

Notice of Meeting

Health Scrutiny Committee

Monday 23 September 2024 at 10.00 am
in the Council Chamber, Council Offices,
Market Street, Newbury

This meeting can be streamed live here:

<https://westberks.gov.uk/hsclive>

Date of despatch of Agenda: Friday 13 September 2024

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060

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Further information and Minutes are also available on the Council's website at

www.westberks.gov.uk



WestBerkshire
C O U N C I L

Agenda - Health Scrutiny Committee to be held on Monday 23 September 2024 (continued)

To: Councillors Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Justin Pemberton and Owen Jeffery and Justin Pemberton

Substitutes: Councillors Billy Drummond, Paul Kander, Biyi Oloko and Stephanie Steevenson

Agenda

Part I

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1 Apologies Purpose: To receive apologies for inability to attend the meeting (if any).	1 - 2
2 Minutes Purpose: To approve as a correct record the Minutes of the meeting of the Committee held on 11 June 2024.	3 - 8
3 Actions from the previous Minutes Purpose: To receive an update on actions following the previous Health Scrutiny Committees.	9 - 10
4 Declarations of Interest Purpose: To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .	11 - 12
5 Petitions Purpose: To consider any petitions requiring an Officer response.	13 - 14
6 Adult Mental Health Purpose: To review the system approach to adult mental health in West Berkshire. Including a review of how mental health services are delivered to the rural population in West Berkshire, the community mental health transformation programme and the preventative approach.	15 - 54
7 Suicide Prevention Purpose: To review the approach to suicide prevention in West Berkshire.	55 - 88



Agenda - Health Scrutiny Committee to be held on Monday 23 September 2024 (continued)

- 8 **Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board** 89 - 92
Purpose: The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) to provide an update on activities and commissioning plans.
- 9 **Healthwatch Update** 93 - 94
Purpose: Healthwatch West Berkshire to report on views gathered on healthcare services in the district.
- 10 **Appointment of Task Groups** 95 - 98
Purpose: To agree the Terms of Reference and Membership for any Task and Finish Group that the Health Scrutiny Committee might wish to appoint in-depth scrutiny reviews:

1) Childrens mental health and emotional wellbeing
- 11 **Health Scrutiny Committee Work Programme** 99 - 100
Purpose: To receive new items and agree and prioritise the work programme of the Committee.

Sarah Clarke.

Sarah Clarke
Service Director (Strategy and Governance)

If you require this information in a different format or translation, please contact Vicky Phoenix on telephone 07500 679060.



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Agenda Item 1

Health Scrutiny Committee – 23 September 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 SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 11 JUNE 2024

Councillors Present: Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Justin Pemberton, Owen Jeffery and Carlyne Culver

Also Present: Paul Coe (Interim Executive Director – People), April Peberdy (Acting Service Director - Communities and Wellbeing) and Kate Toone (Project Manager (Integration and Quality) and TEC Service Manager), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Fiona Worby (Healthwatch West Berkshire), John Ashton (Director of Public Health), Charlotte Pavitt (Consultant in Public Health), Sally Moore (Royal Berkshire NHS Foundation Trust), Pete Hunt (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Kiera Walker (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Apologies for inability to attend the meeting: Councillor Heather Codling

PART I

3 Minutes

The Minutes of the meetings held on 12 March 2024 and 9 May 2024 were approved as true and correct records and signed by the Chairman.

4 Actions from the previous Minutes

Members were asked to note the outstanding actions which were in progress.

5 Declarations of Interest

There were no declarations of interest received.

6 Petitions

There were no petitions received at the meeting.

7 Healthcare in New Developments Task and Finish Group - Final Report

Councillor Carlyne Culver presented the Healthcare in New Developments Task and Finish Group report (Agenda Item 7).

During the Committee's discussion the following points were raised:

- Councillor Culver thanked Members, partners and officers involved in the Task Group, noting that there was already improved collaboration between Planning and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and that the BOB ICB would now be consulted on developments of 10 or more dwellings.
- It was confirmed that planning officers attended all task group meetings and were involved in the discussions regarding recommendations.

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- The resource implications of the recommendations, as well as the preventative approach, were noted.
- Training was a key element in the report to ensure all Councillors had an understanding of Public Health and that there was specific training for Councillors of Planning Committees on the Healthy Planning Protocol.
- It was acknowledged that there were restraints with S106 and CIL funding, however there was best practice from other local authorities and insight from Savills that could be reviewed. Early discussions with many stakeholders was essential to consider new ways of providing provisions and healthy places.
- It was confirmed that the report would go to the Executive and to the Integrated Care Board and the response to the recommendations would return to a future Health Scrutiny Committee.

RESOLVED to refer the Healthcare in New Developments Task and Finish Group's recommendations to Executive and the BOB ICB for consideration.

8 Public Health West Berkshire - Annual Report

Charlotte Pavitt (Consultant in Public Health) presented the West Berkshire Annual Public Health Report (Agenda Item 8).

During the presentation the following points were highlighted:

- West Berkshire was a healthy place to live as a whole. However, there were local variations between groups of people and indicators of concern. Nearly one third of Year 6 children and 61.3% of adults were overweight or obese. There was a high rate of self-harm and alcohol related hospital admissions for under 18's. The three highest recorded long-term conditions locally were depression, hypertension and diabetes.
- Extensive health improvement programmes of work were noted. These included for children and young people, healthy weight, smoking cessation services, the community wellness outreach service, mental health promotion and the ageing well focus across West Berkshire. The health improvement priorities moving forward were also described.
- The Public Health approach was highlighted noting collaboration with the BOB ICB and the importance of understanding patterns of health and disease, identifying needs and prescribing effective interventions.
- Evidence-led interventions, communications and workforce priorities were explained. Embedding the Health in all Policies (HiaP) approach at West Berkshire Council was a key priority.

During the debate the following points were discussed:

- John Ashton (Director of Public Health) explained that a strong primary and social care focus was needed, with more resources upstream for self-care and community organised responses rather than for secondary care. The local authority was key for that approach. In particular, partnership working across and beyond the local authority to mobilise and support the community was needed. This was beyond the services provided by Public Health such as vaccinations and targeting groups that were difficult to reach.
- The importance of the built environment and housing was noted. John Ashton said that a strategic and integrated approach to housing and health was essential to ensure that people remained living independently for longer. This was particularly critical with the ageing population.
- It was highlighted that one third of children in Year 6 were overweight or obese and it was queried how public health campaigns could influence that. John Ashton advised

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that individual behaviours were important, but there were also commercial determinants that needed addressing at a higher level.

- It was asked what could be done locally. An example was shared by John Ashon on the benefit of providing water fountains in streets. That would enable people to choose not to drink sugary drinks. By-laws could be strengthened to prevent fast food outlets from opening near schools. Parking outside schools could be addressed to encourage walking. It was advised it was important to think laterally and that the Council could influence new developments to ensure cycling, walking and active travel was built in.
- Health inequalities were noted and the importance of allocating resources to the right areas.
- The use of technology was discussed. For example, in nutritional information on food shop receipts. While early diagnostics and screening were important, they were not an alternative to primary prevention. For example, three – five million people in the UK had Type Two diabetes which was strongly related to people being overweight. This was at enormous cost to the NHS. Prevention was the real answer.
- It was highlighted that early detection of cancer was the best option for many cancers. However, some cancers were known to be determined by environmental or behavioural factors. Those environmental and behavioural determinants needed to be addressed.
- Members expressed concern with specific issues including tooth decay children and adolescent mental health. The wait for neurodiversity assessments, a crisis in adolescent mental health and support in schools were particularly noted. John Ashton noted that children's mental health had deteriorated particularly since the pandemic and was complicated by social media. It was emphasised that it was essential to get upstream of the issue. John Ashton explained that the concepts of self-esteem, self-directedness, the locus of control and sense of coherence were useful. These were measurable concepts that could provide data to compare between schools, classes and locations. John Ashton advised that he promoted the notion that every child should have a passion by the age of 18. To do that, there needed to be opportunities available for children and these varied hugely between backgrounds and schools. The local authority could facilitate improving this, not just in the classroom but outside it. An asset-based approach of mapping the assets of the community and mobilising them to ensure all children have opportunities to feel mastery of their own personal universe was needed. It was essential to provide a strategic and coordinated approach across West Berkshire.

RESOLVED to note the report.

9 To receive an update on Diabetes Services

Keira Walker (Integrated Diabetes Delivery Network Manager, BOB ICB) presented the report on Diabetes in West Berkshire (Agenda item 9).

During the presentation the following points were highlighted:

- The achievement of all eight care processes in West Berkshire were above the national average. They were slightly below the national average in the achievement of the three treatment targets.
- Diabetes services were focused on secondary prevention which was to stop deterioration after diagnosis.
- Locally there was good uptake in Berkshire West for a nationally commissioned lifestyle intervention (NHS Diabetes Prevention Programme). This would now be expanded across BOB (Buckinghamshire, Oxfordshire and Berkshire West).

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- There had been very good uptake in Berkshire West in the Type Two Path to Remission using the shakes and soups diet.

During the debate the following points were discussed:

- It was highlighted that weight management was crucial and that programmes needed to be directed to the right people. It was advised that the programme was targeted to address health inequalities and that all the places on the programme had been filled.
- It was noted that there were variations between practices in meeting performance targets in the eight care processes. I was advised that variations between practices were a challenge and that it was being looked at across Buckinghamshire, Oxfordshire and Berkshire West. They were looking to fill the gaps in workforce, educate staff and integrate services so that there was a multidisciplinary approach.
- It was advised that the variation in deprived areas was not due to workforce gaps. It was a lengthy support process of education which was not part of core medical services provided by general practice.
- It was noted that 10% of the NHS budget was related to diabetes and that it was largely preventable. The public health approach to diabetes was highlighted. April Peberdy (Acting Service Director, Communities and Wellbeing) confirmed that a healthy weight and a physically active population was key. The community outreach wellness service was currently delivering health checks to the population. As part of this advice was given about healthy eating and physical activity. There were also opportunities in West Berkshire such as the West Berkshire Exercise Referral Scheme in leisure centres and the healthy walks programme.
- Kate Toone (Project Manager, Adult Social Care) provided an update on the Community Wellness Outreach Service. This was a BOB ICB funded programme carried out jointly with Reading and Wokingham. The target was 2,500 targeted health checks across West Berkshire. Each local authority had slightly different models. It was advised that 439 health checks had been carried out across West Berkshire since the pilot began in January 2024. 227 of these were in target priority groups. Letters had recently been sent to 4000 eligible people and so uptake would increase in coming months. As a result of the health checks, 13 people had been referred to the GP and 3 had been referred to the NHS Diabetes Prevention Programme. Cardiovascular disease champions were being recruiting from the community. Community outreach was taking place. An example of an event with Veolia employees was shared where healthy eating education was shared, and good feedback was received. It was highlighted that people were supporting each other because of the event.
- Early indicators were that the Community Wellness Outreach Service was effective so far. The service would be evaluated at the end to see if there was scope for extension. There were some learnings from it and evidence would be used to make further decisions.

RESOLVED to note the report.

10 **Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Helen Clark (Deputy Place Director, Berkshire West) gave an overview of the report on the activities of the BOB ICB (Agenda item 10). During the discussion the following points were highlighted:

- It was queried whether patients were getting used to seeing the variety practitioners available at GP practices. It was confirmed that the way the Additional Role

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Reimbursement Scheme was implemented varied between practices. Further information could not be shared by the BOB ICB due to the pre-election period.

Action: Helen Clark to provide Members with an update on roll out of the additional role reimbursement scheme, including patient feedback.

RESOLVED to note the report.

11 Healthwatch Update

Fiona Worby (Lead Officer from Healthwatch West Berkshire) presented the report on the work plan for 2024/25 and other activities carried out by Healthwatch West Berkshire.

The following points were noted during the discussion:

- The role of Healthwatch was to understand the needs, experiences and concerns of the public and to speak out on their behalf. The importance of communicating the work of Healthwatch with the public was noted. Healthwatch was a statutory body with powers to enter and view health and social care service providers. It monitored public feedback and worked closely with services.

RESOLVED to note the report.

12 Health Scrutiny Committee Work Programme

The Chairman invited Members to review the work programme. It was noted that Children and Young People's Mental Health and Neurodiversity Pathways, as well as Adult Mental Health, were on the work programme for 11 June 2024. Both items would be rescheduled.

The importance of Health in All Polices and prevention was noted as being crucial. It was confirmed that the Health and Wellbeing Board was the forum where key leaders from the health and care system worked together to improve the health and wellbeing of their local population and reduce health inequalities. The activities of the Health and Wellbeing Board and its sub-groups, within the Health and Wellbeing Board Strategy and Delivery Plan, showed the wider approach to health in West Berkshire.

RESOLVED to note the work programme.

(The meeting commenced at 1.30 pm and closed at 3.55 pm)

CHAIRMAN

Date of Signature

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Actions arising from previous HSC Meetings

HSC is requested to consider the following list of actions and note the updates provided.

Ref No:	Date	Item/Action	Member/Officer	Comments/Update
26	12/03/2024	Pharmacy Provision To investigate concern raised regarding an independent pharmacy in Mortimer being unable to access digital prescriptions	Julie Dandridge	In Progress - A system change will enable this later in 2024, keep in view.
27	11/06/2024	Update from BOB ICB Members to be provided with an update on roll out of the additional role reimbursement scheme. Including patient feedback.	Helen Clark	In Progress

Last updated: 09/09/24

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Item 4 – Declarations of Interest

Verbal Item

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Health Scrutiny Committee – 23 September 2024

Item 5 – Petitions

Verbal Item

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Briefing Note – Public Mental Health

Produced for:	<i>Health Scrutiny Committee</i>
Requested by:	Health Scrutiny Committee
Portfolio Member:	Councillor Patrick Clark
Service Director:	April Peberdy
Date Prepared:	July 2024
Briefing Author:	Rachel Johnson

1 Purpose of the Briefing

- 1.1 To help members of the Health Scrutiny understand Public Health’s role in Mental Health and Wellbeing.
- 1.2 To highlight the range of initiatives that have been funded through the public health grant.
- 1.3 To highlight strategic mental health work undertaken through the Health and Wellbeing Board.
- 1.4 To highlight strategic mental health work and how it helps the Council to delivery on [Council Strategy](#) priorities.

2 Background

- 2.1 Mental health is an important area of public health. It is well cited that approximately 1 in 4 British Adults experience a diagnosable mental health problem each year. It is estimated that 50% of lifetime mental ill health starts by age 14, and 75% of lifetime mental ill health is established by the age of 24.
- 2.2 Data from the Adult Psychiatric Morbidity Survey data shows that in 2017, it was estimated that **16,702 (13.2%)** people aged 16+ in West Berkshire had a common mental health problem¹. This was lower than the national rate of 16.9%. Figure 1 below shows how West Berkshire compares to its nearest statistical neighbours.

¹ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1>

Figure 1: Estimated prevalence of common mental disorders: % of population aged 16 & over (2017)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	7,609,582	16.9*	16.2	18.0
Neighbours average	–	-	-	-	-	-
Darlington	–	10	15,026	17.4*	16.6	18.6
Calderdale	–	15	29,214	17.4*	16.6	18.6
Nottinghamshire	–	11	108,740	16.2*	15.5	17.3
Warrington	–	14	26,971	15.9*	15.1	17.0
Cheshire West and Chester	–	5	42,383	15.3*	14.5	16.4
Shropshire	–	8	40,294	15.2*	14.4	16.4
Worcestershire	–	6	72,761	15.0*	14.3	16.1
Warwickshire	–	7	68,318	14.8*	14.1	15.9
Gloucestershire	–	3	75,012	14.6*	13.8	15.7
Cheshire East	–	2	43,662	14.0*	13.3	15.2
Wiltshire	–	4	54,831	13.6*	12.9	14.8
South Gloucestershire	–	13	30,819	13.6*	12.7	14.9
Buckinghamshire UA	–	9	56,920	13.4*	12.5	14.6
Central Bedfordshire	–	1	29,775	13.2*	12.4	14.5
West Berkshire	–	-	16,702	13.2*	12.3	14.5
Windsor and Maidenhead	–	12	15,269	12.7*	11.9	14.1

2.3 In 2017, it was estimated that **2,433 (10.2%)** of people aged 65+ had a common mental health disorder². These data are due to be updated in 2025³. Some people experiencing a mental health problem may be undiagnosed or do not seek treatment. The implication of this is that the number of people experiencing depression could be considerably higher.

