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Health and Wellbeing Board

Wednesday 24 September 2025 at 9.30am

in Council Chamber Council Offices
Market Street Newbury

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

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

Date of despatch of Agenda: Tuesday 16 September 2025

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

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

West Berkshire Health & Wellbeing Board

West Berkshire Council

To: Councillor Heather Codling, Ben Riley (BOB ICB), Councillor Jeff Brooks, Councillor Patrick Clark, Councillor Nigel Foot, Councillor Denise Gaines, Councillor David Marsh, Councillor Joanne Stewart, Paul Coe, AnnMarie Dodds, Jessica Jhundoo Evans, Dr Janet Lippett, Rebecca Morgan, Gail Muirhead, Sean Murphy, C/Supt Felicity Parker, Dr Matt Pearce, April Peberdy, Rachel Peters, Helen Williamson and Fiona Worby

Agenda

Part I

Page No.

Standard Agenda Items 1

The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings:

- Councillor Patrick Clark – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership; and
- Councillor Jo Stewart – works for the Royal Berks Charity which is part of the Royal Berkshire NHS Foundation Trust, and spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

Items for discussion

Strategic Matters

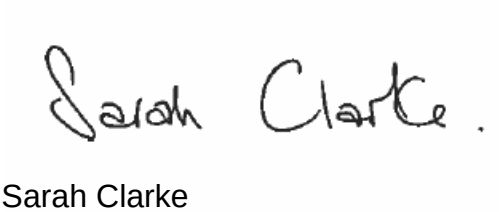
Items for Information Only

Standard Agenda Items 2

18 **Health and Wellbeing Board Forward Plan** 319 - 320
An opportunity for Members of the Health and Wellbeing Board to suggest items to go on to the Forward Plan.

19 **Future meeting dates**

- 11 December 2025
- 5 March 2026
- 7 May 2026



Sarah Clarke
Executive Director: - Resources

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Health & Wellbeing Board
24 September 2025

Item 1 – Election of Chairman

Verbal Item

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Health & Wellbeing Board
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Item 2 – Election of Vice-Chairman

Verbal Item

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Health & Wellbeing Board
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Item 3 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY 6 MARCH 2025

Present: Councillor Heather Codling (Chairman), Dr Ben Riley (Vice-Chairman), Councillor Patrick Clark, Councillor Nigel Foot, Paul Coe, AnnMarie Dodds, Jessica Jhundoo Evans, Rebecca Morgan, Sean Murphy, and Dr Matt Pearce .

Attending Remotely: Councillor David Marsh, Dr Janet Lippett, Rachel Peters, Neil Whiteman (Substitute) (In place of Gail Muirhead), and Fiona Worby

Also Present: Steven Bow (Consultant in Public Health), Gordon Oliver (Principal Policy Officer) and Sam Chiverton (Apprentice Democratic Services Officer)

Apologies for inability to attend the meeting: Councillor Dominic Boeck, Councillor Denise Gaines, Councillor Joanne Stewart, Gail Muirhead, April Peberdy, and Helen Williamson

Absent: Councillor Jeff Brooks, C/Supt Felicity Parker and Helen Williamson

PART I

57 Minutes

The Minutes of the meeting held on 12 December 2024 were approved as a true and correct record and signed by the Chairman, subject to correction of the attendee list which included a duplication.

58 Actions arising from previous meeting(s)

Members reviewed the updates on actions from the previous meetings:

- **24-13 -** Ch Supt Felicity Parker had requested that the police only attend HWB meetings when there were agenda items relevant to them. However, the Chairman had indicated that it was important for them to be represented at every meeting, since they may be required to respond to matters that arose in debate.

59 Declarations of Interest

No further declarations of interest were received beyond those standing declarations given in the agenda papers.

60 Public Questions

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

61 Petitions

There were no petitions presented to the Board.

62 Health and Wellbeing Board Membership

The Board welcomed Dr Ben Riley as the BOB Integrated Care Board's representative. It was noted that there was now only one ICB Member, which created a risk of the meeting not being quorate if he was delayed.

Action: HWB Chairman and Vice-Chairman to review ICB representation in consultation with the Council's monitoring officer.

It was noted that Ch Supt Felicity Parker had replaced Supt Andy Penrith. Discussions were ongoing about Thames Valley Police attendance at future meetings.

63 ICB Update

Dr Ben Riley (Chief Medical Officer, BOB ICB) provided the ICB Update (Agenda Item 8).

The following points were raised in the debate:

- It was highlighted that there had been a long-standing discrepancy in Continuing Health Care (CHC) decisions for patients in Berkshire West vs those in the rest of BOB and elsewhere. This had been referred to in the operating model paper, and appointments to key posts were welcomed. However, it was hoped that the ICB was serious about addressing this and delivering changes in outcomes affecting CHC decisions.
- The Board noted that NHS England had provided guidance about Neighbourhood Health Development Plans (NHDPs), which would seek to shift care out of hospitals and into neighbourhoods, with an increased focus on prevention and health inequalities. There were six areas of focus, including Integrated Neighbourhood Teams to wrap around patients, particularly those with complex needs, so they had a better experience of care. It was noted that NHDPs also had a population health aspect, which would require better use of data and digital services. NHDPs were seen as a key tool for addressing the health needs of an ageing population. The ICB was still working out how best to deliver this, but elements had already been set out in the Primary Care Strategy.
- It was highlighted that the Council's leisure provider was doing preventative outreach work, which was helping to reduce the need for acute care. The ICB was encouraged to work with the Council to help fund preventative measures like this.
- It was suggested that conversations around Integrated Neighbourhood Working needed to take place at the lowest possible level, and the approach should not be developed at the System level.
- The Board noted the financial challenges facing the ICB and the current focus on breaking even. However, it was stressed that prevention was important, and the HWB needed to be involved in conversations about what good prevention would look like.
- The topic of Women's Health Services was highlighted by Healthwatch. It was noted that while Buckinghamshire and Oxfordshire had specific services, there was very little in Berkshire West, and none in West Berkshire. Healthwatch considered that it was important to have specific women's health services across the whole BOB footprint. It was confirmed that there had been correspondence on this matter, and it would be discussed at the next meeting of the Locality Integration Board. The matter would be brought back to HWB if the LIB was unable to resolve it.

RESOLVED to note the update.

64 Community Pharmacy Provision

Sanjay Desai (Associate Director of Primary Care Operations, BOB ICB) and David Dean (Chief Executive Officer, Community Pharmacy Thames Valley) presented the update on Community Pharmacy Provision (Agenda Item 9).

The following points were raised in the debate:

- It was noted that there were plans for pharmacists to become independent prescribers, which would open up additional opportunities.
- In terms of vaccinations programmes, pharmacies were useful in accessing communities, that NHS Trusts or GP Surgeries struggled to reach.
- It was confirmed that once a patient had been diagnosed with hypertension, the data was fed back to GPs and was added to the patient's record. Pharmacists did not see the final diagnosis. People were then helped by referring them to available services.
- The Board asked how they would know what community pharmacy services were available. It was confirmed that this information was available on the NHS Service Finder. It was noted that pharmacies in West Berkshire were not currently commissioned to deliver weight management, smoking cessation services, or alcohol programmes, but these could be delivered through the Integrated Neighbourhood Teams.
- It was acknowledged that there was more work to be done to help with signposting to local services. Some areas were using the Joy app for this.
- It was recognised that Pharmacy First had marked a pivotal change for pharmacies, and there would be further opportunities through integrated neighbourhood teams.
- Members highlighted anecdotal evidence of long queues at some pharmacies and asked if there was sufficient coverage. It was explained that there could be numerous reasons for queues, such as GP practices being behind on issuing prescriptions, or challenges with medication availability. The latter was recognised as a major, national issue, which would require government intervention.
- It was noted that the Council's Wellness Outreach Programme was separate to the hypertension case-finding programme being run in pharmacies. The Outreach Programme was more holistic, while the pharmacy programme was only looking at hypertension. However, both were considered to be important prevention interventions. There had been around 3,000 blood pressure consultations in West Berkshire pharmacies in the last 9 months.
- It was highlighted that the number of GP referrals to pharmacies varied hugely. Those GP practices that had embraced Pharmacy First had eliminated the 8am phone rush for appointments. If pharmacies knew they were going to get increased referrals, then they could invest in consultation rooms and staff accordingly.

RESOLVED to note the update.

65 Implications for Housing Arising from Legislative Changes

Sean Murphy (Service Lead - Public Protection) presented the report on Implications for Housing Arising from Legislative Changes (Agenda Item 10).

The following points were highlighted in the debate:

- In terms of enforcement, it was noted that residents were encouraged to report housing related issues. Housing was top of the Public Protection Partnership's list of

priorities and the service received a high volume of complaints, particularly related to damp and mould. While this used to be seasonal, complaints were now received throughout the year. Also, work was ongoing in relation to unlicensed houses in multiple occupation (HMOs), which had uncovered some serious issues. While the overall housing stock in West Berkshire was generally in a good condition, there were still some serious issues.

- The Board noted that the appointment of a Public Health Analyst to the Public Health Team would support investigation of links between properties with damp and mould and patients with respiratory illness. It was suggested that there could be a referral scheme for housing assessments.
- It was confirmed that SNG had undertaken a trial where 400 homes were fitted with devices to monitor damp and mould. They were also looking to install enhanced sensors as part of a retrofit programme. Data gained from the sensors would allow the housing provider to be more proactive in terms of identifying issues before they became a problem. Consideration was being given as to how this could be scaled up to cover all of SNG's homes.
- Members asked about SNG's capacity to deliver the necessary improvements to tackle existing problems. It was confirmed that damp and mould issues were prioritised. While there was currently a backlog of issues, they were looking to get through these as quickly as possible. Resources were being increased in Property Services in advance of the introduction of Awaab's Law.

RESOLVED to note the report.

66 Cost of Living Update

Sean Murphy (Service Lead - Public Protection) presented the Cost of Living Update Report (Agenda Item 11).

The following points were raised in the debate:

- Disappointment was expressed that West Berkshire Council would receive a reduction in Household Support Fund Grant for the coming year, at a time when demand was still increasing.
- It was noted that the Hungry Holidays scheme would be run again this summer, to help provide meals for children over the summer holidays who usually receive free meals at school.
- It was confirmed that the Council would continue to work with voluntary sector partners to address problems arising as a result of cost of living challenges.
- There was recognition of potential inflationary pressures arising from national insurance increases. A sample of 16 local charities had indicated that they would incur additional costs of around £386,000 as a result of increases to NI contributions and the Living Wage. However, It was acknowledged that there was still a lot of uncertainty about costs. Competition for grant funding had also increased. Charities would need to reflect on what services they delivered, which of these were essential, and which could not be delivered or delivered in a different way.
- It was suggested that more needed to be done to promote local holiday schemes for children and young people. However, it was noted that funding was sometimes not enough to cover the cost of providing them, and charities were having to subsidise the schemes. It was recognised that the voluntary sector was approaching breaking point.

RESOLVED:

- To note the report, and
- For the Service Lead for Public Protection provide an update to the Board at its next meeting.

67 Health Protection Annual Report

Dr Matt Pearce (Director of Public Health) presented the Health Protection Annual Report (Agenda Item 12).

The following points were raised in the debate:

- It was confirmed that the planned pandemic exercise would be a desktop scenario involving national and regional agencies – details were yet to be confirmed.
- It was noted that the media had picked up on positive news about sexual health in West Berkshire.
- Officers were asked if future reports could draw out the links between what the HWB had/had not done and health outcomes. It was noted that while responsibility for vaccines sat primarily with the NHS, there was a role for the HWB around engagement of local communities.
- It was also suggested that the HWB had a role to play in tackling misinformation in relation to vaccinations. Although vaccination levels were still good amongst children, levels were falling amongst adults, including amongst healthcare staff. This was thought to be related to a change in attitudes rather than a lack of access. Planning needed to start now in preparation for next winter. Experience gained during the Covid pandemic had shown that a tailored, localised approach was more effective in boosting vaccine take-up than national comms. The Making Every Contact Count approach was also highlighted as being effective – this would require partnership working with the voluntary sector, primary care, patient groups, etc. It was noted that during the Covid vaccine campaign, cultural and religious leaders had been engaged to help identify and address concerns about vaccines, and this had proved to be an effective approach.

  Action: Public Health to review comms re vaccination messaging.

RESOLVED to note the report.

68 Joint Health and Wellbeing Strategy Delivery Plan Progress Report - Q3 2024/25

Steven Bow (Consultant in Public Health) presented the Joint Local Health and Wellbeing Strategy Delivery Plan Progress Report – Q3 2024/25.

It was noted that work was underway to review the Early Help and Early Years offers in West Berkshire. This involved both Education and Children's Services. The immediate attention was on the Family Hub offer, which was being broadened from 0-5 years to 0-19 years. The intention was that this would be delivered through a mix of virtual and face-to-face services. Officers indicated that the Council would be happy to work with partners on this project.

RESOLVED to note the report.

69 Update on LGA Review of the Health and Wellbeing Board

Dr Matt Pearce (Director of Public Health) provided an update on the LGA Review of the Health and Wellbeing Board (Agenda Item 14).

It was confirmed that the LGA had concluded its interviews, and a workshop had been organised for the morning of 3 April at Shaw House, where reflections would be fed back to the Board. All HWB members were encouraged to attend, since the discussions would shape what the Board would look like in future. The aim was to help the Board make a difference to residents. It was acknowledged that there would need to be a balance between the Board being told what it could do and owning/co-designing the solutions.

RESOLVED to note the update.

70 Berkshire West Safeguarding Children Partnership - Annual Report for 2023/24

The Board considered the Berkshire West Safeguarding Children Partnership's Annual Report for 2023/24 (Agenda Item 15).

Given that the annual report referred to matters that were nearly a year old, it was felt that there would be limited value in discussing it in detail at the meeting. It was noted that the HWB Steering Group had suggested that the Board should be involved at an earlier stage in the process, so it had an idea of live issues and recent successes. It was suggested that the update could be given by AnnMarie Dodds rather than the Partnership's Chairman.

Action: AnnMarie Dodds to give an update on the Safeguarding Children's Partnership to a future meeting.

RESOLVED to note the report.

71 Safeguarding Adults Board for Berkshire West - Annual Report for 2023/24

The Board considered the West of Berkshire Safeguarding Adults Board Annual Report for 2023/24 (Agenda Item 15).

As with the previous item, it was felt that there would be limited value in discussing the report in detail at the meeting due to the age of the information reported. It was suggested that an update be given to the future meeting so the Board could get an idea of live issues and priorities for the coming year.

It was highlighted that the graph on p107 of the agenda could lead readers to conclude that residents of West Berkshire were much safer than those in Reading and Wokingham. However, it was stressed that the difference was due down to how each local authority responded to requests for support, and in reality, the three local authorities were broadly comparable in terms of demand. Officers considered that the Safeguarding Adults Board was working well, and the safeguarding function was effective in West Berkshire, having been scrutinised externally and effectively.

It was suggested that there was a need to better connect with and have oversight of the Health and Wellbeing Board with the Adults Safeguarding Board, Children's Safeguarding Partnership, Community Safety Partnership, Children and Young People Partnership. This was something that would be picked up at the workshop to consider the feedback from the LGA review of the Health and Wellbeing Board.

RESOLVED to note the report.

72 Better Care Fund Monitoring Report - Q3 2024/25

Paul Coe (Executive Director – Adult Social Care) presented the Better care Fund Monitoring Report – Q3 2024/25.

Members had no comments on the report.

RESOLVED to note the report.

73 Health and Wellbeing Board Sub-Group Updates

The Board considered the Sub-Group Updates (Agenda Item 18).

No comments were made in relation to the updates.

RESOLVED to note the updates.

74 Members' Question(s)

There were no Member questions submitted to the meeting.

75 Health and Wellbeing Board Forward Plan

The Board considered the Health and Wellbeing Board Forward Plan (Agenda Item 20).

It was agreed that the Delivering Better Value report should be delayed to the July meeting to allow the Council to finalise its submission to the Department for Education before it was considered by the Board.

It was suggested than an item come to the May meeting on hot weather planning. However, it was noted that the LGA workshop on 3 April would consider the types of report that should come to HWB.

76 Future meeting dates

The dates of the future meetings were noted.

77 Questions and Answers

(The meeting commenced at 9.30 am and closed at 11.07 am)

CHAIRMAN …….

Date of Signature …….

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Ref	Meeting	Agenda item	Action	Action Lead	Agency	Status	Comment
264	02/05/2024	Berkshire Suicide Prevention Strategy	Update the Suicide Prevention Strategy Action Plan in consultation with SPAG and bring this back to a future meeting for approval.	Steven Bow	WBC	**In progress**	A survey of local partners has been completed and the findings will be used to inform a workshop planned for late Autumn with partners to design the Action Plan.
24-2	11/07/2024	Health and Wellbeing Board Annual Report 2023/24	Include a table of priorities for the coming year on the website	Steven Bow	WBC	**In progress**	This will be done following the LGA workshop and once the Delivery Plan has been reviewed.
24-7	12/09/2024	BOB ICB Annual Report and Joint Capital Resource Use Plan 2024-25	Provide an opportunity for the Board to provide feedback on how the new operating model is working	Helen Clark	ICB	**In progress**	This will be covered as part of the regular ICB Updates
25-01	06/03/2025	Health and Wellbeing Board Membership	Review ICB representation in consultation with the Council's monitoring officer.	Cllr Nigel Foot Dr Ben Riley	WBC ICB	**In progress**	To be picked up after the HWB meeting on 24 September.
25-02	06/03/2025	Health Protection Annual Report	Review comms re vaccination messaging	Dr Matt Pearce Steven Bow	WBC	**On hold**	This will be revisited in the autumn after recruitment to vacancies in the public health team, as the health protection specialist post has become vacant. In the meantime we will continue to support national messaging campaigns encouraging vaccination, with local tailoring where applicable.
25-03	06/03/2025	Berkshire West Safeguarding Children Partnership - Annual Report for 2023/24	Give an update on the Safeguarding Children's Partnership to a future meeting.	AnnMarie Dodds	WBC	**Complete**	It has been agreed that this will go to the relevant scrutiny committee instead.

02 September 2025

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Health & Wellbeing Board
24 September 2025

Item 6 – Declarations of Interest

Verbal Item

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Public Questions to be answered at the Health and Wellbeing Board meeting on 24 September 2025.

Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with Part 3.2 of the Council's Constitution.

(a) Question submitted to the ICB Chief Medical Officer by Paula Saunderson:

'I first raised the Issues around Adult Continuing Health Care (CHC) about 4 years ago and had a Zoom meeting with a representative of this Board, which centred around self-funding families outside of the adult social care loop, who were not being awarded CHC, and I was promised pieces of work that would come up with findings and recommendations on why Berkshire West rates were low, with a lack of balanced consideration for self-funding families, and as this has not been forthcoming, what is this Board prepared to do about this please?'

(b) Question submitted to the Executive Portfolio Holder for Adult Social Care and Public Health by Paula Saunderson:

'When an adult patient is eventually awarded CHC for a bedroom in a care home, what are your minimum space guidelines for those rooms, bearing in mind they are likely to need recliner chairs, may be bed-bound, doubly incontinent and need 2 carers to handle them safely?'

(c) Question submitted to the ICB Chief Medical Officer by Paula Saunderson:

'Every day now, there are firms advertising to help people to obtain Continuing Health Care, and they are including dementia in their adverts, whereas the domains and weightings within the scheme are not necessarily favourable towards dementia, therefore has anything changed in that respect within the domains and weightings please?'

(d) Question submitted to the ICB Chief Medical Officer by Paula Saunderson:

'How are you progressing with your dementia pathway and actions 2.1 and 2.2 within your Delivery Plan, and what new things have been launched in West Berkshire in 2025 so far, and what is planned for next year?'

(e) Question submitted to the ICB Chief Medical Officer by Paula Saunderson:

'For neurodivergent patients and those with dementia, where can I find a diagram (flowchart) of your dementia pathway and the main chunks within it please?'

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Health & Wellbeing Board
24 September 2025

Item 8 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Jeff Brooks	Leader of the Council, Executive Portfolio Holder: Strategy and Communications	Cllr Vicky Poole
Cllr Patrick Clark	Executive Portfolio Holder: Adult Social Care and Public Health	
Cllr Heather Codling	Executive Portfolio Holder: Children and Family Services	
Cllr Nigel Foot	Executive Portfolio Holder: Culture, Leisure, Sport and Countryside	
Cllr Denise Gaines	Executive Portfolio Holder: Planning and Housing	
Cllr Jo Stewart	Conservative Group Spokesperson for Health and Wellbeing	Cllr Dominic Boeck
Cllr David Marsh	Green Group Spokesperson for Health and Wellbeing	Cllr Carolyne Culver
Paul Coe	WBC Executive Director - Adult Social Care	Melanie O'Rourke
AnnMarie Dodds	WBC Executive Director - Children and Family Services	Rebecca Wilshire
Dr Matt Pearce	Director of Public Health (WBC & RBC)	Steven Bow
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
April Peberdy	WBC Service Director – Communities	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Hannah Elder
Helen Williamson	Berkshire Healthcare NHS Foundation Trust	
Dr Ben Riley	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board	Helen Clark Dr Abid Irfan
Fiona Worby	Healthwatch West Berkshire	Jamie Evans/ Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Stephen Leonard Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	William Orr Andrew Statham Rebecca Cullen
Rebecca Morgan	Sovereign Network Group	Benn Owen
C/Supt Felicity Parker	Thames Valley Police	TBC
Rachel Peters	Voluntary Sector Representative	Bernie Prizeman

NB: Chairman and Vice-Chairman to be confirmed once elected. Membership of the Board will be considered as part of the response to the LGA Review.

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West Berkshire Pharmaceutical Needs Assessment

Report being considered by:	Health and Wellbeing Board
On:	24 September 2025
Report Author:	Gordon Oliver (Principal Policy Officer)
Report Sponsor:	Dr Matt Pearce (Director of Public Health)
Item for:	Decision

1. Purpose of the Report

To approve the West Berkshire Pharmaceutical Needs Assessment 2025-2028.

2. Recommendation(s)

The Health and Wellbeing Board is asked to approve the statement of need for pharmaceutical services for the West Berkshire population to cover the period from 1 October 2025 to 30 September 2028.

3. Implications

Implication	Commentary
Financial:	There are no financial implications associated with this report.
Human Resource:	There are no HR implications associated with this report.
Legal:	The West Berkshire Pharmaceutical Needs Assessment has been prepared in accordance with the relevant legislation and fulfils the Health and Wellbeing Board's obligation to publish an updated assessment by 1 October 2025.
Risk Management:	As the pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, and is used by NHS England and NHS Improvement (and, on appeal, NHS Resolution) to determine such applications, there are serious implications for health and wellbeing boards that fail to meet their statutory duties.
Property:	N/A
Policy:	The Government's 10 Year Plan commits to increase the role of community pharmacy as part of the new Neighbourhood Health Service.

	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		The Pharmaceutical Needs Assessment found that, overall, the people of West Berkshire enjoy a good level of health. Life expectancy and healthy life expectancy are higher than regional and national figures for both males and females. However, there is an inequality gap in life expectancy between those living in the most deprived areas of West Berkshire compared to those living in the least deprived areas. Provision of pharmacy services, including Pharmacy First, can help to address these inequalities. The PNA identifies a gap in provision of pharmaceutical services in Calcot, which, if filled, would help to address health inequalities in that area. However, the PNA in and of itself will not directly impact on those inequalities.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		An EIA was carried out as part of the PNA (see Chapter 6). No substantial differences or identified needs were found amongst protected characteristics groups in pharmacy usage.
Environmental Impact:		X		N/A
Health Impact:		X		Pharmaceutical services play a vital role in responding to individual patients' health needs. The PNA identifies a gap in provision of pharmaceutical services in Calcot, which, if filled, would help to respond to the health needs of local residents. However, the PNA in and of itself will not have any direct health impacts.
ICT Impact:		X		N/A
Digital Services Impact:		X		N/A

Council Strategy Priorities:		X		Business as usual
Core Business:		X		Business as usual
Data Impact:		X		N/A
Consultation and Engagement:	The following were consulted in preparing this report: • Public Health • Finance • HR • Legal • Corporate Board • HWB Steering Group			

4. Executive Summary

4.1 Following conclusion of the stakeholder consultation, the attached final statement of need for pharmaceutical services is presented for approval.

4.2 The report highlights that the 16 pharmacies supported by 7 dispensing GPs in West Berkshire, and the 10 pharmacies in neighbouring areas that are within a mile of the district boundary, provide adequate community pharmacy services for the needs of West Berkshire's population.

5. Supporting Information

5.1 Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

(1) Inform local plans for the commissioning of specific and specialised pharmaceutical services to meet the current and future health needs of the local population

(2) Support the decision-making process for applications for new pharmacies or changes of pharmacy premises and/or opening hours.

5.2 The PNA provides an overview of the demographics and the health and wellbeing needs of the West Berkshire population. It also captures the views of local residents and pharmacy service users. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of local residents and whether there will be any gaps in provision within the lifetime of the PNA.

5.3 Consultant, Healthy Dialogues, was appointed to prepare the PNA, reporting to a local Task and Finish Group of key stakeholders. The process was overseen by a

Buckinghamshire, Oxfordshire and Berkshire West Steering Group. The process included:

- A review of the current and future demographics and health needs of the West Berkshire population.
- A survey of West Berkshire patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.
- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services and, services delivered by dispending GPs in West Berkshire.

5.4 A consultation draft of the PNA was published for formal consultation between 14th May and 13th July 2025. Responses to the consultation were considered by the task group and steering group before final publication of the PNA.

5.5 There are currently 16 community pharmacies and 7 dispensing GPs in West Berkshire, with a further 10 community pharmacies located in neighbouring local authority areas within a mile of West Berkshire's boundary.

5.6 The PNA includes an assessment of whether the current and future pharmacy provision meets the health and wellbeing needs of the West Berkshire population. It also considers whether there are any gaps in the provision of pharmaceutical service either now, or within the lifetime of this document. A gap was identified in the Calcot area in relation to the provision of essential services. Also, the analysis found that the area would benefit from provision of Pharmacy First services.

6. Proposal(s)

The proposal is to approve the PNA as presented, which would ensure that the Board discharges its statutory requirements within the required timescale.

7. Options Considered

(1) The Health and Wellbeing Board could approve the PNA as presented. This is the preferred option.

(2) Alternatively, the Health and Wellbeing Board could choose not to approve the PNA and request further changes. This is not the preferred option, since it would incur delay and the Board would fail to comply with the statutory requirement to adopt an updated PNA by 1 October 2025.

8. Conclusion(s)

8.1 This PNA has concluded that overall, there is good access to essential, advanced and other NHS pharmaceutical services for residents of West Berkshire, but that a gap in the current and future provision of these services exists in the Calcot area. It is hoped that identification of such a gap will encourage providers to apply to open a pharmacy within the affected area.

9. Appendices

Appendix A – West Berkshire Pharmaceutical Needs Assessment (2022 – 2025).

Background Papers:

None

Joint Health and Wellbeing Strategy Priorities Supported:

The proposals will support the following priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring the pharmaceutical services needs of the West Berkshire population have been considered based on current and expected future needs, population health and accessibility to services.

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West Berkshire

Pharmaceutical Needs Assessment 2025-2028

Healthy Dialogues LTD

West Berkshire Council

Executive Summary

Introduction

All Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population

This PNA provides an overview of the demographics and health and wellbeing needs of the West Berkshire population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of the West Berkshire residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 30th September 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services and dispensing services provided by eligible GPs
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

Methodology

In November 2024, a Task and Finish group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. This was in addition to a wider BOB-wide (Buckinghamshire, Oxfordshire and Berkshire West) Steering Group. The process included:

- a review of the current and future demographics and health needs of the West Berkshire population determined on a locality basis

- a survey of West Berkshire patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment
- an assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services and the dispensing service delivered by some GP practices provided in West Berkshire.

A PNA consultation draft was published for formal consultation between 14th May and 13th July 2025. Responses to the consultation were considered by the steering group before final publication of the PNA.

Findings

Key population demographics of West Berkshire

West Berkshire is a unitary authority in Berkshire with an estimated population of with the highest population densities seen in Thatcham and Newbury towns. Its median age of 43 is just above that of the South East.

West Berkshire is among the least deprived local authorities in England with just one of its 97 LSOAs among the most deprived 20% in England. Patient groups with specific pharmaceutical needs identified by the steering group included, people sleeping rough, people who have experienced domestic abuse and Gypsy, Roma, Traveller and Horse Racing communities.

Key population health needs of West Berkshire

Both life expectancy and healthy life expectancy are notably higher in West Berkshire that the regional and national averages. West Berkshire fares better than regional and national comparators across the risk factors conditions and risk factors explored in this PNA.

Patient and public engagement

A patient and public survey was disseminated across West Berkshire to explore how people use their pharmacy and their views on the provision of pharmaceutical services. A total of 851 people responded.

Most respondents based their choice of pharmacy on where their GP sends their prescriptions, proximity to home or work, or availability of parking near the pharmacy. Nearly all respondents (93%) can reach their pharmacy in 20 minutes or less. Cars and walking are most common modes of transport to pharmacies. Though the survey

highlighted praise for pharmacies, particularly around quality of service, some respondents expressed disappointment about long waiting times in some pharmacies. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

Health and Wellbeing Board statements on service provision

There are 16 community pharmacies and 7 dispensing GPs located within West Berkshire. There are a further 10 community pharmacies located within a mile of West Berkshire's boundaries.

The PNA steering group, on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the West Berkshire population. It has also determined whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 30th September 2028.

A gap was identified in the provision in the Calcot area for essential services. Further, the analysis found that the Calcot area would secure improvements or better access to pharmaceutical services were it to have provision of Pharmacy First services.

Contents

Chapter 1 - Introduction

Purpose of the Pharmaceutical Needs Assessment

1.1 Community pharmacies are vital in delivering quality healthcare in local communities, being among the most frequently visited healthcare settings in England. As well as providing prescriptions, they are often a patient's first point of contact and, for some, their only contact with a healthcare professional.

1.2 The provision of NHS Pharmaceutical Services is a controlled market. As such, any pharmacist or dispensing appliance contractor who would like to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List of the relevant Health and Wellbeing Board (HWB).

1.3 The purpose of the Pharmaceutical Needs Assessment (PNA) is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies. This includes:

- Supporting the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes in pharmacy premises.
- Informing commissioning of enhanced services from pharmacies by NHS England, and the local commissioning of services from pharmacies by the local authority and other local commissioners.

1.4 The West Berkshire PNA can also be used to assist the HWB to inform interested parties of the pharmaceutical needs in the area, whilst enabling work on planning, developing and delivering pharmaceutical services for the population.

1.5 Additionally, the HWB can use the PNA to facilitate collaborations with pharmacy contractors in order to provide services within the areas where they are needed most, whilst limiting duplication in areas where service provision is adequate.

Legislation

1.6 From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised statements.

1.7 With the abolition of Primary Care Trusts and the creation of the Clinical Commissioning Groups (CCGs) in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced to bring together Commissioners of Health Services, Public Health, Adult Social Care, Children's Services and Healthwatch.

1.8 The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

PNA requirements

1.9 The PNA covers the period between 1st October 2025 and 30th September 2028. It must be produced and published by 1st October 2025. The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:

- The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards (HWB).

1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:

- **Necessary Services – current provision**: services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing board's area.
- **Necessary Services - gaps in provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services.

- **Other Relevant Services – current provision**: any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.
- **Improvement and better access - gaps in provision**: services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities.
- Assessment of how the needs of individuals with protected characteristics have been addressed.
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
- A report of the 60-day consultation on the draft PNA.

Consultation

1.12 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between 14th May and 13th July 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS Trust or NHS Foundation Trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

1.14 All comments received were considered in the final PNA report to be presented to the HWB before the 1st October 2025.

Revisions and updates

1.15 The PNA must reflect any changes that affect the need for pharmaceutical services in Reading. As such, it will be updated every three years.

1.16 The HWB is also required to revise the PNA publication if significant changes in pharmaceutical services occur before 30th September 2028. Not all changes in a population or area will impact the need for pharmaceutical services. If the HWB identifies a change that warrants a review, they may issue a supplementary statement explaining the changes since the PNA was published.

Chapter 2 - Strategic Context

2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

National Context

2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

Health and Care Act (2022)[1]

2.3 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

Health Equity in England: Marmot Review 10 years on[2]

2.4 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

1 Department of Health and Social Care (2022). Health and Care Act 2022. Available at: Health and Care Act 2022 (legislation.gov.uk)
2 Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: Marmot Review 10 Years On - IHE

Plan for Change[3]

2.5 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpins the Health and Wellbeing ambitions, which include transitioning how elective care is delivered, transforming patients' experience of care, and transforming the model of care to make it more sustainable.

2.6 As part of this, on the 28th January 2025, the Department of Health and Socia Care entered into consultation with Community Pharmacy England regarding the 2024-2025, and 2025-2026 funding contractual framework.[4] This is intended to set the future direction for community pharmacy recognising it will play a vital role in supporting the delivery of the reforms that are set out in this plan.

Pharmacy Integration Fund

2.7 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.

2.8 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

3 HM Government (2024). Plan for Change: Milestones for mission-led government. Available here: Plan for Change – Milestones for mission-led government

4 GOV.UK (2025). Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract. Available at: Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract - GOV.UK

Local Context

Joint Strategic Needs Assessment (JSNA)[5]

2.9 West Berkshire approaches JSNA as a key programme of work which encompasses a wide range of assessment, planning and commissioning processes taking place on behalf of the local population. The key aims are:

- To ground these processes in a core, single evidence base.
- To bring their outputs together in one place which can provide a document of the assessment of need, and further expand the local evidence base.

2.10 JSNA's have informed the development of 'Joint Health and Wellbeing Strategies' and local implementation plans.

Berkshire West Health and Wellbeing Strategy 2021-2030[6]

2.11 This strategy sets out how professionals across health and social care will work together to improve the health of the population. It covers Reading, Wokingham and West Berkshire local authority areas. The strategy is based around five health and wellbeing priorities:

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

2.12 The focus throughout the 9 years prioritises the recovery of population health, rebuilding likelihoods and adapting to a new normal, whilst levelling health inequalities across the three areas. To achieve this, local delivery plans are implemented to support the strategy.

5 West Berkshire Council (n.d.) Joint Needs Assessment (JSNA). Accessible here: Joint Strategic Needs Assessment (JSNA) - West Berkshire Council

6 West Berkshire (2021). Berkshire West Health and Wellbeing Strategy 2021-2030. Accessible here: Berkshire West Health and Wellbeing Strategy 2021-2030 - West Berkshire Council

Health and Wellbeing Board

2.13 In the annual review 2023/24[7], West Berkshire Health and Wellbeing Board's priorities for 2024/25 included:

- Delivery of 'Hot Focus Sessions' to provide opportunities to undertake in-depth investigation of particular issues that are affecting the health and wellbeing of local communities, or the operation of the Board. These sessions will focus on, housing and health, inequalities early years system, health and wellbeing board effectiveness.
- Continue to roll out the 'Community Wellness Outreach'.
- Review the delivery plan that was developed to achieve the objectives of the Joint Health and Wellbeing Strategy. This review will include the identification of actions that have been achieved, or where progress has not been as per expectations.
- Closing health inequalities remain central to the Berkshire West Health and Wellbeing Strategy.
- A greater need to develop a better understanding of the needs of residents with learning difficulties and ensure these are met.

7 West Berkshire Council (2024). Health and Wellbeing Board Annual Report – June 2024. Accessible here: Health and Wellbeing Board Annual Report - June 2024 - West Berkshire Council

Chapter 3 - The development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies. This includes:

- Nationally published data, including datasets from Office for National Statistics (ONS) and Office for Health Improvement and Disparities (OHID).
- The West Berkshire Joint Strategic Needs Assessment.
- Local policies and strategies such as the Joint Health and Wellbeing Strategy.
- Local Pharmaceutical Committee data.
- A survey to the patients and public of West Berkshire.
- Local Authority and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB commissioners.

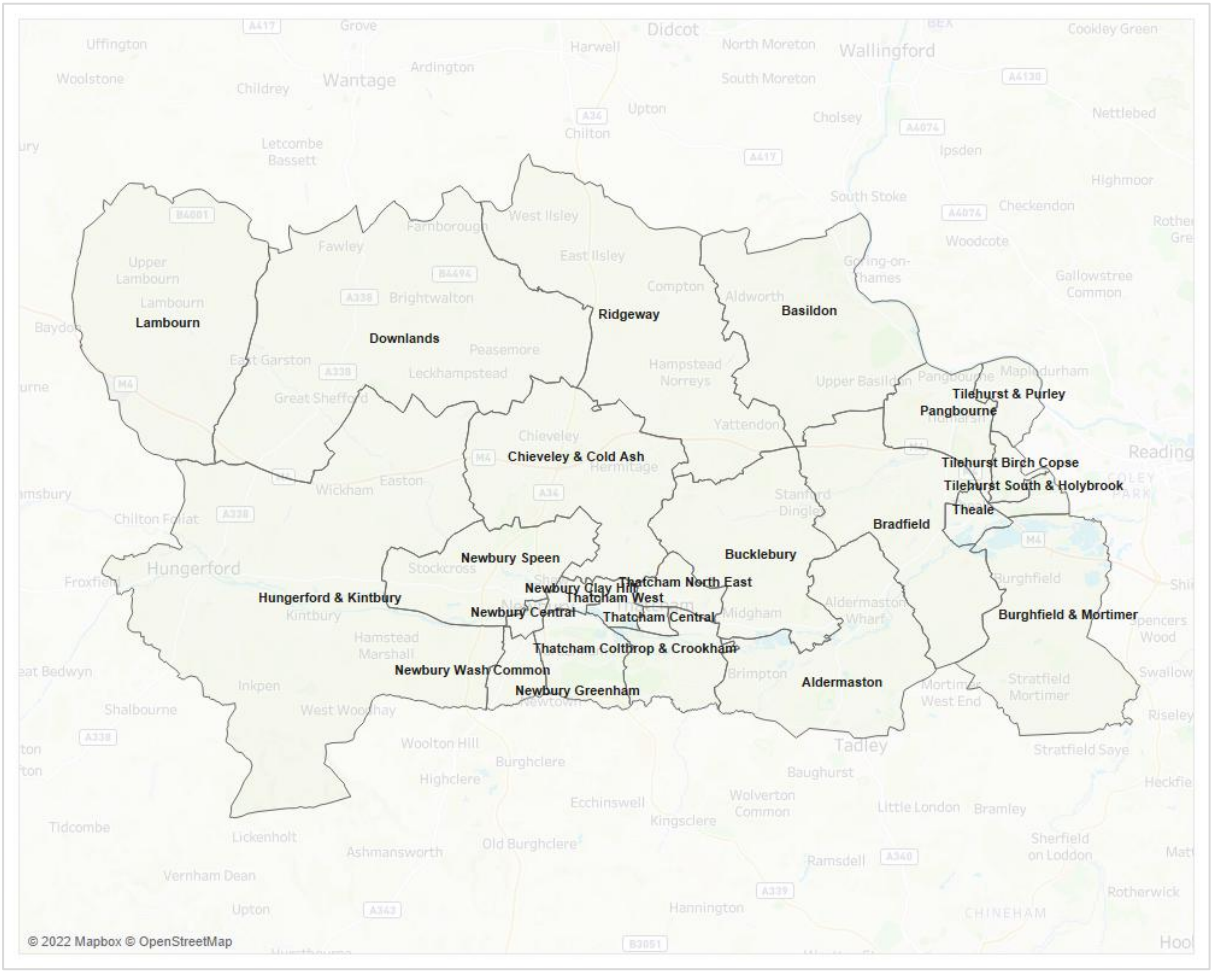
3.2 These data have been combined to describe the West Berkshire population, current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

Methodological considerations

Geographical Coverage

3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A ward-based structure was chosen by the HWB as it is in-line with available population health needs data and enables us to identify differences at ward level with respect to demography, health needs or service provision. There are 24 wards in West Berkshire as illustrated in Figure 3.1.

Figure 3.1: West Berkshire Council electoral wards



3.4 The PNA Task and Finish Group determined provision and choice of pharmacies by travel time. The following criteria were considered reasonable by the steering group in terms of accessibility to pharmacy provision:

- Within rural areas: 20-minute drive from a pharmacy.
- Within urban areas (or areas with high population density): 1 mile.

3.5 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas) and locations of dispensing GPs. These instances have all been stated in the relevant sections of the report.

Patient and Public Survey

3.6 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. 851 West Berkshire residents and visitors responded to the

survey, their views were explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 6 of this PNA.

Governance and Steering Group

3.7 The development of the PNA was advised by a steering group who oversaw the process of all Buckinghamshire, Oxfordshire and Berkshire West PNAs. Its membership included representation from:

- BOB ICB Clinical Lead for Medicines Optimisation, Chair.
- Public Health Local Authority leads.
- Community Pharmacy Thames Valley (LPC).
- ICB Pharmacy Contracting.
- Local Authority Communications leads
- HealthWatch representatives.
- Local Medical Committee(s).

3.8 The membership and Terms of Reference of the Steering Group is described in Appendix A.

3.9 In addition, it was supported by a local Task and Finish group of representatives from

- West Berkshire Council and Reading Borough Councils' Public Health team.
- Local Pharmaceutical Committee.
- Healthwatch West Berkshire and Healthwatch Reading.
- West Berkshire Council Communications Team and Reading Council Communications.

Regulatory consultation process and outcomes

3.10 A draft of this PNA was published for statutory consultation between the period of 14th May 2025 and 13th June 2025. Comments received during the consultation period were considered and incorporated into the final report to be published by 1st October 2025.

Chapter 4 - Population demographics

4.1 This chapter provides an overview of West Berkshire's population demographics, highlighting aspects that are likely to influence the demand on pharmaceutical services. It examines the characteristics of the district's residents, population sizes changes and the wider determinants of health.

4.2 Maps presented in this chapter illustrate population characteristics such as density and deprivation, using gradients to denote intensity. The legends accompanying each map explain these gradients.

About the area

4.3 West Berkshire is a unitary authority in Berkshire, on the western fringe of the South East region. The district is centred on the town of Newbury, an urban economic and administrative centre. In contrast, other towns such as Hungerford and Thatcham offer quieter residential areas and open spaces such as Victoria Park and The Common.

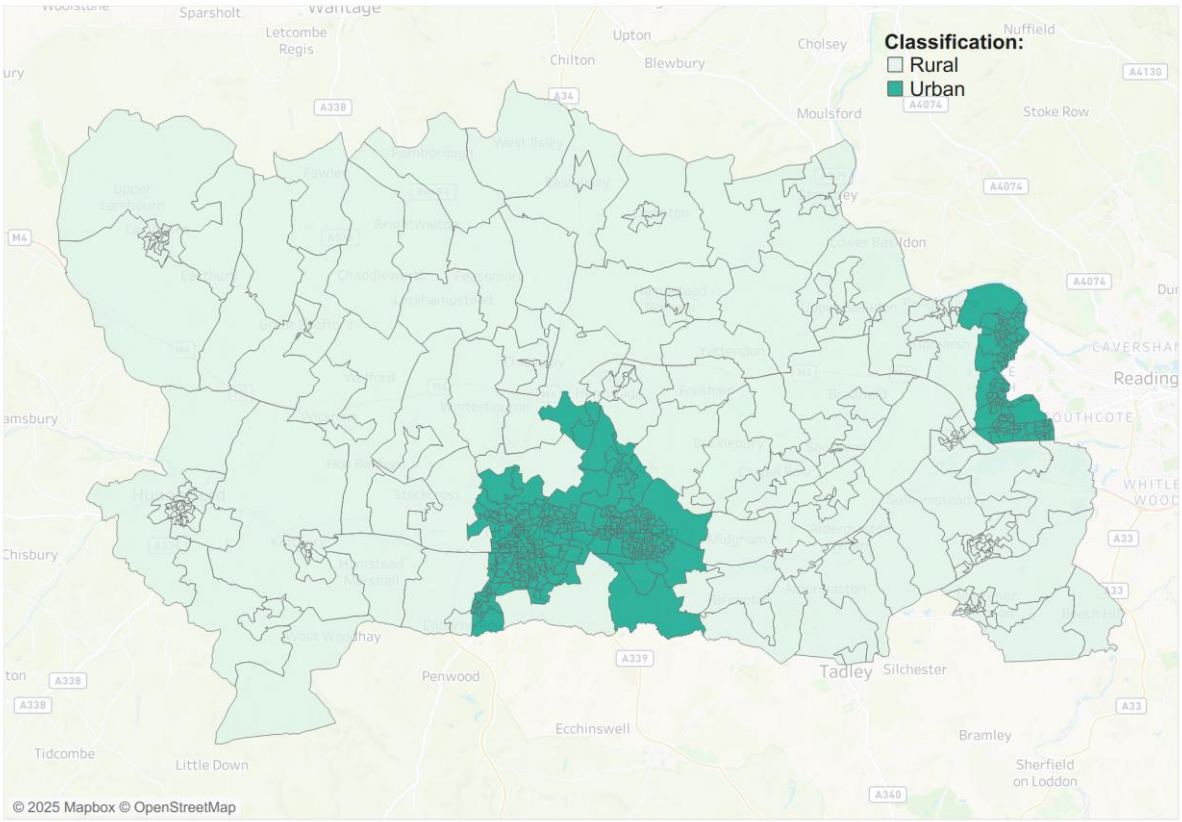
4.4 The area has easy access to the national motorway network via the M4 motorway, and the A34 connects the district to Oxford to the north, and to Hampshire and the south coast to the south. The area also has good rail links, with the Great Western Main Line giving access to Swindon and Bristol to the west, and to Reading and London and other towns in the Thames valley to the east, with the Berks and Hants line runs west from Reading through the district, providing connections to Devizes in Wiltshire with onwards connections to the West Country.

4.5 Parts of the district border neighbouring local authorities and shire counties such as Wiltshire to the west, Oxfordshire to the north, Reading and Wokingham local authorities to the south east, and Hampshire to the south.

Geodemographic classification

4.6 The largest urban areas in the district are Newbury and Thatcham, where around 44% of West Berkshire residents live. 25% of residents live in the suburban area adjoining Reading borough. Around 32% of people live in rural settlements. Figure 4.1 shows the main urban and rural areas within the district giving a sense of the vast amount of the district that is covered by rural land.

Figure 4.1: Urban and rural areas of West Berkshire



Source: ONS, 2021 Census

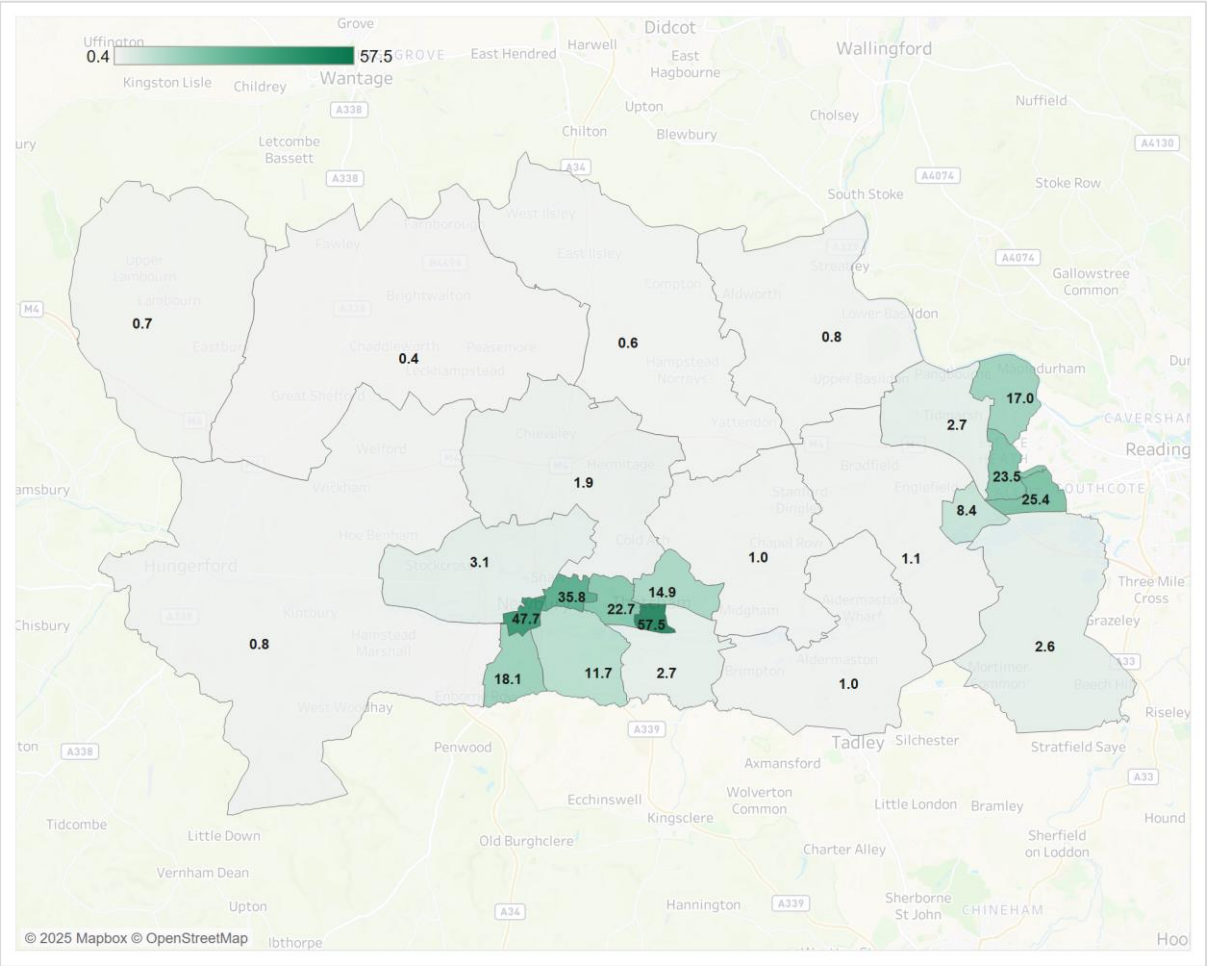
Demography

Population size and density

4.7 West Berkshire has a low population density. With an estimated population size of 161,333 (ONS, Census 2021), its population density of 2.3 people per hectare is one of the lowest in the South East, which has an average population density of 4.9 people per hectare. This attests to rural nature of large parts of the district.

4.8 Population density peaks around Thatcham and Newbury towns, with Thatcham Central ward having the highest population density at 57.5 people per hectare (Figure 4.2). Conversely, Downlands ward has the lowest density.

Figure 4.2: Population density of West Berkshire per hectare by ward



Source: ONS, 2021 Census

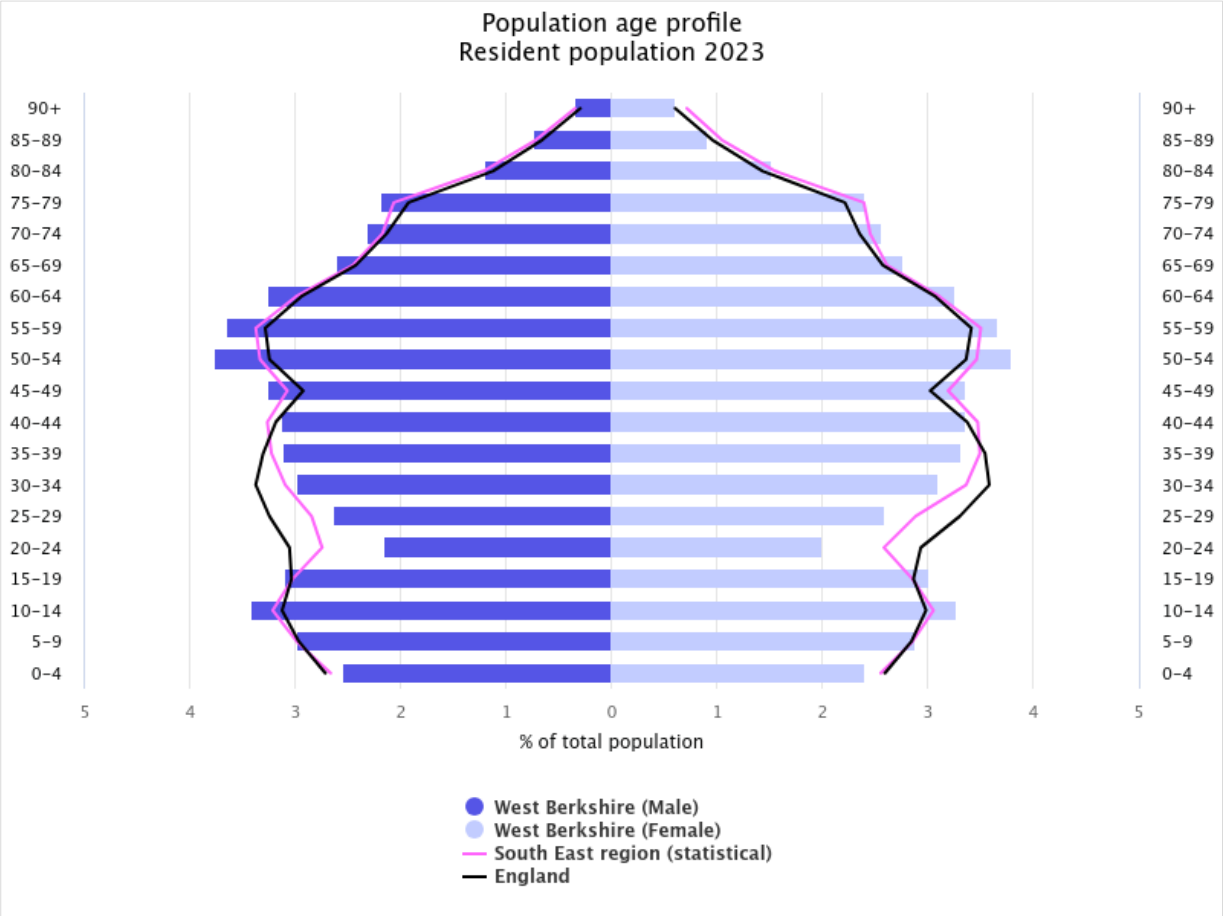
Age and Gender structure

4.9 The median age of West Berkshire residents is 43 years, which marginally higher than that of South East England as a whole (42).

4.10 Older adults (aged 65 and over) make up 20% of West Berkshire's population which is slightly above the South East's overall figure of 19%.

4.11 The figure below presents a breakdown of the age and gender of West Berkshire residents.

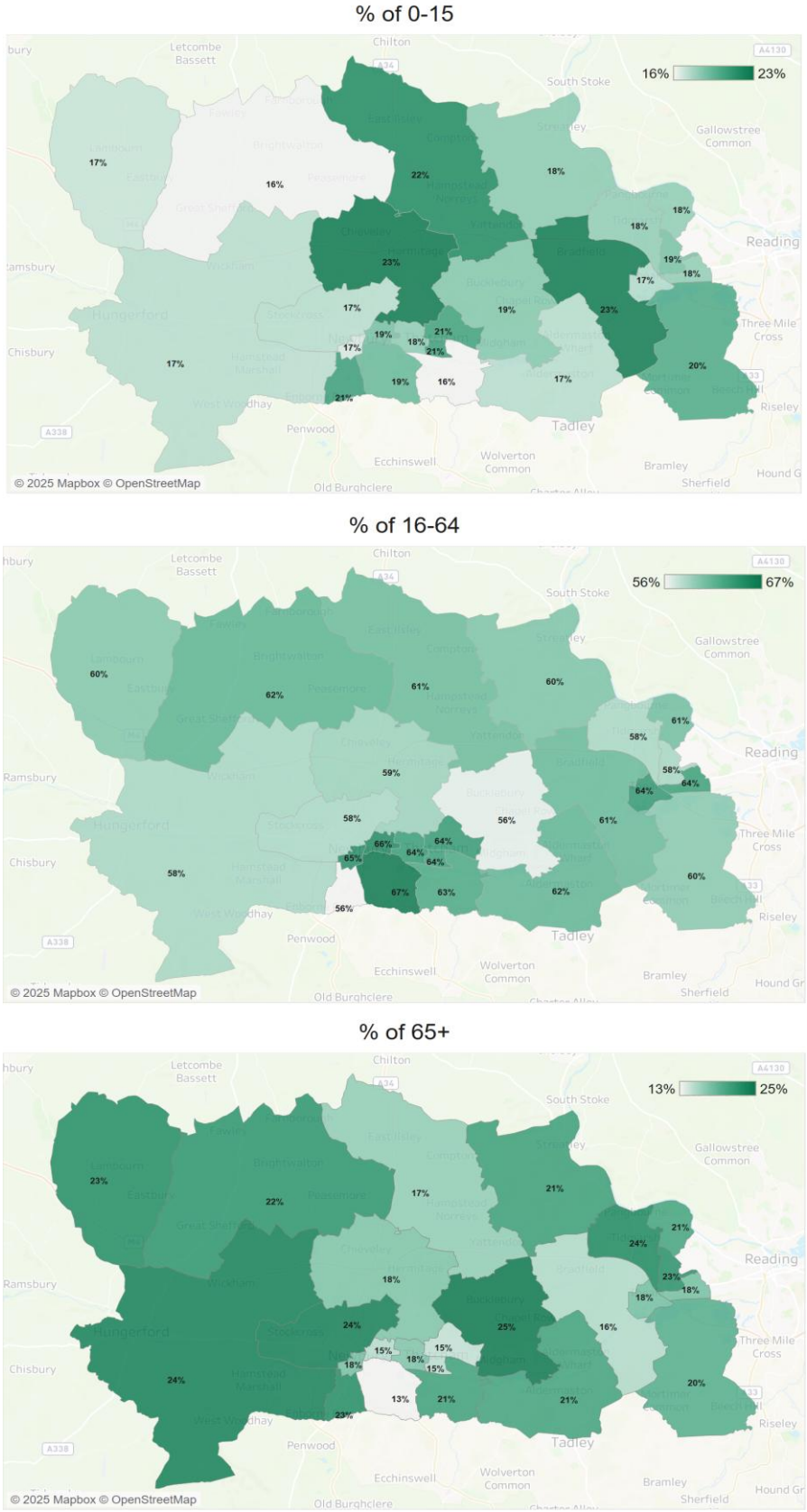
Figure 4.3: Proportion of West Berkshire resident population by age-band and gender, Resident Population 2023



Source: Public Health Outcomes Framework

4.12 At a ward level, Bucklebury has the highest proportional representation of older adults (25%), while Newbury Greenham has the smallest (13%) as shown in Figure 4.4 below.

Figure 4.4: Percentage of age groups by ward



Source: ONS, 2021 Census

Ethnicity and diversity

4.13 Often areas that have high diversity, also have higher levels of deprivation and health inequalities. NICE Guidance[8] highlights that community pharmacies can impact on health inequalities in several ways. For example, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. It recommends that they take into consideration how a patient's personal factors may impact on the service they receive, for example, their gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

4.14 West Berkshire has a relatively small ethnic minority population of only 8%. This is smaller than the South East on average (14%) and England as a whole (19%) (Table 4.1).

Table 4.1: Ethnic population breakdown for West Berkshire, South East England and England

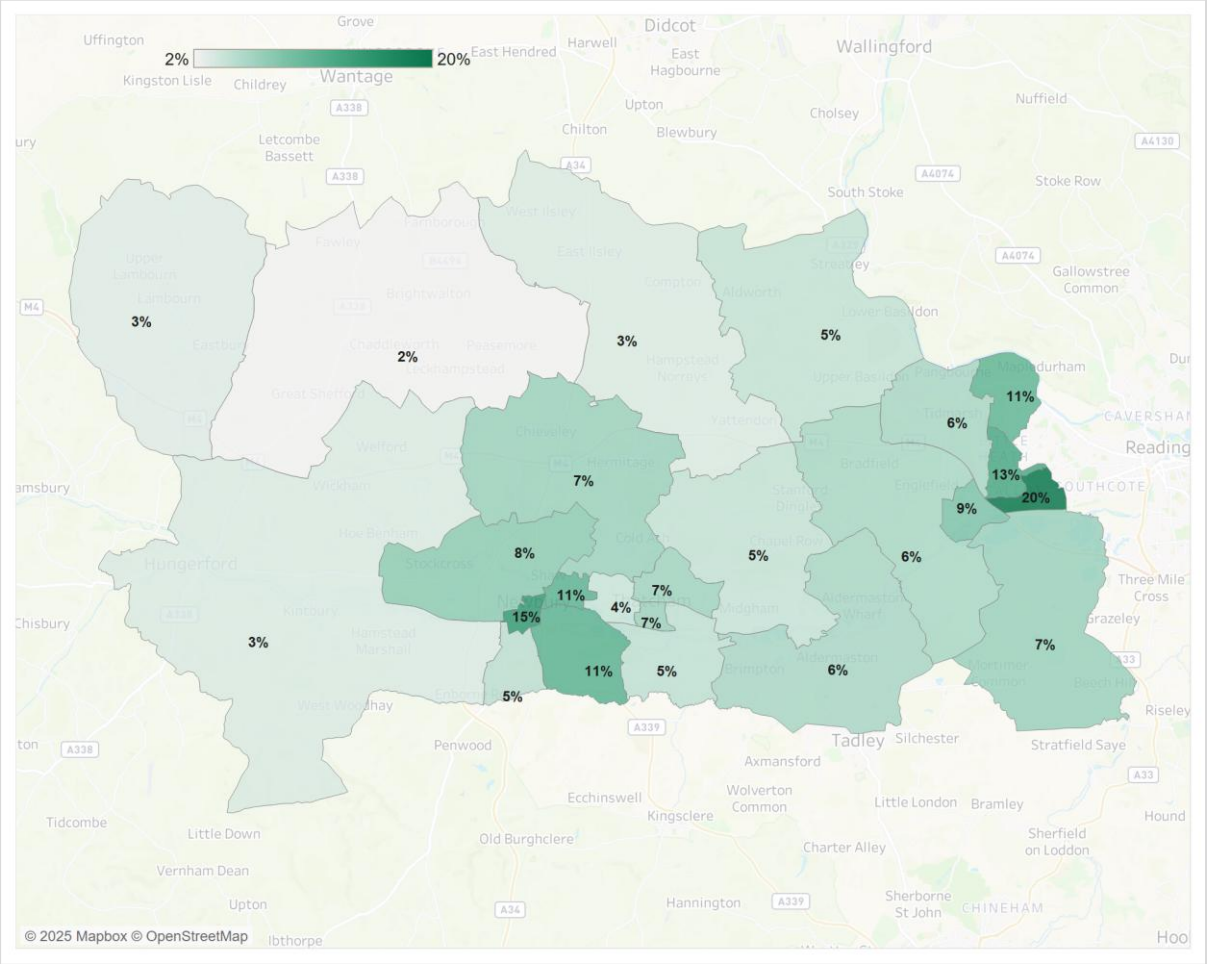
Ethnicity	West Berkshire	South East	England
Asian or Asian British	4%	7%	10%
Black, Black British, Caribbean or African	1%	2%	4%
Mixed or Multiple ethnic groups	2%	3%	3%
White	92%	86%	81%
Other ethnic group	1%	1%	2%

Source: ONS, Census 2021

4.15 There is a great variability in terms of proportion of ethnic minorities at the ward level, with a fifth of Tilehurst South & Holybrook's resident population identifying as being from an ethnic minority, while that figure is only 2% in Downlands (Figure 4.5).

