Public Document Pack

# Notice of Meeting

# Health and Wellbeing Board

## Thursday 24 September 2026 at 9.30 am

in Council Chamber Council Offices
Market Street Newbury

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

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

Date of despatch of Agenda: Wednesday 16 September 2026

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 Nigel Foot, Helen Clark (Thames Valley ICB), Councillor Jeff Brooks, Councillor Patrick Clark, Councillor Heather Codling, Councillor David Marsh, Councillor Joanne Stewart, Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children's Services), Clare Lawrence (Executive Director - Place), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Rebecca Morgan (Sovereign Network Group), Gail Muirhead (Royal Berkshire Fire & Rescue Service), C/Supt Felicity Parker (Thames Valley Police), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Rachel Peters (Voluntary Sector Representative), Helen Williamson (Berkshire Healthcare NHS Foundation Trust) and Fiona Worby (Healthwatch West Berkshire)

---

# Agenda

## Part I

**Page No.**

## Standard Agenda Items 1

1 **Apologies for Absence** 7 - 8
To receive apologies for inability to attend the meeting (if any).

2 **Minutes** 9 - 10
To approve as a correct record the Minutes of the meeting of the Health and Wellbeing Board held on 7 July 2026.

3 **Actions arising from previous meeting(s)** 11 - 12
To consider outstanding actions from previous meeting(s).

4 **Declarations of Interest** 13 - 14
To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct.

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

- 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

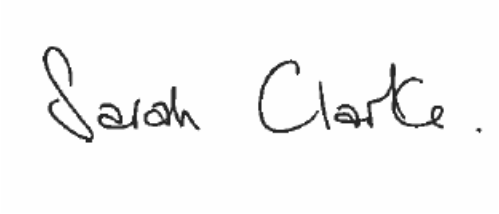
- Councillor Jo Stewart – works for the Royal Berks Charity which is part of the Royal Berkshire NHS Foundation Trust, and spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.


| | | |
|---|---|---|
| 5 | **Public Questions**<br>Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Meeting Rules contained in the Council's Constitution.<br>*(Note: There were no questions submitted relating to items not included on this Agenda.)* | 15 - 16 |
| 6 | **Petitions**<br>Councillors or Members of the public may present any petition which they have received. | 17 - 18 |
| 7 | **Changes to Health and Wellbeing Board Membership**<br>Purpose: To approve changes to the membership of the Health and Wellbeing Board, and the quorum criteria for formal meetings of the Board. | 19 - 26 |
| 8 | **Changes to Pharmaceutical Services - Decision Making Process**<br>Purpose: This report sets out proposals for amending how the Health and Wellbeing Board reviews formal notifications of changes to pharmaceutical services within its area, and for keeping the Pharmaceutical Needs Assessment under review. | 27 - 32 |
| 9 | **West Berkshire – JSNA Review**<br>Purpose: This report presents the findings of the review of the West Berkshire Joint Strategic Needs Assessment (JSNA), sets out a refreshed vision for its future development, and proposes strengthened governance and a co-produced action-planning process. | 33 - 50 |
| 10 | **All Age Mental Health and Wellbeing**<br>Purpose: The Health and Wellbeing Board has agreed to focus on three medium-term priorities, one of which is All-Age Mental Health and Wellbeing. This report presents a proposed governance structure and delivery plan in support of this priority. | 51 - 68 |

| | | |
|---|---|---|
| 11 | **Response to the Emotional Wellbeing Task Group**<br>Purpose: To provide a joint response from West Berkshire Council and the Thames Valley Integrated Care Board to the recommendations made by the Emotional Wellbeing Task Group, which were reported to the Health and Adult Social Care Scrutiny (HASC) Committee on 15 July 2025. | 69 - 76 |
| 12 | **West Berkshire Suicide Prevention Action Plan 2026**<br>Purpose: To present the West Berkshire Suicide Prevention Action Plan 2026, setting out how the priorities from the England Suicide Prevention Strategy (2023-28) will be addressed locally for the upcoming period through to the point of full strategy refreshes, both nationally and locally / sub-regionally. | 77 - 92 |
| 13 | **Better Care Fund 2025-26 Update**<br>Purpose: To provide a six-monthly update on West Berkshire's Better Care Fund, covering Quarter 3 2025-26 and the year-end position to March 2026. | 93 - 116 |
| 14 | **Better Care Fund Plan 2026-27**<br>Purpose: This report seeks endorsement from the Health and Wellbeing Board for West Berkshire's Better Care Fund Plan for 2026-27, comprising the narrative plan and numerical template submitted to NHS England. | 117 - 166 |
| 15 | **Healthwatch West Berkshire Annual Report**<br>Purpose: To present Healthwatch West Berkshire's Annual Report for 2025-26. | 167 - 212 |
| 16 | **Members' Question(s)**<br>Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Meeting Rules contained in the Council's Constitution.<br>*(Note: There were no questions submitted relating to items not included on this Agenda.)* | 213 - 214 |


# Standard Agenda Items 2


| | | |
|---|---|---|
| 17 | **Health and Wellbeing Board Forward Plan**<br>An opportunity for Members of the Health and Wellbeing Board to suggest items to go on to the Forward Plan. | 215 - 216 |



Sarah Clarke
Executive Director: - Resources

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

This page is intentionally left blank

Health & Wellbeing Board – 24 September 2026

## Item 1 – Apologies

Verbal Item

This page is intentionally left blank

**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 7 MAY 2026

**Present**: Councillor Nigel Foot (Chairman), Helen Clark (Vice-Chairman), Councillor Patrick Clark, Councillor Heather Codling, Councillor Joanne Stewart, Paul Coe, Clare Lawrence, Gail Muirhead, Dr Matt Pearce, Rachel Peters, Helen Williamson, Mike Fereday (Substitute) (In place of Fiona Worby) and Hannah Hollis (Substitute) (In place of Dr Janet Lippett)

**Also Present:** April Peberdy (Service Director - Communities) and Gordon Oliver (Principal Policy Officer)

**Apologies for inability to attend the meeting:** Councillor David Marsh, AnnMarie Dodds, Dr Janet Lippett, Rebecca Morgan and Fiona Worby

**Absent:** Councillor Jeff Brooks and C/Supt Felicity Parker

## PART I

### 107 Election of Chairman

**RESOLVED** that Councillor Nigel Foot be appointed as Chairman of the Health and Wellbeing Board for the 2026/27 Municipal Year.

### 108 Election of Vice Chairman

**RESOLVED** that Helen Clark be appointed as Vice Chairman of the Health and Wellbeing Board for the 2025/26 Municipal Year.

### 109 Minutes

The Minutes of the meeting held on 29 January 2026 were approved as a true and correct record and signed by the Chairman.

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

The updates on actions from previous meetings were noted.

### 111 Declarations of Interest

There were no declarations of interest received.

### 112 Public Questions

There were no public questions submitted to this meeting.

### 113 Members' Question(s)

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

### 114 Petitions

There were no petitions presented to the Board.

## 115 Health and Wellbeing Board Membership

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

- Helen Clark added as the Integrated Care Board (ICB) representative.
- Ashley Milum replaced Neil Goddard as a substitute for AnnMarie Dodds

It was noted that the ICB was still in the process of allocating roles, so their representative may change in future.

It was noted that the GP representative for the Board was yet to be confirmed, but Dr Pete Osborne was attending until a permanent representative had been elected.

The Board voted to suspend standing orders for the remainder of the meeting to allow Dr Osborne to speak.

## 116 West Berkshire Best Start Local Strategic Plan 2026-2028

Dave Wraight (Service Lead - Youth Justice, Family Hubs and Partnerships) presented the Best Start in Life Strategic Plan.

The Board recognised that early years were critical to successful outcomes but acknowledged the challenges in addressing hidden inequalities in a relatively affluent area like West Berkshire.

It was agreed that the Board should receive regular updated on progress and that Board Members should hold each other to account on delivery and seek to unblock any issues.

Members asked about the recruitment and retention of skilled practitioners. It was noted that the Strategic Plan would be delivered by a broad range of roles and partners. It was acknowledged that there was a national shortage in some roles (e.g., health visitors), but the Council had attracted a large number of strong applicants when recruiting recently to Family Support Worker roles. Lessons would be learned across sectors and from neighbouring local authorities. It was noted that action was also being taken nationally by central government to respond to recruitment pinch points.

**RESOLVED** to note the report.

## 117 Health and Wellbeing Board Forward Plan

The Board considered the Health and Wellbeing Board Forward Plan.

It was agreed to add a progress report on the Best Start in Life Delivery Plan to the January agenda.

*(The meeting commenced at 9.30 am and closed at 10.00 am)*

**CHAIRMAN** …….

**Date of Signature** …….

| Ref | Meeting | Agenda item | Action | Action Lead | Agency | Status | Comment |
|---|---|---|---|---|---|---|---|
| 26-1 | 07/05/2026 | Get Berkshire Working | Discuss VCSE representation on the SOC | Rachel Peters | VCWB | **Complete** | RP has made contact with Sally-Anne Bone. |
| 26-2 | 07/05/2026 | Get Berkshire Working | Coordinate mapping of activity within WBC | April Peberdy | WBC | **In progress** | |
| 26-3 | 07/05/2026 | Get Berkshire Working | Consider how best to engage with NHS partners | Helen Clark | ICB | **Complete** | The ICB is part of the Get Berkshire Working groups that sit under the Berkshire Prosperity Board and will engage with wider NHS partners as required including around Work Well which is also feeding into this governance structure. |
| 26-4 | 07/05/2026 | Get Berkshire Working | Update content on p154 of GBW Plan | Sally-Anne Bone | SBC | **Complete** | Content has been updated. |
| 26-5 | 07/05/2026 | ICB Restructure Update | Provide a further update to the September meeting | Helen Clark | ICB | **Complete** | On the agenda for 24 September informal meeting |
| 26-6 | 07/05/2026 | Mental Health Workshop Summary | Produce a draft delivery plan for consideration at the September HWB meeting. | Adrian Barker | MHAG | **Complete** | On the agenda for 24 September formal meeting |
| 26-7 | 07/05/2026 | Neighbourhood Health Plan | Circulate a link to the Local Outcomes Framework | Gordon Oliver | WBC | **Complete** | Local Outcomes Framework |
| 26-8 | 07/05/2026 | HWB Membership & Governance | Bring a paper to the next formal HWB meeting to ratify changes to the HWB Membership. | Gordon Oliver | WBC | **Complete** | On the agenda for 24 September formal meeting |
| 26-9 | 07/05/2026 | HWB Membership & Governance | Bring a paper to the next formal HWB meeting to dissolve the PNA Sub-Committee and formalise arrangements for responding to consultations on changes to pharmacy services. | Gordon Oliver | WBC | **Complete** | On the agenda for 24 September formal meeting |
| 26-10 | 07/05/2026 | HWB Membership & Governance | Request that redundant sub-group terms of reference are deleted as part of the next Constitution update | Gordon Oliver | WBC | **Complete** | Constitution has been updated. |
| 26-11 | 07/05/2026 | Motimer Common Pharmacy Consolidation | Circulate the proposed response via email for comment. | Gordon Oliver | WBC | **Complete** | Response was amended to incorporate feedback received before sending to PCSE on 14 May. |

**Updated: 16/09/2026**

This page is intentionally left blank

Health & Wellbeing Board – 24 September 2026

## Item 4 – Declarations of Interest

Verbal Item

This page is intentionally left blank

Health & Wellbeing Board – 24 September 2026

## Item 5 – Public Questions

Verbal Item

This page is intentionally left blank

Health & Wellbeing Board – 24 September 2026

## Item 6 – Petitions

Verbal Item

This page is intentionally left blank

# Changes to Health and Wellbeing Board Membership

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24 September 2026 |
| **Report Sponsor:** | Dr Matt Pearce<br>Director of Public Health |
| **Report Author:** | Gordon Oliver<br>Principal Policy Officer |

## 1 Purpose and Executive Summary

1.1 The purpose of this report is to approve changes to the membership of the Health and Wellbeing Board, and the quorum criteria for formal meetings of the Board.

1.2 It is proposed to appoint additional members to bring primary care expertise to the Board, including from general practice and community pharmacy. These additional members would help the Board navigate planned changes to the health system, particularly those related to Neighbourhood Health.

1.3 In addition, it is proposed that the number of Thames Valley Integrated Care Board (ICB) representatives be reduced from two to one, in recognition of challenges associated with the ICB's expanded footprint, reduced funding envelope, and corresponding reduction in staff numbers. If the number of ICB members reduces from two to one, this would increase the risk of meetings being inquorate, so it is proposed to change the quorum conditions to address this.

## 2 Recommendation(s)

2.1 It is recommended that the Health and Wellbeing Board:

(a) Approves the following changes to its membership:

- Addition of the Chief Officer from Community Pharmacy Thames Valley as a full member
- Addition of the West Berkshire GP Clinical Lead (elected from the Berkshire West Primary Care Collaborative) as a full member
- Addition of the Director of the Primary Care Alliance CIC as a non-voting co-opted member
- Reduction in the number of Thames Valley ICB representatives from two to one

(b) Agrees to change the quorum conditions for formal meetings to four members, comprising at least one West Berkshire Councillor and three representatives from partner organisations.

(c) Requests that the Council amends its Constitution to reflect the proposed changes.

## Implications

| **Financial** |
|---|
| None |
| **Human resources** |
| None |
| **Legal** |
| Section 194 of the Health and Social Care Act 2012 sets out a minimum Health and Wellbeing Board membership of:<br>• at least one elected member of the Local Authority (appointed in the case of West Berkshire Council by the Leader of Council);<br>• at least one representative from each Integrated Care Board in the Local Authority's area;<br>• the Local Authority's Director of Adult Social Services (DASS), Director of Children's Services (DCS) and Director of Public Health;<br>• a representative from the local Healthwatch.<br>The Act sets out that further Board Members may be appointed by the Council (in the case of West Berkshire Council by the Leader of Council) in consultation with the Board, and that the Board itself may appoint such additional Members as it considers appropriate.<br>Reviewed by Dawn Bond (10 August 2026) |
| **Risk management** |
| The proposed changes to Health and Wellbeing Board quorum conditions would reduce the risk of formal Health and Wellbeing Board meetings being cancelled and any associated reputational damage. |
| **Council Strategy** |
| None |
| **Other Implications** |
| None |
| **Equalities Impacts:** Neutral |
| None |

| **Data Impacts:** Neutral |
|---|
| None |
| **Environmental Impacts:** Neutral |
| None |
| **Health Impacts:** Positive |
| The proposed additions to the Health and Wellbeing Board's membership will bring additional primary care knowledge and expertise, which will help to inform the design of local health services. |

| | |
|---|---|
| **Consultation and Engagement:** | The affected bodies have been consulted, including:<br>• Berkshire West Primary Care Alliance<br>• Berkshire West Primary Care Collaborative<br>• Community Pharmacy Thames Valley<br>• Thames Valley Integrated Care Board |

## 3 Background

3.1 Following the Local Government Association (LGA) review of the Health and Wellbeing Board (HWB) in 2025, a Task and Finish Group was set up to consider the outputs from the workshop and develop a roadmap setting out the steps that the Board could take in response to the feedback received. A key recommendation from the Task and Finish Group was for the membership of the Board to be updated to:

- ensure sufficient seniority to lead system change,
- reduce duplication of representatives across organisations,
- be more agile and focused,
- ensure greater parity between represented partner organisations.

3.2 Initial changes were made last year, but further changes are now required to respond to changes within the health system as outlined below.

3.3 Membership of the HWB and quorum requirements are defined in Appendix 6.3 of the Council's Constitution. Currently, this makes provision for two ICB members. It also requires four members for a quorum, including one elected member of West Berkshire Council and one ICB representative. The Thames Valley ICB is no longer able to send two members of staff to HWB meetings and has requested that its representation be reduced to one member. However, this creates a risk of meetings being inquorate and cancelled at short notice if the remaining ICB representative was to be unavailable or delayed while travelling to the meeting. Changing the quorum criteria would help to address this.

3.4 The 10 Year Health Plan for England, titled *"Fit for the Future"*, aims to shift healthcare away from hospitals and into local communities. At its core is the creation of a 'Neighbourhood Health Service', integrating GPs, nurses, social care workers, and allied professionals to provide localised, preventative care. The 10 Year Health Plan also outlines proposals for community pharmacies to transition into clinical health hubs. It is proposed to expand independent prescribing powers, integrate pharmacies into the Single Patient Record, and task them with managing long-term conditions, delivering vaccines, and supporting disease prevention. Given these changes, it would make sense for primary care to be represented on the HWB.

3.5 Community Pharmacy Thames Valley is the local pharmaceutical committee for the area, and its Chief Officer would therefore be ideally placed to represent the pharmacy sector. The GP Lead would act as a place-based clinical leader, representing general practice in West Berkshire. The Primary Care Alliance CIC is a primary care provider collaborative with 36 general practice members across Berkshire West. They contract for services that need to be provided at scale. As such, they bring a unique perspective that is distinct from individual GP practices and Primary Care Networks.

## 4 Proposals and Options Considered

| **Option** | **Comments** |
|---|---|
| **Option1:** That the HWB:<br><br>(a) Approves the following changes to its membership:<br>• Addition of the Chief Officer from Community Pharmacy Thames Valley as a full member<br>• Addition of the West Berkshire GP Clinical Lead (elected from the Berkshire West Primary Care Collaborative) as a full member<br>• Addition of the Director of the Primary Care Alliance CIC as a non-voting co-opted member<br>• A reduction in the number of Thames Valley ICB representatives from two to one<br><br>(b) Agrees to change the quorum conditions for formal meetings to four members, comprising at least one West Berkshire Councillor and three representatives from partner organisations. | Appointing additional members from primary care would help the Board navigate the significant changes and challenges associated with development and implementation of Neighbourhood Health Plans.<br><br>The proposed appointments also reflect the expanded role of community pharmacies within primary care.<br><br>Appointing the Director of the Primary Care Alliance CIC as a non-voting co-opted member would allow them to speak at meetings without the need to suspend standing orders and thus without creating any imbalance in voting.<br><br>Reducing the number of ICB members from two to one recognises its expanded footprint and reduced staff numbers, which make it more difficult for them to guarantee attendance at every HWB meeting.<br><br>The proposed changes to the quorum conditions would address concerns about formal HWB meetings being cancelled at |

| | |
|---|---|
| **This is the recommended option.** | short notice due to ICB colleagues being unavailable or delayed. |
| **Option 2:**<br><br>As per Option 1, but not appointing the Director of the Primary Care Alliance CIC as a non-voting co-opted member of the HWB<br><br>**This is not recommended.** | The Primary Care Alliance CIC is distinct from GP surgeries as it is an at-scale primary care provider, which contracts services that need to be provided at scale. As such, they bring a unique perspective that is distinct from individual GP practices and Primary Care Networks. |
| **Option 3:**<br><br>As per Option 1, but without changes to the quorum conditions.<br><br>**This is not recommended.** | Although this would encourage the ICB to prioritise attendance at formal HWB meetings, there would be an increased risk of meetings being cancelled at short notice due to illness, travel delays, etc. |
| **Option 4:**<br><br>Do nothing<br><br>**This is not recommended.** | This would not address the lack of primary care representation on the HWB and would leave formal meetings vulnerable to cancellation at short notice if ICB members were unable to attend. |

Nominations have already been received for each of the new positions as set out in Appendix A.