² <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1>

³ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey>

Figure 2: Estimated prevalence of common mental disorders: % of population aged 65 & over (2017)

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	1,027,792	10.2*		9.1	11.9
Neighbours average	-	-	-	-		-	-
Calderdale	-	15	4,108	10.7*		9.5	12.4
Darlington	-	10	2,280	10.7*		9.5	12.5
Nottinghamshire	-	11	16,993	10.2*		9.1	11.8
Shropshire	-	8	7,495	9.9*		8.6	11.5
Warrington	-	14	3,674	9.6*		8.5	11.1
Worcestershire	-	6	12,302	9.4*		8.4	11.0
Cheshire West and Chester	-	5	6,702	9.4*		8.3	10.9
Warwickshire	-	7	10,760	9.2*		8.2	10.8
Gloucestershire	-	3	11,978	9.1*		8.0	10.7
Wiltshire	-	4	9,144	8.8*		7.7	10.4
Cheshire East	-	2	7,443	8.7*		7.6	10.4
South Gloucestershire	-	13	4,482	8.6*		7.5	10.2
West Berkshire	-	-	2,433	8.3*		7.1	10.0
Central Bedfordshire	-	1	4,078	8.2*		7.1	10.0
Buckinghamshire UA	-	9	8,104	8.2*		6.9	10.0
Windsor and Maidenhead	-	12	2,206	8.0*		6.7	9.8

2.4 In 2022/23, **17,231 (13.9%)** of adults aged 18+ registered to a GP in West Berkshire are recorded to have depression⁴. This represents 13.9% of all adult patients. Some people with depression may be undiagnosed as they may feel uncomfortable sharing their symptoms with a medical professional or people they know. This means it can be difficult to know the actual prevalence of depression. Therefore, increases in recorded diagnosis of depression can be a positive if more people are receiving treatment for depression. Figure 3 compares the prevalence of depression in West Berkshire to other statistically similar local authorities.

⁴ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1>

Figure 3: Depression: QOF prevalence (18+ years) 2022/23

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	6,618,681	13.2	13.2	13.3
Neighbours average	↑	-	717,538	13.8*	13.8	13.8
Calderdale	↑	15	30,060	17.0	16.8	17.2
Darlington	↑	10	14,370	15.9	15.7	16.2
Worcestershire	↑	6	79,768	15.7	15.6	15.8
Warwickshire	↑	7	77,866	15.3	15.2	15.4
Shropshire	↑	8	40,652	15.1	15.0	15.3
Cheshire East	↑	2	52,027	15.1	15.0	15.2
Cheshire West and Chester	↑	5	44,428	14.5	14.3	14.6
Warrington	↑	14	26,120	14.4	14.3	14.6
West Berkshire	↑	-	17,231	13.9	13.7	14.1
South Gloucestershire	↑	13	31,159	13.9	13.7	14.0
Buckinghamshire UA	↑	9	57,987	12.7	12.6	12.8
Nottinghamshire	↑	11	85,748	12.7	12.6	12.7
Gloucestershire	↑	3	68,050	12.4	12.3	12.5
Central Bedfordshire	↑	1	27,753	11.8	11.7	12.0
Wiltshire	↑	4	48,318	11.8	11.7	11.9
Windsor and Maidenhead	↑	12	16,001	11.4	11.3	11.6

- 2.5 In 2022/23, **8.8%** people (16+) in West Berkshire reported a low happiness score compared to 8.9% for England. **3.7%** of people in West Berkshire reported a low life satisfaction score compared to **5.6%** for England. Scores for high self-reported anxiety higher than the other wellbeing measures, with **24.4%** of residents reporting to feelings of anxiety compared to 23.3% for England⁵.
- 2.6 There were **33 deaths** from **suicide** in West Berkshire during 2020-2022. This is the equivalent of a suicide rate of **7.9** per 100,000 people. This is lower than the rate for England (10.3 per 100,000)⁶. Every death from suicide is devastating and the public health team are working closely with colleagues across Berkshire to implement the Berkshire Suicide Prevention Strategy to prevent deaths from suicide.
- 2.7 Severe mental illness (SMI) is when mental health issues substantially interfere with everyday living (e.g. Schizophrenia or bipolar disorder). People with SMI face large health inequalities. The life expectancy is 15 to 20 years lower than the general population. In West Berkshire, the under 75 excess mortality rate in adults with serious mental illness is 518.3% (2018-20) compared to 390.9% for England⁷. This means that people with SMI have a higher risk of premature death than adults without an SMI. This can be attributed to the co-occurrence of other long-term conditions.

⁵ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/1/gid/8000026/pat/15/par/E92000001/ati/502/are/E06000037/yr/1/cid/4/tbm/1>

⁶ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/1/gid/8000039/pat/15/par/E92000001/ati/502/are/E06000037/yr/1/cid/4/tbm/1>

⁷ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/1/gid/8000039/pat/15/par/E92000001/ati/502/are/E06000037/yr/1/cid/4/tbm/1>

What is mental health?

2.8 We all have mental health, just as we have physical health. Mental health is about feeling good and our minds functioning well. It is not just about the absence of having a mental health problem but the ability to lead a fulfilling life and being able to participate in society. Mental health can shift from good to not so good to poor. Poor mental health can lead to a mental illness. People with mental health issues often experience barriers to participating in society, having to face stigma and discrimination.

What is public mental health?

2.9 Public mental health is the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals. Public health recognises the many factors that can affect mental health; genetic, biological, environmental, trauma and stressful life events. The focus in public health is on preventing as many mental health problems as possible and helping people to take steps to improve and maintain mental wellbeing in order to stay mentally healthy (e.g. through eating well, getting enough sleep and following the five ways to wellbeing) and cope with life's up and downs.

Table 1: Risk and protective for mental health

Risk factors associated with poor mental health	Protective factors associated with good mental health
<ul style="list-style-type: none"> • Poor Housing 	<ul style="list-style-type: none"> • Good quality antenatal and postnatal care
<ul style="list-style-type: none"> • Poor Education 	<ul style="list-style-type: none"> • Early years support
<ul style="list-style-type: none"> • Poor parenting 	<ul style="list-style-type: none"> • Family and parenting support
<ul style="list-style-type: none"> • Poverty 	<ul style="list-style-type: none"> • Good quality and affordable housing
<ul style="list-style-type: none"> • Unemployment 	<ul style="list-style-type: none"> • Good quality education
<ul style="list-style-type: none"> • Stressful work 	<ul style="list-style-type: none"> • Good quality work
<ul style="list-style-type: none"> • Poor working conditions 	<ul style="list-style-type: none"> • A healthy standard of living
<ul style="list-style-type: none"> • Debt 	<ul style="list-style-type: none"> • Accessible, safe green outdoor space
<ul style="list-style-type: none"> • Drug and alcohol misuse 	<ul style="list-style-type: none"> • Community assets (e.g. theatres, museum, leisure centres)
<ul style="list-style-type: none"> • Death of someone close 	<ul style="list-style-type: none"> • Community cohesion
<ul style="list-style-type: none"> • Homelessness 	
<ul style="list-style-type: none"> • Loneliness 	
<ul style="list-style-type: none"> • Violence 	
<ul style="list-style-type: none"> • Discrimination 	
<ul style="list-style-type: none"> • Poor physical health 	

2.10 Table 1 highlights known risk and protective factors for mental health. However, mental health is complex. We know we can't prevent every mental illness. We also know that being exposed to a risk factor does not necessarily mean that someone will develop a

mental health problem and many people with no known risk factor will develop a mental health condition⁸.

2.11 According to the Office for Health and Improvement and Disparities (OHID), there is evidence that protective and risk factors for mental health are unequally distributed across the country, in our communities and for those with existing mental health conditions. This can lead to health inequalities.

2.12 The public mental health approach focuses on three levels of prevention:

- **Primary prevention:** stopping mental health problems before they start
- **Secondary prevention:** supporting people at a higher risk of mental health problems
- **Tertiary prevention:** helping people living with mental health problems to stay well

2.13 Over the past ten years, the public health team has focused on the three levels of prevention through the following current (highlighted in bold) and past public mental health initiatives:

- **Primary prevention initiatives:**
 - Mental health training (e.g. [Mental Health First Aid Courses](#), [Applied Suicide Intervention Skills Training](#))
 - Supporting workplace health initiatives (e.g. Mindfulness Courses and [Headspace](#) mindfulness app subscriptions)
 - **Creating and funding resources** (e.g. [mental health z cards](#), roll up banners, Mind information booklets, [five ways to wellbeing](#) materials)
 - **Physical activity initiatives** (e.g. [Wellbeing Walks](#), [Run Together](#), [Nature for Health](#))
 - Creation of [Wellbeing Bags](#) in partnership with Newbury Library
 - **Promoting national mental health campaigns** (e.g. [NHS Every Mind Matters](#), [Mental Health Awareness Week](#) and World Mental Health day through social media, articles in Newbury Weekly News).
 - **Supporting library service initiatives** (e.g. Reading Well resources, Ageing creatively project, at home volunteer, reminiscence library collection, book groups)
 - Supporting art and health initiatives (e.g. [Poetry in Mind](#) and Hungerford Poetry Festival, [Corn Exchange project](#) (e.g. Links to Thrive)
 - Support [community learning](#) provision (e.g. Recovery in Mind and Graft)
- **Secondary prevention initiatives:**
 - Social isolation reduction projects (e.g. [Befriending Schemes](#), Village Agents and Community Navigators)
 - **Partnership working** and strategic work around [autism](#), [unpaid carers](#) and people with learning disabilities
- **Tertiary prevention:**

⁸ <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

- Funding Sport in Mind to run tennis and yoga sessions for people with mental health conditions
- Funding a counsellor to attend Moving Forward sessions at the leisure centre (part of the activity for health offer)
- Funding peer support programmes for people with mental health problems (e.g. Friends in Need (run by Depression Alliance) and Pulling Together (run by Newbury Community Resource Centre)
- **Funding counselling support to young people with mental health challenges** (e.g. [Time to Talk](#))
- Helping a supported volunteering project for people mental health problems (VCme, facilitated by the volunteer centre)

2.14 In December 2023, the public health team undertook a financial challenge review exercise which aimed to provide assurance to the public health board that interventions that are funded through the public health grant are evidence based and achieve good outcomes. The oversight of the public health grant continues to be monitored through the public health board.

Public mental health initiatives across the council

2.15 According to the charity Mental Health Foundation, the following societal changes will make the biggest difference to everyone's mental health:

- helping parents nurture their children
- protecting children from trauma
- educating young people to understand and manage their emotions
- supporting people under a lot of stress at work
- reducing loneliness for older people
- building connections in our communities
- caring for people with suicidal thoughts
- helping people to recover and look after themselves

2.16 Many departments across the council are contributing to these areas, some with involvement from public health. Some examples of wider public mental health initiatives across the council include, but not limited to:

- Support for people experiencing domestic abuse
- Support for people with substance abuse problems
- Provision sport and leisure facilities
- Support for families through the family hubs
- Mental health support teams in schools
- Provision of cultural leisure facilities (e.g. West Berkshire Libraries, West Berkshire Museum and Shaw House)
- Outreach support for people experiencing homelessness
- Funding for Citizens Advice Bureau
- Support through the voluntary sector prospectus

2.17 These examples also support the delivery of priority area 5 of the Council Strategy: Thriving Communities with a Strong Local Voice, and more specifically, outcome 5:3: improved health and wellbeing of our residents, including those with long-term conditions.

2.18 The World Health Organisation (2014) define Health in All Policies (HiAP) as “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and equity”. This HiAP approach is beginning to be implemented across the council, with some projects having a direct impact on health and wellbeing.

3 Current Status

The Health and Wellbeing Strategy 2021-2030

3.1 Mental health is a priority within the current Joint Health and Wellbeing Strategy and the public health team is part of a multi-agency group that are working on the following actions through the children’s delivery group and the Mental Health Action Group, subgroups of the Health and Wellbeing Board:

- Priority 4 - Promote good mental health and wellbeing for all children and young people
 - 4.1: Enable our young people to thrive by helping them to build their resilience
 - 4.2: Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition
 - 4.3: Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health
 - 4.4: Support a Whole School Approach to mental health, embedding wellbeing as a priority across the school environment
 - 4.5: Support the mental health and wellbeing of looked after children and care leavers
 - 4.6: Expand our trauma informed approach among formal and informal service providers
 - 4.7: Improve the process for transition to adult mental health services
- Priority 5 - Promote good mental health and wellbeing for all adults
 - 5.1: Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness
 - 5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma
 - 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
 - 5.4: 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.

3.2 Some activities that have been undertaken to address actions under priority 5 have included:

- Carrying out a [financial problems and mental health](#) project which previously went to the Health and Wellbeing Board in 2023. It highlighted the interplay between people being in debt and having poor mental health. As a result of this work, a set of recommendations are being addressed. One example is a leaflet that had been developed for schools on where to find information on financial literacy to help equip their students. This was launched during Talk Money Week in November 2023.
- Obtaining feedback from MHAG on proposed strategy delivery plan outcome indicators relating to adult mental health. This has helped with the development of a 'state of the nation' report highlighting key data around mental health.
- Participating in the Health and Wellbeing Strategy Delivery Plan Task and Finish Group.
- Supporting the Volunteer Centre with a series of workshops exploring people's experiences of mental health services. A [report](#) has been written by the volunteer centre that highlights the issues residents are facing in terms of understanding mental health pathways.
- Collating poems received as part of the [Poetry in Mind](#) campaign led by Public Health. This gave our residents to express and process difficult emotions through poetry and improve their mental health.
- Commencement of a digital inclusion champions project
- Commencement of a supporting people through transitions project. This work has led the mental health action group to identify when residents might experience poor mental health and consider what actions need to be taken to address this. The first transition that is being explored is bereavement.
- The NHS have led on improvement work to increase the number of residents with Serious Mental Illness having an annual health check

3.3 Public health also takes on a broader role in terms of reviewing public mental health data from Office for Health Improvement and Disparities (OHID) and networking with public mental health leads across the South East to learn about good practice from other local authority areas.

4 Implications and Impact

- 4.1 There are many determinants of mental health and wellbeing; where we are born, live, learn, social ties and work impacts on our mental health and wellbeing. Promotion of good mental wellbeing needs to be a **whole system wide approach** – taking a life course approach and working in partnership with a range of organisations to address; housing, education, sports and leisure and service provision in order to prevent mental ill health or help spot the signs so that residents can get help for emerging mental health challenges.
- 4.2 OHID suggest that investing in promoting mental wellbeing, preventing mental health and suicides can help to reduce the demand for services and lead to cost savings across the system (NHS, Local Authorities, employers, education providers, emergency services and justice systems).

5 Next Steps

- 5.1 West Berkshire is rich in assets that support mental wellbeing and has strong voluntary sector and reduced levels of smoking and alcohol misuse, reduced anti-social

behaviour. There could be an increased focus from public health and the mental health action group on the building blocks to good mental health by collaboratively working with other health and wellbeing board subgroups.

- 5.2 There is currently a gap in terms of getting regular service user feedback from people with lived experience of mental health problems. This is being taken forward through the mental health action group who are setting up a new mental health forum.
- 5.3 Public health are continuing to explore the evidence around what interventions work in terms of preventing mental illness, strengthening protective factors and reducing risk factors.

6 Conclusion

This report has provided an overview of public mental health for the health scrutiny board. It has highlighted prevention and the range of initiatives that have been funded through the public health grant. This report has also outlined some of the strategic mental health work undertaken through the Health and Wellbeing Board. It has also provided examples of wider public mental health initiatives that have supported the delivery of the council strategy.

West Berkshire Community Adult Mental Health Health Overview Scrutiny Committee

Dr Heather Howells

GP Clinical Lead Mental Health, Dementia and Learning Disabilities
Buckinghamshire Oxford Berkshire Integrated Care Board Berkshire West

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Community mental health transformation

Mental health Integrated community service (MHICS)

Dr Heather Howells

GP Clinical Lead Mental Health, Dementia and Learning Disabilities

- MHICS team – provides specialised mental health support in the community, focusing on resilience and recovery.
- A collaboration of GPs, mental health professionals, pharmacists, community connectors, psychiatrists, psychologists, voluntary sector and local authority
- Offering support to adults living with difficult challenges to their mental health and life including those with a significant mental illness, those with life events significantly contributing to poor mental health such as financial worries, relationship breakdown, housing issues and those who struggle to engage with other mental health services.
- Support includes short term one to one or group sessions and may include appointments with specialists - Psychological assessments / care planning / information and guidance around emotional and physical wellbeing / access to consultation from a psychiatrist or mental health pharmacist/ support with medication/ bridging and supporting referrals to other services

MHICS roll out

- MHICS was rolled out in a phased way and started in Wokingham and Reading before being rolled out in West Berkshire
- The MHICS teams will be attached to individual practices and PCNs and will have regular direct contact with them
- The team will take direct referrals from the mental health service, GP practices and talking therapists and other community voluntary sector services (they do not accept self-referrals)
- They aim to see all patients referred to them within 4 weeks
- Went live in February 2024 in West Berkshire and had 17 referrals in 3 days.
- Phased roll out initially just taking referrals from secondary care, next phase includes referrals from primary care and Voluntary Community Social Enterprises (VCSE) planned by June
- The team currently has 3 mental health practitioners, a psychologist and consultant support and are actively trying to fill all the available roles
- One of the significant challenges to the service roll out has been recruitment and the team are working hard to overcome this
- The Community Wellness Outreach (health checks) service assesses mental health and wellbeing and refers on as appropriate

Community connectors

- Specialist voluntary sector partners within the MHICS team who have expert knowledge of the local area and who work together to access the local support that a patient needs
- Include drug and alcohol support groups
- Debt and housing support
- Social networks to combat loneliness
- Volunteering opportunities

MHICS Peer Support Service

- Offer one to one peer support to people with significant and / or long-term mental illness
- Support is provided by trusted lived experience practitioners
- Sessions can be face to face in the community or online

VCSE

- VCSE workshop took place on 16th May 2024 focusing on mental health/well-being and the NHSE Navigator Scheme working collaboratively across the BOB System

ARRS Mental Health Practitioners (MHP)

- The additional roles reimbursement scheme (ARRS) introduced in England in 2019 to improve access to general practice
- ARRS mental health practitioners are part of the wider transformation and expansion of community mental health services. Experienced practitioners who are employed by the secondary care mental health provider (BHFT) but jointly funded by primary care and BHFT.
- Operate as a fully embedded member of the PCN multidisciplinary team – sitting within GP practices
- Act as a bridge between primary and secondary care mental health services and can facilitate onward referral to a range of services to meet the patients' needs as well as providing short term treatment / therapy
- Most practices in West Berkshire now have an ARRS MHP within their team
- Patients care directly book an appointment with them via the GP practice or be signposted to them by the GP if presenting with lower-level mental health conditions
- The feedback both from patients and GPs practices is that the roles have made a significant impact in care and support for patients with mental illness in our communities
- The role has significantly improved communication between primary and secondary care services because the practitioners sit within both services, and this has significantly benefited patient care.

