify external funding for a project in this area. <b>March 2024:</b> MHAG is reviewing what it has the capacity to offer. A first step may be to bring together bodies operating in the area of digital inclusion to share knowledge and learning and consider if there are any ways they could work more productively together. <b>June 2024:</b> Discussions are continuing to try and bring together those working in this area to see how they could support each other. <b>August 2024:</b> MHAG has not been able to find a way in which it could add value to existing work promoting digital inclusion. It does not have capacity to deliver the action and is not the appropriate group to take this forward. MHAG would be happy to work with others, inputting the mental health perspective. <b>October 2024:</b> It is recommended that the action in its current form be deleted, but given the importance of the issue, it would be worth exploring if there is a way to address this when the Delivery Plan is refreshed - it would need cross-service working and maybe allocation of time for someone to convene/lead the work.

Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives														
2.1: Raise awareness and understanding of dementia and ensure support for people who have dementia is accessible and in place for them and their unpaid carers	2.1.2: Support the increase of Memory Café provision across West Berkshire		Ageing Well Task Group	Sue Butterworth	Mar-24	Set up and facilitate running of two new memory cafes in West Berkshire, with the objective that this becomes embedded and run in the Community in 2023/24.	Two new memory cafes opened and embedded					C	DFWB is a commissioned service funded by PH&WB. Contract extended until 2025.  <b>Completed:</b> Hungerford (monthly) and Theale (Weekly) Cafes are now successfully open with good attendance <b>Updated August 2024</b>	
	2.1.4: Induction training on Dementia to be undertaken for all Adult Social Care Staff: Event to be held with existing staff to raise awareness. Will be recorded as a webinar for future new staff		Ageing Well Task Group	Sue Butterworth / Hannah Cole	Mar-24	One Big Dementia Conversation held with existing Adult Social Care staff. Webinar to be incorporated into induction training for new staff	As a result of attendance at one Big Dementia Conversation staff are supported and have increased awareness and understanding of the impact of dementia and how their role can support families in West Berkshire						R	The decision was reluctantly taken to postpone. As this event included input and hosting with external partners, the very low confirmed attendance meant it was not viable to run. The timing of the CQC assessment may have impacted numbers.  We intend to revisit this again to find out whether there is appetite among adult social care staff for this or whether this can be delivered in another way. We also discussed whether it could be extended to the whole council not just adult social care staff. <b>No Change - Updated August 2024</b>  There does not seem to be demand for this at present. It is suggested that this be removed. We can revisit this at any time if demand changes. <b>Updated November 2024</b>
2.6: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.3: Adoption of the Serious Case Review Protocol		Homelessness Strategy Group	Nick Caprara	Mar-22	Adoption of protocol	N/A						C	<b>Completed:</b> This was completed in 2022 & has been in use operationally since this time.
2.7: Prevent, promote awareness and provide support to those who have experienced domestic abuse	2.7.1: Continue to implement the action plan from the Local Domestic Abuse Strategy 2020-2023 to meet identified aims		West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Refresh due in 2023	Action plan	Action plan fulfilled by 2023						C	<b>Completed:</b> New Strategy progressing through Exec cycle.
	2.7.2: Implement the new Domestic Abuse Safe Accommodation Strategy 2021 – 23 and accompanying action plan		West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	To be combined with full DA Strategy as part of refresh in 2023	Needs identified being met through action plan	Action plan fulfilled by 2023						C	<b>Completed:</b> New five year Strategy has been signed off by Domestic Abuse Board and was subject to a six week public consultation between 5 April - 19 May. It is due to be signed off by Executive on 19 September 2024. <b>Updated August 2024</b>
	2.7.3: Local needs assessment: need and demand for accommodation based support for all victims		West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Every 3 years (next due 2023)	Complete needs assessment by Dec 23	N/A							C
2.9: Increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes	2.9.3: Re-development of the Health and Wellbeing Board engagement group		HWB engagement group	TBC		HWEG re-established and ToR agreed	Nov-23						C	<b>Removed:</b> A draft Terms of Reference was prepared, which was discussed at the HWB Steering Group on 15 September 2023. There were concerns about resourcing the group, who will chair it, and how it would be sustainable in the longer term. It was agreed that coordination of comms could be achieved without the need for a formal sub-group. Sally Moore has been invited to attend Steering Group and is meeting regularly with the LA comms teams. Nothing further is planned for this action. <b>Updated May 2024.</b>
Priority 3 - Help families and children in early years														
3.2: Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.2.1 Map parenting provision in West Berkshire identifying any gaps in provision		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Aug-23	Parenting provision (groups, classes, one to one, online) is identified across West Berkshire, with any gaps in provision being identified	To identify parenting provision across different sectors and locations						C	<b>Complete:</b> Have identified the gaps and working on parenting provision to address the gaps. <b>Updated August 2024</b>
	3.2.2 Update the West Berkshire Directory with Parenting information to ensure professionals and parents can access courses		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Dec-23	Parenting information is available and accessible through the West Berkshire Directory	To make information available to parents and professionals, easing access to such provision							C