## 5 Appendices

Appendix A - Changes to Health and Wellbeing Board Membership

## Background Information

**Council Constitution Part 6.3 – Appendix: Health and Wellbeing Board**

**Fit for the Future: 10 Year Health Plan for England**

## 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 that the Health and Wellbeing Board has the necessary members, including representation from primary care.

## Governance Pathway

| **Committee/Body** | **Date** |
|---|---|
| **Corporate Board** | **18 August 2026** |
| **Executive Briefing** | **10 September 2026** |
| **Health and Wellbeing Board** | **24 September 2026** |

**APPENDIX A: CHANGES TO HEALTH AND WELLBEING BOARD MEMBERSHIP**

| Name | Role/Organisation | Substitute |
|---|---|---|
| Cllr Jeff Brooks | Leader of Council, Executive Portfolio Holder: Transformation and Corporate Programme | 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 | Minority 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's Services | Rebecca Wilshire<br>Ashley Milum |
| Clare Lawrence | WBC Executive Director – Place | April Peberdy |
| Dr Matt Pearce | Director of Public Health (WBC & RBC) | Steven Bow |
| Helen Williamson | Berkshire Healthcare NHS Foundation Trust | |
| David Dean | Community Pharmacy Thames Valley | |
| Dr Ellora Evans | Director, Primary Care Alliance CIC (non-voting, co-opted member) | |
| Dr Elizabeth Mottram | West Berkshire GP Clinical Lead, Primary Care Collaborative | |
| Fiona Worby | Healthwatch West Berkshire | Jamie Evans/<br>Mike Fereday |
| Gail Muirhead | Royal Berkshire Fire and Rescue Service | Stephen Leonard<br>Paul Thomas |
| Dr Janet Lippett | Royal Berkshire NHS Foundation Trust | Rebecca Cullen<br>Hannah Hollis<br>William Orr<br>Andrew Statham |
| Rebecca Morgan | Sovereign Network Group | Ian Patterson |
| **Helen Clark (Vice Chairman)** | **Thames Valley Integrated Care Board** | **Dr Abid Irfan** |
| ~~Vacant~~ | ~~Thames Valley Integrated Care Board~~ | |
| C/Supt Felicity Parker | Thames Valley Police | |
| Rachel Peters | Voluntary Sector Representative | Bernie Prizeman |

This page is intentionally left blank

# Changes to Pharamaceutical Services – Decision Making Process

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24 September 2026 |
| **Report Sponsor:** | Dr Matt Pearce<br>Director of Public Health |
| **Report Author:** | Gordon Oliver<br>Principal Policy Officer |

## 1 Purpose and Executive Summary

1.1 This report sets out proposals for amending how the Health and Wellbeing Board (HWB) reviews formal notifications of changes to pharmaceutical services within its area, and for keeping the Pharmaceutical Needs Assessment (PNA) under review.

1.2 Currently, the HWB has the option of delegating consideration of formal notifications of changes to pharmaceutical services affecting residents of West Berkshire to the Pharmaceutical Needs Assessment Sub-Committee if there is not a convenient meeting of the HWB. However, this arrangement has proved to be impractical and inefficient.

1.3 An alternative approach is proposed whereby formal notifications of changes to pharmaceutical services be circulated electronically to Health and Wellbeing Board members, and relevant West Berkshire Council local ward members for comment, with approval of the final response to be delegated to the Director of Public Health in consultation with the Health and Wellbeing Board Chairman.

## 2 Recommendation(s)

It is recommended that the Health and Wellbeing Board agrees:

(a) That formal notifications of changes to pharmaceutical services affecting residents of West Berkshire (including notifications of appeals and third party comments on applications and appeals) be circulated via email to all Health and Wellbeing Board members, the Chief Officer of Community Pharmacy Thames Valley (if not a member of the HWB), and relevant West Berkshire Council local ward members for comment, with approval of the final response to be delegated to the Director of Public Health in consultation with the Health and Wellbeing Board Chairman.

(b) That the Pharmaceutical Needs Assessment Sub-Committee be dissolved.

## Implications

| **Financial** |
|---|
| None |
| **Human resources** |
| None |
| **Legal** |
| Section 128A of the National Health Service Act 2006 requires each HWB to assess the need for pharmaceutical services in its area and to publish a statement of its assessment (PNA).<br><br>Paragraph 19 of Schedule 2 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the Regulations) requires NHS England to give notice of notifiable applications for changes to pharmaceutical services to various bodies, including relevant Health and Wellbeing Boards.<br><br>Those notified may make representations in writing to NHS England, provided they do so within 45 days of the date on which notice was given to them, or within 30 days in the case of applications pursuant to regulation 26A (consolidation of pharmacies onto an existing site). Representations are then circulated to the applicant and all interested parties who will have a final opportunity for comment.<br><br>Applicants and/or certain interested parties have 30 days in which to appeal against NHS England's decision. Appeals are made to NHS Resolution, who circulate the appeal and give interested parties 30 days to submit representations.<br><br>Any legal challenges to decisions based on information in the PNA may in turn expose the decision that was made by the HWB to challenge by way of Judicial Review. Therefore, it is important that the HWB follows national guidance in the implementation of the Regulations, including responding when notified of changes to pharmaceutical services within West Berkshire. The proposed approach outlined in this report would facilitate responses to such notifications.<br><br>*Reviewed by Dawn Bond (10 August 2026)* |
| **Risk management** |
| Due to the serious consequences of not following due process in developing the PNA, national guidance recommends that the HWB includes production of the PNA in the council's risk register. |
| **Council Strategy** |
| None |
| **Other Implications** |
| None |

| |
|---|
| **Equalities Impacts:** Neutral |
| None |
| **Data Impacts:** Neutral |
| None |
| **Environmental Impacts:** Neutral |
| None |
| **Health Impacts:** Positive |
| By responding to notifications of changes to pharmaceutical services in West Berkshire, the Health and Wellbeing Board will give an assessment as to how it considers the proposals will impact on local residents and whether any significant gaps in provision will be created as a result of the change. |

| | |
|---|---|
| **Consultation and Engagement:** | None |

## 3 Background

3.1 Primary Care Support England (PCSE) is responsible for notifying a range of organisations, including relevant Health and Wellbeing Boards, when:

- a pharmacy or dispensing appliance contractor opens new premises or relocates to new premises
- a change of ownership application takes place
- a pharmacy or dispensing appliance contractor closes existing premises

3.2 Integrated Care Boards (ICBs) are responsible for notifying a range of organisations when:

- a pharmacy's core and/or supplementary opening hours change
- a dispensing practice ceases to dispense either to a particular area or completely

3.3 Each Health and Wellbeing Board is required to put in place a system to allow it to identify any changes to the availability of pharmaceutical services and then determine whether or not it needs to issue a supplementary statement to its PNA.

3.4 At its meeting on 20 April 2023, the Health and Wellbeing Board agreed a process for receiving and responding to notifications of changes to pharmaceutical services affecting residents of West Berkshire as follows:

(a) Notifications of changes to pharmaceutical services in West Berkshire to be shared between the Chairman of the Health and Wellbeing Board, the Director of Public Health, and West Berkshire Council's Public Health Team;

(b) Decisions about appropriate responses to notifications of changes to pharmaceutical services to be delegated to a Sub-Committee of the Health and Wellbeing Board, consisting of the Chairman and Vice Chairman of the Health and Wellbeing Board, the Director of Public Health, and a senior Public Health Officer;

(c) The Sub-Committee shall consult the Local Pharmaceutical Committee (Community Pharmacy Thames Valley) and the relevant local ward councillor(s) if a gap in provision is identified in order to understand the likely impact on other pharmacies and the local community;

(d) All decisions of the Sub-Committee will be reported back to the Health and Wellbeing Board at the next public meeting, and the Public Health Team will publish any supplementary statements or updated PNA on the West Berkshire Public Health Observatory website as required.

3.5 This process was in accordance with national guidance and closely followed that adopted by Wokingham Borough Council. It was intended to allow for responses to be agreed within statutory timescales where there was not a convenient meeting of the Health and Wellbeing Board.

3.6 The main weakness of this approach is that Sub-Committee meetings are required to take place in public, and with meetings sometimes taking as little as 15 minutes, they are not an efficient use of time, particularly for ICB colleagues who typically spend significantly longer travelling than they do in the meeting.

3.7 Also, it should be noted that the number of notifications of changes to pharmaceutical services has increased significantly in recent years. There were several pharmacy closures in West Berkshire during 2022 and 2023 due to large, national pharmacy chains leaving the market or closing unprofitable stores. Also, some 100-hour pharmacies applied to reduce their hours during this period. There have since been several applications by independent providers to open new pharmacies in West Berkshire. Most recently, Calcot has been the focus for new applications due to the significant gap in provision identified in the PNA. There has also been a consolidation of pharmacies in the Mortimer area. Several applications have been the subject of appeals, generating additional notifications that require further responses.

3.8 This increased level of activity has made it impractical to continue to arrange Sub-Committee meetings to respond to every notification, and an alternative mechanism is therefore required.

## 4 Proposals and Options Considered

| Option | Comments |
|---|---|
| **Option 1:**<br><br>Agree that :<br><br>• Formal notifications of changes to pharmaceutical services to be circulated via email to Health and Wellbeing Board members, the Chief Officer of Community Pharmacy Thames Valley (if not a member of the HWB) and relevant WBC local ward members for comment, with approval of the final response to be delegated to the Director of Public Health in consultation with the Health and Wellbeing Board Chairman.<br>• The Pharmaceutical Needs Assessment Sub-Committee be dissolved.<br><br>**This is the recommended option.** | This would allow all members of the Health and Wellbeing Board to comment on proposed changes to pharmaceutical services.<br><br>It would also be an efficient mechanism for agreeing responses, helping the Board to meet tight statutory deadlines. |
| **Option 2:**<br><br>Set up a PNA Steering Group to review notifications and agree responses.<br><br>Dissolve the Pharmaceutical Needs Assessment Sub-Committee.<br><br>**This is not recommended.** | This could have a membership similar to the current PNA Sub-Committee.<br><br>It would have the advantage of not requiring meetings to take place in public. However, it would not allow all HWB members to comment on notifications. |
| **Option 3: Retain existing arrangements**<br><br>Do nothing - continue to use the Pharmaceutical Needs Assessment Sub-Committee to review notifications of changes to pharmaceutical services where there is not a suitable meeting of the Health and Wellbeing Board.<br><br>**This is not recommended.** | This arrangement has proved to be impractical, since Sub-Committee meetings need to be held in person. These meetings can be very short and do not represent an efficient use of time, particularly for ICB colleagues who spend a disproportionate length of time travelling to and from meetings. |

It is considered that the proposed course of action would address the weaknesses of the current arrangement, allowing the Board to respond to notifications of changes to pharmaceutical services affecting residents of West Berkshire within statutory timescales.

## 5 Appendices

None

## Background Information

**Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards**

## 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 Board is able to respond appropriately to notifications of changes to pharmaceutical services, and ultimately ensure that there is an adequate number of pharmacies and services to meet the neds of local residents.

## Governance Pathway

| **Committee/Body** | **Date** |
|---|---|
| Corporate Board | 18 August 2026 |
| **Executive Briefing** | 3 September 2026 |
| **Health and Wellbeing Board** | 24 September 2026 |

# West Berkshire – JSNA Review

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24th September 2026 |
| **Report Sponsor:** | Matt Pearce |
| **Report Author:** | Helena Fahie, Alice Luker & Steph Maidment |

## 1. Purpose and Executive Summary

1.1 This report presents the findings of the review of the West Berkshire Joint Strategic Needs Assessment (JSNA), sets out a refreshed vision for its future development, and proposes strengthened governance and a co-produced action-planning process.

1.2 The JSNA is the statutory assessment of the current and future health and wellbeing needs of the population. It should provide the evidence that shapes local priorities, informs commissioning and supports action to reduce health inequalities.

1.3 During 2025/26, West Berkshire Council and Health and Wellbeing Board partners undertook a review of the current JSNA. The review identified that while the JSNA is well regarded as a reliable source of data and intelligence, there is significant opportunity for it to become a stronger driver of decision-making, partnership working and action.

1.4 The ambitions and proposals to progress this are set out in Section 7 of the paper. These will address the findings from the review process which indicate a need for further development of the JSNA. This will position the JSNA as the key intelligence resource supporting delivery of Health and Wellbeing Board priorities and improving outcomes for residents.

1.5 Following the Government's announcement of the creation of the new Ridgeway Council, the recommendations have intentionally been kept at a high level. As the JSNA development plan progresses, these recommendations will be reviewed and refined to reflect any implications arising from local government reorganisation. Throughout the development process, opportunities will be sought to align with Oxfordshire County Council to ensure that any improvements to the JSNA can be carried forward and are more likely to be sustainable during the transition to the new Ridgeway Council.

1.6 The JSNA steering group will keep abreast of the new Thames Valley ICB Population Health Unit so we can align work moving forward.

## 2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

(a) Note the findings of the JSNA review and the case for strengthening the JSNA as West Berkshire's shared evidence base for strategic decision-making, commissioning, neighbourhood health development and action to reduce health inequalities.

(b) Approve the refreshed vision for the JSNA set out in sections 4.4–4.6 and endorse Option 3, the comprehensive improvement programme, as the basis for its future development.

(c) Agree that strengthened multi-agency governance arrangements be established to oversee the JSNA and establish a JSNA working group to co-produce a detailed action plan and define priorities. Existing JSNA analytical capacity and core outputs will continue as business as usual while the working group develops the future JSNA approach.

| **Financial** |
| --- |
| There are possible financial implications associated with an improved JSNA including the need for additional tools and resources to strengthen the JSNA e.g. including an asset mapping functionality. Any costs will be covered through the Public Health Ringfence Grant. |
| **Human resources** |
| There are no HR implications set out within this paper. |
| **Legal** |
| As set out in the body of this report, the Council has a statutory duty (shared with the ICB) to produce a Joint Strategic Needs Assessment in accordance with the Local Government and Public Involvement in Health Act 2007, reinforced and updated by the Health & Social Care Act 2012 and subsequent amendments under the Health Care Act 2022. The policy changes of 2025 and 2026 have created a formal requirement for JSNA evidence to inform NHS commissioning decisions at the neighbourhood level which support a review and strengthening of the JSNA. |
| **Risk management** |
| Currently the KPI report for this project is highlighted as amber, as the work to progress the recommendations is slightly behind schedule. However, work is progressing at pace, and there is an existing JSNA that remains accessible whilst the project to make improvements is agreed and progressed. |
| **Council Strategy** |
| The JSNA links to strategic priorities such as thriving communities, healthy lives and equal opportunities and ensures that health evidence shapes local service delivery and policy. The JSNA supports the wider council ambition to be more data and intelligence led. |
| **Other Implications** |
| |

| **Equalities Impacts:** Neutral |
|---|
| There are no impacts arising directly as a result of this report. However, the JSNA will be expected to identify specific health and wellbeing needs and inequalities that affect different groups, which is a prerequisite for evidence-based decision making that promotes fairness and inclusion. |
| **Data Impacts:** Neutral |
| None |
| **Environmental Impacts:** Neutral |
| None |
| **Health Impacts:** Positive |
| The JSNA is an important tool to help identify health and wellbeing needs across our communities. |

| | |
|---|---|
| **Consultation and Engagement:** | Stakeholders from across West Berkshire Council and partner organisations, including the NHS, Healthwatch, voluntary sector, responded to the JSNA survey which has shaped the recommendations underpinning this paper. |

## 3. Background

3.1 The JSNA is a statutory function of the HWBB under the Health and Social Care Act 2012, updated following the Health and Care Act 2022, requiring local partners to jointly assess and understand the health and wellbeing needs of the population to inform service planning and commissioning. Recent national policy changes, including the Neighbourhood Health Framework, now require that neighbourhood health plans (from 2027/28) are explicitly informed by JSNA evidence and address the health inequalities it identifies. This represents a step change in the role of the JSNA as the core evidence base for system-wide planning and commissioning.

3.2 The JSNA is intended to be a foundational component of:

- The Joint Local Health and Wellbeing Strategy;
- Commissioning decisions across local authority and NHS/ICB partners;
- Neighbourhood health development and preventative approaches to improving population health and reducing health inequalities.

3.3 Current policy expectations and national good practice emphasise that JSNAs should:

- Be jointly owned across the system;
- Inform strategic priorities, policy development and investment decisions in an area;

- Provide a systematic assessment of needs, including both quantitative data and qualitative insight (community voice), including residents' lived experience and voluntary, community and social enterprise (VCSE) sector perspectives;
- Identify and reduce health inequalities, including for health inclusion groups;
- Be accessible and easy to navigate;
- Incorporate features such as dashboards and interactive maps for different geographies;
- Support Health in All Policies approaches.

3.4 Current JSNA provisions:

- The current West Berkshire JSNA consists of a range of resources hosted on the West Berkshire Observatory. These include, but are not limited to:

  (a) A State of the District JSNA Report – First established in 2025, this provides a concise overview of the population's health and wellbeing needs across the life course and wider determinants of health. While not intended to be exhaustive, the report highlights key issues and emerging priorities within West Berkshire.

  (b) "Deep dive" Health Needs Assessments – Detailed reports that explore specific health and wellbeing topics in depth, identifying unmet need, inequalities, and opportunities for improvement.

  (c) Topic data and neighbourhood profiles – A suite of data profiles available at District, Ward, and Lower Super Output Area (LSOA) level. These cover a wide range of demographic, social, economic, and health-related topics, including (but not limited to):

    (i) Population and Demographics

    (ii) Deprivation

    (iii) Economy and Employment

    (iv) Children and Young People's Health and Wellbeing

  (d) Data updates and other reports – For example, the Director of Public Health Annual Reports, The West Berkshire Youth Survey Report and West Berkshire Indices of Deprivation Summary Report.

3.5 However, findings from the review highlighted key limitations of the current JSNA including:

- Low regular use and unclear purpose across stakeholders;
- Lack of clear and shared system governance, engagement and communication;
- Limited interpretative commentary and action-focused insight (making clear the "So What" of quantitative findings for policies and service planning);
- Gaps in community and voluntary sector voice, service-level data and community asset mapping;
- Lack of small area analysis to inform local and neighbourhood decision making

3.6 This suggests that the JSNA is currently data rich but underutilised and has limited impact on system-level decisions.

## 4. Proposals and Options Considered

4.1 There is an ambition for West Berkshire Council and wider partners to become evidence-led organisations, whereby decisions, priorities, policies and the allocation of resources are consistently informed by the best available evidence, alongside professional judgement, community insight and local context.