Glossary

- **MHICS – Mental Health Integrated Community Services**
- **GPs - General Practitioners**
- **PCN – Primary Care Networks**
- **VCSE – Voluntary Community Social Enterprises**
- **ARRRs – Additional Roles Reimbursement Scheme**
- **MHP – Mental Health Practitioner**

Thank you
questions...?

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West Berkshire Community Adult Mental Health Health Overview Scrutiny Committee

Dr Garyfallia Fountoulaki
Clinical Director Community Mental Health Services

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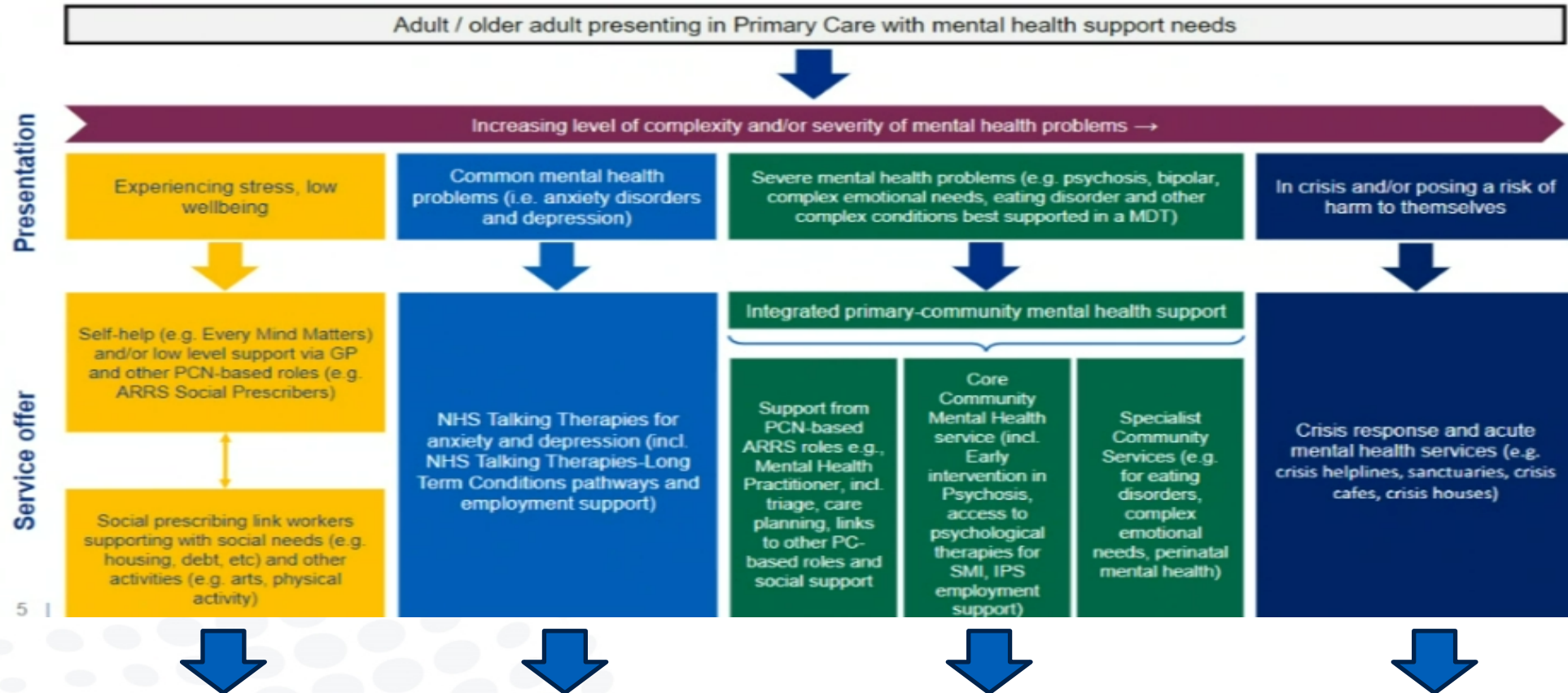
Community Mental Health Services

CMHS provides a broad range of medical, clinical and psychological treatments and interventions. It works closely with acute and crisis services, and primary care to ensure that service users receive the right care at the right time.

Referrals to the CMHS in West Berkshire are made via the CPE/Gateway and accepted based on patient being registered with a West Berkshire GP.

Services for Mental Health- Working Age Adults

Provision of a spectrum of support for people with mental health problems presenting to primary care services



Community MH Service Overview

ARRS, MHICS, SUN, Let's Connect, Liaison and Diversion, Reconnect, Carers Hub, IPS

IAPT, IPS

CMHT, EIP, IPT, Trauma, IMPACTT, ASSIST, Ops Courage, IPS, Let's Connect,

PMS, CRHTT, Inpatients, Let's Connect

To make an adult mental health referral

Contact our Gateway team.

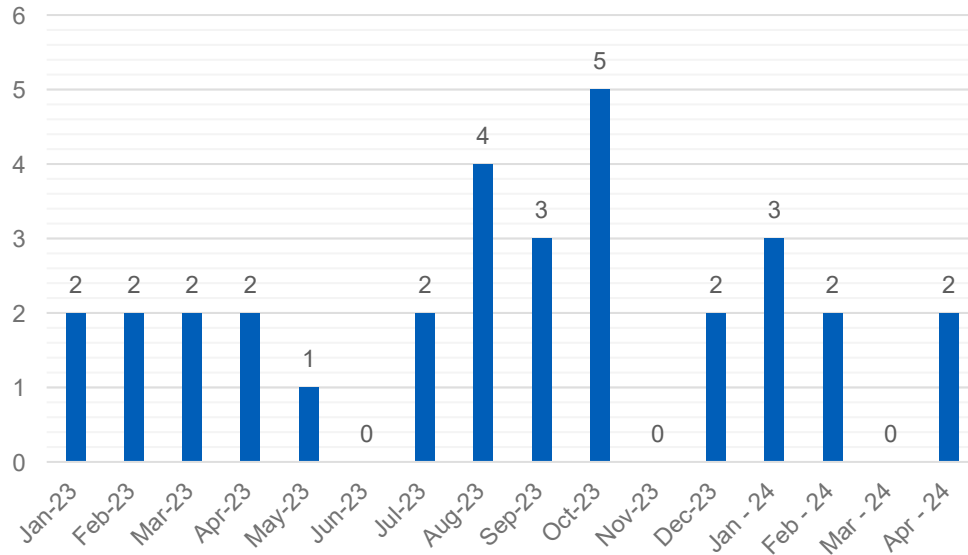
Tel: [0300 365 2000](tel:03003652000)

Email: gateway@berkshire.nhs.uk

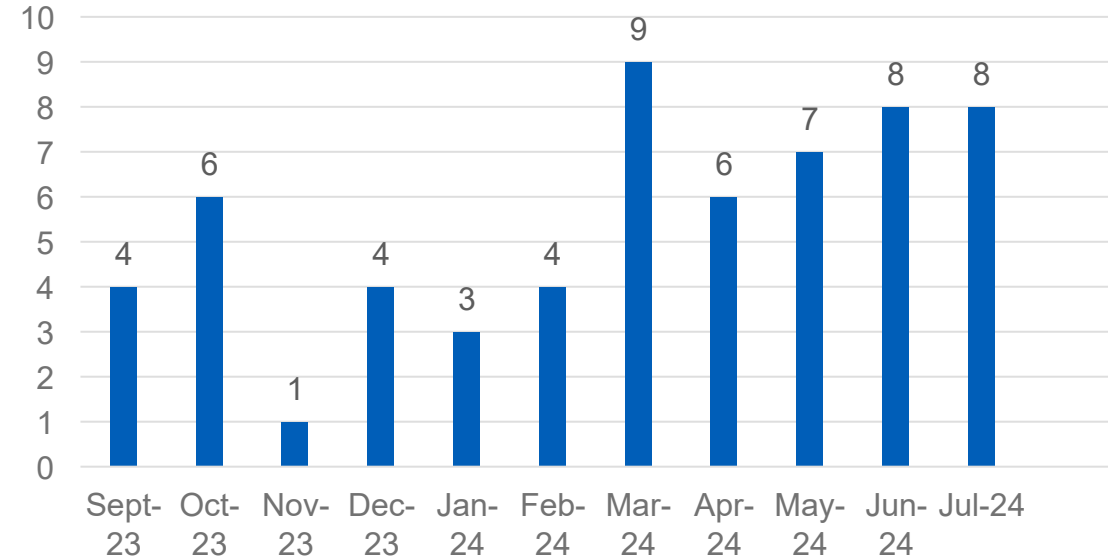
Lets Connect Wellbeing Network

Individual Placement Service

LCWN West Berkshire Referrals



IPS Referrals



[Let's Connect Wellbeing Network meetings | Eventbrite](#)

Newbury Corn Exchange Bi-Weekly Tuesday 12pm-1pm and able to offer 121 Individual sessions online.

The aspiration would be to extend the network to the rural areas Hungerford and Thatcham in 2025-26.

Current caseload	17
July outcomes	
Referrals	8
Access	8

Service User Network (SUN) Peer support group

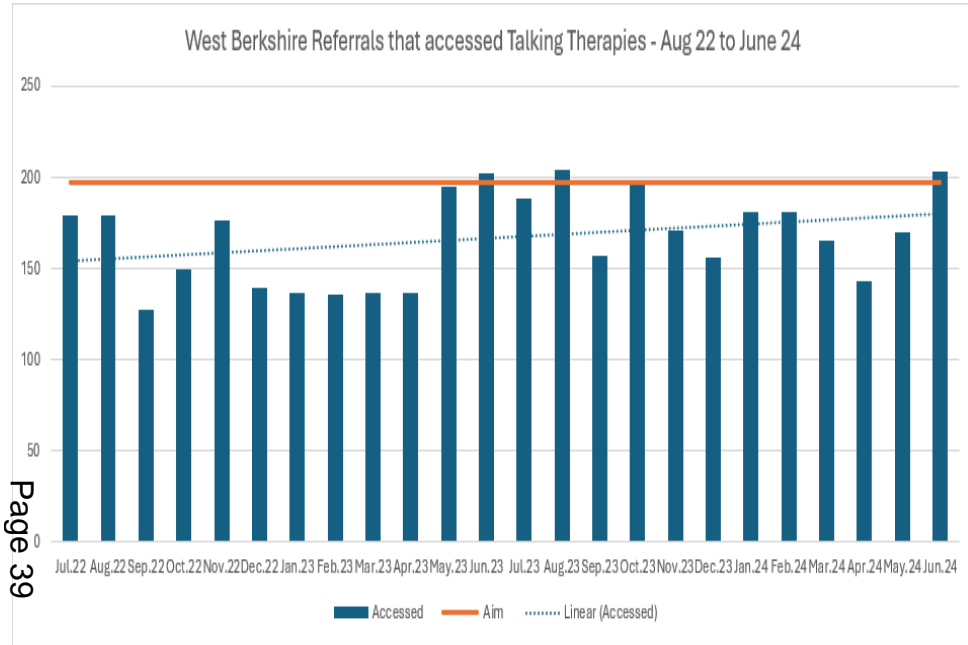
Why do people join the SUN? (quotes from our SUN Members)

These are quotes from some of our SUN members:

- "Reminding me I'm not alone"
- "I used SUN as a form of support instead of calling the CMHT duty line"
- "Some ideas from others of what to do"
- "Being able to share your thoughts and feelings with others who will understand"
- "It is great that this kind of peer support is available in the community"
- "Since attending SUN I have not had contact with the crisis team for 2.5 weeks"
- "Since the Crisis Team discharged me, SUN has been a great support to me"
- "Everyone's really supportive and open to making changes to improve quality of life"

[Service User Network \(SUN\) service | Berkshire
Healthcare NHS Foundation Trust](#)
Newbury Wednesday 10am to 1230pm

Talking Therapies IAPT



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Talking Therapies target/aim is for 197 incoming referrals for West Berkshire each month.

The average over 12 months is 177 referrals.

Wait times for assessment are 2 weeks.

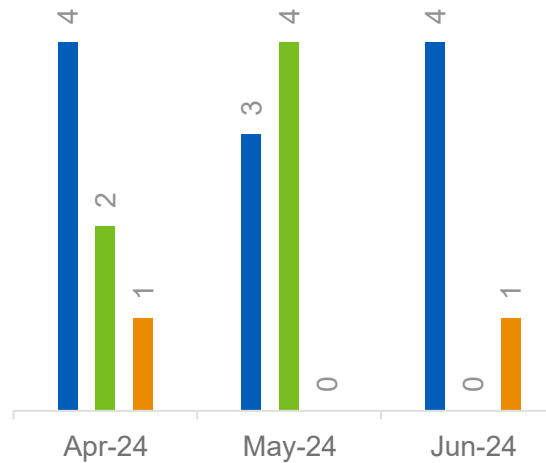
Managing Emotions Programme



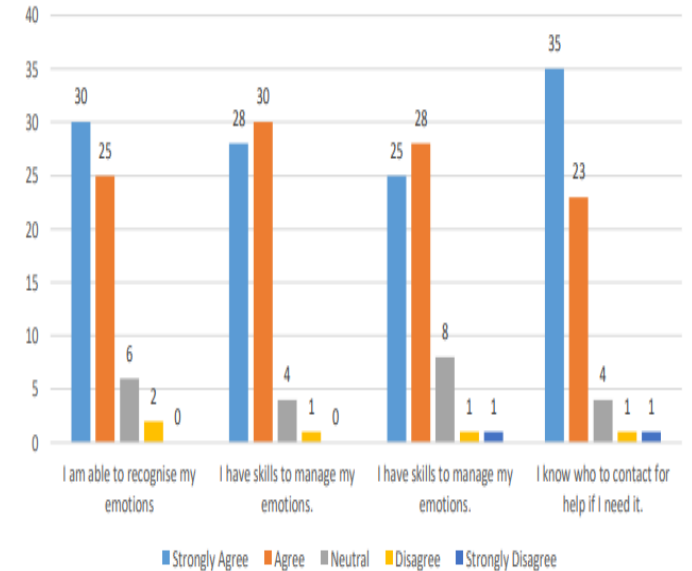
Berkshire Healthcare
NHS Foundation Trust

The MEP programme aims to address the needs of people who currently fall between gaps in provision of psychological services for people with emotional regulation difficulties. MEP consists of psychoeducational courses increasing level of complexity.