	3.2.3 Create parenting information on West Berkshire Council website that enables parents to identify the most suitable type of parenting support available to them linking back to the WB Directory		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Mar-24	Parents can identify through age range/stage, specialist need or location the most appropriate course/support to meet their parenting need	Parenting provision is easier to identify and locate by parents and professionals					C	<b>Completed:</b> The Website has been updated and additional information added making the navigation or searches more user friendly. <b>Updated August 2024</b>
	3.2.5 Work with the wider partnership to address any gaps in parenting provision identified		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Mar-25	Gaps identified in parenting provision are addressed through the creation or commissioning of provision to meet identified needs	Gaps in parenting provision are met					C	<b>Completed:</b> Provision has been reviewed and gaps in provision identified. Facilitator training for professionals has taken place in Nov 2023 & Feb 2024 with 22 Primary Schools across West Berkshire being trained. Further training is available for SEN once the universal provision has been successfully reviewed. <b>Updated August 2024</b>
3.3 The Early Help system in West Berkshire is designed to meet the needs of children and families who need early help support	3.3.1 Undertake a self-assessment of Early Help in West Berkshire to identify strengths and areas for development		Childrens Early Help and Prevention Partnership	Stacey Clay - Supporting Families	Jul-23	Early Help System Guide is completed covering Leadership, Data, Workforce, Communities and Family Voice	Strengths and areas for development are identified in the our Early Help System					C	<b>Completed:</b> This was completed by the deadline of 30th June 2023 and submitted to Department for Levelling Up, Housing and Communities.
3.3 The Early Help system in West Berkshire is designed to meet the needs of children and families who need early help support	3.3.2 Create, test, pilot and evaluate an Early Help digital referral form that can be used across the partnership		Childrens Early Help and Prevention Partnership	Steph Coomber - Early Response Hub	Oct-23	Partners in community settings have confidence in identifying and referring children and families who need Early Help support	Early Help referral form is created and embedded in practice.					C	The Early Response Hub digital form is live and in use. There has been a recent update enabling referrers to save a draft and come back to the form. <b>Action Complete.</b> <b>Updated November 2024</b>
	3.3.5 Develop a Family First assessment that assesses and intervenes with families who require more enhanced early help support		Childrens Early Help and Prevention Partnership	Karen Atalla - CAAS and Steph Coomber	Aug-23	Families presenting with multiple needs are diverted from statutory intervention through a Family First Assessment to have their needs met in the Earlier Help space	Families receive the right support at the right time from the right people					C	CAAS and ERH have and continue to develop their offer, the right support at the right time from the right people has been the vision that ERH was built upon, and the offer from ERH has grown significantly and continues to develop. In response to the Care Review and the national Framework we developed a practice framework that can be used to enhance our offer and is a way of working that ensures that children and families are enabled to bring their own solutions and supported to do so. The success of this model of working is significant. The data clearly evidences the following: reduction in children being progressed for longer term statutory intervention. The majority of new Child in Need referrals will now be worked with the Contact Advice and Assessment Service and ERH. The Family Help and Achievement Practice Model has been enhanced and practices embedded and its success is tangible. Family First Assessments are being utilised widely across CAAS and ERH, and the 'spectrum of Need' developed as part of the model enables and facilitates movement across the Threshold. <b>Action Completed</b> - this is now BAU <b>Updated October 2024.</b>
<b>Priority 4 - Promote good mental health and wellbeing for all children and young people</b>													
<b>Priority 5 - Promote good mental health and wellbeing for all adults</b>													
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 supported with their mental health (place holder)	As per Homeless Strategy Group KPI's					R	All RSI cases suffer from MH issues to some degree. Indicator requires review & refining at HSG to aid future bid rounds. Dual diagnosis funding reduced by 50% in 2023/24. £0 for 2024/25 post. It is proposed to drop this for 2024/25, but to review it once we know what the funding provision will cover for 2025/26 onwards. <b>Updated November 2024</b>
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					C	<b>March 2024:</b> 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. <b>June 2024:</b> we are continuing to meet with service users and others to co-design a Mental Health Forum, to ensure the service user voice is heard. <b>August 2024:</b> as a result of a series of co-production meetings, the first meeting of the Mental Health Forum is due to take place on 14th October. <b>October 2024:</b> we have had the first meeting of the Mental Health Forum, which went very well. We hope to maintain the momentum with it, and use it as a focus for gathering other service user input.

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		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					R	A feasibility review of these actions has been undertaken and it was agreed that there was currently no budget or staff capacity to take these forward  Request to remove  <b>Updated August 2024</b>
	5.3.3. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing		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					R	Duplication of 5.3.2 above
	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		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					C	<b>Completed</b> - Intergenerational gardening project set up working with residents of Newbury Grange care home and children from Fir Tree School. This is now operational and proving popular and successful.
	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					C	<b>October 2023:</b> 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. <b>March 2024:</b> 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. <b>June 2024:</b> This Berkshire Healthcare Foundation Trust service has been recruiting more staff and is now properly up and running. MHAG actively supported a workshop to look at how this could be made a truly integrated service. <b>August 2024:</b> MHAG has offered support in taking forward actions from the workshop on integration. <b>October 2024:</b> Action agreed is complete. While there are still challenges in ensuring the service is properly integrated, we have done as much as we can for now. There is still important work to do on the ICB proposals on integrated neighbourhood teams, but that is much wider than mental health.