4.2 It does not simply produce data or research. It creates the culture, capability, systems and expectations needed for evidence to be understood, challenged and used across the organisation — helping the council identify need, reduce inequalities, choose effective approaches, assess impact and learn from what works.

4.3 The JSNA can support this evidence-based approach, in setting out key information and indicators to support the decisions being made. For JSNAs to be useful, it is important that they are collaboratively developed, utilised to support decision making by all council and health partners and should incorporate both qualitative and quantitative data and public feedback.

4.4 The vision for the future Joint Strategic Needs Assessment (JSNA) is that it will be West Berkshire's trusted, shared and routinely used evidence base, bringing together data, intelligence and community voice to help councillors, staff and partners understand need, shape priorities, reduce inequalities and make better decisions for residents.

4.5 Our vision is to create a living, iterative and collaborative JSNA that moves beyond a statutory requirement to become an accessible, interactive and actionable resource for West Berkshire. It will be the starting point for understanding our population, communities and places, and a trusted source of evidence that supports the development of ideas, strategies, policies, services and investment decisions.

4.6 The JSNA will be known, understood, valued and routinely used by councillors, officers at all levels and partner organisations. Staff will have the confidence and skills to access, interpret and apply its insights in their everyday work, whether identifying priorities, writing reports and business cases, planning services, commissioning activity or evaluating impact. By combining quantitative data with qualitative intelligence, lived experience, local knowledge and community voice, the JSNA will provide a rich understanding of need, inequalities, demand, assets and opportunities. Through supporting Health in All Policies and evidence-informed decision-making across organisations, it will become an integral part of how West Berkshire plans, delivers and improves outcomes for residents.

4.7 In West Berkshire, as part of the JSNA review views were gathered on how teams utilise the current report, and what changes may be beneficial to optimise future iterations. The initial findings of the review, together with draft recommendations, were presented to the Health and Wellbeing Board on 29th January 2026 for feedback. Following this, further engagement took place with senior leaders and teams to share the findings and provide opportunities for additional input into the recommendations.

A summary of the feedback received has been collated and incorporated into Appendix B.

4.8 The responses to the survey have been invaluable in shaping a proposal for the future of the West Berkshire JSNA. However, to feasibly implement some of the concepts and ideas against other capacity constraints, it is proposed that an incremental change process is adopted.

4.9 The key recommendations to develop the JSNA following the review are:

(1) Greater use of community voice and lived experience to ensure the JSNA reflects the experiences, needs and strengths of all communities across West Berkshire.

(2) Improved data quality, relevance & scope to ensure that intelligence drives action.

(3) More granular neighbourhood-level insight to support local decision making.

(4) Improved integration of data across organisations to ensure that the JSNA provides a comprehensive and accurate picture of need.

(5) Improved usability, navigation & design to ensure evidence can be accessed, understood, and used by decision-makers

(6) Improved communication, awareness & training to ensure there is greater and more effective use of the JSNA and engagement with stakeholders.

(7) Stronger governance and shared ownership to enable the JSNA to become a jointly owned resource.

(8) Improve NHS integration and strategic influence to ensure that the JSNA informs commissioning decisions across multiple sectors

4.10 The proposed roadmap for delivering the key recommendations and the JSNA includes the following phases. Core JSNA activity will continue throughout implementation. For example, the neighbourhood health profiles, which are due for completion by March 2027, will be delivered during this period. Any emerging priorities identified before the action plan is finalised will be progressed where appropriate.

- Phase 1: Co-design and Action Planning – September 2026 to January 2027

  Through the working group, we will engage with key stakeholders across the Council and partner organisations to refine requirements, identify priorities and develop a detailed action plan.

- Phase 2: Agreement and Mobilisation – January 2027

Present recommendations and delivery options to the Health and Wellbeing Board for approval and agree governance, ownership and resources.

- Phase 3: Implementation – February 2027 onwards

  Deliver the agreed programme of work through a JSNA Working Group, developing products, processes, skills and communications.

- Phase 4: Embedding and Review – From 2028

  Monitor use and impact, gather feedback, refresh priorities and ensure the JSNA becomes embedded in organisational decision-making.

| Option | Comments |
|---|---|
| **Option 1: Maintain the current JSNA approach**<br><br>Continue with existing inputs, structure and outputs as per Section 3.4.<br><br>**This is not recommended.** | This option would require no additional resources or changes to governance arrangements, however it would not address the limitations identified in the review, respond to stakeholder feedback, or strengthen the link between intelligence and decision-making. |
| **Option 2: Basic JSNA improvement programme**<br><br>Implement a structured, phased programme to address the recommendations as per 4.9, and strengthen JSNA governance.<br><br>**This is not recommended.** | This option would address most of the key limitations identified in the review. However, without a co-produced approach, it may not secure sufficient shared ownership, stakeholder input or support, increasing the risk that the improved JSNA is not widely understood, adopted or used. |
| **Option 3: Comprehensive improvement programme**<br><br>Covers everything in option 2, and in addition, with further collaborative and co-production work, building towards the ambition for WBC to become fully evidence led. Position the JSNA as a system wide intelligence and decision support tool.<br><br>**This is the recommended option.** | This option addresses all the key limitations identified in the review, strengthens evidence-informed decision-making across the Council and partner organisations, and promotes shared ownership through a co-produced action plan. It offers the strongest opportunity to achieve the Council's ambition to become evidence-led and to ensure that partners can readily access and use the evidence they need. |

## 5. Appendices

Appendix A – What We Heard: Ambitions from the JSNA Review

Appendix B – JSNA Review Summary and Findings

## Background Information

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:

- strengthening the JSNA as a shared evidence base for partners
- improving understanding of local need, inequalities, lived experience and service provision
- supporting evidence-based planning, commissioning and prioritisation of services and interventions to improve outcomes for residents across West Berkshire.

## Governance Pathway

| **Committee/Body** | **Date** |
|---|---|
| Corporate Board | 01/09/2026 |
| Executive Briefing | 10/09/2026 |
| Health and Wellbeing Board | 24/09/2026 |

What We Heard: Ambitions from the JSNA Review

| Strategic Priority | Outcome Sought | Ambitions |
|---|---|---|
| **1. Inclusion, Voice and Equity** | The JSNA reflects the experiences, needs and strengths of all communities across West Berkshire. | • Develop a sustainable approach to incorporating lived experience and community voice into JSNA products.<br>• Engage VCSE partners and council teams.<br>• Include inclusion health groups and map community assets within the JSNA.<br>• Provide breakdowns of the data by different demographic group |
| **2. Intelligence that Drives Action** | The JSNA provides actionable intelligence that supports decision-making and commissioning. | • Introduce standardised JSNA templates, including mandatory "So What?" and "What Next?" sections.<br>• Ensure benchmarking against England, South East and statistical neighbours.<br>• Strengthen links between identified need, service provision and outcomes.<br>• Establish an annual process for prioritising JSNA topics aligned to HWBB priorities. |
| **3. Place-Based and Neighbourhood Insight** | Local intelligence supports neighbourhood health, prevention and place-based decision-making. | • Develop neighbourhood, ward or priority-area profiles and dashboards.<br>• Increase availability of small-area data and intelligence.<br>• Align JSNA products with neighbourhood health priorities and emerging models of care. |
| **4. Data Integration and System Intelligence** | The JSNA draws on intelligence from across the health and care system. | • Map available datasets across partner organisations.<br>• Improve data sharing and integration where appropriate.<br>• Strengthen intelligence partnerships across the Council, NHS and other stakeholders. |
| **5. Accessibility, Design and Usability** | JSNA products are accessible, engaging and easy to use. | • Review the accessibility and usability of current JSNA resources.<br>• Explore opportunities for dashboards, mapping tools and interactive products.<br>• Develop consistent templates, branding and guidance for JSNA outputs.<br>• All products will meet accessibility standards.<br>• Produce a range of JSNA products to inform different streams of work. |

| | | |
|---|---|---|
| **6. Communication, Engagement and Capability** | Awareness and use of the JSNA increases across partners and communities. | • Develop and implement a communications and engagement plan.<br>• Create mechanisms for regular stakeholder feedback.<br>• Deliver training and support to improve confidence in using JSNA products.<br>• Showcase examples of how JSNA evidence has informed decision-making. |
| **7. Governance, Ownership and Continuous Improvement** | The JSNA becomes a jointly owned system resource with clear governance and accountability. | • Establish a multi-agency JSNA Steering Group.<br>• Introduce an annual planning, review and evaluation cycle.<br>• Develop a publication schedule for JSNA products.<br>• Embed Health in All Policies principles within JSNA development.<br>• Keep abreast of opportunities to utilise AI and emerging technologies to enhance JSNA production. |
| **8. NHS Integration and Strategic Influence** | The JSNA is routinely used to inform NHS planning, commissioning and transformation. | • Strengthen engagement with NHS partners to understand intelligence needs.<br>• Increase use of JSNA evidence within commissioning, service planning and neighbourhood health development.<br>• Explore opportunities to strengthen the role of the JSNA in strategic decision-making across the system. |

# West Berkshire Joint Strategic Needs Assessment Review:

## Background, Key Findings and Recommendations

Accompanying Paper for the Health and Wellbeing Board - September 2026

# Background

- A Joint Strategic Needs Assessment (JSNA) is a process through which we assess the **current and future health, care and wellbeing needs** of the local population to **inform and guide** the planning and commissioning of health, wellbeing and social care services.
- A JSNA is:
  - Joint – it is owned by, and for the benefit of, all Health and Wellbeing Board partners
  - Strategic – it is high level, identifying the key priorities for the area
  - Needs assessment – it outlines the health and wellbeing needs of residents.
- Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing the JSNA.
- The current West Berkshire JSNA is not a single product, but a range of resources hosted on the West Berkshire Observatory.
- Following a LGA review of the Health and Wellbeing Board, the importance of JSNA as the basis for enabling the HWBB to make informed decisions about its priorities was recognised
- Led to initially producing a rapid "State of the District" JSNA report without review, in parallel with conducting a review of the JSNA, to inform the future JSNA approach so that it is fit for purpose in for informing the HWBB and partner organisations about the needs of local people to support decision making to improve their health and wellbeing outcomes.

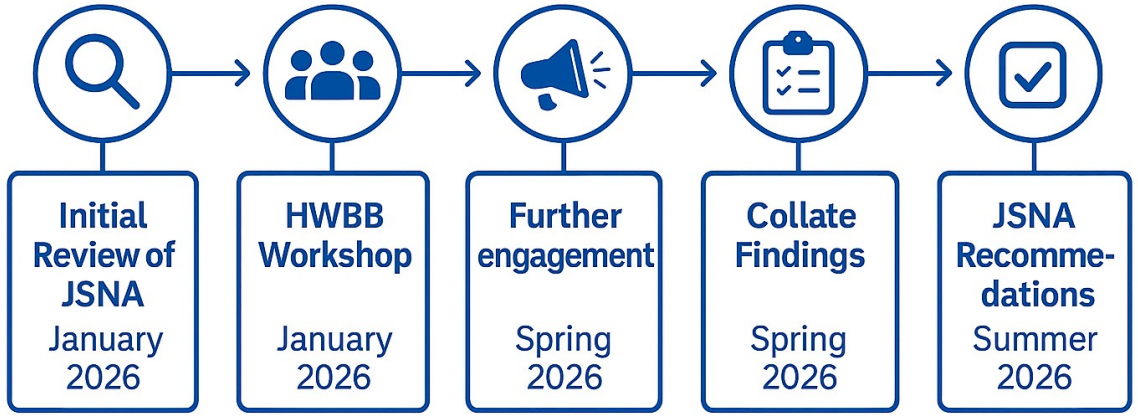
# West Berkshire JSNA Review

The following key questions were proposed to guide the review:

1. What are the required functions and typical use cases of the JSNA?
2. Is the current JSNA for West Berkshire fulfilling its function of meeting the needs of the District and key stakeholders?
3. What needs to change in order to improve its functionality?
4. How is the JSNA produced and delivered?
5. What should the JSNA end product look like?

# JSNA Review Methodology

- Stage 1 – Initial review:
  - Preliminary review by JSNA Leads – Identify what currently works well and what needs improving
  - Review of good practice – identification of national exemplars of good practice
  - Review of the West Berkshire Observatory Website – Review the cost, design, and use
  - JSNA Review Survey distributed to stakeholders
- Stage 2 - Health and Wellbeing Board Workshop
  - Findings from the initial review and emerging themes from this stage were presented to Health and Wellbeing Board members.
- Stage 3 – Further engagement with management teams across West Berkshire Council
  - This stage ensured that stakeholders were sighted on all findings and were given the opportunity to input into the development of recommendations.



# West Berkshire JSNA Review Findings

**Stage 1:**

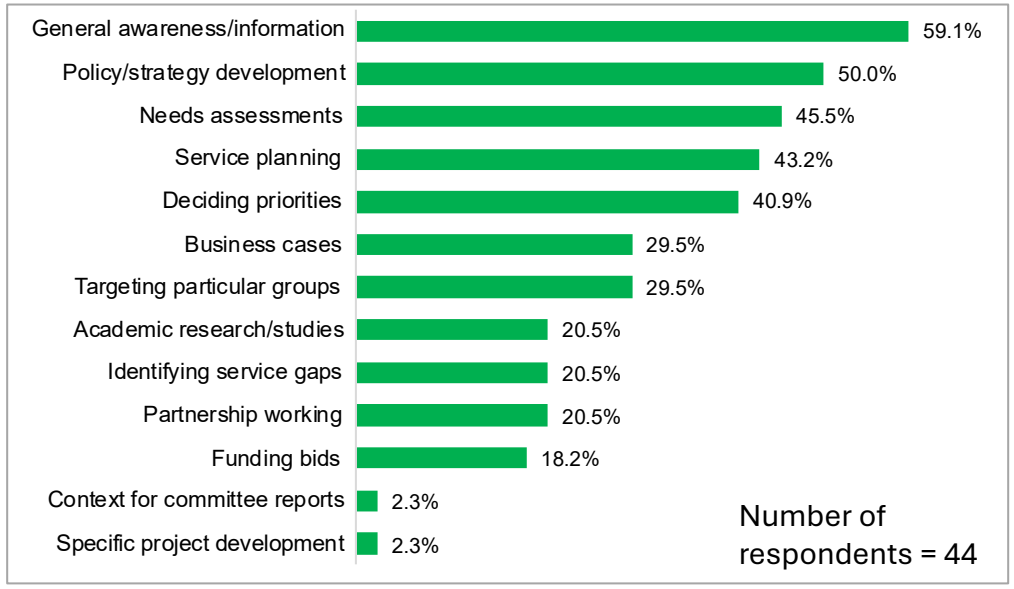
- **Preliminary review by JSNA Leads:**
  - Strengths identified included:
    - Up-to-date standalone 'JSNA' document
    - Wealth of routine and 'live' data
    - Data available for a range of geographies
  - Limitations:
    - Lack of qualitative data
    - Lack of clear and shared system governance
    - Limited interpretative commentary
- **Good practice:**
  - Broad variety of JSNAs
  - Use of different types of ways of displaying data including interactive dashboards and maps
- **Survey review findings:**
  - 83 valid responses (received between 16 October to 17 November 2025)
  - 69% (57/83 respondents) said their work focused on West Berkshire or both Reading and West Berkshire

# West Berkshire JSNA Review Findings

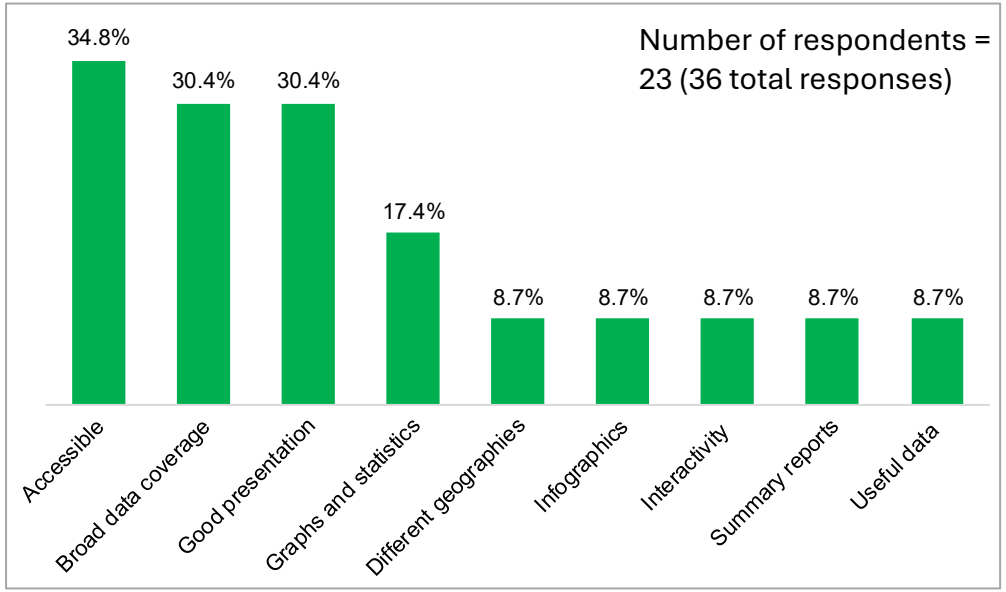
- **Survey review findings (continued):**
  - 76% (63/83) had **heard** of the JSNA
  - 90% (44/49) said they used the JSNA occasionally or rarely, 4% (2) used it regularly
  - The top five most common uses for the JSNA were: **general awareness** (59%), **policy/strategy development** (50%), **needs assessments** (46%), **service planning** (43%) and **deciding priorities** (41%).
  - 81% rated the JSNA as either **very good or good**
  - The top three themes about what people liked about the JSNA were that it was **accessible to use and navigate** (35%), it included a **broad range of data** and that it was **well presented** (both 30%).