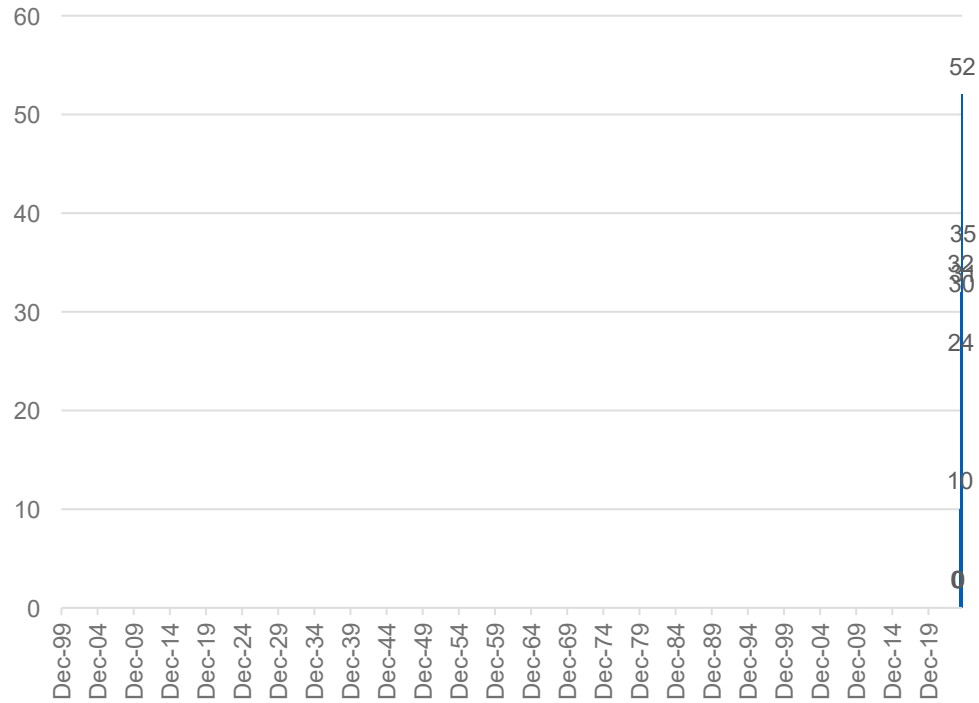
■ Newbury ■ Thatcham ■ Hungerford



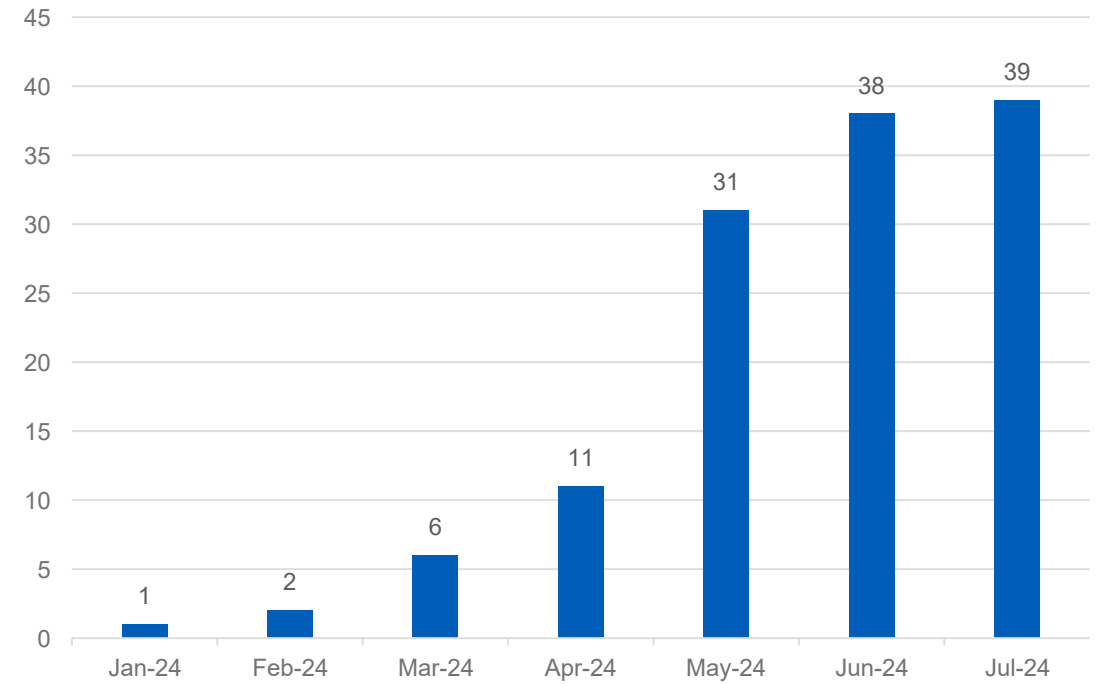
Post-Course Survey



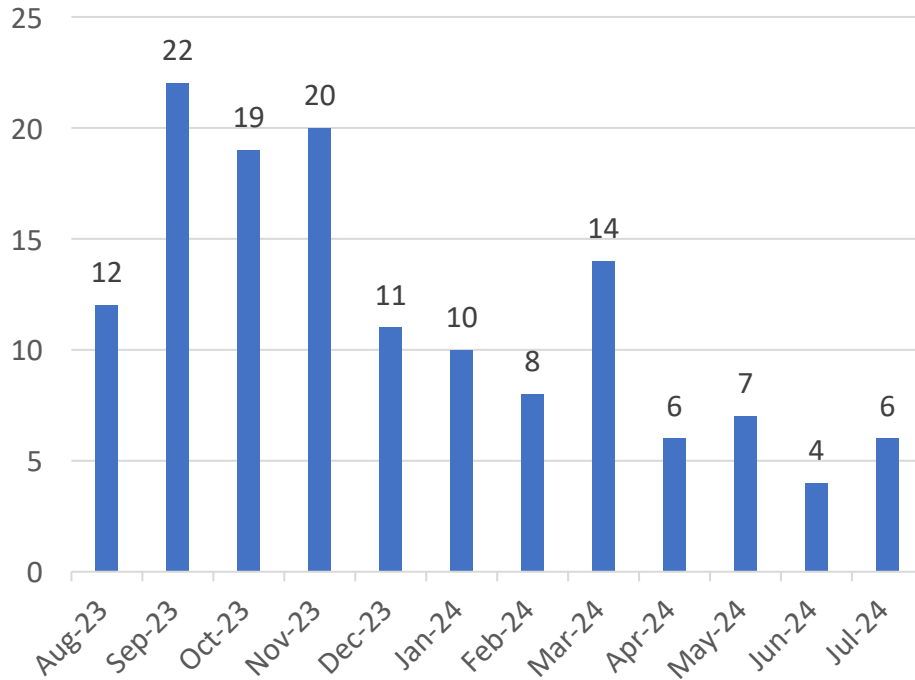
West Berkshire MHICS Referrals



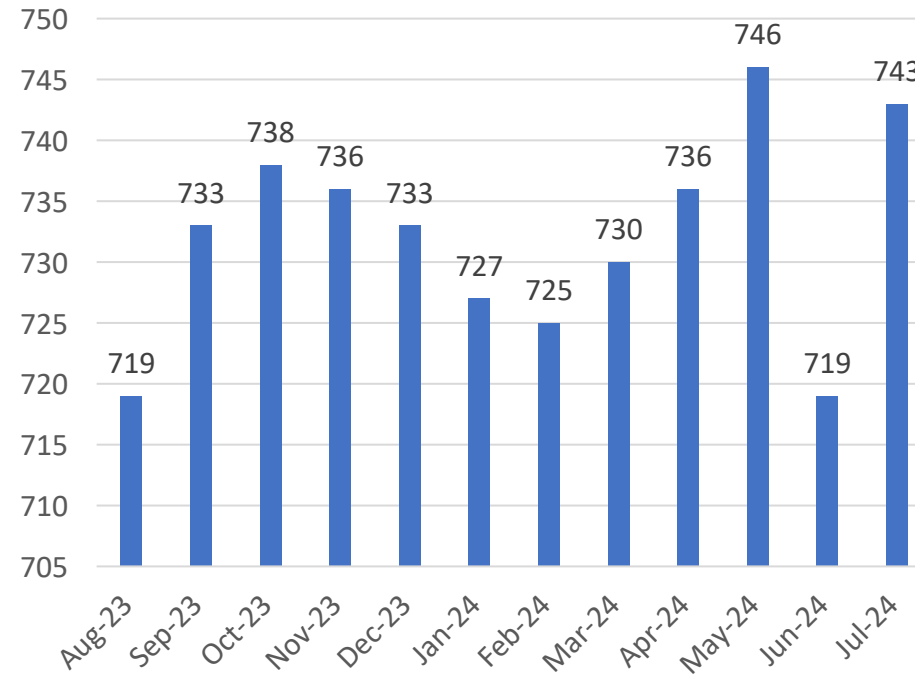
West Berkshire MHICS Caseload



West Berkshire CMHT Referrals



West Berkshire CMHT Caseload

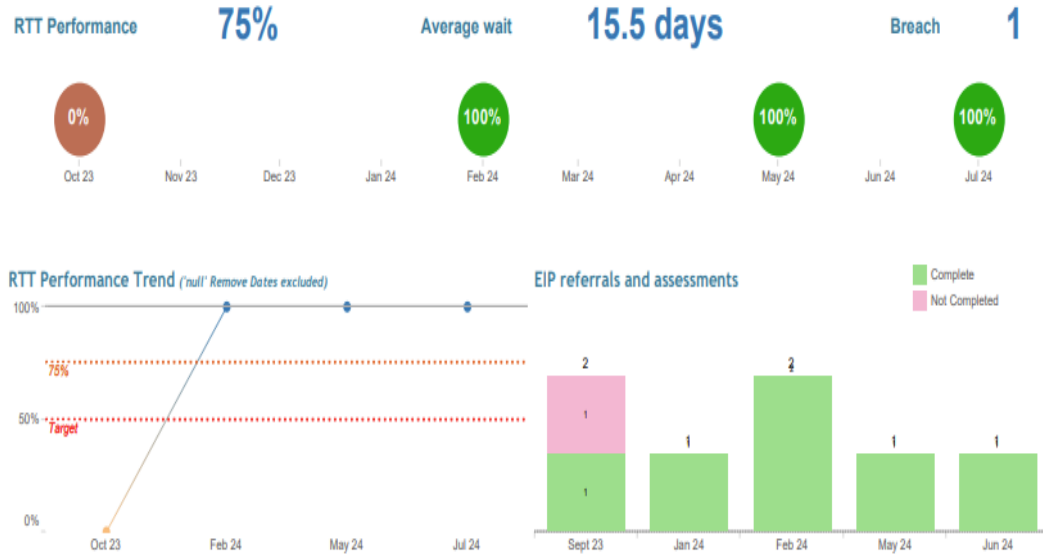


1st Psychiatry Waiting time is 12wks
Care Coordination waiting times 6wks

Early Intervention in Psychosis (EIP)

EIP Summary Dashboard - EIP West Berks

EIP West Berks



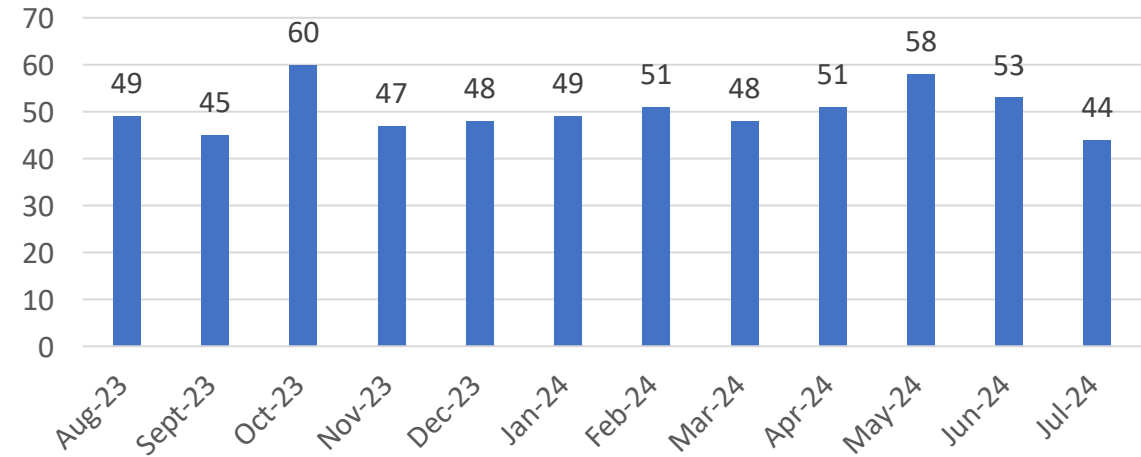
Referrals 1-2 Per Month

Waiting times are 1-2 weeks*
(1 breach in Sept 23)

Caseload West Berkshire total
12

CRHTT

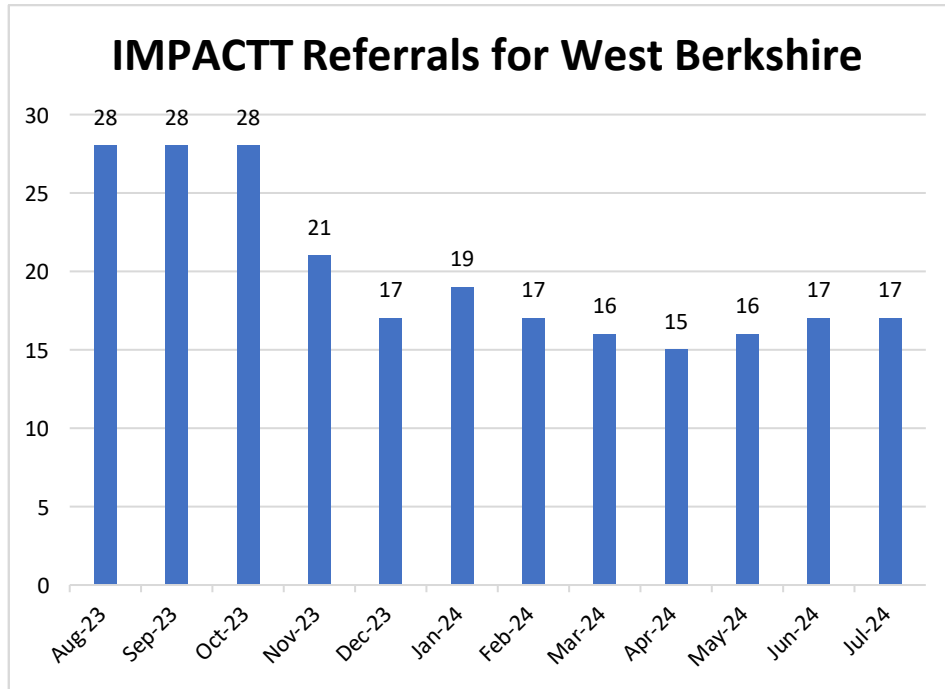
Crisis Referrals for West Berkshire



Caseload 01.08.2024

R.A.G	NEWBURY
REFERRALS IN	3
RED	2
AMBER	7
GREEN	11
TOTAL	23

IMPACTT



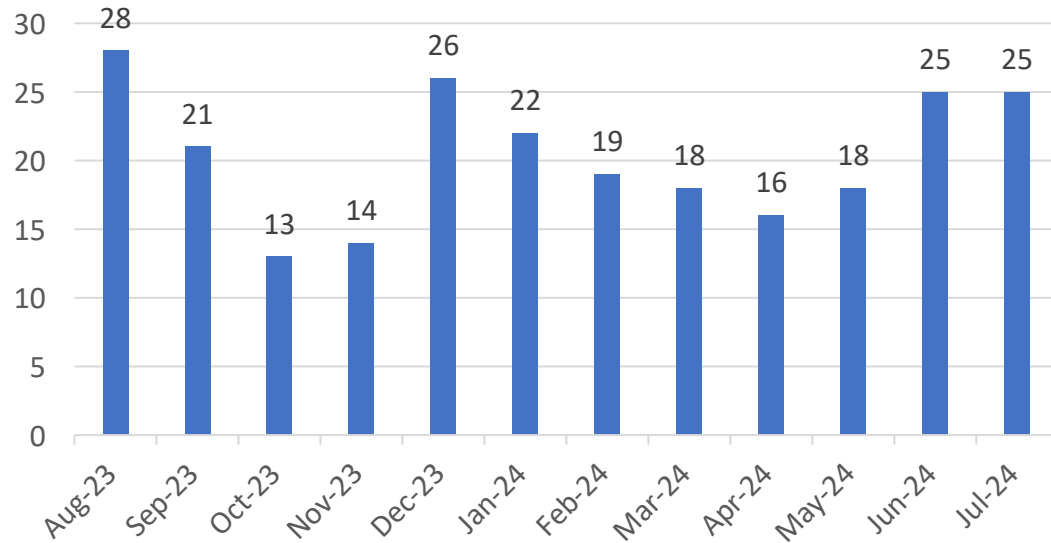
0 patients waiting for initial appointment
 1 patient waiting since 23/7/24 MBTi
 1 patient completed MBTi 22/3/24, then deferred treatment for 6 Months
 4 patients waiting for DBT. longest waiter since 7/2/24

Community Mental Health Psychological Therapies (CMHPT)

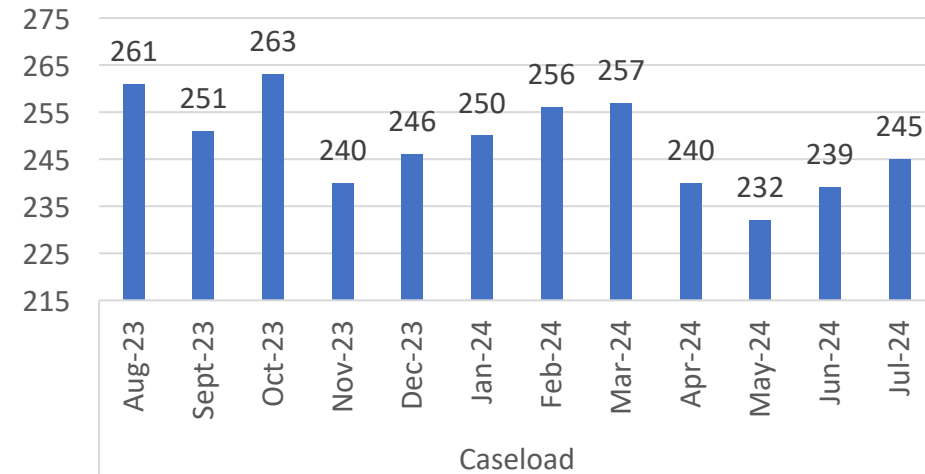
West Berkshire August 2024	
Longest Wait for Assessment	25 Weeks
Longest Wait for Treatment	11 Months
Length of Wait for Group sessions	4 Months
Total number waiting for Individual Treatment	12
Total waiting (includes the 2 for groups)	14
Current Caseload	99

Older Adults Community Mental Health Team (OACMHT)