<p>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.</p>	<p>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.</p>		<p>West Berkshire Suicide Prevention Action Group</p>	<p>Garry Poulson</p>	<p>Apr-22</p>	<p>Number of organisations contacted</p>	<p>10 per quarter</p>					<p>C</p>	<p><b>Q1 2023/24:</b> Delivered Suicide First Aid Courses in April, May and June. Attendees included Street Pastors, Healthwatch, Solicitor, Citizens Advice, Handybus, Soup Kitchen, Sport in Mind and Time 2 Talk.</p> <p>Continued to visit and leave information/email information to pubs, hairdressers, barbers, tattooists, social and sport clubs amongst others. Had useful meetings with Andrew Spaak from West Berkshire Injury Clinic who is keen to book courses for local rugby clubs.</p> <p>Our Director visited and sent information to the fire station in Theale and Swift local delivery firm, both wishing to explore possibly booking courses.</p> <p><b>Q2 2023/24:</b> Suicide First Aid Courses paused during summer holiday.</p> <p>Had follow-up meeting with Andrew Spaak who is hoping to bid for courses for Hungerford and Thatcham Rugby Clubs. Also had meetings with Waterside Centre and local PCSOs.</p> <p>Contacted SOBS to find out how to set up a support group.</p> <p>Attended meeting in Theale re local mental health services.</p> <p>Continued to deliver leaflets, cards, QR codes, including to shops and businesses.</p> <p>Discussed delivering a course in East Garston</p>
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## Health and Wellbeing Board Briefing Note November 2024

### BOB ICB Board Meeting

### BOB ICB Operating Model

### GP Collective Action

### Hospital at Home

### Winter vaccinations and Winter Health Hub

### Change NHS

## BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 19 September 2024. The papers can be found on then [BOB ICB website](#) . The next meeting will take place on 19 November 2024. Please see the website for papers.

## BOB ICB Operating Model

Over the last few years, as the BOB ICB has been established, we have been through a lot of change. During 2024 we reviewed and refreshed our operating model, to clearly define our purpose, the roles and responsibilities within our organisation, and how we will work collaboratively with our partners across the health and care system

Our [operating model](#) was developed through consultation, collaboration and engagement with both our staff and partner organisations. The work we have done will allow the ICB:

- Focus on what we are uniquely placed to do as a system leadership organisation
- Deliver our core functions effectively and efficiently
- Build the right culture and behaviours to work well across our teams and in collaboration with our partners.

The ICB, in line with national policy, is committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships mature.

As part of the operating model, a named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership. This will create a direct connection between each place and the ICB

Board.

The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing, supported by three place focussed Associate Directors and the relevant joint commissioning leads. This approach aims to provide consistent and balanced support across our place partnerships.

## **GP Collective action**

While, not declared an incident, the ICB has established a multidisciplinary Incident Management Team (IMT) to support oversight, escalation and management of any emergent issues associated with GP Collective Action. The IMT meets weekly and is linked with the weekly system chief operating officers' group to share early intelligence of issues and to inform timely management.

During this time of collective action, the NHS is asking the public to come forward as usual for care. GP practices are still required to be open between 8am and 6.30pm Monday to Friday and it is vital that patients still attend their appointments unless they are told otherwise. Patients should continue to use 111 for urgent medical help when their GP practice is unavailable and to call 999 in a serious or life-threatening emergency.

## **Hospital at Home**

An independent evaluation by Health Innovation Oxford and Thames Valley carried out in 2023/24 assessed the impact and implementation of **Hospital at Home** across the BOB system.

These services have 500 adult beds and 12 paediatric beds and are delivered by multi-professional teams. They aim to prevent hospital admissions and support early discharge by providing hospital level support, care and treatment, either virtually or in person for up to 14 days in a patient's home or care home.

The evaluation found that between September 2023 and January 2024 the HaH services effectively managed a variety of acute illnesses and exacerbations of chronic conditions in adults including chronic obstructive pulmonary disease (COPD), COVID-19, heart failure, pneumonia and urinary tract infections, and provided palliative care for those with advanced or life-limiting illnesses. The children were primarily treated for acute bronchiolitis.

HaH intervention significantly reduced the need for emergency services within 28 days of discharge, particularly for older patients and those with longer HaH stays. Emergency admission rates fell by 73% for adults and 85% for children. There was also a reduction in ambulance journeys of 69% (83% for children) and a fall in calls to 111 of 58% (85% for children). Also, most patients (83% of adults and 97% of children) were discharged with no new or additional needs for support from health and social care.

## **Winter vaccinations and Winter Health Hub**

Our winter vaccination programme started on 1 September. Thousands of children and adults are being offered their flu, COVID-19 and respiratory syncytial virus (RSV)

vaccinations. This is a key part of our winter pressures preparation, as we do all we can to protect our population from developing serious illnesses over the winter months. Of note, the RSV vaccine is being offered for the first time this winter to people aged 75-79 and to pregnant women from 28 weeks.

The uptake for COVID jabs across BOB so far is the highest in the SE region together with H&loW.

The ICB's new online Winter Health Hub [Winter health hub - Stay Well \(staywell-bob.nhs.uk\)](https://www.bob.nhs.uk) has information on seasonal vaccinations, NHS Choices, respiratory conditions and other topics, and is a one stop shop for all our winter advice and support.

## **Change NHS – national engagement exercise**

A joint DHSC and NHS England team has been established to deliver a 10-Year Health Plan. This plan will be published in the Spring 2025.

The plan will set out how we will deliver an **NHS fit for the future**, creating a truly modern health service designed to meet the changing needs of our changing population.

The plan will be co-developed with the public, staff and patients through a thorough and detailed engagement exercise which started on Monday 21 October 2024 and finishes at the end of December 2024.

There is a dedicated NHS engagement portal at <https://change.nhs.uk/en-GB/> where anyone can share their experiences - good, bad, and sometimes frustrating – which will help shape this once in a generation opportunity. Please share this as widely as possible through your networks.