**Question 11 What have you used the JSNA for?**



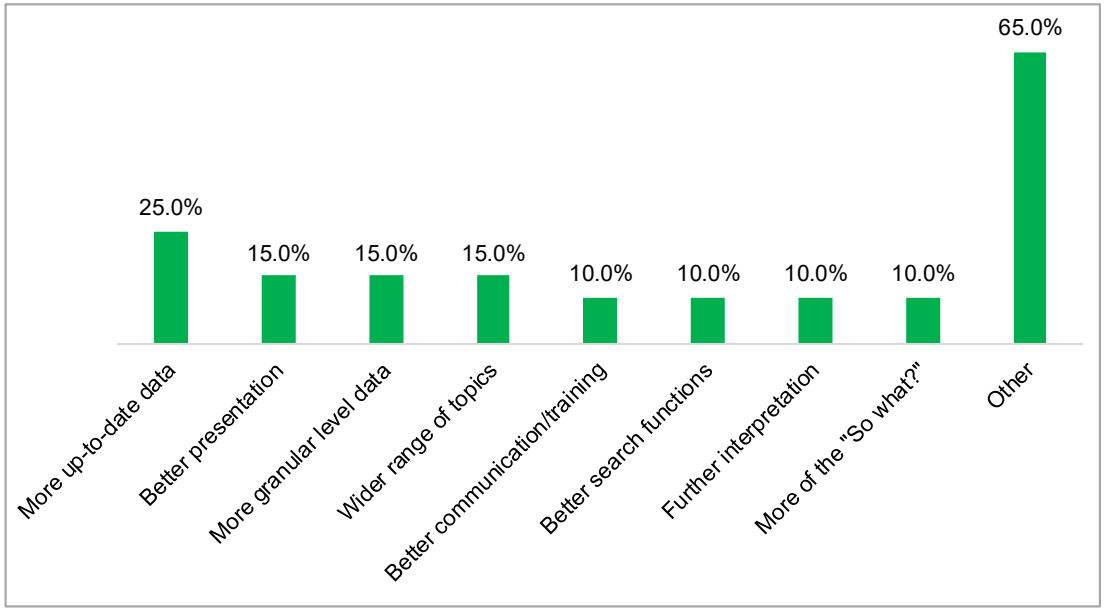

**Question 15 Is there anything you particularly like about the current JSNA??**



# West Berkshire JSNA Review Findings

- **Survey review findings (continued):**
  - 50% (22/44) thought there was something missing from the JSNA.
    - The two main themes about what were missing was the **lack of internal and partnership data** and **detailed information on specific geographies and cohorts**
  - When asked about what changes could be made to make the JSNA to make it better, the most common themes were around having **more up-to-date data, better presentation**, more **granular level data** for different geographies and demographic groups.

**Question 16 What changes can be made to the JSNA to make it better?**




Number of respondents = 20 (35 total responses)

# West Berkshire JSNA Review Findings

**Stage 2:**

- A workshop was held with Health and Wellbeing Board members to gather feedback on the proposed draft recommendations. Feedback from the workshop was incorporated into the recommendations, helping to refine and further develop the final draft.
- Feedback included:
  - Making sure than there is sufficient communication around the JSNA and it is communicated to a wide range of stakeholders
  - Ensuring that the JSNA is promoted as a key resource and providing training to help stakeholders understand and use the data effectively
  - The JSNA needs more information to support further action
  - The JSNA could be made more appealing to read and have simplified navigation to obtain information
  - Making the JSNA more interactive

**Stage 3:**

- Recommendations were updated to reflect feedback received through multiple team meetings. Overall, responses were very positive and provided strong support for the findings previously identified.

# All-Age Mental Health and Wellbeing

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24th September 2026 |
| **Report Sponsor:** | Matt Peace, Director of Public Health |
| **Report Author:** | Adrian Barker - Chair, Mental Health Action Group<br>Janette Searle - Public Health Principal |

## 1. Purpose and Executive Summary

1.1 The Health and Wellbeing Board (HWBB) has agreed to focus on three medium-term priorities, one of which is All-age Mental Health and Wellbeing. This report presents a proposed governance structure and delivery plan in support of this priority.

1.2 HWBB sub-group arrangements are being streamlined to reflect this re-prioritisation exercise and meet the recommendations of the 2025 Local Government Association (LGA) peer review. The recommendation is that this should include establishing a new Mental Health and Wellbeing Board, chaired by the NHS, which will oversee mental health and wellbeing for all ages, including suicide prevention, and disestablishing the independently chaired Mental Health Action Group and Suicide Prevention Action Group[1] as HWBB subgroups.

1.3 Following a stakeholder engagement exercise including HWBB partner organisations and representatives from across the voluntary sector, an All-age Mental Health and Wellbeing Delivery Plan has been developed framed by six strategic aims.

(1) Build the social and cultural conditions for positive mental health and wellbeing, reducing stigma and tackling underlying causes of marginalisation & discrimination
(2) Reduce the stresses that affect mental health, including those that come from council policy and processes as well as specific life-events such as homelessness.
(3) Service collaboration and integration to produce better integrated and person-centred mental health care, re-designing and streamlining pathways, with one-stop entry and continued support throughout the patient journey
(4) Better information on pathways and improved early intervention which:
- support the maintenance of good mental health and wellbeing
- promote resilience and self-management
- avert crises

(5) Develop targeted approaches to ensure mental health support can be accessed by ‘at risk’ groups and reduce health inequalities

[1] A group of community partners wish to continue meeting as the West Berkshire Suicide Prevention Action Group with a focus on community education and awareness raising. They would be key stakeholders in the delivery of West Berkshire suicide prevention activity but not covering all elements of the local plan and no longer formally accountable to the HWBB.

(6) Improve West Berkshire residents' access to support when approaching mental health crisis with better integrated working between statutory and voluntary sectors

1.4 This plan requires commitment from all Health and Wellbeing Board member organisations to prioritise, support and resource. The HWBB agreed in January 2026 that progress in relation to each of the selected priorities should be overseen by a named sponsor. It is proposed to establish a Mental Health and Wellbeing Board as a sub-body of the Health and Wellbeing Board, chaired by the NHS as a key partner, to oversee and assure the delivery plan, and lead partnership work to create the conditions for the success of the plan.

## 2. Recommendation(s)

2.1 The Board is recommended to approve the following:

(a) The appointment of Theresa Wyles, Chief Operating Officer at Berkshire Healthcare Foundation Trust (BHFT), as Sponsor of the West Berkshire All-age Mental Health and Wellbeing Delivery Plan;

(b) The establishment of a Mental Health and Wellbeing Board as a sub-body of the West Berkshire Health and Wellbeing Board under the Terms of Reference set out at Annex A;

(c) The All-age Mental Health and Wellbeing Delivery Plan 2026-28 set out at Annex B;

(d) The dissolution of the Mental Health Action Group and the Suicide Prevention Group as sub-bodies of the West Berkshire Health and Wellbeing Board.

## Implications

| **Financial** |
|---|
| There are no additional costs associated with the direct proposals set out in this report as all are achievable utilising confirmed financial resources. There are some proposals to scope additional activity or interventions but ensuing recommendations would need to be presented via business cases to the appropriate funding body / organisation before being actioned. The expectation is that All-age Mental Health and Wellbeing as an agreed priority area will receive funding support from across the Health & Wellbeing Board (Mental Health and Wellbeing Board) membership.<br><br>Financial resources available in 2026-27 include £50k allocated from the Public Health Grant reserves to support delivery of the All-age Mental Health and Wellbeing Delivery Plan. Expenditure from this source will be subject to the approval of the Director of Public Health. |

| **Human resources** |
| --- |
| The proposals set out are achievable using confirmed human resources, recognising that proposed members of the Mental Health and Wellbeing Board would need to re-prioritise staff deployment in order to engage effectively with the Board and supporting activities. |
| **Legal** |
| No additional legal implications arise from the proposals in this report. |
| **Risk management** |
| A Risk Register will be developed by the Mental Health and Wellbeing Board to highlight risks to the delivery of the All-age Mental Health and Wellbeing Delivery Plan and identify appropriate mitigations. |
| **Council Strategy** |
| The proposals supports achievement of the Council's goals to:<br>- prioritise support for those who need it most; and<br>- help our residents lead fulfilled and active lives. |
| **Other Implications** |
| There are no direct implications arising from this report relating to property or ICT.<br><br>The establishment of a Mental Health and Wellbeing Board overseeing an All-age Mental Health and Wellbeing Delivery Plan supports the rationalisation and re-focus of the Health and Wellbeing Board following an LGA Peer Review and as reported to the Health and Wellbeing Board in January 2026. |
| **Equalities Impacts:** Positive |
| The proposals within this report recognise that certain sections of the community face a greater risk of mental ill health, and set out plans to address and mitigate these. Detailed proposals for service development or change arising from the work of the Mental Health and Wellbeing Board would be supported by Equalities Impact Assessments as appropriate. |
| **Data Impacts:** Neutral |
| No new data processing or data-sharing arrangements are introduced through this report. Existing governance and data protection arrangements remain in place. |

| **Environmental Impacts:** Neutral |
|---|
| There are no direct environmental impacts arising from this report. Where services are accessed digitally or through community-based delivery models, this may support reduced travel and improved local access. |
| **Health Impacts:** Positive |
| The report sets out proposal to improve mental health and wellbeing and reduce health inequalities. |

| | |
|---|---|
| **Consultation and Engagement:** | The proposals contained within this report reflect an extensive stakeholder engagement exercise, including discussions within the Mental Health Action Group, the Mental Health Forum (a vehicle to support those with Lived Experience of mental health challenges to inform local policy and service development), and three multi agency stakeholder workshops. |

## 3. Background

3.1 In addition to research, analysis and experience shared by the Mental Health Action Group and others over a number of years, these proposals have benefited greatly from two stakeholder workshops, held in January and April of this year, as well as a stakeholder workshop held in December 2025 focusing on West Berkshire suicide prevention activity.

3.2 An outline delivery plan for 2026-28 is set out in the table in Appendix B. Over 30 organisations and individuals attended the workshops to develop the new plan, including representatives from the voluntary sector, public services and people with lived experience of mental health challenges. The plan was developed as a collective exercise. Priorities and actions were proposed and preferences expressed by partners, with the express aim of committing to actions that required joint effort, addressed the need for both prevention and acute pressures, and were feasible, effective, and had broad support.

3.3 The stakeholder workshops were informed by:

- the West Berkshire Adult Mental Health Needs Assessment;
- local understanding of the significant and current issues around funding, demand, capacity and system working;
- the aspiration of balancing the need to address acute issues in treatment availability and quality with preventative interventions to reduce future demand for services.

3.4 Proposals include:

- Scoping the feasibility of developing a new mental health crisis support service.
- Let's Talk community outreach mental health events across West Berkshire to improve awareness and access to services.
- Workplace mental health promotion in a new accreditation programme.

- Improving access to information on West Berkshire mental health and wellbeing services.

3.5 The delivery plan needs to balance a number of, sometimes competing, factors:

- Long-term strategic aims
- Evidence on the nature and extent of mental ill health and what works in addressing it
- The existing and future environment for considering mental health, including national and local policy initiatives
- Practicalities and local circumstances
- The capacity for addressing multiple objectives simultaneously

This requires balancing value judgements, technical and financial feasibility, and other competing pressures and objectives.

3.6 A strategic approach recognises that a radically different future system is possible, with lower levels of, and inequalities in, mental ill health without extra cost. Under this scenario, much mental ill health is avoided before it even starts. The benefits are maximised from service design, the use of technology and capacity within the community (such as from volunteering and the reduction of stigma). This different way of working would be sustainable within the same resources. However, there is not an inevitable path to reaching it by continuing as we are. That is because the demands of treating existing problems act as a continual brake in moving towards prevention. Treatment is often not effective (generally, not just in this area) often with only a 50% success rate. There are also relatively high rates of relapse. Factors reducing the risks of relapse include social contact, employment and early intervention.

3.7 However, there is much good work already going on, and regular innovations in both public and voluntary sector services. Other key initiatives relevant to mental health to engage with include the other two HWBB priorities of Neighbourhood Health and Best Start in Life, together with other work on children and families, the Healthy Workplace programme, Health and Wellbeing in All Policies and developments in voluntary sector commissioning.

3.8 The six priority areas identified are intended to frame longer term delivery, with refreshed plans to be developed under the oversight of the Mental Health and Wellbeing Board and brought back to the Health and Wellbeing Board for approval. The activities selected for inclusion in the 2026-28 Delivery Plan reflect the considerations detailed above, including need as currently understood, available resource, and the importance of aligning with initiatives which incorporate mental health considerations within a broader remit so as to exploit opportunities to ensure mental health is at the heart of key pieces of work from an early stage, ideally the outset.

3.9 There are many options for future work, from April 2029 and beyond which could include:

- Build resilience in children and young people by building on existing work (such as the PSHE programme, Mental Health Support Team offer in schools) through universal, interactive mental health education with parity to physical health
- Targeting particular groups or cohorts, e.g. 18-24 year olds transitioning from children's to adults' services, or targeting through micro-commissioning, e.g. in areas of deprivation
- Improve mental health at work by promoting good quality jobs (e.g. with greater autonomy and agency, meaningful achievable targets etc.)
- Secure funding opportunities that support long-term sustainability of provision for recovery from mental health challenges, maintenance of good mental health and peer support by co-producing plans between commissioners, peer support groups, recovery colleges and local charities for extending the range of peer support and recovery opportunities.
- Raise awareness, understanding and changing attitudes (including stigma and discrimination) by various community outreach programmes and events including a lived experience pool of speakers and inter-generational activities and mental health communications to promote mental health overseen by a multi-agency steering group.
- Support physical health and address mental health issues related to chronic ill health or disability
- Provide additional support to people at risk of escalating mental health problems from 'life events' such as childbirth, bereavement or redundancy
- Enhance the emotional support provided by social connection and reduce the adverse impacts of loneliness by enabling an increase in the number of places, organisations and opportunities for people to meet up, signposting opportunities and providing additional support to people who want to meet others
- Reduce mental health challenges by helping impart meaning to people with, or at risk of, mental health challenges, through the promotion of art and cultural activities.

3.10 An Outcomes Framework will be developed to support the HWBB across all three priority work areas – Best Start in Life, All-age Mental Health and Wellbeing, and Neighbourhood Health.

## 4. Proposals and Options Considered

| Option | Comments |
|---|---|
| Option 1: Approve the proposed All Age Mental Health and Wellbeing delivery plan, and establish a new Mental Health Board to oversee it. | **THIS IS THE RECOMMENDED OPTION because** the proposals have been developed through considerable collective deliberation and take account of local need as currently understood, available resource, and opportunities for alignment with wider initiatives. The proposed governance arrangements align with the principles agreed by the Board when it agreed a new set of medium term priorities in January 2026. |

| | |
|---|---|
| Option 2: Advise on amendments or alternatives to proposed delivery plan and oversight arrangements. | **This is not recommended.** Whilst further advice and input is welcomed and there is flexibility on the detail and opportunity to adjust the delivery plan as it proceeds, significant divergence from the agreed priority areas is unlikely to be feasible and acceptable and governance arrangements have been designed to effectively support delivery of the plan. |
| Option 3: Decide not to proceed with All-Age Mental Health and Wellbeing priority. | **This is not recommended,** because this priority has been agreed by the HWBB, on the basis of local experience from partners and stakeholders, and from identified intelligence on population need, and requires substantial partnership working. |

## 5. Appendices

Appendix A – West Berkshire Mental Health and Wellbeing Board Terms of Reference

Appendix B - West Berkshire All Age Mental Health and Wellbeing Delivery Plan 2026-28

## Background Information

Ratification of Health and Wellbeing Board Priorities – January 2026

See: Report Format for Select Committee Meetings

## 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 driving improvements in mental health and wellbeing for children, young people and adults through an all age approach.

## Governance Pathway

| **Committee/Body** | **Date** |
|---|---|
| Corporate Board | 18.08.2026 |
| Executive Briefing | 10.09.2026 |

# Appendix A
# Mental Health and Wellbeing Board Terms of Reference

## 1 Establishment and Accountability

1.1 The Mental Health and Wellbeing Board (MHWB) is a Sub-Body of the West Berkshire Health and Wellbeing Board (HWBB).

1.2 The MHWB is not an executive body and will work primarily through the influence and action of its constituent organisations.

1.3 The MHWB is a non-statutory, multi-agency group working to contribute to achieving the West Berkshire Health and Wellbeing Board priority of improving mental health and wellbeing for all children, young people and adults in West Berkshire. This will support achievement of two of the Berkshire West Joint Health and Wellbeing Strategy (HWS) 2021-30 priorities: promote good mental health and wellbeing for all children and young people; and promote good mental health and wellbeing for all adults.

1.4 The MHWB is not a fund holding body but may provide and direct governance for projects and activities that are funded through member contributions from time to time.

1.5 The MHWB, through the Chair, is accountable to the HWBB.

## 2 Scope of Role

2.1 The principal purpose of the MHWB is to oversee delivery of the West Berkshire All Age Mental Health and Wellbeing Delivery Plan on behalf of the Health and Wellbeing Board. The MHWB will provide assurance to the HWBB that the system is delivering actions to improve mental health and wellbeing in accordance with the All Age Mental Health and Wellbeing Delivery Plan.

2.2 The MHWB will:

- Monitor progress against the All Age Mental Health and Wellbeing Delivery Plan and track impact against an agreed outcomes framework
- Receive progress reports on delivery of the West Berkshire Suicide Prevention Action Plan.
- Report back to the HWBB on progress and impact, with proposals for adaptation or the initiation of new interventions as identified
- Maintain an overview of local mental health and wellbeing need, highlighting gaps both in local intelligence and in meeting identified need
- Support the translation of research, evaluation, and policy into meaningful recommendations for local action.
- Support and promote Lived Experience voice in the planning and delivery of local interventions
- Oversee refreshes of All Age Mental Health and Wellbeing Delivery Plan for presentation to the HWBB

2.3 The MHWB aims to provide leadership and guidance in support of its purpose, fostering a collaborative partnership approach to effect positive change within West Berkshire. The MHWB will be a vehicle for uniting individuals, groups, and services, through direct membership and beyond, including organisations from all sectors, and individuals with lived experience of mental health challenges.

2.4 The MHWB will pursue its purpose so as to support strategic alignment with other HWBB sub-bodies and ambitions, e.g. the Neighbourhood Health Plan, the Best Start in Life Plan and the Health and Wellbeing in All Policies programme.

2.5 The MHWB will support positive communications on mental health and wellbeing and utilise opportunities for collaborative working, media campaigns, engagement events and conferences.

2.6 The scope of the MHWB includes interventions to promote better mental health and wellbeing at the primary, secondary and tertiary prevention levels as well as treatment interventions.

2.7 The MHWB will work in alignment with the aspirations of the NHS 10 year plan[1] to promote shifts in focus and resource allocation:

- From hospital to community: promoting person-centred approaches which anticipate rather than just react to need, and deliver accessible and integrated care
- From analogue to digital: using technology to empower people in self management and have greater involvement in their own care
- From sickness to prevention: empowering power to make healthy choices

## 3 Membership

3.1 It is expected that core membership of the MHWB will comprise:

Chief Operating Officer, Berkshire Healthcare Foundation Trust
Public Health Consultant / Service Lead, West Berkshire Council
Public Health Principal (Adults), West Berkshire Council
Advanced Public Health Practitioner (Adults), West Berkshire Council
Public Health Principal (Children & Young People), West Berkshire Council
West Berkshire Drug & Alcohol Support representative
NHS Thames Valley Integrated Care Board
Safeguarding Adults Service Manager, West Berkshire Council
Principal Education Welfare Officer, West Berkshire Council
Community Co-ordinator, West Berkshire Council
Integrated Healthy Lifestyle Service provider, West Berkshire
Experts by Experience
VCS provider representatives
Patient Panel representative
Primary Healthcare representation
Elected member(s), West Berkshire Council
Representative of West Berkshire Healthwatch

3.2 The MHWB will keep its membership under review and may:

- co-opt additional members;
- invite additional partners or agencies to attend meetings on an ad hoc basis;
- establish Task and Finish Groups to achieve particular objectives, extending the membership of such groups beyond the MHWB membership if the MHWB deems this appropriate.