[8] NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

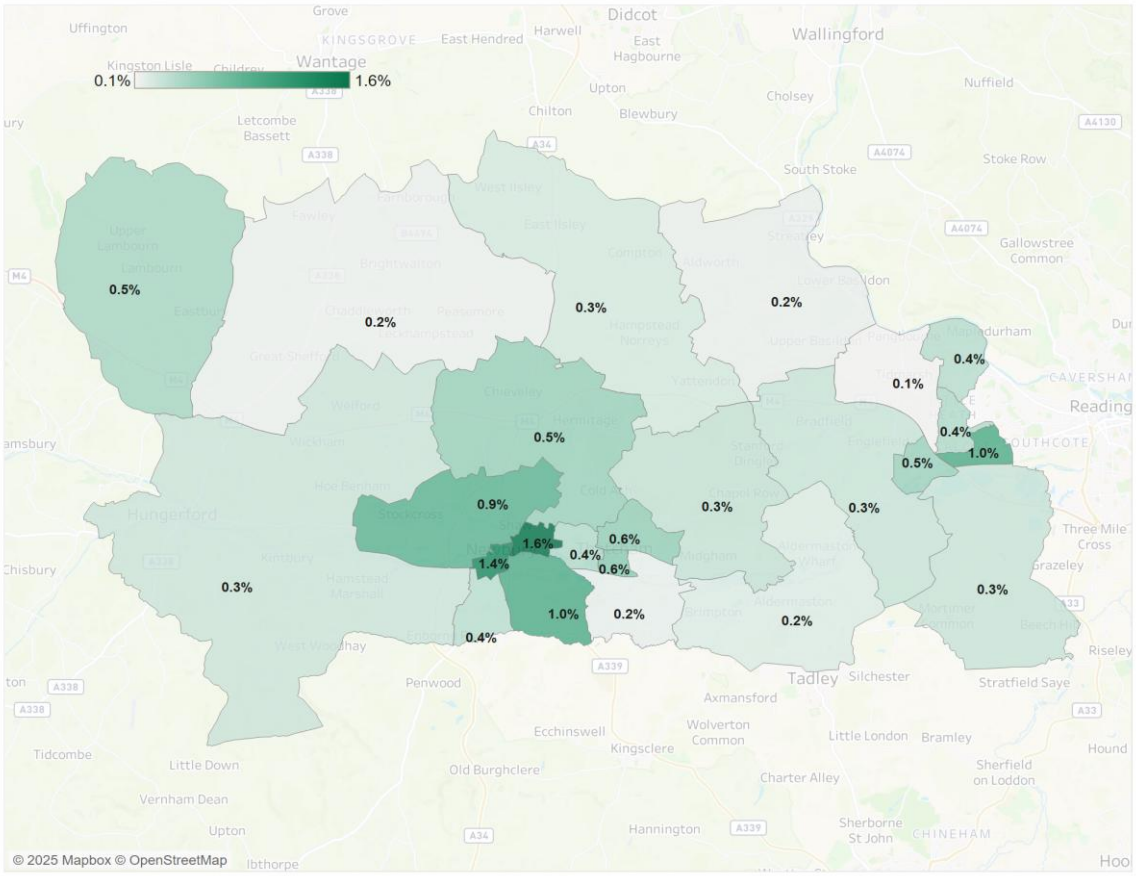
Figure 4.5: Percentage of ethnic minorities in West Berkshire by ward



Source: ONS, Census 2021

4.16 Language proficiency is not considered a significant issue across the district. While Newbury Clay Hill has the highest proportion of residents who report not being able to speak English well or at all, and Pangbourne the lowest, the overall figure remains very low at just 0.6% of the district's population.

Figure 4.6: Proportion of residents that cannot speak English well or at all, by ward



Source: ONS, Census 2021

4.17 Polish, Romanian and Portugues are the main languages spoken in West Berkshire after English.

Table 4.2: Main languages spoken in West Berkshire - Top 10

Main Language	% of population
English	95.2%
Polish	0.8%
Romanian	0.5%
Portuguese	0.4%
Spanish	0.2%
Hungarian	0.2%
Hindi	0.2%
Tamil	0.1%
Italian	0.1%
French	0.1%

Source: ONS, Census 2021

Population changes

4.18 Any sustained population changes can affect demands on pharmaceutical services and are therefore taken into consideration in this PNA.

Population size projections

4.19 The latest ONS population projections predict a 0.3% decrease (408 people) in West Berkshire's overall population (ONS 2018-based subnational population projections, 2020). Factoring in the age of the dataset, the new dwelling forecasts are likely to be more indicative of population changes.

New dwellings

4.20 1,540 new dwellings are expected to be completed from the period 2024/25 to 2027/28. The largest of these sites will be in Theale and Newbury areas. It should be noted that these are proposed developments, and not all the units will be completed within the anticipated time.

Table 4.3: Scheduled housing developments by ward

Ward	2024/25	2025/26	2026/27	2027/28	Ward Total
Newbury Greenham	113	89	112	46	360
Theale	82	112	75	60	329
Newbury Speen	80	86	55	30	251
Burghfield & Mortimer	63	69	20	12	164
Newbury Wash Common			50	100	150
Thatcham West	30	50	11		91
Newbury Clay Hill	25	25	25		75
Newbury Central		36	36		72
Aldermaston		26			26
Tilehurst and Purley	14				14
Lambourn			8		8
Year Total	**407**	**493**	**392**	**248**	**1,540**

Source: West Berkshire Council

4.21 Of all the sites, Sandleford is expected to be the largest, delivering a total of 1,300 homes in the next 10 years. Other large sites expected to deliver homes during the PNA's lifetime are shown in the table below. These new dwellings are designed to be family homes, with an accompanying school being constructed at the Sandleford site.

Table 4.4: Scheduled housing developments by development site

Site Name	Ward	2024/25	2025/26	2026/27	2027/28	Site Total
Lakeside development from Ridgepoint Homes	Theale	30	60	60	60	210
Woodlark Place from Charles Church	Newbury Greenham	50	50	57		157
The Chase at Newbury Racecourse from David Wilson Homes	Newbury Greenham	15	39	55	46	155
Sandleford Park East	Newbury Wash Common			50	100	150
Ochre Meadows from Croudace Homes	Theale	37	52	15		104
The Brooks from Croudace Homes	Burghfield & Mortimer	49	51			100
Lapwing Green from David Wilson Homes	Newbury Speen	10	30	30	30	100
Donington Heights from David Wilson Homes	Newbury Speen	35	35	25		95
Lambourn Meadows from Charles Church	Thatcham West	30	50	11		91
Knights Grove from Cala Homes	Newbury Clay Hill	25	25	25		75
Land to rear of 1-15 The Broadway (Bayer site)	Newbury Central		36	36		72
Shaw Valley from Taylor Wimpey	Newbury Speen	35	21			56
Sterling Gardens from Nelson Group	Newbury Greenham	48				48
Tower House Farm from TA Fisher	Burghfield & Mortimer	14	18			32
Land to the rear of The Hollies, Burghfield Common	Burghfield & Mortimer			20	12	32
Comfort Inn And Land To The South West , Bath Road, Padworth	Aldermaston		26			26
The Botanics from TA Fisher	Theale	15				15
Magna Gardens from Shanly Homes	Tilehurst and Purley	14				14
RSA15 - Land at Newbury Road, Lambourn	Lambourn			8		8
Year Total		**407**	**493**	**392**	**248**	**1540**

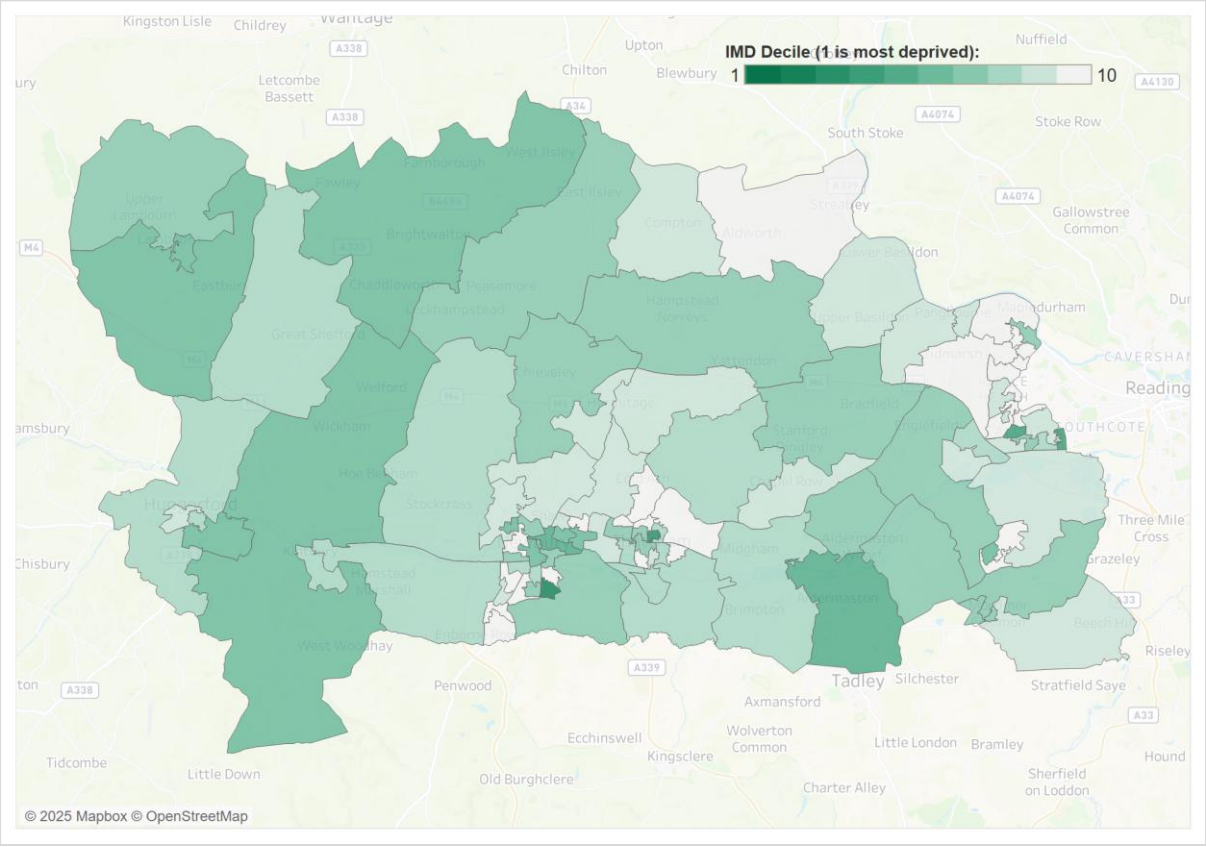
Wider determinants of health

Index of Multiple Deprivation

4.22 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

4.23 West Berkshire is ranked 147 out of England's 151 upper tier local authorities, where 1 is the more deprived local authority. Stated another way, there are only 4 other local authorities in the nation that have less deprivation than West Berkshire. Only one neighbourhood (LSOA) out of West Berkshire's 97 is among the nation's 20% most deprived ones (IMD decile of 1 or 2). This means that West Berkshire is one of the least deprived areas in England.

Figure 4.7: IMD deciles in West Berkshire by LSOA, 2019



Source: Ministry of Housing, Communities & Local Government

Other economic markers

4.24 2.5% (2,100) of the working-age population in the district were unemployed in 2023. This is substantially lower than the England rate at 3.7% and the lowest reported rate in South East England (OHID, Public Health Outcomes Framework, 2025).

4.25 3,068 (10%) children residing in the district were from relatively low-income families in 2022/23. This is a lower proportion than England where 19.8% of children were from low-income families, and the third lowest proportion in South East England.

4.26 In 2022, 7.7% of people did not have enough income to afford sufficient fuel. This is lower than the regional rate of 9.7% and the national rate of 13.1% (OHID, Public Health Outcomes Framework, 2025).

4.27 552 (8.3 per 1,000) households with dependent children in West Berkshire are owed a duty under the Homelessness Reduction Act (2023/24 data). This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This is lower than the England rate of 11.3 per 1,000 households, and lower than the South East England rate of 7.5 per 1,000 households (OHID, Public Health Outcomes Framework 2019/20).

4.28 ‘Underserved’ communities, such as those who are homeless or sleeping rough, and people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service. Pharmacies play an essential role in addressing their health needs by providing accessible health care through acting as the first point of contact for individuals in these communities who may face barriers to accessing GPs or hospitals. Additionally, many pharmacies offer public health initiatives, such as smoking cessation programs, weight management services, and immunisations, which can directly benefit communities facing health disparities They can also help people who are homeless with support in areas such as medicines management and signposting to other health and wellbeing services.

Rurality

4.29 People living in rural areas generally experience greater financial stability and better overall health than those in urban settings.[9] However, this broad advantage can sometimes mask inequalities within rural communities, where some face significant deprivation and poorer health outcomes. Those in more remote rural locations often encounter greater challenges.

4.30 According to the Rural Deprivation Index for Health, no areas in West Berkshire are ranked within the 10% most disadvantaged in the district. However, one neighbourhood in Hungerford, considered to be a rural town, falls within the 30-40% most disadvantaged areas of England.

4.31 Overall, rural populations are older than those in urban areas, with an average age nearly six years higher. Across the UK, approximately 24.5% of rural residents are aged 65 or over. [10]

4.32 Rural residents face several healthcare challenges, including limited public transport, longer travel distances to medical facilities, an ageing population, issues with housing quality, poor digital connectivity, and difficulties in recruiting healthcare workers. These factors can make it harder for people to access the care they need.

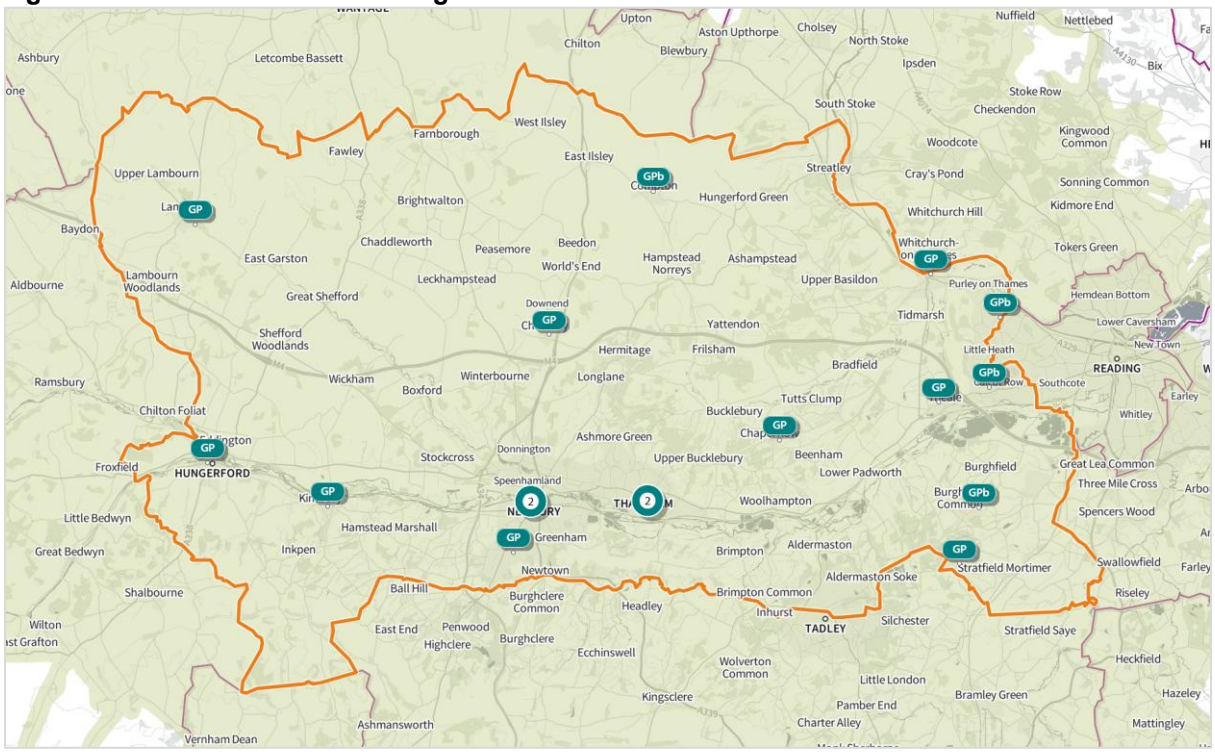
4.33 Access to healthcare and social services is more difficult in rural areas due to longer travel distances to GP surgeries, dentists, hospitals, and other health facilities. This can lead to 'distance decay', where service use declines as distance increases. In West Berkshire, all residents live within a 20-minute drive of a local GP (Figure 4.8).

4.34 Rural communities also tend to be less diverse, with around 95% of residents identifying as White British. Minority ethnic groups are present in much smaller numbers and may lack the social and community support that is more readily available in urban areas, increasing the risk of social isolation and exclusion.

[9] DEFRA (updated April 2025). Official Statistics, Key Findings, Statistical Digest of Rural England. https://www.gov.uk/government/statistics/key-findings-statistical-digest-of-rural-england/key-findings-statistical-digest-of-rural-england#health-and-wellbeing

10 UK Parliament (2023). Health care in rural areas. House of Lords Library.

Figure 4.8. 20-minute drive coverage to a West Berkshire GP



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2025

Patient groups with specific needs

People who sleep rough

4.35 In 2024, an estimated 8 out of every 100,000 people in West Berkshire were sleeping rough (Annual Rough Sleeping Snapshot in England: Autumn 2024). West Berkshire Council is committed to tackling the root causes of homelessness and rough sleeping, ensuring vulnerable individuals receive the support they need to secure and maintain stable housing.

4.36 The Council's Preventing Homelessness and Rough Sleeping Strategy 2020-2025[11] outlines key priorities for addressing homelessness in the district:

1. Prevention and Early Intervention: Identifying individuals at risk and providing support before they reach crisis point.
2. Reducing Rough Sleeping: Implementing targeted strategies to decrease and ultimately eliminate rough sleeping.

11 West Berkshire Council. (2020). Preventing Homelessness and Rough Sleeping Strategy 2020-2025. West Berkshire Council. Available at: https://www.westberks.gov.uk/media/48320/Preventing-Homelessness-and-Rough-Sleeping-Strategy-2020-2025/pdf/Homelessness_Strategy__Final_191231.pdf

3. Increasing Housing Options: Expanding affordable and suitable housing choices.
4. Strengthening Partnerships: Working closely with local authorities, service providers, and community organisations to deliver a coordinated response.
5. Enhancing Communication: Ensuring residents are aware of available services and support.

4.37 Pharmacies play a crucial role in supporting the health and well-being of people experiencing homelessness. As easily accessible services, often located in areas of high deprivation, they provide an important point of contact for marginalised groups, including those without stable accommodation or those struggling with substance misuse. Many individuals in these situations are more likely to seek support from a pharmacy than a GP or other healthcare provider, as pharmacies offer a safe and confidential environment for advice and assistance.

4.38 Pharmacists provide essential support with managing medication, promoting hygiene, offering sexual health services and vaccinations, and signposting individuals to further health and social care services. They also play a key part in harm reduction by offering advice, supplying clean needles to those who inject drugs, and providing supervised consumption services for individuals facing substance misuse challenges.

People who have experienced domestic abuse

4.39 Domestic violence was identified as a significant area of concern by the steering group. In 2023 to 2024, there were 25.1 domestic abuse-related incidents per 1,000 people, a figure close to the South East rate of 23.9 and the national rate of 27.1 per 1,000. Recorded sexual offences stood at 2 per 1,000 people, lower than the South East and national averages of 2.7 and 2.9 per 1,000 respectively. Hospital admissions for violence, including sexual violence, were lower in West Berkshire (12 per 100,000 admissions) compared to the South East figure of 24.1 and the England average of 34.2 during 2021/22–2023/24 (OHID, Public Health Profiles 2025).

4.40 In May 2023, West Berkshire Council conducted a needs assessment on domestic abuse services, leading to the development of the Draft Domestic Abuse Strategy 2023-2027.[12] This strategy outlines four key priorities:

1. Prevention: Acting before harm occurs to prevent domestic abuse.
2. Early Identification and Safety: Recognizing domestic abuse promptly and enhancing the safety of those at risk.
3. Addressing Perpetrators: Identifying and intervening with individuals causing harm.
4. Empowerment and Recovery: Supporting survivors to recover and live free from harm.

4.41 Pharmacies can play a vital role in supporting individuals affected by domestic abuse in several ways. This includes serving as a safe place for individuals to seek help discreetly without fear of being overheard, providing confidential advice and support including offering information on local domestic abuse services/resources and signposting where necessary.

4.42 Pharmacists are trained to recognise the signs of domestic abuse so can recognise these signs early and respond appropriately. Additionally, they can provide emergency contraceptives and medications for injuries resulting from abuse. They can also help with mental health support through making appropriate referrals.

Gypsy, Roma, Traveller and Horse Racing Communities

4.43 Gypsy, Roma and Traveller communities are the most disadvantaged minority groups in Europe, experiencing the poorest health outcomes.[13] A recent Briefing on health inequalities experienced by Gypsy, Roma and Traveller communities discussed severe health inequalities experienced by the communities. It included, lower life expectancy, higher rates of long-term illness, and mental health struggles. Discrimination, mistrust of healthcare services, and barriers like poor access to education and inadequate accommodation exacerbate these issues. Additionally, it

12 West Berkshire Council. (2023). Draft Domestic Abuse Strategy 2023-2027. West Berkshire Council. Available at: https://www.westberks.gov.uk/article/42800/Draft-Domestic-Abuse-Strategy-2023-2027

13 Alison McFadden, Lindsay Siebelt, Anna Gavine, Karl Atkin, Kerry Bell, Nicola Innes, Helen Jones, Cath Jackson, Haggi Haggi, Steve MacGillivray, Gypsy, Roma and Traveller access to and engagement with health services: a systematic review, European Journal of Public Health, Volume 28, Issue 1, February 2018, Pages 74–81

discussed challenges like digital exclusion and difficulties in registering with GP practices further hinder access to proper healthcare.[14] Key areas for improvement include enhancing healthcare access, building trust through culturally competent services, and improving data collection to better address these health disparities.[15]

4.44 There are 192 West Berkshire residents from the Gypsy, Roma and Traveller community (2011 Census).

4.45 West Berkshire Council is proactively addressing needs of Gypsy, Roma, and Traveller communities through the development of the Gypsy and Traveller Accommodation Development Plan[16] and a Ethnic Minority & Traveller Achievement Service.[17]

4.46 West Berkshire, particularly the village of Lambourn, is renowned as a significant centre for racehorse training. The area has a rich history and infrastructure supporting the horse racing industry, with training grounds that were granted royal approval in the 1960s. Lambourn is home to several key facilities for horse racing, such as rehabilitation centres for injured jockeys and equine hospitals.[18]

4.47 The council has engaged in initiatives such as the Rural Business Forum, which brings together rural businesses, including those related to horse racing, to discuss challenges and opportunities within the sector.

4.48 Pharmacies can provide culturally aware services, ensuring that staff are trained to understand the specific needs and health beliefs of GRT communities. They can also improve access by offering services in locations where GRT communities frequently reside, including outreach in temporary encampments or at community events and partnering with local GRT and horse racing organisations to enhance outreach efforts and ensure that services are effectively tailored to the community's needs.

14 Gypsy Traveller Empowerment. (2022). Health inequalities experienced by Gypsies and Travellers in England. Retrieved from https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

15 European Journal of Public Health. (2024). Gypsy, Roma and Traveller access to and engagement with health services: A systematic review. European Journal of Public Health, 28(1), 74-81. https://academic.oup.com/eurpub/article/28/1/74/4811973

16 West Berkshire Council. (2024). West Berkshire Local Plan. Local Development Scheme. West Berkshire Council. Available at West Berkshire Local Plan. Local Development Scheme. March 2024

17 Ethnic Minority & Traveller Achievement Service (EMTAS): West Berkshire Education. (n.d.). Ethnic Minority & Traveller Achievement Service (EMTAS). West Berkshire Education. Available at: https://westberkseducation.co.uk/Page/5337

18 Horse Racing and Equestrian Activities in West Berkshire: North Wessex Downs AONB. (2021). Racing Industry Study. North Wessex Downs. Available at: https://www.northwessexdowns.org.uk/wp-content/uploads/2021/11/RacingIndustryStudy.pdf

Summary of the demographics of West Berkshire

West Berkshire is a generally affluent rural unitary authority in Berkshire, vast areas of which are rural. Its population is estimated to be 161,333 residents. West Berkshire has a comparatively older population with a median age of 43 years.

Ethnic diversity is fairly low in West Berkshire, with only 8% of its population from a ethnic minority. 94% of the population speak English as a main language.

Groups with specific needs were people sleep rough, people who experience domestic abuse and the Gypsy, Roma, Traveller and Horse Racing communities. Pharmacies can support these groups by improving access to health care services, providing a safe space and culturally aware services.

Chapter 5 - Population health needs

5.1 This chapter provides an overview of health and wellbeing in West Berkshire, with a particular focus on areas likely to affect the needs for community pharmacy services. It examines life expectancy and healthy life expectancy in West Berkshire and includes an exploration of risk factors and major health conditions.

5.2 All the data in this chapter is sourced from the Office for Health Improvement and Disparities, Public Health Profiles, 2025.

Life expectancy and healthy life expectancy

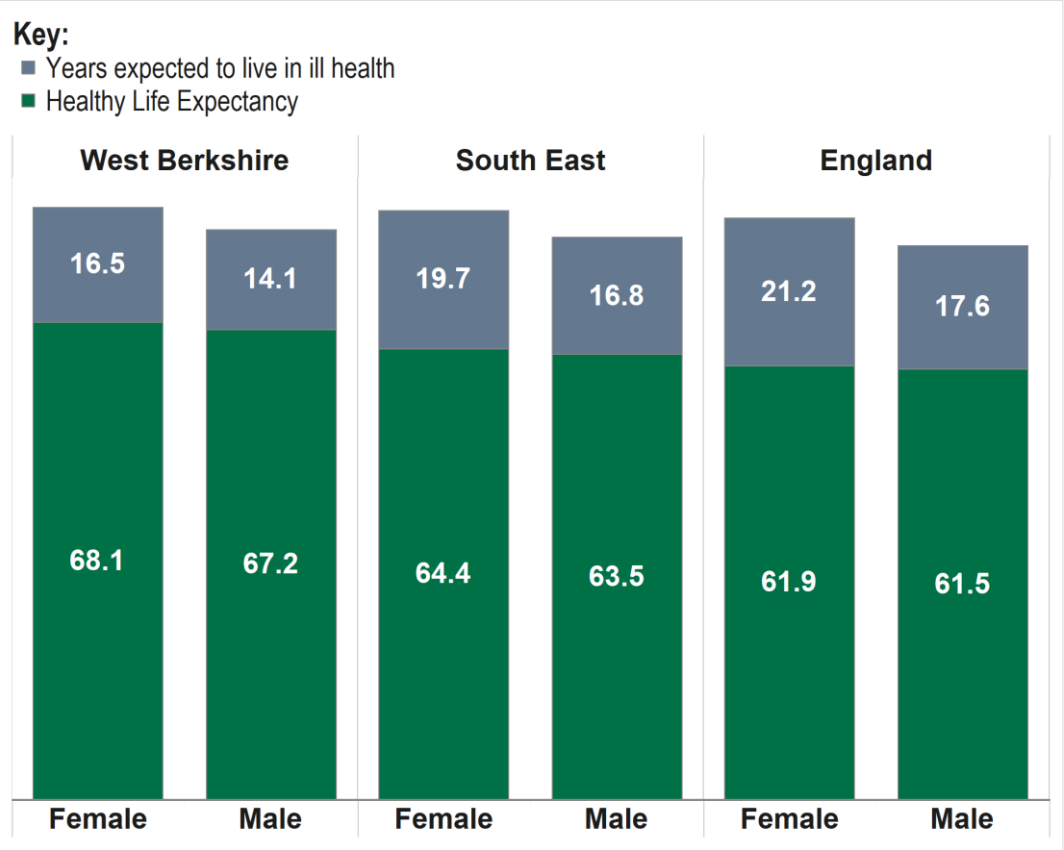
5.3 Life expectancy is a statistical measure that indicates the average number of years a person is expected to live. Healthy life expectancy at birth represents the average number of years an individual can expect to live in good health, based on age-specific mortality rates and the prevalence of good health in their area.

5.4 Residents of West Berkshire continue to have higher life expectancy and healthy life expectancy compared to both the South East region and England as a whole. The latest figures for 2021 to 2023 show that life expectancy in West Berkshire is 81.3 years for males and 84.6 years for females, significantly above national and regional averages.

5.5 Figure 5.1 below presents life expectancy and healthy life expectancy in years for men and women across West Berkshire, South East England and England. Healthy life expectancy, defined as the number of years a person can expect to live in good health, stands at 67.2 years for males and 68.1 years for females, both notably higher than the national and regional averages.

5.6 However, this data also highlights that on average, males in West Berkshire can expect to live 14.1 years in ill health, while females may spend up to 16.5 years in poor health.

Figure 5.1: West Berkshire Life expectancy and healthy life expectancy



Risk factors

5.7 Community pharmacies are often situated at the heart of communities, providing 'walk-in' access to their services. This makes them ideally positioned to offer opportunistic screening and brief interventions to promote better health and wellbeing.

5.8 The NHS Community Pharmacy Contractual Framework requires community pharmacies to have appropriate provisions in place to offer health promotion on risk factors such as smoking cessation and weight management. They also provide advice on wellbeing and self-care. These interventions aim to engage the public by using every interaction as an opportunity for health promotion and signposting to other relevant services.

5.9 This section of the chapter explores health behaviours and lifestyle factors that can impact a person's health and wellbeing. It also examines how pharmacies can support these through the Healthy Living Pharmacy framework and by signposting. Topics

include weight management, physical activity, smoking, alcohol consumption and substance misuse, mental health, and sexual health.

Smoking

5.10 Smoking is the leading cause of premature death and preventable illness in England. It is the main factor contributing to the gap in healthy life expectancy between more affluent and more deprived populations. Smoking is estimated to account for over 16% of all premature deaths in England and more than 9% of years of life lost due to ill health, disability or early death. It is a major cause of numerous diseases and conditions, including cancer, respiratory diseases and cardiovascular diseases.

5.11 Smoking prevalence is relatively low in West Berkshire. In 2023, 9.7% of adults aged 18 and over in West Berkshire smoked, compared to 11.6% in England and 10.6% in the South East. However, smoking rates are higher among those in routine and manual occupations. In 2023, 15.1% of routine and manual workers in West Berkshire smoked, compared to 19.5% in England and 18.4% in the South East.

5.12 Smoking prevalence is also monitored among pregnant women due to its harmful effects on both maternal health and the baby's growth and development. In 2023 to 2024, 5.9% of mothers in West Berkshire smoked at the time of delivery, which is lower than the figures for England (7.4%) and the South East (6.8%).

5.13 Community pharmacies often provide leaflets and booklets that contain useful information on how to quit smoking and health risks associated with smoking. As detailed in chapter 8, they also offer smoking cessation services which encompasses provision of brief advice on stopping smoking, advice on vaping, provision of nicotine replacement therapies as well prescription medicines such as varenicline and bupropion that can help individuals manage their cravings.

Alcohol

5.14 Harmful drinking is a major public health concern in the UK, associated with numerous health issues such as brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage, and poor mental health. Additionally, alcohol can

contribute to accidents, acts of violence, criminal behaviour, and various social problems.[19]

5.15 In 2023, there were 44 deaths classified as 'alcohol-related mortality' in West Berkshire. This resulted in a rate of 26.2 per 100,000 population, which is significantly lower than the rate for England (40 per 100,000) and the lowest in the South East region.

5.16 In 2023/24, there were 549 admission episodes for alcohol-specific conditions in West Berkshire. This is a rate of 333 per 100,000 population, which is lower than the rate for England of 581 and the 2nd lowest rate in the South East region.

5.17 Community pharmacies play a crucial role in connecting individuals to local addiction services. Some pharmacies are also able to provide medicine used in the treatment of alcohol use disorder (alcoholism) such as Acamprosate.

Drug use

5.18 Substance misuse is linked to a range of mental health issues, including depression, disruptive behaviour and suicide. Between 2021 and 2023, there were 15 deaths in West Berkshire due to drug misuse. This equates to a rate of 3.3 per 100,000 population, which is lower than the rates for England (5.5 per 100,000) and the South East (4.3 per 100,000).

5.19 In 2023, 5.8% of drug users aged 18 and over in West Berkshire successfully completed treatment for opiate use, a figure similar to England (5.1%) and the South East (6.5%). Among non-opiate users aged 18 and over, the successful treatment completion rate in West Berkshire was 34.9%, compared to 29.5% for England and 30.9% for the South East.

5.20 Community pharmacies provide harm reduction services such as offering needle exchange, opioid substitution therapies such as methadone and Buprenorphine as well as supervised consumption services as documented in chapter 7. Some pharmacies are also able to provide medicine such as naloxone for the reversal of opioid overdoses.

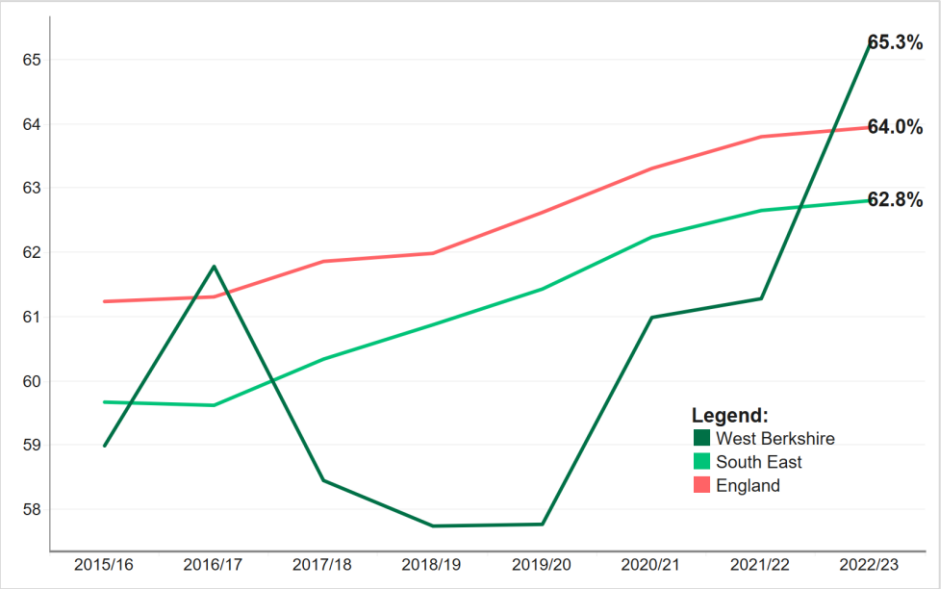
19 GOV.UK - Health matters: harmful drinking and alcohol dependence

Weight management

5.21 Obesity is a major contributor to premature mortality and preventable ill health. It increases the risk of various diseases, including certain cancers, high blood pressure and type 2 diabetes, and raises the likelihood of death from COVID-19 by 40% to 90%. An individual is classified as obese when their Body Mass Index (BMI) exceeds 30.

5.22 In 2022/23, 65.3% of adults in West Berkshire were classified as overweight or obese, a figure similar to the national average. These rates have been rising slightly each year since 2018/19 (Figure 5.2).

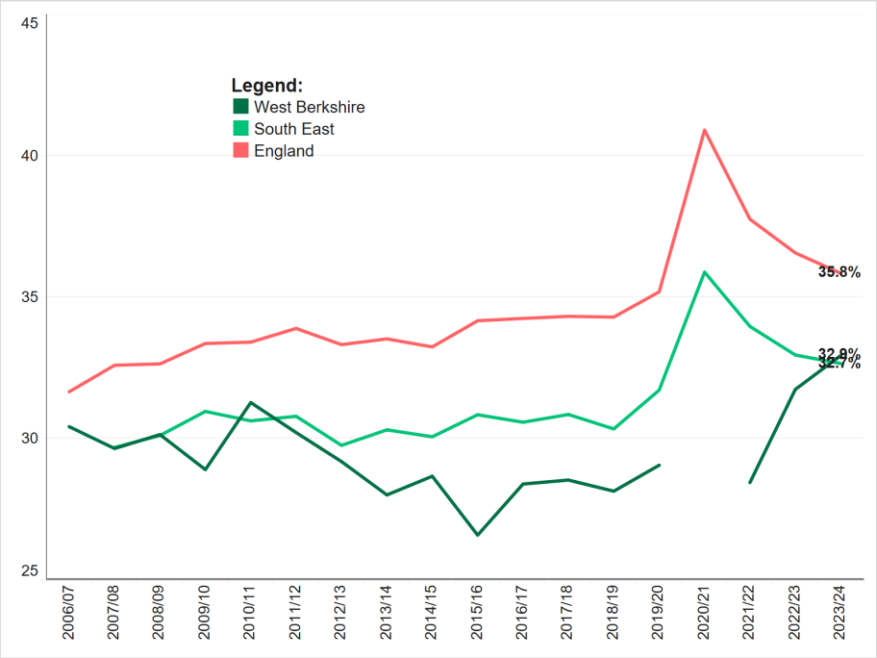
Figure 5.2. Prevalence of overweight and obese in adults in West Berkshire, South East England and England 2015/16-2022/23



5.23 Childhood obesity is increasing and has a significant impact on long-term health outcomes. Children who are overweight or obese may experience elevated blood lipids, glucose intolerance, type 2 diabetes, hypertension, and liver enzyme increases linked to fatty liver disease. Additionally, obesity can worsen conditions such as asthma and lead to psychological issues, including social isolation, low self-esteem, teasing and bullying.

5.24 In 2023/24, 21% of children in Reception Class in West Berkshire were classified as overweight or obese, a figure similar to the national average. Among children in Year 6, 32.9% were overweight or obese, a rate lower than the national average. However, obesity levels among Year 6 children have been rising since 2018/19.

Figure 5.3. Prevalence of overweight and obese in Year 6 children in West Berkshire, South East England and England 2006/07-2022/23



5.25 Community pharmacy teams can now identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme which provides opportunity for one-to-one coaching from a weight loss expert.

Physical activity

5.26 Individuals who maintain a physically active lifestyle have a 20-35% lower risk of developing cardiovascular disease, coronary heart disease, and stroke compared to those who are sedentary. Physical activity is also linked to improved mental health and overall wellbeing. According to the Global Burden of Disease study, physical inactivity is directly responsible for 5% of deaths in England and is the fourth leading risk factor for global mortality.[20]

5.27 West Berkshire residents are relatively active. In 2022/23 71% of adults in West Berkshire were considered 'physically active', similar to the England figure of 67.1%. 20.7% of adults within the district were considered 'physically inactive', similar to the England figure of 22.9%.

20 World Health Organization - Global Status Report on Physical Activity 2022

Sexual health

5.28 Sexual health services in West Berkshire are provided by the Royal Berkshire NHS Foundation Trust, the Sexual Health Service, Thames Valley Positive Support, and a number of pharmacies across the area.

5.29 The rate of new sexually transmitted infection (STI) diagnoses in West Berkshire is lower than the national average. In 2023, the overall rate of new STI diagnoses per 100,000 population (excluding chlamydia in those under 25) was 210. This is the lowest rate in South East England (369) and significantly lower than the national rate for England (520).

5.30 Chlamydia is the most commonly diagnosed STI in England, with the highest prevalence among young adults. In 2023, there were 1,497 cases of chlamydia detected in West Berkshire, equating to a rate of 119 per 100,000 young people aged 15–24 (females). This is lower than the rates for England (1,962) and South East England (1,670). Chlamydia screening rates in West Berkshire are also low, with only 15% of 15–24-year-olds attending specialised sexual health clinics being screened in 2023. This is below the screening rates for England (20.4%) and South-East England (18.2%).

5.31 Community pharmacies play an important role in promoting and supporting sexual health in a variety of ways. This includes providing contraceptive counselling to help individuals choose between different methods of contraception, offering of emergency contraceptive services as well as products for on-going contraception. They also provide easy access to condoms both for purchase and sometimes free of charge through public health initiatives aimed at preventing sexually transmitted diseases.

5.32 Community pharmacies can act as trusted sources of information, offering leaflets, brochures, and one-on-one consultations on topics related to sexual health. Pharmacists can help individuals understand the signs and symptoms of common STIs, how to reduce the risk of contracting STIs through safe sex practices and how to seek treatment as well as when to get tested. Some pharmacies also offer screening services for STIs such as chlamydia. This can help people access testing more conveniently and encourage early detection and treatment.

HIV

5.33 The rate of HIV is comparatively low in West Berkshire. The latest figures show that there were 11 residents aged 15-59 years in West Berkshire in 2023 newly diagnosed with HIV. This equates to 6.7 per 100,000 population which is similar to the regional and national rates, both at 10 100,000 population.

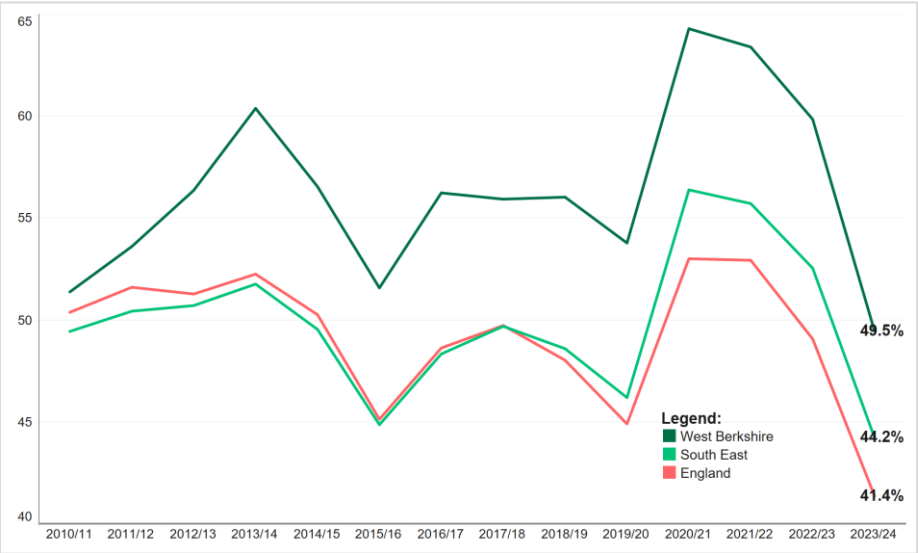
5.34 HIV testing coverage in 2023 is the lowest in the South East region of England. Only 1,698 per 100,000 people who attended specialist sexual health services were tested, which is substantially lower than the rate for England (2,770.7) and South East England (2,272.2).

Flu vaccination

5.35 The flu vaccination is offered to individuals at greater risk of developing serious complications from flu. In 2023/24, 84.5% of over-65s in West Berkshire received the vaccine, the highest coverage in the region. This is above the England average of 79.9% and exceeds the national vaccination coverage target of 75%.

5.36 Flu vaccination coverage for at-risk individuals aged 6 months to 64 years in West Berkshire was 49.5% in 2023/24, the highest in the region and above the England average of 41.4%. However, it remains below the national vaccination coverage target of 55%. The coverage rate for at-risk individuals has been declining in recent years (Figure 5.4).

Figure 5.4. Prevalence of vaccination coverage for flu for at risk individuals in West Berkshire, South East England and England 2010/11-2023/24



5.37 Community pharmacies play a vital role in the delivery of flu vaccinations, helping to improve accessibility and uptake of flu vaccines. Pharmacies provide walk-in services without the need for an appointment. They are widely distributed and often have extended opening hours, including evenings and weekends. These make it easier for individuals to access flu vaccinations without needing to visit a GP, which can be particularly beneficial for those with busy schedules. They also often serve as a key resource in reaching vulnerable populations who may be at higher risk of complications from the flu, such as older adults, people with chronic conditions, or pregnant women and are particularly helpful in reaching groups who might be less likely to visit their GP.

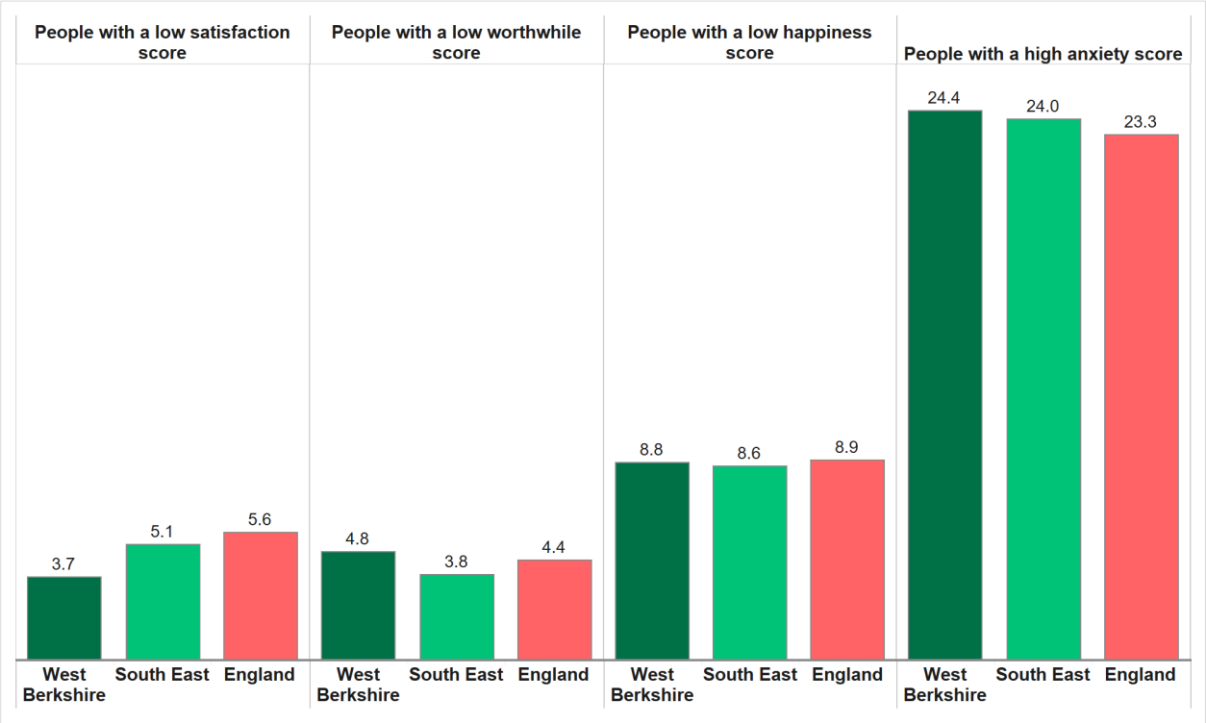
Mental wellbeing

5.38 Mental health and wellbeing is a priority area for the Berkshire West Health and Wellbeing Strategy.[21] The ONS dataset 'Personal well-being estimates by Local Authority'[22] uses four measures to access personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Figure 5.5 below presents the results from the latest survey wave (2022-23), showing the percentage of respondents scoring low for each indicator. It shows that West Berkshire has similar results to South East England and England for Anxiety, Happiness, Life Satisfaction and Worthwhileness.

21 Berkshire West Health & Wellbeing Strategy (2021-2030). https://www.bobstp.org.uk/berkshire-west/berkshire-west-integrated-care-system-ics/

22 ONS, Personal Wellbeing in the UK, 2020-2021, October 2021. https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/2

Figure 5.5: Personal wellbeing scores in West Berkshire, South East England and England. May 2022/23



Social isolation and loneliness

5.39 Social isolation and loneliness can affect people of all ages but are more prevalent among older adults. They are linked to increased behavioural risk factors, poor mental health, and higher morbidity and mortality rates from conditions such as acute myocardial infarction and stroke. The 2021/22 to 2022/23 Active Lives Adult Survey asked residents, "How often do you feel lonely?", to assess the proportion who feel lonely always or often. West Berkshire had the second-lowest figure in the region, with 4.5% of respondents reporting frequent loneliness. This was lower than the national figure of 6.8% and the regional figure of 6.1%.

5.40 The 2023/24 Adult Social Care Survey found that 47.7% of adult social care users aged 18 and over, and 40% of those aged over 65, reported having as much social contact as they would like. While these figures are similar to regional and national averages, they highlight that more than half of older adults receiving social care do not have sufficient social contact and are likely experiencing isolation and loneliness.

5.41 Pharmacies play a crucial role in supporting population mental health and wellbeing. They can assist with the early identification of new or worsening symptoms in patients,

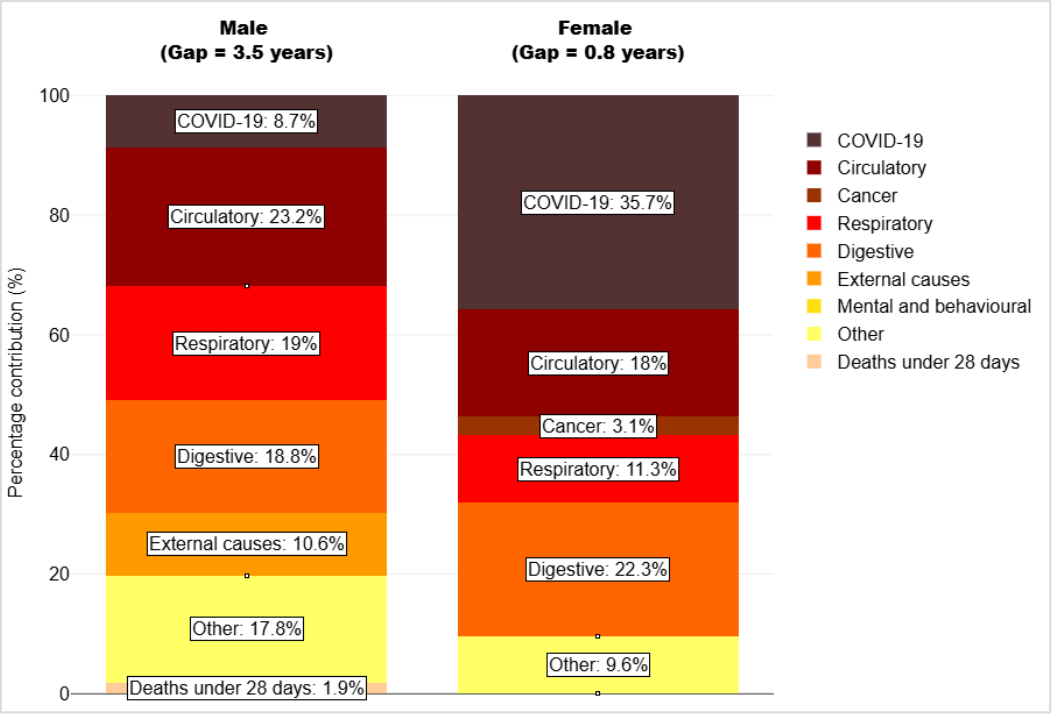
signpost or refer them to existing support services, and work with patients to ensure the safe and effective use of medications. Through services such as the new medicines service, pharmacists able to offer advice to patients on the use of mental health medications and promote adherence. In the event of a mental health crisis, pharmacists can provide immediate access to necessary medications, such as emergency supplies of medicines used for the treatment of mental health conditions, helping individuals manage their condition until they can access further support.

Major health conditions

5.42 The causes of the life expectancy gap between the most deprived and least deprived populations within a district provide valuable insight into which health conditions have the greatest impact on local populations and where a targeted approach is needed.

5.43 Figure 5.6 illustrates the breakdown of the life expectancy gap (by broad cause of death) between the most deprived and least deprived quintiles of West Berkshire for 2020 to 2021. It highlights circulatory diseases as the leading cause of life expectancy differences for males, accounting for 23.2%. For females, COVID-19 is the main contributor, responsible for 35.7% of the gap in life expectancy between deprivation quintiles.

Figure 2.6: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of West Berkshire, by broad cause of death, 2020-21



5.44 Respiratory issues are the next biggest contributor to the life expectancy gap for males, accounting for 19% of the disparity in West Berkshire. Digestive issues are the third leading cause of the life expectancy gap for males and the second for females, making up 18.8% and 22.3% of the gap, respectively. Circulatory diseases are the third largest cause of the gap for females, contributing to 18% of the disparity.

5.45 We will take a closer look at circulatory diseases, respiratory diseases, COVID-19 and digestive issues, and their impact in West Berkshire.

Circulatory diseases

5.46 Circulatory diseases, including coronary heart disease (CHD) and stroke, are the biggest cause of the differences in life expectancy in West Berkshire for males. For the period 2021-2023, the under 75 mortality rate from cardiovascular disease was 55.5 per 100,000 population which was lower than the figures for the South East region (62.8 per 100,000 population) and England (77.1 per 100,000 population).

5.47 The most recent prevalence of CHD patients in West Berkshire general practices (2023/24) (2.5%) was lower than the South East region (2.8%) and the overall England rate (3.0%).

5.48 Stroke prevalence is slightly lower in West Berkshire than the South East and England. In 2023/24, 1.7% of patients registered with a GP in West Berkshire had a stroke or transient ischaemic attack (TIA) diagnosis. This is slightly lower than the 1.9 percentage for both England and South East England.

COVID-19

5.49 The COVID-19 pandemic highlighted the significant impact of deprivation on health risks and outcomes. COVID-19 morbidity and mortality were more pronounced in more deprived areas and among people from minority ethnic backgrounds, who typically experience greater social inequality related to income, housing, education, employment, and working conditions. Nationally, the individuals who suffered the worst outcomes from COVID-19 were older, of Black or Asian heritage, and had underlying health conditions such as obesity or diabetes.[23]

23 The King's Fund. (2020). COVID-19 and Health Inequalities. Retrieved from: https://www.kingsfund.org.uk/publications/covid-19-and-health-inequalities

5.50 The impact of COVID-19 in West Berkshire is relatively low in comparison to the impact nationally and in the South East. The West Berkshire mortality rate for deaths due to COVID-19 across all ages for the period 2021-23 was 36.2 per 100,000 population. This was significantly lower than the England rate of 57.5 per 100,000 population and the 3rd lowest in the South East Region.

Respiratory diseases

5.51 Respiratory diseases, including flu, pneumonia, and chronic lower respiratory diseases such as chronic obstructive pulmonary disease, are among the leading causes of death in England for those under 75.

5.52 In West Berkshire, the under-75 mortality rate for respiratory diseases between 2021 and 2023 was 17.9 per 100,000 population. This rate is significantly lower than both the national rate for England, which stands at 30.3 per 100,000, and the rate for South East England at 24.8 per 100,000.

5.53 Furthermore, when considering preventable respiratory diseases, West Berkshire's under-75 mortality rate was 9.1 per 100,000 population. This is notably lower than the national rate of 18.0 per 100,000 and the rate for South East England, which is 15.0 per 100,000.

5.54 One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). The rate for Emergency hospital admissions for COPD for persons over 35 years for West Berkshire in 2023/24 was 220, which is significantly lower than the rate for England of 357 and the rate for South East England of 260. Helping people to stop smoking is key to reducing COPD and other respiratory diseases.

Digestive diseases

5.55 Digestive diseases are any health problems that occur within the digestive tract. The digestive tract includes the oesophagus, stomach, large and small intestines, liver, pancreas, and the gallbladder.

5.56 The under 75 mortality rate from liver disease for West Berkshire in 2023/24 was 13.8 per 100,000 population, which was significantly lower than the rate for England (21.9 per 100,000 population) and the 2nd lowest in South East England. For the same period, the under 75 mortality rate from alcoholic liver disease was 6.5 per 100,000

population, similar to the national rate of 12 per 100,000 population and the third lowest in the South East region.

Summary of health needs

Overall, the people of West Berkshire enjoy a good level of health. Life expectancy and healthy life expectancy are higher than regional and national figures for both males and females. However, there is an inequality gap in life expectancy between those living in the most deprived areas of West Berkshire compared to those living in the least deprived areas. In general, the health and behaviours of West Berkshire residents are better than South East England and England as a whole.

Circulatory diseases, COVID-19, respiratory diseases, and digestive diseases are the main causes of the gap in life expectancy between the most and least deprived areas. However, the prevalence of circulatory diseases including coronary heart disease and stroke were lower than regional and national comparators, as were premature mortality figures for cardiovascular disease, respiratory diseases and digestive diseases including liver disease.

Chapter 6 - Patient and public engagement survey

6.1 To understand the patient and public views of pharmacy use in West Berkshire, including how people access and use local pharmacies, a patient and public survey was widely disseminated between December 2024 and February 2025.

6.2 The survey also captured protected characteristics so an equality impact assessment could be carried out. A “protected characteristic” is a characteristic listed in section 149 (7) of the Equality Act 2010. There are also particularly vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment. These protected characteristics include age, ethnicity, gender, pregnancy and/or breastfeeding, sexual orientation, employment status, relationship status, carer status and disability status.

6.3 Prior to dissemination, the survey was approved for use with the local population of West Berkshire by the PNA Task and Finish Group.

6.4 This chapter presents the findings of the survey and an equality impact assessment.

Communications engagement strategy

6.5 Working with the West Berkshire Council Communications Team and the Performance, Research and Consultation team, the survey was shared on social media platforms, on local resident e-newsletters and the West Berkshire Consultation and Engagement Hub. The survey was also shared with the West Berkshire community hubs.

6.6 The Buckinghamshire, Oxfordshire and Berkshire West (BOB), Integrated Care System also shared the survey with their Voluntary Sector organisations across Buckinghamshire, Reading and West Berkshire and posted it on their social media channels. They also shared it in the GP bulletin and presented it on the Digital Screens within Reading.

6.7 In addition, the survey was cascaded through:

- Gypsy/Roma/Traveller Pupils who completed the survey over the phone

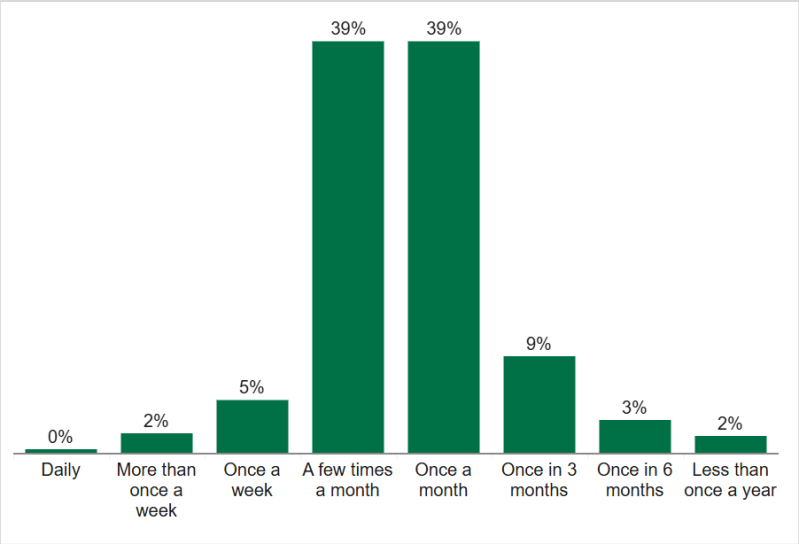
- Newbury College
- Narrowboat community via Healthwatch
- Lambourn Village Views, monthly newsletter – February edition

6.8 The public and patient survey received a total of 851 responses from people who live, work and/or study in West Berkshire.