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## Ageing Well Task Group

Update for HWB Steering Group (November 2024)

### Membership

- Public Health & Wellbeing
- Adult Social Care
- West Berkshire Library Service
- VCWB
- Sovereign Housing (Extra Care Scheme)
- Community United
- Eight Bells for Mental Health
- Corn Exchange
- BHFT Memory Clinic, Falls Service, Community Nursing
- Falkland Grange Care Home
- Winchcombe Place Care Home
- Age UK Berkshire – Dementia Friendly West Berkshire, Carers Partnership, Older Persons Services
- Get Berkshire Active
- SCAS
- RBFRS
- West Berkshire PCN Social Prescribers
- West Berkshire Methodist Churches

### Current Activity

- Social Media Comms including promotion of PPP electric blanket safety testing and information that supports people living with dementia to adjust to the winter daylight saving.
- Task & Finish Group working closely with ASC to support non digital access and greater use of the new West Berkshire Directory

### Future Actions

- Explore working with VIA, our drug and alcohol service, to raise awareness and encourage engagement in support around alcohol consumption in older people

# Building Communities Together Partnership

Update for HWB Steering Group (November 2024)

## Membership

**Chair:** TBC; **Deputy Chair:** Supt. Andy Penrith

**Statutory Partners:** West Berkshire Council, Thames Valley Police, Royal Berkshire Fire and Rescue Service, Probation and Health (Public Health and Integrated Care Board)

The BCT Partnership also has representatives from: Community and Voluntary Sector, Healthwatch, Registered Housing Providers, Education, Faith Sector and the Office of the Police and Crime Commissioner.

## Current Activity

The Partnership met on 22/10/2024.

## Serious Violence

- The last meeting of the Serious Violence Steering Group took place on 19/09/2024 and was Chaired by Chief Inspector David Whiteaker. Next meeting is 5/12/2024.
- 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 should be completed by the end of November and early indication is that there will be little requirement to further update the delivery plan or the priorities within the strategy. If required a revised Strategy will be published by the end of January.
- A focus group with young people took place to hear their views on serious violence and how they think it could be reduced – these will be reviewed and incorporated into the plan where appropriate.
- Key work being developed is a repeat of the schools' survey; consultation with more young people to ensure the strategy and delivery actions fit their needs and expectations.
- Focus for the next quarter is on completing those updates and identifying ways to sustain any interventions or posts that are externally funded as current Home Office funding will end in April 2025.

## Safer Streets Fund

Work on each of the five interventions continues.

- 2nd Community Clear-up Day took place on 30/07/2024. Representatives from both the OPCC and Home Office attended, and the project received some very positive feedback: 'We came away with such a positive impression of the projects and could really see how much hard work and passion goes into each one from both your teams and the delivery partners'.
- The last Community Clear up Day is scheduled for Tuesday 18<sup>th</sup> February 2025.
- CCTV was installed early October by CDS which sadly was vandalised within 24 hours ongoing up. All 8 cameras were damaged with wires cut or cameras being pulled down and damaged.



2 suspects have been arrested, interviewed and bailed. This was evidence from the CCTV cameras which were up and running. CDS have recovered all cameras except one and are hoping to reinstall by the end of November.

This is a set back to the project, but CCTV is important for the area and still achievable.

- Community Guardians – recruitment to the two posts has not been successful and due to time limitations, the project will now continue without Guardians; the project is only funded to the end of March 2025.
- Youth work continues with Berkshire Youth. Work continues to use the MUGA at The Willows School on The Nightingales. Football sessions were offered to Years 6's and above but there was very little interest.
- BY continue to work with Greenham young people on other projects.
- Work continues with LIME training and sessions delivered to all schools; this is ongoing throughout the school terms until summer 2025.

### **Anti-Social Behaviour**

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

### **Prevent**

- Prevent Local Risk Assessment has been submitted to the Home Office.
- 2024 Counter Terrorism Local Profile (CTLP) data collection questionnaire has been circulated to stat partners for completion by 16/12/2024.
- National Referral Form has been updated to improve compatibility.

### **Channel**

- Channel Panel meeting 13/11/2024.
- 1 case currently on Panel.

### **Domestic Abuse**

- 2024/25 funding confirmed for WBC under Part 4 of the Domestic Abuse Act 2021; MOU has been signed.
- West Berkshire Domestic Abuse Strategy 2023-27 has been signed off by the Executive.
- The Giving Tree campaign launched on 4 November and closes on 6 December. People can either collect a gift tag for a child or adult from a tree at either WBC Market Street offices, Newbury and Theale libraries or via the online platform.

### **Modern Slavery**

- The Modern Slavery and Human Trafficking Statement 1 April 2023 – 31 March 2024 submitted to the Home Office.

### **Community Forums**

- Planning was the topic for the 10 September 2024 Community Forum which was held at Thatcham Rugby Club Henwick and addressed the difference between CIL and S106; update on Local and National planning changes; West Berkshire's online and digital planning services and nutrient neutrality.
- Next Forum is arranged for 19 November and will take place in Hungerford and will be look at 'Cost of Living and flood/winter preparedness' and will include information on local initiatives.

### **Members' Community Bids**

- The processing of claims from the last Members Bids Panel continues.
- 2024 Members Bid round commenced 1 November 2024 and will close 3 January 2025. The decision-making panel will meet in mid-January 2025.