[1] Fit for the future: 10 Year Health Plan for England - executive summary (accessible version) - GOV.UK

3.3 MHWB members are expected to:
- Represent their organisation/department whilst also acting collectively in accordance with the decision making processes of the MHWB;
- Respect confidential information shared in the MHWB;
- Make every effort to attend meetings, or to send a substitute if they are unable to do so; and
- Declare a conflict of interest where necessary and exclude themselves from specific agenda items at MHWB meetings.

3.4 There may be occasions when members need to nominate a substitute from their organisation or their directorate to attend on their behalf. Such substitutes should be notified to the note taker prior to the start of the meeting.

## 4 Meetings

4.1 MHWB meetings will be chaired by the Sponsor of the All Age Mental Health and Wellbeing priority as determined by the Health and Wellbeing Board.

4.2 The West Berkshire Public Health team will provide secretariat support to the MHWB.

4.3 The MHWB will usually meet quarterly but may meet more often at the discretion of the Chair.

4.4 The MHWB will seek to make all decisions via a consensus, but in the event that a consensus cannot be reached the Chair of the meeting may call a vote, to be determined by a simple majority. In the case of an equality of votes, the Chair will have an additional casting vote.

4.5 For decision making purposes a minimum of four organisations should be separately represented for MHWB meetings to be deemed quorate.

## 5 Review of Terms of Reference

5.1 These terms of reference were last reviewed on 02.09.2026 and will be reviewed annually or sooner if required.

This page is intentionally left blank

# Appendix B
# West Berkshire All Age Mental Health and Wellbeing Delivery Plan 2026-28

This Plan will be overseen by the West Berkshire Mental Health and Wellbeing Board, a non executive body co-ordinating and catalsying multi agency action and support to improve mental health and wellbeing for the residents of West Berkshire.

**Priority 1: Build the social and cultural conditions for positive mental health and wellbeing , reducing stigma and addressing underlying causes of marginalisation & discrimination**

| Intervention | Action | MHB Lead | Target date | Measure |
|---|---|---|---|---|
| Mental Health Roadshows | Pilot series of multi-agency Let's Talk events with a mental health and wellbeing focus delivered at libraries, leisure centres and other community venues. | Community Co-ordinator, WBC | Feb 27 | Event attendance; materials distributed; media coverage; social media impressions |
| | Focus on community physical activity sessions for multi-agency promotion of mental health conversations and raising awareness of local offers | Advanced PH Practitioner (Adults) | tbc | Event attendance; materials distributed; media coverage; social media impressions |
| Healthy Workplace Voluntary Accreditation Programme | Provide advice and guidance on workplace mental health promotion to inform the design of the Healthy Workplace voluntary accreditation programme | Public Health Principal (Adults) | Feb 27 | Adoption of mental health and wellbeing goals and best practice by the Healthy Workplace project board |
| | Support the evaluation of the Healthy Workplace programme and the implementation of an exit plan | Public Health Principal (Adults) | Sep 28 | Positive evaluation measures (to be determined by Healthy Workplace project board) on mental health and wellbeing support;<br>Actionable plan to sustain positive mental health outcomes and transition to Business As Usual |

| | | | | |
|---|---|---|---|---|
| Mental Health in schools | Support the achievement universal coverage of the Mental Health Support Team across West Berkshire | ICB | Sep 27 | Access & population coverage; interventions delivered |
| | Deliver a Senior Mental Health Leads Network and annual Conference to share best practice and facilitate peer support | Public Health Principal (CYP) | tbc | Engagement and attendance; Delegates reporting they feel empowered to deliver Whole School approaches to mental health and wellbeing |
| | Deliver the Living Well, 5 Ways to Wellbeing, Peer Mentor and Young Health Champions programmes to school pupils | Public Health Principal (CYP) | tbc | Engagement and attendance; Pupil feedback |
| | Promote and support young people's online safety by disseminating the resources co-produced with pupils at Kennet School | Public Health Principal (CYP) | tbc | Engagement and attendance; Pupil feedback |
| | Promote Tellmi, digital CYP MH support offer, to connect young people to mental health support outside school hours | Public Health Principal (CYP) | tbc | Take-up; user feedback |
| | Promote school nurse drop ins to improve access to health support, including for emotional wellbeing | Public Health Principal (CYP) | tbc | Engagement and attendance; Pupil feedback |
| Mental Health Board event | Event to bring stakeholder group back together to celebrate, reflect on and review MH Delivery Plan | Advanced PH Practitioner (Adults) | May 27, May 28 (MH Awareness Week) | Attendance; delegate feedback |

**Priority 2: Reduce the stresses that affect mental health, including those that come from council policy and processes as well as specific life-events such as homelessness**

| Intervention | Action | MHB Lead | Target date | Measure |
|---|---|---|---|---|
| Health in & Wellbeing in All Policies | Develop local guidance to support the implementation of mentally healthier policies and initiatives, drawing on best practice (e.g. the Centre for Mental Heath's Framework for a Mentally Healthier Council) | Public Health Principal (Adults) | Dec 26 | WBC adopts a toolkit to help embed mentally healthier policies and initiatives, aligning with the key social determinants of mental health; positive feedback from Council officers on the value and accessibility of the toolkit |
| Supporting access to paid work and volunteering | Set up Task & Finish group to scope proposals for collective action to address the barriers to work experienced by those facing mental health challenges | tbc | tbc | Agreed and resourced plan to increase the numbers of people with experience of mental ill health who are in stable employment or volunteering placements |
| Voluntary Sector commissioning arrangements | Ensure WBC's review of voluntary sector commissioning arrangements considers services which provide support around mental health stressors and triggers, as well as exploring joint commissioning arrangements | Public Health Consultant / Service Lead | Tbc – discuss with WBC Procurement | WBC commissioning arrangements support sustainable delivery by VCS organisations which provide support around mental health stressors and triggers; Feedback from VCS organisations on process and arrangements: numbers supported by VCS providers |

**Priority 3: Service collaboration and integration to produce better integrated and person-centred mental health care, re-designing and streamlining pathways, with one-stop entry and continued support throughout the patient journey**

| Intervention | Action | MHB Lead | Target date | Measure |
|---|---|---|---|---|
| Neighbourhood Health | Embed the mental health voice into planning arrangements for neighbourhood health. Design and implement new cross-sector models of working which address the whole of a person's needs and the factors contributing to their mental health challenges. | PPG rep | Tbc | Tbc |

**Priority 4: Better information on pathways and improved early intervention which support the maintenance of good mental health and wellbeing, promote resilience and self-management, and avert crises**

| Intervention | Action | MHB Lead | Target date | Measure |
|---|---|---|---|---|
| West Berkshire Directory | In collaboration with Mental Health Forum reps, review mental health information across WBC and WBD pages to reduce duplication, make the information more concise, and ensure content is aligned across services. | Advanced PH Practitioner (Adults) | tbc | Levels of user engagement; user feedback on process and outcomes; post-implementation user testing |
| | Co-ordinate MH Lived Experience engagement to inform the re-commissioning of the WB Directory platform and development of supporting / aligned information resources. | | Tbc (discuss with Directory leads) | Levels of user engagement; user feedback on process and outcomes; post-implementation user testing |
| Families First / Family Hub | Support delivery of the Best Start in Life 2026-28 plan to expand and enhance Family Hubs across the district, prioritising hub activity in the most disadvantaged areas, expanding mobile, pop up and village based delivery, and developing a digital front door. | Public Health Principal (CYP) | Mar 28 | Increased family engagement with Best Start Family Hubs; family feedback on support and resources |

**Priority 5: Develop targeted approaches to ensure mental health support can be accessed by 'at risk' groups and reduce health inequalities**

| Intervention | Action | MHB Lead | Target date | Measure |
|---|---|---|---|---|
| *Togetherness* parenting support programme | Promote self-guided online learning to help parents and carers understand children's behaviour, emotions and development, from pregnancy to adolescence. | Public Health Principal (CYP) | tbc | Uptake; user feedback |
| *Mama* project | Promote post natal support offer, including clinical and peer support offer to improve resilience and develop self management skills | Public Health Principal (CYP) | tbc | Uptake; user feedback |
| Healthchecks for people with a Serious Mental Illness (SMI) diagnosis | Support a reduction in the life expectancy gap for people with an SMI diagnosis through early detection of issues increasing health risks and appropriate medication monitoring | ICB | tbc | Improvements in SMI health check take-up and support to address issues raised |
| West Berkshire Suicide Prevention Action Plan | Improve data and evidence to inform suicide prevention planning | Public Health Consultant / Service Lead | Report delivered Apr 27, Oct 27, Apr 28, Oct 28 | Effective, evidence-informed and timely suicide prevention interventions continue to be adapted |
| | Complete a review of availability of tailored, targeted support to priority groups identified as being at higher risk of death by suicide | Public Health Consultant / Service Lead | Mar 28 | Mapping and gapping analysis including actionable recommendations to inform local developments |
| | Provide West Berkshire support and perspective for the Berkshire-wide risk based Task & Finish Groups and stand up West Berkshire only groups as may be indicated from time to time. | Public Health Consultant / Service Lead | Report delivered Apr 27, Oct 27, Apr 28, Oct 28 | Effective responses developed / implemented at a West Berkshire level to address areas of elevated suicide risk |
| | Provide West Berkshire support for work led by the Berkshire Suicide Prevention Group to promote online safety and responsible media content | Public Health Consultant / Service Lead | Report delivered Apr 27, Oct 27, | Responsible information sharing in relation to local suicides |

| | | | | |
|---|---|---|---|---|
| | | | Apr 28, Oct 28 | |
| | Lead on or support local implementation of interventions to reduce access to means and methods of suicide. | Public Health Consultant / Service Lead | Report delivered Apr 27, Oct 27, Apr 28, Oct 28 | Targeted interventions delivered as indicated by data for West Berks |
| | Review postvention support available within West Berkshire and develop proposals for future arrangements, covering both the Bereavement Support and Liaison offer from Thames Valley Police and longer term suicide bereavement support. | Public Health Consultant / Service Lead | Mar 27 | Completed assessment with clear recommendations to develop support and address any gaps identified |
| | Make suicide everyone's business | Public Health Consultant / Service Lead | Report delivered Apr 27, Oct 27, Apr 28, Oct 28 | Enhanced collective impact and support to prevent suicides |



**Priority 6: Improve West Berkshire residents' access to support when approaching mental health crisis with better integrated working between statutory and voluntary sectors**

| Intervention | Action | MHB Lead | Target date | Measure |
|---|---|---|---|---|
| Crisis alternatives | Set up Task & Finish group to scope proposals for collective action to develop accessible support for West Berkshire residents approaching mental health crisis, aligning with the West Berkshire Suicide Prevention Action Plan | Public Health Consultant / Service Lead | March 27 | Agreed and resourced plan to offer mental health support which is better co-ordinated and available at an earlier stage to avert crises, e.g. out of hours support, places of safety and support on discharge / for people in recovery. |
| | Launch pilot service | tbc | March 28 | Reduction in numbers accessing statutory crisis services |

# Response to the Emotional Wellbeing Task Group

| | |
|---|---|
| **Committee considering report:** | Health and Wellbeing Board |
| **Date of committee:** | 24 September 2026 |
| **Executive portfolio holder:** | Councillor Heather Codling |
| **Responsible director:** | AnnMarie Dodds - Executive Director<br><br>Janette Searle<br>Public Health Principal, West Berkshire Council |
| **Responsible officers:** | Sonja Janeva<br>Children and Young People Mental Health Commissioning Lead, Berkshire West,<br>Thames Valley Integrated Commissioning Board |

## 1 Purpose and Executive Summary

1.1 To provide a joint response from West Berkshire Council (WBC) and the Thames Valley Integrated Care Board (TV ICB) to the recommendations made by the Emotional Wellbeing Task Group ('the Task Group') which were reported to the Health and Adult Social Care Scrutiny (HASC) Committee on 15 July 2025.

## 2 Recommendations

2.1 The Health and Wellbeing Board is recommended to:

(a) Approve the joint WBC and TV ICB response to the Task Group recommendations as presented to HASC; and

(b) Use this to inform its ongoing strategic oversight of mental health support and improvement for the children and young people of West Berkshire, including through steering the work of the newly formed All Age Mental Health Board and the Families First Board.

## 3 Implications and Impact Assessment

| |
|---|
| **Financial** |
| The responses below set out commitments WBC and the TV ICB can make utilising confirmed financial resources, recognising that the resources available are constrained. |
| **Human resources** |
| The responses below set out commitments WBC and the TV ICB can make utilising confirmed human resources There are no additional staffing resources available to take on further delivery. Workforce development activity, including trauma-informed practice, can only be progressed where funded training capacity exists. |
| **Legal** |
| No additional legal implications arise from the proposals in this report. |
| **Risk management** |
| The Task Group identified a number of issues and risks posed to the emotional wellbeing of children and young people in West Berkshire. The WBC and TV ICB response sets out what can be done to address or mitigate those risks within available resources, recognising the other obligations on those statutory services which limits what resource can be directed towards the Task Group's recommendations. This report mitigates the risk of failure to meet other obligations by identifying appropriate ownership, dependencies and constraints, ensuring expectations remain aligned with actual system capacity. |
| **Council Strategy** |
| The approach supports the Council's priorities around prevention, early intervention, partnership working and system sustainability, while maintaining a clear focus on statutory responsibilities and realistic delivery. |
| **Other Implications** |
| There are no direct implications arising from this report relating to property.<br><br>Any future digital enhancements to service navigation or access will be progressed through existing programmes, subject to capacity and funding. Further improvements are planned but at a pace which is resource-dependent. |
| **Equalities Impacts:** Neutral |
| The report itself does not introduce service reductions or policy changes, and therefore does not pose any risk of adverse differential impacts. The responses per the proposal provide clarity on system roles and realistic delivery expectations, supporting equitable access by avoiding commitments that cannot be fulfilled. Future service developments will continue to be informed by recognising the particular needs of children, young people and families with protected characteristics, those living in rural communities or areas of deprivation, displaced communities, armed forces communities, and those who are care experienced. |
| **Data Impacts:** Neutral |
| No new data processing or data-sharing arrangements are introduced through this report. Existing governance and data protection arrangements remain in place. |

| **Environmental Impacts:** Neutral |
|---|
| There are no direct environmental impacts arising from this report. Where services are accessed digitally or through community-based delivery models, this may support reduced travel and improved local access. |
| **Health Impacts:** Neutral |
| The report recognises the importance of emotional wellbeing and mental health for children and young people. It sets out existing commitments directed towards improving health. |

| | |
|---|---|
| **Consultation and Engagement:** | WBC engagement with children, young people and families continues through Family First, the Local Offer, Community Hubs and partnership forums. Any future gap analysis or service development will be delivered through ongoing co-production rather than standalone consultation exercises.<br><br>The ICB has completed a comprehensive review of Children and Young People's mental health needs and services across Berkshire West, drawing together population data, deprivation and school vulnerability indicators, segmentation analysis, and service performance information across early help, digital support, youth counselling, MHST, CAMHS and crisis pathways. This has enabled a clearer understanding of where need is greatest, how demand varies by locality, and how current service models are operating in practice. The review has also been informed by the voice and lived experience of children, young people and families, using existing engagement and feedback data to understand experiences of accessing and receiving support. Parent Carer Forums (PCFs) have been involved in the process, contributing insights, feedback and engagement findings to help ensure that service user perspectives are reflected throughout the review and subsequent recommendations. |

## 4 Background

4.1 At its meeting on 10 June 2024, the Health & Adult Social Care Scrutiny Committee (HSC) established a Task and Finish Group to look at Children's Mental Health and Emotional Wellbeing. The Terms of Reference were drafted in collaboration with officers in Public Health, Children's Services and Health.

4.2 The review focused on three key areas:

- Part 1: Assessment of the current needs and provisions in West Berkshire.
- Part 2: The system approach to prevention, early intervention and mental health support for young people.
- Part 3: Extensive, evidence informed treatment and crisis services.

4.3 From a review of evidence provided from partners and officers, members of the Task Group highlighted a number of issues and concerns, and made recommendations as to where improvements could be made. On 15 July 2025 the HASC received these recommendations and agreed to put them to the WBC Executive and to the Integrated Care Board – then BOB ICB. Since addressing the Task Group's recommendations necessitates a joint response from the local authority and the NHS, WBC's Corporate Board requested that the response be issued via the Health and Wellbeing Board as the statutory partnership board responsible for integrated working towards health outcomes.

4.4 There have been some significant system changes since the remit of the Task Group was first scoped, and ongoing changes since the publication of the recommendations. These include: changes in responsibility for delivering certain services considered as part of the review; resource limitations impacting on deliverability; and service transformation aligned to current government direction. The responses set out below reflect current configurations and plans, mapping those back to the original Task Group recommendations where possible.

## 5 Proposals and Options Considered

5.1 The Council and the ICB would like to thank the Emotional Wellbeing Task Group for its work in highlighting the challenges and opportunities to improve emotional wellbeing and mental health support for children and young people in West Berkshire. This report responds to the Task Group's recommendations, setting out how they will be taken forward in alignment with current system partners' priorities so as to progress deliverable elements.

| **Option** | **comment** |
|---|---|
| **Option A: (recommended)**<br><br>The Health and Wellbeing Board (HWBB) collectively notes the response and uses this to inform its ongoing strategic oversight of mental health support and improvement for the children and young people of West Berkshire. | The response acknowledges that, in many areas, there will need to be ongoing work to address the issues raised by the Task Group. The response frames this within current and upcoming structures. |
| **Option B: (not recommended)**<br><br>The Health and Wellbeing Board does not to approve this response and requires further consideration of the Task Group recommendations on the part of the Council and / or the Integrated Care Board at this time. | The recommendations as originally articulated by the Task Group:<br>(a) do not reflect current structures;<br>(b) include some areas outside the direct control of the Council or the ICB; and<br>(c) would in some cases exceed current operational capacity and potentially |

| | |
|---|---|
| | compromise meeting statutory requirements. |

5.2 The final recommendation of the Task Group was: 'Include Children and Young People's Mental Health as a priority for the Health and Wellbeing Board.' This has, in effect, already been implemented as the Board selected 'All Age Mental Health' as one of its three priorities at its meeting in January 2026. A new Mental Health Board is being formed as a HWBB sub-group to oversee a multi-year Delivery Plan.

5.3 The responses to the Task Group's other recommendations, which have different implications for the Council and for the ICB, are set out below.

**Task Group recommendation 1:**

**Provide and promote a Local Youth Offer, including mapping services, improving access to facilities, and subsidised leisure access.**

The Council recognises the importance of a comprehensive range of activities and support to young people in West Berkshire. Communities, the Council, NHS services, schools, and the voluntary sector all have a role. Mapping of and access to services will be delivered as part of the Families First / Family Hub offer. Opportunities for coordinated promotion of this offer and further collaboration to improve access will be explored by the Council and ICB, and implementation will be in line with existing resource.