West Berkshire OACMHT Referrals



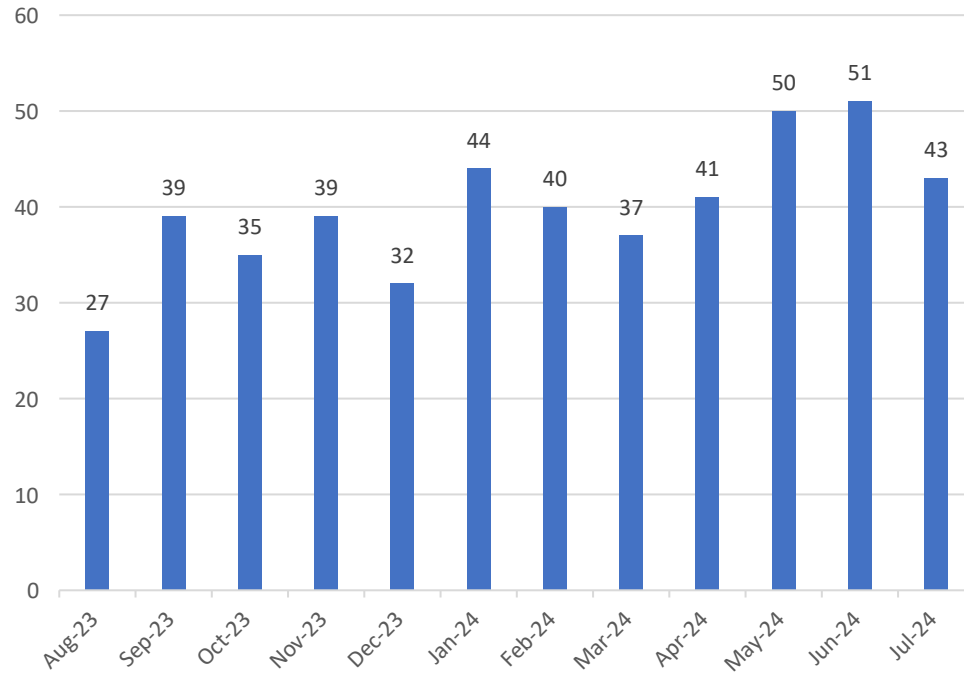
OACMHT Caseload



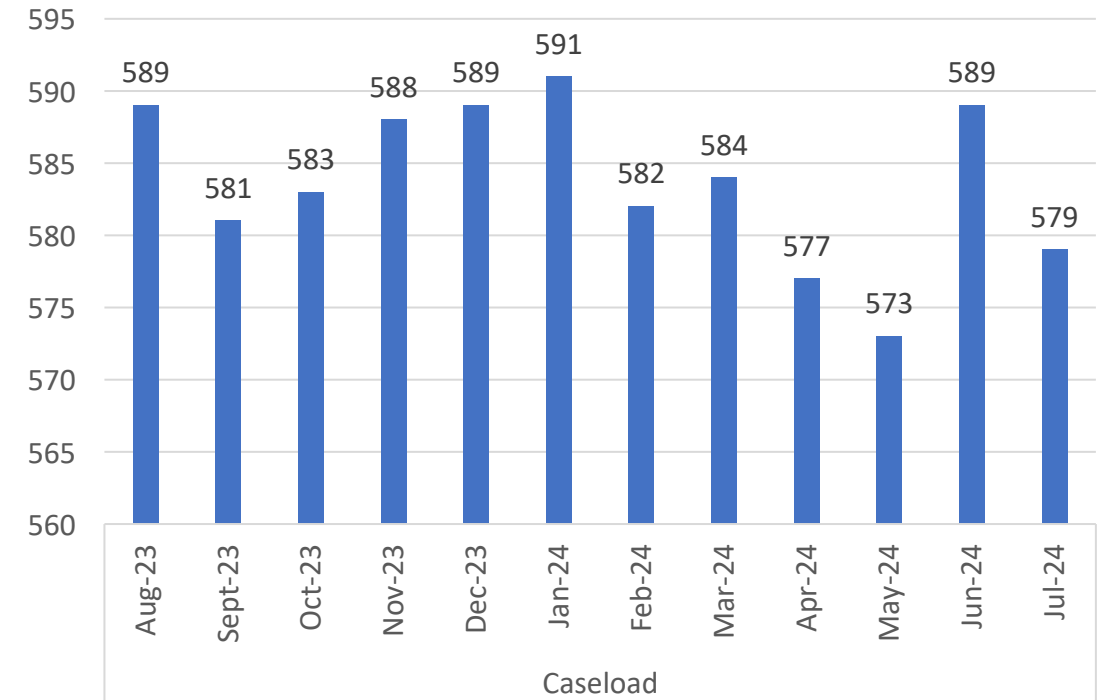
Waiting times – Urgent seen within 1wk, soon within 2/3wk and routine in 3/4wks

Memory Clinic Service

West Berkshire Memory Clinic Referrals



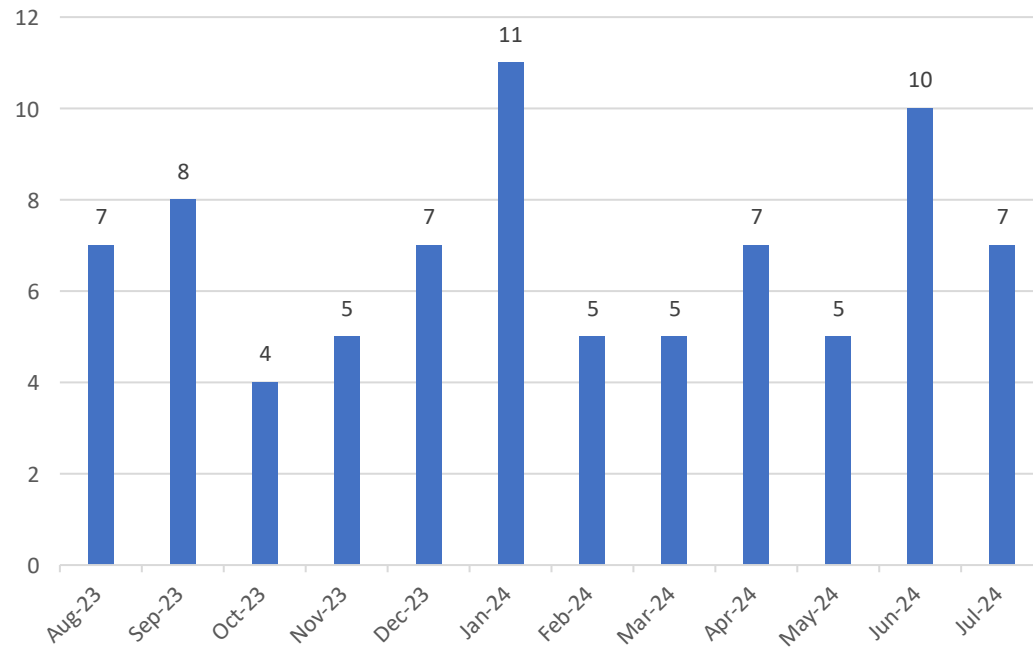
West Berkshire Memory Clinic Caseload



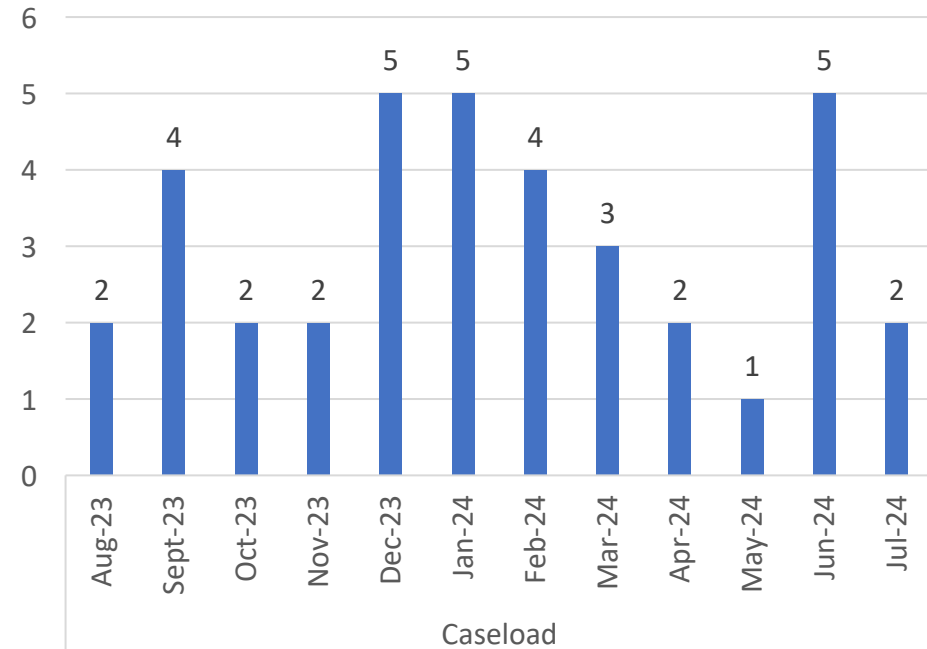
Waiting time in July 2024 was 17wks. This is an improvement from its height of 24.5wks in December 2023

Older Adults Home Treatment Team (OAHTT)

West Berkshire OAHTT Referrals



West Berkshire OAHTT Caseload



09/08/2024 Caseload 2
Usually allocated on the same day

'I Want Great Care'

West Berkshire Service, breakdown of feedback



Berkshire Healthcare
NHS Foundation Trust

CMHT/Care Pathways-Hillcroft Hse: 28 responses collated positive performance of 82.14% and an Average 5 Star Score of 4.34 (all questions).

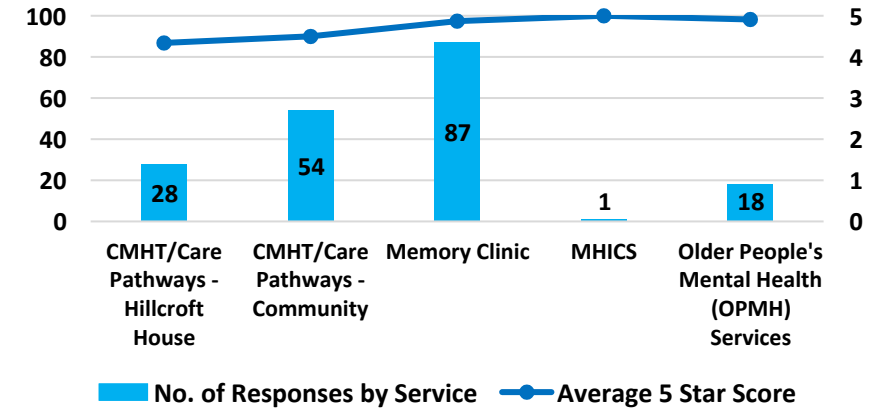
CMHT/Care Pathways - Community: 54 responses collated positive performance of 86.79% and an Average 5 Star Score of 4.50 (all questions).

Memory Clinic: 87 responses collated positive performance of 96.55% and an Average 5 Star Score of 4.87 (all questions).

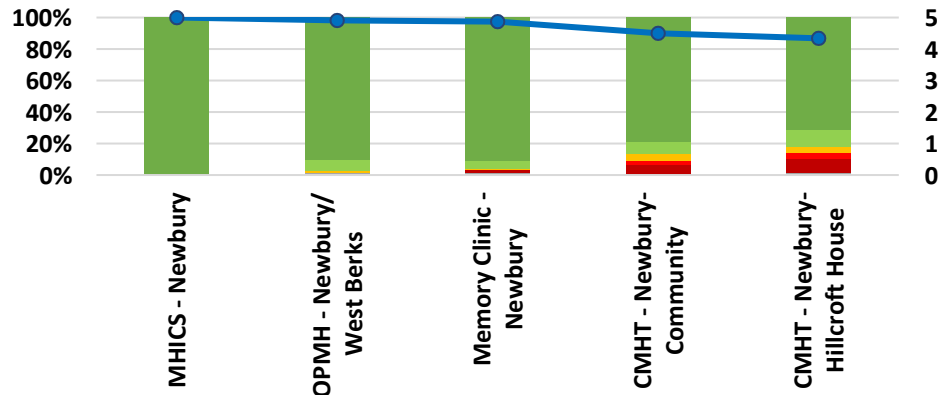
MHICS: 1 response collated positive performance of 100% and an Average 5 Star Score of 5.00 (all questions).

OPMH Services: 18 responses collated positive performance of 100% and an Average 5 Star Score of 4.91 (all questions).

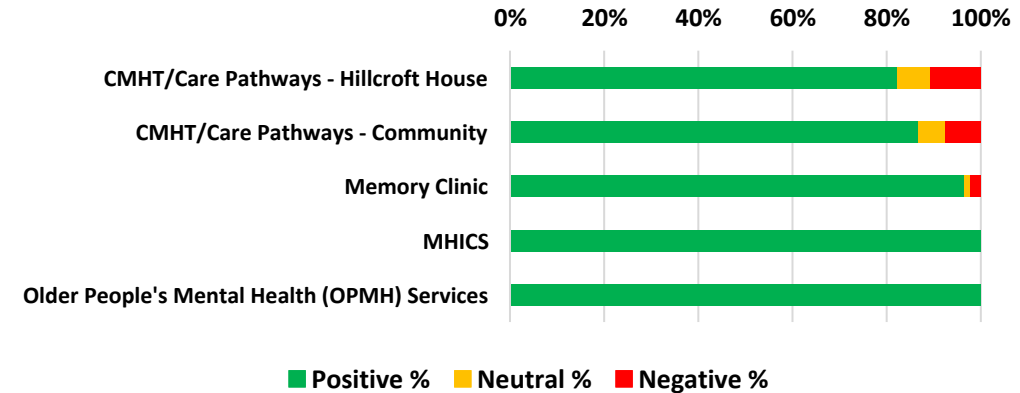
Performance By Service



Performance Score By Service



Performance By Service (%)



West Berkshire IWGC Service User Feedback

Excellent listening skills, provides useful tools to aid clear and constructive thinking, very caring and real. Thoughtful. Proactive. Has helped prevent crisis when been on the verge, more than once

I was listened to, treated empathically, provided with very helpful insight, challenged appropriately, and as a result, understand my anxiety and depression better

Dr [name removed] made me feel comfortable and confident to answer all his questions fully as he was friendly and non-judgemental. He explained why he was asking more obscure questions and warned me before the test to expect easy, hard and some strange questions. I had worried about the memory clinic beforehand, but because of his confident but reassuring manner, I felt relaxed and able to give him full answers to his many questions.

I was initially very worried but, the lady who did my MHICS assessment was so lovely, and kind and the staff were very welcoming and friendly

The interview was enjoyable and [name removed] from the memory clinic was engaging

The Memory Clinic Nurse, who visited me in our own home, immediately put me at ease. Throughout our session I was very impressed with how he asked questions that built up an excellent picture of my situation over the past months. I am extremely grateful

We are always treated with kindness and care. My husband who has Alzheimer's is confident and feels safe with the practitioners

My CPN is like a friend to me she listens to my problems and gives me advice and encourages me

The neurodivergent sessions have truly changed my life

High standard of treatment exceeded my expectations

My therapist is excellent, understanding and listened

All my visits to Hillcroft have been a huge help to me and my daughter. Dr [name removed] and Dr [name removed] are very professional but also very kind and understanding

The whole experience of attending the memory clinic was excellent from start to finish. Thank you

The Dr went above and beyond to listen to my concerns about my father and took a long time to talk to him and give him a very thorough examination to ascertain how he was feeling. She was considerate of his disabilities but never patronising. Overall, I was very impressed with the service and the follow up

Dr [name removed] has been amazing and very kind and supportive in my path towards better mental health

Context & Challenges

- **Demand and capacity**
- **Work force challenges**
- **Staff burnout**
- **Complex presentations**
- **Differing thresholds**
- **Variation in offer**

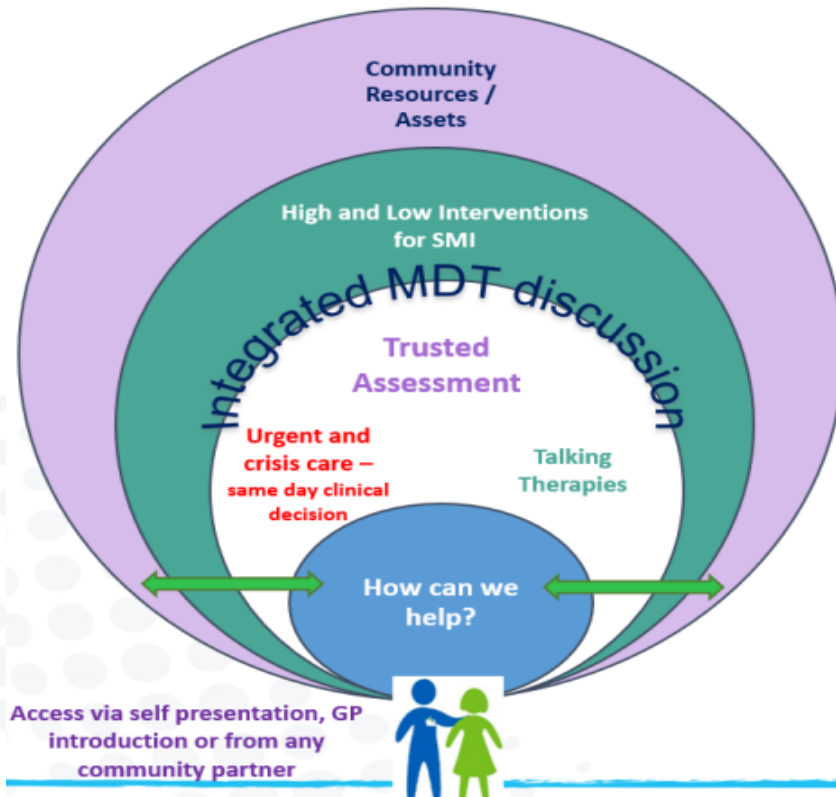
Service Transformation- Development-ONE TEAM



What is One Team?