#### **District Parish Conference**

- Held on Tuesday 29 October in hybrid format and saw approximately 40 people attend to hear presentations on:
  - Service Delivery Offers for Town and Parish Councils brochure
  - Library Service – future development options for Town and Parish Councils
  - Tackling the climate and ecological emergency update
  - Young People: What can we offer collaboratively (Berkshire Youth)

#### **Challenges**

- **Funding from April 2025 onwards** – there is current uncertainty around several funding streams which are all due to finish at the end of March 2025 and will affect service delivery – OPCC CSF Fund, serious violence, supporting families.
- **Statutory Duties** - annual Prevent benchmarking highlighted areas where West Berkshire is not meeting its statutory duty, this is being addressed but will take time due to capacity.
- **Staffing pressures within BCT Team** continue. The majority of ASB related work is not being covered and the BCT Team Manager has picked up DA, Prevent and Channel as the post-holder left in early September 2024 which is a pressure due the related statutory duties; recruitment is being progressed.



Children's Early Help & Prevention Partnership

# Children's Early Help & Prevention Partnership

Update for HWB Steering Group (November 2024)

## Membership

- The Advocacy People
- Berkshire Healthcare NHS Foundation Trust
- Brighter Futures for Children
- Children and Young People Voice
- Healthwatch West Berkshire
- Home Start West Berkshire
- Pangbourne Primary School
- Parent Carer Forum Representative
- Thames Valley Police
- Thatcham Park Primary School
- WBC Building Communities Together Team Manager
- WBC Emotional Health Academy Manager
- WBC Exclusion Reintegration Team Leader
- WBC Housing Manager
- WBC Operational Manager CFS
- WBC Senior Public Health Programme Officer
- WBC Service Director – Children's Social Care
- WBC Service Director - Communities & Wellbeing
- WBC Service Manager CFS
- WBC Team Manager CFS

## Current Activity

Our last Children Prevention and Early Help Partnership was held on 9<sup>th</sup> September and our next is on 9<sup>th</sup> December.

### Early Help Dashboard (Early Response Hub)

At each quarterly meeting, the Early Help Dashboard is reviewed, this reflects the work mainly of the Early Response Hub (ERH).

Q2: 1150 early response forms were completed in Q2, (an increase of 18% from Q1). Timescales for completion has reduced, this is due to timescales being counted from referral date rather than from date received into ERH and current demand and capacity. This area remains a priority to be addressed.

Of the 1150 early response forms:

- 133 were received via the online referral form, the highest users of the form were schools who submitted 29 forms in the quarter (22%).

- Self-referrals via the online form were 22 (17%).
- Health colleagues utilised the form on 11 occasions (8%).
- 46 forms (35%) showed as source unknown, this was due to a reporting error, which has now been rectified.
- The remaining forms and percentages were made up of CAHMS, EHA and internal source.

The highest level of risk factor for this quarter was Child Mental Health, followed by Domestic Abuse, and Parental Mental Health and poor school attendance/exclusion.

Mirroring the previous quarter (Q1) 'Advice and Consultation' was the highest-ranking outcome followed by 'Referrals to Other Services', 'My Family Plan', 'Statutory Assessment', and 'ERH intervention'.

76 interventions were completed this quarter, in 72% of those completed, the feedback was positive. 17% stepped up for a statutory assessment, with 9% declining support and 1% disengaging.

We are conducting a Child in Need (CIN) pilot, called Family Achievement Model, looking to prevent escalation of families who meet statutory services (CIN), using alternatively qualified staff to engage with families. This pilot is linked into ERH.

239 Family First Assessments were completed in this quarter. Of significance, 30 (12.5%) progressed for a statutory assessment, 47 (19.6%) progressed for a My Family Plan. The majority ended with no additional action.

Overall, we see a slight decrease in all activity across ERH in Q2, other than referrals for Triple P 'Reducing Parental Conflict' which had a slight increase of 9 additional referrals. It is pleasing to see that there was an increase in the number that engaged with the programme. From the 33 referrals received, 18 (60%) engaged with the programme. In Q1, (33%) of those referred engaged with the programme.

### **Supporting Families**

The current funding linked to Supporting Families ceases in March 2025. Notice has been given on all who are working under this remit.

### **Family Hubs**

Expansion of Family Hubs offer continues to be progressed, with Family Hub staff commencing their migration to record on the same system as Children's Services staff (Care Director), Family Hub Managers commencing attendance at Children's Services Management Team meetings, as well as Family Hub teams' engagement with Children's Services Practice Week taking place this Quarter.

Coram Parent Champion programme induction training takes place at Central Family Hub throughout November and December 2024. Following this, West Berkshire's first cohort of 10

Parent Champions will begin to roll out the programme - aiming to improve the engagement of parents/carers in the design and delivery of all our services to families. Specifically, aiming to better enable families to understand and engage with the range of early intervention/prevention services available to them in West Berkshire.

### **Future Developments**

As a council we are invested in early help and early intervention and exploring ways in which our ERH and Family Hubs can be further aligned to ensure families have further access to the right help, at the right time, from the right person. A development session took place internally in November and on-going work is being explored. Further information on this will be provided in our next update.

### **New Case Management System**

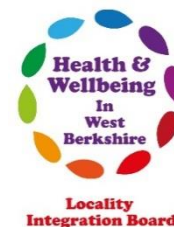
A new case management system (Mosaic) will be implemented in October 2025, and work is in progress to ensure this system works across the EH areas.