Looked-after children and children we care for receive free memberships to the leisure centres. In addition, a limited number of vouchers for free access (average 40 per month) are given to Early Help and Families Hubs to distribute to families. 30 children eligible for free school meals are given a year of swimming lessons through the Sharks programme with Everyone Active. Additional free physical activity sessions are offered through the "Health in All Policies" PH-funded project for targeted groups, including children with SEND and Young Carers. Everyone Active also runs low-cost family activities during the holiday with their 'Everyone is Family' programme, which offers activities for £2pp.

Improving visibility and access to support is one of the ICB's key objectives for improving children's and young people's mental health. This will be achieved through clearer communication, better information sharing and improved data quality across health, education, local authorities and the voluntary sector.

**Task Group recommendation 2:**

**Improve communication and navigation of local services, including a central hub and streamlined CAMHS overview.**

The Council agrees this would significantly benefit families. The development of a digital hub and enhanced communications will be part of the Best Start, Family Hub, Family Information Service and enhanced SEND Local Offer.

The Council offers self-guided online learning to help parents and carers understand children's behaviour, emotions and development, from pregnancy to adolescence via *Togetherness,* a free NHS-backed parenting support programme

The ICB has completed a comprehensive review of Children and Young People's mental health needs and services across Berkshire West, drawing together population data, deprivation and school vulnerability indicators, segmentation analysis, and service performance information across early help, digital support, youth counselling, MHST, CAMHS and crisis pathways. This has led to the development of plans based on a clearer understanding of where need is greatest, how demand varies by locality, and how current service models are operating in practice. The review highlights that most need sits below specialist CAMHS and identifies gaps in early help capacity, increasing acuity, and inconsistent access to community-based emotional wellbeing support.

**Task Group recommendation 3:**

**Convene professionals regularly, develop a system strategy, expand mental health workers in GP surgeries, and ensure Senior Mental Health Leads in schools.**

Following the Health and Wellbeing Strategy prioritisation decisions taken by the Board in January 2026, a new multi-agency Mental Health Board is being formed as a HWBB sub-group to oversee a multi-year Delivery Plan.

The Mental Health Delivery Plan will align with the development of the Neighbourhood Health Model, another area of focus for the HWBB. Mental health support within and adjacent to Primary Care is an issue which will be addressed primarily through the Neighbourhood Health programme.

The Council will continue to convene networking events for Senior Mental Health Leads in schools to share challenges and best practice, and will also commission the 0-19 public health service, integrating health visiting, school nursing, and family support.

The ICB will be expanding the Mental Health Support Team (MHST) programme from the current level of approximately 63% coverage by: implementing one additional MHST in West Berkshire from September 2026; and implementing an additional MHST by September 2027, achieving 100% coverage across the system. Plans include the development of additional MHST capacity for special schools and post-16 settings towards the end of the three-year plan, reflecting required curriculum development within training programmes. The appointment of a Senior Mental Lead in each school participating in the MHST programme is expected and encouraged.

The ICB will also embed the new "Getting Help" service to bridge the gap between early intervention and specialist provision, supporting children with more complex or escalating needs, including those in schools not yet covered by MHSTs. Strengthening the "Getting Help" and wider early-support offer will reduce pressure on specialist CAMHS and crisis services, improve equity of access and prevent unnecessary escalation.

**Task Group recommendation 4:**

**Embed trauma-informed practices district-wide, including training and workshops.**

The Council supports trauma-informed approaches and already works to a trauma-informed model in Children's Social Care. The social care model follows national best practice which recommends embedding principles such as safety, trust, choice, collaboration, empowerment, and cultural awareness, supported by leadership commitment and reflective

supervision. Additional delivery district-wide including training and policy development, requires significant investment and capacity, which are not currently available. However, the Council will continue to promote awareness through existing networks and explore external funding opportunities.

The ICB's review (see above) highlighted that many children, young people and families presenting across early help, education, community emotional wellbeing services, MHSTs and CAMHS may be affected by adversity, trauma and chronic stress, even where this is not the main presenting issue. Going forward, the ICB aims to have trauma-informed principles shape service design and delivery across the pathway, including earlier identification, more relational and psychologically informed responses, and triage and escalation processes that are sensitive to how trauma can present. This supports the ICB's wider aims around prevention, consistency, reducing escalation and improving equity of access.

**Task Group recommendation 5:**

**Review smartphone/social media use and online safety, including best practice and parental support.**

The Council acknowledges the importance of this issue, and recognises that it is a rapidly evolving area of national policy.

Some aspects of promoting online safety, e.g. limiting access, are within the discretion of local schools and governing bodies. However, the Council will continue to share national best practice and guidance with schools and via other agencies with reach to parents, encouraging regular reviews of local policies and the provision of education on online safety.

## 6 Appendices

None

## Background Information

**Task Group report:**

3b. Appendix A - CMHEW Task Group Report HASC FINAL.pdf

## Governance Pathway

| Committee/Body | Date |
|---|---|
| Corporate Board | 18.08.2026 |
| Executive Briefing | 03.09.2026 |
| Health and Wellbeing Board | 24.09.2026 |

This page is intentionally left blank

# West Berkshire Suicide Prevention Action Plan 2026

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24 September 2026 |
| **Report Sponsor:** | Matt Pearce<br>Director of Public Health |
| **Report Author:** | Steven Bow, Consultant in Public Health<br>Janette Searle, Public Health Principal |

## 1. Purpose and Executive Summary

1.1 To present the West Berkshire Suicide Prevention Action Plan 2026 ('the Action Plan'), setting out how the priorities from the England Suicide Prevention Strategy (2023-28) will be addressed locally for the upcoming period through to the point of full strategy refreshes, both nationally and locally / sub-regionally.

1.2 The West Berkshire Suicide Prevention Action Plan includes actions to be taken at the West Berkshire and at the pan-Berkshire level, recognising that suicide surveillance work in particular needs to be undertaken over a large enough geography to be able to identify patterns and risks from the data. Delivery will be lead by the West Berkshire Public Health team, reporting to and supporting the new West Berkshire Mental Health Board as well as the Berkshire Suicide Prevention Group.

## 2 Recommendation(s)

2.1 The Health and Wellbeing Board is recommended to:

a. Approve the West Berkshire Suicide Prevention Action Plan 2026 as set out at Appendix 1; and

b. Endorse a rapid review of the Berkshire Suicide Prevention Strategy 2021-26, with the aim of extending the lifespan of that strategy through to 2029.

## 3 Implications

| **Financial** |
|---|
| The Action Plan sets out commitments the West Berkshire Public Health team can make utilising confirmed financial resources. |
| **Human resources** |

| |
|---|
| The Action Plan sets out commitments the West Berkshire Public Health team can make utilising confirmed human resources. |
| **Legal** |
| No additional legal implications arise from the proposals in this report. |
| **Risk management** |
| The Action Plan sets out how actions will be taken at a Berkshire and a West Berkshire level to identify and then address risk factors for death by suicide and the impacts of suicide at a community / population level. |
| **Council Strategy** |
| The approach supports achievement of the Council's goals to:<br>- prioritise support for those who need it most; and<br>- help our residents lead fulfilled and active lives. |
| **Other Implications** |
| There are no direct implications arising from this report relating to property or ICT. |
| **Equalities Impacts:** Positive |
| The report references the Berkshire Suicide Prevention Strategy and the West Berkshire Suicide Prevention Action Plan, both of which recognise that certain sections of our community face a greater risk of / from suicide, and set out plans to address and mitigate these. |
| **Data Impacts:** Neutral |
| The report references the proposed introduction of a digital near Real Time Suicide Surveillance system. There is an in-principle commitment to this from the Directors of Public Health across Berkshire but the project is at a very early stage. Implementation in West Berkshire Council would be subject to the authority's usual governance and data protection arrangements, i.e. approval of a supporting Data Protection Impact Assessment. |
| **Environmental Impacts:** Neutral |
| There are no direct environmental impacts arising from this report. |
| **Health Impacts:** Positive |
| The report sets out proposals to reduce suicide risk and incidence locally via a range of surveillance, response, communication and co-ordination functions. |

| | |
|---|---|
| **Consultation and Engagement:** | The report presents a proposed Action Plan developed through a stakeholder workshop involving members of the West Berkshire Suicide Prevention Action Group and the West Berkshire Mental Health Action Group, and informed by further community engagement, including workshops hosted by the Council to |

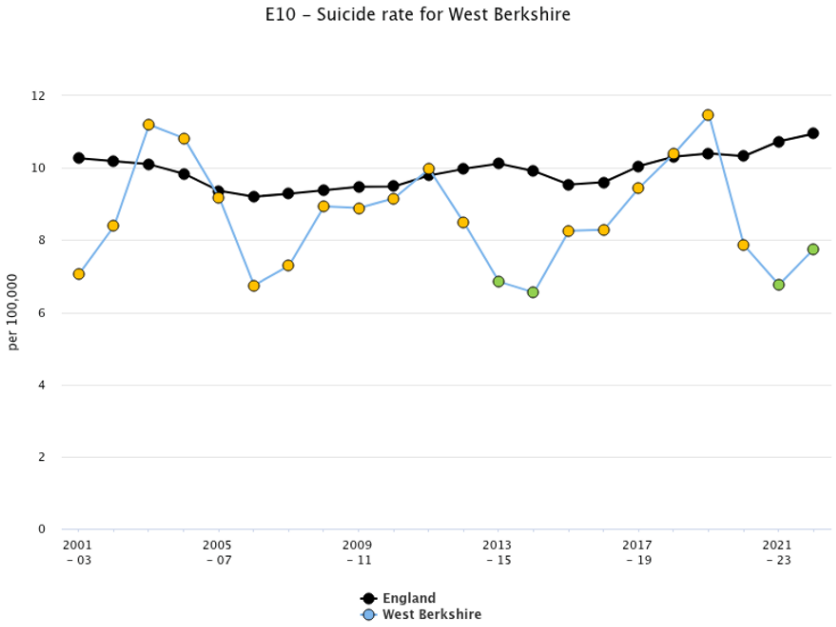
| | |
|---|---|
| | support the development of a new All Age Mental Health Delivery Plan.<br><br>The report also references the Berkshire Suicide Prevention Strategy, which is overseen by a multi agency group. This group would be engaged in the proposed review and refresh of the pan-Berkshire strategy. |

## 4 Background

4.1 Between 2022 and 2024, there were 33 deaths by suicide in West Berkshire (i.e. an average of 11 per year), of which 26 were in males (79%). This equates to a rate of 7.8 per 100,000 people, which is lower than the South East rate of 10.4 per 100,000 and the England rate of 10.9 per 100,000.

4.2 Although the number of suicides is small overall, suicide accounts for over a quarter (26%) of male deaths in the 30-34 age range. Moreover, every suicide is a profound and preventable tragedy, with lasting impacts on families, friends, and communities. The Samaritans estimate that 135 people are directly impacted by every death by suicide.

4.3 While the national trend for suicide in England remains stable at around 10 suicides per 100,000 each year, the data for West Berkshire shows more variability across years. Due to the population size of West Berkshire, and the randomness of suicide it is hard to draw conclusions or identify consistent trends at a local level.




Source: Office for National Statistics

4.4 The 2012 Suicide Prevention Strategy for England gave local authorities responsibility for leading local suicide prevention work, in collaboration with partners. The current (2023-28) Suicide Prevention Strategy for England affirms this expectation of local authorities. Additionally, the National Institute for Health and Care Excellence (NICE)

issued guidance in 2019 (QS189) endorsing the establishment by local authorities of multi-agency partnerships for suicide prevention.

4.5 The Berkshire Suicide Prevention Strategy 2021-26 was developed collaboratively across the six Berkshire local authorities. Its implementation is overseen by the multi-agency Berkshire Suicide Prevention Group (SPG) and driven via regular meetings of the Berkshire Public Health Suicide Prevention Leads. Supporting actions are driven either at a Berkshire or a locality level. This approach is in line with the recommendations of a 2019 review of local suicide prevention work by the Samaritans and the University of Exeter[1]:

> *Where possible, local areas would benefit from collaborating with neighbouring local authorities at the regional and sub-regional level, where economy of scale savings could be made, and important good practice lessons shared*.

4.6 The current Berkshire strategy has good - although not complete - coverage across the current national priority areas. The national strategy has been refreshed since the current Berkshire strategy was adopted and this in itself has led to some misalignment of priorities, e.g. a continuing focus on COVID-19 in the Berkshire strategy which is now of less relevance.

4.7 As the current Berkshire strategy is about to expire, a decision is needed on the future approach. This needs to take into account the impact of Local Government reform. Berkshire may not continue to be a suitable geography across which to manage suicide prevention work following the formation of the Ridgeway authority in 2028.

4.8 Whilst there is some variation between areas of England currently as to whether teams refer to a local suicide prevention 'strategy' or 'action plan', most are explicit in setting out that local work is framed by overlaying local data across national priorities. The absolute numbers of people who die by suicide each year are small relative to the incidence of other health issues – although suicides have wider health impacts across families and communities. This means that whilst potential clusters are often identified at a very local level, in general it is important to consider data across wider geographies in order to distinguish patterns and hence identify risk factors as distinct from random variation.

4.9 The suicide data currently available to the Berkshire system consists of the following.

***ONS data*** – robust and validated, and enabling comparison with other geographies on deaths classed as suicide following a Coroner's hearing, but limited in detail around the characteristics and circumstances of those who die or the means of death.

***National near Real Time Surveillance System (nRTSS) data*** – The Office for Health Improvement and Disparities (OHID) produces a national dashboard from police force submissions which provides an approximation of suicide rates and trends ahead of validated data (see above) being available. This covers age, gender and means of death. However, not all police forces are included and there are other exclusion criteria around individual submissions.

[1] Local_suicide_prevention_planning_in_England_full_report.pdf

***Local near Real Time Surveillance System (nRTSS) data*** - based largely on information available at the time a police officer attends a sudden and unexpected death which is suspected to be a suicide. This is based on a manual system in Berkshire currently, to which PH analysts do not have direct access. However, the local nRTSS contains richer information about the characteristics and circumstances of those who die and the means of death. All of the Berkshire authorities will be moving to a digital nRTSS by the end of 2026, utilising the same platform currently used in Oxfordshire.

4.10 Undertaking a Suicide Audit is one of the commitments contained within the 2021-26 Berkshire strategy. However, resource constraints have prevented this from progressing to date. The last Berkshire Suicide Audit covered the period April 2014 to March 2018, and involved a review of 241 coroner court hearings. Thematic analysis identified recurring personal and social factors as well as which agencies the deceased had recent contact with at the time of death. A multi-year or even annual suicide audit is a significant undertaking given the volume of data to be analysed. Suicide audit work also demands emotional resilience on the part of the professionals undertaking it given the risk of vicarious trauma and secondary stress as a result of contact with distressing material. A suicide audit provides data additional to that which can be obtained and analysed from other sources. However, the extent of the additionality may be less than is the case currently for West Berkshire once a digital nRTSSS has been fully embedded, particularly if multiple agencies contribute on a regular basis.

4.11 The West Berkshire Suicide Prevention Action Group (SPAG) was formerly a sub-body of the Health and Wellbeing Board (HWBB). However, following a rationalisation of HWBB governance arrangements to address the findings of an LGA peer review, the West Berkshire SPAG is now a community-led local group sitting outside the Berkshire Strategy governance mechanisms. West Berkshire SPAG has an explicit focus on awareness raising and community education. It remains a key stakeholder in the development of local suicide prevention work in other respects.

4.12 In December 2025, a stakeholder workshop was held to refresh the West Berkshire Suicide Prevention Action Plan. Attendees included members of the West Berkshire SPAG and the West Berkshire Mental Health Action Group.

## 5 Proposals and Options recommended

5.1 The recommended approach is to adopt a West Berkshire Action Plan, setting out those actions which are most suited to be driven at a locality level, and to support an extension of the Berkshire Suicide Prevention Strategy. This option and the alternatives considered are detailed further below.

| **Option** | **Comment** |
|---|---|
| **Option 1 (recommended):**<br><br>(a) Adopt the West Berkshire Suicide Prevention Action Plan 2026 as set out at Appendix 1. This would support both the West Berkshire All Age Mental Health | The national suicide prevention strategy is due to be refreshed again in 2028, so aiming to re visit local priorities next in 2029 would facilitate alignment with national intelligence and policy. The |

| | |
|---|---|
| Delivery Plan (2026-29) as well as the Berkshire Suicide Prevention Strategy.<br><br>(b) Support an extension of the Berkshire Suicide Prevention Strategy 2021-26 through to 2029, following a rapid data review in collaboration with the other Berkshire local authorities. | proposed refresh date also post-dates the proposed implementation of Local Government Reform, which may indicate suicide prevention planning across different geographies in future.<br><br>A rapid review of the data sets listed at para 4.6 would either provide assurance that local action broadly addresses the most important issues, or alternatively inform a focused re-alignment exercise. The plan to move to a digital nRTSS for Berkshire in 2026 will improve the richness of local data to support planning, but the new system needs time to bed in to generate this. |
| **Option 2 (not recommended):**<br><br>Allow the Berkshire Suicide Prevention Strategy to lapse, and have neither a Berkshire nor a West Berkshire suicide prevention strategy / action plan in place. | This would be contrary to national policy expectations and best practice. To some extent, gaps could be mitigated by the adoption of a local Mental Health Delivery Plan recognising those at risk of suicide as a priority group. However, this would not fully discharge Public Health responsibilities for population-level safety, data tracking, and reducing risk factors. |
| **Option 3 (not recommended):**<br><br>Create a new Berkshire strategy informed by updated evidence, stakeholder engagement, and emerging priorities, and review the need for a West Berkshire plan in light of this. | This would be a resource intensive exercise and not necessarily the best of use of limited resource at this point in time. The most appropriate sub-regional geography for suicide planning will need to be reviewed by 2028 to reflect Local Government Reorganisation, and suicide data for this area remains relatively limited pending implementation of a digital nRTSS and/or an updated suicide audit.<br><br>This would, however, offer opportunities to reimagine the approach, incorporate new models, and strengthen alignment with the 2023 national priorities, better reflecting post-COVID realities. |
| **Option 4 (not recommended):** | There would be limits to how robustly data could be analysed and patterns identified if confined to West Berkshire only. |

| | |
|---|---|
| Let the current Berkshire strategy expire and develop a stand alone West Berkshire strategy / action plan. | Moreover, this option carries the risk of reduced engagement from partners which operate across wider footprints and do not have capacity to engage at locality levels. As drafted, the West Berkshire Action Plan builds on activity at the Berkshire level, particularly in relation to surveillance. |

5.2 The advantages of the recommended approach are that it:

- Builds on existing infrastructure, partnerships, and governance;
- Is quicker and less resource-intensive than carrying out a full strategy re-write;
- Defers significant re-scoping to a point in time where we expect to have richer local data alongside greater clarity on planning footprints; and
- Maintains continuity and a framework for all the Berkshire localities, without necessarily disrupting locality action where this remains appropriate.