Results of the public survey

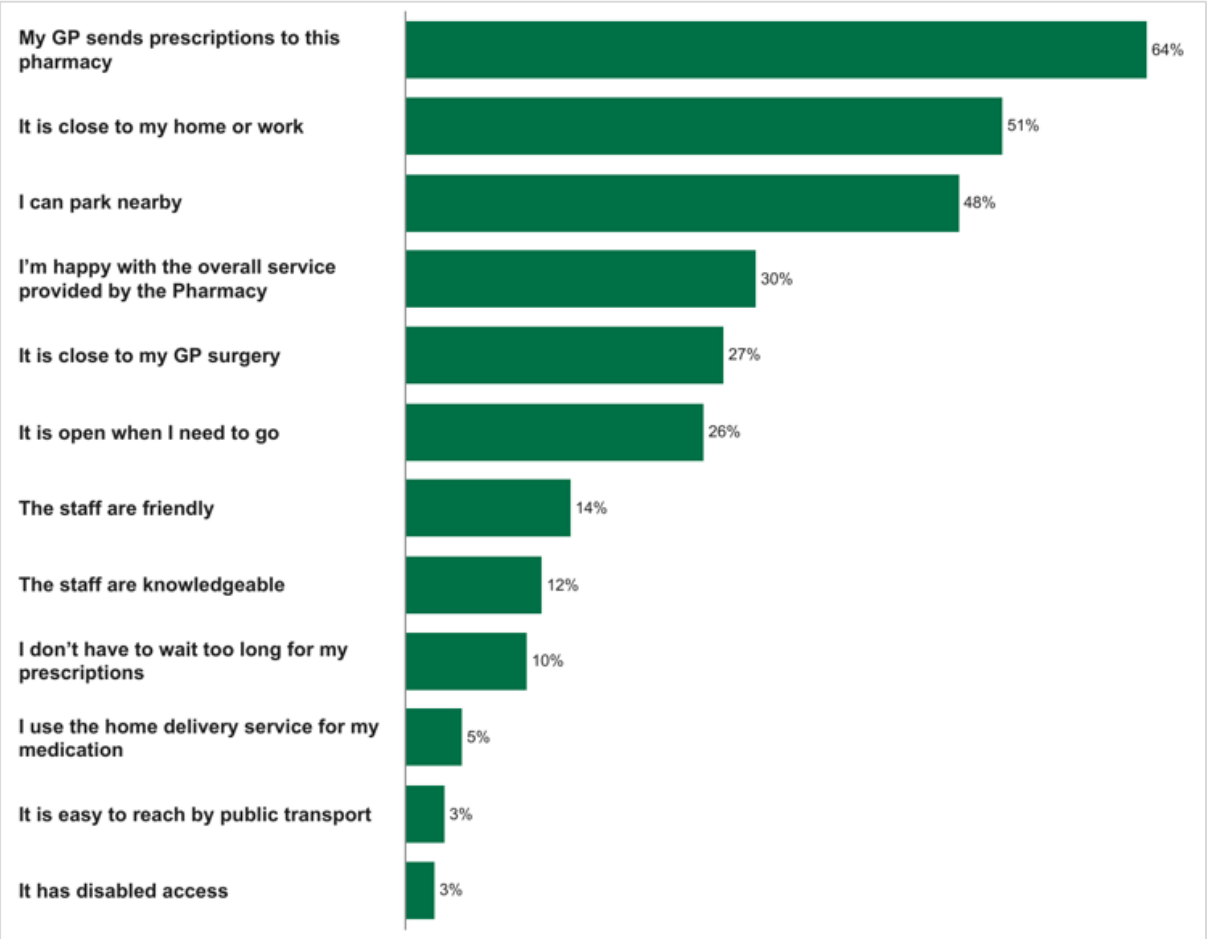
6.9 Local pharmacies are well used by the West Berkshire community. When asked how often they used their pharmacy in the past 6 months, 39% reported using their pharmacy once a month, 39% a few times a month, 9% once in 3 months, 5% once a week, 3% once in 6 months, 2% more than once a week and 2% less than once a year (Figure 6.1).

Figure 6.1: Survey responses on frequency of pharmacy use



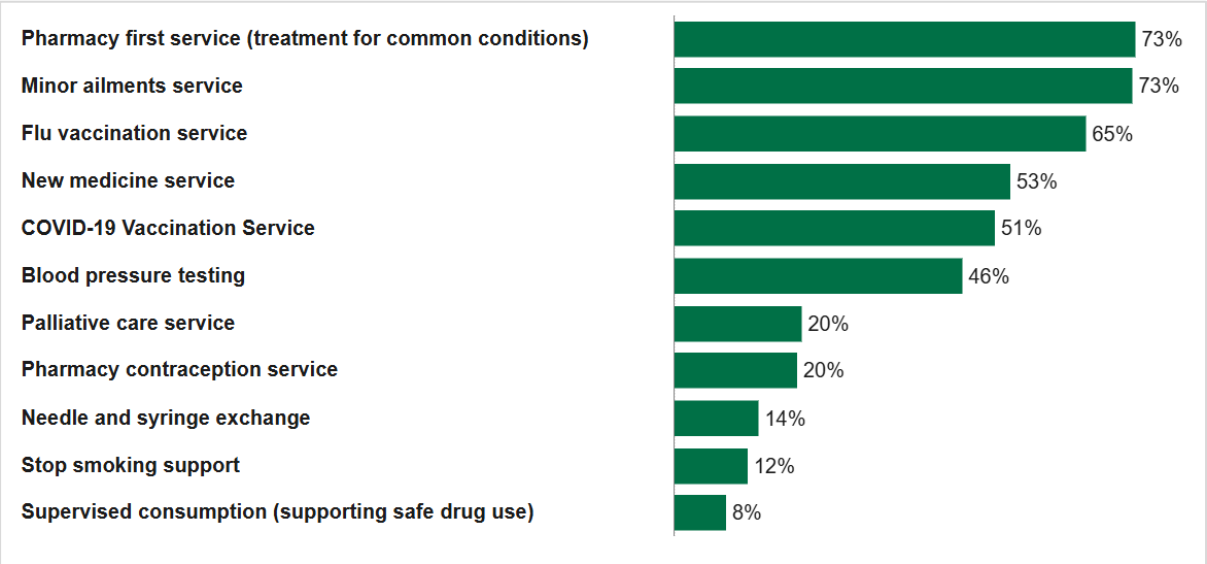
6.10 When asked to provide the top three reasons they chose their particular pharmacy, nearly two thirds (64%) reported that it was because it was where their GP sends their prescriptions, over half (51%) said that it was close to their home or work, nearly half (48%) can park nearby, 30% are happy with the overall service provided, for over a quarter (27%) it is close to their GP surgery and for just over a quarter (26%) it is open when they need to go (Figure 6.2).

Figure 6.2: Survey responses on reasons for pharmacy choice



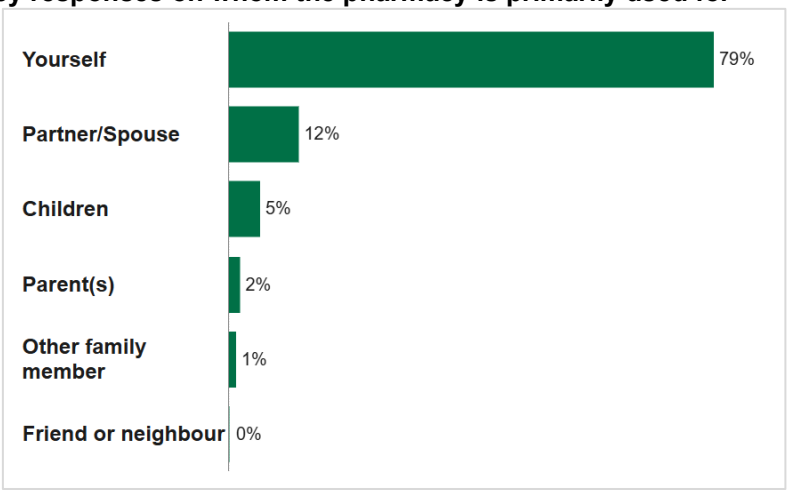
6.11 When asked what services they would like to see provided by their pharmacy, nearly three quarters (73%) of respondents reported that they would like a minor ailments service, just under two thirds (65%) would like to see a flu vaccination service, 53% a new medicine service, just over half (51%) a COVID-19 vaccination service and 46% a blood pressure testing service (Figure 6.3).

Figure 6.3: Survey responses on services respondents would like to see at their pharmacy



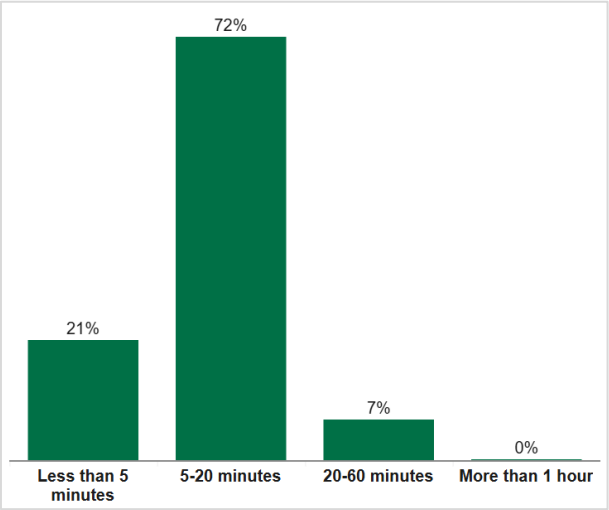
6.12 The vast majority (79%) of respondents reported that they primarily use a pharmacy for themselves, 12% primarily use a pharmacy for their partner/spouse, 5% use a pharmacy primarily for their children, 2% for their parent(s) and 1% for another family member (Figure 6.4).

Figure 6.4: Survey responses on whom the pharmacy is primarily used for



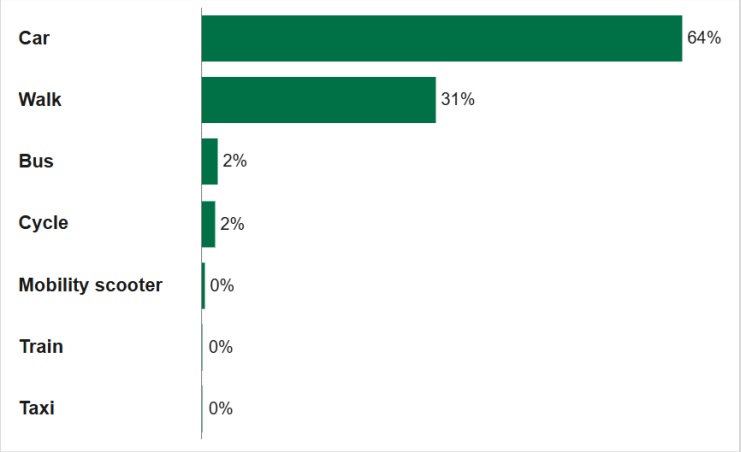
6.13 For a large proportion (72%) of respondents, it takes between 5 and 20 minutes to travel to their pharmacy, with over a fifth (21%) reporting that it takes them less than 5 minutes and only 7% spend between 20 and 60 minutes travelling to their pharmacy (Figure 6.5).

Figure 6.5: Survey responses on length of the journey to travel to their pharmacy



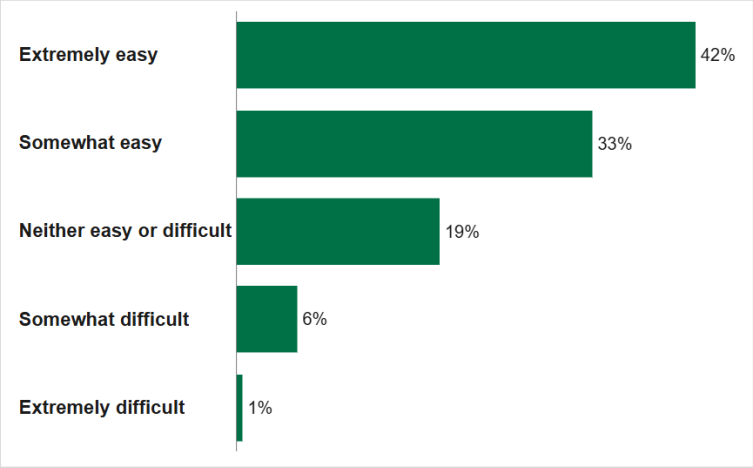
6.14 Nearly two thirds (64%) use a car to get to their pharmacy, 31% walk, only 2% travel by bus and 2% cycle (Figure 6.6).

Figure 6.6: Survey responses on how respondents travel to their chosen pharmacy



6.15 Generally, respondents are satisfied with the journey to their pharmacy, with a large proportion (42%) of respondents finding the journey to reach their pharmacy extremely easy, a third (33%) finding it somewhat easy, nearly a fifth (19%) finding it neither easy nor difficult, 6% finding it somewhat difficult and 1% extremely difficult (Figure 6.7).

Figure 6.7: Survey responses on how respondents find their journey to their pharmacy



6.16 Most respondents (57%) preferred to visit their pharmacy on a weekday, 35% did not have a preference for whether they visit their pharmacy on a weekday or weekend and 10% preferred to go on a weekend (Figure 6.8). A large proportion of respondents (41%) reported that they usually visit their pharmacy between 9am and 12pm, 28% between 12pm and 3pm, 22% between 3pm and 6pm, 8% between 6pm and 9pm and only 2% between 6am and 9am (Figure 6.9).

Figure 6.8: Survey responses on the preferred day for pharmacy use

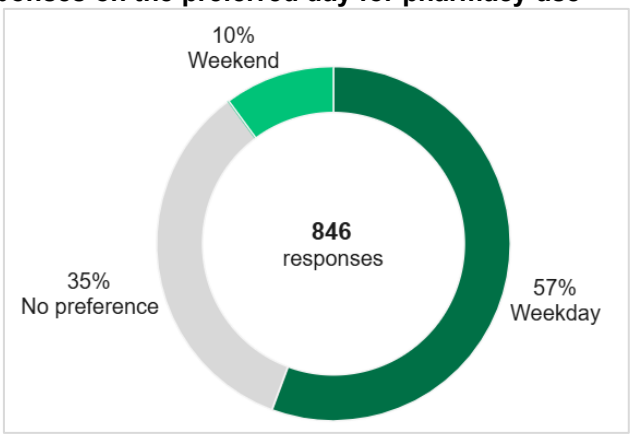
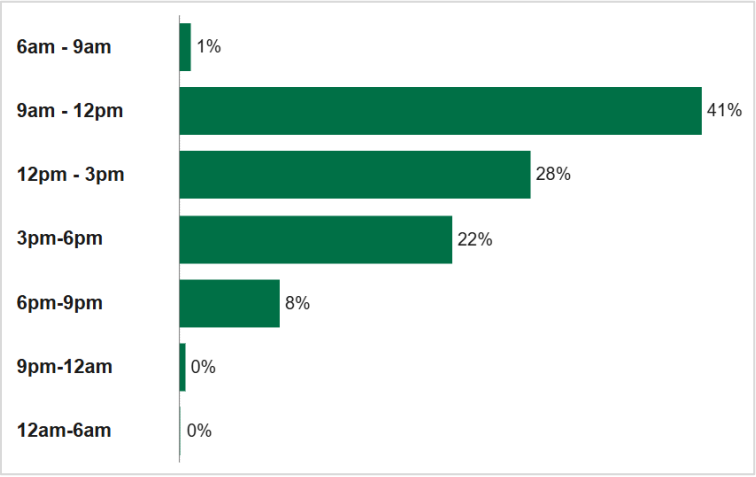


Figure 6.9: Survey responses on the time of day preferred to go to their pharmacy

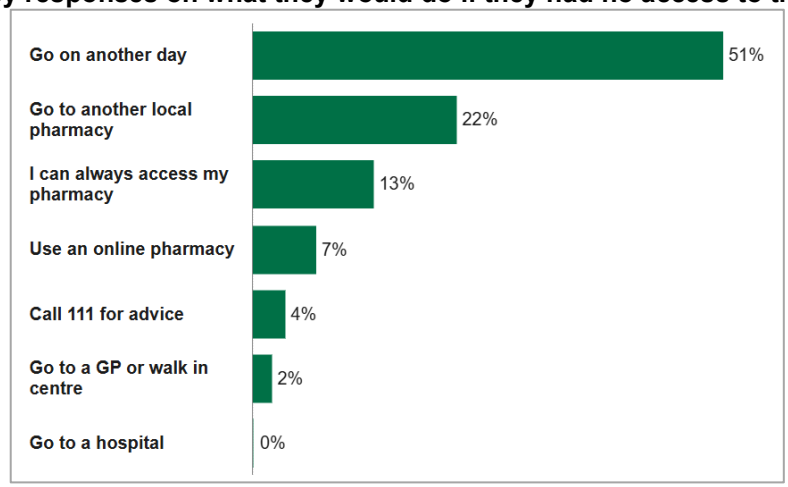


6.17 When asked for further comments on opening hours, most either left no comment or expressed satisfaction with the current opening hours. Some respondents did express frustration with limited pharmacy opening hours, particularly on weekends and evenings, and some found lunchtime closures and early evening closing times inconvenient, particularly for those who work full-time.

6.18 Others suggested a local rota system to ensure extended opening hours, especially for emergencies. A few respondents praised their local pharmacies for their service despite staff shortages.

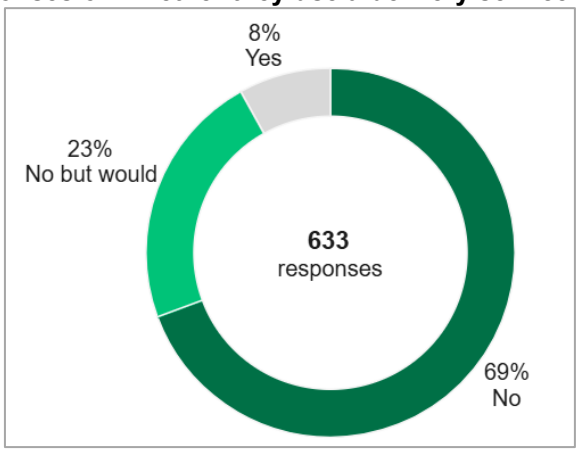
6.19 When asked what they would do if they could not access their preferred pharmacy, over half (51%) would go on another day, 22% reported that they would go to another pharmacy, 13% reported that they can always access their preferred pharmacy, 7% would use an online pharmacy and 2% would go to a GP or walk-in centre (Figure 6.10).

Figure 6.10: Survey responses on what they would do if they had no access to their pharmacy



6.20 Of those who usually use a community pharmacy which offers a delivery service, only 8% reported that they use the service (Figure 6.11).

Figure 6.11: Survey responses on whether they use a delivery service



6.21 When asked if they would like to leave further comments, approximately half of respondents left a comment. These comments included a mix of praise, concerns, and suggestions regarding pharmacy services. Many highlighted the essential role of pharmacies in their communities, particularly in rural areas where access to healthcare is limited. Several respondents emphasised the importance of local pharmacies in providing advice, vaccinations, and medication support, often serving as the first point of contact for health concerns. Some praised individual pharmacies and staff for their professionalism and helpfulness.

6.22 However, common frustrations included long waiting times, stock shortages, and staff shortages. Many felt that pharmacy workloads have increased due to additional services such as Pharmacy First, often without adequate resources or staffing. Several respondents raised dissatisfaction around prescription processing delays, particularly when GP surgeries fail to send prescriptions on time.

6.23 There were also suggestions for service improvements, including:

- Longer opening hours, particularly in the evenings and at weekends.
- A local pharmacy rota system to ensure late-night and emergency coverage.
- Better coordination between pharmacies and GP surgeries, especially for repeat prescriptions and care home patients.
- Improved queuing systems to manage busy periods more efficiently.

- Home delivery services, particularly for disabled and elderly patients.

Equality impact assessment

6.24 This section examines the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences between groups.

Age

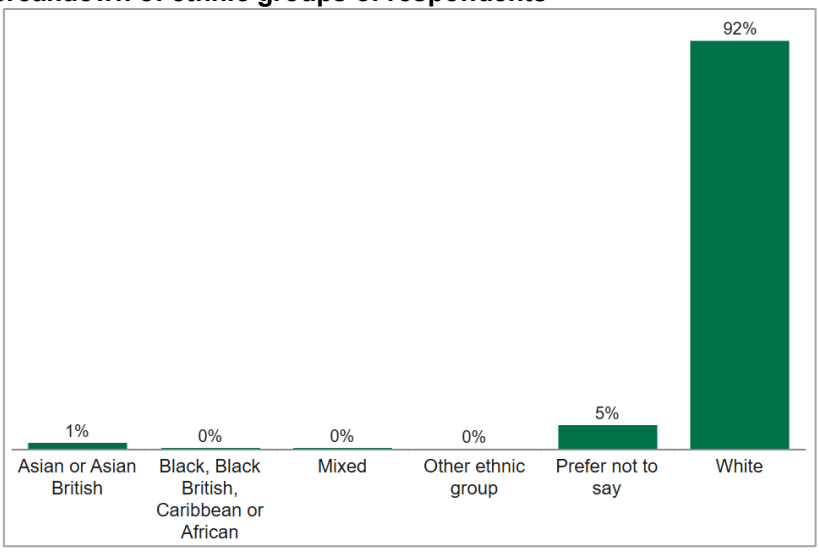
6.25 To understand any differences between age groups, we compared differences between those aged over 65 (n=343), and individuals aged 65 and under (n=482).

6.26 There were no differences between age groups in access to or use of pharmacies.

Ethnicity

6.27 Most (92%; n=787) respondents were from White ethnic groups. Similarly, people from White ethnic groups make up 92% of the West Berkshire population. Asian or Asian British ethnic groups make up 4% of the West Berkshire population with 1% (n=12) of the survey respondents being from Asian or Asian British ethnic groups. Less than 1% (n=3) of the survey respondents were from Mixed ethnic groups, with these groups making up 2% of the West Berkshire population. People from Black ethnic groups make up 1% of the West Berkshire population and less than 1% (n=2) of the survey responses. Additionally, less than 1% (n=1) of the respondents were from other ethnic groups, who make up 1% of the West Berkshire population (Figure 6.12).

Figure 6.12: A breakdown of ethnic groups of respondents



6.28 People from Asian or Asian British ethnic groups were more likely to choose their pharmacy because it is open when they need to go (67%) and were more likely to use a delivery service (33%).

Gender

6.29 Respondents were asked what sex they were registered with at birth. Over two thirds (69%; n=585) were registered as female, over a quarter (27%; n=232) were registered as male and 4% (n=33) preferred not to say. Respondents were also asked how they would describe their gender identity, with over two thirds (69%; n=301) identifying as female, over a quarter (27%; n=230) identifying as male, 4% (n=37) preferring not to say and less than 1% (n=1) identifying as non-binary. Only 2 respondents reported that they were trans or had a trans history.

6.30 There were no substantial differences in gender for access to or use of pharmacies.

Pregnancy and breastfeeding

6.31 When asked if they were currently or recently pregnant and/or currently breastfeeding, only 1% (n=7) reported that they were and 1% (n=5) reported that they were breastfeeding.

6.32 Those who were currently or recently pregnant were less likely to report using a pharmacy once a month (14%), were more likely to choose a pharmacy because it is open when they need to go (57%) and were less likely to find their journey extremely easy (14%). Those who were breastfeeding were less likely to choose their pharmacy because it is close to home or work (20%), were more likely to use their pharmacy primarily for their children (40%), were more likely to find their journey somewhat easy, were more likely to use their pharmacy between 6pm and 9pm (40%) and were more likely to use a delivery service.

Employment status

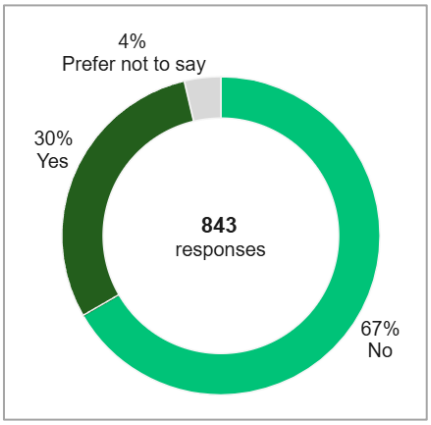
6.33 Employment status was grouped into those in employment, those not in employment and students. Half (50%; n=410) were in not employment, 48% were in employment (n=408), 3% (n=24) preferred not to say and less than 1% (n=2) were students.

6.34 There were no differences in employment status groups in access to or use of pharmacies.

Caring responsibilities

6.35 Two thirds of respondents (67%; n=562) did not have caring responsibilities, whilst 30% (n=250) did and 4% preferred not to say (n=31) (Figure 6.13).

Figure 6.13: A breakdown of caring responsibility groups of respondents



6.36 There were no differences between those with caring responsibilities and those without in access to or use of pharmacies.

Long-Term Conditions

6.37 A large proportion of respondents (55%; n=469) had a long-term physical or mental health condition or illness, whilst 39% (n=326) did not and 6% (n=51) preferred not to say (Figure 6.14). When asked if their condition or illness reduces their ability to carry out day-to-day activities, 40% (n=209) responded with 'yes, a little', 37% (n=194) responded 'not at all', 15% (n=77) said 'yes, a lot' and 8% (n=39) preferred not to say (Figure 6.15).

Figure 6.14: A breakdown of long-term condition status of respondents

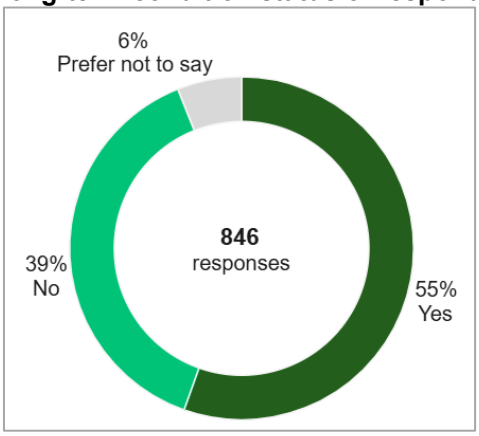
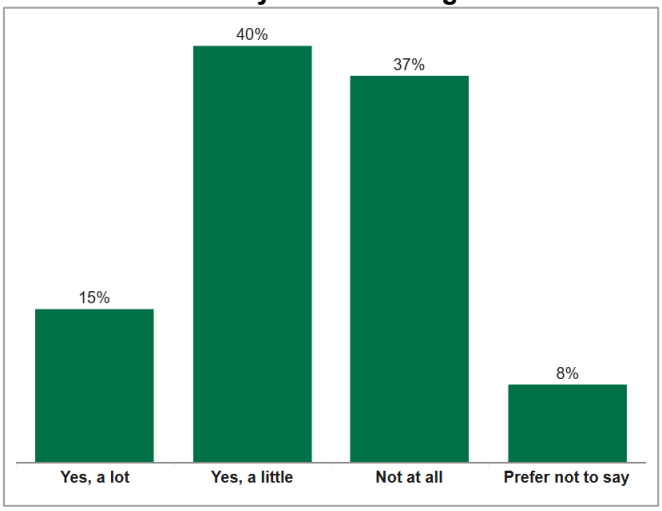


Figure 6.15: A breakdown of reduced ability related to long-term condition status of respondents



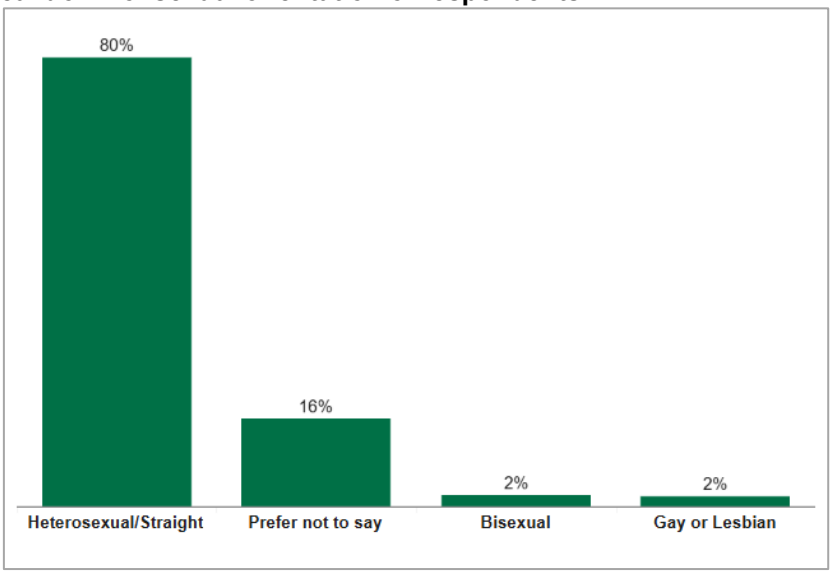
6.38 There were no differences between those with a long-term condition and those without for access to or use of pharmacies.

6.39 There were no differences in reduced ability related to long-term condition status groups for access to or use of pharmacies.

Sexual orientation

6.40 The majority of respondents (80%; n=683) identified as heterosexual/straight, with 16% (n=134) preferring not to say, 2% (n=19) identified as bisexual and 2% (n=16) identified as gay or lesbian (Figure 6.16).

Figure 6.16: Breakdown of sexual orientation of respondents

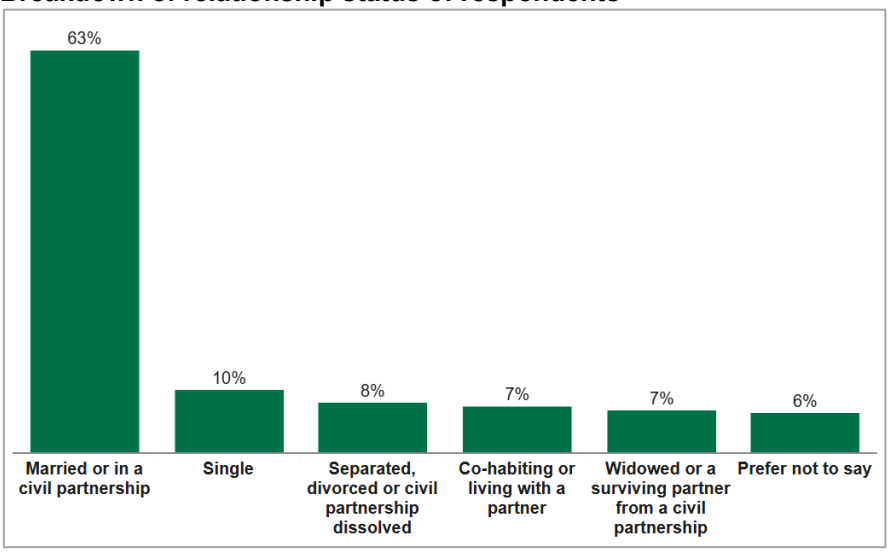


6.41 Those who identified as gay or lesbian was less likely to choose their pharmacy because they can park nearby (13%) and were more likely to choose their pharmacy because they do not have to wait too long for their prescriptions (31%).

Relationship Status

6.42 A large proportion (63%; n=527) of respondents were married or in a civil partnership, while nearly a tenth (10%; n=83) were single, 8% (n=65) were separated, divorced or had their civil partnership dissolved, 7% (n=61) were co-habiting or living with a partner, 7% (n=55) were widowed or a surviving partner from a civil partnership and 6% (n=52) preferred not to say (Figure 6.17).

Figure 6.17: Breakdown of relationship status of respondents



6.43 There were no differences between relationship status groups in access to or use of pharmacies.

Summary of the patient and public engagement and equality impact assessment

A patient and public survey was carried out to understand how local residents in West Berkshire are using their pharmacies. This sought to ascertain how local people access their pharmacies. To understand the health needs of people with protected characteristics and from vulnerable groups, an equality impact assessment was undertaken.

A total of 851 responses were garnered from people who live, work and/ study in West Berkshire. Most respondents had used their pharmacy at least once a month over the last 6 months. The vast majority of respondents can reach their pharmacy in 20 minutes or less, with most opting to travel by car.

Overall, survey respondents felt that this was an easy journey. Most respondents preferred to access their pharmacy on a weekday, with many preferring to go between 9am and 12pm.

No substantial differences or identified needs were found amongst protected characteristics groups in pharmacy usage.

Chapter 7 - Provision of Pharmaceutical Services

7.1 This chapter outlines the pharmaceutical service providers in West Berkshire, the range of services they provide and their accessibility.

7.2 It evaluates the adequacy of current pharmaceutical services by considering several key factors:

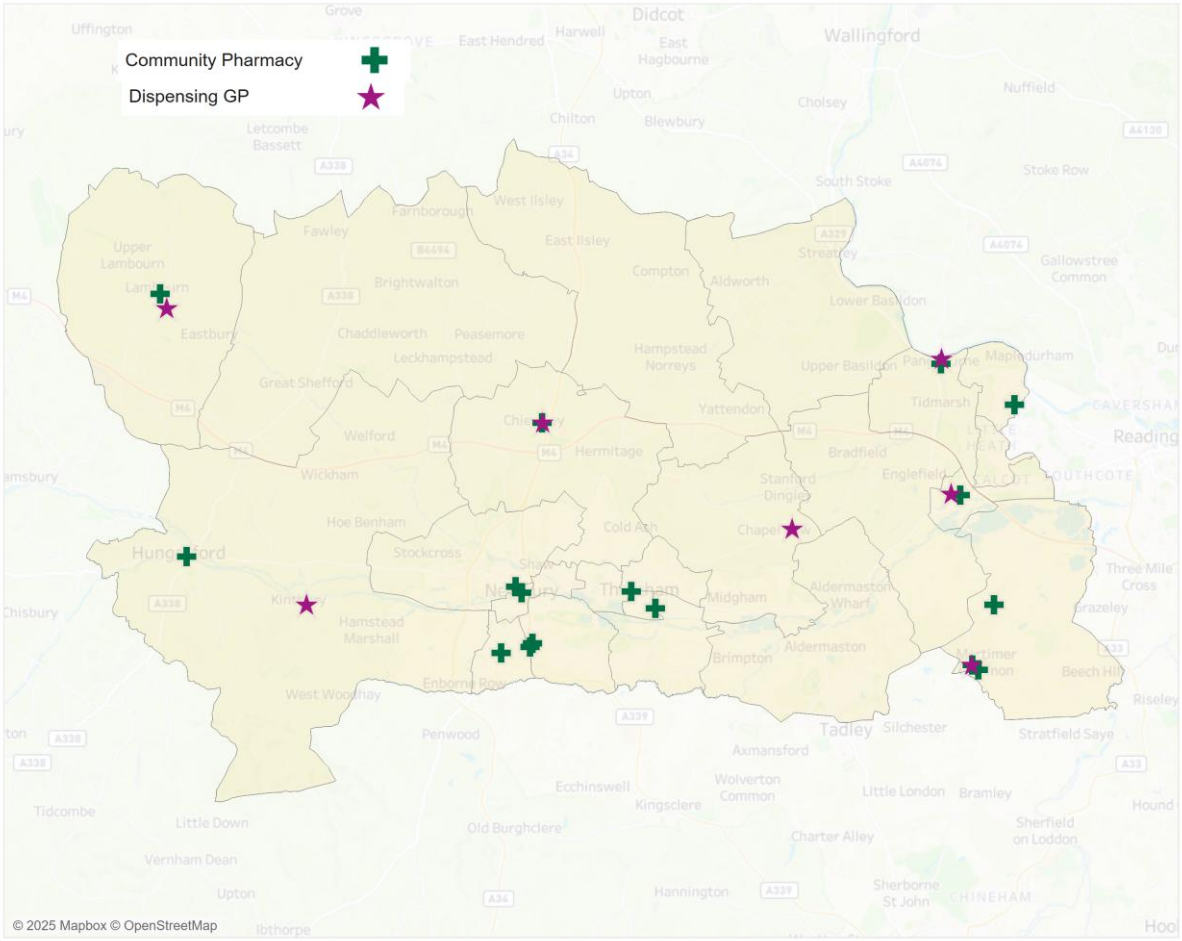
- The types of pharmaceutical service providers available
- The geographical spread and variety of pharmacies both within and near the HWB area
- Opening hours
- Dispensing services provided
- Pharmacies offering essential, advanced and enhanced services

7.3 Where appropriate, a mile radius has been included around service providers to highlight their coverage.

Pharmaceutical Service Provider

7.4 As of July 2025, there are 16 pharmacies included in the pharmaceutical list for the West Berkshire HWB area, all of which are community pharmacies. Service provision is supplemented by the presence of 7 dispensing GPs in the area. All the service providers are presented in the map in Figure 7.1. Pharmacies in the area as well as those within 1 mile of its border are also listed in Appendix A.

Figure 7.1: Pharmaceutical service providers in West Berkshire



Source: NHSE & NHSBSA

Community Pharmacies

7.5 West Berkshire's 16 community pharmacies equate to a ratio of 1.0 pharmacies per 10,000 residents (based on a population estimate of 161,433). This ratio is considerably lower than the national picture of 1.7 pharmacies per 10,000 residents. It is however noted that the number of community pharmacies has been in steady decline with a recent report by Lord Darzi highlighting 1,200 closures since 2017[24].

24 Darzi (2024). Independent Investigation of the National Health Service in England. September 2024.

Dispensing Appliance Contractor

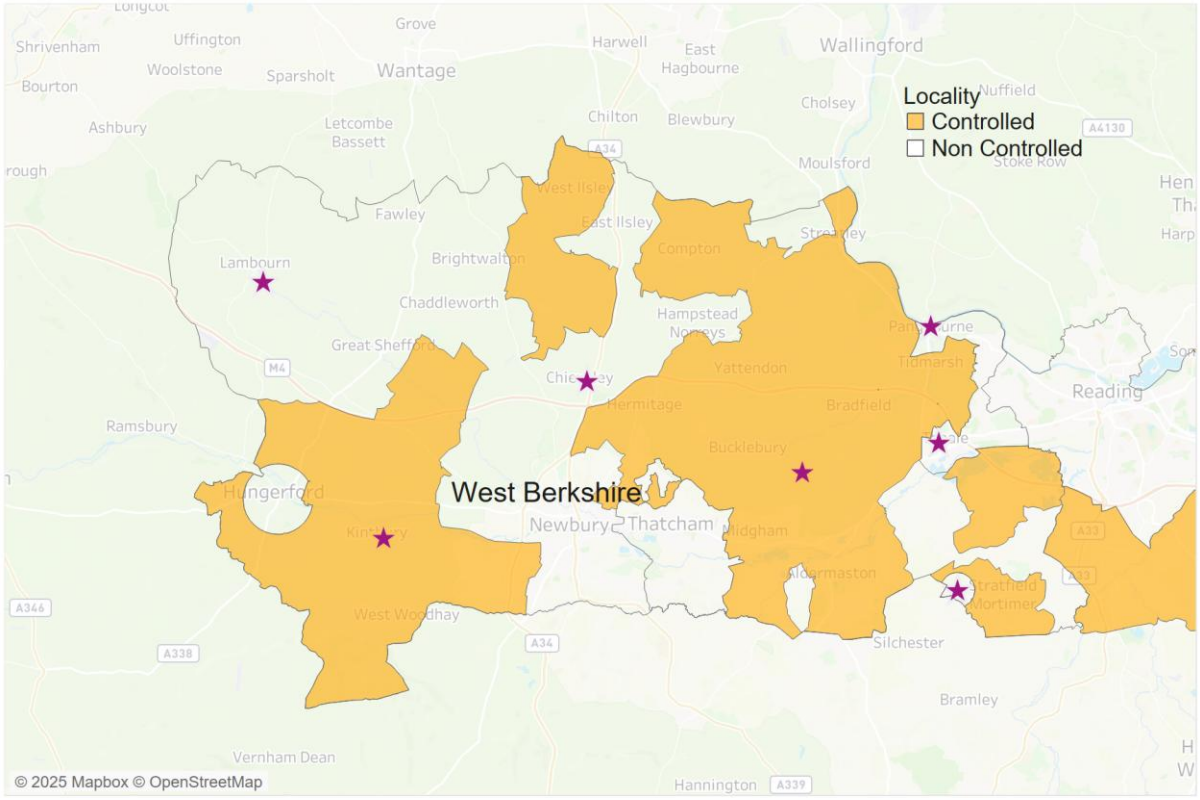
7.6 Dispensing Appliance Contractors (DACs) specialise in the dispensing of appliances such as stoma or continence products, including their customisation. West Berkshire does not have any DACs.

GP Dispensing Practices

7.7 Dispensing doctors provide services to patients where there are no community pharmacies or access is restricted, mainly in rural areas. One of the requirements for the service is that patients live in a controlled locality. Controlled localities are defined by NHSE in line with regulations and after consideration of a wide range of factors, including being more than 1 mile from pharmacy premises.

7.8 There are seven GP dispensing practices in West Berkshire. Their delivery services are outside the scope of this PNA, however dispensing doctors can choose to provide delivery services in areas where community pharmacy provision is low. Figure 7.2 below shows the controlled localities in West Berkshire (shown in orange), against dispensing GPs (shown in purple).

Figure 7.2: Location of Controlled Localities and Dispensing GPs



Source: NHSBSA

Table 7.1: List of dispensing GPs in West Berkshire

Practice Name	Address	Postcode
Kintbury & Woolton Hill Surgery	Kintbury Surgery, Newbury Street, Kintbury	RG17 9UX
The Boat House Surgery	The Boathouse Surgery, Whitchurch Rd, Pangbourne	RG8 7DP
Mortimer Surgery	The Mortimer Surgery, 72 Victoria Road, Mortimer Common	RG7 3SQ
The Downland Practice	The Downland Practice, East Lane, Chieveley, Newbury	RG20 8UY
Lambourn Surgery	The Lambourn Surgery, Bockhampton Road, Lambourn	RG17 8PS
Theale Medical Centre	Theale Medical Centre, Englefield Road, Theale	RG7 5AS
Chapel Row Surgery	Chapel Row Surgery, The Avenue, Bucklebury	RG7 6NS

Source: NHSBSA

Distance Selling Pharmacies

7.9 Distance Selling Pharmacies (DSPs) are pharmacies that operate mainly through remote means, such as online platforms, phone or mail rather than providing face to

face services. West Berkshire currently has no Distance Selling Pharmacies (DSPs) operating within the area.

Local Pharmaceutical Services

7.10 West Berkshire does not currently have any pharmacies operating under the Local Pharmaceutical Services (LPS) contract. This arrangement allows flexibility in delivering tailored pharmaceutical services to meet specific local health needs.

Accessibility

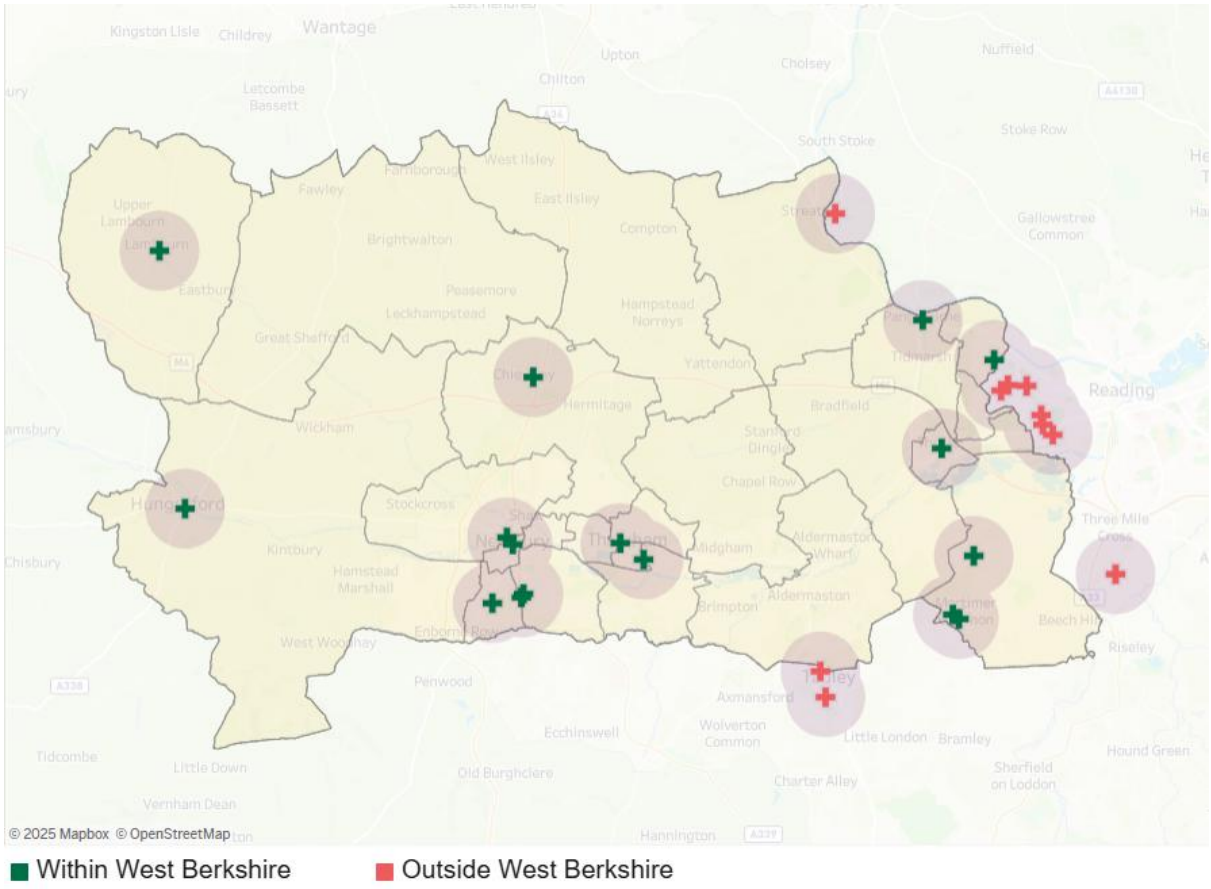
Distribution and choice

7.11 The PNA Task and Finish Group agreed that the maximum distance for residents in West Berkshire to access pharmaceutical services, should be no more than 1 mile. If residents live within a rural area, 20 minutes by car is considered accessible.

7.12 Pharmacies within a mile of West Berkshire's boundaries were considered accessible to its residents and thus providing cross-boundary coverage.

7.13 Figure 7.3 below shows the 16 community pharmacies located in West Berkshire as well as the additional 10 within one mile of its boundaries.

Figure 7.3: Distribution of community pharmacies in West Berkshire and within 1 mile of the district's boundaries



Source: NHSE

7.14 The geographical distribution of the pharmacies by electoral wards is shown in the table below. It shows that 12 of West Berkshire's wards do not have a community pharmacy within them. However, residents of these wards have access to pharmacies via neighbouring wards.

Table 7.2 Distribution of community pharmacies by ward

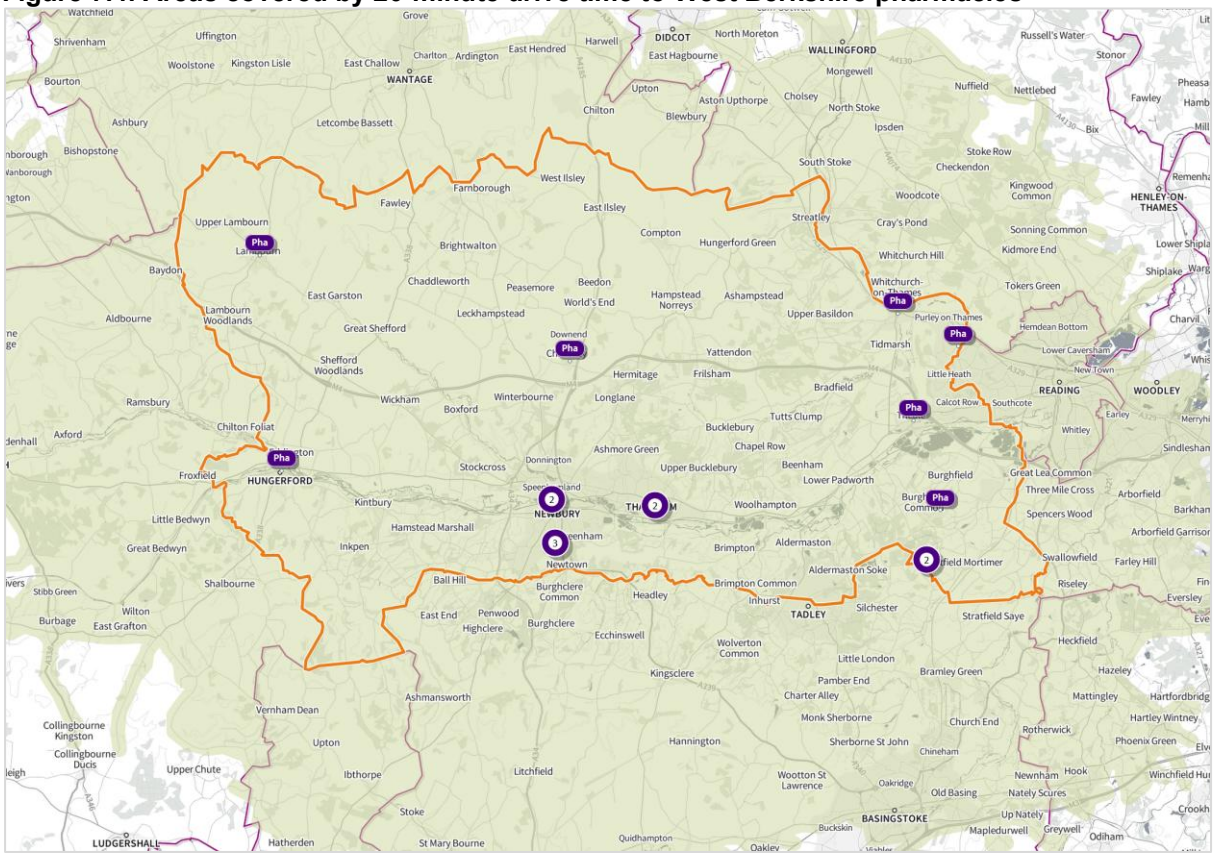
Ward Name	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000
Theale	1	3,042	3.3
Thatcham Colthrop & Crookham	1	3,329	3.0
Burghfield & Mortimer	3	10,769	2.8
Newbury Central	2	7,437	2.7
Pangbourne	1	3,758	2.7
Lambourn	1	4,212	2.4
Newbury Greenham	2	12,828	1.6
Thatcham Central	1	7,380	1.4
Chieveley & Cold Ash	1	8,221	1.2
Newbury Wash Common	1	9,318	1.1

Tilehurst & Purley	1	10,646	0.9
Hungerford & Kintbury	1	11,445	0.9
Tilehurst South & Holybrook	0	7,396	0.0
Tilehurst Birch Copse	0	7,861	0.0
Thatcham West	0	7,321	0.0
Thatcham North East	0	7,734	0.0
Ridgeway	0	4,269	0.0
Newbury Speen	0	7,626	0.0
Newbury Clay Hill	0	7,555	0.0
Downlands	0	3,698	0.0
Bucklebury	0	3,626	0.0
Bradfield	0	4,475	0.0
Basildon	0	3,491	0.0
Aldermaston	0	3,996	0.0
Total	**16**	**161,433**	**1.0**

Source: NHSE & 2021 Census

7.15 All West Berkshire residents can reach a pharmacy by car within 20 minutes as depicted in Figure 7.4 below. Coverage of the pharmacies is presented in green while the West Berkshire boundary is shown in orange.

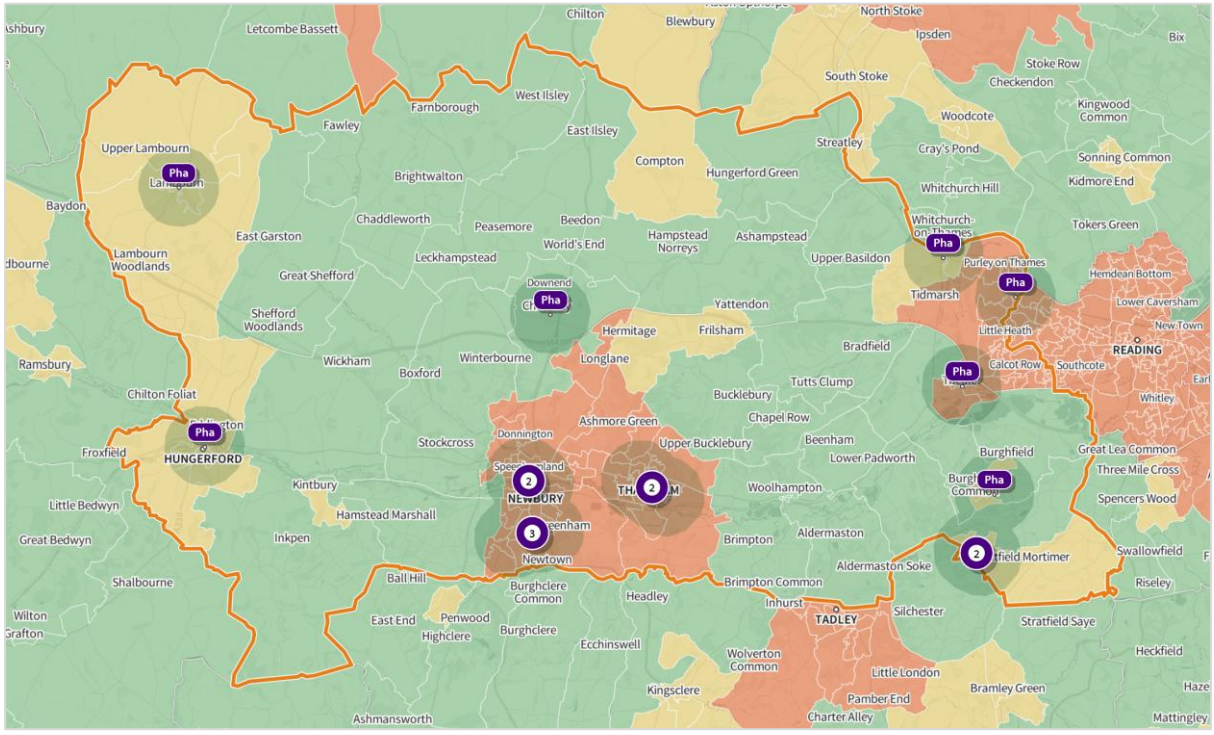
Figure 7.4: Areas covered by 20-minute drive time to West Berkshire pharmacies



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool

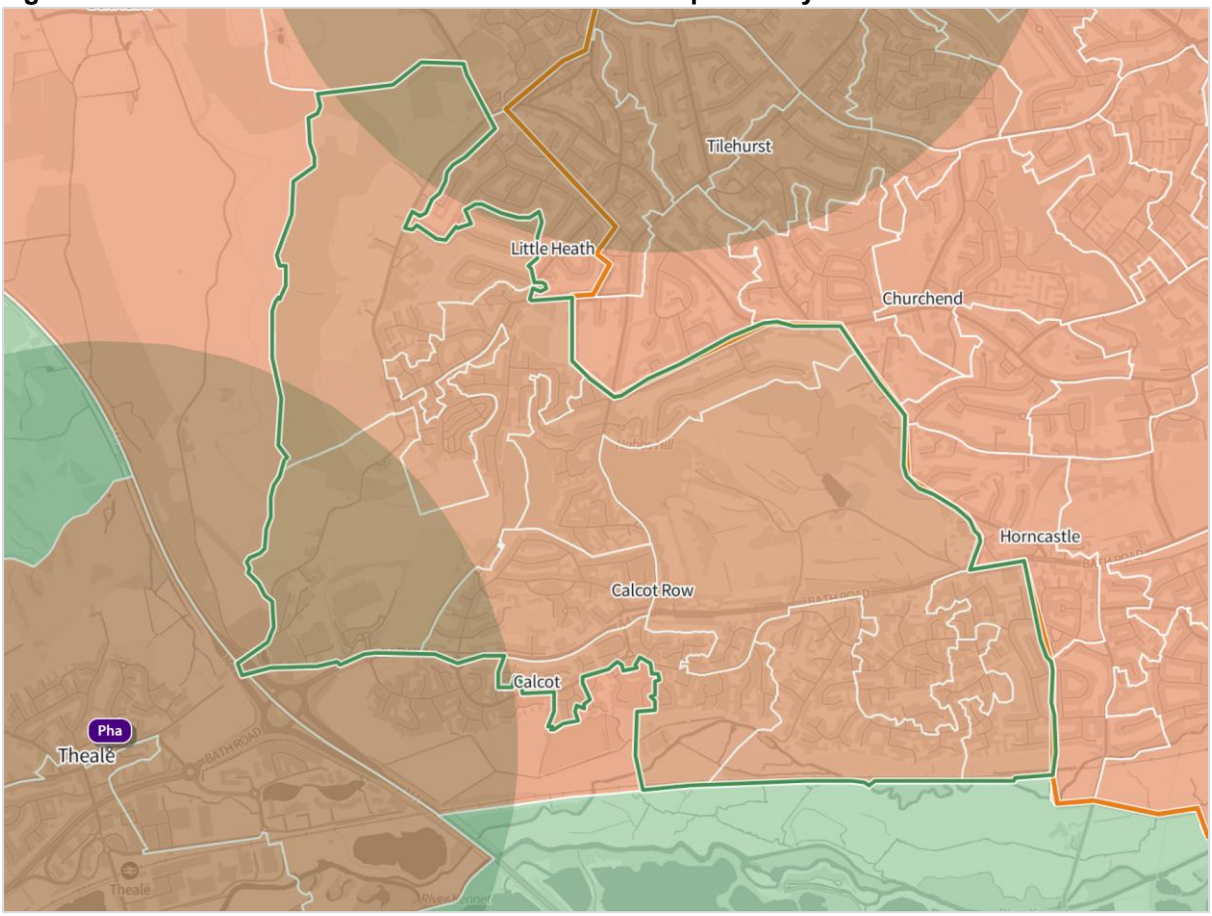
7.16 Looking at the 1-mile accessibility in urban areas, most built up areas are within a mile of a pharmacy (Figure 7.5). However, as seen there is a section in Calcot, that though urban, is not within a mile of a pharmacy.

Figure 7.5: Areas within 1-mile reach of West Berkshire pharmacies overlayed by rural-urban classification



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool

Figure 7.6: Focus on Calcot area not within a mile of a pharmacy



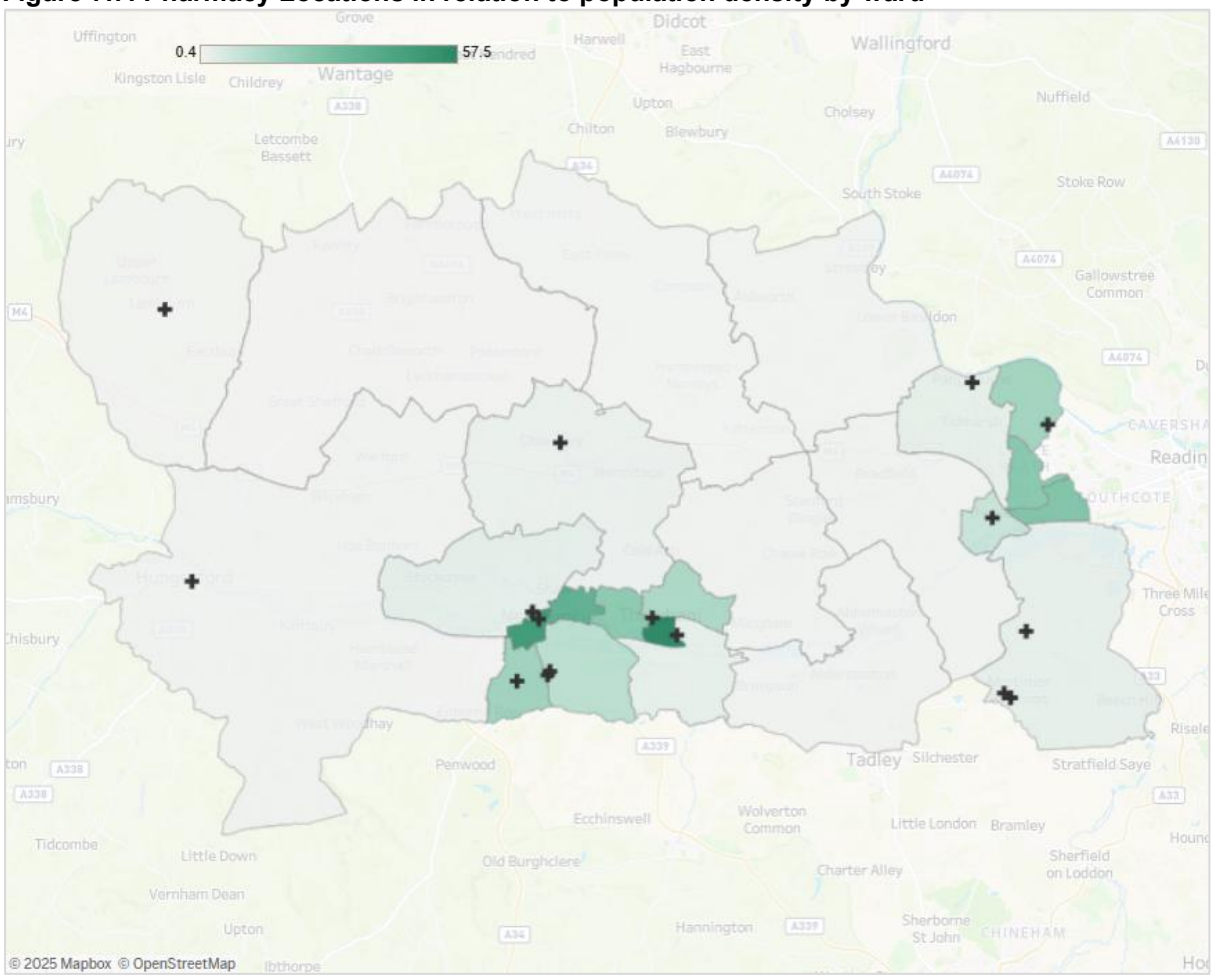
Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool

7.17 The nearest pharmacy to these Calcot residents is Kamson's Pharmacy in Theale and Overdown Pharmacy in Tilehurst.

Pharmacy Distribution in Relation to Population Density

7.18 Pharmacies are predominantly located in areas of high population density as seen in Figure 7.7.

Figure 7.7: Pharmacy Locations in relation to population density by ward



Source: ONS (2021 Census) & NHSE

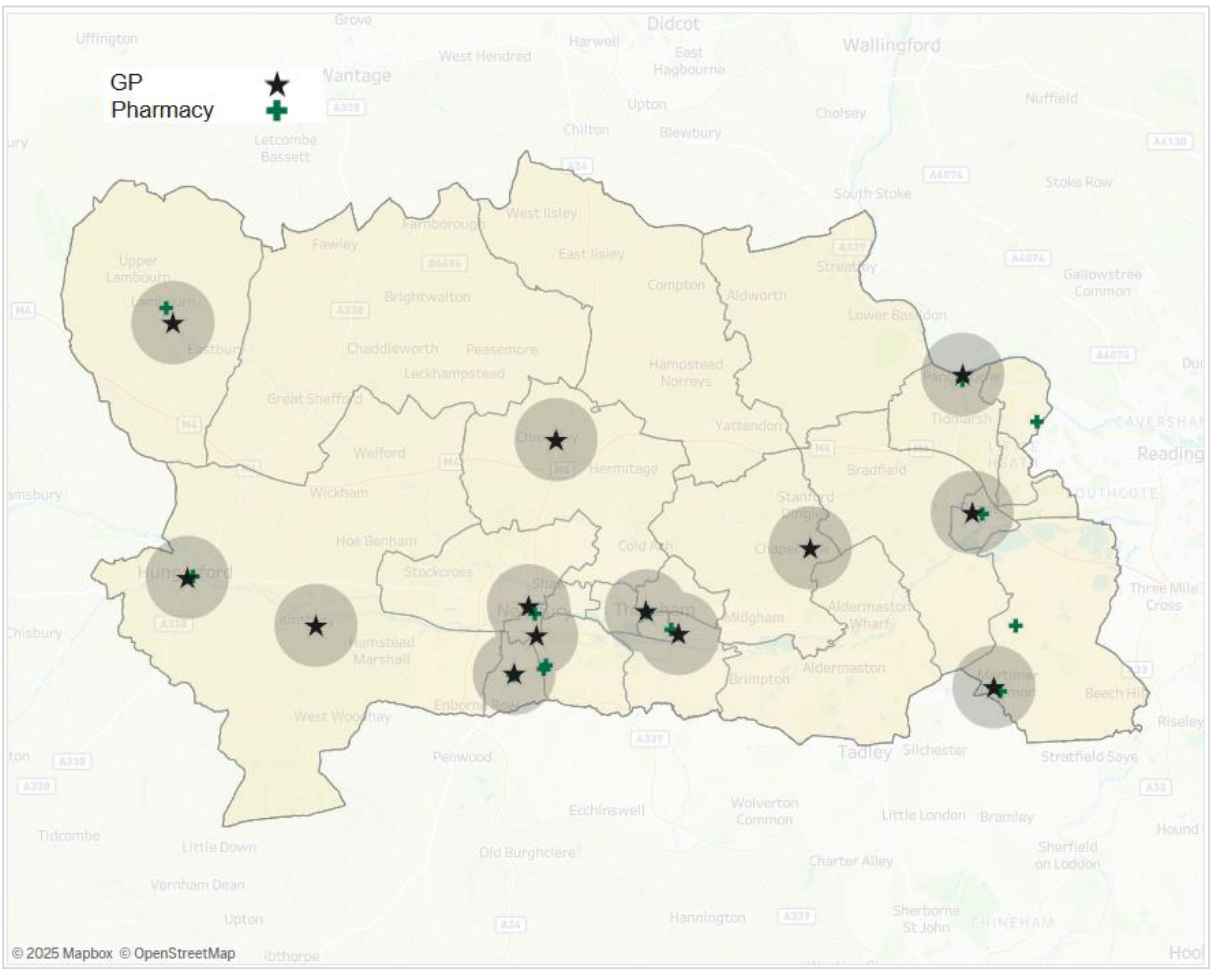
Pharmacy distribution in relation to GP surgeries

7.19 In early 2019, the NHS Long Term Plan was announced that urged general practices to form Primary Care Networks (PCNs). PCNs are collaborative entities linking primary care services with hospital, social care and voluntary sector organisations and covering populations between 30,000 and 50,000 people.