### **Future Actions**

ERH remains in high demand and future actions include:

- Continuing working with agencies and the voluntary sector to share knowledge and collaborate to promote a whole system approach in expanding the 'Family Help' agenda.
- The service response to the Family Help agenda is the continued use and development of the Family Help and Achievement model of practice.
- Continuing to explore and analyse data to ensure all interventions and responses are timely.

Rebecca Wilshire  
Service Director, Children's Social Care  
November 2024



## Locality Integration Board

Update for HWB Steering Group (November 2024)

### Membership:

The core membership of this group is as follows:

Maria Shepherd, Joint Interim SD for Adult Social Care, Co-Chair  
Helen Clark, ICB, Co-Chair  
April Peberdy, Public Health  
Ellora Evans, Clinical Director, Primary Care Network (Primary Care)  
Pete Osbourne, Clinical Director, Primary Care Network (Primary Care)  
Helen Clarke, Clinical Director, Primary Care Network (Primary Care)  
David Dean, Community Pharmacy, Thames Valley  
Fiona Worby, Healthwatch  
Heather Codling, Chair of HWB  
Patrick Clark, Portfolio Holder, Adult Social Care  
Helen Williamson, Berkshire Foundation Healthcare Trust  
Luch Shorthouse, Royal Berkshire Hospital  
Rachel Peters, Volunteer Centre  
Kate Toone, Adult Social Care  
Marion Angas, Adult Social Care

The guests invited during the last 3 months are:

Ashmita Chandra – Frimley ICS to provide an update on Connected Care  
Hannah Cole – Adult Social Care to provide an update on Carers Strategy and Action Plan  
Sarah Swift, Dementia Care Advisor Service  
Solutions 4 Health (Health & Inequalities Community Outreach Programme)

### Current Activity:

- BCF Q1 and Q2 Report for NHS England
- Dementia Care Advisor Service
- Deep dive into data from Health & Inequalities Community Outreach Service
- Quarterly updates from Connected Care Programme
- Carers Strategy & Action Plan

### Future Actions:

- Monitor BCF spend and performance
- Report from Pharmacy first to include data for West Berkshire



# Mental Health Action Group

Update for HWB Steering Group (November 2024)

## Membership

Membership currently includes the following organisations:

- West Berkshire Council – Public Health and Wellbeing
- West Berkshire Council – Adult Social Care
- West Berkshire Council - Members
- Berkshire Healthcare Foundation Trust - CMHT
- Eight Bells for Mental Health
- Recovery in Mind
- Healthwatch
- Community United

(We are currently reviewing the membership)

## Current Activity

- A successful first meeting of the new Mental Health Forum was held on 14th October, with post-meeting evaluation finding 100% of people felt it was 'good' (74%) or 'great' (26%). This co-produced event brought together service users, voluntary sector and public sector partners. Following a creative workshop, the meeting considered and decided on a range of issues about how future meetings should be planned and managed. A programme for future meetings has been proposed.
- A follow on meeting on bereavement had to be postponed because a large number of people could not attend. It is hoped to hold a further meeting in December.
- The Group has been reviewing its ways of working and membership, hoping to boost attendance and effectiveness.
- The Group is starting to review the Delivery Plan as it relates to adult mental health, as part of the Health and Wellbeing Board's wider review.
- A new, 'Let's Get Mindful' fund has been launched by West Berkshire Council and the Greenham Trust. The LGM fund is to enable not-for-profit groups to implement meaningful and impactful projects that support people with mental health challenges. The fund also ensures that organisations have access to financial resources to expand their work, offer additional support, purchase necessary equipment, or launch new initiatives. Where possible, the fund will focus on areas in West Berkshire that are considered most in need and projects that support people that are considered vulnerable and/or isolated.

## **Future Actions**

Future actions include:

- Continuing to support the development of the Mental Health Forum
- Supporting National Grief Awareness week (2nd-8th December)
- Continuing the development of proposals to provide support to help people fill in forms.
- Reviewing and revising the health and wellbeing strategy delivery plan.



## Skills and Enterprise Partnership

Update for HWB Steering Group (November 2024)

### Membership:

EBP, West Berkshire Council, Groundwork, The Advocacy People, DWP, Healthwatch West Berks, Parkway Shopping, Newbury Weekly News, NHS, AWE

### Current Activity

**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).**

Update Nov 2024 update- Groundwork have just launched their first 6-week Green Skills project in Reading, funded by REDA Reading Borough Council have provided us the various green spaces that will allow participants to learn new skills, have employability workshops and have the opportunity to take the City and Guilds Brushcutter and Strimmer course, which will them the qualification to gain employment in Landscaping, Grounds Maintenance and other Green Sectors.

Isabel King has referred over ASCEND participants who she thinks may benefit from this wonderful opportunity.

**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 has 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 2024. 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)**

November 2024 update- The DWP is currently delivering the Support for Schools project to approximately a dozen schools in Berkshire. At present this is working well, and they have a meeting with Berkshire Enterprise co-ordinators to promote this.

**2.8: Support people with learning disabilities, engaging with them and listening to them through working with voluntary organisations**

November 2024 update - Destinations 2024 has now taken place - it was successful event with over 60 businesses and 1,200 students attending. The spread of businesses was the most diverse it has ever been. We kept the 1<sup>st</sup> hour as a SEND specific session to ensure that students with additional needs had every opportunity to engage with the employers. We welcomed students from Mary Hare, Brookfields, The Castle, Icollege and Mile House as well as SEND students from mainstream schools.