Project One Team will transform Berkshire's Mental Health offer in line with the NHS Long Term Plan. It will build upon the work already done by the Community Mental Health Transformation Programmes to create a brand-new model for Berkshire. This new model will feature the operational, structural and process improvements required to help us deliver the collaborative, integrated and equitable services that the modern population of Berkshire need.

The One Team approach – right care at the right time in the right place, by the right professional



- Provides **clarity** of individualised, evidence based / high quality MH interventions
- **Clear pathways and interface** arrangements
- **Holistic** – considers physical & mental health; ‘social determinants’ of health, recovery focus and community assets
- Reduces or eliminates unnecessary thresholds such as **age barriers** (transitions and OPMH pathways)
- **Works across multi-agency boundaries** – mental/physical health; health and social care; and promotes partnership working with VCSE
- Allows earlier intervention, and **improves access** and interfaces between **primary and ‘secondary’** (or specialist) care
- Is **inclusive** to ‘under-served’ communities or people who may not access traditional clinical models.

What we have introduced so far

- At place teams
- The new One Assessment form is live and helps to identify SMI needs.
- Post assessment MDTs for joint decision making and care planning including identifying the interventions recommended within the treatment offer have commenced.
- At place Teams are using the post assessment Treatment & Planning MDT and escalated MDT to discuss complex issues and risk not arising from a mental illness and how this is communicated to referrers with a clear rationale for the decision.
- Digital flow and process for stopping the clock in place. (working towards the 28-day referral to care plan target)
- New approach to risk formulation and safety planning and how paired PROM's and SNOMED codes will now be used to monitor the interventions being used.
- Work has commenced with OPMH to focus on getting ready for new treatments and reducing variation in waits.
- MHICS are now working closer with primary care in facilitating the transfer of patients back to primary care – this is also supported by the new care passport.

Clear and consistent treatment offer

- We are implementing the recommended, evidence-based clinical offer for Significant Mental Illness (SMI) along with the social and wellbeing-focused interventions required to meet significant mental health needs. These include interventions offered by health care providers as well as voluntary and statutory organisation.

Glossary

- **MHICS – Mental Health Integrated Community Services**
- **GPs - General Practitioners**
- **PCN – Primary Care Networks**
- **VCSE – Voluntary Community Social Enterprises**
- **ARRRs – Additional Roles Reimbursement Scheme**
- **MHP – Mental Health Practitioner**
- **CMHS – Community Mental Health Services**
- **CPE – Central Point Entry**
- **MDT – Multi-Disciplinary Team**
- **PC – Primary Care**
- **IPS – Individual Placement Support**
- **SMI – Significant Mental Illness**
- **IAPT – Improving Access to Psychological Therapies**
- **CMHT – Community Mental Health Team**
- **EIP – Early Intervention Psychosis**
- **IPT – Individual Placement Team**
- **PMS – Perinatal Mental health Services**
- **CRHTT – Crisis Resolution Home Treatment Team**
- **SUN – Service User Network**
- **MEP – Managing Emotions Programme**
- **RAG – Red, Amber, Green**
- **CMHPT – Community Mental Health Psychosocial Therapies**
- **MBTi – Myers Briggs Type Indicator**
- **DBT – Dialectal Behaviour Therapy**
- **IMPACTT – Intensive Management of Personality Disorders and Clinical Therapies Team**
- **ASSIST – Assertive Intervention Stabilisation Team**
- **OPMH – Older Peoples Mental Health**
- **CPN – Community Psychiatric Nurse**
- **PROMS – Patient Reported Outcome Measure**
- **SNOMED – Systemized Nomenclature of Medicine**

Thank you
questions...?

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Briefing Note – Overview of Suicide Prevention activities in West Berkshire

Produced for:	<i>Health Scrutiny Committee</i>
Requested by:	<i>Health Scrutiny Committee</i>
Portfolio Member:	Councillor Patrick Clark
Service Director:	April Peberdy
Date Prepared:	July 2024
Briefing Author:	Steven Bow

1 Purpose of the Briefing

1.1 The purpose of this report is to:

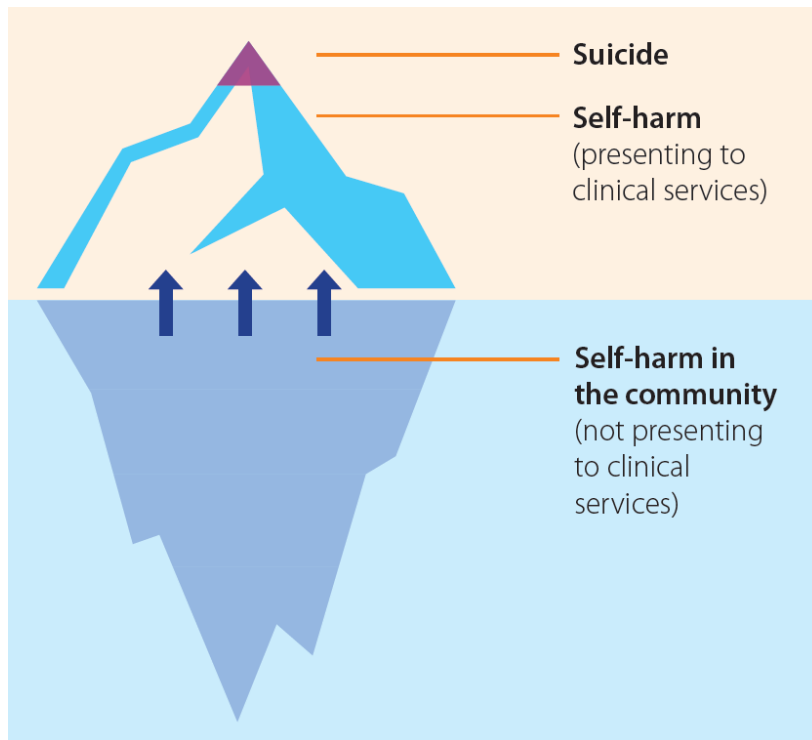
- (a) provide the Health Scrutiny Committee with an overview of the programme of work across West Berkshire for the prevention of suicide, and to
- (b) seek the support and input of the Committee on the process for developing and content of the local Suicide Prevention Action Plan.

2 Background

Introduction

- 2.2 Suicide prevention has been a national political priority since 2016 and remains a high priority for public health teams across Berkshire. The complexity of the Public Health System in Berkshire with six different local authorities encompassing diverse populations, presents significant challenges to a strategic approach to suicide prevention.
- 2.3 Suicide is a complex issue, since factors that contribute to precipitating suicidal acts include not only the physical and mental health of a person - which can potentially be addressed via healthcare services – but significantly a person’s social and economic wellbeing – which is influenced by experiences across all domains of life.
- 2.4 Therefore, suicide prevention should be integrated into other local strategies and programs, including the commissioning of other preventative and mental health and well-being services across the life course. Suicide can be envisioned as the tip of the ‘iceberg’ of self-harm, much of which occurs in the community and is not visible to services (see Figure 1), and where much of the opportunity for prevention presents.

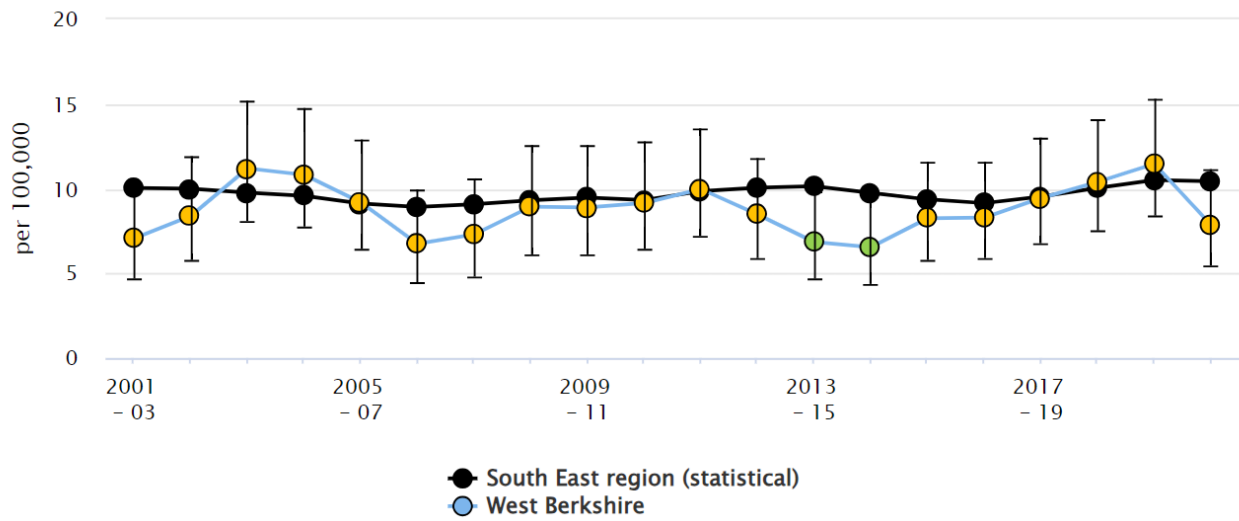
Figure 1. Iceberg model of self-harm and suicide



Local epidemiology

- 2.5 The results of the [Global Burden of Disease study](#) (2021 data) indicate that self-harm and interpersonal violence are a major cause of deaths for males in West Berkshire aged between 10 and 55 years, accounting for over a quarter (26%) of male deaths in the 30-34 age range (7% for females) and 2.7% of all years of life lost in males (1.1% for females).
- 2.6 Between 2020 and 2022 there were 33 suicides in people aged 10 and over in West Berkshire (i.e. around 11 per year), of which 26 were in males (79%). The suicide rate was 7.9 per 100,000 (2020-22), statistically similar to the South East and England (10.4 and 10.3 per 100,000 respectively). This has fluctuated over the last two decades, which is likely to reflect random variation due to small numbers (see Figure 2).

Figure 2. Suicide rate (aged 10 years and over) for West Berkshire compared to South East average (three-year rolling averages)



2.7 West Berkshire is statistically similar to or better than the South East region and England averages on the majority of suicide prevention indicators (see Appendix 1; comparative data for BOB ICB are not available for most indicators). The notable exception is the rate of hospital admissions for self-harm, where West Berkshire tends to be slightly – sometimes significantly - above England (though not South East) averages (see Figure 3 and Figure 4).

Figure 3. Hospital admissions as a result of self-harm (aged 10-24 years) for West Berkshire compared to England average

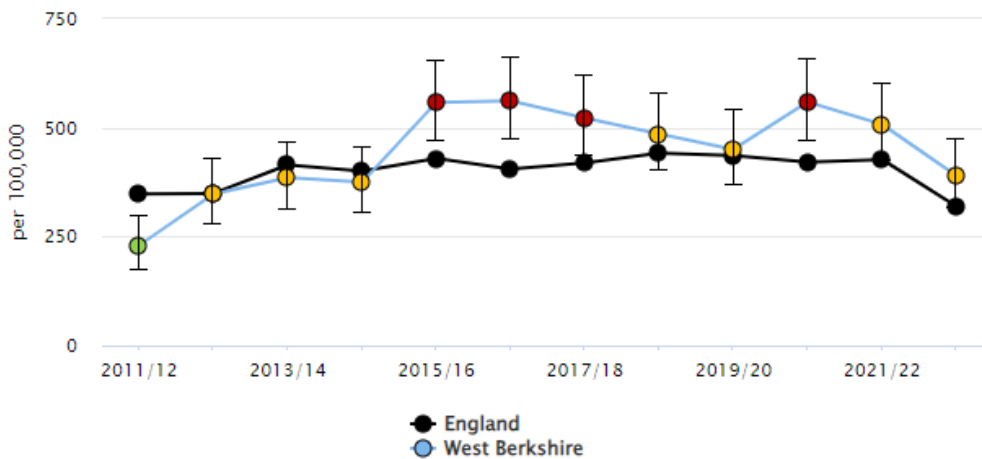
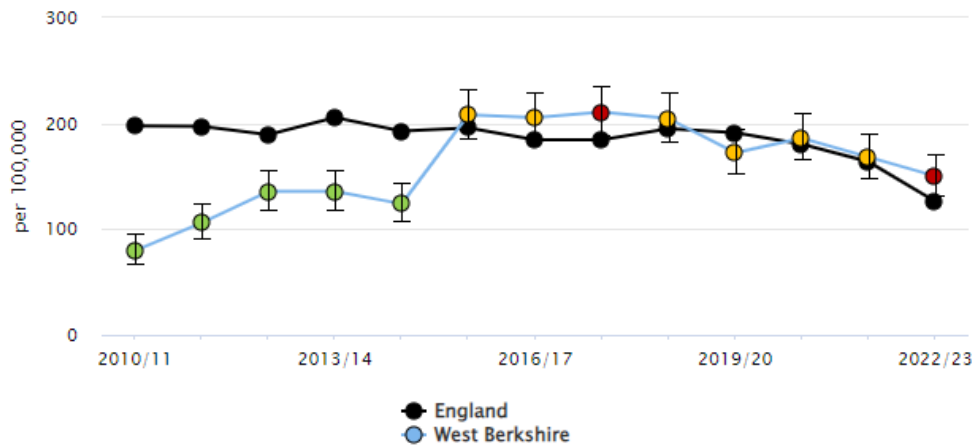


Figure 4. Emergency hospital admissions for intentional self-harm for West Berkshire compared to England average



Strategic context

2.8 The [Berkshire Suicide Prevention Strategy for 2021-2026](#) was developed in 2020, aligned to the [2012 national suicide prevention strategy](#) (now superseded, see below), and endorsed by the Health and Wellbeing Board in October 2021. It principally focussed upon taking tailored approaches to improve mental health in specific groups, defining its vision as ‘to reduce deaths by suicide in Berkshire across the life-course and ensure better knowledge and action around self-harm’. Using local data, trends and action, 5 core priority areas were agreed across the 6 local authorities:

- (a) **Children and Young People**; including the impact of trauma and adversity, recovery from COVID-19, neurodiversity, LGBTQ+ and transitions
- (b) **Self-harm**; as a risk factor, groups vulnerable to self-harm, hospital admissions, mental health, young people and self harm
- (c) **Female suicide deaths**; including perinatal mental health, domestic abuse, parental or carer stress
- (d) **Economic factors**; including the impact of COVID-19, debt and poor mental health, benefits, socio-economic disadvantage and gambling
- (e) **Supporting those who are bereaved or affected by suicide**; including local suicide bereavement support, specialist suicide bereavement support, and those impacted by suicide in the workplace

2.9 The [National Suicide Prevention Strategy for 2023 to 2028](#) was refreshed and published in September 2023. The clear narrative throughout the strategy highlighted the importance of suicide prevention being everyone’s business, the strategy aims to:

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

- 2.10 After reviewing the Berkshire Strategy to ensure that approaches were aligned to the new national strategy, the Berkshire local authority suicide prevention leads agreed to focus on refreshing their **suicide prevention action plan** at a local operational level, to facilitate local implementation across the six Berkshire Local Authorities and result in local preventative activity.
- 2.11 Work to establish suicide prevention leadership and pan-Berkshire governance has been undertaken. High-level Berkshire system priorities and actions have been identified:
- (a) Continued investment in commissioned Bereavement Support Services
 - (b) Review of the Real Time Surveillance (RTS) System
 - (c) Review of the Berkshire Suicide Prevention Group
 - (d) A suicide audit for Berkshire

3 Current Status

- 3.1 There are a range of existing local activities with suicide prevention among the primary aims, including the following:
- (a) West Berkshire Suicide Prevention Action Group
 - (b) Training and engagement
 - (c) Health and Wellbeing in Schools Programmes
 - (d) Starting to use data to inform action (RTS)
 - (e) The Emotional Health Academy for children, young people and their families
 - (f) Work with national highways
 - (g) Amparo suicide bereavement support service
- 3.2 The **West Berkshire Suicide Prevention Action Group** is a VCSE-led multiagency group which is attended by West Berkshire Council members and officers, Thames Valley Police, NWN, Berkshire Coroner, faith leaders, and local charitable bodies and others. It has a focus on suicide prevention training which is currently delivered by an outreach worker employed by the Volunteer Centre West Berkshire. The group is led and chaired by its founder Garry Poulson who oversees the work as a volunteer.
- 3.3 The **Volunteer Centre West Berkshire** Suicide Prevention Outreach Worker has been delivering Suicide First Aid training locally, with recent training in local businesses, schools, and GP clinical and administrative staff. The development of a local Survivors of Bereavement by Suicide (SoBS) group is being explored.
- 3.4 The **Health and Wellbeing in Schools** programme will look to coordinate suicide prevention training to local secondary schools during 2024/25, as well as continuing to signpost schools to local and national guidance and support services for young people

in mental health distress. The programme also supports this work by co-leading the senior mental health leads network, alongside the education psychology team and by encouraging schools to train senior mental health leads.