7.20 Each of the primary care networks have expanded neighbourhood teams which is made up of a range of healthcare professionals including GPs, district nurses, allied health care professionals, community geriatricians and pharmacies. It is essential that community pharmacies can engage with the PCNs to maximise services provided to patients and residents.

7.21 GP practices in West Berkshire are within a mile of a community pharmacy (Figure 7.8).

Figure 7.8: General Practices and their 1-mile coverage in relation to community pharmacies



Source: NHSE

7.22 Patients registered with West Berkshire GP practices primarily collect prescriptions from local pharmacies, with **79.6% of items dispensed within the district**. Other common dispensing locations include Leeds (8.4%), Reading (4.5%), and Ealing (3.7%).

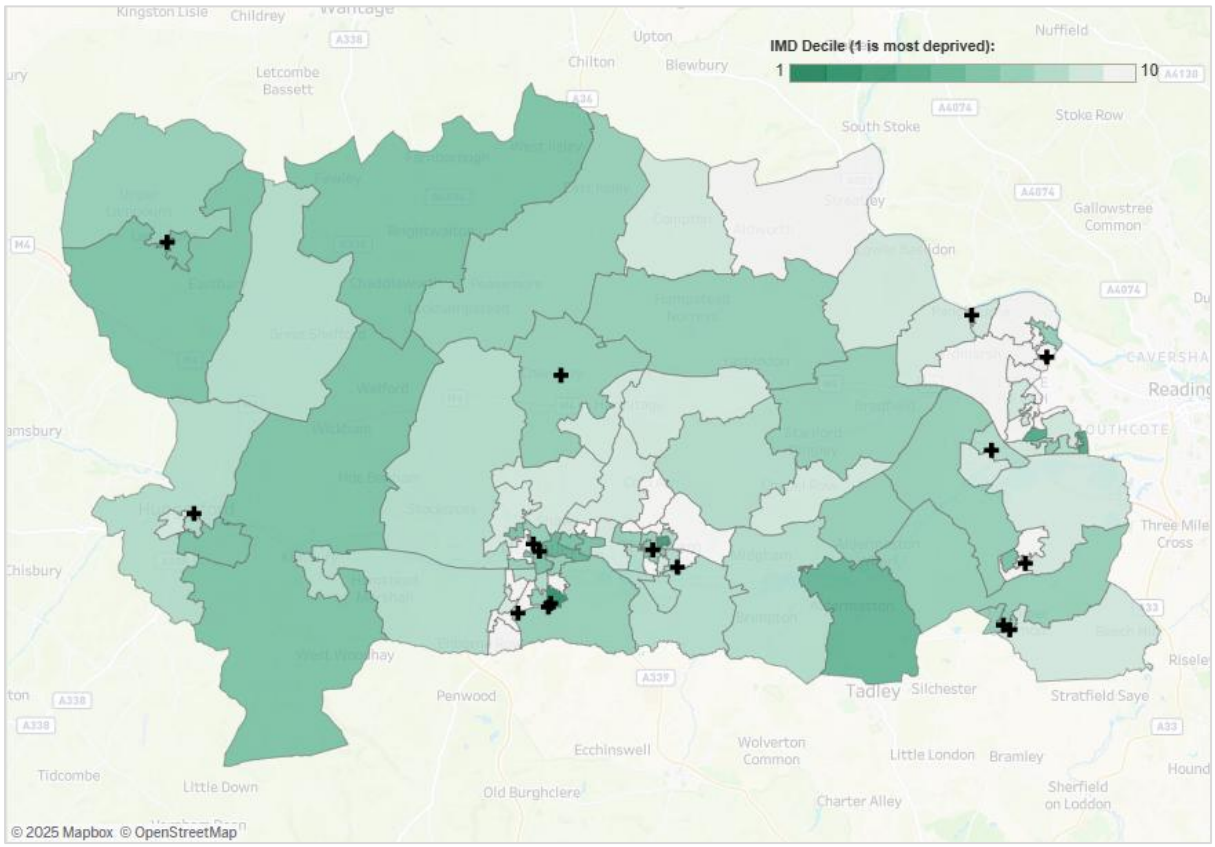
7.23 A planning application was approved in January 2025 for a GP surgery and associated pharmacy in the site designated as 'Land South of Newbury College and North Of Highwood Copse School'.

7.24 The PNA Task & Finish Group is not aware of any other firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.

Pharmacy distribution in relation to index of multiple deprivation

7.25 As seen in Figure 7.9, West Berkshire pharmacies are distributed in both areas of high and low relative deprivation.

Figure 7.9: Pharmacy locations in relation to deprivation deciles



Source: MHCLG & NHSE

Opening Times

7.26 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, pharmacies held 40-hour or 100-hour contracts. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged to maintain out-of-hours pharmacy provision.

7.27 It is important that pharmacy access considers availability both within and outside regular hours. The PNA Task and Finish Group defined 9am to 5pm as regular opening

hours. The assessment of opening hours was based on total hours, i.e. both core and supplementary hours, and is reflective of the status at the time of drafting.

100-hour pharmacies

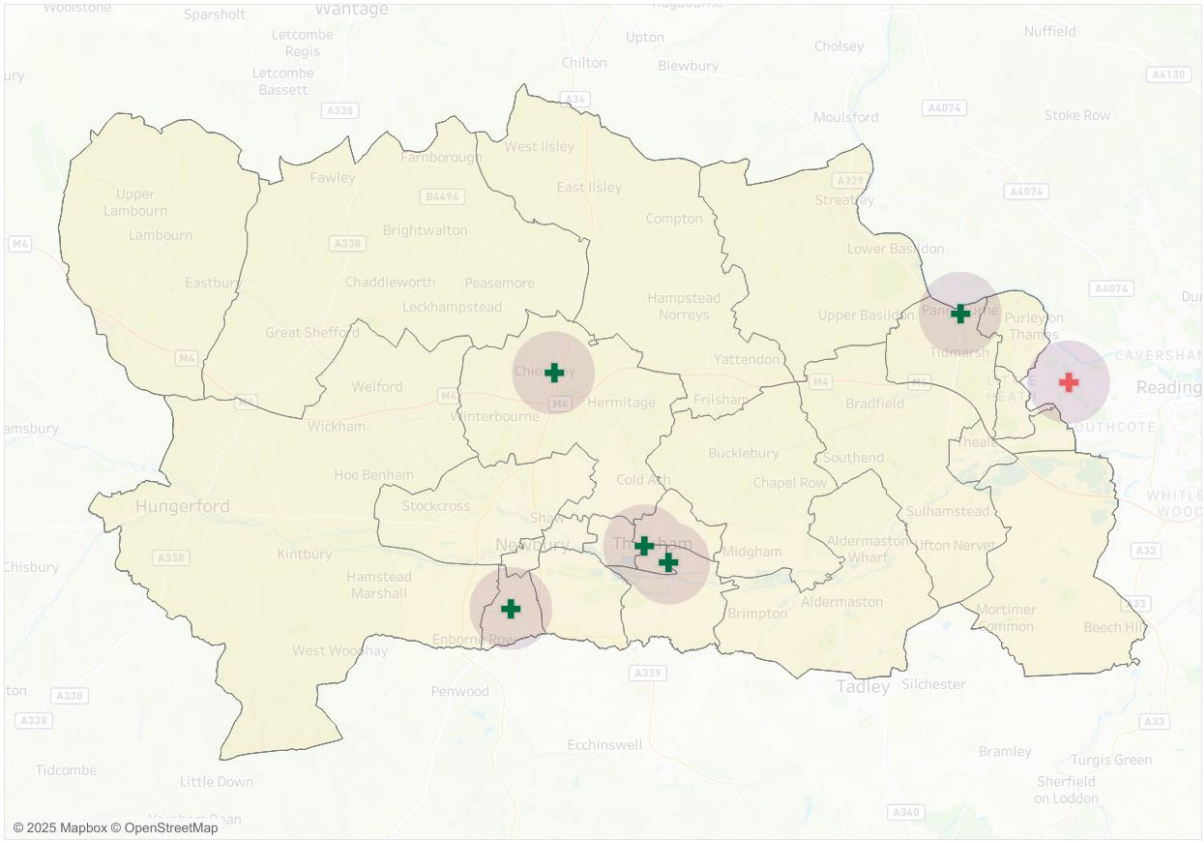
7.28 There are two 100-hour pharmacies in West Berkshire; Tesco Pharmacy on Pinchington Lane, Newbury, and Mortimer Pharmacy on Victoria Road

Early Morning Opening

7.29 As per the definition above, any pharmacy open before 9am was deemed to have early morning opening.

7.30 There are five early morning opening pharmacies located within West Berkshire, with one additional pharmacy located nearby in Reading.

Figure 7.10: Distribution of pharmacies that open before 9am on weekdays



Source: NHSE

Table 7.3: Pharmacies Open in Early Morning in West Berkshire

Pharmacy	Address	Locality
Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	Chieveley & Cold Ash
Halo Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Pangbourne Pharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Thatcham Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham

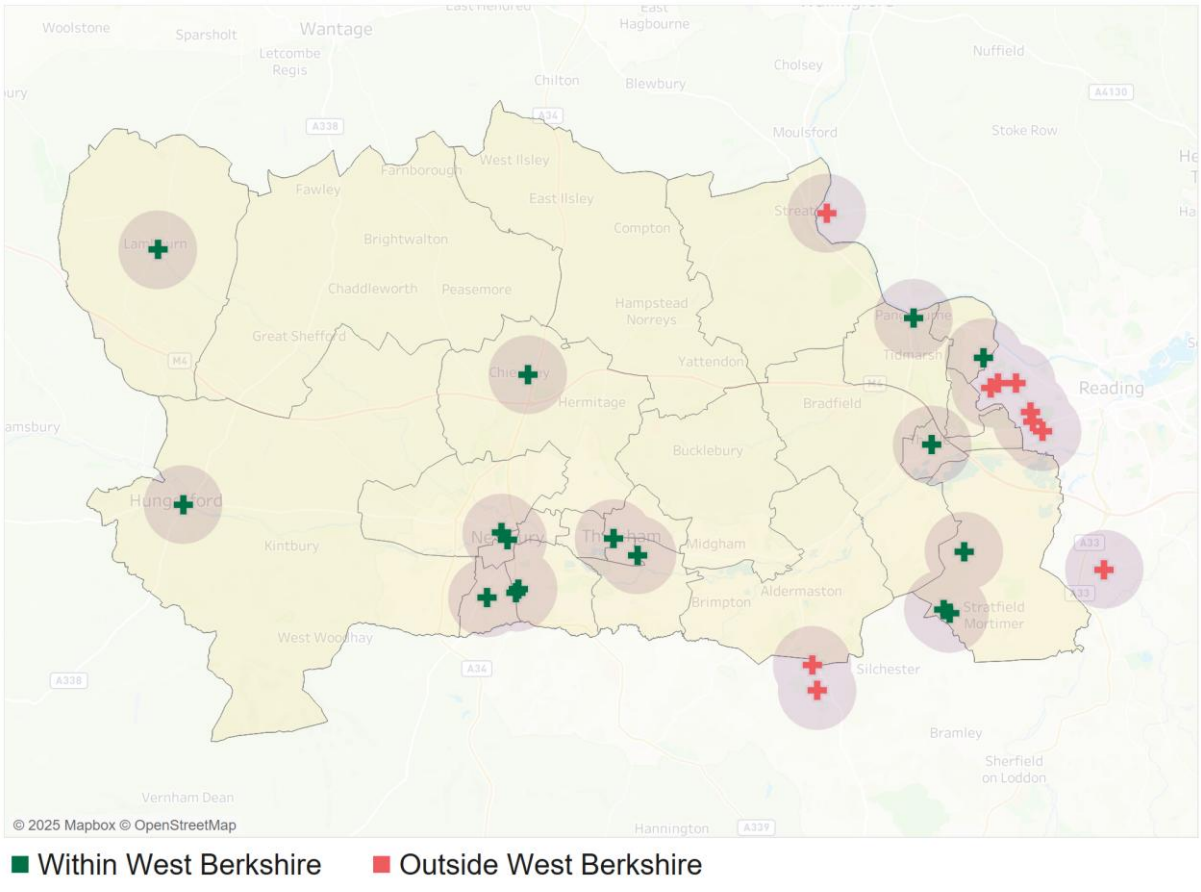
Source: NHSE

Late Evening Closure

7.31 Pharmacies open after 5pm were deemed to have late evening closure.

7.32 All 16 of West Berkshire's pharmacies are open past 5pm. Additionally, there are 10 late-closing pharmacies located in nearby local authorities.

Figure 7.11: Distribution of community pharmacies that are open past 5pm on weekdays

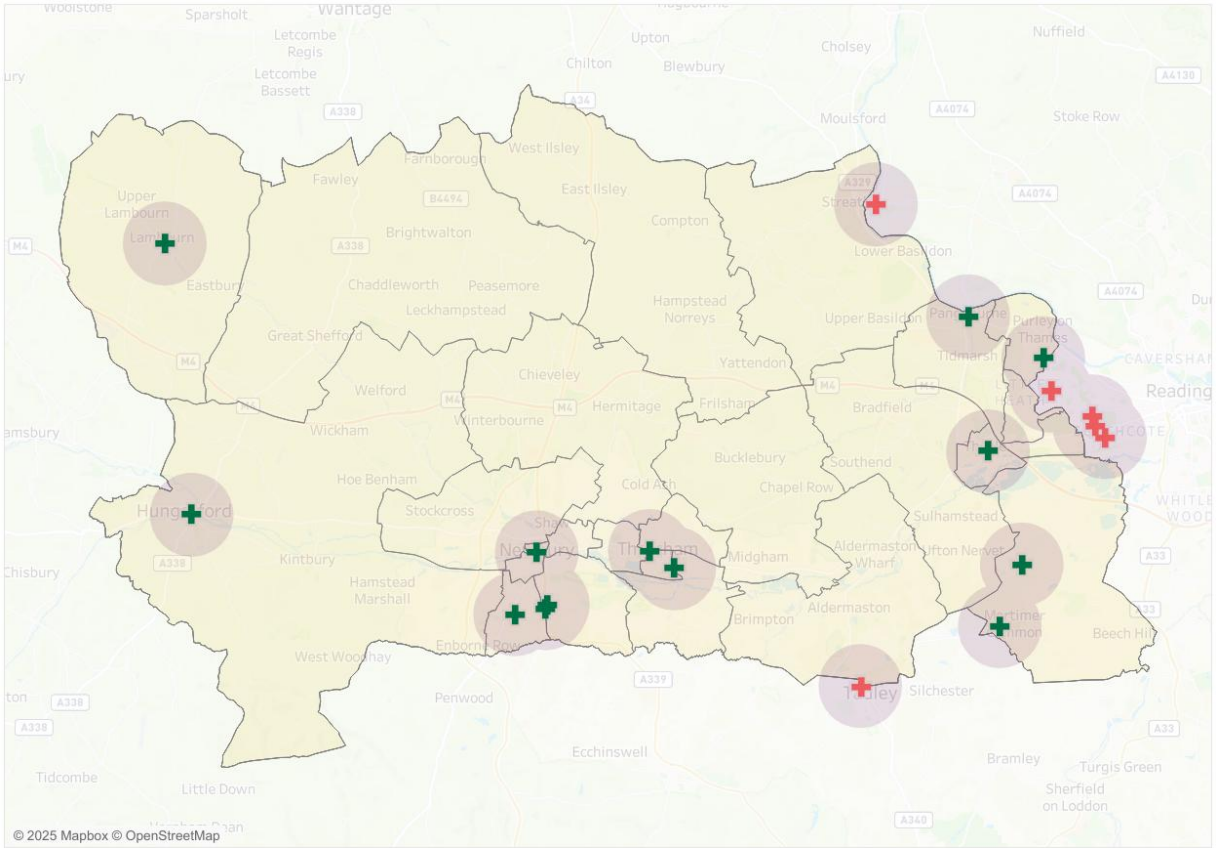


Source: NHSE

Saturday Opening

7.33 West Berkshire has 13 pharmacies open on Saturdays, with an additional 6 in neighbouring authorities accessible to its residents.

Figure 7.12: Distribution of community pharmacies that open on Saturdays



Source: NHSE

Table 7.4: Number of Community Pharmacies in West Berkshire that are open on Saturday, by ward

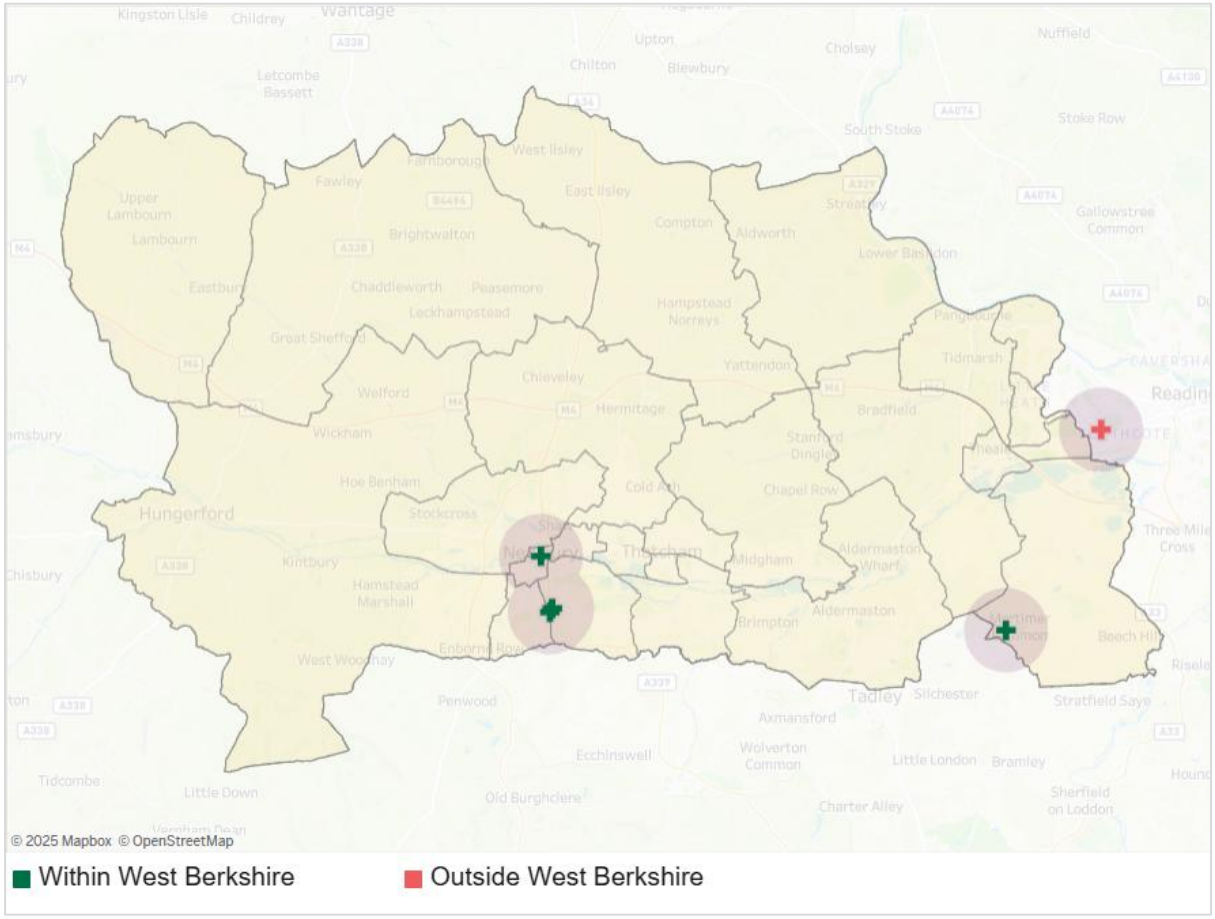
Locality	Number of pharmacies
Newbury Greenham	2
Burghfield & Mortimer	2
Tilehurst & Purley	1
Theale	1
Thatcham Colthrop & Crookham	1
Thatcham Central	1
Pangbourne	1
Newbury Wash Common	1
Newbury Central	1
Lambourn	1
Hungerford & Kintbury	1
Total	**13**

Source: NHSE

Sunday Opening

7.34 West Berkshire has four pharmacies open on Sundays with an additional one in nearby Reading (Figure 7.13).

Figure 7.13: Distribution of community pharmacies open on Sundays



Source: NHSE

Table 7.5: Community pharmacies in West Berkshire that are open on Sunday

Pharmacy	Address	Ward
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham

Source: NHSE

Summary of the accessibility of pharmacies in West Berkshire

Though there is good access to pharmacies by drive times, it is noted that there is an area in Calcot that does not have easy access to pharmacies by walking, despite being in an urban area.

There is a good distribution of pharmacies relative to deprivation and GP locations. There is a good number of pharmacies that are open outside weekday regular hours and at weekends.

Essential Services

7.35 Essential Services are a core component of the NHS Community Pharmacy Contractual Framework (CPCF or the 'the Pharmacy Contract') they are as follows:

- Dispensing medicines
- Dispensing appliances.
- Repeat dispensing and electronic Repeat Dispensing (eRD).
- Disposal of unwanted medicines.
- Healthy Living Pharmacies (HLP)
- Promotion of healthy lifestyles (public health).
- Signposting.
- Support for self-care.
- Discharge Medicines Service (DMS).

Dispensing

7.36 This is one of the core essential services provided by the community pharmacies under the CPCF. It ensures that patients receive their prescribed medicines safely, efficiently and in accordance with regulatory and clinical standards. It includes:

- Accurate dispensing of prescribed medicines.

- Clinically checking of prescriptions for the appropriateness of the medicines, potential drug interactions, dosage accuracy and clarifying any queries or concerns with the Prescriber.
- Labelling and Packaging in compliance with legal and clinical requirements.
- Provision of counselling and advice to patients on how and when to take their medicines, possible side effects and actions to take if they occur, storage and disposal instructions for unused medicines.
- Management of repeat prescription requests usually through the Electronic Prescription Service (EPS).
- Accurate record keeping of all dispensed items to ensure compliance to regulatory requirements and support clinical audits and continuity of care.
- Having safeguards in place for minimisation of medicine wastage and ensuring that unused and damaged items are safely disposed of, preventing misuse or harm to the environment.

7.37 West Berkshire pharmacies **dispense an average of 8,962 items per month** (NHSBSA, 2024/25 financial year), which is higher than the South East's average of 8,077 and the national average of 8,698. Wash Common Pharmacy and Mortimer Pharmacy dispense the highest volumes, handling 17,557 and 17,272 items per month respectively.

Discharge Medicines Service (DMS)

7.38 The Discharge Medicines Service became a new essential service under the CPCF from February 2021, at which point NHS Trusts were able to refer patients that would benefit from additional guidance around their prescribed medicines to their community pharmacy for the Discharge Medicines Service. The key objectives of this service are to reduce hospital re-admissions, reduce medicines-related harm during transfers of care, optimise the use of medicines, whilst facilitating shared decision making, improve communication between hospitals, community pharmacies and primary care teams and to support patients through enhancing their understanding and adherence to prescribed medicines following discharge from hospital.

7.39 This service is intended for patients who are discharged with changes to their medication regimen as well as patients who are likely to benefit from support in understanding or managing their medications, for instance those with polypharmacy, frailty or chronic conditions.

7.40 DMS follows a structured three step process which includes the following:

- Referral: Hospitals identify patients at risk of medication-related problems upon discharge and subject to the patient's consenting to a referral, they will send a referral to the pharmacy via secure electronic system such as Refer to Pharmacy, PharmOutcomes or NHSmail.
- Community Pharmacy Review: The community pharmacy reconciles their medicines by comparing the discharge summary with the current medication on records to identify and resolve any discrepancies. Tailored advise is provided to the patient about their medication changes, including potential side effects and usage instructions.
- Ongoing Support: The community pharmacist may follow up with the patient to ensure understanding and adherence and where necessary, could liaise with the GPs.

Dispensing Appliances

7.41 This service is relevant to dispensing contractors like the community pharmacies and appliance contractor, providing appliances such as stoma care items, incontinence supplies and dressings. This service ensures that these contactors supply appliances as prescribed and in a timely and accurate manner as well provide advice on their safe and effective use. This is essential in supporting patients to have access to appliances they require for managing their conditions.

Disposal of Unwanted Medicines

7.42 This service ensures that patients can dispose of their unwanted, unused or expired medicines safety through their local community pharmacy. This helps to prevent environmental contamination, reduce the risk of misuse and promote safe handling of hazardous substances, ultimately promoting public health and environmental sustainability. As part of this service, pharmacies are obliged to accept back unwanted medicines from patients and if necessary, sort them into solids, liquids and aerosols

and in accordance with the Hazardous waste regulations. The local NHS contract management team makes arrangement for a waste contractor to collect the medicines from pharmacies at regular intervals.

Healthy Living Pharmacies (HLP)

7.43 This framework is designed to improve public health by providing accessible health promotion interventions and wellbeing services and helping to reduce inequalities. It aligns with the promotion of healthy lifestyle which is a core requirement for all community pharmacies. Community pharmacy owners were required to become HLPs in 2020/2021 as agreed in the five-year CPCF. This requires pharmacy owners to comply with the HLP framework requirements through ensuring a health promotion environment which meets stipulated standards, embedding health promotion and prevention in their everyday practice and making sure their staff are well equipped to deliver high quality public health interventions. They are also required to ensure that they continue to meet the terms of service requirements by reviewing their compliance against the requirements at least every 3 years.

Public Health (promotion of healthy lifestyles)

7.44 This is a core part of the CPCF which requires all community pharmacies to actively contribute to improving public health by providing targeted health and wellbeing advice to patients and supporting NHS public health campaigns. This aims to improve public health outcomes, promote preventative care and enhance accessibility through the convenience and important role that community pharmacies provide to patients who may not usually engage with other healthcare services.

7.45 The key requirements of this service include the following:

- Provision of a health promotion environment for instance through having clear displays of health advice materials in the pharmacy.
- Provision of tailored health promotion and lifestyle advice to patients who are receiving prescriptions for conditions where lifestyle can make significant difference such as hypertension and diabetes. This includes focusing on areas such as smoking cessation, healthy eating, exercise, reduction of alcohol consumption and mental health support.

- Providing support for NHS campaigns through actively participating in up to six national public health campaigns per financial year (1st April to 31st March) as directed by NHS England through ways such as displaying and distributing the campaign leaflets and engaging patients in discussions related to the campaign themes.
- Signposting patients who require further support or specialised care to appropriate health, social care or voluntary services for instance referral to stop smoking cessation services and weight management programmes.
- Keeping records of the health promotion interventions undertaken and any referrals made and participating in evaluations to show the impact of such interventions.

Repeat Dispensing and eRD

7.46 Repeat dispensing became an essential service within the CPCF since 2005. This service enables patients to obtain repeat supplies of their medicines and appliances prescribed on a repeat basis from their nominated pharmacy, without the need for their GP to issue prescription each time a supply is needed. This service is suitable for patients on stable, long-term medications who understand how the service works and consent to participate. This helps to save GP and patients time, improve convenience and ensure ongoing medication adherence by allowing community pharmacies to be more actively involved in the safe supply of regular prescriptions of patients. This service was initially carried out with paper prescriptions. However, following the development of the Electronic Prescription Service (EPS), the majority of the repeat dispensing is now done through the EPS and referred to as the electronic Repeat Dispensing (eRD).

7.47 This service involves the community pharmacy ensuring that each repeat supply is required, confirming there is no reason why the patient should be referred to their GP and if appropriate dispensing the repeat dispensing prescriptions issued by the GP at the agreed intervals based on the prescription batches.

Sign posting

7.48 This service involves pharmacies helping people who seek assistance by directing them to the most appropriate health, social care or support services for help when their

needs fall outside their scope. Examples include needs related to social care, specialist medical advice or community health programmes. This ensures that patients receive timely and appropriate care. Pharmacies are required to offer clear guidance on where the patient can access the required service. This could include providing contact details, directions or making a direct referral to such services if appropriate.

7.49 The lists of sources of care and support in the area can be obtained from NHS England and pharmacies should maintain an up-to-date directory of local services, including NHS and voluntary organisations to aid accurate signposting.

Support for self-care

7.50 The key components of this service are provision of advice and information to patient, promotion of self-care, supply of over-the-counter medicines by community pharmacy teams to patients as well as signposting them to other services if a condition is beyond the scope of self-care. This service aims at empowering patients to manage minor ailments and common health conditions independently, with guidance from community pharmacy teams through their provision of advice and where necessary, sale of medicines. This also includes handling referrals from NHS 111.

7.51 Examples of minor ailments that can be addressed include cold and flu symptoms, sore throat, management of mild aches and pains, skin conditions such as eczema, insect bites, allergies and digestive issues such as constipation and diarrhoea.

7.52 Provision of this service by community pharmacies help to reduce the burden on GPs and urgent care services, highlight the crucial role that community pharmacies play as the first point of contact for healthcare advice and promote trust between the patients and the community pharmacy teams.

Advanced Services

7.53 Advanced services are NHS Integrated Care Boards commissioned pharmacy services (NHSE delegated function) that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.54 There are currently nine advanced services within the CPCF:

- New Medicine Service (NMS).
- Pharmacy First Service.

- Flu Vaccination Service.
- Pharmacy Contraception Service (PCS).
- Hypertension case-finding service.
- Smoking Cessation Service.
- Appliance Use Review (AUR).
- Stoma Appliance Customisation (SAC).
- Lateral Flow Device (LFD) Service.

New Medicine Service (NMS)

7.55 The NMS supports patients with long-term conditions who have been prescribed new medicines. It aims to improve adherence, ensure patients understand their medicines, and address any issues such as side effects or concerns. Community pharmacists provide structured consultations over three key stages: the initial discussion, an intervention review, and final follow up review within four weeks of starting the medicine.

7.56 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete the Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.

7.57 The NMS focuses on medicines for the following conditions:

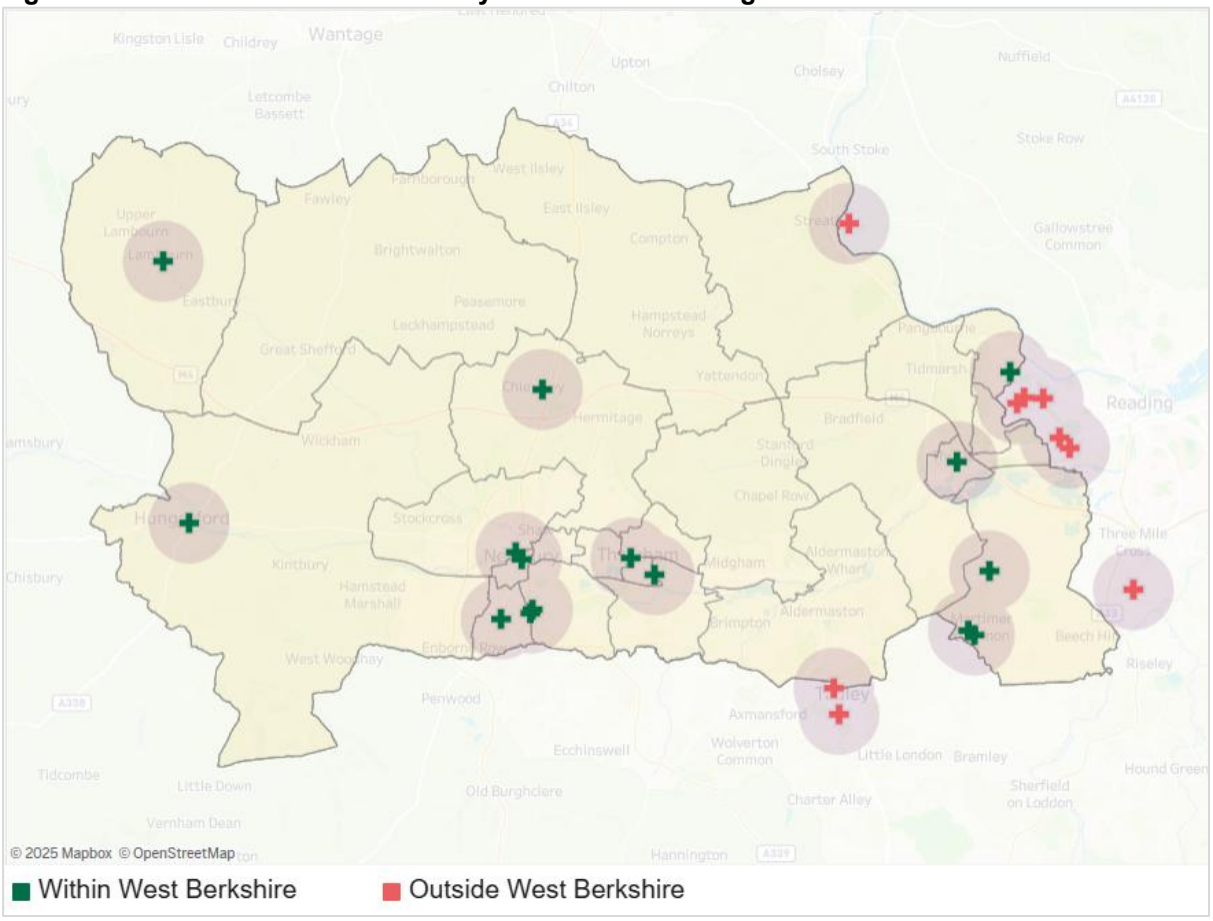
- Hypertension.
- Respiratory conditions such as Asthma and COPD.
- Type 2 Diabetes.
- Blood Thinners (including antiplatelet and anticoagulants).
- Hypercholesterolaemia.
- Osteoporosis.

- Gout.
- Glaucoma.
- Epilepsy.
- Parkinsons disease.
- Urinary incontinence/retention.
- Heart Failure.
- Acute Coronary Syndromes.
- Atrial Fibrillation.
- Stroke/TIA.
- Coronary Heart Disease.

7.58 Through this service, pharmacists play a crucial role in supporting patients to optimise the use of their medicines, improve adherence and resolve potential issues early.

7.59 The New Medicines Service (NMS) is provided in 15 West Berkshire pharmacies, but 9 additional pharmacies in neighbouring authorities are within reach of its residents.

Figure 7.14: Distribution of Community Pharmacies offering NMS



Source: NHSE

Table 7.6: Number of pharmacies in West Berkshire offering NMS by ward

Ward	Number of pharmacies
Burghfield & Mortimer	3
Newbury Greenham	2
Newbury Central	2
Tilehurst & Purley	1
Theale	1
Thatcham Colthrop & Crookham	1
Thatcham Central	1
Newbury Wash Common	1
Lambourn	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1
Total	**15**

Source: NHSE

Pharmacy First Scheme

7.60 This service builds upon the Community Pharmacist Consultation Service (CPCS) by extending its scope to provide clinical consultations and NHS-funded treatment for a comprehensive list of minor illnesses. The Pharmacy First pathway integrates

seamlessly into community pharmacy services, improving patient access to care and reducing demand on GP surgeries and urgent care. It allows pharmacists to clinically assess and treat eligible patients for the following conditions:

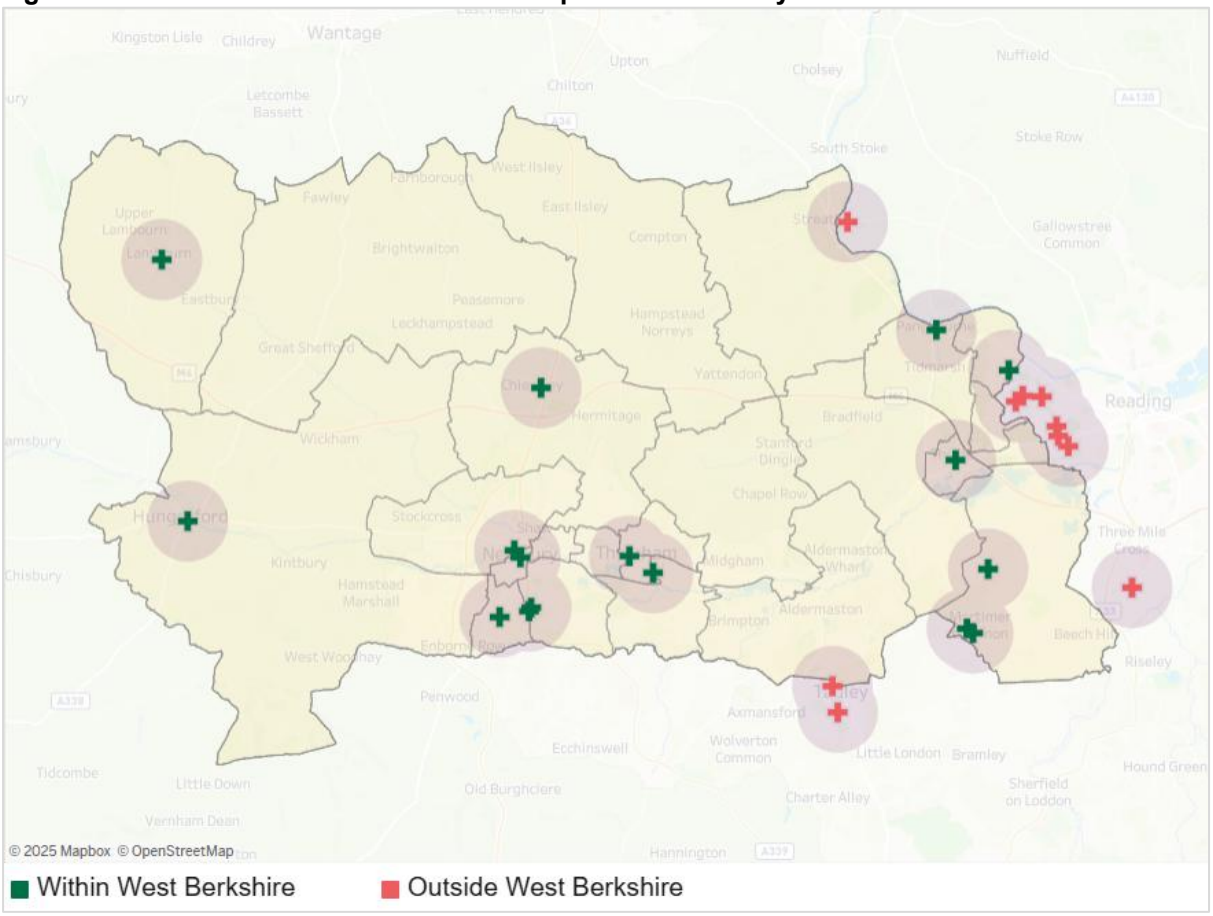
- Acute sore throat (5 years and above).
- Acute otitis media (1 – 17 years).
- Sinusitis (12 years and above).
- Impetigo (1 year and above).
- Shingles (18 years and above).
- Infected insect bites (1 year and above).
- Uncomplicated urinary tract infections (UTIs) in women (aged 16-64).

7.61 Referrals can be done by GP Surgeries, NHS 111, Urgent Treatment Centres or be walk-in consultations. This does not limit the existing minor ailments that pharmacies have historically seen.

7.62 The funding and other arrangements for community pharmacies for 2024/25 and 2025/26 which was published in April 2025 shows that following the success of the pharmacy first service since its launch in January 2024, additional funding has been secured to enable the service to continue to grow. NHS England has undertaken a clinical review of the clinical pathways, and the updated pathways is expected to be published shortly

7.63 The Pharmacy First Service is available from all 16 West Berkshire pharmacies, with 10 in nearby authorities also offering it.

Figure 7.14: Distribution of Pharmacies that provide Pharmacy First Service



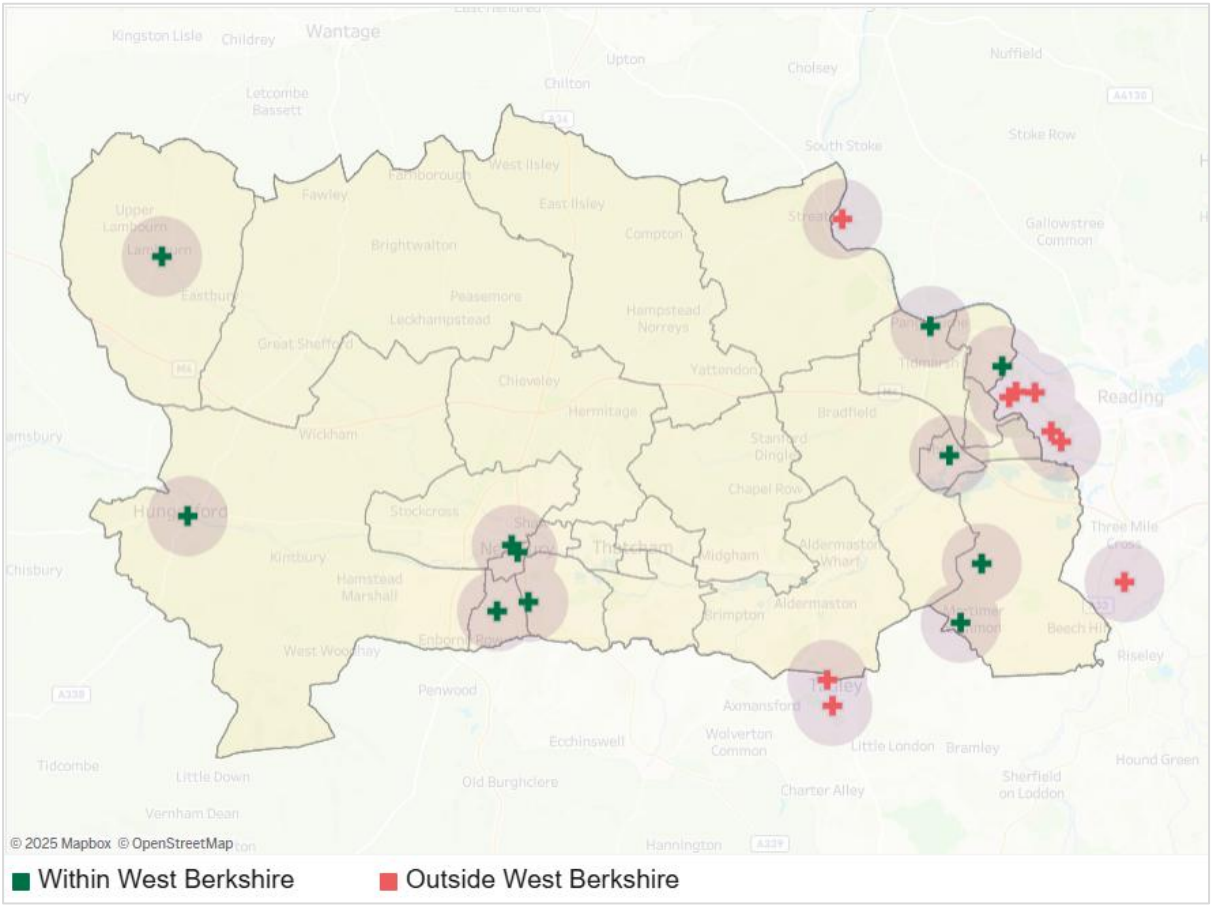
Source: NHSE

Flu Vaccination Service

7.64 Many community pharmacies administer NHS-funded seasonal flu vaccinations to eligible patients, including older adults, individuals with chronic conditions, pregnant women, and frontline healthcare workers. By increasing accessibility, particularly for vulnerable and hard-to-reach populations, the service enhances vaccination uptake. It plays a critical role in reducing flu-related complications, hospitalisations, and pressures on healthcare services during flu season.

7.65 Flu vaccination services are available from 11 pharmacies in West Berkshire. An additional 9 pharmacies in neighbouring areas also provide the service.

Figure 7.15: Distribution of Pharmacies that provide Flu Vaccinations



Source: NHSE

Table 7.7: Number of West Berkshire pharmacies offering Flu vaccinations by ward

Ward	Number of pharmacies
Newbury Central	2
Burghfield & Mortimer	2
Tilehurst & Purley	1
Theale	1
Pangbourne	1
Newbury Wash Common	1
Newbury Greenham	1
Lambourn	1
Hungerford & Kintbury	1
Total	**11**

Source: NHSE

Pharmacy Contraception Service (PCS)

7.66 PCS provides ongoing access to oral contraception through community pharmacies, including initial and repeat supplies of contraceptives. Pharmacists offer consultations to assess patient suitability, provide advice on proper contraceptive use, and support adherence to treatment. This service ensures easier and more convenient access to

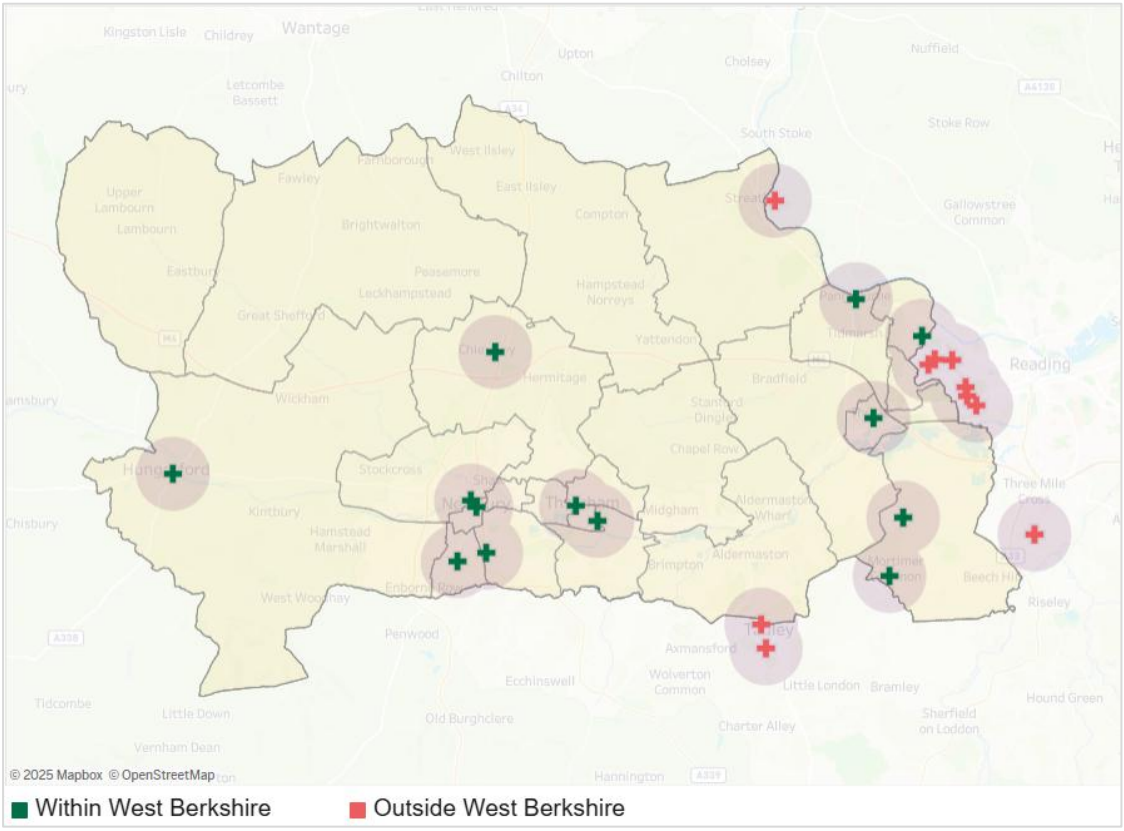
contraceptive services, particularly for patients unable to attend GP clinics, and plays an important role in reducing unplanned pregnancies.

7.67 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy.

7.68 All pharmacists, and other registered pharmacy professionals intending to provide the service, must complete Centre for Pharmacy Postgraduate Education (CPPE) emergency contraception training.

7.69 PCS is available from 13 pharmacies in West Berkshire. An additional 10 pharmacies in neighbouring areas also provide the service.

Figure 7.16: Distribution of Pharmacies that provide PCS



Source: NHSE

Table 7.8: Number of West Berkshire pharmacies offering CPS by ward

Ward	Number of pharmacies
Newbury Central	2
Burghfield & Mortimer	2
Tilehurst & Purley	1
Theale	1
Thatcham Colthrop & Crookham	1
Thatcham Central	1
Pangbourne	1
Newbury Wash Common	1
Newbury Greenham	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1
Total	**13**

Source: NHSE

Hypertension Case-Finding Service

7.70 This is commonly referred to as the NHS Blood Pressure Check Service in public-facing communications. This was commissioned as an advanced service from 1st October 2021 with only registered pharmacy professionals (pharmacists and

pharmacy technicians) being allowed to provide the service. However, this was extended from the 1st of December 2023 to allow other suitably trained and competent staff to provide the service.

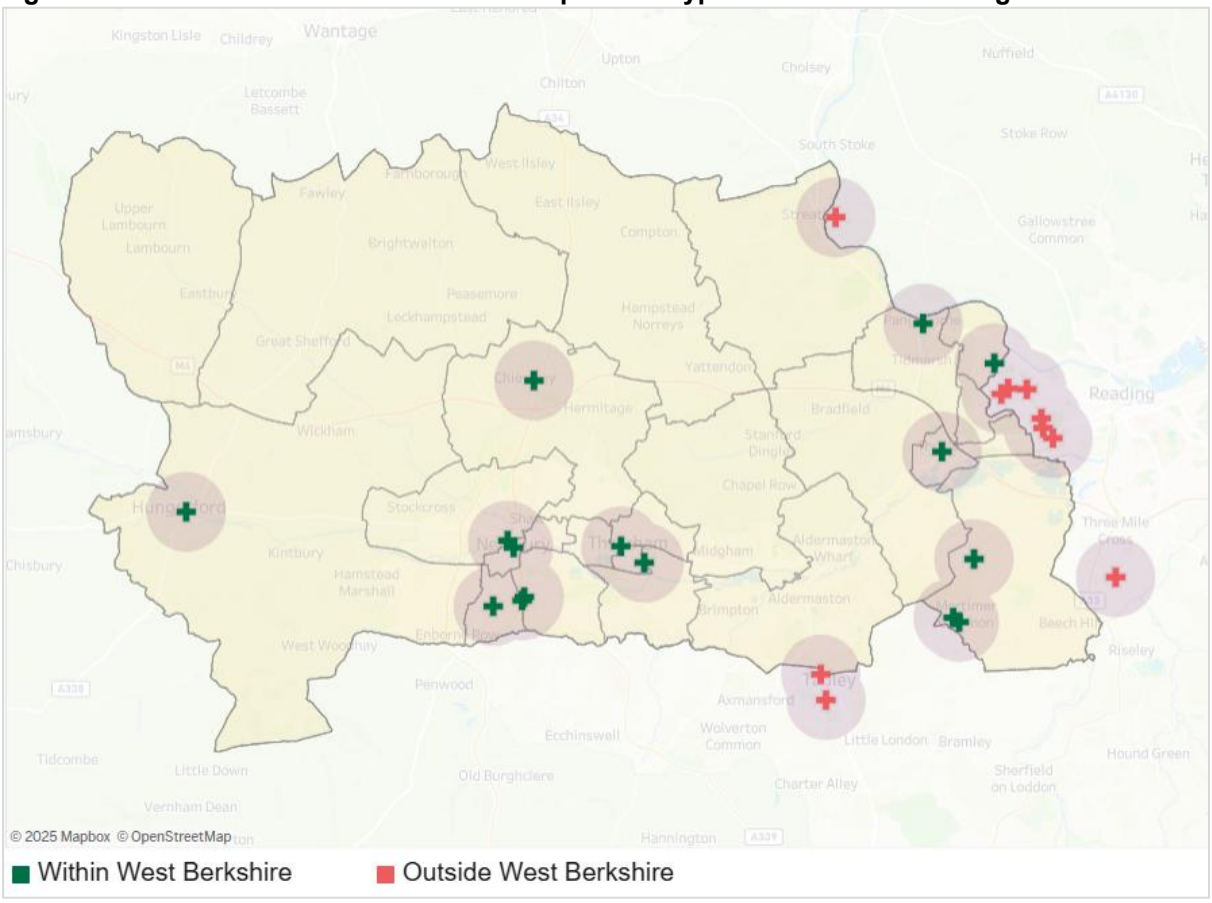
7.71 This service provides an opportunity to promote healthy behaviours to patients and it is aimed at early detection of hypertension and reduction of the risks of associated medical conditions such as stroke and heart diseases through early intervention.

7.72 This service is part of the NHS long term plan that emphasises preventive healthcare strategies and demonstrates the NHS commitment to reducing morbidity and mortality due to cardiovascular diseases.

7.73 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.

7.74 The Hypertension Case-Finding Service is available from 15 pharmacies in West Berkshire. An additional 10 pharmacies in neighbouring areas also provide the service.

Figure 7.17: Distribution of Pharmacies that provide Hypertension Case-Finding



Source: NHSE

Table 7.9: Number of West Berkshire pharmacies offering Hypertension Case-Finding by ward

Ward	Number of pharmacies
Burghfield & Mortimer	3
Newbury Greenham	2
Newbury Central	2
Tilehurst & Purley	1
Theale	1
Thatcham Colthrop & Crookham	1
Thatcham Central	1
Pangbourne	1
Newbury Wash Common	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1
Total	**15**

Source: NHSE

Smoking Cessation Service

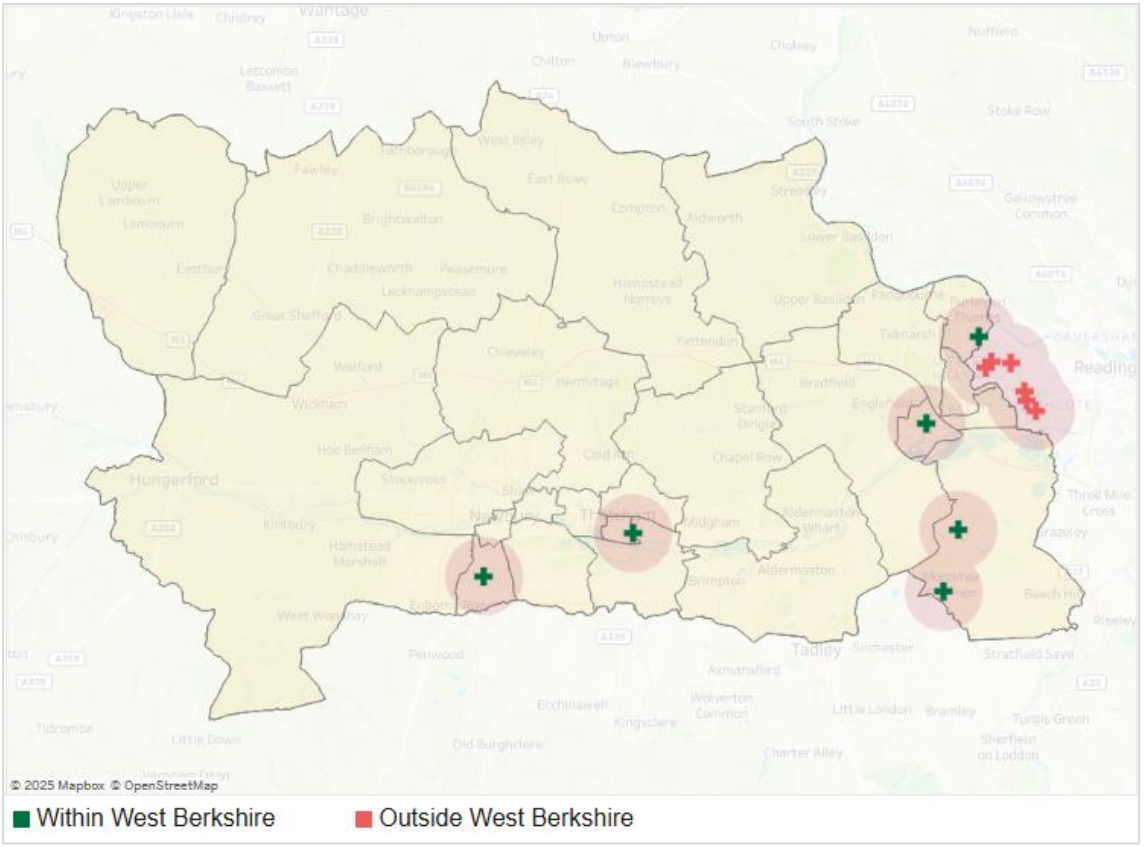
7.75 Community pharmacies currently support patients who are ready to quit smoking by providing structured, one-to-one behavioural support alongside access to nicotine replacement therapy (NRT). This service supports patients who started a “stop

smoking programme" in hospital to continue their journey in community pharmacy upon discharge. Thereby promoting healthy behaviours to service users which is an important part of the NHS Long Term Plan. At present, only NRT and behavioural support are available through the service.

7.76 Planned updates will expand the service to include the supply of Varenicline and Cytisinicline (Cytisine). Patient Group Directions (PGDs) will be introduced to allow suitably trained and competent pharmacists and pharmacy technicians to supply these medications so as to apply better use of skill mix. However, these changes are not yet in place. Before implementation, several key steps are required. This includes updates to the service specification, amendments to the Secretary of State Directions, development of supporting IT infrastructure and finalisation and publication of the relevant PGDs. A formal announcement is expected to be made in due course regarding the date from which the updated service model will apply.

7.77 The Smoking Cessation Service is available from 6 pharmacies in West Berkshire. An additional 6 pharmacies in a neighbouring HWB area also provide the service.

Figure 7.18: Distribution of Pharmacies that provide Smoking Cessation Service



Source: NHSE

Table 7.10: List of West Berkshire pharmacies providing Smoking Cessation Service

Pharmacy	Address	Ward
The Little Village Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	Burghfield & Mortimer
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Thatcham Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham

Source: NHSE

Appliance Use Review (AUR)

7.78 AURs are for patients using prescribed appliances including stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products. Community pharmacists review appliance use to ensure proper usage, resolve issues, and offer tailored advice, either in the pharmacy or at the patient's home. This helps address problems such as discomfort or leakage, improving appliance performance and enhancing patient comfort and confidence.

7.79 No pharmacies within or bordering the district are reported to have delivered this service. However, AURs can also be provided by prescribing health and social care providers.

Stoma Appliance Customisation (SAR)

7.80 The SAC service ensures stoma appliances are customised to meet individual patient needs. Community Pharmacists make necessary adjustments to stoma bags to ensure a proper fit, improving comfort and functionality whilst addressing issues like leakage or skin irritation. This service helps prevent complications, enhances quality of life and supports patients in managing their stoma effectively.