5.3 However, the proposed approach limits scope for innovation or radical change, and assumes no major shifts in suicide trends, policy, or service landscape.

## 6 Appendices

Appendix 1: Draft West Berkshire Suicide Prevention Action Plan 2026.

## Background Information

**Berkshire_Suicide_Prevention_Strategy_2021-2026_30.09.2021.pdf**

**Suicide prevention strategy for England: 2023 to 2028 - GOV.UK**

## 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 framing an approach to supporting West Berkshire residents at risk of or affected by suicide.

# West Berkshire Suicide Prevention Action Plan 2026

## Vision

*Our vision is to reduce the number of suicide deaths in West Berkshire, whilst tackling the inequity which can contribute to suicide. To achieve this, all sectors must come together in partnership, and enable our communities to become safe, compassionate, inclusive, and free of stigma. Our aim is for any child, young person or adult who has thoughts of taking their own life, or is affected by suicide, to get the help they need and feel a sense of hope.*

- West Berkshire Suicide Prevention workshop, December 2025

To realise this vision, West Berkshire has taken the priorities from the national suicide prevention strategy (2023-28) and adapted them for local circumstances. This includes identifying a mix of actions to be taken at the West Berkshire and at the pan-Berkshire level, recognising that surveillance-based work in particular needs to be undertaken over a large enough geography to be able to identify patterns from the data.

- The West Berkshire Suicide Prevention Action Plan ('the Plan') has been developed with and informed by local stakeholders from multiple agencies.
- The Plan will be lead by the West Berkshire Public Health team but informed by ongoing stakeholder and partner engagement.
- The Plan contributes to the West Berkshire All Age Mental Health Delivery Plan (2026-29), in particular Priority (5) – *Develop targeted approaches to ensure support can be accessed by 'at risk' groups and reduce health inequalities* – and will be monitored by the Mental Health Board on behalf of the Health and Wellbeing Board.
- The Plan also supports delivery of the Berkshire-wide Suicide Prevention Strategy.

## Governance

The West Berkshire Suicide Prevention Plan 2026 Actions set out within this Plan which align with and directly support priorities of either the Berkshire Suicide Prevention Strategy or the West Berkshire All Age Mental Health Delivery Plan will be monitored within the established governance mechanisms for those groups. See Fig.1.

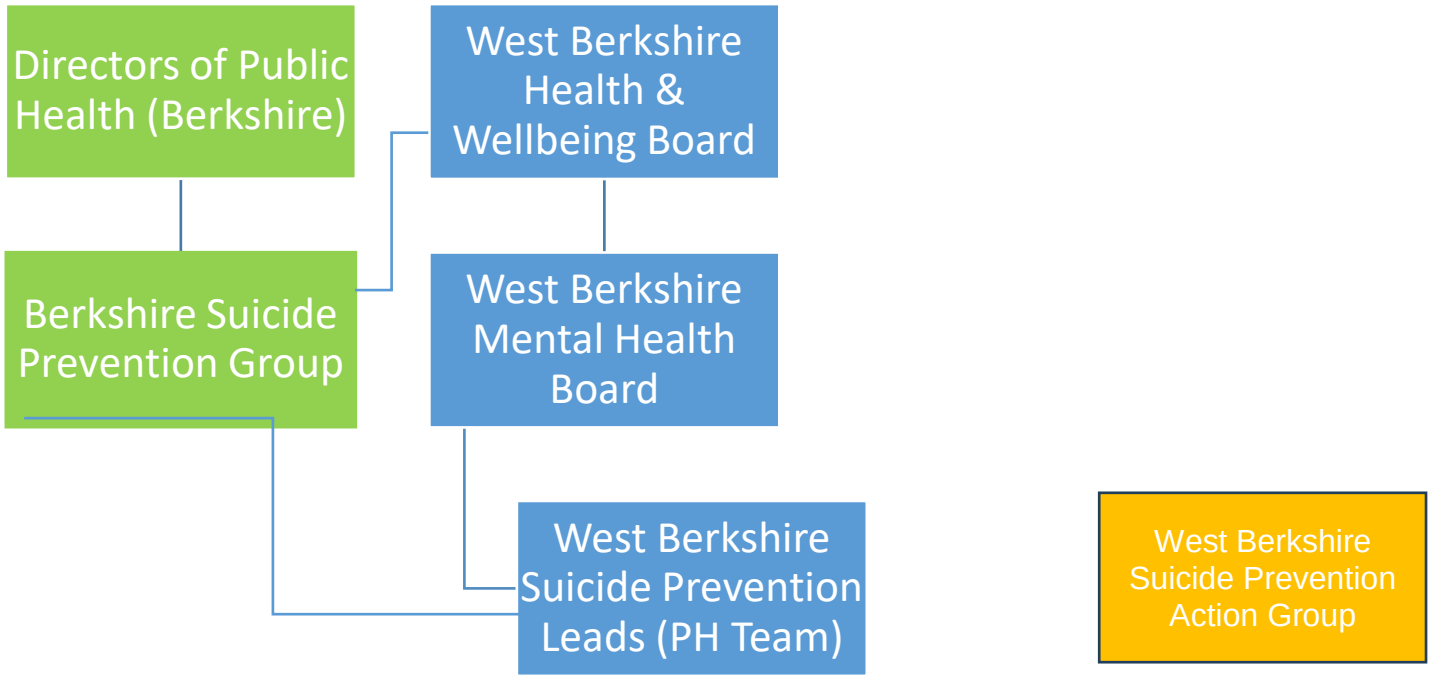



Fig. 1: Accountability for delivery of West Berkshire Suicide Prevention Action Plan

**Priority 1: Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted**

Data and evidence about suicide is collated on behalf of the Berkshire Suicide Prevention Group, and reviewed quarterly or more frequently where a need in indicated. This supports the Berkshire Group to develop targeted interventions as indicated by the data, and/or to conduct or commission bespoke research – including local deep-dives - into emerging or high-risk topics either at a locality level or across a wider geography.

Near Real Time Suicide Surveillance (nRTSS) data is collated at a Berkshire and at a Thames Valley level. This is based on information collected by police officers attending a sudden and unexpected death which is deemed a 'suspected suicide' per guidance from the National Police Chiefs Council – and supplemented by data supplied by other agencies. The nRTSS enables agencies to consider, ahead of a coroner's verdict, the broader population level risk associated with suicides and assess any further preventative actions that could be taken to protect the population. Through the nRTSS, the Berkshire Public Health teams can be alerted quickly to issues or suspected clusters, i.e. outside of the routine quarterly monitoring. The Berkshire nRTSS is manual. Moving to a digital nRTSS solution across Berkshire has been identified as a way of improving the provision of timely, accurate and comprehensive data on suspected suicides, and supporting the early identification of trends, multi-agency learning, and timely intervention. This is scheduled to be completed by the end of 2026.

| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***1a. Support the collation of data and evidence for the Berkshire Suicide Prevention Group, and then lead on or support targeted interventions or further research as the need arises and as deemed appropriate by the Berkshire Group.*** | ***Ongoing and reported to MHB 6-monthly*** | ***Effective dissemination of intelligence from and within West Berkshire to inform suicide prevention work*** |
| ***1b. Respond to nRTSS alerts indicating the need for local support to***<br>- ***Deal with the aftermath of a suicide;***<br>- ***Protect vulnerable or impressionable individuals; or***<br>- ***Prevent further suicides and in particular a cluster/issues from expanding.*** | ***Ongoing and reported to MHB 6-monthly*** | ***Timely support delivered to protect wider population in response to West Berks (suspected) suicides*** |
| ***1c. Support the local implementation of a digital nRTSS solution across Berkshire.*** | ***LAs – Dec 26***<br>***All agencies - Sep 27*** | ***Effective multi-agency engagement with digital nRTSS across relevant West Berks teams*** |

**Priority 2: Provide tailored, targeted support to priority groups, including those at higher risk.**

At a national level, groups identified as a priority for targeted support because of higher suicide risk are:

- children and young people
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers

Additional priority groups identified at a Berkshire level are:

- Anyone who is neurodivergent
- Members of the LGBTQ+ communities
- Those who have been bereaved or affected by suicide (whose needs are addressed under a separate priority focused on postvention support)

The West Berkshire Public Health team will support the development of understanding in this priority area at a local level.

| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***2a. Complete a review of availability of tailored, targeted support to priority groups identified as being at higher risk of death by suicide*** | ***Mar 28*** | ***Mapping and gapping analysis including actionable recommendations to inform local developments*** |

**Priority 3**: **Address common risk factors linked to suicide at a population level by providing early intervention and tailored support**

At a national level, common risk factors linked to suicide at a population level are:

- physical illness
- financial difficulty and economic adversity
- gambling
- alcohol and drug misuse
- social isolation and loneliness
- domestic abuse

Additional priority issues identified at a Berkshire level are:

- Parental or carer stress

The Berkshire Suicide Prevention Group forms Task & Finish sub-groups from time to time to explore and develop tailored interventions linked to risk factors. For example, the Domestic Abuse sub-group has launched a toolkit for professionals to help them recognise and address the co-existence of domestic abuse and suicide risk.



| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***3a. Provide West Berkshire support and perspective for the Berkshire-wide risk based Task & Finish Groups and stand up West Berkshire only groups as may be indicated from time to time.*** | ***Ongoing and reported to MHB 6-monthly*** | ***Effective responses developed / implemented at a West Berkshire level to address areas of elevated suicide risk*** |

**Priority 4: Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm**

Online safety is an issue of growing relevance to suicide prevention, with many people now likely to turn to the internet at times when they may be struggling, including with suicidal feelings. This can be a valuable way of connecting people to support and messages of hope, but it also carries risks, e.g. access to graphic images or details around methods of harm. Similarly, media reporting of suicides can encourage vulnerable people to seek help, but sensational and excessive reporting can lead to imitational suicidal behaviour. The Samaritans produce guidelines for reporting suicide responsibly, as well as monitoring media reports and offering practical advice on how to reduce the risks associated with media coverage.

| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***4a. Provide West Berkshire support for work led by the Berkshire Suicide Prevention Group to promote online safety and responsible media content*** | ***Ongoing and reported to MHB 6-monthly*** | ***Responsible information sharing in relation to local suicides*** |



**Priority 5: Provide effective crisis support across sectors for those who reach crisis point**

Priority (6) of the West Berkshire All Age Mental Health Delivery Plan (2026-29) is: *Ensure the best support for those approaching crisis with more integrated working between statutory and voluntary sectors.* This will build on previous scoping work, via a multi-agency group, to assess feasibility and complete an options appraisal around meeting gaps in local crisis support. Priority (5) of the West Berkshire Suicide Prevention Action Plan will be achieved via this area of the Mental Health Delivery Plan.

**Priority 6: Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides**

Public Health's role in suicide prevention is to consider broader population level risk and assess what preventative actions may could be taken to protect the population. As described under priority (1), data-driven targeted interventions may be indicated by the surveillance activity of the Berkshire Suicide Prevention Group. These can include actions to reduce access to means at particular locations, e.g. erecting physical barriers, or exploring ways of reducing cognitive access to means which are widely available.

| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***6a. Lead on or support local implementation of interventions to reduce access to means and methods of suicide.*** | ***Ongoing and reported to MHB 6-monthly*** | ***Targeted interventions delivered as indicated by data for West Berks*** |



**Priority 7: Provide effective bereavement support to those affected by suicide**

Those who have been bereaved or affected by suicide are identified within the Berkshire Suicide Prevention Strategy as another priority group which should receive tailored mental health support, including access to specialist suicide bereavement support, and appropriate information resources. Specialist support is currently commissioned at a Thames Valley level and information resources are produced at regional and national levels, but collated and promoted within West Berkshire by the West Berkshire Public Health team.

| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***7a. Review postvention support available within West Berkshire and develop proposals for future arrangements, covering both the Bereavement Support and Liasion offer from Thames Valley Police and longer term suicide bereavement support.*** | ***Mar 27*** | ***Completed assessment with clear recommendations to develop support and address any gaps identified*** |

**Priority 8: Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides**

The Berkshire Suicide Prevention Group is committed to developing its membership and promoting cross sector working, sharing information and best practice, and raising awareness of the risks for suicide. The West Berkshire Public Health team has a very active role within the Berkshire Group, with one of the West Berkshire Public Health Consultants leading on the suicide prevention agenda for the Berkshire Public Health system and chairing the Berkshire Suicide Prevention Group.

The West Berkshire Public Health team promotes awareness of suicide and suicide prevention training, including through the commissioned Suicide Prevention Outreach and Training Service (SPOTS). A key partner for suicide prevention work in West Berkshire is the West Berkshire Suicide Prevention Action Group (WB SPAG). This is a community led grouping of charitable, statutory and special interest groups which works to enable and prepare people to talk to those who may have suicidal thoughts. WB SPAG promotes training and raises awareness of support resources, including through its dedicated website.

| ***Action*** | ***Target date*** | ***measure*** |
|---|---|---|
| ***8a. Promote awareness of and training in suicide prevention via commissioning of SPOTS project*** | ***Jul 27*** | ***16 awareness raising comms / sessions p.a.; 40 WB reps p.a. trained in Suicide Prevention First Aid*** |
| ***8b. Support and promote the work of the West Berkshire Suicide Prevention Action Group*** | ***Ongoing and reported to MHB 6-monthly*** | ***Greater community awareness of suicide risk and sources of support*** |

# Better Care Fund 2025-26

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24th September 2026 |
| **Report Sponsor:** | Nigel Foot, Chair HWB |
| **Report Author:** | Maria Shepherd<br>Health & Social Care Integration Lead |

## 1. Purpose and Executive Summary

1.1 To provide a six-monthly update on West Berkshire's Better Care Fund (BCF), covering Quarter 3 2025-26 and the year-end position to March 2026. The 2025-26 BCF pooled budget was £17,728,789 and the required Q3 and year-end reports were submitted to NHS England with delegated authority from the Chair of HWB following approval of the plan in May 2025.

1.2 Performance has been mixed. Emergency admissions for people aged 65 and over remained broadly positive, with West Berkshire continuing to perform below NHS England and peer group averages. Long-term admissions to residential and nursing care were below plan in Quarter 3, but exceeded plan at year-end, with 61 admissions against a plan of 50. Discharge delays remained above plan throughout both reporting periods and continue to be the principal area requiring improvement.

1.3 The actual expenditure at year-end was £17,595,693, representing 98% of planned income. A small amount of funding will be carried forward into the 2026-27 plan in line with agreed priorities and funding outcomes.

1.4 A notable success during 2025-26 was the additional BCF investment in the dementia care advisory service which reduced waiting times for West Berkshire residents from six months to 8-10 weeks. This has improved earlier access to advice and support, helping residents and families plan, access services sooner and maintain independence longer. This additional investment is due to end in March 2027 but will be reviewed as part of the wider BCF programme review which will take place in 2026.

1.5 The 2026-27 plan will focus on improving discharge flow, particularly pathway 3 discharges, process efficiency, care home responsiveness and arrangements for self-funders. Continued joint working between health and social care partners will be essential to sustain progress, strengthen the home first approach and support delivery of the national BCF Objectives.

## 2. Recommendation(s)

To note the report, Quarter 3 and year-end reports have already been submitted to NHS England under delegated authority from the Chair of the HWB, in line with national reporting requirements.

## Implications

| |
|---|
| **Financial** |
| The 2025-26 plan received sign-off from S151 officer prior to the plan being submitted in May 2025. |
| **Human resources** |
| **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. |
| **Council Strategy** |
| **n/a** |
| **Other Implications** |
| 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. |
| **Equalities Impacts:** Choose an item. |
| 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. |
| **Data Impacts:** Choose an item. |
| n/a |
| **Environmental Impacts:** Choose an item. |
| n/a |

| **Health Impacts:** Choose an item. |
|---|
| 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. |

| | |
|---|---|
| **Consultation and Engagement:** | The BCF quarter 3 and year-end reports referred to in the appendices have been shared with Locality Integration Board, a sub-group of the HWB.<br><br>Both reports received delegated authority from Chair of HWB before being submitted to NHS England in line with the reporting requirements of the BCF. |

## 3. Background

3.1 The Better Care Fund (BCF) is a pooled budget through a section 75 agreement under the NHS Act 2006, which allows local authorities and NHS bodies to combine resources and deliver integrated services.

2.2 The pooled budget for 2025-26 is £17,728,789.

3.2 This legal framework ensures joint accountability, shared decision-making, and co-ordinated use of health and social care budgets.

3.3 In 2025/26 the BCF objectives were aligned with the Government's 10-year health plan in supporting it to make the three big reform shifts: "hospital to community", "analogue to digital" and "sickness to prevention".

3.4 The BCF policy framework sets out four national conditions:

1. Plans are jointly agreed between partners and signed off by HWB.
2. Health and Social Care will work together in implementing the objectives of the BCF: to support the shift from sickness to prevention and to support people living independently and the shift from hospital to home.
3. Health & Social Care will comply with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care and a Section 75 agreement is in place
4. Health and Social Care will comply with oversight and support processes

3.5 In 2025/26 new metrics were introduced to signal a shift towards a more outcome driven approach for BCF delivery, reduce complexity and bureaucracy (reduction in the number of national metrics), align with metrics already in use within ICB;s to support urgent and emergency care and align with ADASS policy priorities included in their care closer to home call to action and carers call to action.

3.6 For 2025/26 there are three headline metrics:

1. Emergency admissions to hospital for people aged 65+ per 100,000 population
2. Average length of discharge delay for all acute adult patients, derived from a combination of:
    a. Percentage of adult patients discharged from acute hospitals on their discharge ready date (DRD)
    b. For those adult patients not discharged on DRD, average number of days from DRD to discharge
3. Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

3.7 Progress against metrics one and two are available from the national BCF dashboard and the Thames Valley ICB, progress against metric three is available from Adult Social Care's Client level dataset.

3.8 The three metrics are reported to the Locality Integration Board via a highlight report and quarterly BCF reports.

3.9 The three metrics are reported to the Health and Wellbeing Board through quarterly reports, which are signed off by the Chair with delegated authority as necessary before being submitted to NHS England.

3.10 The HWB submitted West Berkshire's BCF 2025-26 Plan with delegated authority from the Chair of HWB at the end of March 2025. West Berkshire's plan was approved by NHS England in May 2025.

3.11 The HWB submitted Q3 and Year-end reports for 2025-26 to NHS England as required.

3.12 For Quarter 3 (October 2025 – December 2025):

(a) The number of emergency admissions 65+ per 100,000 population in October 2025 was 432 against a plan of 430, November 2025 was 427 against a plan of 410 and December 2025 was 432 against a plan of 424.

(b) For adult patients not discharged on their discharge ready date, the average number of days from discharge ready date to discharged exceeded the plan throughout the quarter: October 2025 was 4.0 days against a plan of 3.8 days; November 2025 was 4.4 days against a plan of 3.1 days; and December 2025 was 5.0 days against a plan of 4.8 days.