- 3.5 The **Emotional Health Academy** (EHA) offers intervention to children and young people experiencing mild to moderate mental health difficulties. Initial assessments involve identifying risks including suicidal ideation. The EHA offers safety planning to support a reduction in the risk of suicide in children and young people that are referred to the service. The EHA engages a 'step up' process to specialist Child and Adolescent Mental Health Services (CAMHS) services, when a moderate or severe risk of suicide is identified.
- 3.6 [Amparo](#) is a suicide bereavement support service that provides confidential emotional and practical support for anybody who has felt the impact of suicide across Thames Valley. The majority of clients are referred by Thames Valley Police although other professionals and self-referral is possible. The service is jointly funded by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Frimley ICB. The current contract runs to June 2025 and is managed by BOB ICB. TVSPIN – quarterly meetings in place – updates given from TVP and Amparo . Attended by all LA, NHS and healthcare providers.

Implementation of Berkshire Strategy and Local Action Plans

- 3.7 To date, the following actions have taken place to support the implementation of the Berkshire Suicide Prevention Strategy (2021 – 2026). These include:
- (a) The appointment of a Lead Consultant in Public Health.
 - (b) A review of the current Berkshire position with a set of immediate priority actions recommended to Director/s of Public Health.
 - (c) An audit of the strategy recommendations, mapped at a system level with potential lead organisations identified.
 - (d) Establishment of Berkshire Suicide Prevention Public Health Leads meetings to review current local activity and establish a network to support good practice and delivery.
 - (e) High level Berkshire actions identified and operational action plan along with the with the development of an audit tool.
 - (f) A Thames Valley Real Time Surveillance System workshop undertaken in January 2024 to share good practice and scope what a local system might look like.
 - (g) Local Public Health teams developing and reviewing their local action plans against the operational action plan audit tool.
- 3.8 The **Berkshire Suicide Prevention Group** has consistently convened quarterly meetings with the objective of driving the suicide prevention agenda forward. The group advocates for a collaborative approach, actively working towards effecting tangible change in the prevention of suicides across Berkshire through coordinated actions taken by member organisations.

- 3.9 To progress local implementation of the Berkshire Suicide Prevention Strategy, an **operational action plan** (Appendix 2) has been collaboratively developed with the six Berkshire suicide prevention leads and co-leads. This plan encompasses high-level system actions across the Thames Valley, BOB Integrated Care Board, and Berkshire. These actions are:
- (a) Continued investment in commissioned Bereavement Support Services
 - (b) Review of the Real Time Surveillance (RTS) System
 - (c) Review of the Berkshire Suicide Prevention Group
 - (d) A suicide audit for Berkshire (last completed in 2018)
- 3.10 There will be different approaches to implementing the Berkshire Strategy at the local level. In support of Local Authorities, the **action plan audit tool** (Appendix 3) has been developed for leads and suicide prevention groups. This tool serves as a comprehensive mechanism for evaluating strengths, identifying areas for improvement, and establishing connections with pre-existing local strategies, ensuring the efficient delivery of actions. The insights gained from the audit tool will play a pivotal role in developing the local implementation plan, prioritising key areas, and outlining specific actions, including considerations related to resources and capacity.
- 3.11 In May 2024 the West Berkshire **Health and Wellbeing Board** reviewed the Berkshire Suicide Prevention Strategy action plan and requested it to be developed in consultation with the West Berkshire Suicide Prevention Action Group – with particular consideration of rural issues particular to West Berkshire.
- 3.12 There are risks associated with uncertainty over staff resources and funding for the coordination of West Berkshire wide suicide prevention activities, as well as for specific activities, including the delivery of suicide prevention training and outreach, and suicide bereavement support services.

4 Implications and Impact

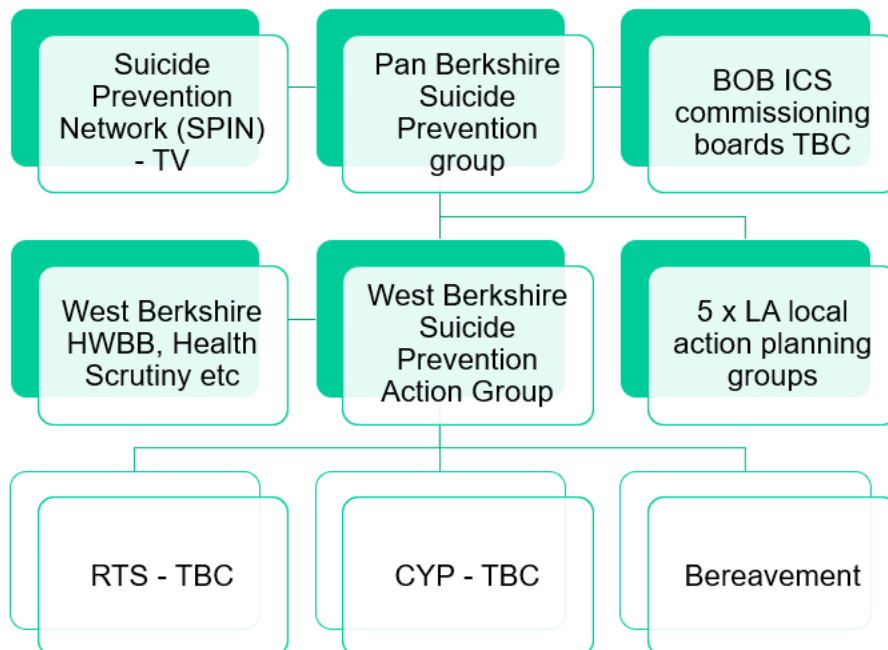
- 4.1 Initial consultation with Suicide Prevention Action Group generated a number of proposals of activities for consideration for the development of a local action plan, including the following:
- (a) Establishment of clear pathways for those in emotional turmoil connected to gambling.
 - (b) ‘Closed’ training courses on suicide prevention for particular groups/companies.
 - (c) Suicide prevention training targeted at specific priority groups e.g. volunteer coordinators; parents and youth groups; teachers and educational staff.
 - (d) A local campaign to address the potential mental and emotional harms of social media e.g. “Turn-off Tuesday”.
 - (e) Development and provision of suicide prevention resources for educational settings

- (f) Increased signage to build on existing signage, in reflection of the anecdotal reports of successful prevention.
- (g) Physical changes at locations identified as suicide hotspots.
- (h) Increased use of data and intelligence to identify risk factors and monitor online trends

5 Next Steps

- 5.1 Following the appointments of the Director of Public Health and Service Lead – Consultant in Public Health for West Berkshire, work is underway to complete the restructure of the public health team. As the team is brought up to full capacity, the allocation of resource to supporting work on suicide prevention will be reviewed, which may allow the Council to take a more intensive role in supporting partnership action in this area.
- 5.2 This will include working with partners to assess the local implementation of the Berkshire Suicide Strategy and define the local action plan, with the support of the audit tool (see above).
- 5.3 It is proposed that this work is led by the West Berkshire Suicide Prevention Action Group through appropriate sub-groups (to be determined), aligned with the Pan Berkshire Suicide Prevention Group, with support from West Berkshire governance structures (see Figure 5).

Figure 5. Proposed governance structure for the Suicide Prevention Strategy and Action Plan for West Berkshire



6 Conclusion

- 6.1 Suicide prevention is a complex area since the causes of the issue cover the whole range of social and economic factors that influence individual wellbeing, as well as the

physical and mental health of a person which can be addressed via healthcare services.

- 6.2 The Health Scrutiny Committee is asked to support the process for developing the local Suicide Prevention Action Plan as outlined above, and is asked to comment on specific opportunities to consider as part of this development, for example:
- (a) Are there local priority areas or groups that the action plan should include?
 - (b) Are there any key actions missing?
 - (c) How can actions be communicated to raise local awareness?
 - (d) Is adequate/sustainable funding identified?
 - (e) What are the risks?

7 Appendices

- 7.1 Appendix 1 – [Suicide Prevention Profile for West Berkshire](#), Office for Health Improvement and Disparities

Indicator	Period	W Berks			South East	England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Overall suicide rate for population aged 10 years and older (3 years pooled)										
Suicide rate (Persons, 10+ yrs)	2020 - 22	–	33	7.9	10.4	10.3	18.3		4.2	
Suicide rate (Male, 10+ yrs)	2020 - 22	–	26	12.6	15.6	15.8	29.5		6.3	
Suicide rate (Female, 10+ yrs)	2020 - 22	–	7	*	5.7	5.2	12.2		1.9	
Suicide rate for population aged 10 to 24 years (5 years pooled)										
Age-standardised rate for suicide by age and sex (Persons, 10-24 yrs)	2018 - 22	–	6	*	5.4	5.5	-	Insufficient number of values for a spine chart	-	
Suicide rate for population aged 25 to 44 years (5 years pooled)										
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs)	2018 - 22	–	24	12.3	11.7	12.3	28.8		4.3	
Age-standardised rate for suicide by age and sex (Male, 25-44 yrs)	2018 - 22	–	20	20.9	18.1	19.2	46.4		6.1	
Age-standardised rate for suicide by age and sex (Female, 25-44 yrs)	2018 - 22	–	4	*	5.6	5.8	-	Insufficient number of values for a spine chart	-	
Suicide rate for population aged 45 to 64 years (5 years pooled)										
Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs)	2018 - 22	–	20	8.7	13.2	13.3	23.6		5.1	
Age-standardised rate for suicide by age and sex (Male, 45-64 yrs)	2018 - 22	–	12	10.6	19.5	20.4	37.0		7.3	
Age-standardised rate for suicide by age and sex (Female, 45-64 yrs)	2018 - 22	–	8	*	7.0	6.5	-	Insufficient number of values for a spine chart	-	
Suicide rate for population aged 65 years and older (5 years pooled)										
Age-standardised rate for suicide by age and sex (Persons, 65+ yrs)	2018 - 22	–	10	6.3	8.3	8.1	19.0		4.6	
Age-standardised rate for suicide by age and sex (Male, 65+ yrs)	2018 - 22	–	10	13.4	13.1	13.1	-	Insufficient number of values for a spine chart	-	
Age-standardised rate for suicide by age and sex (Female, 65+ yrs)	2018 - 22	–	0	*	4.4	4.0	-	Insufficient number of values for a spine chart	-	
Years of life lost to suicide for population aged 15 to 74 years (3 years pooled)										
Years of life lost due to suicide (Persons, 15-74 yrs)	2020 - 22	–	31	29.3	34.0	34.1	75.9		14.2	
Years of life lost due to suicide (Male, 15-74 yrs)	2020 - 22	–	24	45.2	50.1	51.5	127.0		16.4	
Years of life lost due to suicide (Female, 15-74 yrs)	2020 - 22	–	7	*	18.5	17.2	43.4		6.7	
Mental health issues										
Depression: QOF prevalence (18+ yrs)	2022/23	↑	17,231	13.9%	13.8%	13.2%	6.4%		21.6%	
Mental Health: QOF prevalence (all ages)	2022/23	→	1,172	0.75%	0.91%	1.00%	0.62%		1.69%	
Self reported wellbeing: people with a low worthwhile score	2022/23	–	-	4.8%	3.8%	4.4%	9.8%		1.6%	
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	–	16,702	13.2%*	14.8%*	16.9%*	24.4%		11.6%	
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	–	2,433	8.3%*	9.2%*	10.2%*	14.6%		7.3%	
Social factors										
Children in care	2022/23	–	197	57	57	71	191		26	
Children leaving care: rate per 10,000 children aged under 18	2017/18	→	86	24.0	22.1	25.2	9.3		160.6	
Children entering the youth justice system (10-17 yrs)	2020/21	↓	38	2.2	2.6	2.8	5.7		1.1	
Marital breakup: % of adults	2011	–	13,681	11.1%	11.6%	11.6%	16.3%		7.7%	
Domestic abuse related incidents and crimes	2022/23	–	-	27.4*	25.6	30.6*	10.2		46.5	
Unemployment (Percentage of the working age population claiming out of work benefit)	2021/22	–	2,873	3.0%*	-	5.0%*	9.9%		2.3%	
Long-Term Unemployment. Rate per 1,000 working age population	2021/22	–	76	0.8*	-	1.9*	7.5		0.2	
Homelessness: households in temporary accommodation	2022/23	–	63	0.9	3.0	4.2	25.7		0.2	
Related service contacts										
Adults in treatment at specialist alcohol misuse services: rate per 1000 population	2020/21	↑	182	1.5	1.3*	1.7	0.4		3.6	
Successful completion of alcohol treatment	2022	→	42	30.2%	35.3%	35.1%	17.6%		56.2%	
Adults in treatment at specialist drug misuse services: rate per 1000 population	2020/21	→	366	3.0	3.2*	4.5	1.4		15.4	
Successful completion of drug treatment: opiate users	2022	→	12	5.3%	6.4%	5.0%	1.8%		11.1%	
Successful completion of drug treatment: non opiate users	2022	↓	30	24.4%	31.8%	31.4%	15.2%		49.4%	
Hospital admissions as a result of self-harm (10-24 years)	2022/23	→	105	389.7	363.8*	319.0	1,058.4		89.0	
Emergency Hospital Admissions for Intentional Self-Harm	2022/23	↓	235	150.2	138.3*	126.3	382.6		40.9	

Appendix 2 - Berkshire Suicide Prevention Strategy Action Plan (enclosed)

Appendix 3 - West Berkshire Action Plan Audit Tool (enclosed)

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Suicide Prevention Action Plan



1. Introduction

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

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

2. Background and Context

National context

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

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

The strategy outlines eight priority actions areas which include:

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

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

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

Local Context

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

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

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

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

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

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

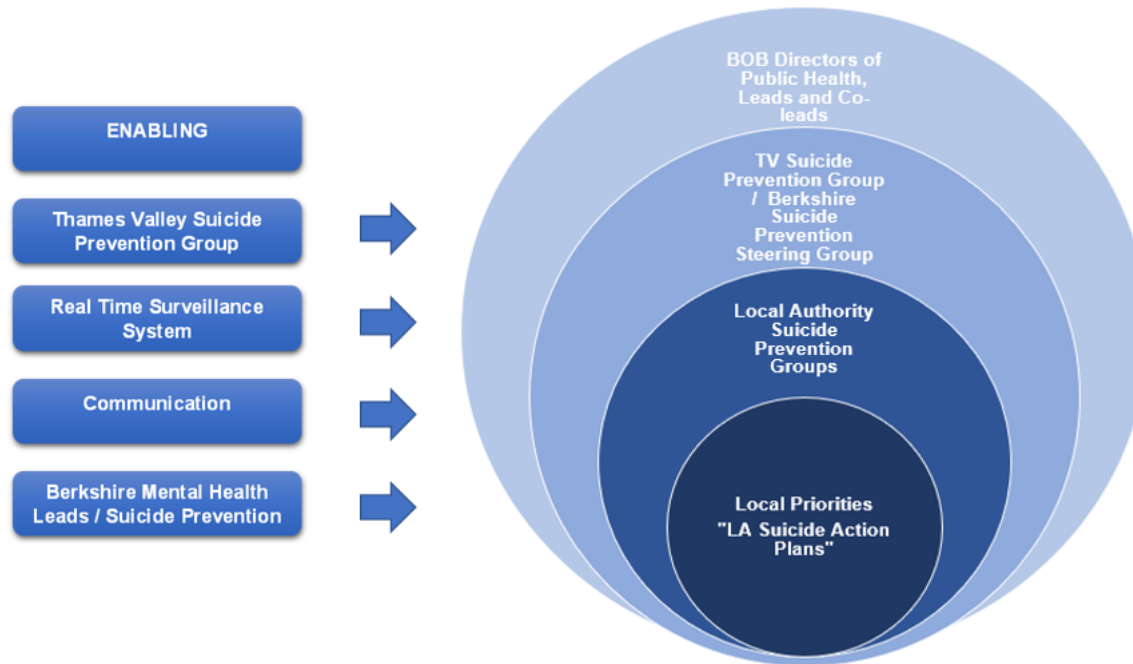
1. Children and young people.
2. Self-harm.
3. Female suicide deaths.
4. Economic factors.

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

3. Governance

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

Berkshire Level Governance Figure 1



Local Authority Level

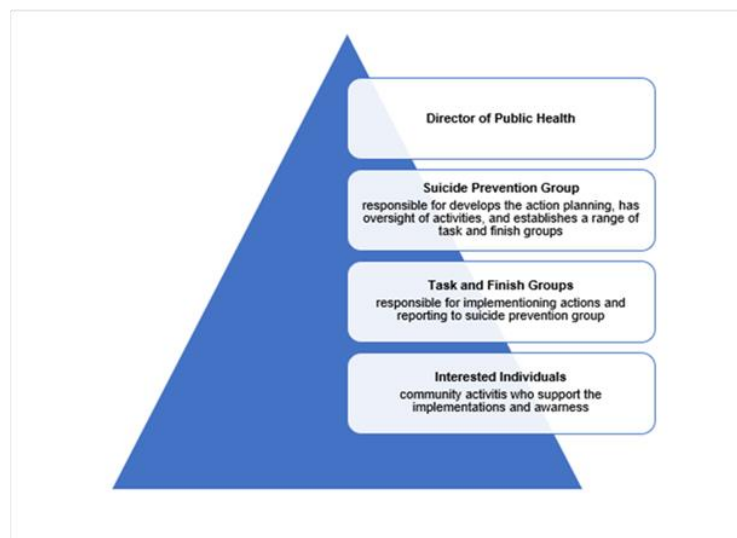
Each local authority should maintain a local multi-agency suicide prevention group that reports to the respective Health and Wellbeing Board, being accountable to local residents. Recognising the intricate factors contributing to suicidal tendencies, no single agency can prevent suicide in isolation.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

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

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

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

Figure 2.