7.81 Though no pharmacies within or bordering the district reported delivering this service, West Berkshire residents can access the SAC service from non-pharmacy providers

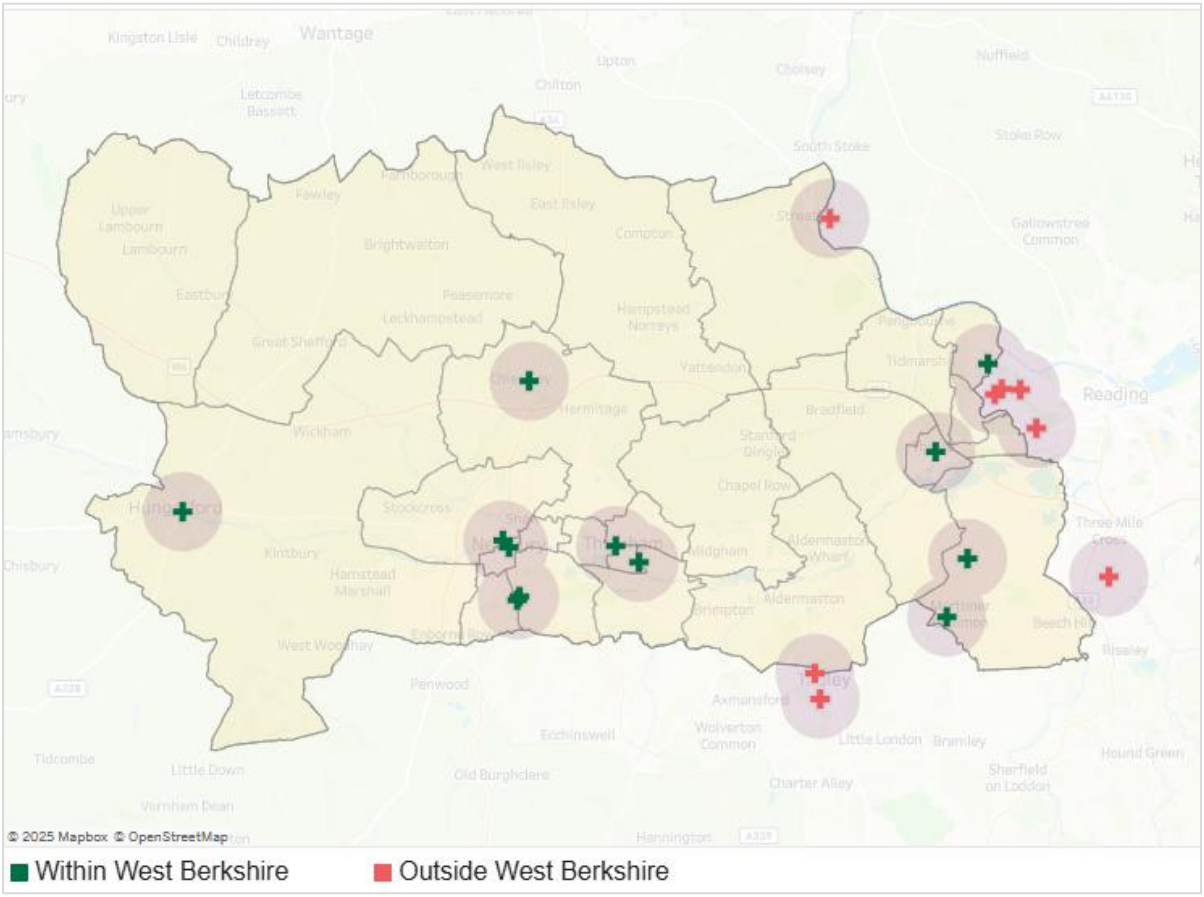
within the district (e.g. community health services) and from dispensing appliance contractors outside the district.

Lateral Flow Device (LFD) Service

7.82 The LFD service provided patient with access to COVID-19 lateral flow tests. Community Pharmacies distribute the kits, support correct usage and aid result interpretation. The service has currently been extended to 2024/25 and eligibility criteria updated for clarity.

7.83 The LFD Service is available from 12 pharmacies in West Berkshire. An additional 8 pharmacies in neighbouring area also provide the service.

Figure 7.19: Distribution of Pharmacies that provide LFD Service



Source: NHSE

Table 7.11: Number of West Berkshire pharmacies offering LFD by ward

Ward	Number of pharmacies
Newbury Greenham	2
Newbury Central	2
Burghfield & Mortimer	2
Tilehurst & Purley	1

Theale	1
Thatcham Colthrop & Crookham	1
Thatcham Central	1
Hungerford & Kintbury	1
Chieveley & Cold Ash	1
Total	**12**

Source: NHSE

Enhanced pharmacy services

7.84 These are a third tier of services commissioned by NHSE. There is currently one nationally enhanced service; COVID-19 Vaccination Service.

COVID-19 Vaccination Service

7.85 COVID-19 vaccination service was initially commissioned as a locally enhanced service by NHSE regional teams in consultation with the local pharmaceutical committees. However, in December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for the commissioning of nationally enhanced services. Hence, the Autumn 2022, Spring 2023, Autumn/winter 2023/24 and Spring booster covid-vaccination programmes were all commissioned as Nationally Enhanced Services.

7.86 This service allows pharmacies to administer COVID-19 vaccinations, contributing to public health efforts and increasing vaccine coverage.

7.87 People who will provide the COVID-19 Vaccination Service must complete practical training that meet the national minimum standards and core curriculum for Immunisation training for registered health professionals

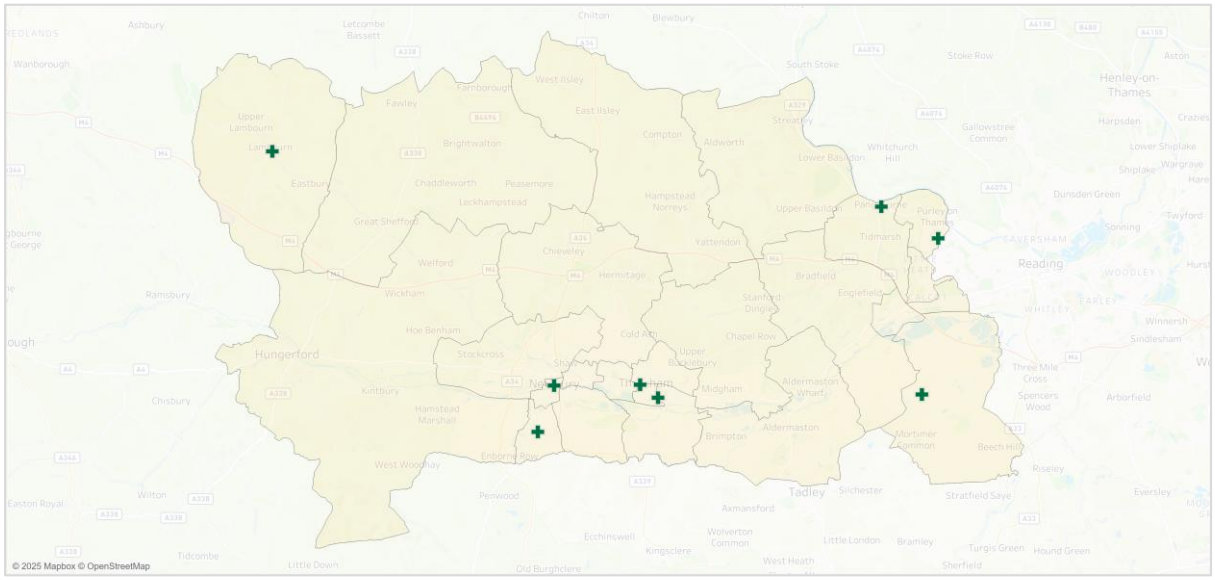
7.88 Pharmacy owners are expected to oversee and keep a record to confirm that all staff have undertaken training prior to participating in the administration of vaccinations. This includes any additional training associated with new vaccines that become available during the period of the service. They must ensure that staff are familiar with all guidance relating to the administration of the different types of vaccine and are capable of the provision of vaccinations using the different types of vaccine.

7.89 All persons involved in the preparation of the vaccine must be appropriately trained in this and have appropriate workspace to do so.

7.90 All persons involved in the administration of the vaccine must have completed all the required online training and face to face administration training where relevant as well as reading and understanding any relevant guidance, patient group direction or national protocol for COVID-19 vaccines

7.91 Eight pharmacies in West Berkshire provide the COVID-vaccination service as shown in Figure 7.20.

Figure 7.20: Distribution of pharmacies that provide COVID-19 Vaccination service in West Berkshire



Source: Community Pharmacy Thames Valley

Table 7.12: List of pharmacies that provide COVID-19 vaccination in West Berkshire

Pharmacy	Address	Ward
Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	Burghfield & Mortimer
Halo Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Pangbourne Pharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common

Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Thatcham Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn

Source: Community Pharmacy Thames Valley

Chapter 8 - Other NHS Services

8.1 This chapter looks at services that are part of the health service, that although not considered pharmaceutical services under the 2013 regulations, are considered to affect the need for pharmaceutical services.

Locally commissioned services

8.2 These are the services commissioned locally in West Berkshire by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). These services reduce the need for pharmaceutical services.

8.3 These services are designed to complement usual healthcare provisions with the aim of improving community health and providing accessible care. They include:

- Emergency Hormonal Contraception (EHC).
- Supervised Consumption.
- Needle Exchange.
- Guaranteed Provision of Urgent Medication (including palliative care & antivirals).
- Minor Ailment Scheme (MAS).
- Take Home Naloxone.

Emergency Hormonal Contraception (EHC)

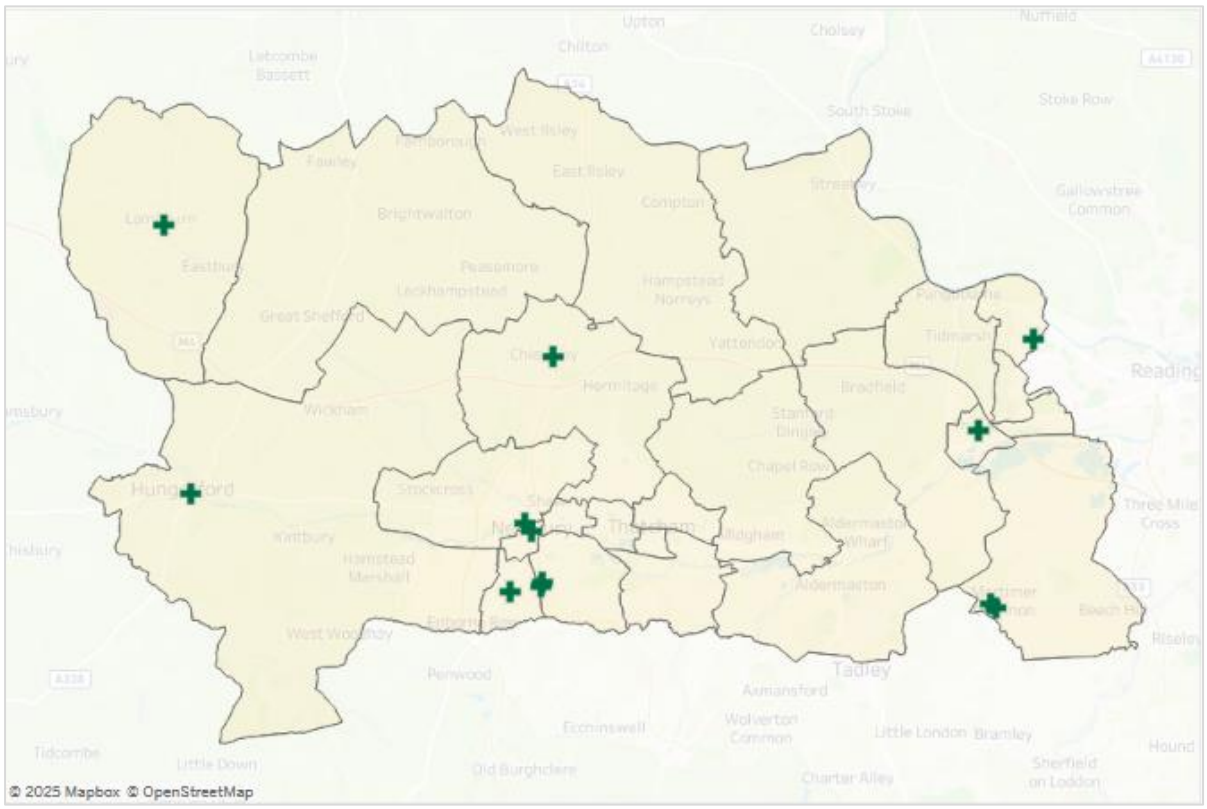
8.4 The Emergency Hormonal Contraception (EHC) Enhanced Service provides free access to Levonorgestrel and Ulipristal acetate (EllaOne®) through community pharmacies under a Patient Group Direction (PGD). Aimed at individuals aged 13-24, pharmacists assess suitability, ensuring safeguarding protocols, including Fraser Guidelines for under-16s. The service also offers free condoms, sexual health advice, and referrals to contraceptive and STI screening services.

8.5 This service aims to reduce unintended pregnancies, promote safer sex practices, and enhance access to emergency contraception in a confidential, community-based setting. Pharmacies play a key role in public health, integrating contraception advice with safeguarding measures and signposting to wider sexual health support.

8.6 The service is available at 12 pharmacies across West Berkshire.

8.7 It should be noted that, as discussed in the earlier, from October 2025, EHC will become a national pharmaceutical offering as part of the PCS service.

Figure 8.1: Distribution of Pharmacies that provide EHC Service



Source: Community Pharmacy Thames Valley

Table 8.1: List of pharmacies providing EHC

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
The Little Village Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	Chieveley & Cold Ash
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	Tilehurst & Purley
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale

Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	Newbury Central

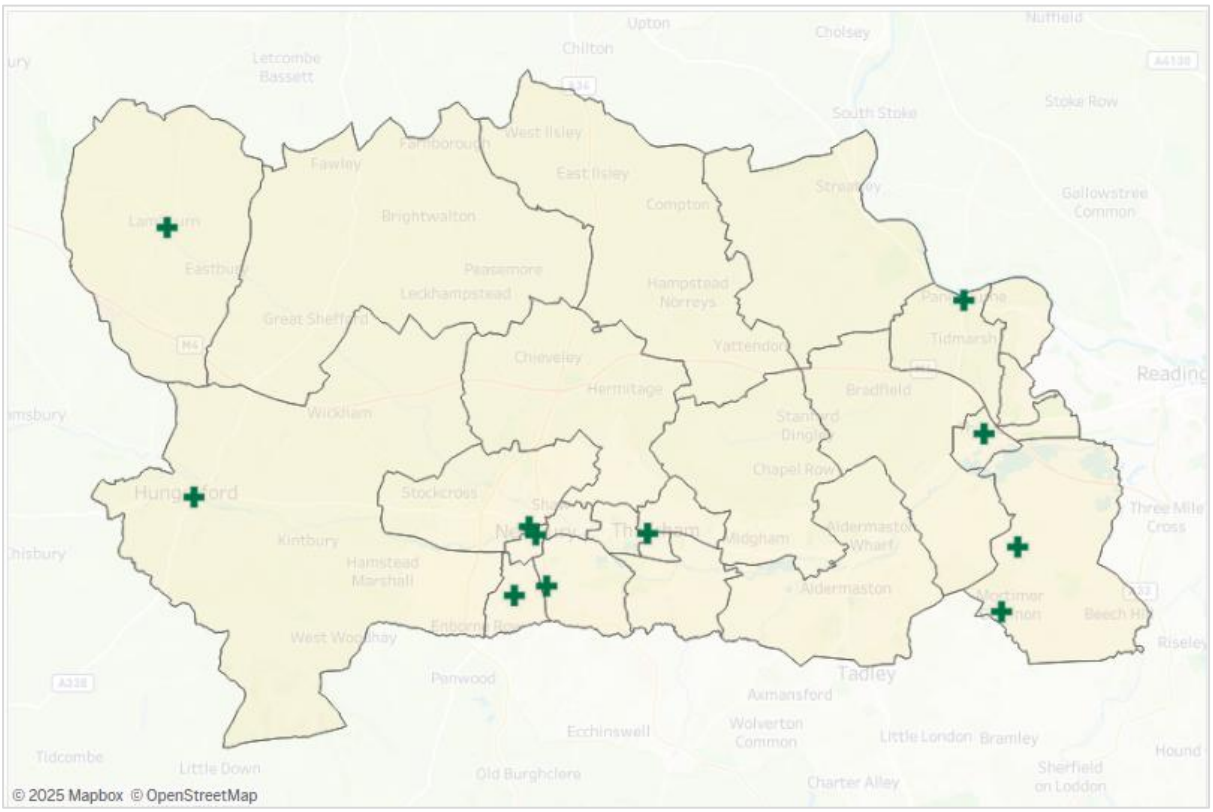
Source: Community Pharmacy Thames Valley

Supervised Consumption

8.8 Community pharmacies play a key role in supporting individuals managing substance misuse. This enhanced service includes supervised consumption of opioid substitution therapies (e.g., methadone or buprenorphine) to ensure proper administration and reduce the risk of diversion or misuse.

8.9 The Supervised Consumption Service is provided at 11 pharmacies across West Berkshire.

Figure 8.2: Distribution of Pharmacies that provide Supervised Consumption



Source: Community Pharmacy Thames Valley

Table 8.2: List of pharmacies providing Supervised Consumption

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury

The Little Village Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	Burghfield & Mortimer
Halo Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	Thatcham Central
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Pangbourne Pharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
Day Lewis Pharmacy	Ground Floor Unit, Access House, Strawberry Hill Road, Newbury, Berkshire	Newbury Central

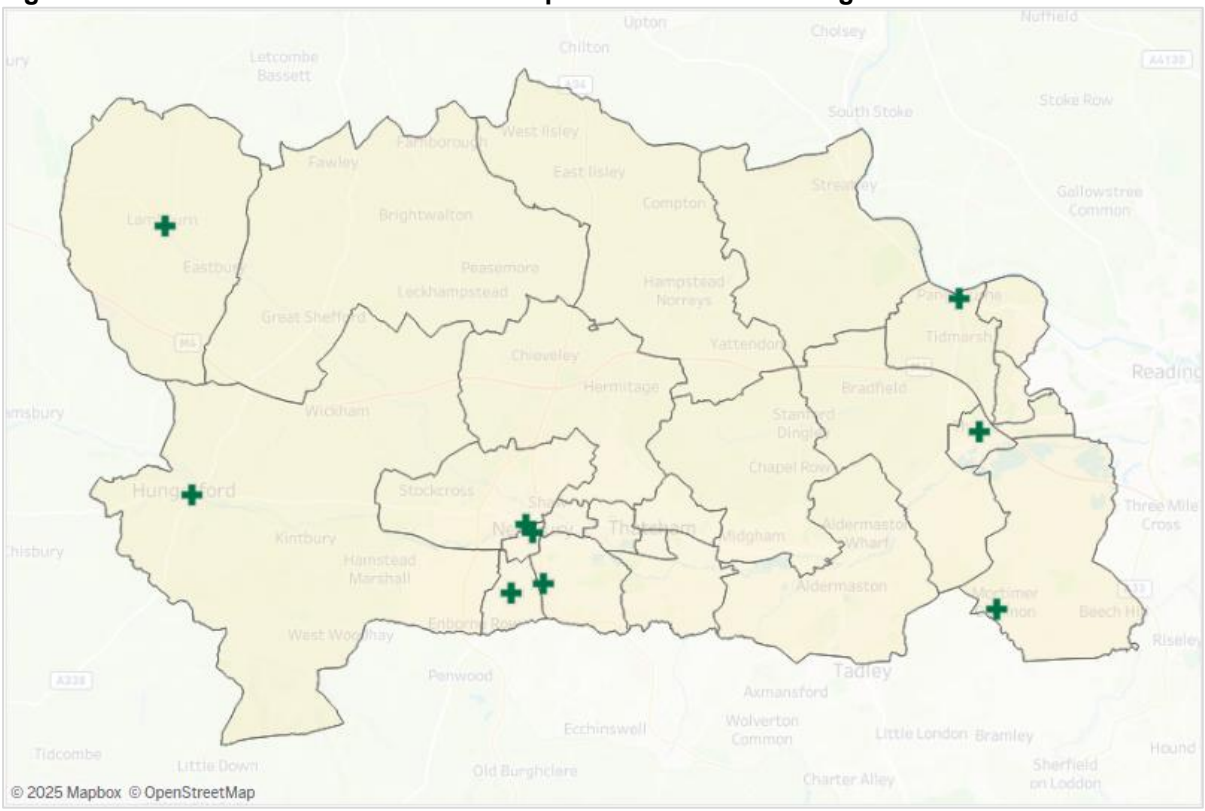
Source: Community Pharmacy Thames Valley

Needle Exchange

8.10 Pharmacists also provide needle and syringe exchange services, offering clean equipment to minimise the spread of bloodborne infections like HIV and hepatitis C.

8.11 Needle Exchange Services are provided by 9 pharmacies in West Berkshire.

Figure 8.3: Distribution of Pharmacies that provide Needle Exchange



Source: Community Pharmacy Thames Valley

Table 8.3: List of pharmacies providing Needle Exchange services

Pharmacy	Address	Ward
Boots the Chemists	125 High Street, Hungerford, Berkshire	Hungerford & Kintbury
The Little Village Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Pangbourne Pharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	Newbury Wash Common
Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	Theale
Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	Newbury Greenham
Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	Lambourn
Day Lewis Pharmacy	Ground Floor Unit, Access House, Strawberry Hill Road, Newbury, Berkshire	Newbury Central

Source: Community Pharmacy Thames Valley

Guaranteed Provision of Urgent Medication (including palliative care & antivirals)

8.12 The Guaranteed Provision of Urgent Medication service ensures prompt access to essential medicines, including palliative care drugs and antivirals, for patients with immediate needs. This service helps improve health outcomes and reduces pressure on urgent care by ensuring timely support, especially for vulnerable patients.

8.13 Two pharmacies in West Berkshire offer the service.

Minor Ailment Scheme

8.14 The local Minor Ailment Scheme, open to pharmacies in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB area, has been extended to the end of March 2025. Targeted at patients on low income and their dependents, for a concise list of OTC medicines, the service is paid in addition to the referral fee or can be used for eligible walk-in patients. Claims are made through PharmOutcomes.

8.15 Five West Berkshire pharmacies offer this service.

Table 8.4: List of pharmacies in the Minor Ailment Scheme

Pharmacy	Address	Ward
The Little Village Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	Burghfield & Mortimer
Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	Chieveley & Cold Ash
Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	Newbury Central
Pangbourne Pharmacy	3 The Square, Pangbourne, Berkshire	Pangbourne
Thatcham Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	Thatcham Colthrop & Crookham

Source: Community Pharmacy Thames Valley

Take Home Naloxone (THN)

8.34 The West Berkshire Take-Home Naloxone (THN) service equips individuals at risk of opioid overdose, along with their carers, with naloxone kits to prevent fatalities. Available as an intramuscular injection (Prenoxad®) or intranasal sprays (Nyxoid® and Naloxone Pebble), naloxone temporarily reverses overdose effects. Pharmacies

provide the kits, educate recipients on overdose response, and record supplies via PharmOutcomes.

8.35 The Take Home Naloxone Service is provided by one pharmacy in West Berkshire (Lambourn Pharmacy on The Broadway, Lambourn).

Other prescribing centres

8.36 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

Walk-In Centres

8.37 These centres provide urgent medical care for non-life-threatening conditions. Below are the walk-in centres in West Berkshire.

- Newbury Community Hospital located in London Road, Newbury
- Thatcham Health Centre located in Church Gate, Thatcham

GP extended access hubs

8.38 Primary Care Networks provide additional primary care appointments outside standard general practice hours (including weekday evenings and Saturdays) from multiple general practice locations.

End of life services

8.39 A range of services are available in West Berkshire to support individuals requiring end-of-life care, including inpatient facilities, community-based services, and support organizations. These services aim to provide compassionate care tailored to individual's needs, ensuring comfort and dignity during end-of-life stages. Below is a list of location where end of life services are provided in West Berkshire:

- Wilnash Care Ltd located at Oxford Street, Newbury
- Sue Ryder Palliative Care Hub Berkshire located at West Berkshire Community Hospital at London Road, Thatcham
- Berkshire NHS Foundation Trust – though located in Reading, it is widely used by West Berkshire residents

Mental Health Services

8.40 A variety of mental health services are available in West Berkshire to support individuals across needing support with their mental health. These services include community-based teams, specialised programs, and support organisations, all working collaboratively to provide comprehensive care.

8.41 Below is a list of locations in West Berkshire that offer mental health services.

- Newbury Community Hospital located in London Road, Thatcham
- Thatcham Health Centre located in Church Gate, Thatcham
- Berkshire NHS Foundation Trust – though located in Reading, it is widely used by West Berkshire residents

Chapter 9 - Conclusions and statements

9.1 This PNA has considered the current provision of pharmaceutical services across the West Berkshire HWB area and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document,

9.2 This chapter will summarise the conclusions of the provision of these services in West Berkshire with consideration of surrounding HWB areas.

Current Provision

9.3 The West Berkshire PNA Task and Finish Group has identified the following services as necessary to meet the need for pharmaceutical services:

- Essential services provided at all premises, including those though outside the West Berkshire HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- The dispensing service provided by those GP practices included in the dispensing doctor list.

9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. The West Berkshire PNA Task and Finish Group has identified the following as Other Relevant Services:

- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the West Berkshire HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.

9.5 Preceding chapters of this document have set out the provisions of these services with reference to their locality, as well as identifying service by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in West Berkshire.

Current provision of necessary services

9.6 Essential services are deemed as necessary services as described above. In assessing the provision of essential services against the needs of the population, the PNA Task and Finish Group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. To determine the level of access within the district to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies or dispensing practices
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs

9.7 The above criteria were used to measure access across West Berkshire's 24 localities (electoral wards).

9.8 There are 16 community pharmacies and 7 dispensing GP practices in West Berkshire. Taking only community pharmacies into account as providers, there are 1.0 community pharmacies per 10,000 residents in West Berkshire. This ratio is markedly below the national average of 1.7 pharmacies per 10,000 residents. This low ratio is in keeping with the area's rural nature and overall low population density.

9.9 Though all residents can reach a pharmacy within a 20-minute drive, using the criterion of all those in an urban setting should be within a 20-minute walk of a community pharmacy, shows a region within Calcot that though urban does not have a pharmacy within a 20-minute walk

9.10 On weekdays, five pharmacies are open before 9am and sixteen are open past 5pm.

9.11 Weekend service is available from 13 pharmacies on Saturday and 4 on Sunday.

The PNA has identified a gap in the provision of pharmaceutical services to the population of Calcot. There is therefore a current need for a pharmacy in Calcot

providing essential services, Monday to Friday between 09:00 and 17:00, and Saturday 09.00 and 13.00.

Current provision of other relevant services

Current provision of advanced pharmacy services

9.12 The following advanced services are currently available for provision by community pharmacies: New Medicine Service, Pharmacy First service, Flu Vaccination Service, Pharmacy Contraception Service, Hypertension Case-finding Service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device Tests Supply Service.

9.13 NMS is widely available with 15 of the 16 community pharmacies providing it.

9.14 The Pharmacy First service is provided by all 16 community the pharmacies in the council.

9.15 Flu vaccinations are also widely provided, with 11 pharmacies offering them.

9.16 Fifteen pharmacies provide the hypertension case-finding service.

9.17 Thirteen pharmacies in West Berkshire offer the Pharmacy Contraception Service.

9.18 Six West Berkshire pharmacies provide the Smoking Cessation Service.

9.19 Though no West Berkshire pharmacies delivered the AURs or SACs, these services are also widely available from other health providers such as district nurses and dispensing appliance contractors.

9.20 The Lateral Flow Device test supply service is provided by 12 pharmacies in West Berkshire.

9.21 As noted earlier, the population of Calcot does not have a community pharmacy within a 20-minute walk and the PNA has identified the Pharmacy First and NMS services are important to securing improvements and better access of pharmaceutical services to that population.

Current access to enhanced pharmacy services

9.22 COVID-19 vaccination service is a nationally commissioned enhanced service and is provided by 8 pharmacies in West Berkshire.

Current access to Locally Commissioned Services

9.23 These services are commissioned by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Reading population. These services include Emergency Hormonal Contraception, Supervised Consumption, Needle Exchange, Guaranteed Provision of Urgent Medication (including palliative care and antivirals), Minor ailment scheme and Take Home Naloxone.

9.24 Twelve pharmacies in West Berkshire offer the Emergency Contraceptive Service.

9.25 Eleven pharmacies provide the Supervised Consumption Service.

9.26 Needle Exchange Services are available from 9 pharmacies.

9.27 Two pharmacies in West Berkshire offer the Guaranteed Provision of Urgent Medication service.

9.28 Five West Berkshire pharmacies offer the Minor Ailment Service

9.29 Take Home Naloxone Service is available from one pharmacy.

9.30 Overall, there is very good availability of locally commissioned services in the district.

The PNA has identified Pharmacy First as a service is provided to the population of Calcot, but which the HWB is satisfied if were provided would secure improvements or better access to pharmaceutical services.

Future Provision

9.31 The Health and Wellbeing Board has considered the following future developments:

- Forecasted population growth.
- Housing Development information.
- Regeneration projects.
- Changes in the provision of health and social care services.
- Other changes to the demand for services.

Future provision of necessary services

9.32 The HWB is aware of the following approvals to open pharmacies in its area and new regulatory changes by the Department of Health and Social Care affecting DSPs:

- CA-Health Ltd to open a pharmacy in Newbury Town Centre. This was approved in December 2024 after an appeal. In June 2025 they notified NHSE that the address of the premises would be 61 Bartholomew Street. They have 12 months from then to commence service provision.
- Bolcer Limited to open a pharmacy at Gaywood Drive shops in Newbury Clay Hill Ward. This was approved in February 2025 after an appeal.
- Halo Pharmacy was granted permission to open a DSP at Unit 27B, Kingfisher Court, Newbury, RG14 5SJ. The approval was given in June 2025

9.33 The Department of Health and Social Care (DHSC) laid out new regulations in June 2025 affecting distance selling pharmacies (DSPs). This includes that from 23rd June 2025, no new applications for DSPs can be accepted/are permitted under the Pharmaceutical and Local Pharmaceutical Services (PLPS) regulations. It is also expected that from 1st October 2025 (with exception of COVID-19 and influenza vaccination services), DSPs will no longer be permitted to deliver directed services (Advanced and Enhanced services) in person to a patient. They may continue to deliver the COVID-19 and influenza vaccination services onsite, face-to-face, at their premises, until 31st March 2026.

9.34 The PNA is aware of and has considered the proposed housing developments in West Berkshire, particularly in the Sandleford site in Newbury Wash Common ward. The single pharmacy in this ward (Wash Common Pharmacy), has the highest dispensing rate in the entire HWB area (17,557 items per month). Though the situation is currently manageable as evidenced by the responses from the population survey, as mentioned in Chapter 6, the Sandleford site is expected to deliver over a thousand new houses in the next 10 years. Majority of the site is not due to complete during the lifetime of the current PNA, but future PNAs should continue to monitor these developments closely. A planning application was approved in January 2025 for a GP surgery and associated pharmacy at 'Land South of Newbury College and North Of Highwood Copse School'. This would serve the Sandleford development, but the timescale for construction is not yet known.

9.35 The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, no gaps were identified in the future needs of necessary pharmaceutical services in the lifetime of this PNA. There is anticipated to be large numbers of new dwellings in the next ten years so future PNAs should continue to monitor the population changes closely.

Future provision of other relevant services

9.36 Through the LPC, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.

9.37 The PNA did not find any evidence to conclude that the services these pharmacies offer should be expanded.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access in any of the localities.

Appendix A - Buckinghamshire, Oxfordshire and Berkshire West-wide Pharmaceutical Needs Assessment Steering Group Terms of Reference

Background

From 1st April 2013, statutory responsibility for publishing and updating a statement of the need for pharmaceutical services passed to health and wellbeing boards (HWBs). Pharmaceutical Needs Assessments (PNAs) are used when considering applications for new pharmacies in an area and by commissioners to identify local health needs that could be addressed by pharmacy services.

Health and Wellbeing Boards have a duty to ensure revised PNAs are in place by October 2025. The coordination and high-level oversight of the PNAs covering the five local authorities across the Buckinghamshire, Oxfordshire and Berkshire West ICB footprint has been delegated to a steering group of partners. This collaborative approach aims to encourage the widest range of stakeholders and those with an interest in the PNA to participate in its development whilst reducing the burden on some partners to contribute to five separate PNAs. Following local discussions, it has been agreed to establish a BOB-wide Steering Group oversee the progress of the fives PNAs for BOB-area HWBs.

Remit and Functions of the Group

The primary role of the group is to oversee the PNA process across the BOB area, building on expertise from across the local healthcare community. In particular, this BOB Steering Group will:

- Ensure the PNAs comply with relevant legislation and meet the statutory duties of the Health and Wellbeing Boards.
- Ensure representation and engagement of a range of stakeholders.
- To support the five HWBs in the development of their PNAs by working collaboratively across the BOB area to ensure that the evidence base is joined

up to better support the Integrated Care Board and Local Authorities in their commissioning decisions.

- To communicate to a wider audience how the PNA is being developed.
- Ensure that the PNAs link with both national and local priorities.
- Ensure that the PNAs reflect future needs of the populations of the five respective Health and Wellbeing Board areas.
- Ensure that the PNAs become an integral part of the commissioning process.
- Ensure that the PNAs inform the nature, location and duration of additional services that community pharmacies and other providers might be commissioned to deliver.
- Ensure the PNAs guide the need for local pharmaceutical services (LPS) contracts and identify the services to be included in any LPS contract.

Frequency of Meetings

The Group will meet 5 times, as a minimum, during the production of the PNAs (between December 2025 and October 2025).

Governance

This BOB Steering Group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB, or the Chief Pharmacist in the Chair's absence. This BOB Steering Group will be accountable to the HWBs of Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham.

- Buckinghamshire – A project group chaired by Public Health has responsibility on behalf of the Buckinghamshire HWB to ensure the PNA is conducted according to the legislation. There will be direct reporting between this group and the Buckinghamshire project group.
- Oxfordshire – The Oxfordshire HWB has discharged the sign-off of the draft and final PNA to the Chair of the HWB and the Director of Public Health. An Oxfordshire project group chaired by Public Health has been established to ensure the PNA is conducted according to the legislation. The HWB has agreed to the alignment of the publication of the Oxfordshire PNA with other HWBs in

the region, allowing for a more coordinated approach with NHS colleagues. There will be direct reporting between this BOB PNA Steering Group and the Oxfordshire project group.

- Reading –The Reading HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- West Berkshire – The West Berkshire HWB delegated responsibility for ensuring the document meets the regulatory requirements and is published in a timely manner to the Director of Public Health, and delegated authority to approve the consultation draft version of the PNA to the Reading and West Berkshire Task and Finish Group and the BOB PNA Steering Group.
- Wokingham - The Wokingham HWB delegated responsibility for the delivery of the PNA to a steering group, including the sign-off of the pre-consultation draft to the BOB Steering Group. To ensure this sign-off, a local Wokingham sub-group has been formed. There will be direct reporting between the BOB Steering Group and the Wokingham sub-group. The sign off the final PNA remains the responsibility of the Wokingham HWB.

This steering group will be chaired by the Clinical Lead for Medicines Optimisation from the ICB.

Membership

Membership of the Group shall be as follows:

- BOB ICB Clinical Lead for Medicines Optimisation (Chair)
- Public Health leads of five Local Authorities
- Local Pharmaceutical Committee representative(s)
- BOB ICB pharmacy, general ophthalmic, and dental (POD) commissioning Representative
- BOB ICB South East Commissioning Hub – Pharmacy Commissioning Manager

- Healthwatch representatives
- Local Medical Committee representative(s)

Members will endeavour to find a deputy to attend where the named member of the group is unable to attend.

Other colleagues may be invited to attend the meeting for the purpose of providing advice and/or clarification to the group.

Quoracy

A meeting of the group shall be regarded as quorate provided that a ICB Pharmacy Contracting representative and at least 3 representatives from the 5 local authorities are present.

Confidentiality

An undertaking of confidentiality will be signed by group members who are not employed by the Local Authorities or the NHS.

During the period of membership of the Steering Group you may have access to information designated by the Local Authorities or NHS as being of a confidential nature, and you must not divulge, publish or disclose such information without the prior written consent of the relevant Organisation. Improper use of or disclosure of confidential information will be regarded as a serious disciplinary matter and will be referred to the employing organisation.

For the avoidance of doubt as to whether an agenda item is confidential, all papers will be marked as confidential before circulation to the group members.

Declarations of Interest

Where there is an item to be discussed for which a member could have a commercial or financial interest, the interest is to be declared to the Chair and formally recorded in the minutes of the meeting.

Date of final draft: 30 April 2025

Appendix B - Pharmacy provision within West Berkshire and 1 mile of boundary

HWB Area	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
West Berkshire	Burghfield & Mortimer	Community Pharmacy	FD722	The Little Village Pharmacy	24 West End Road, Mortimer, Reading, Berkshire	RG7 3TF	No	Yes	No	No
			FFT63	Burghfield Pharmacy	Reading Road, Burghfield Common, Reading, Berkshire	RG7 3YJ	No	Yes	Yes	No
			FLP66	Mortimer Pharmacy	72 Victoria Road, Mortimer, Reading, Berkshire	RG7 3SQ	No	Yes	Yes	Yes
	Chieveley & Cold Ash	Community Pharmacy	FDN76	Downland Pharmacy	East Lane, Chieveley, Newbury, Berkshire	RG20 8UY	Yes	Yes	No	No
	Hungerford & Kintbury	Community Pharmacy	FC776	Boots the Chemists	125 High Street, Hungerford, Berkshire	RG17 0DL	No	Yes	Yes	No
	Lambourn	Community Pharmacy	FT063	Lambourn Pharmacy	The Broadway, Lambourn, Berkshire	RG17 8XY	No	Yes	Yes	No
	Newbury Central	Community Pharmacy	FJV60	Boots the Chemists	4-5 Northbrook Street, Newbury, Berkshire	RG14 1DJ	No	Yes	Yes	Yes
			FWX13	Day Lewis Pharmacy	G Floor Unit, Access Hse, Strawberry Hill Road, Newbury, Berkshire	RG14 1GE	No	Yes	No	No

HWB Area	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
	Newbury Greenham	Community Pharmacy	FK567	Tesco Pharmacy	Tesco Extra, Pinchington Lane, Newbury, Berkshire	RG14 7HB	No	Yes	Yes	Yes
			FP041	Boots the Chemists	Unit 13 Newbury Retail Pk, Pinchington Lane, Newbury, Berkshire	RG14 7HU	No	Yes	Yes	Yes
	Newbury Wash Common	Community Pharmacy	FL172	Wash Common Pharmacy	Monks Lane, Newbury, Berkshire	RG14 7RW	Yes	Yes	Yes	No
	Pangbourne	Community Pharmacy	FJW39	Pangbourne Pharmacy	3 The Square, Pangbourne, Berkshire	RG8 7AQ	Yes	Yes	Yes	No
	Thatcham Central	Community Pharmacy	FJ120	Halo Pharmacy	3-5 Crown Mead, Bath Road, Thatcham, Berkshire	RG18 3JW	Yes	Yes	Yes	No
	Thatcham Colthrop & Crookham	Community Pharmacy	FP715	Thatcham Pharmacy	Unit 2 Burdwood Centre, Station Road, Thatcham, Berkshire	RG19 4YA	Yes	Yes	Yes	No
	Theale	Community Pharmacy	FMP97	Kamsons Pharmacy	27 High Street, Theale, Reading, Berkshire	RG7 5AH	No	Yes	Yes	No
	Tilehurst & Purley	Community Pharmacy	FM678	Overdown Pharmacy	5 The Colonnade, Overdown Road, Tilehurst, Reading, Berkshire	RG31 6PR	No	Yes	Yes	No
Basingstoke and Deane		Community Pharmacy	FN444	Morland Pharmacy	40 New Road, Tadley, Hampshire	RG26 3AN	No	Yes	No	No
			FVJ17	Holmwood Pharmacy	Franklin Avenue, Tadley, Hants	RG26 4ER	No	Yes	Yes	No

HWB Area	Locality	Contract Type	ODS Code	Pharmacy	Address	Post Code	Early Opening?	Late Closing?	Open on Saturday?	Open on Sunday?
Reading		Community Pharmacy	FVF36	Pottery Road Pharmacy	2a Tylers Place, Pottery Road, Reading, Berkshire	RG30 6BW	Yes	Yes	No	No
			FFX18	MedWay Pharmacy	32 Meadway Precinct, Tilehurst, Reading, Berkshire	RG30 4AA	No	Yes	Yes	No
			FHF90	Southcote Pharmacy	36 Coronation Square, Reading, Berkshire	RG30 3QN	No	Yes	Yes	No
			FT293	Asda Pharmacy	Honey End Lane, Tilehurst, Reading, Berkshire	RG30 4EL	No	Yes	Yes	Yes
			FDX71	Trianglepharmacy	88-90 School Road, Tilehurst, Reading, Berkshire	RG31 5AW	No	Yes	Yes	No
			FGF17	Tilehurst Pharmacy	7 School Road, Tilehurst, Reading, Berkshire	RG31 5AR	No	Yes	No	No
South Oxfordshire		Community Pharmacy	FAA59	Goring Pharmacy	High Street, Goring-On-Thames, Reading, Berkshire	RG8 9AT	No	Yes	Yes	No
Wokingham		Community Pharmacy	FG634	Day Lewis Pharmacy	Welford House, Basingstoke Road, Spencers Wood, Reading, Berkshire	RG7 1AA	No	Yes	No	No

Appendix C - Consultation report

This report presents the findings of the consultation for the West Berkshire PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 21 people responded to the consultation via email or via our consultation survey, they represented:

- 17 members of the public.
- 2 community pharmacies (Downland community pharmacy and Boots UK Limited).
- Oxfordshire County Council (one).
- Planning Policy Team, West Berkshire Council (one).

The PNA steering group constituted the majority of stakeholders that must consulted with for this consultation and they provided feedback on the PNA before it was presented for the consultation period.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received via are presented in the table that follows.

Consultation survey question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	21		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	16	3	2
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	3	12	6
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	11	4	6
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions	7	4	10

on applications for new pharmacies and dispensing appliance contractor premises?			
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	12	3	6
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	9	4	4
Do you agree with the conclusions of the pharmaceutical needs assessment?	16	1	4

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Comment received	PNA Steering Group response
Additional comments by community pharmacies: • A gap in pharmacy provision has been highlighted in Calcot. It would be useful to understand exactly where in Calcot and give a bit more specific detail on the actual location a contract is required. • We also open before 9am, and provide Flu vaccination (Downland pharmacy) • Note overdown pharmacy is open Saturday mornings - Overdown Pharmacy 5 The Colonnade, Overdown Road, Tilehurst, Reading.	Calcot: A gap in pharmacy provision has been identified in the Calcot area. Figure 7.6 of the document details the affected area. The gap was created by a closure of a Lloyds Pharmacy (in Sainsburys) which was located on Bath Road, Calcot, RG31 7SA. Update of pharmacy services: The list of pharmacy times for the pre-consultation draft of the document was correct at the time of data capture in December 2024. The pharmacy list and times were updated after the consultation with the changes made to the text where appropriate.
Responses to whether the draft pharmaceutical needs assessment reflect the needs of the area's population: • The adequacy of staffing levels, dispensing processes and IT systems is not addressed - though crucial. • Quite simply the pharmaceutical shops are suffering from a lack of investment in staff and facilities, their ordering and dispensing while compliant often fails to	While these issues were outside the scope of the Pharmaceutical Needs Assessment, the comments regarding staffing levels, dispensing processes, long waits, and limited space within the pharmacy are important and will be shared with the Local Pharmaceutical Committee and NHSE commissioners for discussion.

deliver the medicines patients require without several visits. • Staffing at the pharmacies is an issue. Long waits and not enough space to wait. Also, when companies provide vaccinations then you can't see a pharmacist. The availability should take into account the number of pharmacists not just premises.	
Additional comments regarding what pharmacies can provide: • Pharmacies could offer help in understanding how to make use of the NHS app to make appointments, re order tablets etc • Pharmacists are important members of our community. I would be interested to know if pharmacists are given training in signposting to adjacent services, e.g. do they know how to refer a street homeless person to StreetLine?	The comment on pharmacies offering help to patients on understanding how to use the NHS App have been shared with the LPC. There are also various online resources such as YouTube videos that teach patients how to use the NHS app. The comment on if pharmacists are given training in signposting to adjacent services is addressed in section 7.8. Signposting is one of the essential services that pharmacies are required to provide. This service involves pharmacies helping people who seek assistance by directing them to the most appropriate health, social care or support services for help when their needs fall outside their scope. Pharmacies are required to maintain an up-to-date directory of local services, including NHS and voluntary organisations to aid accurate signposting.
Additional comments regarding accuracy of the text: • Para 4.45 – Please remove the reference to Gypsy and Traveller Accommodation Development Plan, replace it with Gypsy, Traveller and Travelling Showpeople Accommodation Assessment. - See: https://www.westberks.gov.uk/media/51475/GTAA-Update-2021/pdf/West_Berkshire_GTAA_2021_Update.pdf?m=1699537234477	These have been updated.

• I'm just looking at the PNA and spotted an error in the sexual health section. Our Sexual Health service is provided by Royal Berkshire NHS Foundation Trust not Berkshire Healthcare NHS Foundation Trust (page 42).	

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Director of Public Health Annual Report 2025

Report being considered by:	Health and Wellbeing Board
On:	24 September 2025
Report Author:	Matt Pearce
Report Sponsor:	Matt Pearce
Item for:	Discussion

1. Purpose of the Report

To share the Director of Public Health (DPH) Annual Report 2025 with the Health and Wellbeing Board. The focus of the 2025 report is 'Setting the Foundations for Lifelong Health'.

2. Recommendation(s)

To note the content of the report, and for Health and Wellbeing Board members to share with respective organisations and networks to consider the recommendations contained within.

3. Implications

Implication	Commentary
Financial:	There are no direct financial implications of this Annual Report, although implantation of the recommendations may incur costs should they be supported.
Human Resource:	There are no HR implications for this report.
Legal:	The Director of Public Health (DPH) has a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. The annual report remains a key method by which the DPH is accountable to the population they serve.
Risk Management:	There are no specific risks arising from the report
Property:	There are no property implications for this report.
Policy:	The Director of Public Health (DPH) report should be considered as part of policy making across the council and partner organisations.

	Positive	Neutral	Negative	Commentary
Equalities Impact:	✓			This report demonstrates the stark health inequalities and poorer outcomes that are systematically experienced by children in the most deprived areas. The inequalities that develop in early years can become embedded throughout their lives. However, providing high quality services for infants, children and young people can prevent ill health in later life, create healthier communities and reduce demand for services.
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		✓		
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	✓			There will be a positive impact if recommendations are supported by the council and partner agencies
Environmental Impact:		✓		There are no general implications for the environment arising from this report, although leading healthier lives would have a positive impact e.g. food sustainability, active travel etc
Health Impact:	✓			
ICT Impact:		✓		There are no general implications for ICT arising from this report
Digital Services Impact:		✓		There are no general implications for Digital Services arising from this report.
Council Strategy Priorities:				The report supports priority 5 of the council strategy

Core Business:				Many of the recommendations within the report will be fulfilled through national policy making
Data Impact:				There are no general implications for Data arising from this report, although one recommendation
Consultation and Engagement:	Community and stakeholder engagement is not a requirement of the Director of Public Health Annual Report, although the following people have either been involved in the production of the document or consulted Zoe Campbell (Public Health Business Manager) Nerys Probert (Senior Public Health Programme Officer), Alice Luker (Senior Public Health Analyst), Steven Bow (Consultant in Public Health – Service Lead), Paul Coe (Executive Director – ASC and Public Health), Annemarie Dodds (Executive Director – Children and Family Services)			

4. Executive Summary

4.1 The DPH annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

4.2 The Director of Public Health's Annual Report for 2025 - 'Setting the Foundations for Lifelong Health', sets out the health of children and parents in West Berkshire and the challenges they face, alongside the work and achievements made in giving our children the best opportunities for good health, both now and in the future.

4.3 The report provides an overview of the health and wellbeing status of parents and children during infancy, highlighting areas where West Berkshire benchmarks well, and areas that need attention. The report sets out several recommendations which the Health and Wellbeing Board may wish to consider going forward.

5. Supporting Information

5.1 Since 1988 the Directors of Public Health (DPH) have been required to publish an annual report on the health of their population, this can be an overview assessment or based on a specific theme.

5.2 The annual report serves as a vehicle by which the DPH can highlight issues and areas of focus for universal or targeted attention to help protect or improve the health of their population.

5.3 The annual report remains a key method by which the DPH is accountable to the population they serve.

5.4 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:

a. Contribute to improving the health and well-being of local populations
b. Reduce health inequalities.
c. Promote action for better health through measuring progress towards health targets.
d. Assist with the planning and monitoring of local programmes and services that impact on health over time.

5.5 The Public Health Annual Report is the DPH's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.

5.6 For the 2025 report, the topic of best start in life was chosen and highlights the following:

- What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood
- Chronic stress in early childhood has a negative impact on a baby's development and can have long-lasting effects on health and wellbeing.
- Significant progress has been over the last few years across a range of health indicators, including; reducing tooth decay, smoking in pregnancy, school readiness and uptake of immunisations.
- Whilst West Berkshire tends to have better outcomes for young children compared with most national and regional averages, there are still areas for improvement including:
    - 44% of babies are not breastfed at 6-8 weeks
    - The rate of emergency admissions for lower respiratory infections among males aged 0-4 years is higher than the national average
    - Childhood obesity at reception age remains high, with significant differences between the most and least deprived parts of West Berkshire
    - Whilst levels of school readiness for children have recently improved, progress is needed for children on free school meals, particularly among boys.
    - 5.9% of people smoked during pregnancy, this equates to around 80 pregnant people smoking, which will likely have profound implications for both mother and child
    - Around a third of people in early pregnancy in West Berkshire (355) are categorised as obese
    - One in six five-year-olds have tooth decay.
    - Whilst coverage levels for childhood immunisations are above the national target for most immunisations, uptake will vary across different population groups. This includes children in care, where uptake is significantly lower than the national average.
    - Approximately one in five eligible parents are not claiming healthy start vouchers which equates to approximately £70,720 of unclaimed food vouchers locally per year.
    - Some areas (most notably antenatal visits and 6-8 week visits) within the Healthy Child Programme need to improve.
    - 11% (3,398) of children under the age of 16 are living in poverty
    - In 2020/21, 6,050 homes in West Berkshire were estimated to be non-decent, 9.0% of the total housing stock, which is significantly lower than the England average.

5.7 The report highlights good practice that local organisations are doing to support the outcomes of young children across the district. This includes Home-start, Get Berkshire Active, Swings and Smiles and Royal Berkshire NHS Foundation Trust, plus many others.

5.8 The recommendations included in the report outline how public health and the wider system can further improve the health and wellbeing of West Berkshire infants, children and young people and to reduce health inequalities, the high-level recommendations are based on the evidence of what works to reduce health inequalities;

1. Invest in parent support programmes
2. Increase uptake of healthy start vouchers
3. Ensure the successful implementation of family hubs
4. Improving school readiness
5. Improving oral health
6. Empowering families to plan for pregnancy
7. Better information and signposting
8. Adopt a whole system approach to trauma informed practice
9. Become a 'child friendly' district
10. Better data and information sharing across agencies
11. Ensure comprehensive parent support classes
12. Have a high performing healthy child programme
13. Develop a health promotion programme for early years settings

5.9 These recommendations will need to be delivered through a whole system approach with a focus on joint working across the interfaces to enable the whole to become more than the sum of its parts.

5.10 Given the importance of the recommendations contained within the report, it may be prudent to review progress against actions that underpin these in 12-months' time, should the council or partner organisations decide to adopt them.

5.11 Since work on this report had commenced, the Government have announced a series of policy measures through their Giving Every Child the Best Start in Life strategy, that will in part, support the implementation of the recommendations set out in the report. It is advised that these recommendations are viewed within this context.

6. Proposal(s)

It is proposed to note the content of the report, and for Health and Wellbeing Board members to share with respective organisations and networks to consider the recommendations contained within.

7. Options Considered

No alternatives were considered as the Director of Public Health Annual Report is a statutory document and forms an aspect of the strategic planning process for protecting and improving the health and wellbeing of West Berkshire residents.

8. Conclusion(s)

The Annual Report from the Director of Public Health presents an independent view to inform local people about the health of their community and identifies important issues, flags up problems and reports on progress across the early years.

9. Appendices

Appendix A – Director of Public Health Annual Report 2025 – Setting the Foundations for Lifelong Health

Background Papers:

None

Joint Health and Wellbeing Strategy Priorities Supported:

The proposals will support the following priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by improving the Health and Wellbeing Board's governance arrangements and working practices in order to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities.

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The Director of Public Health Annual Report 2025

Setting the foundations for lifelong health

West Berkshire COUNCIL

Contents

Foreword by Director of Public Health

Welcome to my first Director of Public Health Annual Report for West Berkshire which is one of the ways in which I can highlight specific issues that will improve the health and wellbeing of West Berkshire. For this report I have decided to focus on the first 1001 days of a child's life which are critical to a child's development and set the foundations for lifelong emotional and physical wellbeing. The format of the report is based on the 'red book', officially known as the Personal Child Health Record (PCHR), which is recognised as an important source of information for new parents.

The evidence is clear, the foundations for virtually every aspect of human development – physical, intellectual and emotional - are laid in early childhood. What happens from this point forward has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status.

I was fortunate to grow up in a stable and loving family, where my parents had the resources that enabled me to develop and flourish in a safe and happy environment. However, not every child has this same opportunity and there is now good evidence that early childhood experiences, such as trauma, can have a lasting impact on physical and mental health.

Being a parent of two children, I understand the emotional and physical demands which parents and carers need to cope with. There is no instruction manual, and the way we parent is shaped by our own upbringings, the resources available, our home environment, attitudes, and values. It is often said that it takes a 'village to raise a child', which conveys the importance of family members, neighbours, professionals, community members and policy makers all playing a role in the upbringing of children.

This report demonstrates that a failure to act early comes at great cost, not only to individuals but to society as a whole. Every child, regardless of the circumstances into which they are born, should be able maximise their potential and future life chances. I hope this report raises awareness of why investing and prioritising the first 1001 days is key to giving children the best start in life and how the council and partners can enhance health and wellbeing of the 9,897 children aged 0-5 years in West Berkshire and future generations.

Dr Matthew Pearce
Director of Public Health

Acknowledgements: Zoe Campbell (Public Health Business Manager) Nerys Probert (Senior Public Health Programme Officer), Rojina Manandhar (Public Health Programme Officer), Paul Trinder (Senior Public Health Analyst), Alice Luker (Senior Public Health Analyst)

Section 1: The early years in West Berkshire at a glance

If West Berkshire were a town of 100 children:

Pregnancy and birth

6 babies would be born to people who are smoking

3 newborn babies would have a low birth weight

26 pregnant people would be overweight

76 babies would be breastfed at birth

12 new babies would be from an ethnic minority group

56 babies would still be breastfed at 6-8 weeks after birth

40 babies would have been delivered by caesarean

Early Years

95 children would reach the expected level in communication skills at 2-2.5 years

70 children would reach the expected level of development in communication, language and literacy skills at the end of Reception

95 children will have had one dose of MMR at 2 years of age

Physical Health

21 children would be overweight or obese at Reception (4-5 years)

17 children (aged 5) would have tooth decay

Wider determinants of health

10 children would be living in poverty

15 children would be eligible for free school meals

Figure 1 – Infographic representing a town of 100 children in West Berkshire

Section 2: Why the Best Start in Life is important?

What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood. No other species on earth is born as completely helpless and dependent as a human infant. Elephants walk seconds after birth, a newborn baboon can cling to its mother while she swings widely through the trees and there is a lizard called a Labord chameleon that never even meets its parents.

While this dependency trait might seem like a liability, it is the very thing that allows our brains to develop such complex grey matter in our pre-frontal cortex. Our attachment drive is the advantage that sets human beings apart as the only species with verbal capacity and the ability to mentalize and meta process, which means that we can make meaning out of our experiences and learn from the experiences of others.

Childhood is not just a preparation for adulthood, it is a unique and vital stage of life. Seeing the world through a child's eyes, recognising their emotional needs in the moment, and creating environments where they feel safe, curious, and connected helps us nurture not only future health, but also present wellbeing. During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents. Influences during this crucial time also impact on experience of the wider determinants of health which are often outside their control.[1]

Factors such as parental diet and health behaviours impact the development of disease across the life course of the child, including cardiovascular and lung disease, diabetes, some cancers and mental disorders. Figure 2 illustrates that interventions in childhood are likely to be more effective at reducing the risk of developing a disease across the life course. In adulthood, problems may be harder to treat and resistant to change and therefore intervening early is important. The first 1001 days is a critical window for all children, including those with or at risk of special educational needs and disabilities (SEND) , early intervention is particularly beneficial for children with SEND. Improving outcomes in the first 1001 days must include equitable support for children with SEND.

Despite decades of evidence that tell us that the time from conception until the baby's second birthday (the first 1001 days) is essential for a whole host of future outcomes, recent research found that there is limited awareness of the importance of early years.[2]

What happens in the first 1001 days does not determine a child's entire development, but getting things right in pregnancy and the first two years puts children on a positive developmental course, so they can take advantage of other opportunities.

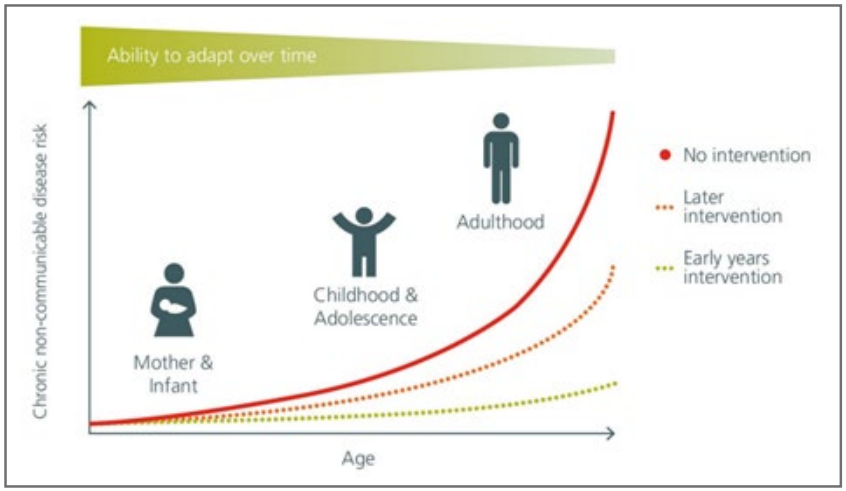


Figure 2 - Theory of development and impact of early intervention on chronic diseases

Brain development and the first 1001 Days

Construction of the basic architecture of the brain begins before birth with more than a million new neural connections being formed every second in the first year of a baby's life. Sensory pathways for basic functions like vision and hearing develop first, followed by early language skills and higher cognitive functions. This is the peak period of brain development[3], see figure 3.

In the first years of life the babies' brains will be very much affected by the emotional experiences they have with those caring for them. A baby's brain is receiving information all the time from how they are being cared for and what they can see, smell, feel and taste. Inside the brain lots of connections are being made so those messages and learning can be stored for the future, just like any new learning this can take time. Just like any new learning, this takes time. To make the best use of these experiences and form strong neuro-connections, a baby's brain sometimes needs to pause and reduce stimulation from the outside world. This quiet time helps the brain focus on processing and organising what it has taken in.

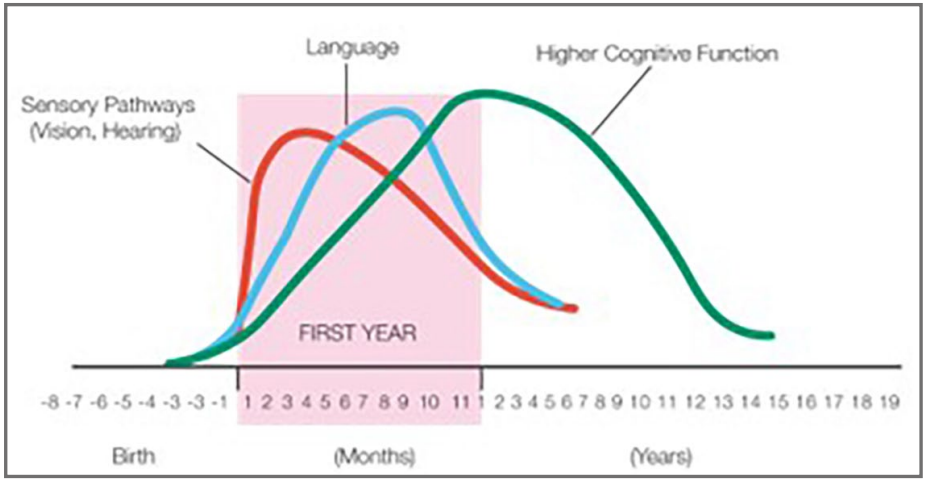


Figure 3 - Brain development from conception to 19 years

Connection is the foundation of healthy brain development. While often discussed alongside attachment, connection refers more broadly to the child's experience of being emotionally seen, safe, and valued. Connection is what allows children to develop resilience, empathy, and emotional regulation. When children feel deeply connected to their caregivers, their brains are more likely to develop the neural pathways needed for learning, self-regulation, and social interaction. Connection is not a luxury - it is a biological necessity.