#### **2.8.4: Extension of the "Delivering Life Skills" Programme, delivered by the EBP.**

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 2023, 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 2023/24. Greenham Trust are providing continuing funding for part of the programme, but, at present, the offer to Schools has been reduced.

November 2024 - the situation remains the same - we received funding from GCT to run 8 DLS workshops during the 2023/24 academic year and impacted 160 students. We are continuing to seek funding to continue to run this programme this academic year.

#### **Future Actions**

Destinations Expo 2025 has been confirmed as taking place on 9<sup>th</sup> Oct 2025 at Newbury College. EBP continues to seek funding to expand the delivery of the DLS programme.

Groundwork is set to deliver three more projects in Reading over the coming nine months and is also potentially looking to expand to Newbury.



Substance Behaviour Harm  
Reduction Partnership

# Substance Behaviour Harm Reduction Partnership

Update for HWB Steering Group (November 2024)

## Membership

The S&BHRP includes the following members. Membership is regularly under review.

- West Berkshire Council - Public Health and Wellbeing (Chair)
- West Berkshire Council – Building Communities Together Team
- West Berkshire Council – Housing
- West Berkshire Council - Health in Schools Co-ordinator
- West Berkshire Council – Adult Social Care
- West Berkshire Council – Children’s Services
- Public Protection Partnership
- Thames Valley Police
- National Probation Service
- Education
- Combatting Drugs Partnership
- Berkshire West Tobacco Control Alliance
- BOB ICB
- Community Alcohol Partnership
- Solutions 4 Health
- Health Watch West Berkshire
- Berkshire Healthcare Foundation Trust
- VIA
- Soup Kitchen
- Berkshire Women’s Aid
- Two Saints
- Sovereign Housing
- South Central Ambulance Service
- Service user
- Community Wellness Outreach

## Current Activity

The last meeting of the partnership took place on 10<sup>th</sup> October 2024.

Reading Festival took place at the end of summer, whilst not within West Berkshire, it is known that West Berkshire residents, especially young people attend the festival. Therefore, it was considered by the partnership that an oversight of health harm prevention provisions in place and their effectiveness was required. There were no fatalities linked to drugs or alcohol at the festival site over the festival weekend. A targeted media campaign (#Lookoutforeachother) for those who had purchased tickets for the festival commenced 10 days prior to the festival starting and a social media influencer was commissioned by Reading Council’s communication providers, Blue Lozenge, to attend the festival and gather insights from young people, which I am of the understanding will be used to inform targeted campaigns next year.

Onsite, drug charity Service Change Grow Live were present throughout the course of the festival, Naloxone kits were readily accessible and drug testing, including testing for Nitazines was available.

Over the summer, members of the partnership reviewed the Drug and Alcohol policy for schools owing to school's exclusion data highlighting that the number of pupils being excluded for alcohol or drugs did not equate to the number of referrals received from schools to The Edge young people's drug and alcohol service. The updated policy was shared with secondary school Pastoral Leads at the Secondary Pastoral Leads Collaborative meeting on 1<sup>st</sup> October and has subsequently been sent to all schools. Furthermore, at this meeting the attendees were provided with a presentation on nicotine pouches to raise awareness. This presentation was also delivered to secondary school PSRHE leads on 3<sup>rd</sup> October.

Following concerns expressed by Lambourne Junction CIC regarding substance abuse issues within the Lambourn Valley and a want to address these through a collective approach, a number of members of the partnership attended an initial workshop on 23<sup>rd</sup> September. During the meeting concerns were discussed and actions suggested, which are being drawn up into a plan. A further meeting to monitor progress will be scheduled for the new year.

The Community Wellness Outreach provision contract had now been varied to include Tobacco Dependency Advisors in attendance to offer smoking cessation support for residents attending the provision who are smokers. A Tobacco Dependency Advisor is also now present at the Thatcham Community Larder on a Wednesday afternoon.

Throughout the month of October, the Public Protection Partnership, Public Health and Solutions for Health shared both national and local communications in respect of Stoptober.

There has been a recent drug alert regarding the circulation of 'gummies' (sweets containing illicit substances) within the West Berkshire area being sold to adults and children that have been confirmed as containing the psychoactive substance in cannabis, THC. The alert has been circulated to relevant partners across West Berkshire. Nevertheless, the alert prompted a review of our drug alert pathway to ensure that it is being followed correctly and alerts are reaching the required partners

In preparation for the anti-drink spiking campaign due to take place across the nighttime economy within West Berkshire over the Christmas period, a meeting between Drink Safe, myself and TVP to discuss possible collaboration, however a collaboration will not be taking place at this time at this time. West Berkshire's nighttime economy has zero confirmed drink-spiking incidents to date. TVP officers consider they have a strong plan in place to support the nighttime economy, including drink-spiking testing kits to give out to premises and training in bystander awareness for those who work within the nighttime economy.

A campaign focusing on parental supply of alcohol to children is also in the planning stages amongst partnership members.