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

High Level Berkshire Actions

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

Local Authority Actions

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

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

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

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

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

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

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

West Berkshire

Health Overview Scrutiny Committee

Dr Sue McLaughlin
Clinical Director for Urgent Care Pathway
Trust Lead for Suicide Prevention

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Suicide Prevention Strategy in BHFT

Dr Sue McLaughlin
Lead for Suicide Prevention BHFT



Berkshire Healthcare
NHS Foundation Trust

Group of multi professional staff meet bi-monthly to oversee the Trust Suicide Prevention Strategy.

Link in the East and West strategy groups, Berkshire wide SP strategy and Thames Valley Suicide Prevention and Intervention Network. Service User and Carer involvement via T&F groups.

Focus on what the Trust can do but recognise only around 30% of those who die are open to MH services so strong links with Public Health and RTS.

Areas of Focus

- Moving away from risk stratification to risk formulation and individualised care
- Safe Wards
- Using data and patient and family feedback (suicide surveillance)
- Adapting safety plans for those with neurodiversity
- Inclusion rather than exclusion
- Staff support and wellbeing
- Supporting with economic pressures

Research and Conferences Suicide Prevention

- BHFT and OH are collaborating on International research to develop staff competencies in suicide risk assessment.
- Life Beyond the Cubicle – the Trust have piloted this group-based learning developed by carers and OH.
- BHFT Suicide Prevention in Mental Healthcare Conference -The keynote presentation was delivered by Professor Sir Louis Appleby, Director of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) our own staff and colleagues from the Southeast presented on 11 July 24.
- World Suicide Prevention Day –Change the Narrative (10 Sept 24) – we are collaborating with bereaved carer hosting this years Every Little Thing Conference on Sunday 15th Sept 24 which brings participants from all sectors together with service users and carers to focus on suicide prevention and shared learning.

Glossary

- SP – Suicide Prevention
- T&F Groups – Task & Finish Groups
- MH – Mental Health Services
- RTS – Responding to Suicide
- BOB – Buckinghamshire, Oxford and Berkshire
- BHFT – Berkshire Healthcare Foundation Trust
- OH – Oxford Healthcare
- NCISH - National Confidential Inquiry into Suicide and Safety in Mental Health

Thank you
questions...?

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West Berkshire HOSC ICB updates requested September 2024

HOSC has requested updates from the ICB on the following areas:

1. Winter Planning 2024/25

1.1 National planning guidance is awaited however we anticipate that key areas of focus will be as follows:

- Delivery of the 4-hour standard for ED
- Reducing ambulance delays
- Capacity management (including hospital beds)
- Supporting frail patients in the community
- Reducing inappropriate out-of-area mental health placements
- Delivering an increase in the number of patient contacts per week

1.2 Our place-based plan for Berkshire West is under development and will include the following key components:

- System ambitions and our winter operating model, including mobilisation of the new OPEL (Operational Pressures Escalation Levels) framework prescribed by NHS England.
- Stocktake/gap analysis against national expectations
- Urgent and Emergency (UEC) investments to support additional capacity
- Details of key place-based priorities including interim arrangements for same day urgent care.
- Supporting our workforce
- Activity, performance and monitoring
- Risks and mitigations
- Communications and engagement

1.3 The Berkshire West Urgent and Emergency Care Programme Board (UECPB), on which local authorities are represented, will discuss a draft plan at its meeting on 19th September 2024. It is intended to hold a BOB-wide winter assurance and preparedness session in early October which will further inform a final Berkshire West Winter Plan to be considered by the Urgent and Emergency Care Programme Board on 17th October 2024.

2. Additional Roles Reimbursement Scheme

2.1 Summary

The Additional Roles Reimbursement Scheme forms part of the contracting arrangements for Primary Care Networks (groups of GP practices working in collaboration) and provides funding for a range of roles in primary care, thereby supporting recruitment and retention through the diversification of the primary care workforce. It also supports sustainability by encouraging practices to work together to address workforce issues. HOSC has requested an update on progress on recruitment in West Berkshire.

2.2 Workforce Numbers

There has been minimal movement in Whole-Time Equivalent (WTE) ARRS roles within West Berkshire. The overall total for 2023 stood at **97.62 WTE**, compared to the current total of **95.74 WTE**. This indicates a slight decrease.

2.3 Financial Context

Last year, 3 of the 4 Primary Care Networks spent over their allocated budget for recruitment. Historically, the ICB has allowed overspends to be covered by underspends from neighbouring PCNs. However, the recent decision to stop this practice may further reduce this year's WTE figures. Practices now face the choice of whether to cover any overspend themselves, which could impact recruitment decisions moving forward. ARRS payments have increased slightly from £22.67 per patient to £22.89.

The situation warrants close monitoring as practices assess their financial capacity and priorities under the evolving funding rules.

2.4 Areas of Highest Recruitment

- Care Coordinators (Average per PCN: 6.56)
- Clinical Pharmacists (Average per PCN: 4.2)
- Paramedics (Average per PCN: 2.48)
- Pharmacy Technicians (Average per PCN: 1.69)
- Social prescribers (Average per PCN: 1.75)

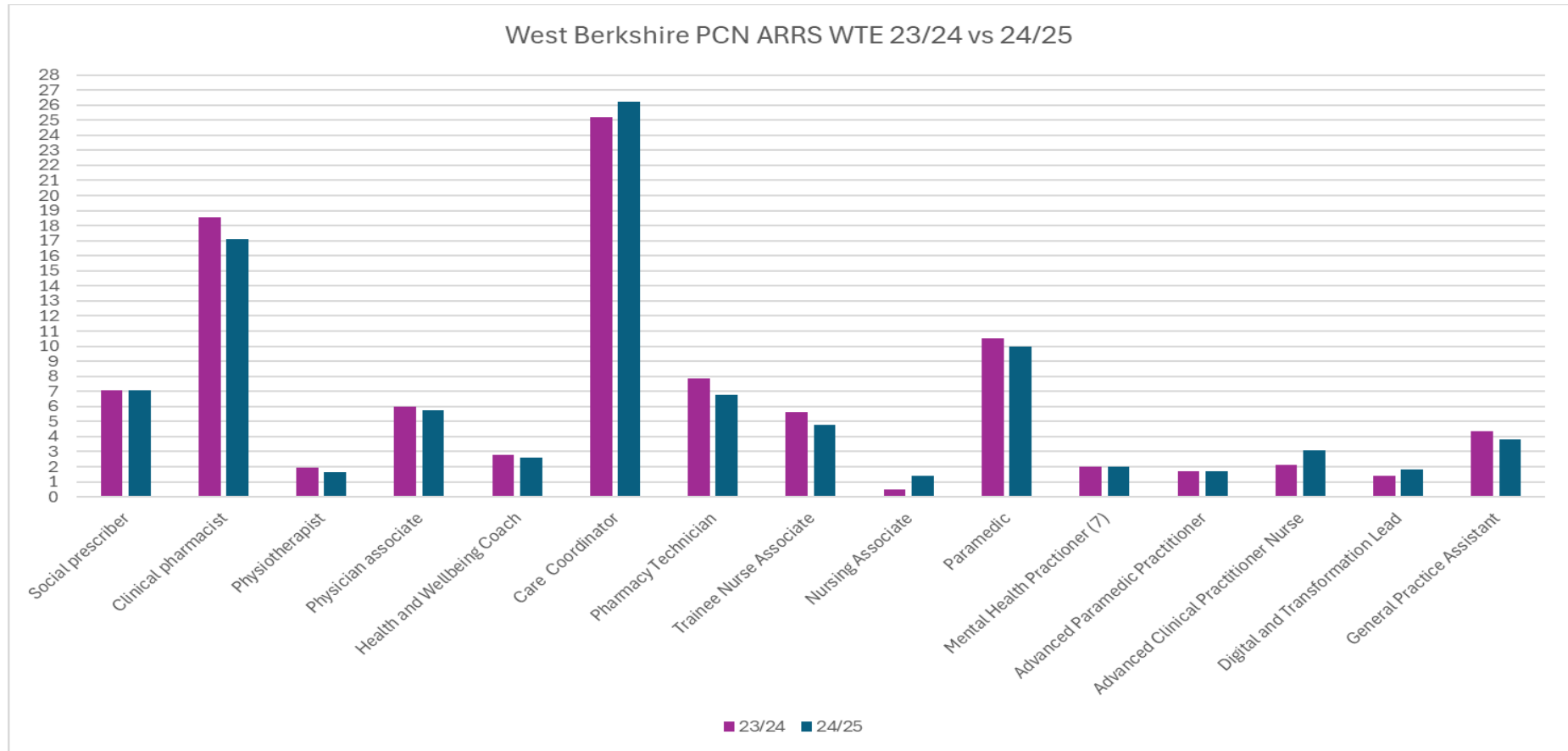
2.5 Recruitment Gaps

Several roles have yet to be filled, including:

- Mental Health Practitioners (Bands 4, 5, 6 & 8a)
- Advanced Pharmacist Practitioners
- Dietitians
- Apprentice Physician Associates
- Advanced Physiotherapist Practitioner

With the exception of Advanced Pharmacy Practitioners, this trend is seen across BOB and is not a cause for concern. PCNs are encouraged to employ a skill mix of ARRS staff that best suits their population's needs.

2.6 Summary for West Berkshire PCNs



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Health Scrutiny Committee – 23 September 2024

Item 9 – Healthwatch Update

Verbal Item

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Health Scrutiny Review Matrix

Review Topic: Children's Mental Health and Emotional Wellbeing

Timescale

Start: tbc
Finish: tbc

Review Rationale:

There is an increasing and worsening trend of school pupils with social, emotional and mental health needs in West Berkshire. Berkshire Youth Survey results (2023) found that mental health was a key area of concern for secondary school students in West Berkshire who wanted more information or support for mental health and wellbeing. Good mental health and wellbeing for all children and young people (CYP) is a key priority in the Health and Wellbeing Strategy, which noted that children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas. Mental health problems during childhood can negatively impact developmental outcomes in adulthood.

The task group will review the accessibility and provision of support for children and young people at all levels of need and whether the current provision is able to meet their diverse needs. The task group will use the THRIVE framework to structure this review. This needs-led and data informed approach is used by partners to encourage shared decision making and to help identify opportunities for improvement.

With consideration to the impact of neurodiversity on emotional wellbeing and mental health needs, this review will include the services in place to support those who have a neuro difference (whether diagnosed, awaiting assessment or neither). There is rising demand, long wait times, increasing complexity and capacity concerns in West Berkshire.

The scope of the review will include:

- An understanding of the current mental health and emotional wellbeing needs of CYP in West Berkshire.
- Forming an understanding of the local approach and strategic direction to CYP's mental health and emotional wellbeing.
- Explore the contribution of, and integration between, the voluntary sector, education, early intervention support providers, local authority, primary care and secondary care.
- Review the current provision for supporting those who are neurodivergent and the neurodiversity assessment pathways.
- Review performance including waiting lists, patient feedback, communications, and consistency.
- Consider the transitional arrangements for 18 years old and onwards.
- Consider evidence-based best practice and guidance.
- Develop recommendations for improving future effectiveness in the system.

Terms of Reference:

The Task and Finish Group will consider the following:

Session 1: Assessment of current needs and provisions in West Berkshire

- Understand the current mental health and emotional wellbeing needs of the young people in West Berkshire.
- Consider the underlying causes of increasing mental health needs among CYP.
- Form an understanding of the local landscape for meeting those needs including healthcare service providers, schools, local authority and community / voluntary organisations (VCSE).
- Consider current issues, concerns and barriers.
- Form an understanding of the relevant public health principles and models.
- Form an understanding of the THRIVE Framework that the following task group sessions are based on.

Session 2: Thriving, Getting Advice and Signposting, and Getting Help:

Review the system approach to prevention, promotion, early intervention and mental health support for young people.

- Consider early intervention provisions and opportunities.
- Review the experience of children and young people.
- Understand the Council's role including the Mental Health Support Team and the Emotional Health Academy.
- Review the approach and services within schools.
- Understand healthcare's role in early intervention and support.
- Understand the role of community organisations.
- Understand the legal, ethical and professional requirements relevant to service delivery.
- Consider how the system works together and how key stakeholders work in partnership to address the needs identified in Session 1.
- Review of the interventions in place for people who are neurodivergent including support and communication on the neurodiversity assessment pathways and the referral system.

Session 3: Getting More Help Services and Getting Risk Support: Extensive, evidence-informed treatment and crisis services.

- Review of the specialist services available for complex mental health difficulties, eating disorders, psychosis and other acute mental health needs.
- Understand opportunities to improve needs-led support, determine the current and future demand, prevention and the prioritisation of funding.
- Consideration of services to targeted population groups such as children in care, youth health and justice and CYP with learning disabilities.

- Review the skill mix of professionals and resources available to meet the needs and / or choices of CYP.
- Review how services work together as a partnership to understand, prevent and manage risk.
- Review the transition arrangements for young people aged 18 onwards.

Session 4: Consider learnings from the task group and recommendations.

- Bring the learning together with partners.
- Consider relevant projects, services developments and best practice.
- Consider recommendations and highlights of note from the sessions.

Review Membership:

5 Members

Chairman:

Vice-Chairman:

Scrutiny Officer: Vicky Phoenix

Information Required:

- An overview of the THRIVE Framework.
- An overview of current emotional wellbeing and mental health concerns of children and young people in West Berkshire.
- Feedback and views of young people – gathered from Berkshire Youth Survey, service user feedback and service providers.
- Case studies, feedback and questions from members of the public.
- An overview of the Council's approach, services and provisions.
- An overview for the approach in school settings.
- An overview of the health service provisions to support children.
- Baseline data about service demand, provisions and performance. Including patient and resident feedback for all relevant services, and any associated health inequalities.
- The BOB ICB Local Transformation Plan for CYP mental health.
- Overview of any relevant projects or service developments in progress by stakeholders.
- An overview of the relevant public health principles and models.
- Relevant evidence-based best practice and guidance.
- Public Health commissioners feedback.

Witnesses:

- Education – primary and secondary
- Time to Talk

- Health – BOB ICB and Berkshire Healthcare NHS Foundation Trust
- Mental Health Support Team and Emotional Health Academy
- Public Health consultant
- Youth service providers and workers
- Health and Wellbeing in Schools Coordinator

Desired Outcomes:

Members will collate their recommendations which will then form the basis of a report to be considered by the Health Scrutiny Committee.

Health Scrutiny Committee Work Programme

The following items will be considered in addition to Standing Items: Updates from Task and Finish Groups

Last Updated:
Sept 2024

Ref	Item	Purpose	Health Body	Prioritisation Score
10 December 2024 (Report Deadline 22 November)				
6	Eastfield House Surgery	To review the proposed relocation of Eastfield House Surgery including the public consultation process.	Eastfield House Surgery	13
7	Integrated Neighbourhood Teams and access to Primary Care	A review of access to primary care across West Berkshire including GP provision, the implementation of Integrated Neighbourhood Teams and progress of the Primary Care Strategy in West Berkshire.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
8	Continuing Healthcare	Review of the All Age Continuing Healthcare Transformation Programme.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	14
11 March 2025 (Report Deadline 21 February)				
9	Oral Health and Dentistry	Review the System approach to oral health and dentistry. Including the prevenative approach and commissioned services.	West Berkshire Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
10	South Central Ambulance Service	To review the progress of Improvement Programme and planning in response to proposed hospital relocations.	South Central Ambulance Service	14
11	Dementia	To receive an update on dementia diagnosis rates, pathways and the BOB ICB strategy on Dementia pathways since attending the Health Scrutiny Committee in June 2023. To review the strategic approach to prevention including involvement of public health.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	14
Other Items to be programmed				
12	Early Years Health Inequalities and Sytem Review	To receive an update from the Early Years Health Inequalities Group.	West Berkshire Council, Berkshire Healthcare NHS Foundation Trust and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
13	Overseas visitors programme	The review the delivery of the overseas visitors programme at Royal Berkshire Hospital.	Royal Berkshire NHS Foundation Trust	10
Other Items for consideration by the Health Scrutiny Committee				

	Health in All Policies	To review the implementation of Health in All Policies.	West Berkshire Council	tbc
	Childhood Obesity	A system review of childhood obesity.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	tbc
	Homelessness and Health	To review the approach to health provisions for homeless people in West Berkshire.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and West Berkshire Council	tbc
Standing Items				
	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	To receive an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board on their activities.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	At every meeting
	Healthwatch West Berkshire Report	To receive an update from Healthwatch West Berkshire on patient feedback received, reports prepared and other activities.	Healthwatch West Berkshire	At every meeting
	Director of Public Health Annual Report	To review the Director of Public Health Annual Report	Public Health	Annual
	Inquest Review Panel	To receive the annual report from the Inquest Review Panel	West Berkshire Council	Annual - March