Research shows the quality of relationships and emotional connections during the earliest stages of life can outweigh the detrimental effects of later adversities. Studies have shown that stable and positive early relationships are essential for healthy brain development and can mitigate the effects of later stressors. For instance, research indicates that infants require stable emotional attachments with primary caregivers to promote positive growth in cognitive and caring potentials.[4,5,6,7]

The way our brains develop is a product of the interplay between our genes and our environment. Our environments play a crucial role in shaping the developing brain in the first 1001 days. This is a period when we are particularly susceptible to positive or negative experiences, which strengthen or harm brain development. As a result, exposure to adversity during this period could have long term.[8]

SPOTLIGHT – Home-Start West Berkshire

Home-Start West Berkshire is a voluntary organisation that receives no statutory funding, that plays a vital role in supporting families during the first 1001 days of a child's life, from pregnancy through to a child's second birthday. This critical window of development lays the foundations for lifelong emotional and physical health, and Home-Start's work ensures families have the support they need to thrive during this time.

Through a team of 55 trained volunteers, the charity offers personalised, compassionate support to families across West Berkshire. Last year, they have supported over 410 families and approximately 800 children.

Services include home visiting, perinatal mental health support, group sessions, a Baby Bank, crisis support, and advocacy. The projects are designed to reduce stress, promote bonding and attachment, and empower parents during what can be a challenging period.

The Maternal Mental Health Service has demonstrated significant positive outcomes across multiple areas of family wellbeing. The impact of Home-Start's work is best expressed through the voices of those they support:

"I was in a difficult place in life due to long-term trauma and then loss of a baby. My mental health was in tatters. The Home-Start volunteer has been amazing, the support and help have been invaluable. She has helped physically in my home; it is the most help and consistent support I've ever had."

Trauma and adversity in childhood

We now know that chronic stress in early childhood - whether it is caused by repeated abuse, severe maternal depression or extreme poverty – has a negative impact on a baby's development. Some exposure to stress is an important and necessary part of development but only when it is short-lived physiological responses to moderately uncomfortable experiences. Regular exposure to high levels of stress causes unrelieved activation of the baby's stress management system. Without the protection of adult support, chronic stress becomes built into the body by the processes that shape the architecture of the developing brain.

Exposure to early adversity, particularly in the absence of nurturing relationships, can have long-lasting effects on wellbeing. Many factors can make it more difficult for parents to have the emotional capacity to provide their babies with the sensitive, responsive care they need. These might include mental health problems or the stress of living with poverty.

Chronic unrelenting stress in early childhood – such as exposure to conflict or abuse – can be extremely damaging to the developing brain, particularly if a child does not have a secure relationship with an adult who can help to 'buffer' the impact of this early adversity. This stress, known as 'toxic stress', leads to prolonged activation of the stress response systems which can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, into the adult years[9].

The term Adverse Childhood Experiences (ACEs) is frequently used to describe "highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity"[10].

ACE's are experiences that can detrimentally impact a child later in life. Reports suggest that many of the young people impacted by violence and knife crime have experienced adverse childhood experiences[11]. Children impacted by stress and negative experiences are more likely to have poor educational attainment, develop harmful, anti-social behaviours and become involved in crime (see figure 4).

Figure 4 - Impact of adverse childhood experiences on future outcomes

Studies have consistently linked ACEs to a greater likelihood of developing a range of chronic diseases, like respiratory illnesses, cardiovascular disease or cancers, and with poorer mental well-being. They indicate the risk increases exponentially, as the number of ACEs increases, so does the likelihood of encountering poorer outcomes. However, the link is an association rather than causal.

Children exposed to adverse ACE's may experience disruptions in brain development, emotional regulation, and learning capacity. These effects can contribute to behavioural and cognitive challenges that overlap with or exacerbate SEND. While not all children with SEND have experienced trauma, those in care or adopted from care—many of whom have SEND—are particularly vulnerable to ACEs. Trauma-informed approaches are increasingly recognised as essential in supporting children with complex needs, helping to mitigate the long-term impact of early adversity

Those who experience ACEs, even multiple ACEs, will not necessarily go on to experience poorer outcomes. This is because there are many other factors which can influence someone's life outcomes. While ACEs cannot be used to predict who will or won't go on to experience poorer outcomes, they can be used to identify the potential prevalence of poorer outcomes at a population level. A study published in 2014 estimated that just under half the population of England had experienced at least one adversity, with almost one in four having experienced two or more.[12]

Based on national research we can estimated the number of ACE's amongst the 0-18 year old population in West Berkshire (see Figure 5).

Adverse childhood experience	Estimate	Low	High
Parental separation or divorce	18-25%	6,682	9,281
Emotional/psychological/verbal abuse	17-23%	6,311	8,538
Childhood physical abuse	14-17%	5,197	6,311
Exposed to domestic violence	12-17%	4,455	6,311
Household mental illness	11-18%	4,084	6,682
Household alcohol abuse	9-14%	3,341	5,197
Household drug abuse	4-6%	1,485	2,227
Childhood sexual abuse	3-10%	1,114	3,712
Household member in prison	3-5%	1,114	1,856

Figure 5 - Estimated number of 0-18 year olds experiencing specific adverse childhood experiences in West Berkshire (2023) [13,14]

Health inequalities

On the whole, health, wellbeing, and development outcomes for children and young people are generally better in West Berkshire than nationally. However, we know that good health and wellbeing outcomes are not shared by everyone. Where you are born and who your parents are can help predict several outcomes in pregnancy, childhood and beyond.

The conditions to promote and protect child health affect pregnant people, families and young children throughout West Berkshire differently. It is known that socioeconomic status is associated with greater risk of ACEs /maltreatment. 101 children are living in the 20% most deprived parts in West Berkshire

Income inequality is correlated with many social and economic factors that impinge on the health of a child and its parents during the first 1001 days. Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures. Figure 7 highlights some of the national and local differences in health and wellbeing outcomes depending on where people live.

Evidence shows that some black and minority ethnic groups are more likely to experience negative outcomes in pregnancy and early childhood. A report found that black women in the UK are 3.7 times more likely to die during or up to six weeks after the end of their pregnancy than white women, and Asian women are 1.8 times more likely to die than white women[15]. Furthermore, infant mortality rates are shown to differ by ethnicity of the baby, with babies from black ethnic backgrounds having the highest infant mortality rates, followed by Asian ethnic backgrounds, with white ethnic backgrounds having the lowest rates.[16] Children from urban areas are also more likely to die than those from rural areas.[17] Children with learning disabilities face significantly worse health outcomes, which are often linked to unmet health needs, delayed diagnoses, and barriers to accessing timely and appropriate care.

Figure 6 - Differences in health outcomes and risk factors between the least and most deprived areas in West Berkshire

Most Deprived

Life Expectancy at birth (females) **83.6 years**

Life Expectancy at birth (males) **78.6 years**

Infant Mortality (Deaths per 1,000 live births)* **5.5 per 1,000**

Maternal mortality rate* **18.7 per 100,000**

Maternal Obesity* **32.4%**

Low birth weight babies* **8.4%**

Breastfeeding at 6-8 weeks* **51%**

Women attending 1st Antenatal appointment* **56.9%**

Child Obesity (Reception) **32.7%**

Under 18's Conception Rate* **17.8 per 1,000**

Babies whose first feed was breast milk* **59.1%**

Women taking Folic Acid Supplements* **10.1%**

Tooth Decay in 5 years olds* **35.1%**

Good level development in Reception age **40.5%**

Least Deprived

Life Expectancy at birth (females) **89.3 years**

Life Expectancy at birth (males) **83.3 years**

Infant Mortality (Deaths per 1,000 live births)* **2.5 per 1,000**

Maternal mortality rate* **9.79 per 100,000**

Maternal Obesity* **19.8%**

Low birth weight babies* **6.3%**

Breastfeeding at 6-8 weeks* **62%**

Women attending 1st Antenatal appointment* **69.6%**

Child Obesity (Reception) **18.8%**

Under 18's Conception Rate* **7.7 per 1,000**

Babies whose first feed was breast milk* **81.3%**

Women taking Folic Acid Supplements* **27.9%**

Tooth Decay in 5 years olds* **12.8%**

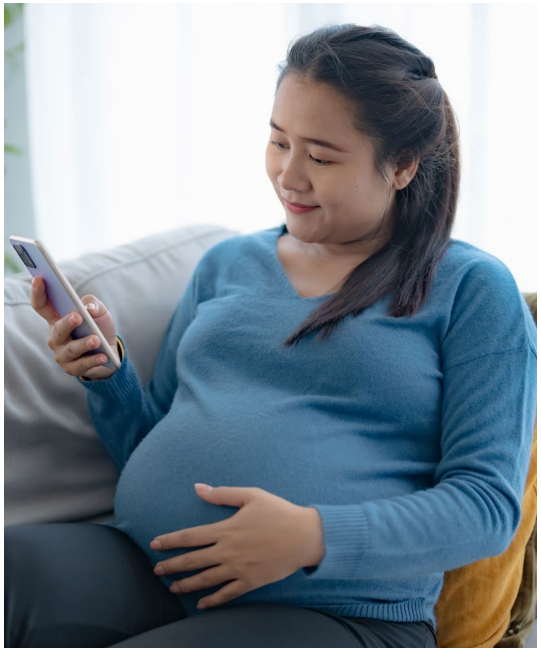
Good level development in Reception age **66.8%**

Sources: Child and Infant Mortality and in England and Wales 2021; National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022; Fingertips; Maternal mortality 2021-2023; Child and maternal health profiles

**Denotes national data for illustrative purposes only*

Marmot stated in his 2010 report, 'Fair Society, Healthy Lives[18]', that: 'giving every child the best start in life is crucial to reducing health inequalities across the life course.' The report sets out the evidence on how best to improve health and wellbeing to ensure all children have the best start in life.

When we explore data and insights from a sub-West Berkshire level, looking at inequalities in outcomes by geography, deprivation, equality group, or specific vulnerabilities, we see that outcomes are not good for all children. In fact, there are persistent and sometimes growing inequalities in outcomes between particular groups of children within the community. Some of these outcomes are consistently poor and are worsening.
We often measure outcomes by looking at averages across a whole population. In areas such as West Berkshire, this inevitably risks overlooking the way the outcome is distributed within the population, and the gradient of the slope.



"Where you are born and who your parents are can help predict several outcomes in pregnancy, childhood and beyond."

Child Poverty

It is important to consider the effects of childhood poverty on health outcomes both in childhood and later in life. Childhood poverty has been shown to cause lower birth weight and reduced breastfeeding as well as other negative health outcomes including increased risk of contracting diseases, higher levels of obesity, and a higher likelihood of developing a mental disorder.[19]

Evidence also shows that poverty can increase mortality risks.[20] The effects of childhood poverty can go on to have implications in adulthood, with poor educational attainment being a predictor of poverty or severe material deprivation at a later stage in life.[21] Those at highest risk of childhood poverty include children from lone parent families, black and minority ethnic backgrounds, and larger families.[22]

The Marmot Review[23] suggests that there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

In West Berkshire, 11% of children under the age of 16 were living in poverty in 2023/24, which is 3,398 children.[24] Since 2014/15, levels of child poverty in West Berkshire have increased (in relative terms) by 52.8% compared with an increase of 37.3% in England (see Figure 7 and 8).

Public health and healthcare services, particularly primary care, health visitors and school nurses, play a key role in early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life.

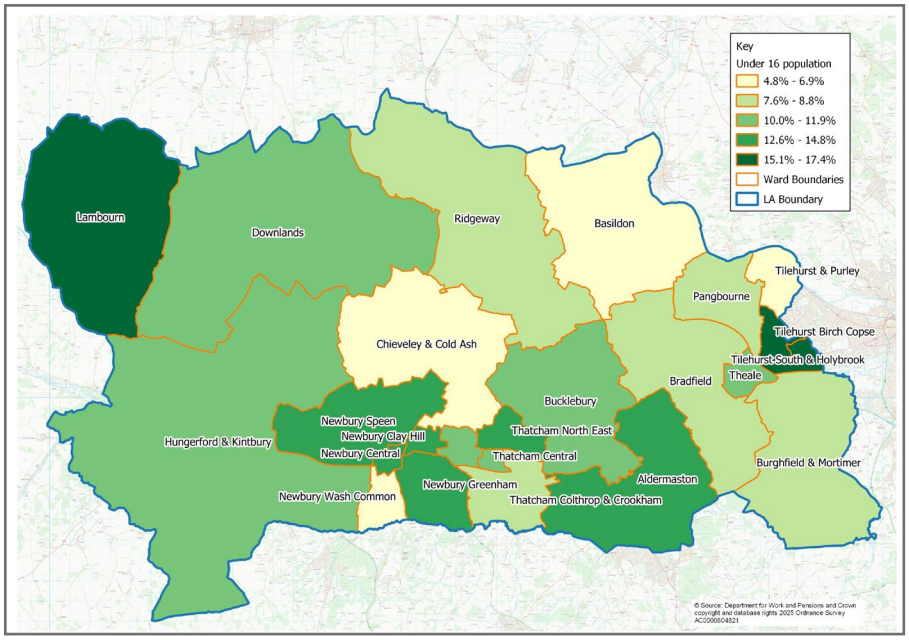


Figure 7 - Child poverty (%) in children under 16 by wards in West Berkshire (2023/24)

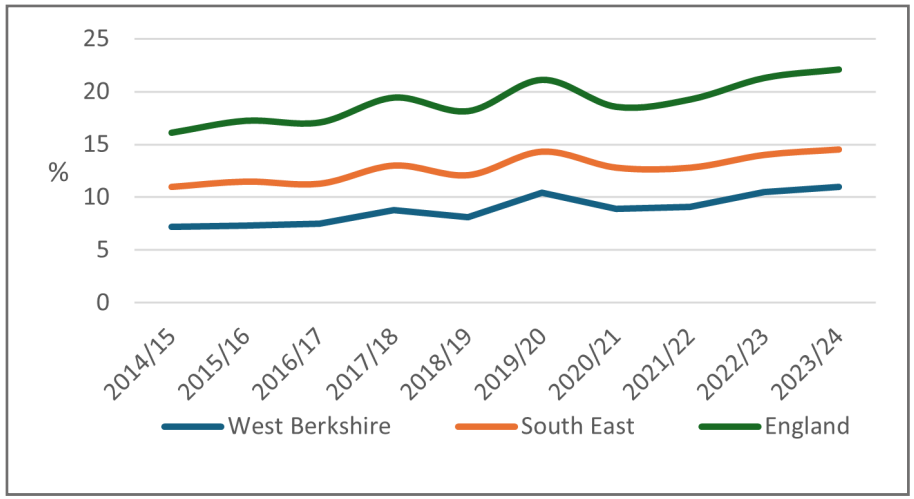


Figure 8 - Child poverty (%) in children under 16 in West Berkshire (2023/24)

Commercial Determinants of Health

One area that often receives less attention in understanding the influences on health is the commercial determinants of health. Commercial determinants of health is a phrase designed to encapsulate a conflict of interest in some parts of private sector activity where profit maximisation may be dependent on promoting products and behaviours that are detrimental to health. Industries utilise different tactics such as denial, distortion and distraction to shed doubt on public understanding of risk and profit from health-harming behaviours.

For example, there have been marketing campaigns to undermine the negative health consequences of smoking and alcohol consumption during pregnancy. Additionally, as noted in this report, West Berkshire continues to have high level of childhood obesity with one in five reception age children and one in three year six children very overweight.

The commercial influences on parental and infants' health should be recognised if we are to counter the strong market factors at play that undermine children's health and wellbeing. It is often said, that our choices and our children's choices are commercially determined. It is therefore important that we continue to understand the methods and tactics that various industries employ that make it difficult for the public to lead healthy lives.

The Government has recently published new healthier food standards for commercial baby food manufacturers in an attempt to reduce salt and sugar in their products and stop promoting snacks for babies under the age of one. Baby food manufacturers have been given 18 months to comply with the new standards. The standards also include clearer labelling guidelines to help parents understand more easily what food they are buying for their children.

Children aged 0-5 represent 6.1% of the population of West Berkshire, which is 9,897 children. Over the next 20-years, the proportion of the children aged 0-5 years is projected to fall to 5.4% of the population.

The wards of Thatcham West, Newbury Greenham, and Newbury Clay Hill have the highest rates of children aged 0-5 in West Berkshire; wards in the North, such as Downlands, and Basildon, were among those with the lowest rates.

Births

There were 1,435 live births in West Berkshire in 2023. Over the past decade, the number of live births in West Berkshire have fallen from 1,744 to 1,435, and during this time, the General Fertility Rate (GFR) (the number of births per 1,000 women of reproductive age in a given year) fell from 60.4 (per 1,000 females aged 15-44) to 50.5. Across the wards of West Berkshire, the GFR ranged from 24.6 (per 1,000) Chieveley and Cold Ash to 65.8 in Hungerford and Kintbury (see figure 9).

Ethnicity

In West Berkshire, there were 8,310 children under the age of five, based on the 2021 Census. Of these, 1,164 (14.0%) were from a non-White background. Across all ages, non-White children under five made up 0.7% of the total population in West Berkshire.

Across the wards of West Berkshire, the proportion of children under five from non-White backgrounds ranged from 0.8% in Downlands to 30.0% in Newbury Central. Proportions were also high in the wards of Tilehurst Birch Copse (25.1%) and Tilehurst South and Holybrook (27.0%) (see figure 10).

Infant Mortality

Infant mortality (deaths occurring during the first 28 days of life) is a good indicator of the general health of an entire population. It reflects the relationship between causes of infant deaths and upstream determinants of population health such as economic, social and environmental conditions.

Most infant deaths occur during the first year and particularly during the neonate period (up to 28 days) where around 80% of infant deaths occur. Pre-term birth accounts for 40% of neonate deaths. This is often due to immaturity or underdevelopment of respiratory and cardiac systems. Congenital malformations are the next leading cause of death at around 33%, followed by other causes that include trauma and sudden unexpected deaths in infants (SUDI).

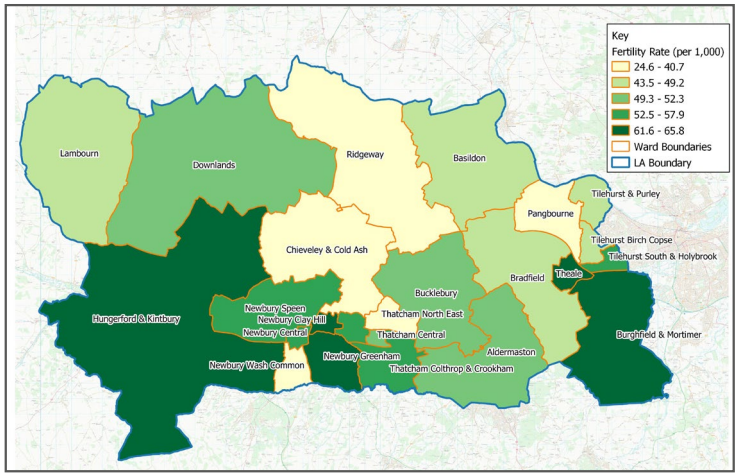


Figure 9 - General Fertility rate (per 1,000 females aged 15-44) by wards in West Berkshire (2023)

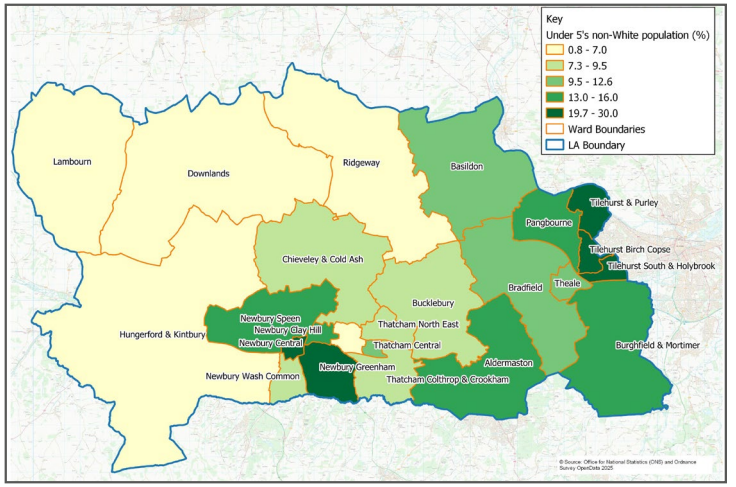


Figure 10 - Children (%) under 5 from non-White backgrounds by wards in West Berkshire (2021)

Section 3: Demographics

Infant mortality rates are known to be worse in disadvantaged groups and areas. Poor health outcomes – for example higher infant mortality rates – are often linked to social factors such as education, work, income and the environment. Lifestyle choices and the quality, availability and accessibility of services are also important.

The West Berkshire rate (4.5 per 1,000) for 2021-23 is similar to England (4.1). During the latest three-year period, there were 20 infant deaths. Since 2018-20, the rate in West Berkshire has increased from 2.4 to 4.5, an increase from 11 deaths to 20[25].

Reducing infant mortality requires a combination of health interventions and actions on the wider social determinants of health by the NHS, local authorities and voluntary organisations, charities and social enterprises. These interventions must start before birth.

Giving every child the best start in life through interventions to reduce health inequalities in infant mortality is central to reducing health inequalities across the life course. Evidence suggests that infant mortality can be reduced by reducing child poverty, the prevalence of obesity, smoking in pregnancy, improving housing and reducing overcrowding and reducing sudden unexpected deaths in infancy (SUDI) and under 18 conception rate.

Low Birth Weight

Being born with a low birth weight significantly increases the risk of infant mortality and has serious consequences for health in later life. In West Berkshire in 2022, 2.6% of all babies were born with low birth weight, which is similar to both the regional and national rate of 2.6% and 2.9% respectively. Smoking in pregnancy, alcohol and substance misuse and poor maternal nutrition are significant contributing factors to low birth weight which are all preventable.

Section 4: Preparing for Parenthood

Being well prepared for parenthood will have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better of chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby.

Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

Children born into secure families that respond to their physical and emotional needs are more likely to grow-up to achieve well academically and to enjoy a healthier and more financially secure adult life. Furthermore, they are more likely to give their own children the same good start in life. The health of a would-be parent, even before the start of the 1001 days, is an important factor in giving every child the best start in life. Being well-prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family.

Teenage Pregnancy

In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy is associated with poor outcomes for young women and their children. In England and Wales, infant mortality rates are highest where babies are born to mothers aged under 20 years or over 40 years old. Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone, in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

SPOTLIGHT – Better Health: Start for Life

The **'Best Start in Life'** is a Government initiative that provides trusted advice and guidance to support parents through pregnancy, birth, and early parenthood.

It covers a wide range of topics, including baby care, feeding, mental health, and early childhood development. The campaign encourages parents to chat, play, and read with their children to develop communication, language, and literacy skills

The under 18 conception rate in West Berkshire was 8.3 (per 1,000 females aged 15-17) in 2021, significantly lower than the England rate (13.1 per 1,000)[26]. In 2021, 17 of 25 pregnant young women (68.0%) had an abortion. The proportion of abortions locally was similar to the England average of 53.4%.

National Institute for Health and Care Excellence (NICE) Guidance for women who have complex social risk factors[27] is clear; the vulnerabilities most commonly found with poor or delayed access to the antenatal pathway are in women include first time mothers under the age of 20 years.[28]

It is easier to achieve good health and wellbeing during pregnancy when a pregnancy is planned. Consideration of health behaviours can be made before a baby is conceived and families can seek support to improve their health and wellbeing when they know they are pregnant.

Perinatal mental health

The mental health and wellbeing of mums, dads, partners and carers is important for the development of the baby. Poor mental health can impact a parent's ability to bond with their baby.[29]

During the perinatal period (pregnancy and first year of life), women are at risk of experiencing and developing a range of mental health challenges. Poor maternal mental health has important consequences for the baby's health at birth, along with the child's emotional, behavioural and learning outcomes.

SPOTLIGHT – Swings & Smiles

Swings & Smiles is a Thatcham-based charity offering inclusive play and support for children with special needs and their families. Their centre features accessible play areas, a sensory room, and themed activity spaces. They also provide sibling support, outreach services, and over 6,800 hours of respite care annually.

Swings & Smiles creates a safe, welcoming space where every child and parent feels supported and celebrated.

Perinatal mental health challenges are estimated to affect between 10-20% of women during pregnancy or within the first year of having a baby.[30] Estimates for West Berkshire indicate that between 144 and 288 mothers experienced perinatal mental health challenges in 2022. The estimated number of women who may have been affected by a range of mental health challenges are shown in the Figure 11.

Mental health challenge	National prevalence	West Berkshire	South East
Postpartum psychosis	0.2%	3	177
Chronic serious mental illness	0.2%	3	177
Severe depressive illness	3%	43	2,654
Mild-moderate depressive illness & anxiety	10-15%	144- 216	8,847 - 13,271
Post-traumatic stress disorder	3%	43	2,654
Adjustment disorders & distress	15-30%	216 - 432	13,271 - 26,541

Figure 11 - Estimated number of women with perinatal mental health challenges (2022)[31]

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy. Good quality perinatal mental health care is set out in NICE guidelines and quality standards.[32,33]

It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.[34]

To give every child the best start in life, the pioneering report by Marmot (2010), recommended the development of "high quality maternity services to meet need across the social gradient" [35] and giving "priority to pre and post-natal interventions that reduce adverse outcomes of pregnancy and infancy".

Maternal physical and emotional health and wellbeing during pregnancy and the year after childbirth (perinatal period) has a profound impact on the health of children throughout their lives.[36] By improving maternity care[37], reducing maternal obesity, reducing smoking, increasing breastfeeding rates, and improving perinatal mental health there is potential to improve outcomes for mothers and infants.

Ensuring that all women receive access to the right type of care during the perinatal period is needed to reduce the impact of maternal mental health problems during pregnancy and the first 2 years of life on infant mental health and future adolescent and adult mental health. Infant mental health is vital to the long-term development of brain development and good mental, physical and emotional health and wellbeing through the course.[38]

Maternal obesity

Maternal obesity increases the risk of complications during pregnancy and can affect the child's health.

Maternal obesity is an issue for about one quarter of pregnant people seen by the health visiting service. Midwives, health visitors and other professionals support mums and families by establishing or referring to community groups or services provided by local authorities before, during and after pregnancy to ensure continuity of care. Healthy eating can be promoted to families through nationally available resources and local support, for example via community-led cooking programmes in family hubs in West Berkshire.[39] Physical activity opportunities are offered to support families during and after pregnancy, including community-based walking groups.[40]

In 2023/24, 26.3% of people in early pregnancy in West Berkshire (355) were categorised as obese (body mass index (BMI) ≥30kg/m2). This was similar to the England average of 26.2%.[41]

Eating well before, during and after pregnancy means that both mother and baby are getting the essential nutrients they need for the best health and development. Making sure that babies and pre-school children have the best possible nutritional start in life is vital to their growth and development.

SPOTLIGHT - Supporting women who smoke to quit

Supporting people to stop smoking during pregnancy, and to remain smokefree after birth is a key priority at the Royal Berkshire NHS Foundation Trust. Stop smoking support is provided by an in-house tobacco dependency team called the Health in Pregnancy team [HIP]. As soon a pregnant person or birthing person informs RBFT that they are pregnant and a current smoker or have recently quit, the HIP team reach out with an offer of support [to start their quit journey, or to stay quit]. The HIP team offer behaviour change support, Nicotine Replacement Therapy and offer enrolment on to the national incentive scheme. Since the HIP started in January 2023 the Smoking at time of delivery rate [SATOD] has fallen from 5.12% 2021/2022 to 3.13% 2024/2025.

As part of the Government's commitment to a smokefree generation, West Berkshire Council have been awarded additional funding to support people to quit smoking. Over the next four years the council will be aiming to support 1434 people to quit, including people who are pregnant.

Smoking in pregnancy

Smoking is one of the most modifiable factors for improving infant health. Babies who are exposed to maternal smoking are more likely to die in infancy, be born early, small or stillborn, experience reduced lung function and congenital abnormalities of the heart, limbs and face.[42]

Smoking during pregnancy is a risk factor associated with inequalities in complications in pregnancy, stillbirths, neonatal death and serious long-term health implications for mothers and babies. There are differences in maternal smoking rates, depending on age, geography, socio-economic status, and ethnicity. Women from disadvantaged backgrounds are more likely to smoke before pregnancy; less likely to quit in pregnancy and, among those who quit, more likely to resume after childbirth.[18]

In West Berkshire, 5.9% of people smoked during pregnancy in 2023/24, which is equivalent to 78 pregnant people. This proportion is significantly lower than the England average of 7.4%. Since 2010/11, the proportions of women smoking during pregnancy in West Berkshire have fallen from just over 7% to their current levels of 5.9%.[43]

Alcohol and substance misuse

The Chief Medical Officers for the UK recommend that if you are pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. When a pregnant person drinks, alcohol passes from the blood through the placenta and to the baby. A baby's liver is one of the last organs to develop and does not mature until the later stages of pregnancy. The baby cannot process alcohol as well as the mother can, and too much exposure to alcohol can seriously affect their development.

Alcohol and recreational drugs can affect the baby's development in the mother's womb causing birth defects or complications in pregnancy. Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight babies[44]. The risk increases with the amount of alcohol consumed and can result in foetal alcohol spectrum disorder (FASD) which can leave the child with a wide range of mental and physical problems.[45]

Drug misuse during pregnancy increases the risk of stillbirth and the risk of babies being born with blood-borne infections (such as HIV or Hepatitis B), birth defects and developmental problems.

Section 5: Early Growth

Immunisations

One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations. This protects individual children against many serious and potentially deadly diseases, as well as protecting other people in the community by reducing the spread of disease. The World Health Organisation recommends that at least 95% of children are immunised nationally, with at least 90% coverage in each local area.[46] The Department of Health has adopted these coverage targets for all routine childhood immunisations.

The latest coverage levels for childhood immunisations across West Berkshire and whether they met national targets are shown in Figure 12. In West Berkshire, the uptake of immunisations are above the national target of 95% for the majority of immunisations for children under five. However, it is likely that uptake rates will vary across different population groups.

National research has found timing of appointments (49%), availability of appointments (46%) and childcare duties (29%) were the main barriers to people getting vaccinated[47]. Low level of immunisation is also associated with socioeconomic deprivation and is commonly found amongst people from ethnic minority backgrounds, refugees, and children whose families are travellers.

"One of the most important ways to protect babies and children against ill health is to ensure they receive the full programme of childhood immunisations."

Immunisation	Age group	West Berkshire	South East	England
DTaP IPV Hib HepB	12 months	95.9	93.5	91.2
MenB	12 months	95.5	92.9	90.6
Rotavirus	12 months	93.7	90.8	88.5
PCV	12 months	96.1	94.9	93.2
DTaP IPV Hib HepB	24 months	96.3	94.0	92.4
MenB booster	24 months	94.1	90.3	87.3
MMR (one dose)	24 months	95.3	91.5	88.9
PCV booster	24 months	95.2	90.7	88.2
Hib & MenC booster	24 months	95.3	91.0	88.6
DTaP & IPV booster	5 years	90.8	85.5	82.7
MMR (one dose)	5 years	96.5	93.5	91.9
MMR (two doses)	5 years	91.9	86.8	83.9

<90%	Under minimum coverage level required
90% to 95%	Met minimum coverage level; not met target
≥ 95%	Met or exceeded coverage target

Figure 12 Percentage of immunisations among children aged 0-5 in West Berkshire (2023/24) [48]

Nutrition

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks.[49]

Breastfeeding

The earliest nutrition a newborn child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breastmilk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment.[50]

There is extensive evidence to show that breast milk is the best form of nutrition for infants and breastfeeding has an important role in promoting the health of infants, children and mothers, and in reducing the risk of illness both in the short and long term. Breastfeeding provides essential nutrients and strengthens the immune system. However, it is recognised that some mothers may be unable to breastfeed and others might simply choose not to; parents and carers will use infant formula, expressed milk or donor milk for a wide range of reasons.

Research has shown that infants who are not breastfed are more likely to have infections in the short-term such as gastroenteritis, respiratory and ear infections, and infections requiring hospitalisations. Prevalence of Sudden Infant Death Syndrome is lower in infants who are breastfed[51].
In the longer term, evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, which means they are more likely to develop type-2 diabetes and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood.

For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers. Breastfeeding is strongly linked to the building of relationships between mother and child and cognitive development is felt to be improved when babies have been breastfed. Mothers are made aware of these benefits and those who choose to breastfeed should be supported by a service that is evidence-based and delivers an externally audited, structured programme.

In West Berkshire, 75.5% of babies were breastfed at birth, significantly higher than the England average of 71.9%. At 6-8 weeks after birth, the proportion of babies breastfeeding in West Berkshire fell to 56.1%, this was still significantly higher than the England average of 52.7%.[41]

The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months (26 weeks) of an infant's life. Thereafter, breastfeeding should continue while gradually introducing the baby to a more varied diet of supplementary foods until the child's second birthday or for as long as the mother and baby wish.

The types and quantities of food given to an infant, and how these are prepared and administered (e.g. spoon-feeding versus self-feeding) are all likely to be important for setting up eating preferences and habits, which might have a lifelong impact, through a complex mixture of microbiological, nutritional, social and psychological influences.

SPOTLIGHT – Family Hubs

West Berkshire's Family Hubs offer a wide range of early help services for families with children aged 0–5 years. Located in Thatcham, Calcot, Newbury, and Hungerford, they provide stay & play sessions, parenting support, health visitor clinics, baby massage, and help with childcare and benefits. Family Hubs are a one-stop resource for early years development, parental wellbeing, and community connection.

A great example of this work can be seen at the Hungerford Family Hub, where the Bumps & Babes group has grown from just one or two parents attending weekly to 18 parents and two expectant mothers regularly attending. This success is partly thanks to the introduction of regularantenatal classes, held in partnership with the local GP surgery and supported by a dedicated midwife who delivers one of the sessions.

Looking ahead, West Berkshire's Family Hubs are set to expand their offer as part of a broader 0–19 (and up to 25 for those with SEND) integrated co-located support model. This development will enhance multi-agency collaboration and strengthen links with other aspects of the Early Help offer, ensuring families receive timely, preventative support tailored to their needs. By utilising Family Hubs within this wider system of support, West Berkshire is contributing to the national vision that prioritises early intervention and community-based services to reduce the need for later support when problems become more serious.

"Family Hubs are a one-stop resource for early years development, parental wellbeing, and community connection."

Healthy Start Programme

Food insecurity and poor diet in early life detrimentally affects a person's physical and mental health, and later life educational and employment opportunities. Healthy Start is a national programme that provides financial support to eligible low-income families. The scheme aims to help pregnant people and young families with children under 4 who are most in need to buy healthy food and drink including fresh, frozen and tinned fruit and vegetables, fresh, dried and tinned pulses and infant formula milk. The scheme also enables to access free Healthy Start vitamins.

The scheme has recently moved to digital, with families receiving a pre-paid chip and PIN Mastercard with money pre-loaded every 4 weeks instead of paper vouchers. Card is accepted in any store that accepts Mastercard. The Healthy Start vitamins contain recommended amounts by the Government of vitamins A, C and D for children aged from birth to four years. Folic acid and vitamins C and D are provided for pregnant and breastfeeding women. The Healthy Start vitamins are vegetarian and halal certified. Multilingual information is available on Healthy Start website[52] for health professionals to promote uptake this scheme.

Due to errors in eligibility data, the most recent uptake data we have for West Berkshire is from 2022. This showed that In March 2022, 616 (72%) eligible individuals had applied and received vouchers. This equates to £70,720 unclaimed food vouchers locally per year*. The number of parents claiming health start vouchers for subsequent years have largely remained the same (see Figure 14).

The Government has recently pledged in to restore the value of the Healthy Start scheme from 2026 to 2027 with pregnant people and children aged one or older but under 4 to receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50)[53].

Year	Number of vouchers claimed	Uptake
August 2021	463	54%
March 2022	616	72%
March 2023	586	Data not available
August 2023	543	Data not available

Figure 13 Healthy Start Uptake between 2021 and 2023

**costs derived by dividing 239 unclaimed vouchers into three eligible cohorts (from 10th week of pregnancy, from birth to 12-months and 1 year to 4 year olds)*

Newborn hearing

Newborn hearing screening helps identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start. 1 to 2 babies in every 1,000 are born with permanent hearing loss, rising to approximately 1 in every 100 babies who have spent more than 48 hours in intensive care[54]. Hearing loss can significantly affect babies' development. Finding out early can give these babies a better chance of developing language, speech and communication skills. It will also help them make the most of relationships with their family or carers from an early age.

In 2023/24, 98.8% of babies were screened for hearing in West Berkshire, similar to the England average of 99.0%.[55] This means that only 17 babies did not have their hearing screened following birth in West Berkshire.

The UK NSC recommends screening for permanent hearing loss in newborns. Research shows that

- without systematic hearing screening, 400 of the 840 babies born in the UK each year with significant permanent hearing loss were missed
- hearing impaired children are at high risk of delayed development of language and communication skills, which can affect their educational achievement, mental health and quality of life
- there is no evidence of undue parental anxiety caused by very early identification of hearing impairment[56]

Oral Health

Good oral health begins in the earliest days of life. The first 1001 days - from conception to age two - are a crucial period for establishing healthy habits and preventing future dental problems. During this time, factors such as maternal nutrition, infant feeding practices (including breastfeeding), and early exposure to fluoride all play a role in shaping a child's oral health trajectory.

Supporting families with oral health education and access to preventive care in these early years can significantly reduce the risk of tooth decay and set the foundation for lifelong wellbeing. Breastfeeding is associated with lower risk of early childhood caries compared to bottle-feeding with sugary drinks. Parents' oral health behaviours (e.g. brushing their child's teeth, avoiding sugary snacks) are established early and are critical in the first two years.

Poor oral health in children can lead to tooth decay causing pain, infection, and difficulty eating, tooth loss and affecting overall health. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. There is a strong relationship between deprivation and both obesity and dental caries in children. The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children.

In West Berkshire in 2021/22, 16.9% of five year olds experienced tooth decay. This was significantly lower than the England average of 23.7%. Since 2007/08, the prevalence of tooth decay in West Berkshire has fallen from 29.5% to 16.9%, a relative fall of 42.7% (compared with a relative fall of 23.3% in England).[57]

Among five year olds with any tooth decay, there were an average of 3.0 decayed, missing or filled teeth among children in West Berkshire, compared with 3.4 in the South East and 3.5 in England in 2021/22 (NDEP). The West Berkshire average was similar to England. Among those five year olds who did not have any tooth decay, there were an average of 0.5 decayed, missing or filled teeth in West Berkshire, compared to 0.7 in the South East and 0.8 in England. The average in West Berkshire was significantly lower than England.

In March 2025 the Government announced plans to implement a national targeted supervised toothbrushing programme for children aged 3, 4 and 5 year olds in the most deprived communities. West Berkshire has been allocated £16,500 as part of this initiative with plans to expand the existing supervised toothbrushing programme by the end of 2025.

Healthy Weight

The foundations for a healthy weight are laid early - often before a child even starts school. Maternal nutrition during pregnancy, infant feeding practices, and the early food environment all influence a child's risk of developing overweight or obesity. Supporting families during this window with evidence-based guidance and access to healthy food and active lifestyles is essential to preventing childhood obesity and promoting long-term wellbeing.

Childhood obesity and excess weight in children are significant health issues for children and families. Healthcare professionals play a key role in supporting families, they work with other professionals and public health by delivering whole systems approaches to influence the population to tackle sedentary lifestyles, excess weight, and reduce drivers of excess calorie intake.[28]

Childhood overweight and obesity are associated with increased risk of overweight and obesity in adulthood, and earlier onset of non-communicable diseases such as Type 2 diabetes and cardiovascular diseases.[30] An analysis found that 55% of children living with obesity remained so into adolescence. 80% of adolescents who were living with obesity, also experienced obesity as adults.[31] Obesity also causes health problems in childhood, being a risk factor for Type 2 diabetes, dyslipidaemia, asthma and other conditions and socio-emotional consequences.[58]

1 in 5 children in West Berkshire are overweight or obese when they start school which is similar to the England average. By the time children prepare to leave primary school at ages 10/11 years, the proportion of overweight or obese children increases to around 1 in 3 children (see figure 14).

Weight group	West Berkshire		South East	England
	Number	%	%	%
Underweight	15	1.0	1.0	1.2
Healthy weight	1,135	78.0	78.1	76.8
Overweight	195	13.4	12.2	12.4
Obese	105	7.2	8.6	9.6
Excess weight (overweight/obese)	305	21.0	20.8	22.1

Figure 14 - Weight of Reception children (4-5 year olds) in West Berkshire (2023/24) [59]

The prevalence of excess weight (overweight or obese) among Reception schoolchildren living the top 20% most deprived areas of West Berkshire was 32.7% (2021/22-2023/24). This was significantly higher than the prevalence among children living in the 20% least deprived areas (18.9%); in Year 6, the prevalence of excess weight was 34.9% among children living in the top 20% most deprived areas, compared with 28.7% in the 20% least deprived areas (see figure 15).

A whole systems approach recognises that local approaches may be better and more effective by engaging with communities and local assets to support and address priorities. Actions across the life course are essential to enable physical activity and healthy eating behaviour change and impact childhood obesity.

Being physically active

Whilst little research has been conducted on the health benefits of physical activity in early years, compared with adults, there is growing evidence that being physically active every day is important for the healthy growth and development of babies, toddlers and pre-schoolers[60] Research suggests that being active in the early years can enhance gross motor skills, improve bone health, cognitive, social and emotional wellbeing.[61]

During the first years of life, the brain undergoes a rapid period of development and it is likely that physical activity plays a key role. The benefits of physical activity for brain development are likely to accrue through a variety of mechanisms including the formation of neural structures necessary for practising physical skills.[62] Emerging evidence from a small number of studies in the early years have linked physical activity with improved language, attention and self-regulation.

The formation of neural structures as mentioned above are also necessary for children under five to practise social skills and express emotion.

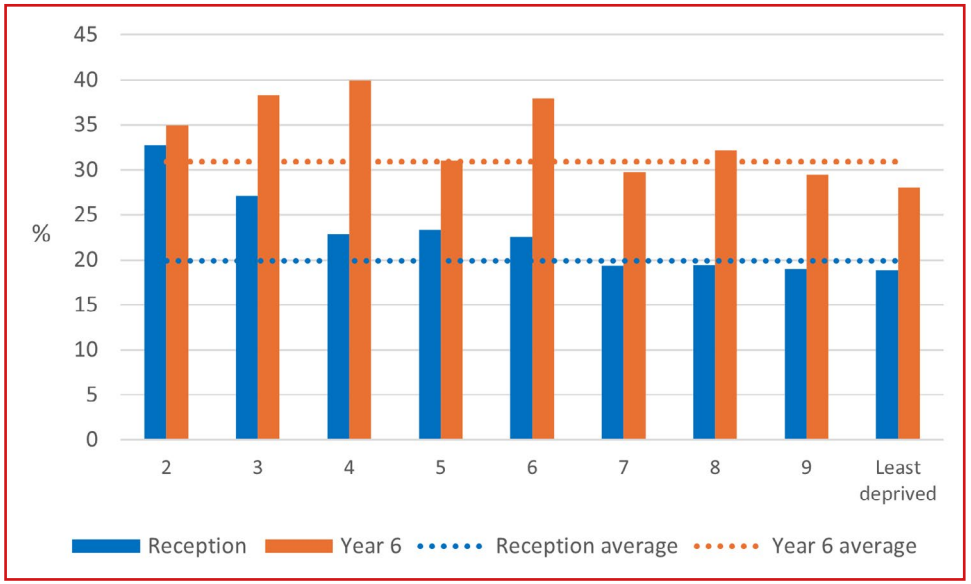


Figure 15 - Prevalence of excess weight (overweight or obese) in West Berkshire among Reception and Year 6 children (2021/22 - 2023/24)

In 2011, physical activity guidelines for the early years were published for the first time, recognising the benefits which being active during the early years brings to a child's health. They have since been updated and advise the following.[63]

- **Infants (less than 1 year)** should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling.
- **Infants not yet mobile,** at least 30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over).

- **Toddlers (1-2 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day.

- **Pre-schoolers (3-4 years)** should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play.

Spotlight – Get Berkshire Active (The Active Partnership for Berkshire)

Get Berkshire Active (GBA) supports the health and wellbeing of pregnant and postnatal women through inclusive physical activity initiatives. The 'This Mum Moves Ambassador' training equips healthcare and other professionals with the skills, knowledge and confidence to discuss physical activity during and after childbirth and GBA have supported the training of over 180 diverse workforces in Berkshire. These workforces, which include midwives, health visitors, social prescribers, charities, family support workers and exercise instructors are now more confident to prescribe physical activity in pregnancy and postnatally.

GBA also offer free pregnancy and postnatal classes across the county in partnership with Sport in Mind, providing a range of physical activity sessions in inclusive and accessible environments for mums experiencing low mood, isolation or more serious mental health conditions. These classes help mums stay active, build confidence, support those most in need and connect with others in a supportive environment, supporting the parent-infant attachment.

Between January 2023- January 2024, Sport in Mind delivered 197 sessions, providing free weekly opportunities to 176 pregnant and postnatal women, with 790 total attendances. Between March 2024-March 2025 they delivered 229 sessions, engaging 312 pregnant and postnatal women, with a total of 1,289 attendances.

School Readiness

School readiness describes how well a child is supported to engage with the learning environment at the point of starting school. It is not something a child achieves independently, but rather a reflection of the relationships, experiences, and environments that have nurtured their development. Children respond to the world around them and their readiness is shaped by how well that world has prepared them to explore, connect, and grow[64].

West Berkshire's approach to school readiness is informed by the UNICEF (2012) school readiness model, which recognises these three interconnected dimensions:

1. Ready children, focusing on children's learning and development

2. Ready schools, focusing on the school environment along with practices that foster and support a smooth transition for children into primary school and advance and promote the learning of all children

3. Ready families, focusing on parental and caregiver attitudes and involvement in their children's early learning and development and transition to school

The goal in West Berkshire is for every child to be:

"… ready to start school, ready to learn, able to make friends and play, ready to ask for what they need and say what they think." (UNICEF 2012)

School readiness is important because it is associated with early childhood factors that influence the capacity to learn and education attainment. Research has found that children who start school having not met the expected level of development on half of their early learning goals through to the end of primary school do less well than their peers in education and social outcomes[65].

"School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally."

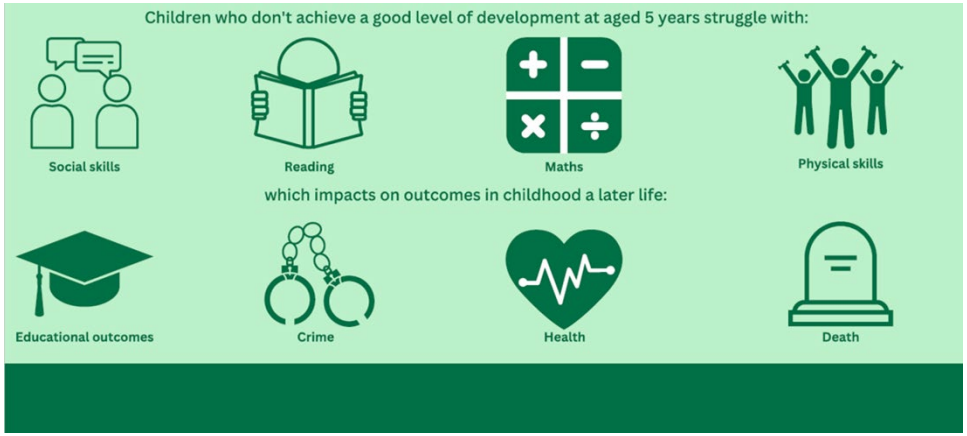


Figure 16 – The importance of school readiness

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the EYFS (the end of the academic year in which the child turns five). In the Early Years Foundation Stage (EYFS) framework, a Good Level of Development (GLD) indicates that a child has achieved at least the expected level in the early learning goals within the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the specific areas of mathematics and literacy. A Good Level of Development also demonstrates a child is ready for the Year 1 curriculum.

In West Berkshire recent data shows improvement:

- GLD has risen by 5.6% since last year, from 66.8% to 72.4%
- This is higher than the national average of 68.4%
- GLD for children eligible for Free School Meals (FSM) has also increased to 45%, up 5% from last year.

However inequalities still exist both between FSM children and non free school meal children and between boys and girls:

Among children on FSM, only 32.8% of boys achieved a GLD compared to 53.9% of girls. Both are significantly lower than the GLD rate for children not eligible for FSM in West Berkshire.

These figures highlight the importance of early intervention, family engagement, and high-quality early education. The launch of the Giving Every Child the Best Start in Life strategy reinforces this, aiming for 75% of 5-year-olds to reach a GLD through parenting programmes, home learning support, and digital tools.

Evidence for improving school readiness includes early intervention, family engagement, high-quality early education, and focusing on physical, cognitive, social, and emotional development. Specifically, practicing fundamental motor skills, promoting outdoor play, and providing support for parents in understanding and fostering their child's development.

In July 2025 the Department for Education published its Giving Every Child the Best Start in Life Strategy that sets out the government's plan to create a coherent national approach to family services. The strategy sets out its ambition for 75% of 5-year-olds reaching a good level of development in the early years' foundation stage. This will be achieved through the implementaton of parenting programmes, home learning environment programmes and digital parenting programmes.

Childcare Standards

Childcare standards are regulated by the Office for Standards in Education, Children's Services and Skills (Ofsted). Ofsted report directly to Parliament, parents, carers and commissioners. Most childcare providers looking after children under the age of 8 must register with Ofsted (or a childminder agency).

The number of early years providers graded 'met', 'good' or 'outstanding' in early years group and childminding settings fluctuates throughout the year. In West Berkshire, for 2024-25 judgements have been in line with and above the averages reported nationally by Ofsted (97% group providers and 98% childminders).

In March 2025, providers judged by Ofsted as 'good' or 'outstanding' in West Berkshire found that 99% of early years childminders and 98% of group early years providers achieved this rating.

Vulnerable Children - Children in Care, Child Protection

Children who are looked after are cared for in a foster or residential home, such as a children's home. Children in care are often among the most socially excluded children in need, and often experience significant inequalities in health and social outcomes. On 31 March 2024, there were 187 children in care in West Berkshire, and the rate in West Berkshire of 52.9 (per 10,000) was significantly lower than England. 50 of the 187 children in care were aged under five[66].

The local demographics of children in care (31 March 2024) are similar to the national picture with a higher proportion of children aged 10 and over, and more males. 13.4% of children in care in West Berkshire were unaccompanied asylum-seeking children (25 children. This compares with 8.8% in England[63]. Nationally, this sub-group of children in care are older (16 years and over), males, and are in need due to absent parenting.

Data from 2023/24 show that the percentage of children in care who are up to date with their vaccinations was significantly lower than the national average. 74% of children care were up to date with their vaccinations compared to a national average of 82%. Looked after children can be at a higher risk of missing out on childhood vaccinations[67].

Housing Quality

Housing quality has a significant and material impact on health and wellbeing. Condensation and damp in homes can lead to mould growth, and inhaling mould spores can cause allergic type reactions, the development or worsening of asthma, respiratory infections, coughs, wheezing and shortness of breath. Living in a cold home can worsen asthma and other respiratory illnesses and increase the risk of heart disease and cardiac events. It can also worsen musculoskeletal conditions such as arthritis. Cold or damp conditions can have a significant impact on mental health, with depression and anxiety more common among people living in these conditions.

For a home or dwelling to be considered 'decent' under the **Decent Homes Standard**, it must meet a number of criteria including minimum standards, provide thermal comfort, be in a reasonable state of repair and have reasonably modern facilities and services.

In 2020/21, 6,050 homes in West Berkshire were estimated to be non-decent, 9.0% of the total housing stock, which is significantly lower than the England average of 15.1%. 11.7% of private rented homes were estimated to be non-decent, 8.5% of owner-occupied homes, and 7.9% of socially rented homes.[68] An estimated 610 non-decent homes in West Berkshire are likely to contain children under the age of five.

Following the tragic death of Awaab Ishak, a child who died due to "prolonged exposure to mould in his home environment". Awaab's law will come into force in October 2025 and will require social landlords to address dangerous damp and mould issues within specified timeframes, ensuring that health hazards are fixed promptly. It aims to hold landlords accountable for maintaining safe living conditions and will become an implied term in social housing tenancy agreements.

Certain groups of people, such as children and young people, the elderly or people with pre-existing illness, are at a greater risk of ill health associated with cold or damp homes. Some groups of people are more likely to live in these conditions, including households with a lone parent, households with children, low-income households and households with people from minority ethnic backgrounds.[69]

Based on the 2021 Census, an estimated 4.0% of households in West Berkshire were overcrowded, significantly lower than England (6.4%).[70]

Spotlight – Family First Programme

As part of the Governments children social care reforms local authorities are being asked to implement the Family First Partnership (FFP). The aims of the programme is to transform the whole system of help, support and protection, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis. FFO has four elements:

- **Family help:** establishing local multi-disciplinary teams, merged from targeted early help and child in need services, to ensure families with multiple needs receive earlier, joined-up and non-stigmatising support to enable them to stay together.
- **Multi-agency child protection teams:** setting up multi-agency child protection teams, with cases held by social worker lead child protection practitioners and also including representation from health and the police.
- **A bigger role for family networks:** involving the wider family in decision-making about children with needs or at risk, including by using family network support packages to help children at home.
- **Stronger multi-agency safeguarding arrangements:** this includes an increased role for education, alongside health, police and children's social care.

Respiratory Illness

In West Berkshire, 190 children under five had an emergency hospital admission for lower respiratory tract infections in 2023/24, a rate of 235.0 per 10,000 population. Whilst this overall rate is similar to the England average (207.7), the rate of emergency admissions for lower respiratory tract infections among males aged 0-4 years in West Berkshire was statistically higher than the national average (301.9 vs 239.6), with the highest rate being among males aged 0-1 years[71]. There is growing evidence that respiratory problems among children may be exacerbated by indoor air pollution in homes, schools and nurseries

A&E Attendances

A&E (Accident and Emergency) attendances at hospital in children under five are often preventable and are commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

In West Berkshire, 1,445 children under one attended A&E, and the hospital attendance rate of 964.6 was significantly lower than England; among 0-4 year olds in West Berkshire, 5,335 attended A&E, and the attendance rate of 659.9 (per 1,000) was significantly lower than England[72].

Injury reductions can be achieved at low cost with good evidence that some falls, poisonings and scalds may be prevented by incorporating specific safety advice into universal child health contacts, providing home safety assessments and providing and fitting home safety equipment, including interventions to reduce accidental dwelling fires. Local authorities can strengthen their existing work by prioritising the issue and mobilising existing programmes and services through leadership, co-ordination and training.

Section 6: Investing in the early years

The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means it is much easier to influence a child's development and wellbeing if we intervene earlier in life. Later interventions are also more likely to have an impact if a child has had a good start early on. Because interventions in the first 1001 days can have pervasive and long-lasting impacts on development, there is a strong case to invest in services during this period (see figure 17).

Evidence suggests that investment in pregnancy and the first years of life is key, with investment in early years bringing a 9–10 times return on every £1[73]. The returns are evident through a more educated adult workforce, and avoiding costs from unemployment, alcohol and substance use, crime, child abuse and other poor health and social outcomes.

A recent report on children's services spending for the period 2010 - 2023 showed that overall spending on early intervention services across England has fallen by almost £1.8 billion since 2010, a decrease of 44%.[74] For children's services budgets, costs for late interventions have risen by almost £3.6 billion, a 57% increase. Furthermore, costs for care are greater than spending on early intervention.

Early investment is crucial and more effective. Early investment leads to greater return, supporting a baby in the earliest days can reduce costs on later interventions such as mental health services and during childhood and adolescence. Childhood mental health problems are estimated to cost between £11,030 and £59,130 each year for children in the UK.

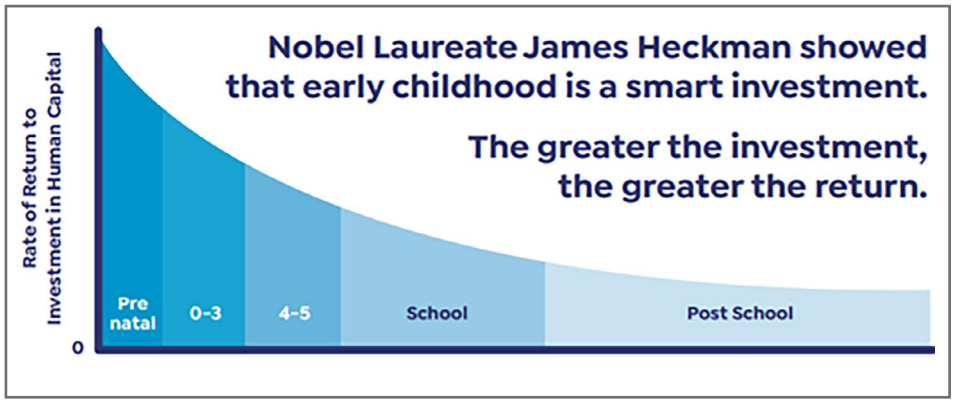
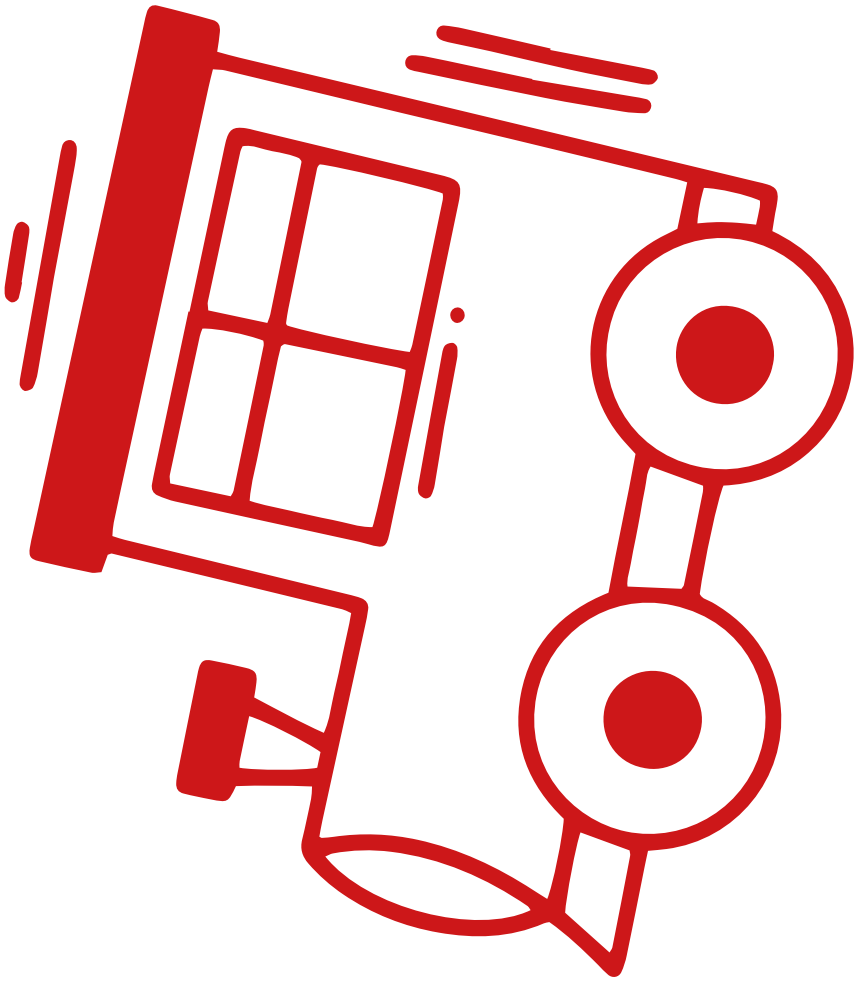


Figure 17 - Heckmans investment curve[1]



Section 7: Healthy Child Programme

The Healthy Child Programme (HCP) is a public health framework in England designed to ensure that every child has the best start in life and beyond. While the roles of Health Visitors and School Nurses are pivotal in the delivery of the programme, the HCP's focus on improving the health, wellbeing, and development of children and young people means the programme extends far beyond these services. Through partnerships with GPs, maternity services, early years settings, schools, and community organisations, it addresses broader health determinants and provides holistic support to improve health outcomes.

The Health Visiting aspect of the HCP is provided by Berkshire Healthcare Foundation Trust. It brings together the evidence on delivering good health, wellbeing and resilience for every child. The HCP 0–5 comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce inequalities.

In West Berkshire, families are offered five mandated health reviews as part of the universal offer. These reviews provide essential opportunities to support parenting, monitor child development, and identify any emerging needs. All mothers are offered an antenatal contact, followed by a new birth visit, a six to eight week review, a one-year review, and a two to two-and-a-half-year review.

These early contacts explore key public health priorities such as breastfeeding, parent-infant attachment, safe sleep, smoking cessation, and home safety. The two-year review is a crucial milestone in a child's development. Figure 18 shows the current performance of our healthy child programme across a number of key metrics.

The service also offers 'Well Baby' clinics, where parents can access advice and support on any concerns they may have about their child's health or development. Where additional needs are identified—either by families or professionals—tailored, evidence-based interventions are offered in partnership with other services. The team also plays a vital role in safeguarding, contributing to multi-agency planning and support for families facing the greatest challenges.

Year	Target	22/23	23/24	24/25
Antenatal contacts	N/A	171	287 (59%)	104 (24%)
New baby review at 14 days	90%	1,336 (93%)	1,215 (92%)	857 (88%)
New baby review at 14 days (including reviews after 14 days)	100%	57	106 (7%)	112 (9%)
6-8 week review	95%	1,241 (84%)	1,201 (85%)	1,485 (85%)
12-month review by 12 months of age	85%	85%	1,334 (86%)	997 (92%)
12-month review by 15 months of age	N/A	1,249	1,701 (88%)	1,329 (90%)
Children receiving 2 to 2.5 year review	85%	1,007 (61%)	1,623 (83%)	1,385 (87%)

Figure 18 - Current performance of Health Child Programme

Universal services such as midwifery, health visiting and early years settings, play a crucial role in the early identification and support of children with SEND. Through routine developmental checks, observations, and close engagement with families, these services are often the first to notice emerging needs and can initiate timely referrals to specialist support, helping to ensure that children receive the right help as early as possible.