## **Future Actions**

- Continue to support Lambourne Junction CIC and report outcomes back to H&W Board
- Ensure drug alert pathway is clear, consistent and reaches required partners
- Parental supply of alcohol campaign to be delivered

## Suicide Prevention Outreach worker

### Project Report Update for Trustee Meetings

Quarter 2

Project Scheme/Title:	Suicide Prevention Outreach project
Period:	July August September
Aim/Objective:	To provide training and resources throughout West Berkshires, voluntary organizations, small businesses, sports, and social organizations
Activities Resources contacts made etc	<p>I delivered Suicide First Aid Courses in July, August, and September, which saw attendees from motor parts garages, school workers, flag dv, berks women's aid, and youth groups and counsellors. The course in August was our first full-day course for those working with Children and Young people. All receive a personalised certificate of attendance and a badge to display, those attending a day course are given information on how to apply for a Level 4 qualification accredited by the Royal Society of Public Health (RSPH)</p> <p>I attended the Suicide Prevention Action Group meeting and updated all on my activities and also shared with all the new CYP full-day course that I am now able to deliver.</p> <p>I continue to meet regularly with Garry Poulson Chair of the Suicide Prevention Action Group.</p> <p>I attended a meeting with Paul Graham Health and Wellbeing in Schools Coordinator at West Berks Council, and a proposed date for November at Shaw House was discussed , it is hoped that 16 representatives from local secondary schools will be able to attend.</p> <p>I continue to deliver information and hope to be able to leave adhesive QR information leaflets which I think will be very beneficial, particularly in Pubs and Clubs.</p> <p>I attended the annual NCSPET Virtual Conference, the theme of which was "Suicide Prevention: Factors in Focus." This was both inspiring and incredibly applicable to my learning. I found the Safer Prescribing Initiative proposed by the Ollie Foundation to be very useful, particularly given my background as a former prescribing Nurse. Using a "Prescription Safe Plan" will be shared in my courses.</p>
Significant events/successes:	<p>Delivering the off-site course to Europarts as part of their mental health awareness day was very successful. Most attendees were men and all were very engaged and shared that they found the course incredibly helpful and relevant to them all.</p> <p>The delivery of our first CYP Suicide First Aid course was very successful and so relevant for the area that all who attended worked in. All agreed to share amongst their colleagues for possible future courses.</p> <p>Some feedback comments –</p> <p>" Was a tough subject but the tutor showed us empathy and listened to us "</p> <p>"I will be more confident to deal with suicide "</p> <p>"Very good and beneficial as people managers this will assist in my career and personal life"</p>

<p>Any Difficulties?</p>	<p>Despite many expressing interest in attending training, it can be difficult for some to be released from work to attend or be available in school holiday time. It is difficult to find a solution here but going forward as more and more emphasis is placed on the importance of Mental Health awareness in the workplace, it should be seen as a good inclusion in employee's regular training.</p>
<p>Planned Future Activities Training Events</p>	<p>Another off-site closed training event at Shaw House for representatives from local secondary schools. It has been agreed that I can apply to study RSPH Level 4 Award in Suicide First Aid ( reduced cost for tutors), it has a guided learning time of 16 hours alongside a post-course assessment.</p> <p>I will continue to attend Tutor drop-ins at the National Centre for Suicide Prevention Education and Training and regular meetings with Garry Poulson and Rachel Peters . I will continue to share available resources and continue to share the awareness that Suicide is one of the most preventable deaths “ most do not want their lives to end, they want the pain to stop”</p>

Health & Wellbeing Board – 5 December 2024

## **Item 18 – Members’ Questions**

Verbal Item

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

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
<b>LGA Review - Effectiveness of the Health and Wellbeing Board (December - January)</b>					
<b>6 March 2025 - Board Meeting</b>					
ICB Update	To provide an update on the new ICB structure and changes in personnel	For discussion	26/02/2025	Helen Clark	HWB Steering Group
Pharmacy First Update	To provide an update on the implementation of the Pharmacy First initiative within West Berkshire.	For discussion	26/02/2025	Helen Clark	HWB Steering Group
Berkshire Suicide Prevention Strategy Update	To receive an update on the Berkshire Suicide Prevention Strategy	For decision	26/02/2025	Steven Bow	HWB Steering Group & Corporate Board
SEND and Delivering Better Value	To provide an update on SEND and the outcomes of the Delivering Better Value Programme.	For discussion	26/02/2025	AnnMarie Dodds	HWB Steering Group & Corporate Board
Health and Wellbeing Board Conference	To agree the themes and date for the next Health and Wellbeing Board Annual Conference	For discussion	26/02/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
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	HWB Steering Group & Corporate Board
Joint Health and Wellbeing Strategy Delivery Plan	To agree the updated version of the Joint Health and Wellbeing Strategy Delivery Plan.	For decision	26/02/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
LGA Review of the Health and Wellbeing Board	To present the outcome of the LGA review of the Health and Wellbeing Board	For discussion	26/02/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
Health Protection Annual Report	To provide an update on Health Protection activity over the previous year.	For discussion	26/02/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
Berkshire West Safeguarding Children Partnership - Annual Report for 2023/24	To present the annual report from the Safeguarding Children Partnership	For information	26/02/2025	Alastair Harsant	HWB 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	26/02/2025	Lynne Mason	HWB Steering Group
<b>Hot Focus Session - Topic and Date TBC</b>					
<b>8 May 2025 - Board Meeting</b>					
Joint Strategic Needs Assessment	To agree the proposed approach for updating the JSNA.	For information	28/04/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
Building Communities Together Partnership Plan	To present the updated BCT Partnership Plan.	For information	28/04/2025	Alex O' Connor	HWB Steering Group & Corporate Board
Health and Wellbeing Board Annual Report 2024/25	To present the Health and Wellbeing Board Annual Report	For information	28/04/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
Mental Health Waiting Lists	To provide an update on mental health waiting lists and times to start treatment	For discussion	28/04/2025	Helen Clark	HWB Steering Group
<b>Health and Wellbeing Board Conference (June 2025)</b>					

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