Section 8: Giving our children the best start

To have a real impact on the future and lifelong physical and emotional health and wellbeing of children and reduce health inequality, partners need to work collaboratively. This includes, but is not limited to, public health, children's and adult's services, maternity services, primary care, education and the voluntary and community sector. Importantly, it also includes active engagement of parents, carers, children and communities in helping to shape what happens in the place they live, to improve their health outcomes – an approach engendered on the principle of 'working with' rather than 'doing to'.

Creating supportive environments where young children can both socially and physically grow requires a whole system approach and should underpin all actions across the district.

To have the greatest impact on child health, we need to address the needs across the population as a whole, in addition to those children that present with the greatest needs and place the greatest demands on public services (the prevention paradox). As there is a social gradient in health i.e. the lower the person's social position the worse their health, action should be taken to reduce this gradient.

This means that just focusing on the most disadvantaged people and communities will not reduce inequalities sufficiently[75]. Instead action must be universal but with scale and intensity that is proportionate to the disadvantage – this is also known as 'proportionate universalism'.

Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services. Marmot recommends that areas should ensure high quality maternity services to meet need across the social gradient and give priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy[76].

This report has not only highlighted the challenges facing young children and families, but also the diverse assets and services that are supporting young children to thrive.

There are many opportunities to influence the conditions that influence the health of the population during this critical life phase, and not all of them are covered in this report.

Set out below are a series of recommendations that system partners should consider in order to improve the health and wellbeing of young children and their families and enable them to thrive.

Recommendations

1. Invest in parent support programmes
Comprehensive universal parent support programme should be provided across the district alongside additional support for families that may be facing multiple adversities that could negatively impact their parenting.

2. Healthy start
Programmes that support and encourage breastfeeding and healthy eating should be reviewed to increase effectiveness and reach. Public sector organisations and food retailers should increase awareness of, and access to the Healthy Start Scheme across the district.

3. Family hubs
A strategic shift towards prevention and early intervention, by supporting good maternal (and paternal) health. This should include the involvement of parents and carers in the design and delivery of early years services and ensure that family hubs provide a place where parents and carers (particularly those who are most vulnerable) can access information, advice and support. This should incorporate an **outcomes framework** to ensure effective targeted support and to measure impact.

4. Improving School Readiness
An action plan that involves a co-ordinated and multi-agency approach to improve school readiness should be developed. This should include an assessment of local need and evidence-based interventions.

5. Improving oral health
All early years children should have timely access to free child dental services for preventative advice and early diagnosis. Partners should support the roll out of supervised tooth brushing offer across the early years. Furthermore, the health and wellbeing board should consider submitting an expressing of interest to the Government for the whole district to have fluoridation in the water.

6. Empowering families to plan pregnancy
Support action to empower people to plan for pregnancy by providing high quality PSHE (personal, social, health and economic) education in schools that give young people the tools to make healthy choices, including those related to reproductive health. This should also include sufficient healthy living pathways that support 'mothers to be' to be active, eat healthily, stop smoking support and substance misuse support services.

7. Better information and signposting to support people to access information and advice to and reduce demand on public services
Develop a central repository of information and advice to ensure families are able to access the services that are available to them.

8. Adopting a whole system approach to trauma-informed practice:
A whole system approach to trauma informed practice should be developed that raises awareness of the negative impact of trauma on child outcomes. This should include a training offer for all frontline practitioners across education, health, police, council and voluntary sector organisations.

9. Become a child friendly district
Based on the UNICEF Child Friendly City Initiative, West Berkshire should develop a shared ambition across partners and the community that commits to being a place for all children and young people to grow up in, where children are valued, supported, enjoy living and can look forward to a bright future.

10. Ensure effective data and information sharing across agencies
Collecting data about the demographics of families within local communities provides an important avenue for understanding local need and ensuring the necessary services are commissioned. Organisations should ensure that data is shared (e.g. through a unique single identifier) to enables services to be better integrated, targeted and delivered. Better data access will make it easier for parents and carers to share information with service providers and advocate for their baby's needs.

11. New and existing parents are supported through universal and targeted programmes
Ensure that at a minimum the Healthy Child Programmes achieves (and ideally exceeds) the national targets across all mandated reviews.

12. Develop a health promotion programme for early years settings
A programme should be developed that supports early years settings to establish a 'healthy culture' which empowers staff, children and parents with a view to improve health and wellbeing and reduce health inequalities.

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Better Care Fund Plan 2025-2026

Report being considered by:	Health and Wellbeing Board
On:	24 September 2025
Report Author:	Maria Shepherd, BCF Lead
Report Sponsor:	Cllr Heather Codling
Item for:	Decision

1. Purpose of the Report

The purpose of this report is to gain formal sign-off for West Berkshire's Better Care Fund Plan 2025-2026. The plan consists of a narrative plan and planning template.

2. Recommendation(s)

To endorse the Better Care Fund Plan for 2025-2026

3. Implications

Implication	Commentary
Financial:	The 2025-26 plan received sign-off from S151 Officer.
Human Resource:	n/a
Legal:	Better Care Fund (BCF) funding is pooled through a Section 75 agreement under the NHS Act 2006, which allows local authorities and NHS bodies to combine resources and deliver integrated services. This legal framework ensures joint accountability, shared decision-making, and coordinated use of health and social care budgets.
Risk Management:	NHS England's Better Care Fund planning requirements explicitly reference the need for robust risk-sharing and governance arrangements; these are articulated in the S75 agreement under the NHS Act 2006.
Property:	n/a
Policy:	The Better Care Fund Policy Framework supports integrated health and social care, helping people live independently at home for longer. The 2025-26 framework focuses on prevention, faster hospital discharge and more personalised, community-based care through joint planning and funding.

	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			The Better Care Fund helps reduce health inequalities by providing more consistent, coordinated, and accessible care—especially for older people, those with complex needs, and underserved communities. The focus on early intervention, personalised support, and care close to home helps address the social determinants of health and reduce the disproportionate burden of illness among disadvantaged groups.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		n/a
Environmental Impact:		X		n/a
Health Impact:	X			Addressing these is a key part of the Policy intent. Equality and health inequality duties are built into how BCF plans must be developed and implemented.
ICT Impact:		X		n/a
Digital Services Impact:		X		n/a
Council Strategy Priorities:		X		Business as usual
Core Business:		X		Business as usual
Data Impact:		X		n/a

Consultation and Engagement:	Heather Codling, Health and Wellbeing Board Chair, Nick Broughton, ICB Chief Executive, Joseph Holmes, LA Chief Executive, Paul Coe, LA Director of Adult Social Care, Shannon Coleman-Slaughter, LA Section 151 Officer, Clare Lawrence, DFG Lead, Helen Clark, ICB Place Director, Berkshire West Urgent Emergency Care Board, Primary Care Networks, Berkshire Healthcare Foundation Trust, Royal Berkshire NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust, Representatives from Voluntary Sector, West Berkshire Healthwatch, Community Pharmacy and Locality Integration Board.

4. Executive Summary

4.1 The Better Care Fund Policy Framework for 2025-2026 provides continuity from the previous rounds of the programme and is a one-year plan.

4.2 The Policy Framework was published on 30th January 2025.

4.3 The Policy Framework sets out four national conditions:

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

2. Maintaining the NHS's contribution to ASC and investment in NHS commissioned out of hospital services

3. Implementing the **two** BCF objectives of: Providing the right care, at the right place, at the right time and Enabling people to stay well, safe and independent at home for longer

4.4 The Policy Framework also sets out four national metrics:

1. Avoidable admissions - indirectly standardised rate of admissions per 100,000 population

2. Falls – Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. (This metric is new for 2023-25)

3. Discharge to usual place of residence – percentage of people, resident in HWB, who are discharged from acute hospital to their normal place of resident.

4. Residential Admissions – long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

4.5 The BCF planning requirements for 2025-26 required a narrative plan and a planning template to be submitted to NHS England. The planning template details the schemes funded by the BCF, targets for the four metrics, expected monthly demand and capacity for hospital discharge by pathway and expected monthly demand and capacity for intermediate care services from community resources.

4.6 West Berkshire's BCF Plan was submitted from the Health and Wellbeing Board on 20th March 2025 and delegated Authority was granted by the Chair for this to happen prior to formal sign-off from the Board.

4.7 NHS England confirmed their approval of the Plan on 30th May.

5. Supporting Information

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

6. Options Considered

None.

7. Proposal(s)

n/a

8. Conclusion(s)

One of the conditions set out within the Policy Framework is to have a jointly agreed plan between local health and social care commissioners that is signed off by the Health and Wellbeing Board.

9. Appendices

Appendix A – BCF Narrative Plan

Appendix B – BCF Planning Template

Background Papers:

None

Health and Wellbeing Priorities Supported:

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

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

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

Integration and Better Care Fund

Better Care Fund 2025-26 HWB submission

Narrative plan template

	HWB area 1
HWB	**West Berkshire**
ICB	**Buckinghamshire, Oxfordshire and Berkshire West**

Introduction and guidance

Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

The Priorities for 2025-26 are as follows:

- **Workforce:** Recruitment and retention of Social Workers and Occupational Therapists to support Better Care Fund (BCF) policy objectives. This will support a wide range of activities including support to discharge people from hospital with care, and support to avoid admission.

- **To improve efficiency using technology:** For example, by using Artificial Intelligence (AI) to speed up the assessment process and ensure that managers receive documentation more quickly in order to make earlier decisions about need and care. This could also include reviewing falls prevention technologies.

- **Falls Pathway:** Continue work with partners to reduce the risks of falls, including providing assessment and advice activities. This includes exploring best practice models used in other systems. This will avoid admissions and support earlier intervention.

- **Self-Care Programmes:** Working with system partners to encourage self-care as part of a wider preventative agenda. Data on the health needs of the local population indicates some groups who require support to live healthier lifestyles. This will support longer-term management of demand.

- **Trust Intelligence Notification Assistance (TINA):** Investigate the options of access to the Trust's system for local authority personnel in order to help speed up hospital discharge and avoid unnecessary meetings across the system.

- **Reduce the number of people coming out of hospital on pathway 3:** Review how and when decisions are made and the impact this is having on capacity within the care market. This will keep pathways clearer for discharge.

- **Care market:** Undertake work to support the local care market to meet the needs of the local population. This will include advice and support to maintain capacity and quality. This will enable discharge and avoidable escalation of need.

- **Community Wellness Outreach Service:** A programme of delivering NHS Health Checks, wellbeing and lifestyle advice and support in community settings to reach vulnerable groups and reduce the risk of poor health outcomes. *(**Note**: this scheme is funded through the Inequalities Fund from the ICB and not through BCF, but this is included in our Section 75 Framework Agreement as a supportive prevention activity).*

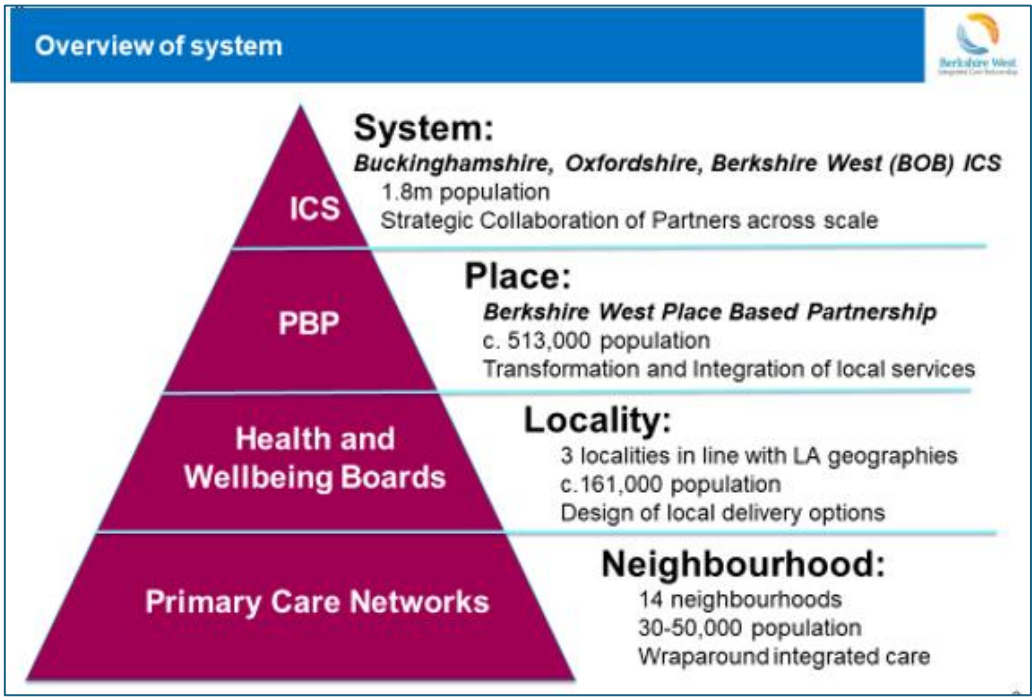
There is significant continuity from last year's plan, with relatively minor additions to reflect new opportunities. Performance has been broadly positive given the contextual challenges. These include a significantly ageing population in West Berkshire. In addition, there have been significant price increases for services, especially in the care sector. The workforce challenges are also significant, with shortages in key disciplines leading to both gaps and high cost requirements for cover arrangements. Whilst it is noted that some targets have been missed, the view is that this is largely due to that combination of challenges.

The Plan has been developed at pace, reflecting the national timelines. Consequently, there has been limited formal consultation. Nonetheless, it has incorporated the required checks and balances to reflect the multi-agency context. Throughout the year, there is work to understand the position of stakeholders regarding pressures and opportunities which have informed our Plan. Both the Locality Integration Board (LIB) and the Health and Wellbeing Board are key forums for sharing intelligence, agreeing priorities and reviewing performance. The draft plan was presented to and discussed at LIB on 20th March 2025 and a wide range of stakeholders were in attendance including representatives from the VCSE sector, our own internal services, health partners and Health and Wellbeing Board chair.

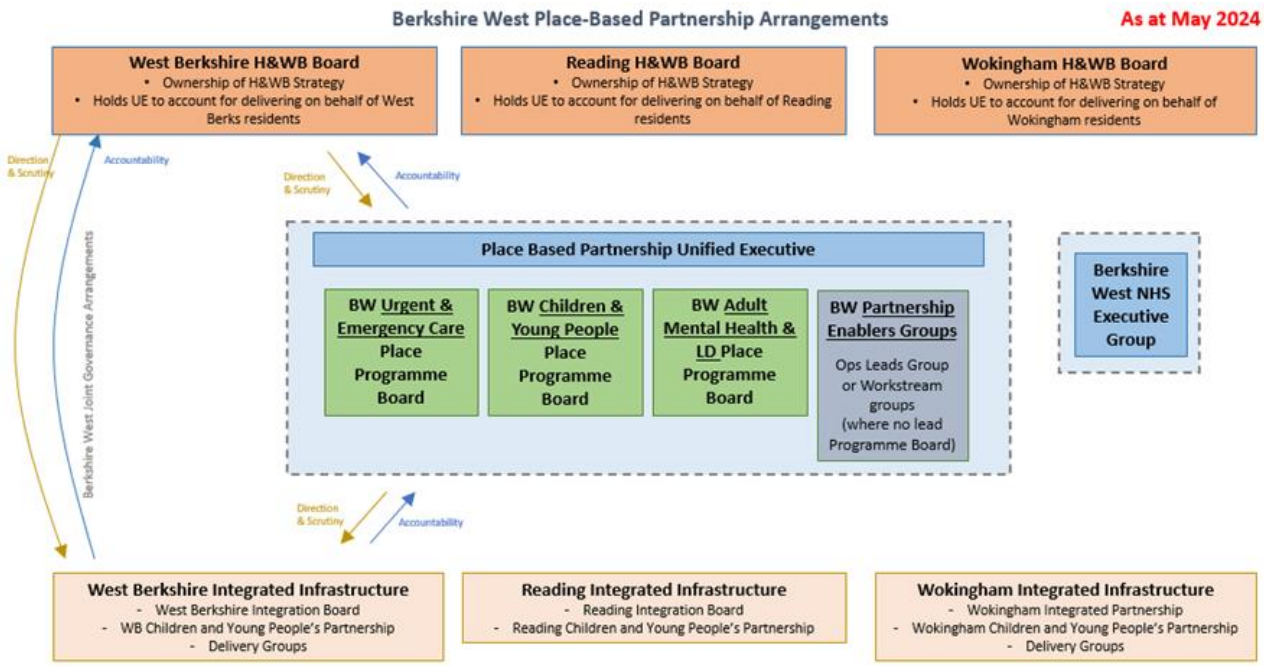
Governance arrangements for the delivery of the BCF Plan are as follows:

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care **System** (BOB ICS) takes strategic decisions at scale for the benefits of its 1.8 million population. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board was formally established on 1 July 2022. The Berkshire West Place Based Partnership (PBP) brings together NHS foundation trusts, ambulance service and Local Authorities which serve the 513,000 residents of Reading, West Berkshire and Wokingham. The partnership works on a **Place** basis to transform and integrate local services so patients receive the best possible care. While the ICS and PBP are committed to strong joint working at place level, they recognise that there remains a need to design local delivery options to meet their strategic

objectives. The West Berkshire **Locality** Integration Board fulfils this function for the circa 161,000 residents of West Berkshire. Primary Care Networks are clusters of GP practices who serve **neighbourhoods** of up to 50,000 patients. Community services will wraparound these emerging networks to deliver care closer to patients.



West Berkshire's Locality Integration Board is a sub-group of the West Berkshire Health and Wellbeing board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for West Berkshire at a locality and neighbourhood level. The Locality Integration Board also provides regular updates to the PBP and UEC programme board.



The priorities for intermediate care are as follows:

In – patient and flow priorities.

For those patients requiring hospitalisation it is important that lengths of stay are minimised to prevent decompensation and risk of hospital acquired infection. This is particularly important for the vulnerable cohorts of patients requiring ongoing social care support post discharge. The BCF plans will help support a reduction in the number of patients not meeting the criteria to reside for patients on pathways 1 and 3.

Areas of focus include:

- Strong home first ethos.
- Hospital Liaison teams aligned to the Hospital Discharge Team.
- Effective reablement pathways.
- Early notification of complex discharges.
- Support and development of the Care Market.
- Bariatric pathways.
- Delirium and mental health.

Berkshire West (BW) is also looking at how the Urgent and Emergency Care (UEC) Programme Board and the Integration Boards can be more effectively aligned to ensure BCF

Plans continue to be developed in support of the UEC improvement programme. Priorities already reflect the issues identified through the UEC Programme Board relating to admission avoidance, expediting discharges, workforce, the care market, etc.

Length of stay will be a breakthrough objective for 25/26 with data reported to Executive monthly.

Bed days lost work will continue to be monitored, themes will continue to be identified and discussed with relevant parties to work in a collaborative manner to reduce the impact that bed days lost cause to the system.

Weekly Quality improvement methodology work to continue with acute partners to maximise utilisation of community beds.

Reviewing opportunities to skill mix roles. Safe staffing work planned, new dependency tools to be implemented from April 2025, linking with IT to understand how these tools can evidence acuity more clearly in services to better inform community OPEL.

Principles of Martha's Rule to be implemented across all wards.

Urgent Community Response

To continue to work in collaboration with acute, community, South Central Ambulance Service (SCAS) and Primary Care providers to ensure that all patients are treated in the most appropriate care setting to reduce the need for hospital admission.

To support the education and upskilling of clinical staff to ensure the workforce can adapt to evolving patient needs.

To strengthen partnerships with voluntary and 3rd sector services to provide ongoing support to patients.

To maximise skill mix and implement 7 day working for support staff.

Intermediate Care – rehabilitation pathways

Focus on the application of any outstanding actions in line with the Intermediate Care framework for rehabilitation, reablement and recovery following hospital discharge (2023).

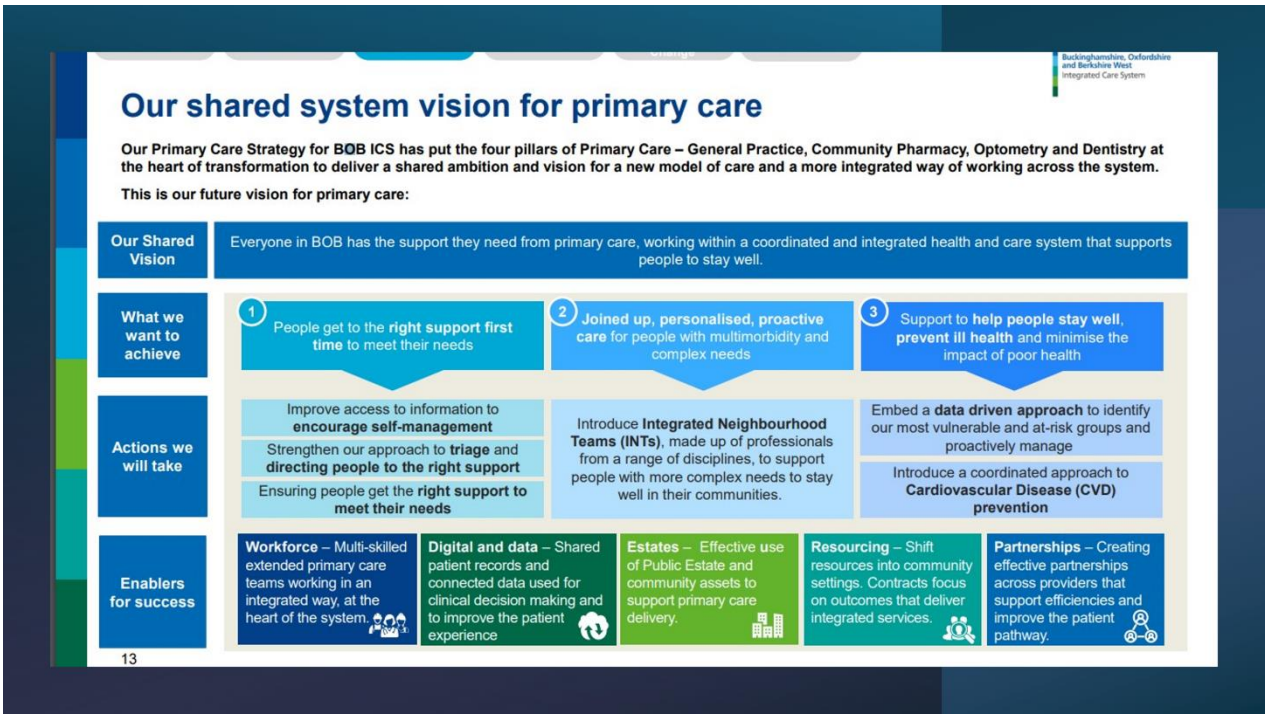
Improve workforce utilisation through implementation of the new community rehabilitation and reablement model - working with professional leads to explore how we can maximise the use of skill mix across all pathways, consistently in BW.

Effective performance monitoring - with a focus on improving flow into intermediate care pathways through careful monitoring and management of the length of stay on service.

Enhancing current outcome measures in use across our intermediate care pathway – adding in the introduction of patient reported outcome measures, alongside patient experience and clinician reported outcome measures.

To work with systems colleagues to develop a single performance scorecard for rehabilitation, reablement and recovery pathways across all providers enabling comparative data to be reviewed and utilised for quality improvement initiatives.

Please see infographic for Shared Vision for Primary Care across BW:



The vision complements our BCF Plan through targeted work which supports admission avoidance and wider preventative work, for example, through the Community Wellness Outreach Service which targets people at risk of Cardio Vascular Disease (CVD), provides wellbeing and lifestyle advice, and raises awareness of CVD in the wider community. The focus on good data is reflected in our ongoing commitment to Connected Care.

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

Section 2: National Condition 2: Implementing the objectives of the BCF

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a "home first" approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step-down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.

The Locality Integration Board and Health and Wellbeing Board both support collaborative work across the system to develop initiatives and review the impacts of the BCF according to key metrics. Both boards include statutory partners, the voluntary sector and commissioned services. The metrics and financial performance are reviewed regularly.

The key learning from our performance over the last few years is brought forward into this year's Plan. Performance against the key metrics is relatively strong. This is against a backdrop of significant growth in the population aged 65 years and above. Additionally, the impact of cost-of-living challenges and price inflation have created additional pressure in the workforce and care market. Despite these pressures, performance has remained positive indicating that the measures we have in place are effective and impactful. On that basis, there are high levels of continuity from previous years' Plans.

A key area of challenge is ensuring that non-elective admissions do not increase, which we will seek to address through the plan, including the investment in the workforce and technology.

Boards take a preventative approach routinely, especially with contributions from Primary Care, Public Health, Adult Social Care, Housing and Children's Services.

Multiple lines in the plan support a preventative approach, e.g. by facilitating earlier contact and better joint working.

The Berkshire West Health and Wellbeing Strategy for 2021-2030 consists of five priorities:

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

Our work with key integration system partners in West Berkshire also crosses over into neighbouring areas, particularly with our 'Berkshire West' neighbours (Reading and Wokingham) where there are shared services/providers and in those cases we aim to provide a consistent approach as far as possible. The BCF leads for each area meet with ICB leads on a regular basis (at least monthly) in order to ensure collaboration and alignment of Plans, including alignment with the NHS planning submissions, and Market Sustainability plans for the Local Authorities.

Performance against the national metrics have been broadly positive in a very challenging context. As above, the challenges consist of an ageing population, workforce challenges and price inflation especially in care services. Within that context, the view is that continuity with last year's plan is appropriate. There is investment in workforce, technology and the provider market.

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

- **Berkshire Health Foundation Trust (BHFT) Reablement Contract:** Provides Reablement and rehabilitation services across West Berkshire to support both Hospital Discharge and avoidable admissions.
- **Carers Information & Advice Service:** The contract is jointly commissioned with the Berkshire West ICB and Reading Borough Council, who are the Lead Commissioners. The service is available to all carers in West Berkshire. It includes the provision of a telephone helpline, facilitation of peer support groups, updates on useful information through email mail outs, support to access breaks, support to complete carers' assessments. The Partnership run a range of activities for Carers Week and Carers' Rights.
- **Rapid Response and Treatment Service for Care Homes:** This is a joined-up Health and Social Care service reducing avoidable admissions, carrying out medication reviews and provide support and training to care home staff.

- **Out of Hospital Speech and Language Therapy:** Eating and drinking service
- **Out of Hospital Care Home in-reach:** Support to facilitate hospital discharge
- **Out of Hospital Community Geriatrician:** Community geriatrician service working within the Care Homes.
- **Out of Hospital Health Hub:** Provides an acute single point of access to community health services.
- **Out of Hospital Intermediate Care night sitting, rapid response, Reablement and falls:** Rapid response services delivered to patients in their own homes avoiding hospital admission.
- **Connected Care**: An integrated IT system sharing information across Health and Social Care to improve patient care.
- **Integrated Discharge Service**: This service operates using a multi-disciplinary team across Health and Social Care focussing on a home first approach. It is co-located in RBFT and continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health bed at the point they no longer need clinical care and prevent avoidable admissions.
- **Mental Health Street Triage:** This service operates from Reading and Newbury Police Stations with the aim to reduce use of police custody and use of section 136 of the Mental Health Act, allowing the police to take the person to a place of safety from a public place. Enabling the right support at times of potential crisis and reduce avoidable hospital admissions and A&E attendances.
- **The Berkshire Community Equipment Service (BCES):** Jointly commissioned across 6 Local Authorities in Berkshire and their Health Partners. BCF monies are used in West Berkshire to fund this provision.
- **Falls and Frailty:** This service aims to improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E Attendances.

Another priority that is not funded by BCF but overlaps with some of the outcomes within the BCF is the Ageing Well Programme. The Ageing Well Programme supports people to maintain their independence and only attend hospital when absolutely necessary, including virtual wards and virtual care. West Berkshire are represented on the programme board and working together with health partners to implement this programme across the BOB ICS.

'Home First' is supported throughout the hospital discharge process. Reablement is provided where there is a view that it can be impactful. The BCES responds quickly to need and facilitates return to home where possible. In keeping with Principle 5 of the NHS

Improving Hospital Discharge guidelines, Royal Berkshire NHS Foundation Trust work with Local Authority agencies to operate a 'Home First' approach, working first and foremost to return patients to their home with support at home. Wherever possible, we request patients to be supported to return to their home for ongoing assessment. The BW System recognises that accurate description of care is difficult when patient assessments are undertaken in hospital. Improvements have been made in West Berkshire relating to care home admissions. We need to make further improvements to performance relating to discharge to normal place of residence. This focus will continue.

A proportion of people that come through the discharge pathway to the local authority do not result in a reablement package of care but still require significant amounts of work for LA staff in terms of coordinating the restart of an existing package or navigating the care system.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

All available data has been reviewed in order to develop the BCF Plan. Some areas of performance have been kept under review, especially where there have been concerns. We have seen an increase in the number of discharges under Pathway 1. This is linked to bringing forward contractual arrangements with providers of care at home.

We have reduced the total amount of reablement hours delivered as we recognised 'over-prescription' to people without achievable reablement goals. This is reflected in the Capacity and Demand template (tab 3.1 Step-down). It should be noted that we receive a number of referrals through to the Pathway (Demand) which do not result in a new reablement package of care. These could be restarts of existing packages of care and a care co-ordination role by the duty team, and/or social worker involvement in care navigation that may not result in a package of care. This equates to over 300 referrals over a year which creates a significant amount of work for the social care hospital discharge team. Numbers within the Capacity and Demand template relate to activity which we track over time with a percentage increase based on trends seen over time. The data reflects demand from across the Local Authority sector, which includes two acutes which are not in the Local Authority area (Great Western

Hospital, Swindon, and North Hampshire Hospital, Basingstoke). With regard to 'Average LoS/Contact Hours per episode of care', we are now targeting reablement to those that have the greatest potential of recovery. These initial packages are often quite intensive but our aim is to reduce them to minimise ongoing support. We have added in UCR Demand and Capacity into the 3.2 Step-up of the Capacity and Demand template as we see this as a significant part of the service. We have used combined data for Pathways 1 and 3 for 3.1 C&D Step-Down, and data from RBFT for Pathway 2. Gaps remain as follows: C&D 3.1 Step-down LoS for Pathway 2, C&D 3.2 Step-up Contact hours or LoS, Social support (including VCS). We are working with our acute partners to identify this data.

Our goals for performance against the 3 national metrics reflect both our recent performance and the priorities for system partners. Performance has been achieved despite a very challenging backdrop of an ageing population, market pressures and workforce challenges. On that basis, targets are still broadly in line with the current picture. An ongoing commitment to prevention remains and to supporting people to manage their own needs through the provision of intermediate care. Targets have been informed by data shared by partners including the acute settings.

Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

The Local Authority is committed to promoting equity and reducing inequity in a number of ways. We apply an Equity and Inclusion Policy to all of our activities, and key decisions are always informed by an Equity Impact Assessment (EIA). Public Health take a leadership role in undertaking work or commissioning services which contribute to the reduction of health inequalities, and work continues to adopt a Health in All Policies approach across West Berkshire Council.

Due to the tight timescales, we have not conducted formal consultation. However, throughout the year, there is work to understand the position of stakeholders regarding pressures and opportunities which have informed our Plan. The Locality Integration Board is a vital vehicle for consultation and engagement. The membership of the Board includes Housing, Children's Services, Health providers, Primary Care, Pharmacy, Public Health, the voluntary sector and more. The chairmanship is shared by the Local Authority and the ICB. BCF metrics data is regularly reviewed. The Health and Wellbeing Board is another key forum for sharing intelligence and agreeing priorities.

Equality

In planning services delivered through the Better Care Fund, the Local Authority and ICB have regard to the General Duty of the Equality Act 2010 Public Sector Equality Duty, and in particular ensuring that services advance equality of opportunity between people who share and people who do not share a relevant protected characteristic. To this end, Equality Impact Assessments will form part of the decision-making process for any change in the use of Better Care Fund investment and continuation or ceasing of services or projects funded

through the plan, to be reviewed by the Locality Integration Board prior to any recommendation being made to the Health and Wellbeing Board. No such service change has been proposed in the refresh of the plan for 2025/26.

Consultation and Engagement

The Better Care Fund is managed through the Locality Integration Board which is a partnership group involving Healthwatch and members of the voluntary sector, reporting to the Health and Wellbeing Board. The views of the public are sought in respect of specific initiatives and service changes but we have not engaged with the public on the plan refresh itself as the vast majority of schemes are rolling forward for 2025/26.

As partner organisations we are however committed to engaging with the public to support co-production of service change. Public engagement informed the development of the BOB Integrated Care Strategy, which aligns with the Berkshire West Joint Health and Wellbeing Strategy on which the objectives of our Locality Integration Boards (see below) and Better Care Fund plans are based. The ICB is now refreshing its approach to patient engagement as described in our recent Board paper. This describes the importance of involving the public to identify specific needs and co-produce services tailored to them, build trust and improve patient experience by ensuring services continually improve in response to feedback. The paper describes how we will establish an ongoing dialogue with the public and community leaders to ensure all groups can make their voices heard and provides information on engagement activities undertaken during 2024/25.

Reducing inequalities

The BCF plan contributes to the delivery of the objectives of our Joint Health and Wellbeing Strategy, which are as follows.

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

The Locality Integration Board is charged with delivering these priorities, reporting into the Health and Wellbeing Board in both cases. Providers of BCF services are expected to work to address any potential inequalities in access and a number of schemes are also targeted at groups who may potentially be affected by inequalities in access or outcomes, for example Carers funding, Mental Health workers and Mental Health Street Triage.

Through the Locality Integration Board we also work with partners to address the wider determinants of health which may impact different groups inequitably, for example in our voluntary sector.

Unpaid carers

Both the ICB and the Local Authority are committed to supporting unpaid carers, with £821,635 of BCF investment focussing specifically on carers. This includes Carers Information and Advice, respite care, direct payments to carers, sitting services, Stroke Association, Young People with Dementia, and Dementia Care Advisors. We have a Carers group which informs our planning.

BCF Capacity & Demand Template 2025-26

1. Guidance

Overview

This template has been unlocked to allow editing as required. It is optional to submit capacity & demand figures as per this template format and a customised format of this will be accepted.

Note on entering information into this template

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

Data can be input into the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. You should select your HWB from the top of the sheet which will also reveal pre-populated trusts for your area.

2. Once you are satisfied with the information entered the template should be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

3. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority. If your plan has been signed off by the full HWB, or has been signed off through a formal delegation route, select YES. If your plan has not yet been signed off by the HWB, select NO.

3. Capacity and Demand

A full capacity and demand planning document has been shared on the Better Care Exchange, please check this document before submitting any questions on capacity and demand planning to your BCM. Below is the basic guidance for completing this section of the template.

This template follows the same format as last year and so contains all the previously asked for data points including demand (referrals), block and spot capacity, average duration of treatment and time from referral to treat all split by pathway. It is however only required that some form of data points are submitted to show projected demand (disaggregated by step-up and step-down) and capacity for intermediate care and other short term care. The additional data points on average treatment time, time to treat and spot/block capacity split are optional but have remained in case you may find these data points useful.

As with the last capacity and demand update, summary tables have been included at the top of both capacity and demand sheets that will auto-fill as you complete the template, providing and at-a-glance summary of the detail below.

List of data points in template:

3.1 C&D Step-down

Estimates of available capacity for each month of the year for each pathway.
Estimated average time between referral and commencement of service.
Expected discharges per pathway for each month, broken down by referral source.
Estimates of the average length of stay/number of contact hours for individuals on each of the discharge pathways.

3.2 C&D Step-up

Estimated capacity and demand per month for each service type.
Estimated average length of stay/number of contact hours for individuals in each service type for the whole year.

Better Care Fund 2025-26 Capacity & Demand Template

2. Cover

HM Government

Version 1.1 unlocked

Health and Wellbeing Board:	West Berkshire
Completed by:	Kate Toone
E-mail:	kate.toone@westberkshire@gov.uk
Contact number:	01635 519819
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes

Better Care Fund 2025-26 Capacity & Demand Template

3.1. C&D Step-down

Selected Health and Wellbeing Board: West Berkshire

Step-down

Capacity - Demand (positive is Surplus)	Capacity surplus (not including spot purchasing)												Capacity surplus (including spot puchasing)											
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Reablement & Rehabilitation at home (pathway 1)	-15	-29	-30	-41	-47	-24	-36	-24	-37	-19	-10	-20	19	11	11	13	-19	5	3	1	6	34	21	15
Short term domiciliary care (pathway 1)	-22	-15	-12	-28	-27	-17	-17	-12	-18	-20	-22	-23	0	3	1	-1	-2	0	-1	1	0	0	0	-1
Reablement & Rehabilitation in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	-10	-8	-2	0	0	0	0	0	0	0	0	0	-10	-8	-2
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-10	-15	-11	-13	-18	-14	-20	-15	-12	-18	-21	-19	1	1	1	1	1	1	0	1	1	0	0	0

Average LoS/Contact Hours per episode of care	
Full Year	Units
14	Contact Hours per package
10	Contact Hours per package
	Average LoS (days)
	Average LoS (days)
42	Average LoS (days)

Capacity - Step-down		Refreshed planned capacity (not including spot purchased capacity)												Capacity that you expect to secure through spot purchasing											
Service Area	Metric	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	79	64	46	65	47	55	63	57	67	66	59	65	35	40	41	54	27	29	39	25	43	53	32	35
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	2	3	3	3	3	4	2	3	3	3	3	3												
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.													22	18	13	27	25	17	16	13	18	20	22	22
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	7	11	6	6	8	8	8	8	7	7	10	11												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	26	20	17	29	24	26	27	25	37	17	19	25												
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	3	2	3	1	2	4	3	3	2	2	2	2												
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.																								
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)																								
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.													11	16	12	14	19	15	20	16	13	18	21	19
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	27	24	21	19	19	17	16	51	17	11	16	20												

Demand - Step-down		Please enter refreshed expected no. of referrals:											
Pathway	Trust Referral Source	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Expected Step-down:	Total Step-down	**126**	**116**	**97**	**145**	**109**	**101**	**124**	**97**	**122**	**141**	**117**	**122**
Reablement & Rehabilitation at home (pathway 1)	Total	**94**	**93**	**76**	**106**	**94**	**79**	**99**	**81**	**104**	**85**	**69**	**85**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	57	52	38	58	58	45	59	53	53	40	35	46
	OTHER	37	41	38	48	36	34	40	28	51	45	34	39
Short term domiciliary care (pathway 1)	Total	**22**	**15**	**12**	**28**	**27**	**17**	**17**	**12**	**18**	**20**	**22**	**23**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	9	7	6	12	15	5	5	7	7	12	7	9
	OTHER	13	8	6	16	12	12	12	5	11	8	15	14
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**26**	**20**	**17**	**29**	**24**	**26**	**27**	**25**	**37**	**27**	**27**	**27**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	26	20	17	29	24	26	27	25	37	27	27	27
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0
Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST												
	OTHER												
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**10**	**15**	**11**	**13**	**18**	**14**	**20**	**15**	**12**	**18**	**21**	**19**
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	7	6	3	6	9	6	12	7	5	3	3	6
	OTHER	3	9	8	7	9	8	8	8	7	15	18	13

Better Care Fund 2025-26 Capacity & Demand Template

3.2. C&D Step-up

Selected Health and Wellbeing Board: West Berkshire

Step-up **Refreshed capacity surplus:**

Capacity - Demand (positive is Surplus)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	-5	-4	-3	-4	-3	-4	-5	-4	-4	-4	-4	-3
Reablement & Rehabilitation in a bedded setting	1	1	0	0	0	0	1	1	0	0	0	1
Other short-term social care	181	170	139	154	141	166	162	136	182	196	169	159

Average LoS/Contact Hours	
Full Year	Units
	Contact Hours
	Contact Hours
	Average LoS
	Contact Hours

Capacity - Step-up

Please enter refreshed expected capacity:

Service Area	Metric	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Social support (including VCS)	Monthly capacity. Number of new clients.												
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	91	70	62	67	45	80	101	77	75	78	76	56
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	0	0	0	0	1	1	0	0	0	1
Other short-term social care	Monthly capacity. Number of new clients.	181	170	139	154	141	166	162	136	182	196	169	159

Demand - Step-up

Please enter refreshed expected no. of referrals:

Service Type	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Social support (including VCS)												
Reablement & Rehabilitation at home	96	74	65	71	48	84	106	81	79	82	80	59
Reablement & Rehabilitation in a bedded setting												
Urgent Community Response	209	191	158	178	163	181	187	157	210	226	195	183
Other short-term social care												

Better Care Fund 2025-26 Update Template

Data Sharing Statement

HM Government

NHS England

Data sharing Statement
Please see below important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at: https://data.england.nhs.uk/sudgt/ Please provide your submission using the relevant platform as advised in submission and supporting technical guidance. **Purpose of Data Collection** NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations. **Type and Scope of Data** Patient-level data, including identifiable information like NHS numbers, is not required. Data includes finance, activity, workforce, and planning information as specified in the national guidance documents. The BCF planning template is categorized as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk. **Access, Sharing, and Publication** The BCF planning template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests. Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities. External Sharing: Data will be shared with partner organisations and Arms' Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development. Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data). All information is subject to Freedom of Information requests. **Storage and Security** Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements. The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission. **Data Analysis and Use** NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement. Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making. **Concerns** For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net

Better Care Fund 2025-26 Update Template

1. Guidance

HM Government

NHS England

Overview

HWBs will need to submit a narrative plan and a planning template which articulates their goals against the BCF objectives and how they will meet the national conditions in line with the requirements and guidance set out in the table on BCF Planning Requirements (published).

Submissions of plans are due on the 31 March 2025 (noon). Submissions should be made to the national Better Care Fund england.bettercarefundteam@nhs.net and regional Better Care Managers.

This guidance provides a summary of the approach for completing the planning template, further guidance is available on the Better Care Exchange.

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.

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

Data needs inputting in the cell
Pre-populated cells

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Within the BCF submission guidance there will be guidance to support collaborating across HWB on the completion of templates.

Data Sharing Statement

This section outlines important information regarding Data Sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided. Advice on local information governance which may be of interest to ICSs can be seen at https://data.england.nhs.uk/sudgt/ - Please provide your submission using the relevant platform as advised in submission and supporting technical guidance.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off

National condition one outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. This accountability must not be delegated.

Data completeness and data quality:

- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission.

3. Summary

The summary sheet brings together the income and expenditure information, pulling through data from the Income and Expenditure tabs and also the headline metrics into a summary sheet. This sheet is automated and does not require any inputting of data.

4. Income

This sheet should be used to specify all funding contributions to the Health and Wellbeing Boards (HWB) Better Care Fund (BCF) plan and pooled budget for 2025-26. The final planning template will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant and Local Authority Better Care Grant. Please note the Local Authority Better Care Grant was previously referred to as the iBCF. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

Additional Contributions

This sheet also allows local areas to add in additional contributions from both the NHS and LA. You will be able to update the value of any Additional Contributions (LA and NHS) income types locally. If you need to make an update to any of the funding streams, select 'yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information.

Unallocated funds

Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

5. Expenditure

For more information please see tab 5a Expenditure guidance.

6. Metrics

Some changes have been made to the BCF metrics for 2025-26; further detail about this is available in the Metrics Handbook on the Better Care Exchange. The avoidable admissions, discharge to usual place of residence and falls metrics/indicators remain the same. Due to the standing down of the SALT data collection, changes have been made to the effectiveness of reablement and permanent admissions metrics/indicators.

For 2025-26 the planning requirements will consist of 3 headline metrics and for the planning template only the 3 headline metrics will be required to have plans entered. HWB areas may wish to also draw on supplementary indicators and there is scope to identify whether HWB areas are using these indiciators in the Metrics tab. The narrative should elaborate on these headline metrics [and may] also take note of the supplementary indicators. The data for headline metrics will be published on a DHSC hosted metrics dashboard but the sources for each are also listed below:

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions as well as the projection 65+ population figure on monthly basis
- This will then auto populate the rate per 100,000 population for each month

https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supplementary indicators:

Unplanned hospital admissions for chronic ambulatory care sensitive conditions.

Emergency hospital admissions due to falls in people aged 65+.

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This requires inputting the % of total spells where the discharge was on the discharge ready date and also the average length of delay in days for spells where there was a delay.

- A composite measure will then auto calculate for each month described as 'Average length of discharge delay for all acute adult patients'
- This is a new SUS-based measure where data for this only started being published at an LA level since September hence the large number of missing months but early thinking about this metric is encouraged despite the lack of available data.
https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/
Supplementary indicators:
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.
Local data on average length of delay by discharge pathway.

3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)
- This section requires inputting the expected numerator (admissions) of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2024-25. Data for this metric is not yet published, but local authorities will collect and submit this data as part of their SALT returns. You should use this data to populate the estimated data in column H.
- The pre-populated cells use the 23-24 SALT data, but you have an option of using this or local data to use as reference to set your goals.
- The pre-populated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) mid-year population estimates. This is changed from last year to standardize the population figure used.
- The annual rate is then calculated and populated based on the entered information.
https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2023-24
Supplementary indicators:
Hospital discharges to usual place of residence.
Proportion of people receiving short-term reablement following hospital discharge and outcomes following short term reablement.

7. National conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund Policy Framework for 2025-26 (link below) will be met through the delivery of your plan. (Post testing phase: add in link of Policy Framework and Planning requirements)

This sheet sets out the four conditions, where they should be completed and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that the HWB meets expectation. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the four National conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: Implementing the objectives of the BCF
- National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)
- National condition 4: Complying with oversight and support processes
- How HWB areas should demonstrate this are set out in Planning Requirements

Better Care Fund 2025-26 Planning Template

2. Cover

Version 2.0

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

Governance and Sign off

Health and Wellbeing Board:	West Berkshire
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	Yes
If no indicate the reasons for the delay.	
If no please indicate when the HWB is expected to sign off the plan:	

Submitted by:	Paul Coe
Role and organisation:	Executive Director, West Berkshire Council
E-mail:	paul.coe@westberks.gov.uk
Contact number:	07876 391174
Documents Submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative
	C&D National Template

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and Wellbeing Board Chair	Cllr	Heather	Codling	heather.codling1@westberks.gov.uk	
	Health and Wellbeing Board Chair					
Named Accountable person	Local Authority Chief Executive	Mr	Joseph	Holmes	joseph.holmes1@westberks.gov.uk	
	ICB Chief Executive 1	Mr	Nick	Broughton	nick.broughton1@nhs.net	BOB ICB
	ICB Chief Executive 2 (where required)					
	ICB Chief Executive 3 (where required)					
Finance sign off	LA Section 151 Officer	Ms	Shannon	Coleman-Slaughter	shannon.colemanslaughter@westberks.gov.uk	
	ICB Finance Director 1	Mr	Alastair	Groom	Alastair.groom@nhs.net	BOB ICB
	ICB Finance Director 2 (where required)					
	ICB Finance Director 3 (where required)					
Area assurance contacts	Local Authority Director of Adult Social Services	Mr	Paul	Coe	paul.coe@westberks.gov.uk	
	DFG Lead	Mrs	Clare	Lawrence	clare.lawrence1@westberks.gov.uk	
	ICB Place Director 1	Ms	Helen	Clark	helen.clark23@nhs.net	BOB ICB
Please add any additional key contacts who have been responsible for completing the plan	ICB Place Director 2 (where required)					
	ICB Place Director 3 (where required)					

Assurance Statements

National Condition	Assurance Statement	Yes/No	If no please use this section to explain your response
National Condition One: Plans to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Yes	

National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.	Yes	
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	Yes	
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	Yes	
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	Yes	

Data Quality Issues - Please outline any data quality issues that have impacted on planning and on the completion of the plan
The local authority and ICB liaise regularly to compare data and consider any discrepancies. Data does not always align, but partners are able to reach agreement. There are concerns regarding data for metric 8.2 from the acute trusts - the data issues are being investigated.

Better Care Fund 2025-26 Planning Template

3. Summary

Selected Health and Wellbeing Board: West Berkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,562,585	£2,562,585	£0
NHS Minimum Contribution	£14,064,255	£14,064,255	£0
Local Authority Better Care Grant	£994,949	£994,949	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£17,621,789**	**£17,621,789**	**£0**

Expenditure >>

Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£6,418,482
Planned spend	£9,351,222

Metrics >>

Emergency admissions

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	1,354	1,339	1,111	1,324	1,126	1,187	1,309	1,248	1,290	1,293	1,293	1,297

Delayed Discharge

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.37	0.44	0.40	0.54	0.46	0.56	0.57	0.47	0.69	0.57	0.43	0.32

Residential Admissions

		2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	617.8	152.2	152.2	152.2	152.2

Better Care Fund 2025-26 Planning Template

4. Income

Selected Health and Wellbeing Board: West Berkshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
West Berkshire	£2,562,585
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc Local Authority BCF Grant)	**£2,562,585**

Local Authority Better Care Grant	Contribution
West Berkshire	£994,949
Total Local Authority Better Care Grant	**£994,949**

Are any additional LA Contributions being made in 2025-26? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£14,064,255
Total NHS Minimum Contribution	**£14,064,255**

Are any additional NHS Contributions being made in 2025-26? If yes, please detail below	No

Additional NHS Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£14,064,255**	

	2025-26
Total BCF Pooled Budget	**£17,621,789**

Funding Contributions Comments Optional for any useful detail
No further comments

Better Care Fund 2025-26 Planning Template

5. Expenditure

Selected Health and Wellbeing Board: West Berkshire

<< Link to summary sheet

	2025-26		
Running Balances	Income	Expenditure	Balance
DFG	£2,562,585	£2,562,585	£0
NHS Minimum Contribution	£14,064,255	£14,064,255	£0
Local Authority Better Care Grant	£994,949	£994,949	£0
Additional LA contribution	£0	£0	£0
Additional NHS contribution	£0	£0	£0
Total	**£17,621,789**	**£17,621,789**	**£0**

Required Spend

This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).

	2025-26		
	Minimum Required Spend	Planned Spend	Unallocated
Adult Social Care services spend from the NHS minimum allocations	£6,418,482	£9,351,222	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes

Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Source of Funding	Expenditure for 2025-26 (£)	Comments (optional)
1	Long-term residential or nursing home care	Protecting Adult Social Care - Residential & Nursing	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 2,189,533	Provider - also includes Local Authority
2	Long-term home-based social care services	Protecting Adult Social Care - Home Care	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 1,358,335	
3	Long-term home-based social care services	Protecting Adult Social Care - Home Care	1. Proactive care to those with complex needs	Social Care	Private Sector	Local Authority Better Care Grant	£ 203,500	
4	Long-term home-based social care services	Protecting Adult Social Care - Supported Living	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 1,022,438	
5	Support to carers, including unpaid carers	Protecting Adult Social Care - Carers	3. Supporting unpaid carers	Social Care	Private Sector	NHS Minimum Contribution	£ 821,635	
6	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Protecting Adult Social Care - Reablement	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 489,589	
7	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Protecting Adult Social Care - Reablement	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 307,300	Provider - also includes Private Sector
8	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Protecting Adult Social Care - JCP	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 1,294,171	Provider - also includes Local Authority
9	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Protecting Adult Social Care - JCP	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 217,199	
10	Other	Locality Lead	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 101,000	
11	Discharge support and infrastructure	DTOC Projects - Mental Health Link Worker	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 60,000	

12	Discharge support and infrastructure	DTOC Projects - Mental Health Link Worker	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 7,080	
13	Discharge support and infrastructure	DTOC Projects - EDT ICS Hospital Discharge / Avoidance Service	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	Local Authority Better Care Grant	£ 6,000	
14	Other	BCF Data Analyst	5. Timely discharge from hospital	Social Care	Local Authority	NHS Minimum Contribution	£ 29,000	
15	Other	BCF Data Analyst	5. Timely discharge from hospital	Social Care	Local Authority	Local Authority Better Care Grant	£ 12,500	
16	Wider support to promote prevention and independence	IMHA and Veterans	1. Proactive care to those with complex needs	Social Care	Private Sector	NHS Minimum Contribution	£ 51,550	
17	Evaluation and enabling integration	Recruitment & Retention	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	NHS Minimum Contribution	£ 259,380	
18	Assistive technologies and equipment	Preventative technologies	2. Home adaptations and tech	Social Care	Private Sector	NHS Minimum Contribution	£ 95,000	
19	Assistive technologies and equipment	Admission avoidance / falls prevention	2. Home adaptations and tech	Social Care	Private Sector	NHS Minimum Contribution	£ 114,538	
20	Wider local support to promote prevention and independence	Integrated Neighbourhood Teams	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	NHS Minimum Contribution	£ 60,000	
21	Discharge support and infrastructure	LA Discharge funding	5. Timely discharge from hospital	Social Care	Private Sector	Local Authority Better Care Grant	£ 188,450	
22	Discharge support and infrastructure	Enhanced LA Discharge	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 68,884	
23	Discharge support and infrastructure	ICB Discharge funding for LA	5. Timely discharge from hospital	Social Care	Private Sector	NHS Minimum Contribution	£ 1,389,089	
24	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	BHFT Contract	5. Timely discharge from hospital	Acute	NHS Community Provider	NHS Minimum Contribution	£ 1,044,670	
25	Other	BW PMO	4. Preventing unnecessary hospital admissions	Community Health	NHS	NHS Minimum Contribution	£ 87,229	
26	Other	Contribution to wider intermediate care services	4. Preventing unnecessary hospital admissions	Community Health	NHS	NHS Minimum Contribution	£ 68,884	
27	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Care Homes (RRAT) (ICB Hosted scheme)	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 514,721	
28	Urgent community response	SCAS falls and frality (ICB Hosted scheme)	4. Preventing unnecessary hospital admissions	Community Health	NHS	NHS Minimum Contribution	£ 27,459	
29	Wider local support to promote prevention and independence	Street Triage (ICB Hosted scheme)	4. Preventing unnecessary hospital admissions	Mental Health	NHS Mental Health Provider	NHS Minimum Contribution	£ 70,725	
30	Other	Connected Care (ICB hosted)	1. Proactive care to those with complex needs	Other	NHS	NHS Minimum Contribution	£ 285,000	
31	Wider local support to promote prevention and independence	Out of Hospital Services - Speech & Language Therapy	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 88,396	
32	Discharge support and infrastructure	Out of Hospital Services -Care Home in reach	1. Proactive care to those with complex needs	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 364,294	
33	Discharge support and infrastructure	Out of Hospital Services - Community Geriatrician	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 199,558	

34	Discharge support and infrastructure	Out of Hospital Services - Intermediate Care - Discharge Services	5. Timely discharge from hospital	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 629,480	
35	Wider local support to promote prevention and independence	Out of Hospital Services - Health Hub	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 462,059	
36	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Out of Hospital Service - Intermediate Care night sitting, rapid response	4. Preventing unnecessary hospital admissions	Community Health	NHS Community Provider	NHS Minimum Contribution	£ 870,558	
37	DFG related schemes	DFG related schemes	2. Home adaptations and tech	Social Care	Private Sector	DFG	£ 2,562,585	

5a. Expenditure Guidance

Guidance for completing Expenditure sheet

How do we calcute the ASC spend figure from the NHS minimum contribution total?

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

The requirement to identify which primary objective scheme types are supporting is intended to provide richer information about the services that the BCF supports. Please select [from the drop-down list] the primary policy objective which the scheme supports. If more than one policy objective is supported, please select the most relevant. Please note The Local Authority Better Care Grant was previously referred to as the iBCF.

On the expenditure sheet, please enter the following information:
1. Scheme ID:
- Please enter an ID to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Activity:
- Please select the Activity from the drop-down list that best represents the type of scheme being planned. These have been revised from last year to try and simplify the number of categories. Please see the table below for more details.
3. Description of Scheme:
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.
4. Primary Objective:
- Sets out what the main objective of the scheme type will be. These reflect the six sub objectives of the two overall BCF objectives for 2025-26. We recognise that scheme may have more than one objective. If so, please choose one which you consider if likely to be most important.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
6. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
7. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the NHS or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.
8. Expenditure (£)2025-26:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
9. Comments:
Any further information that may help the reader of the plan. You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance.

2025-26 Revised Scheme Types

Number	Activity (2025-26)	Previous scheme types (2023-25)	Description
1	Assistive technologies and equipment	Assistive technologies and equipment Prevention/early intervention	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	Housing related schemes Prevention/early intervention	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

3	DFG related schemes	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Prevention/early intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing
5	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Home-based intermediate care services Home care or domiciliary care Personalised care at home Community based schemes	Includes schemes which provide support in your own home to improve your confidence and ability to live as independently as possible Also includes a range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Personalised care at home	Short-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period.
7	Long-term home-based social care services	Personalised care at home	Long-term schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient or to deliver support over the longer term to maintain independence.
8	Long-term home-based community health services	Community based schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Bed-based intermediate care services (reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
10	Long-term residential or nursing home care	Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	High Impact Change Model for Managing Transfer of Care	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Personalised care at home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home for end of life care.
13	Support to carers, including unpaid carers	Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
14	Evaluation and enabling integration	Care Act implementation and related duties Enablers for integration High Impact Change Model for Managing Transfer of Care Integrated care planning and navigation Workforce recruitment and retention	Schemes that evaluate, build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Schemes may include: - Care Act implementation and related duties - High Impact Change Model for Managing Transfer of Care - where services are not described as "discharge support and infrastructure" - Enablers for integration, including schemes that build and develop the enabling foundations of health, social care and housing integration, and joint commissioning infrastructure. - Integrated care planning and navigation, including supporting people to find their way to appropriate services and to navigate through the complex health and social care systems; may be online or face-to-face. Includes approaches such as Anticipatory Care. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated plans, typically carried out by professionals as part of an MDT. - Workforce recruitment and retention, where funding is used for incentives or activity to recruit and retain staff or incentivise staff to increase the number of hours they work.
15	Urgent Community Response	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.

17	Other	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2025-26 Planning Template

6. Metrics for 2025-26

Selected Health and Wellbeing Board: West Berkshire

8.1 Emergency admissions

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,370	1,354	1,126	1,339	1,141	1,202	1,324	1,263	n/a	n/a	n/a	n/a	We are working with system partners to further understand and agree how can this can be further improved. We recognise locally that we have an ageing population which will continue present pressures to admissions. A key area of challenge is ensuring that non-elective admissions do not increase, which we will seek to address through the plan, including the investment in the workforce and technology. We have proactively monitored the 2 supporting indicators from our 2024/25 plan;
	Number of Admissions 65+	450	445	370	440	375	395	435	415	n/a	n/a	n/a	n/a	
	Population of 65+*	32,857	32,857	32,857	32,857	32,857	32,857	32,857	32,857	n/a	n/a	n/a	n/a	
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
	Rate	1,354	1,339	1,111	1,324	1,126	1,187	1,309	1,248	1,290	1,293	1,293	1,297	
	Number of Admissions 65+	445	440	365	435	370	390	430	410	424	425	425	426	
	Population of 65+	32,857	32,857	32,857	32,857	32,857	32,857	32,857	32,857	32,857	32,857	32,857	32,857	

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Unplanned hospital admissions for chronic ambulatory care sensitive conditions. Per 100,000 population.	Rate	Yes
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Rate	Yes

8.2 Discharge Delays

*Dec Actual onwards are not available at time of publication

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual	Rationale for how local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	1.22	0.91	0.72	n/a	n/a	n/a	n/a	We are working with system partners to be clear about any potential delays to discharges and how these can be expediated. We are now tracking these metrics which will be reviewed regularly by our Locality Integration Board and H&WB Board.
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	75.6%	78.3%	78.9%	n/a	n/a	n/a	n/a	

For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	5.0	4.2	3.4	n/a	n/a	n/a	n/a	For those patients requiring hospitalisation we recognise that it is important that lengths of stay are minimised and discharges are timely. This is particularly important for the vulnerable cohorts of patients requiring ongoing social care support post discharge. The BCF plans will help support a reduction in the number of patients not meeting the criteria to reside for patients on pathways 1 and 3. Areas of focus include: •Strong home first ethos. •Hospital Liaison teams aligned to the Hospital Discharge Team. •Effective reablement pathways.
	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	
Average length of discharge delay for all acute adult patients	0.37	0.44	0.40	0.54	0.46	0.56	0.57	0.47	0.69	0.57	0.43	0.32	
Proportion of adult patients discharged from acute hospitals on their discharge ready date	89.2%	86.8%	87.4%	86.5%	87.8%	85.9%	85.0%	84.9%	85.6%	85.3%	89.0%	90.9%	
For those adult patients not discharged on DRD, average number of days from DRD to discharge	3.40	3.30	3.20	4.00	3.80	4.00	3.80	3.10	4.80	3.90	3.90	3.50	

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.	Number of patients	Yes
Local data on average length of delay by discharge pathway.	Number of days	Yes

8.3 Residential Admissions

		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4		Rationale for how the local goal for 2025-26 was set. Include how learning and performance to date in 2024-25 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	648.3	648.3	617.8	152.2	152.2	152.2	152.2		Our plan for 2023/24 was 213. We are on track to meet target. A high proportion of new admissions in West Berkshire (65%) continue to relate to people coming out of hospital pathway but numbers of new admissions from hospital
	Number of admissions	213	213	203	50	50	50	50		
	Population of 65+*	32,857	32,857	32,857	32,857	32,857	32,857	32,857		

Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population are based on a calendar year using the latest available mid-year estimates.

Supporting Indicators		Have you used this supporting indicator to inform your goal?
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence[7]	Percentage	Yes
The proportion of people who received reablement during the year, where no further request was made for ongoing support	Rate	Yes

Better Care Fund 2025-26 Update Template

7: National Condition Planning Requirements

Health and wellbeing board: West Berkshire

National Condition	Planning expectation that BCF plan should:	Where should this be completed	HWB submission meets expectation	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	Planning Template - Cover sheet Narrative Plan - Overview of Plan	Yes		
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Planning Template - Cover sheet	Yes		
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	Planning Template - Cover sheet	Yes		
2. Implementing the objectives of the BCF	Set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money	Narrative Plan - Section 2	Yes		
	Set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans	Planning Template - Metrics	Yes		
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Narrative Plan - Section 2	Yes		
	Following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)	Narrative Plan - Section 2	Yes		
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Planning Template - Expenditure	Yes		
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care				
4. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Planning Template - Cover	Yes		
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	Narrative Plan - Executive Summary	Yes		

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Response to the LGA Review of the Health and Wellbeing Board

Report being considered by:	Health and Wellbeing Board
On:	24 September 2025
Report Author:	Gordon Oliver
Report Sponsor:	Dr Matt Pearce
Item for:	Decision

1. Purpose of the Report

This report presents the findings of the Local Government Association (LGA) review of the West Berkshire Health and Wellbeing Board, and sets out proposals for how the Board could revise its governance arrangements and working practices in response to the feedback received.

2. Recommendation(s)

For the Board to:

- Endorse the proposed changes to its governance arrangements and working practices as set out in Section 6 of this report and agree that these be referred to Council for final approval.

- Be informed that the proposed changes will require amendments to the Council's Constitution, the final wording of which will be delegated to the Monitoring Officer in consultation with the Constitution Review Task Group.

3. Implications

Implication	Commentary
Financial:	There are no financial implication for West Berkshire Council arising from this report, since all recommendations can be delivered from existing budgets.
Human Resource:	There are no HR implications for West Berkshire Council arising from this report, since all recommendations can be delivered with existing staff resources.
Legal:	There are no legal implications for West Berkshire Council arising from this report. The Health and Wellbeing Board will continue to discharge its statutory obligations as before.

Risk Management:	There are no additional risks for West Berkshire Council arising from this report.			
Property:	None			
Policy:	If implemented, the approach outlined in this report will support the aims and objectives of the NHS Long-Term Plan and the Berkshire West Health and Wellbeing Strategy.			
	Positive	**Neutral**	**Negative**	**Commentary**
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		This report does not propose any decisions with significant equality implications. Impacts will be considered and assessed as and when specific future actions are agreed by the Health and Wellbeing Board and its partners.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		This report does not propose any decisions with significant implications for people with protected characteristics. Impacts will be considered and assessed as and when specific future actions are agreed by the Health and Wellbeing Board and its partners.
Environmental Impact:		X		There are no environmental impacts arising directly from this report.

Health Impact:	X			Although there are no direct health impacts arising from this report, if adopted the proposals will help to ensure that the Board adopts an evidence based approach to identifying priorities for action. Also, by developing a strategic partnership that focuses on a limited number of priorities at any given time, this will help the Board to 'move the dial' on addressing health inequalities and improving population health
ICT Impact:		X		There are no ICT impacts arising directly from this report.
Digital Services Impact:	X			The report proposes to improve online information provision about the Health and Wellbeing Board (possibly through a micro-site), including an interactive version of the performance dashboard, links to the JSNA, PNA, and the Health and Wellbeing Strategy and associated delivery plan.
Council Strategy Priorities:	X			The proposals will support objectives under Priority 2 of the Council Strategy, including, particularly: 2A. Prioritise support for those who need it most 5B. Help our residents to lead fulfilled and active lives
Core Business:		X		This is considered BAU activity.
Data Impact:		X		There are no data impacts associated with this report.

Consultation and Engagement:	The following have been consulted on the report: • Members of the LGA Review Task and Finish Group • WBC Corporate Board • WBC Executive Briefing • Health and Wellbeing Board Steering Group

4. Executive Summary

4.1 The Local Government Association was invited to undertake a review of the Health and Wellbeing Board's governance and working practices to evaluate its effectiveness in improving the health and wellbeing of the local population and reducing health inequalities and make recommendations for improvement.

4.2 The LGA undertook interviews with HWB Members and other stakeholders. The intelligence gathered in those conversations was then triangulated and compared with best practice and understanding of what makes for an effective HWB. A workshop was arranged for the LGA to provide feedback and for HWB/Steering Group Members to reflect on the findings.

4.3 A Task and Finish Group was set up to consider the outputs from the workshop and to develop a roadmap setting out the steps that the Board could take in response to the feedback received. Their recommendations form the basis for this report.

5. Supporting Information

5.1 At its meeting on 11 July 2024, the Board agreed that is should undertake a review of its governance arrangements and working practices with the aim of increasing its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities.

5.2 The Local Government Association (LGA) has a support offer for Health and Wellbeing Boards. This provides an opportunity for them to refocus their purpose, strengthen their role in the new health system architecture, and operate effectively within this context.

5.3 The LGA was approached and confirmed that they would have capacity to support a review of the West Berkshire HWB, and at the meeting on 12 September 2024, the Board agreed the brief for the review.

5.4 The LGA undertook a series of interviews with HWB Members and other key stakeholders between December 2024 and February 2025, and a workshop was subsequently arranged for 3 April 2025, where the LGA provided its feedback and HWB/Steering Group Members reflected on the findings.

5.5 The LGA proposed themes for further exploration and a number of 'top tips' across areas such as:

(1) Leadership

(2) Purpose and focus

(3) Making a difference

(4) Partnership working

(5) Governance

(6) Capacity and resourcing

(7) Making the geography work

5.6 Further detail on the LGA's feedback is provided in Appendix A.

5.7 There was widespread support for the LGA's findings amongst those attending the workshop, and there was a strong desire from all partners to make the Board more effective. A summary of the main points raised at the workshop is provided below:

- The Board needed to become more of a strategic partnership that actively drives population health.
- It was agreed that the Board needed to be able to demonstrate additional impacts of partners coming together.
- All Board members need to be actively engaged in shaping meeting agendas, and the HWB should have a 12 month forward plan.
- There was agreement that there should be fewer formal committee meetings, and more informal meetings/workshops since these were felt to be more productive and impactful in terms of exploring options and potential course of action.
- Members expressed a dislike of the formality of meeting in the Council Chamber and livestreaming meetings, since this was felt to stifle participation, open exchanges of views, challenge and debate.
- It was suggested that the Board should have a focus on a small number of priorities at any given time in order to drive meaningful change, possibly focusing on a different theme at each meeting.
- There was widespread agreement that the Board should be driven by data, with activity informed by the JSNA, intelligence from Healthwatch and other patient forums, and recommendations arising from the findings of Health Scrutiny reviews, etc.
- Updating the JSNA was seen as a top priority – this would be used to inform the update of the Health and Wellbeing Strategy Delivery Plan.
- It was felt that the Board should be more creative, and solutions focused, rather than policing performance.
- There was widespread agreement that reports should be for decision, with other reports to be circulated outside of meetings, or included in agenda packs for information only and not discussed.

- It was agreed that the current governance model was overly complicated and that the role of the HWB Steering Group/Sub-Groups needed to be audited and rationalised and linked to priorities.

- It was recognised that there needed to be stronger relationships between the Board and its sub-groups.

5.8 A task and finish group was set up to consider the outputs from the workshop and to develop a roadmap setting out the steps that the Board could take in response to the feedback received. Members of the Task and Finish Group included:

- Councillor Heather Codling (Chairman of Health and Wellbeing Board)
- Dr Matt Pearce (Director of Public Health)
- Dr Janet Lippett (Chief Medical Officer, Royal Berks NHS Foundation Trust)
- Helen Clark (Associate Director of Place (Berkshire West), BOB ICB)
- Rachel Peters (CEO, Volunteer Centre West Berkshire)
- Fiona Worby (Lead Officer, Healthwatch West Berkshire)

6. Proposal(s)

6.1 The Task and Finish Group helped to inform the proposal as set out below:

- The development of a Health and Wellbeing Board Compact that defines the shared principles and jointly set expectations for how West Berkshire Health and Wellbeing Board members will work collectively as a strategic partnership to drive meaningful action and achieve the vision of its Joint Health and Wellbeing Strategy.

- It is proposed to move from five formal HWB meetings per year to three – these will be in-person and relatively brief, being focused on reports where formal decisions are required.

- Given that the HWB is a committee of Council, meetings will be required to take place in public, with publication of formal agendas and minutes. It is proposed that members of the public will be still able to ask formal questions, but meetings will not be live streamed. Alternative meeting venues will be explored, to address concerns about the formality of the Council Chamber, but any venue will need to have sufficient capacity and be accessible to the public.

- Formal HWB meetings will be followed by informal strategic meetings focused on the ‘plan–do–review’ cycle in relation to agreed priorities, and on the efficacy of partnership working arrangements.

- In addition, there will be informal deep-dive workshops in between HWB meetings, which will bring in additional partners and stakeholders – these will be focused on discussing barriers and challenges related to the agreed priorities, sharing best practice and building on evidence-based approaches, as well as seeking to develop innovative solutions.

- The membership of the Health and Wellbeing Board will be updated to ensure sufficient seniority that can lead system change, reduce duplication of representatives across organisations, be more agile and focused, and ensure greater parity. The proposed membership list can be found in Appendix B and would be subject to agreement by the board. This includes the appointment of the Executive Director for Place being a board member, recognising the critical importance of the built environment and place sharing in health creation. The proposed format of deep dive workshops will ensure continued engagement with wider council officers and stakeholders

- The JSNA will be updated and will be used to identify a longlist of priorities from which priorities will be agreed. Ideally, these priorities will be integrated into the Joint Forward Plan to ensure efforts are focused across NHS partners as well as Public Health.

- Once the priorities are agreed, sub-groups (either existing or new) will be tasked with developing a delivery plan and brought back to the March meeting (or earlier if possible).

- An outcomes dashboard will be created to demonstrate the impact of agreed measures in the delivery plans. This will require 'live' data from the NHS and other partners to supplement national datasets, which tend to experience a significant time-lag in reporting.

- It is proposed that options be explored to make more effective use of the Better Care Fund to support delivery of the agreed priorities.

- The HWB sub-groups will be reviewed. rationalised and restructured to align with the agreed priorities. Some of the sub-groups are statutory and therefore must be retained (e.g., Building Together Partnership), but most are discretionary – the Sub-Groups will be audited to confirm what additional value they are adding, with completed workstreams handed over to partners to be integrated into BAU activity wherever possible. Remaining sub-groups will become more like task and finish groups, with membership flexing as priorities change over time.

- It is proposed that the HWB Steering Group be disbanded, with sub-groups reporting directly to the Board through the informal partnership meetings and workshops.

- There will be a focus on raising the public profile of the Board, including:

    - A regular newsletter for stakeholders (and possibly residents)

    - Improving online information provision about the Board, including an interactive version of the performance dashboard, links to the JSNA, PNA, and the Health and Wellbeing Strategy/delivery plan.

    - An annual conference to update stakeholders and residents on the previous year's activities, and priorities for coming year, including workshop sessions.

6.2 Since the Health and Wellbeing Board is designated as a committee of West Berkshire Council, the proposed changes will need to go to a meeting of Council for final approval. These changes will require amendments to the Council's Constitution, and it is proposed that the final wording of be delegated to the Monitoring Officer in consultation with the Constitution Review Task Group.

7. Options Considered

7.1 The Board could decide to carry on with the current arrangements, but this would not respond to the points raised through the LGA review and the associated workshop.

7.2 Various options were considered around the number and format of meetings, but it was considered that three meetings per year would strike an appropriate balance between openness and partnership efficacy.

8. Conclusion(s)

The proposed approach will help to make the Health and Wellbeing Board more effective in working together to drive improvements in population health.

9. Appendices

Appendix A – LGA Review Slide Deck

Appendix B – Revised membership of the Health and Wellbeing Board

Background Papers:

None

Joint Health and Wellbeing Strategy Priorities Supported:

The proposals will support the following priorities:

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by helping the Board to move towards being a more effective strategic partnership with a clearer focus on priorities, delivery and outcomes.

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Appendix A:

West Berkshire Health and Wellbeing Board

Workshop – 3rd April 2025

Steve Bedser, Contractor, Local Government Association
Kay Burkett, Senior Adviser, Local Government Association

Agenda

1. Welcome and introductions
2. Scope and objectives
3. Summary of feedback from conversations
4. Best practice – Health & Wellbeing Board Guide and Top Tips
5. Group discussions
6. Priorities for future joint action
7. Summary and next steps
8. Closing remarks from Health & Wellbeing Board Chair

Scope

- The LGA were invited to provide support to the Health and Wellbeing Board in West Berkshire
- We met with the Director of Public Health (DPH), Council Leader and Health and Wellbeing Board (HWB) chair to discuss and agree the scope of the review
- A series of conversations took place with key partners & stakeholders
- The intelligence gathered in those conversations was then triangulated and compared with national understanding of what makes for an effective HWB
- The Guide for Health and Wellbeing Boards and Top Tips has been used as a framework for the feedback
- A workshop to help the HWB discuss next steps

Workshop Aim and Objectives

Aim: To consider how the West Berkshire Health and Wellbeing Board (HWB) needs to operate as a strategic partnership to make a positive impact on the health and wellbeing of residents

Objectives:

- To discuss and agree the purpose, role/s and focus of the HWB in the context of the area and wider system/geography
- To reflect on the feedback from conversations to inform the discussion
- To agree ways of working as partners and with other stakeholders – including communities
- Agree next steps and actions

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Summary of discussions

Summary from discussions

- Many stakeholders expressed the view that the Health & Wellbeing Board (HWB) wasn't fulfilling its potential as a strategic partnership or making a difference
- Stakeholders expressed a high level of ambition for, and commitment to, what could be achieved, going forward
- Partners were open to doing more at the HWB, subject to the Board being developed appropriately
- Not all stakeholders were clear about the purpose, vision and priorities of the HWB, and some stakeholders expressed concern about the number of sub-groups operating in the name of the HWB
- We heard concern about the content of HWB agendas, including the perception that many agenda items had already been discussed and decided elsewhere, leaving little purpose for the item coming to the HWB at all
- We heard concerns about partnership working between key partners, the council and ICB

Themes to explore

- The HWB needs to be able to collectively describe how it exercises its leadership and impact in addressing the challenges and opportunities within the Joint Health & Wellbeing Strategy
- Having established clarity about leadership, the next priority for the HWB is to revisit its purpose and focus, so that there is a clearer and widely owned definition of why the HWB exists and what its top priorities are at each given time.
- Once Leadership and Purpose and Focus are set fair, the HWB should make sure that it can confidently articulate what is about - and over time the difference it is making to promote wider stakeholder working
- The culture of the HWB needs to evolve from a committee of council towards a strategic partnership of place, much of which will be implicit as the work on leadership, ways of working as partners, purpose, focus and making a difference evolves
- This will include revisiting governance arrangements (making sure that the membership is right) and sense checking that partners and wider stakeholders are playing their part – depending on each of the priorities, to maximise capacity and capability; the resourcing to support the HWB
- Geography is always complicated, as is the interface with different layers of the NHS, but there is particular challenge in West Berkshire which needs to be acknowledged and worked through.
- How the ambition and priorities of partners in West Berkshire are aligned and reconciled within the ICB footprint

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Best practice – What makes an effective Health and Wellbeing Board

WHAT MAKES AN EFFECTIVE HEALTH AND WELLBEING BOARD (HWB)

STATUTORY RESPONSIBILITIES

HWBs continue to be responsible for the Joint Strategic Needs Assessment (JSNA), publishing a Joint Health & Wellbeing Strategy, developing a Pharmaceutical Needs Assessment, Better Care Fund

LEADERSHIP

The ultimate success of a HWB revolves around leadership. In the context of a HWB, leadership is a team sport. The business of leading a HWB is a shared endeavour and system leaders and anchor institutions all need to be accountable for the leadership contribution they make.

PURPOSE AND FOCUS

HWBs need to be clear about their primary purpose to drive hard on the wider determinants of health, thereby reducing health inequality. HWBs should elevate a preciously small number of shared and agreed priorities above and beyond business as usual. HWB outcomes are for the medium- and long-term. There are no quick fixes, just the need for laser focus and dogged determination.

MAKING A DIFFERENCE

HWBs need to be clear how they are making a difference and be able to confidently articulate that difference to itself, constituent organisations, wider stakeholders and the population it serves.

WHAT MAKES AN EFFECTIVE HEALTH AND WELLBEING BOARD

PARTNERSHIP WORKING

Despite its technical status as a committee of council, HWBs are strategic partnerships and should be a place of strategic action, amongst leaders in place. HWBs will not be able to achieve their intended potential unless there are strong partnerships within and outside the council that hosts them at system, place and neighbourhood levels

GOVERNANCE

Clarity of purpose and understanding the surrounding partnership landscape is key to HWB success. HWBs fail when they behave like committees of council or fail to recognise the boundary that lies between them and Health Overview and Scrutiny (HOS). Getting the right people in the room, to have the right conversations, with the right frequency is something that requires deliberate and continual effort

CAPACITY AND RESOURCING

The potential of a high functioning HWB is immense, but it is impossible to achieve that potential without adequate resourcing. In all scenarios, there is a strong spend to save rationale, and the investment required needs to be recognised by all anchor institutions in place.

TOP TIPS

MAKING THE GEOGRAPHY WORK

- Partners will work across different geographies and understanding what this means for each place is needed to know where priorities/actions are being driven and achieved
- In some areas there will be combined authorities and devolution and HWBs need to agree effective ways of working for their context
- HWBs should see one of their key roles as orchestrating what needs to happen to achieve the priorities agreed in the Joint Health & Wellbeing Strategy

CLARITY OF ROLE

- Effective HWBs have a shared understanding of the role/s and purpose of the board and what it is trying to achieve as set out in its Joint Health and Wellbeing Strategy
- With the emergence of Health & Care Partnerships/Place/Locality Committees of the ICB in each area, it is even more important that there is a shared understanding of the distinctive role of the HWB
- Effective places work so that HWBs focus on the wider/social determinants of health with place/locality health & care partnerships (under ICS structures) focusing on ill-health/health & social care integration. A collaborative approach should be taken for the HWB to sign off the Better Care Fund (BCF)

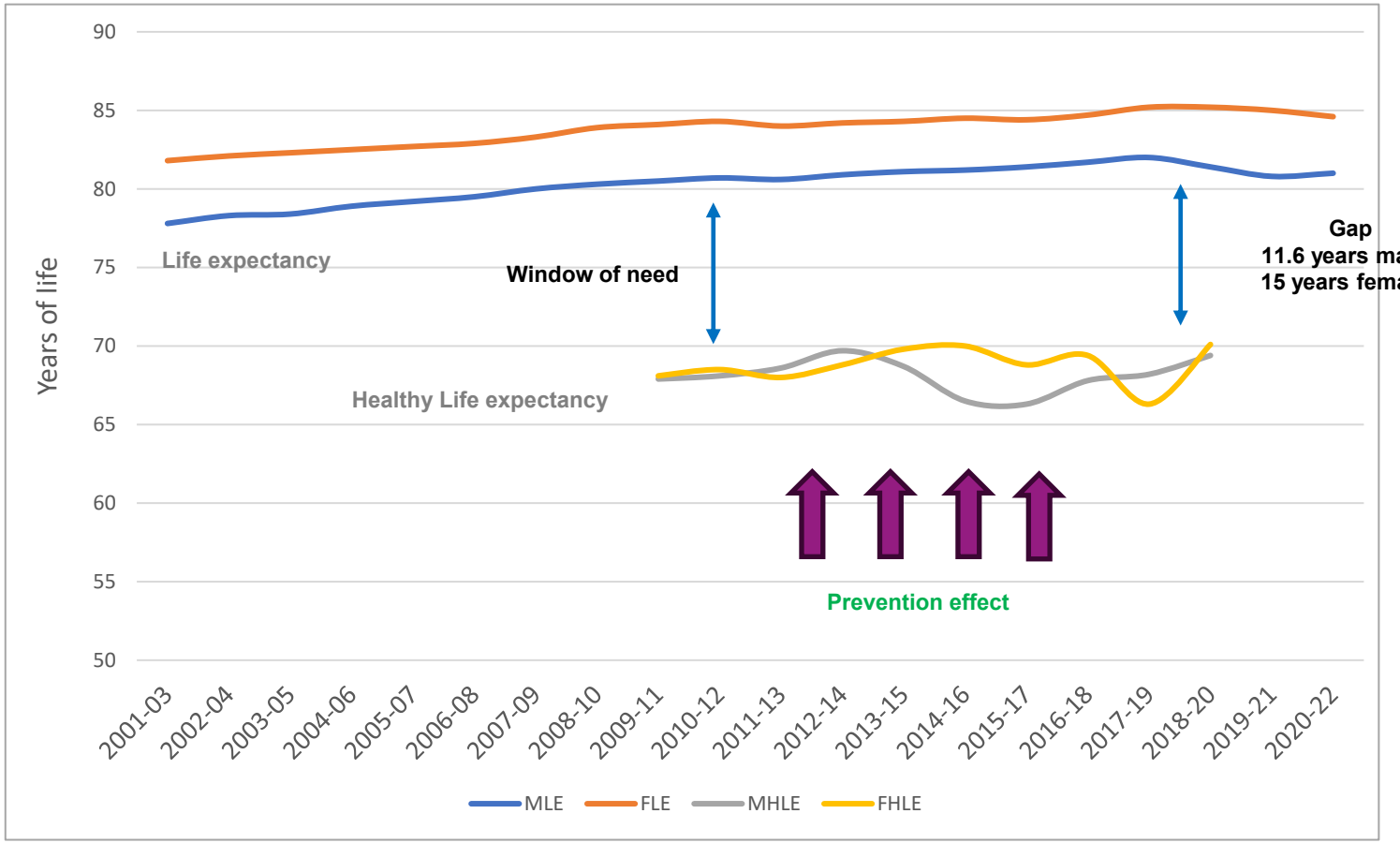
PARTNERSHIP WORKING

- Recognition of the importance of ongoing efforts to build and maintain relationships and trust
- Find ways to offer each other constructive challenge without damaging relationships
- Decide how you will measure the effectiveness of the Health & Wellbeing Board as a strategic partnership and review this regularly together
- Devote real time to ways of working as partners development as part of your annual meeting planning
- Think about the Health & Wellbeing Board as being at the centre of a network rather than just a meeting
- Ensure there is effective officer support to the board that goes beyond clerking the meetings
- Form follows function

The art of the possible

Matt Pearce
Director of Public Health

Why are we here?



Our call to action?

2 out of 24 wards have lower life expectancy than England

77.5 years

Thatcham NE

Average 81.3 yrs

89.4 years

Pangbourne

=

11.9 years

1 out of 24 wards have lower life expectancy than England

80.1 years

Thatcham NE

Average 84.8yrs

89.2 years

Downlands & Aldermaston

=

9.1 years

Our key health challenges

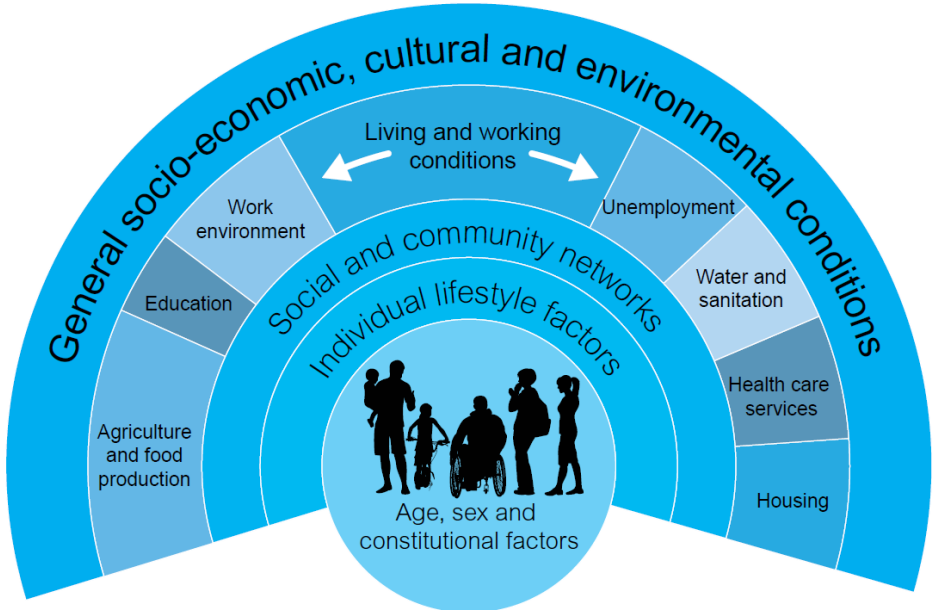
Where we benchmark poorly….

- Gap in the employment rate between those in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate
- Emergency hospital admissions for self harm (all ages)
- Estimated Diabetes Diagnosis rate
- NHS Health Checks – offered and take up
- Campylobacter incidence rate/100,000
- Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over)
- 31% of children and young people inactive
- Percentage of adults cycling for travel at least 3 times per week
- HIV testing rate per 100,000
- Children in care immunisations
- % of pupils with special educational needs

Beyond the average….

- 83,611 (65.3%) adults are overweight or obese
- 7,000 (7.5%) adults with diabetes (2,171 undiagnosed),
- 13,500 adults with pre-diabetes
- 25,000 (20%) adults have high blood pressure (14,000 undiagnosed)
- 35,000 adults in Berkshire are living with two or more Long term conditions
- 25,608 (20%) inactive adults
- 1 in 4 Reception children overweight or obese
- 1 in 3 Year 6 children overweight or obese
- 1 in 6 children (aged 5) have decayed or missing teeth
- 16,702 adults have a common mental health disorder
- 30% of adults in West Berkshire drinking above NHS Guidelines
- 5,500 (11%) dwellings fail to meet the minimum standard for housing (HHSRS Cat 1)
- 12,400 adults smoke (9.4%)

Why have a health and wellbeing board?

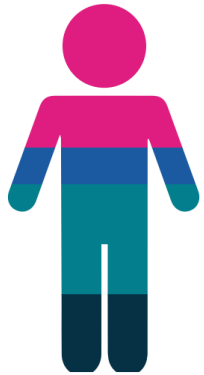


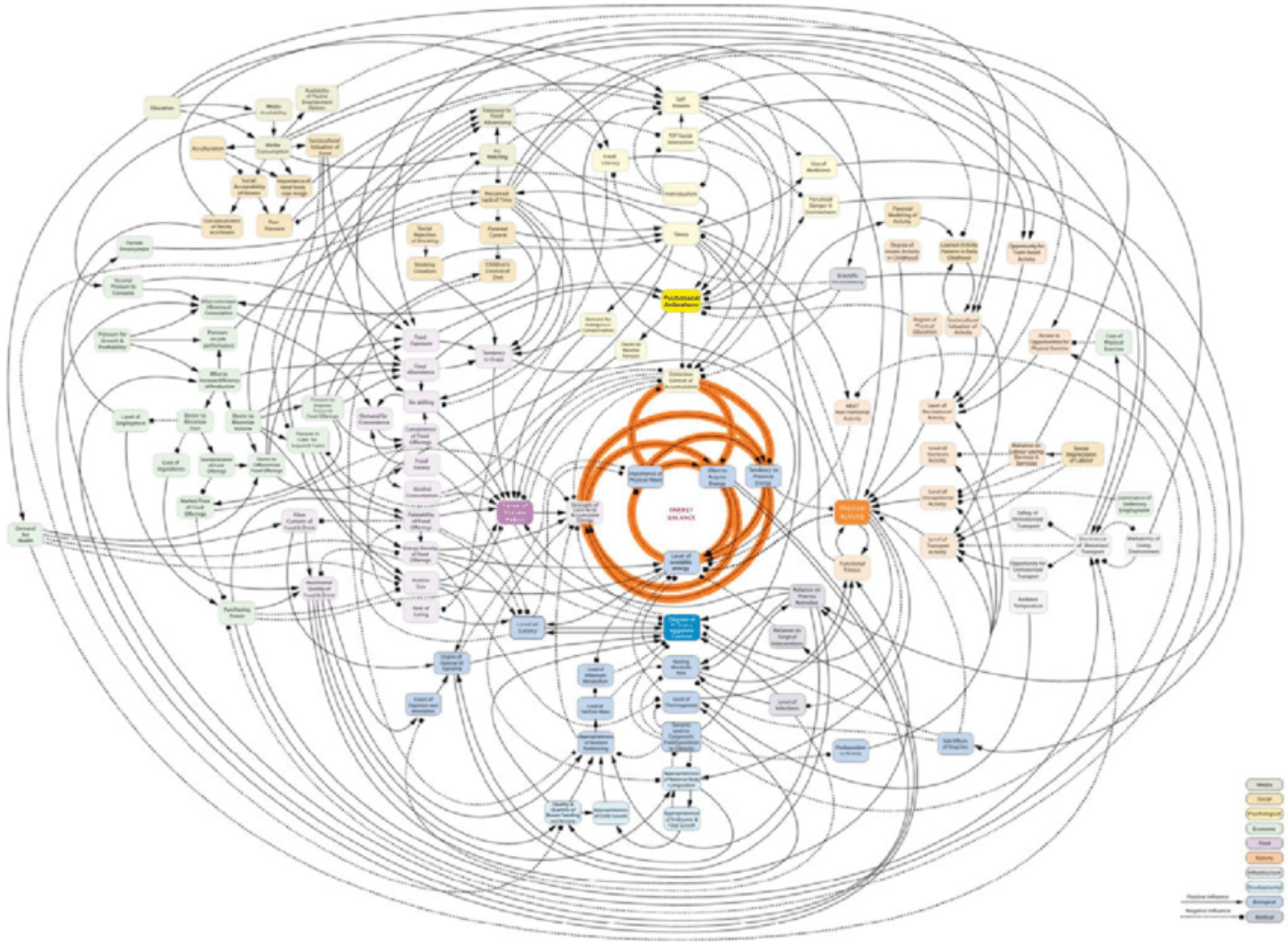
40% **Socioeconomic factors**
Education, employment, income, family & social support, community safety.

10% **Physical Environment**
Housing, access to green space, air quality.

30% **Lifestyle factors**
Diet and physical activity, tobacco use, alcohol use.

20% **Health Care**
Access to good quality health care services.





More than the sum of its parts…..

Group Discussion

Group discussion

- Reflections on the feedback summary?
- What will help us to achieve what good looks like and work effectively as a HWB?
- What is my role in contributing to the HWBs' success?
- What are my expectations of other Board members?
- What mechanisms can we put in place to continuously improve the way we work for maximum impact?
- What ways of working do we need to put in place?
- What enablers would support me to contribute effectively as a HWB member (considering tools, resources, structures and development opportunities)?

Summary and next steps/actions

Thank you and closing remarks

APPENDiX B: PROPOSED NEW MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Jeff Brooks	Leader of the Council, Executive Portfolio Holder: Strategy and Communications	Cllr Vicky Poole
Cllr Patrick Clark	Executive Portfolio Holder: Adult Social Care and Public Health	
Cllr Heather Codling	Executive Portfolio Holder: Children and Family Services	
Cllr Nigel Foot (Chairman)	**Executive Portfolio Holder: Culture, Leisure, Sport and Countryside**	
Cllr Jo Stewart	Conservative Group Spokesperson for Health and Wellbeing	Cllr Dominic Boeck
Cllr David Marsh	Green Group Spokesperson for Health and Wellbeing	Cllr Carolyne Culver
Paul Coe	WBC Executive Director - Adult Social Care	Melanie O'Rourke
AnnMarie Dodds	WBC Executive Director - Children and Family Services	Rebecca Wilshire
Clare Lawrence	WBC Executive Director – Place *(new board member)	April Peberdy / Sean Murphy *(new substitutes formerly Board Members)
Dr Matt Pearce	Director of Public Health (WBC & RBC)	Steven Bow
Dr Ben Riley (Vice Chairman)	**Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board**	Helen Clark
GP / Second ICB representative (TBC)	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board *(new board member)	
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	Rebecca Cullen William Orr Andrew Statham
Helen Williamson	Berkshire Healthcare NHS Foundation Trust	
Fiona Worby	Healthwatch West Berkshire	Jamie Evans/ Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Stephen Leonard Paul Thomas
C/Supt Felicity Parker	Thames Valley Police	TBC
Rebecca Morgan	Sovereign Network Group (SNG)	Benn Owen
Rachel Peters	Voluntary Sector Representative	Bernie Prizeman

PREVIOUS MEMBERS PROPOSED TO BE NO LONGER ON THE BOARD

Name	Role/Organisation	Position on HWB
Cllr Denise Gaines	Executive Portfolio Holder: Planning and Housing	Board Member
Jessica Jhundoo-Evans	Arts and Culture Sector representative	Board Member
Hannah Elder	Arts and Culture Sector representative	Substitute
April Peberdy	WBC Service Director - Communities	Board Member *(Proposed as substitute for Clare Lawrence)
Sean Murphy	WBC Public Protection Manager	Board Member *(Proposed as substitute for Clare Lawrence)

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Health and Wellbeing Board Briefing Note

September 2025

BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 9 September 2025. The papers can be found on the BOB ICB website where details of future meetings are also published.

BOB ICB Transition Programme

Development of the Thames Valley Integrated Care Board (ICB)

The NHS Frimley ICB and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB are working collaboratively to establish a new strategic commissioning organisation: the Thames Valley Integrated Care Board (ICB). This transformation is part of a national programme to modernise the role of ICBs, in line with the NHS 10-Year Plan and the Model ICB Blueprint.

The new ICB will serve a population of approximately 2.49 million across Buckinghamshire, Oxfordshire, and Berkshire, and will operate within a streamlined financial envelope of £19.00 per head, a 50% reduction in running costs nationally. The aim is to create a more strategic, data-driven, and locally connected organisation that improves population health outcomes and reduces inequalities.

Frimley alignment with neighbouring ICBs and Local Authorities

The new configuration requires a three-way adjustment to the current Frimley ICB footprint:

- East Berkshire will come together with the geography of BOB ICB to form a new Thames Valley ICB
- Surrey Heath and Farnham will align to Surrey and Sussex ICB
- North East Hampshire will align to Hampshire and Isle of Wight (HIOW) ICB

Aligning the geographies and local populations of Surrey Heath and Farnham with Surrey and Sussex ICB and North East Hampshire with Hampshire and Isle of Wight (HIOW) ICB will affect stakeholders differently across the current Frimley footprint. We see this as an opportunity to strengthen alignment with local government boundaries, supporting more joined-up planning and service delivery. Frimley ICB is working closely with its stakeholders and neighbouring ICBs to ensure a smooth transition and to maximise the benefits of coterminosity.

Clustering of ICBs and Chair Appointment

Dr Priya Singh, currently Chair of both ICBs, has been confirmed as Chair of the Frimley and BOB ICB clustering arrangement, which will formally come into effect from 1 October 2025.

Dr Singh will ensure continuity of leadership throughout this important period of transition while ICBs move towards leaner and simpler ways of working as part of 10 Year Health Plan.

These clustering arrangements have been agreed by NHS England's Executive team and by ministers, and will allow those ICBs to harness a shared budget of sufficient size to improve efficiency and reduce running costs.

Clustering ICBs remain separate legal entities with unchanged boundaries, separate financial allocations and legal duties. Any future decisions on ICB footprints and mergers will be taken by ministers in light of the Local Government Reorganisation process.

In addition, we now have two Chief Officer roles working across both organisations.

Sarah Bellars, Chief Nursing Officer (CNO) at Frimley ICB will cover the CNO role at BOB ICB from 1 September, following the departure of Rachael Corser to Barts Health NHS Trust in London. Sarah will continue in her role as CNO at Frimley ICB.

Richard Chapman, Chief Financial Officer (CFO) at Frimley ICB, will cover the CFO post at BOB ICB from 1 October. Richard will continue as CFO for Frimley. BOB ICB's current interim CFO, Alastair Groom, will remain with the organisation until December to ensure a smooth handover.

All roles are interim and not confirmation of final appointments for a future Thames Valley ICB.

Staff and Stakeholder Engagement

Considerable work has been undertaken over the past few months to design the operating model and structure of the new organisation aligned to the Model ICB Blueprint and NHS 10 Year Health Plan. Between 21–31 July, 278 staff from Frimley and BOB ICBs participated in 13 workshops, generating over 4,000 contributions. These sessions focused on the proposed new ICB's purpose, enablers, culture, and ways of working. Staff appreciated the opportunity to connect across systems, with strong alignment and mutual respect evident. There was a shared commitment to learning from each other and building a unified culture.

We have been working closely not only with staff, but also with partners and wider stakeholders to help shape the future organisation.

While conversations with stakeholders across Frimley and BOB are ongoing and continue to inform our development, we've also completed an initial phase of formal engagement.

Stakeholder engagement is vital; it helps ensure that the new ICB is shaped by local insight and expertise. It will allow us to build on existing partnerships and effective ways of working, and ensure we're aligned with local priorities, governance structures, and the needs of our communities.

A letter and information pack were sent to a wide range of stakeholders including:

- Local NHS Trusts
- Primary Care Leadership
- Local Authorities including Scrutiny Committees and Health and Wellbeing Boards
- Voluntary, Community and Social Enterprise (VCSE) sector
- Healthwatch
- Academic, research and innovation organisations
- MPs

We received feedback from 40 partner organisations, including NHS providers, local authorities, public health teams, patient groups, VCSE alliances, Healthwatch, and other system partners. Many submitted detailed supporting letters and documents alongside their responses.

Key themes from this engagement have been compiled into reports and shared with senior leadership teams and the Joint Transition Programme design team. These insights are directly informing the development of the ICB's operating model and strategic priorities.

We extend our sincere thanks to all staff, partners, and stakeholders across the Frimley and BOB systems for their invaluable contributions. Their insights are helping to shape the future Thames Valley ICB.

Next steps

Next steps include further refinement of the ICBs functions and development of the new ICB's operating model and associated structures. A timeline for a staff consultation and further formal engagement with stakeholders on the operating model of the ICB is yet to be agreed.

While we are enthusiastic about the direction of travel, we recognise that our plans are still in development and subject to approval by the Secretary of State. We also remain responsive to national guidance and external factors, which may shape the final form of the new organisation. We see this as an opportunity to stay flexible, collaborative, and aligned with the evolving needs of our system and wider NHS.

Resident Doctors Industrial Action

Resident doctor (formerly known as junior doctors) members of the British Medical Association took part in industrial action from 7am on Friday 25 July until 7am on Wednesday 30 July.

The NHS trusts affected by this action in our area were:

- Buckinghamshire Healthcare NHS Trust
- Oxford University Hospitals NHS FT
- Oxford Health NHS FT
- Royal Berkshire NHS FT
- Berkshire Healthcare NHS FT

Based on early estimates, more than 10,000 extra patients received their care during the BMA strike compared with the previous industrial action (27 June 2024 – 02 July 2024).

The NHS took a more robust approach during the latest round of industrial action, with staff working round the clock to keep services open for patients.

The NHS maintained 93% of planned care during the action meaning operations, tests and procedures were carried out despite the disruption, as well as dealing with urgent and emergency cases.

Early data indicates that less than a third of resident doctors chose to strike with the number of strikers down by 7.5% (1,243) compared to the previous round of industrial action with most resident doctors choosing to join the NHS-wide effort to keep the services open.

Community Equipment Provider Change

BOB ICB worked at pace throughout July with all Local Authorities in Buckinghamshire, Oxfordshire and Berkshire and health partners to move to a new social care and community equipment provider from the start of August.

Community equipment includes daily living aids to support patients in their own homes and those being discharged from hospital, such as hospital beds, hoists and mobility aids, continence supplies and digital aids.

The contract is now with Millbrook Healthcare, following the liquidation of the previous supplier, NRS Healthcare.

Currently, equipment supplies are restricted to essential items while the new contract becomes fully operational. This may take up to three months, but local contingencies are in place to support patients who need equipment so they can be discharged from hospital and are safe at home.

There is more information, including links to local authority websites, on the BOB ICB website

Winter Vaccines Campaign Support

BOB ICB is preparing for the winter flu season by promoting early protection among colleagues, health and care partners, residents and patients.

Flu booster: 2 and 3-year-olds, school age children and pregnant women are the first cohorts to be offered the flu vaccine in early September. Cohorts also include frontline health and social care staff (who can self-declare if their organisation is not offering vaccinations), unpaid carers, people aged 65+, and those with long term health conditions. Read more here: Immunisation and vaccination - Stay Well (staywell-bob.nhs.uk)

Covid-19 booster: starting in early October, eligible cohorts will again be invited by the NHS to book via the national booking system or at a GP practice or community pharmacy. The eligible cohorts are people aged 75+ or immunosuppressed aged 6 months and over. Further information available here. We may also see some pop-up clinics which will be advertised as they arise.

RSV (Respiratory syncytial virus): this year-round vaccine programme helps to reduce the number of respiratory infections for those most at risk of complications if they become unwell. Cohorts include women from 28 weeks pregnant to protect their babies - vaccination can be accessed via maternity services or GP practice - and adults aged 75-79 years old will be vaccinated by their GP. Read more here: Immunisation and vaccination - Stay Well (staywell-bob.nhs.uk)

Reducing Medicines Waste Campaign

Working with the Medicines Optimisation team, a BOB-wide public-facing campaign has rolled out to draw attention to the 640,000 litres of NHS medicines waste which were collected from our community pharmacies over 12 months (August 2024 to July 2025).

The campaign aims to publicise how everyone can help to tackle this issue, which costs the NHS nationally around £300m each year. For BOB ICB, it is estimated that we are spending approximately £10 million per year on medicines that go unused.

The recent media release attracted significant interest from broadcasters and resulted in extensive coverage including interviews with Ben Riley, Chief Medical Officer, and local community pharmacist Olivier Picard.

There was coverage from Greatest Hits Radio, Heart Radio, That's TV, BBC News Online, Reading Online, BBC Radio Berkshire and a television feature on BBC South.

The campaign continues with social media posts and an internal staff engagement session on 9 September. In addition, details of the campaign have been shared with NHS partners, local authorities and other stakeholders (via the BOB Stakeholder Newsletter) to spread the message.

10 September 2025

PCSE Enquiries
PO Box 350
Darlington
DL1 9QN

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

Our Ref: PNA-2025-09-10
Your Ref: ME3965- CAS-371879-X3Q4L1

Dear Sir / Madam,

Re: Application offering unforeseen benefits at 72A Royal Avenue, Calcot, Reading, Berkshire RG31 4UR by Calcot Row Ltd

Thank you for consulting the West Berkshire Health and Wellbeing Board in relation to the above application. The Board wishes to make written representations on this application as set out below.

Several pharmacies have closed in West Berkshire since the last Pharmaceutical Needs Assessment was carried out in 2022, including the Lloyds Pharmacy that was previously located within the Sainsbury's superstore in Calcot.

In 2022, the ratio of pharmacies per 10,000 population was 1.3 in West Berkshire, compared to 2.2 for England as a whole, but as a result of the recent closures in the period since the PNA was completed, the ratio has fallen to around 1.0 per 10,000 population.

When the Health and Wellbeing Board originally considered the closure of the Lloyds Pharmacy in Calcot, it was agreed that a significant gap in provision had been created, affecting residents of Calcot and the surrounding areas. In response, a Supplementary Statement was published to this effect on 27 April 2023[1].

Members of the Health and Wellbeing Board have been consulted on this proposal, along with Community Pharmacy Thames Valley, and the Local Ward Members for the area. Their feedback has informed the response outlined below.

The proposed pharmacy would help to improve capacity and choice for local patients and would address the identified gap in the provision of pharmaceutical services. The proposed location would be more centrally located within the residential area it serves than the previous Lloyds pharmacy was.

The nearest pharmacies to the proposed site are the Triangle Pharmacy in Tilehurst, approximately 1.4 miles to the north (located at the top of a steep hill) and Kamson's

[1] Berkshire Observatory – West Berkshire – PNA Supplementary Statements

Pharmacy in Theale, approximately 1.4 miles to the west (located on the other side of the M4 motorway),

Evidence shows that those living in the most deprived areas face the worst healthcare inequalities in relation to healthcare access, experience and outcomes. The affected wards (Tilehurst Birch Copse and Tilehurst South and Holybrook) have pockets of social deprivation, with 20% of Lower Super Output Areas in falling within Decile 4 on the Index of Multiple Deprivation. Therefore, there would be clear health benefits for residents of these areas if they had improved access to a pharmacy.

In terms of its age profile, Tilehurst Birch Copse is similar to the average for West Berkshire as a whole, but with a larger proportion of older residents (age 65 and over) who would be more likely to need access to a pharmacy. Conversely, Tilehurst South and Holybrook has a slightly lower proportion of older residents than the West Berkshire average, but a slightly higher proportion of younger children (aged 0-9), which is another group that is more likely to require pharmaceutical services.

The proposed location for the new pharmacy has typical levels of accessibility for a suburban area. Access on foot is good, with footways and street lighting on all local roads and the site is located away from major roads. Recent changes to local bus services mean that Royal Avenue is no longer directly served by buses, however, the nearest bus stops are nearly 300m away on Langley Hill, which is well within the 400m distance considered reasonable for accessing a bus stop in an urban area. These stops are served by a bus route that runs between Calcot, Tilehurst and central Reading. This typically has a 20 minute frequency Monday to Saturday and a 30 minute frequency on Sundays.

The site is currently owned by Theale Medical Centre and is used as a base for the district nurses. The Practice Manager has indicated that the parking area to the rear of the site is private and probably would not be available for patient use. Therefore, patients would need to use existing kerbside parking on residential streets in the vicinity of the site.

The Local Ward Members have raised concerns about parking in the area, particular on a Sunday due to existing problems around the nearby church, which has services throughout most of the day. One of them has requested that the pharmacy should not be permitted to open on Sundays to prevent adding to the parking and congestion issues.

Concerns have also been raised by Local Ward Members and Thames Valley Police in relation to the potential impact of the pharmacy on the School Street scheme[2] that is in force on Curtis Road and the central section of Royal Avenue to protect children travelling to and from the nearby infant and junior schools. The scheme prohibits vehicular access around the start and end of the school day (i.e., 8.15 – 9.15 am and 2.30 – 3.30 pm, Monday to Friday), except for permit holders, with enforcement by automatic number plate recognition cameras. If possible, we would ask that the pharmacy's operating hours could be restricted so they fall outside the times when the adjacent School Street scheme is in force.

The applicant proposes that the pharmacy would be open in the evenings and on Saturdays and Sundays, as well as a home delivery service. Extended opening hours are

[2] School streets: Calcot Infant and Junior School - West Berkshire Council

generally welcomed by the Health and Wellbeing Board as offering benefits for residents/ patients, but please note the concerns above in relation to Sunday opening.

In summary, the Board is supportive of the application and believes that it would address the existing gap in provision, and would deliver significant additional benefits for patients. However, the Board has concerns in relation to parking and potential impacts on the adjacent School Street scheme, which it would like to see addressed by the applicant in terms of restrictions on opening hours.

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

Yours faithfully,

pp 

Councillor Heather Codling
Chairman of West Berkshire Health & Wellbeing Board

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Ageing Well Task Group

Update for HWB Steering Group (September 2025)

Membership

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

Current Activity

Our August meeting was cancelled due to poor attendance because of it being the summer holidays.

- Via attended the last meeting in June and did a presentation on alcohol consumption in the over 55's. This has led to discussions on how the group can work with other partners and council departments to educate this targeted generation. Dementia Friendly West Berkshire are also keen to do some joint up working on this looking at unpaid carers alcohol consumption.
- Scams awareness – PPP do a lot of work around this so the group is looking to do some joined up working with them to establish what resources they already have in place and to potentially create some information packs specifically targeting our ageing residents who may not have access to social media where PPP share the majority of their comms around scams.

Future Actions

- Changing the perception of ageing – the group to think about how we can connect with people in their 40s and 50s to start changing the perception/stigma of ageing and start getting people doing more activities. Possible piece of work around 'looking after yourself and healthy ageing starts now'.

Building Communities Together Partnership

Update for HWB Steering Group

Membership:
West Berkshire Council
Thames Valley Police
BOB ICB
Probation
Royal Berkshire Fire and Rescue
Health Watch
DWP
Sovereign Network Group
Volunteer Centre West Berkshire
Office Police and Crime Commissioner

Current Activity:

Building Communities Together Partnership:

Next meeting for 28 October 2025 is to be rescheduled due to half term and annual leave. Following a decision at the last meeting of the Partnership the Terms of Reference are being updated to reflect a name change to West Berkshire Community Safety Partnership.

Request for data for the strategic needs assessment which will inform both the Partnership Plan, and the Serious Violence Action Plan has been circulated.

Anti-Social Behaviour:

Public Spaces Protection Order (PSPO) is now in place at Pangbourne Meadows for three years.

Future of the Public Spaces Protection Order in Thatcham town centre is currently out for consultation. The current Order will expire in November 2025. The consultation is seeking views on whether the Order should be extended for a further three years or be discharged.

Channel:

1 case has recently been adopted into Channel.

Domestic Abuse:

MHCLG return in process (accountability for DA Grant spend) – submitted.

Prevent:

Prevent Training is to become mandatory for all WBC staff and Members will be encouraged to undertake the 30–40-minute session has been rolled out and featured in the September edition of Reporter; this is in response to the 2024/25 WBC benchmarking assessment by the Home Office.

A Venue Hire Policy is currently being worked through with Property and Health and Safety following Risk Management Group in July; this is in response to the 2024/25 benchmarking assessment by the Home Office.

Serious Violence:
Having commissioned training and delivery of a series of Virtual Reality programmes to enhance work with young people, these are now being used in West Berks to tackle issues such as knife crime, exploitation, substance misuse, decision making, influence and healthy relationships. Final training delivery is in early July.

The current focus is the development of Prevention Partnerships and Prevention Panels in line with the anticipated updated stat duty guidance and working with the OPCC to try to identify a way to deliver Diversion Panels which would have the ability to become the Prevention Panels that will be required through the duty. There are currently some challenges with the OPCC proposals that all areas are working to try to overcome.

Future Actions:
The Senior BCT Programme Officer with lead responsibility for Prevent, Channel, Domestic Abuse and Exploitation has recently resigned. Given the lack of capacity within the BCT Team, until the post is filled, only specific priority areas of this workstream will be undertaken.

Domestic Abuse:
Delivery Plan priorities – Ongoing
Develop timeline for recommissioning of DA Core Service (from March 2027).

Modern Slavery:
Modern Slavery Statement 2025/26 to be completed.

Prevent:
Local Risk Assessment to be completed.

Serious Violence:
Strategic Needs Assessment to be conducted for 2024/25 which will inform the Serious Violence Action Plan.

Children's Early Help & Prevention Partnership

Update for HWB Steering Group (September 2025)

Children's Early Help & Prevention Partnership

Membership

Rebecca Wilshire – Service Director, Children and Family Service
Heather Codling – Lead Member, Children's Services
Melissa Fry – Primary Head Teacher
Alex O'Connor – Building Communities Together Manager
Beth Kelly – Service Manager Early Years and Family Hubs
Nerys Probert – Children's Lead for Public Health
Grace Green – CEO Home Start West Berkshire
Sarah Emery – CEO Berkshire Youth
Dave Wraight – YJST and Early Help
Jody Gordon – Emotional Health Academy
Georgie Hicks – Early Response Hub

Current Activity

The subgroup has not met since the last update, next meeting is on the 8th September

Early Help Data

- Updated early help data, now aligned with South East (SE) benchmarks and reported monthly instead of quarterly in datazone.
- The data includes early help contacts and outcomes, with a suggestion to include total contact numbers for better context.
- The new format aims to improve comparability with other local authorities.

Update on reforms - Family Help and next steps

- The Department for Education (DfE) has introduced significant reforms to family help and child protection services through the Families First Partnership (FFP) programme
- Key Aims of the Reforms: Transform family support by creating a more seamless, multi-agency system that intervenes earlier and more effectively.
- Keep families together where safe and possible, reducing the need for children to enter care.
- Family Help: A new, integrated model combining Targeted Early Help and Child in Need services.
- Introduction of Family Help Lead Practitioners and multi-disciplinary teams.
- Emphasis on early identification of needs and coordinated support plans.
- Establishment of Multi-agency Child Protection Teams
- Family Group Decision Making Embedded across the system to empower families in planning and decision-making.

West Berkshire response to far to the reforms (specific to EH)

- Targeted EH and Children in Need will be become Family Help, the plan is to change our assessment teams to Assessment and Family Help, combine current Assessment Team, CIN Pilot and ERH together to provide Family Help
- Continue to ensure multi agency working and partner engagement in this area

- Family Hubs will be developed to provide a 0-19 service, still focusing on early years but with a range of support to all children and their families – development of this area is in progress and being lead by Dave Wraight
- Develop further the Lead Professional Role in Social Care (Family Help Workers)

Early Help Survey Feedback

A co-production piece of work is taking place at the moment gathering feedback and information from partners in the Early Help space. The initial feedback was shared:

Strengths

- Multi-agency collaboration is widely praised, especially where managers/staff are approachable and responsive.
- Family Hubs are seen as welcoming, flexible, and trusted by families.
- Positive relationships between Early Help staff and schools, with good communication and responsiveness.

Areas for Improvement

- My Family Plans (MFPs) are often seen as duplicative, inflexible, and burdensome for schools and families.
- Gaps in parenting support, especially for early years and neurodivergent children.
- Inconsistent service access, particularly in rural areas and for families not meeting statutory thresholds.

Ideas and Suggestions

- Introduce family-led planning models and reduce reliance on school-led MFPs.
- Develop satellite Family Hubs in rural areas and co-locate professionals (e.g., health visitors, youth workers).
- Expand digital access (e.g., apps, online directories) and improve information sharing.

Emerging Themes

- Mental health needs are rising, especially among primary-aged children and those with trauma or SEN.
- Service fragmentation and threshold confusion are leading to missed opportunities for early intervention.
- Digital exclusion and venue constraints are limiting access to support.

Workshops took place in June to deepen understanding and plan the next steps. They generated a number of further actions and developments that are being progressed alongside the many changes that are taking place in other areas including

Future of the meeting given changes around Reforms

- Concerns raised about overlap with other meetings and questioned the necessity and effectiveness of this meeting.
- Noted that the Health and Wellbeing Board is reviewing the structure and purpose of subgroup meetings.

- West Berks Council will be developing a Children and Young Perpls Board from September, which will have subgroups one of which will be linked to the Family First Partnership Reforms – it is suggested this meeting is absorbed into that subgroup

The group agreed in the last meeting to revisit the terms of reference after clarifying the meeting's future role.

Future Actions

Consider the future of this meeting given the changes around Early Help

Mental Health Action Group

Update for HWB Steering Group (September 2025)
[N.B. abbreviations used in this update listed at the end]

Membership

Membership currently includes the following organisations:

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

Current Activity

In the light of the LGA review of the Health and Wellbeing Board and the subsequent establishment of a working group to take this forward, the MHAG has not embarked on any new work. In addition, the continued lack of attendance by BHFT (and other partners) makes any substantive progress difficult.

- **Mental Health Forum:** The recently established, and co-produced Mental Health Forum continues to meet and provide valuable feedback. Amongst recent discussions were:
  - Presentation by BHFT's Service User Network (SUN) with agreement to provide mutual support between our two groups
  - Discussion on services for people in mental health crisis, the limitations of current arrangements and potential improvements
  - Experiences at Prospect Park Hospital. One earlier comment had been about the quality of the food and it had been later discovered that in the latest PLACE assessment, ward food at the hospital was 376th out of 391 mental health trusts who had such a score. This has since been taken up with BHFT.
  - Mapping of the range of mental health services in the public and voluntary sectors with a view to making people more aware of the pathways of care available.
- **Bereavement:** Following earlier work, contact has been with partner organisations to consider how best to take this work forward. Short term outputs being considered include
  - Provision of information to make people more aware of the potential impact of bereavement and the many sources of help available
  - Training or support for front-line staff who may deal with people who are bereaved
  - Initiatives to enhance or strengthen buddying and peer support
- A report was prepared for the Health and Wellbeing Board exploring the modus operandi of the Mental Health Action Group, how it can fulfil its objectives, as a partnership committee,

in the context of the HWB's primary goal of developing and implementing a health and wellbeing strategy. This has not been taken forward, in the light of the continuing review of the HWB.

- Although not directly under the auspices of the MHAG, West Berkshire Council's Public Health team has produced a mental health needs assessment, which should be published soon. This will be very helpful in underpinning strategic direction on mental health.

Future Actions

As noted above, in the light of the current review, the MHAG has paused its development of a future work programme. However, previous discussions had considered the following as possible areas in which to be involved:

- Further work on bereavement
- Feeding in to reviews and developments in supporting people in mental health crisis (already in various plans including the ICB's Joint Forward Plan and work of the BOB Mental Health Provider Collaborative).
- Aligning and working with other HWB sub-groups on overlapping issues such as loneliness, dementia etc.
- Whole-person care and the further development of neighbourhood services.
- Further promotion of the Mental Health Forum to increase membership
- Extension of the Let's Get Mindful Fund

Abbreviations

BHFT – Berkshire Healthcare Foundation Trust (community and mental health provider)
HWB - Health and Wellbeing Board
BOB – Buckinghamshire, Oxfordshire and Berkshire West (the area currently covered by the ICB)
ICB – Integrated Care Board
LGA – Local Government Association
MHAG – Mental Health Action Group
PLACE – Patient Led Assessment of the Care Environment (a national scheme of patient assessments)
SUN – Service User Network (co-produced peer support meetings for people with mental health problems under the aegis of BHFT).

Skills and Enterprise Partnership

Update for HWB Steering Group (September 2025)

Membership

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

Current Activity

The Connect to Work initiative is aimed at targeting the hidden economically inactive community, which is a DWP initiative, linked to the Get Britain Working White paper. This is at the planning stage and will be driven by Wokingham. It was agreed we need to wait for more details on this scheme before we can decide how/if the SEP can best fit into this.

Adult and Community Learning will be continuing in West Berks for this academic year and they are awaiting confirmation of funding for 2025/26.

In terms of a full action plan it was agreed we needed to wait for more guidance from the HWBB as to the future structure/ priorities before we could formulate a more detailed plan.

Future Actions

Destinations Expo 2025 has been confirmed as taking place on 9th Oct 2025 at Newbury College.
EBP continues to seek funding to expand the delivery of the DLS programme.
Groundwork are set to deliver 3 more projects in Reading over the coming 9 months and are also looking to potentially expand to Newbury.

Substance Behaviour Harm Reduction Partnership

Update for HWB Steering Group

Membership

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

Community Wellness Outreach

Current Activity

Due to unforeseen circumstances the SBHRP meeting due to take place on 14th July 2025 did not take place. The next meeting of the partnership is scheduled to take place on 22nd September 2025.

As per the previous recorded actions, the drug alert pathway has been further refined to ensure that there is an accurate distribution list with up-to-date contact details and contingency plans are in place in case of distributing officer absences.

Future Actions

- Relevant members of the partnership have been requested to update the Drug Diversion in School's policy following the implementation of TVP's Harm Reduction Units, which impacts on current processes.
- Update TOR and plan if confirmation received that the sub-group will be continuing.

Suicide Prevention Action Group

Update for HWB Steering Group

Membership

The Suicide Prevention Action Group is a subgroup of Volunteer Centre West Berkshire. It is independently and voluntarily chaired by Garry Poulson who established the group in May 2017. Since then, the group has focussed on the delivery of accredited First Aid Suicide Prevention Training and has trained over 800 people who live and or work in West Berkshire. The group is supported by West Berkshire Public Health Officers. In addition to the delivery of training the group has worked towards the ongoing funding of Amparo a charity established to support those bereaved by suicide.

The current members of the group are:-

VCWB, West Berkshire Education, West Berkshire Public Health, West Berkshire Highways, Thatcham Town Council, Newbury Samaritans, West Berkshire Action for Refugees, Gamcare, Racing Welfare, Injured Jockeys Fund, lay people

Current Activity

Providing accredited training, during the summer the group has continued to maintain a focus on fatalities at Thatcham Railway Station and has held site meetings there and continues discussions with the railway authorities.

The second area of focus is being maintained with the Lambourn Racing Industry The Chairman has held meetings in Lambourn with a major trainer and staff from Racing Welfare. The chair is grateful for the support of Steven Bow and Catherine Greaves of West Berks Public Health. Further meetings are scheduled in September. An event to be held in Lambourn for the racing industry is now agreed and The Injured Jockets fund have kindly offered a free venue to hold a conference with key speakers and experts.

As a result of listening to comments from Racing welfare officers and their reporting of harmful comments made in their local facebook group area the chairman considered that a letter could be sent to Facebook moderators and admins. Accordingly during August working with WBC coms the Chairman and Steven Bow created a communication that was sent to key Facebook Administrators seeking their support to ensure measured and sensitive responses to fatalities within communities. This document was sent and has was well received.

The Volunteer Centre has created a campaign flyer for Suicide Prevention Day.

Future Actions.

To bring about more suicide first aid training across West Berkshire, and to take part in the Suicide Prevention Week using campaign materials created by Volunteer Centre West Berkshire.

Health & Wellbeing Board
24 September 2025

Item 17 – Member Questions

Verbal Item

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

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
11 December 2025 - Board Meeting					
Ratificatiion of Health and Wellbeing Board Priorities	To agree the priorities that will be the focus for the Health and Wellbeing Board.	For decision	03/12/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
Health and Wellbeing Board Conference	To agree the themes and date for the next Health and Wellbeing Board Annual Conference	For decision	03/12/2025	Dr Matt Pearce	HWB Steering Group & Corporate Board
TBC					
5 March 2026 - Board Meeting					
Joint Health and Wellbeing Strategy Delivery Plan	To agree the updated version of the Joint Health and Wellbeing Strategy Delivery Plan.	For decision	25/02/2026	Dr Matt Pearce	HWB Steering Group & Corporate Board
TBC					
7 May 2026 - Board Meeting					
Better Care Fund Plan 2026-27	To approve the Better Care Fund Plan for 2026-27	For decision	28/04/2026	Paul Coe	HWB Steering Group & Corporate Board
TBC					

Updated: 3 September 2025

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