(c) We met our plan for long-term admissions into residential/nursing homes. We had 41 admissions against a plan of 50.

(d) Actual expenditure was reported as £13,335,003 – 75% of planned income.

3.13 For Quarter 4 (January 2026 – March 2026)

(a) The number of emergency admissions 65+ per 100,000 of population in January 2026 was 408 against a plan of 425, February 2026 was 362 against a plan 425 and March 2026 was 378 against a plan 426.

(b) For adult patients not discharged on their Discharge Ready Date, the average number of days from Discharge Ready Date to Discharge exceeded the plan throughout the quarter: January 2026 was 4.9 days against a plan of 3.9 days, February 2026 was 5.3 days against a plan 3.9 days and March 2026 was 4.9 days against a plan 3.5 days.

(c) We did not meet our plan for long-term admissions into residential/nursing homes. We had 61 admissions against a plan of 50.

(d) Actual expenditure was reported as £17,597,693 – 98% of planned income. A small amount of funding will be carried forward into the 2026/27 plan.

## 4. Appendices

Appendix A – BCF 2025-26 Quarter 3 reporting template

Appendix B – BCF 2025-26 Year-end reporting template

## Background Information

Better Care Fund Plan 2025-26

## 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 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

## Governance Pathway

| **Committee/Body** | **Date** |
|---|---|
| Corporate Board | 4**/8/26** |
| **Executive Briefing** | 3**/9/26** |

| | |
|---|---|
| **Health and Wellbeing Board** | 2**4/9/26** |
| **Health and Adult Social Care Scrutiny Committee** | 2**9/9/26** |
| **Choose an item.** | |
| Other: (please state) | |

# Better Care Fund 2025-26 Q3 Reporting Template

**2. Cover**

**Version 2.0 [unlocked]**

*Please Note:*

*- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.*

*- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*

*- All information will be supplied to BCF partners to inform policy development.*

*- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

| | |
|---|---|
| **Health and Wellbeing Board:** | West Berkshire |
| **Completed by:** | Maria Shepherd |
| **E-mail:** | maria.shepherd@westberks.gov.uk |
| **Contact number:** | 01635 519782 |
| **Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?** | Yes |
| **If no, please indicate when the report is expected to be signed off:** | |

**Checklist**

| Complete: |
|---|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

**Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.**

**Complete**

| | Complete: |
|---|---|
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Metrics | Yes |
| 5. Expenditure | Yes |

For further guidance on requirements please refer back to guidance sheet - tab 1.

<< Link to the Guidance sheet

^^ Link back to top

This page is intentionally left blank

## Better Care Fund 2025-26 Q3 Reporting Template

**3. National Conditions**

Selected Health and Wellbeing Board: West Berkshire

| Confirmation of Nation Conditions | | | Checklist Complete: |
|---|---|---|---|
| **National Condition** | **Confirmation** | **If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:** | |
| **1) Plans to be jointly agreed** | Yes | | Yes |
| **2) Implementing the objectives of the BCF** | Yes | | Yes |
| **3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place** | Yes | | Yes |
| **4) Complying with oversight and support processes** | Yes | | Yes |

**Better Care Fund 2025-26 Q3 Reporting Template**

**4. Metrics for 2025-26**

Selected Health and Wellbeing Board: West Berkshire

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

## 4.1 Emergency admissions

| Plan | | 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 | Rate | 1,325.9 | 1,311.0 | 1,087.6 | 1,296.1 | 1,102.5 | 1,162.1 | 1,281.2 | 1,245.5 | 1,263.4 | 1,266.4 | 1,266.4 | 1,269.3 |
| | Number of Admissions 65+ | 445 | 440 | 365 | 435 | 370 | 390 | 430 | 418 | 424 | 425 | 425 | 426 |
| | Population of 65+ | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 |

| | |
|---|---|
| Assessment of whether goal has been met in Q3: | Not on track to meet goal |
| You may use this box to provide a very brief explanation of overall progress if you wish. | The table above is showing a plan of 418 for November 2025 - this should be 410 as per our BCF plan submission. We have not met our goal for Q3 : Actual for October was 432 against a plan of 430, Actual for November was 416 against a plan of 410 in BCF plan (418 above). Data for December was not available at time of submission. |

## 4.2 Discharge Delays

| Original Plan | 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 (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)** | 0.37 | 0.44 | 0.40 | 0.54 | 0.46 | 0.56 | 0.57 | 0.47 | 0.69 | 0.57 | 0.43 | 0.35 |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | 89.2% | 86.8% | 87.4% | 86.6% | 87.8% | 85.9% | 85.0% | 84.9% | 85.6% | 85.3% | 89.0% | 90.0% |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |

| | |
|---|---|
| Assessment of whether goal has been met in Q3: | Not on track to meet goal |
| You may use this box to provide a very brief explanation of overall progress if you wish. | A winter plan is in place with Acute and community hospitals in Berkshire West which is part of our winter resilience. We are seeing good performance against this plan and winter resilience meetings provide awareness of flow and obstacles. However all pathways are above threshold for LOW especially PW3. In October LOW for West Berkshire for PW1 was 3.8 in October and 3.9 inNovember, West Berkshire is out performing the other areas in Berkshire West. |

## 4.3 Residential Admissions

| Actuals + Original Plan | | 2023-24 Full Year Actual | 2024-25 Full Year CLD Actual | 2025-26 Plan Q1 (April 25-June 25) | 2025-26 Plan Q3 (July 25-Sept 25) | 2025-26 Plan Q3 (Oct 25-Dec 25) | 2025-26 Plan Q4 (Jan 26-Mar 26) |
|---|---|---|---|---|---|---|---|
| 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 | 566.1 | 149.0 | 149.0 | 149.0 | 149.0 |
| | Number of admissions | 213.0 | 190.0 | 50.0 | 50.0 | 50.0 | 50.0 |
| | Population of 65+* | 33561.0 | 33561.0 | 33561.0 | 33561.0 | 33561.0 | 33561.0 |

# Better Care Fund 2025-26 Q3 Reporting Template

**5. Income & Expenditure**

Selected Health and Wellbeing Board: West Berkshire

| Source of Funding | 2025-26 Planned Income | Updated Total Plan Income for 25-26 | DFG Q3 Year-to-Date Actual Expenditure | Checklist Complete: |
|---|---|---|---|---|
| DFG | £2,562,585 | £2,562,585 | £2,287,629 | Yes |
| Minimum NHS Contribution | £14,064,255 | £14,064,255 | | Yes |
| Local Authority Better Care Grant | £994,949 | £994,949 | | Yes |
| Additional LA Contribution | £0 | £107,000 | | Yes |
| Additional NHS Contribution | £0 | £0 | | Yes |
| **Total** | **£17,621,789** | **£17,728,789** | | |

| | Original | Updated | % variance | |
|---|---|---|---|---|
| **Planned Expenditure** | **£17,621,789** | £17,728,789 | **1%** | Yes |

| | | % of Planned Income | |
|---|---|---|---|
| **Q3 Year-to-Date Actual Expenditure** | £13,335,003 | **75%** | Yes |

| | | |
|---|---|---|
| If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change. | n/a | Yes |

This page is intentionally left blank

# Better Care Fund 2025-26 EOY Reporting Template

**2. Cover**

**Version 1.0 [unlocked]**

*Please Note:*

*- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.*

*- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*

*- All information will be supplied to BCF partners to inform policy development.*

*- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

| | |
|---|---|
| **Health and Wellbeing Board:** | West Berkshire |
| **Completed by:** | Maria Shepherd |
| **E-mail:** | Maria.shepherd@westberks.gov.uk |
| **Contact number:** | 01635 519782 |
| **Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?** | Yes |
| **If no, please indicate when the report is expected to be signed off:** | |

**Checklist**

| Complete: |
|---|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

**Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.**

**Complete**

| | Complete: |
|---|---|
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Metrics | Yes |
| 5. Income & Expenditure | Yes |

For further guidance on requirements please refer back to guidance sheet - tab 1.

<< Link to the Guidance sheet

^^ Link back to top

This page is intentionally left blank

## Better Care Fund 2025-26 EOY Reporting Template

**3. National Conditions**

Selected Health and Wellbeing Board: West Berkshire

| Confirmation of Nation Conditions | | | Checklist Complete: |
|---|---|---|---|
| **National Condition** | **Confirmation** | **If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:** | |
| **1) Plans to be jointly agreed** | Yes | | Yes |
| **2) Implementing the objectives of the BCF** | Yes | | Yes |
| **3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place** | Yes | | Yes |
| **4) Complying with oversight and support processes** | Yes | | Yes |

This page is intentionally left blank

**Better Care Fund 2025-26 EOY Reporting Template**

**4. Metrics for 2025-26**

Selected Health and Wellbeing Board: West Berkshire

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

## 4.1 Emergency admissions

| Plan | | 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 | Rate | 1,325.9 | 1,311.0 | 1,087.6 | 1,296.1 | 1,102.5 | 1,162.1 | 1,281.2 | 1,245.5 | 1,263.4 | 1,266.4 | 1,266.4 | 1,269.3 |
| | Number of Admissions 65+ | 445 | 440 | 365 | 435 | 370 | 390 | 430 | 418 | 424 | 425 | 425 | 426 |
| | Population of 65+ | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 | 33,561.0 |

| | |
|---|---|
| Assessment of whether goal has been met in Q4: | Data not available |
| You may use this box to provide a very brief explanation of overall progress if you wish. | We have a strong and consistent track record of performance, remaining below NHS England and peer group averages and frequently ranking 1st within our peer group since mid-2023. In January we had rate of 1296 against a target of 1266. This was lower than SE (1512) and lower than England as a whole (1679), lower than peer group average (1612). In February we had a rate of 1088 against a target of 1266. This was lower than SE (1336), lower than for England as a whole (1480) and lower than peer group average (1425). Data for March was not available. |

## 4.2 Discharge Delays

| Original Plan | 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 (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)** | 0.37 | 0.44 | 0.40 | 0.54 | 0.46 | 0.56 | 0.57 | 0.47 | 0.69 | 0.57 | 0.43 | 0.35 |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | 89.2% | 86.8% | 87.4% | 86.6% | 87.8% | 85.9% | 85.0% | 84.9% | 85.6% | 85.3% | 89.0% | 90.0% |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |

| | |
|---|---|
| Assessment of whether goal has been met in Q4: | Not on track to meet goal |
| You may use this box to provide a very brief explanation of overall progress if you wish. | We have seen increasing month to month variability - particularly May, July, January, February and March - coinciding with periods of higher demand. In January 77% of patients were discharged on their discharge ready date compared to SE (82%), England (84%) and peer group (84%). In February 78% were discharged on their discharge ready date compared to SE (82%), England (85%) and peer group (85%). In March 79% were discharged on their discharge ready date compared to SE (83%), England (85%) and peer group (85%). We have identified a number of actions to review the efficiency of Pathway 3 discharges, which is where we are seeing the longest delays. |

## 4.3 Residential Admissions

| Actuals + Original Plan | | 2023-24 Full Year Actual | 2024-25 Full Year CLD Actual | 2025-26 Plan Q1 (April 25-June 25) | 2025-26 Plan Q2 (July 25-Sept 25) | 2025-26 Plan Q3 (Oct 25-Dec 25) | 2025-26 Plan Q4 (Jan 26-Mar 26) |
|---|---|---|---|---|---|---|---|
| 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 | 566.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| | Number of admissions | 213.0 | 190.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | Population of 65+* | 33561.0 | 33561.0 | 33561.0 | 33561.0 | 33561.0 | 33561.0 |

# Better Care Fund 2025-26 EOY Reporting Template

**5. Income & Expenditure**

Selected Health and Wellbeing Board: West Berkshire

| Source of Funding | 2025-26 Planned Income | 2025-26 Updated Total Income for 25-26 | 2025-26 DFG EOY Actual Expenditure | Checklist Complete: |
|---|---|---|---|---|
| DFG (including top-up) | £2,742,795 | £2,742,795 | £2,742,795 | Yes |
| Minimum NHS Contribution | £14,064,255 | £14,064,255 | | Yes |
| Local Authority Better Care Grant | £994,949 | £994,949 | | Yes |
| Additional LA Contribution | £0 | £157,250 | | Yes |
| Additional NHS Contribution | £0 | £0 | | Yes |
| **Total** | **£17,801,999** | **£17,959,249** | | |

| | | % of Planned Income | |
|---|---|---|---|
| **End of Year Actual Expenditure** | £17,597,693 | **98%** | Yes |

| | | |
|---|---|---|
| If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change. | n/a | Yes |

This page is intentionally left blank

## Better Care Fund 2024-25 EOY Reporting Template

**6. Year End Impact Summary**

Selected Health and Wellbeing Board: West Berkshire

| Confirmation of Statements | | | Checklist Complete: |
|---|---|---|---|
| **Question statements** | **Confirmation** | **If the answer is "No" please provide an explanation:** | |
| Overall delivery of BCF has improved joint working between health and social care | Yes | | Yes |
| Our BCF schemes were implemented as planned in 2025-26 | Yes | | Yes |
| The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality. | Yes | | Yes |

| Highlight success and challenges within reference to the most relevant enablers from SCIE logic model: | | |
|---|---|---|
| Logic model for integrated care - SCIE | | |
| **Success and Challenges** | **Narrative** | |
| 2 key successes observed towards driving the enablers for integration | 1. Non Elective admissions - We continue to to remain below the NHS England and peer group averages and have frequently ranked 1st within our peer group since mid 2023. In 2025/26 we ranked 2nd out of six Local Authorities within the Thames Valley ICB. 2.Dementia Care Advisory Service - Additional resource providing earlier diagnosis and improved post diagnostic support has | Yes |
| 2 key challenges observed towards driving the enablers for integration | 1. Improving flow with hospital discharge remains a key priority for 26/27. We have seen some persistent delays within Pathway 3 discharges : efficiency, care home market responsiveness and self funders. This is an area we will be targetting in 2026/27 in order to improve flow. 2. We are still seeing 60% of permanent admissions to Care Homes coming from the Hospital Discharge route - | Yes |

This page is intentionally left blank

# Better Care Fund 2026-27 Plan

| | |
|---|---|
| **Report being considered by:** | Health and Wellbeing Board |
| **On:** | 24th September 2026 |
| **Report Sponsor:** | Paul Coe, Executive Director |
| **Report Author:** | Maria Shepherd<br>Health and Social Care Integration Lead |

## 1. Purpose and Executive Summary

1.1 This report seeks endorsement from the Health and Wellbeing Board for West Berkshire's Better Care Fund (BCF) Plan for 2026-27, comprising the narrative plan and numerical template submitted to NHS England.

1.2 The 2026-27 BCF framework continues to support integrated, preventative health and social care, with a focus on enabling people with complex needs to remain independent for longer, improving discharge from hospital, strengthening reablement outcomes, and reducing avoidable admissions and long-term residential and nursing care placements.

1.3 The Plan has been developed jointly with Thames Valley Integrated Care Board and local partners and has been considered through the Locality Integration Board as a sub-group of the Health and Wellbeing Board. It reflects the national requirements for a jointly agreed plan, compliance with grant and funding conditions, pooled funding through a Section 75 agreement under the NHS Act 2006, and appropriate governance and reporting arrangements.

1.4 The Plan received Section 151 Officer sign-off prior to submission to NHS England on 19th May 2026. NHS England approval is expected following the joint NHS and local government assurance process, with outcome letters anticipated in July or August 2026. Section 75 agreements are required to be in place by 30th September 2026.

1.5 Endorsement of the Plan will confirm the Board's support for the proposed use of BCF funding in 2026-27 and the continued partnership approach to delivering more coordinated, accessible and preventative care for residents, particularly older people, people with complex needs, and communities experiencing health inequalities.

## 2. Recommendation

2.1 To endorse the Better Care Fund Plan for 2026-27.

## Implications

| **Financial** |
|---|

| |
|---|
| The 2026-27 plan received sign-off from S151 officer prior to its submission to NHS England on 19th May 2026. |
| **Human resources** |
| **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. |
| **Council Strategy** |
| |
| **Other Implications** |
| Policy - The Better Care Fund Policy Framework supports integrated health and social are, helping people live independently at home for longer. The 2026-27 framework focuses on prevention, faster hospital discharge and more personalised, community-based care through joint planning and funding |
| **Equalities Impacts:** Choose an item. |
| 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. |
| **Data Impacts:** Choose an item. |
| n/a |
| **Environmental Impacts:** Choose an item. |
| n/a |
| **Health Impacts:** Choose an item. |

| |
|---|
| 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 |

| | |
|---|---|
| **Consultation and Engagement:** | This was a jointly agreed plan between the HWB and Thames Valley ICB. The Plan was agreed with partners through the Locality Integration Board, sub-group of HWB. |

## 3. Background

3.1 Better Care Fund Policy Framework for 2026-27 provides continuity from the previous rounds of the programme and is a one-year plan.

3.2 Improving flow to support Hospital Discharge remains a key priority. Delivery will be driven by a focused programme to enhance pathway 3 performance.

3.3 The Policy Framework was published on 18th February 2026

3.4 The Policy Framework sets out three national conditions:

1. ICB's and Local Authorities must develop a joint plan, agreed by HWB outlining how ICB's and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to relevant areas of neighbourhood health and social care services,

2. ICB's and Local Authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICB's must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.

3. ICB's and Local Authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.

3.5 The Policy Framework also sets out three national metrics:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population

2. Discharge Delays – 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)

3. Admissions to residential and nursing homes – long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population.

3.6 The BCF planning requirements for 2026-27 required a narrative plan and a numerical template to be submitted to NHS England on 19th May 2026.

3.7 The numerical template details income, expenditure by scheme type and metrics.

3.8 BCF Plans will be approved by NHS England following a joint NHS and Local Government assurance process at regional level and outcome letters will be sent to ICB's, Local Authorities and HWB's in July/August 2026.

3.9 West Berkshire's plan has been approved with conditions.

3.10 S75 Agreements must be in place by 30th September 2026.

## 4. Appendices

Appendix A – BCF 2026-27 narrative plan

Appendix B – BCF 2026-27 numerical template

## Background Information

BCF 2026-27 Framework

## 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 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

## Governance Pathway

| **Committee/Body** | **Date** |
|---|---|
| Corporate Board | 1**2/8/26** |
| **Executive Briefing** | 3**/9/26** |
| **Health and Wellbeing Board** | 2**4/9/26** |
| **Choose an item.** | |

| | |
|---|---|
| **Choose an item.** | |
| Other: (please state) | |

This page is intentionally left blank

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

**Better Care Fund 2026-27**

Narrative return

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the BCF Exchange:

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

**Submission Requirements:**

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.
- The deadline for completing this narrative return is **19 May 2026.**

- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).
-

## Submission details

| | HWB area |
|---|---|
| **HWB** | **West Berkshire** |
| **ICB** | **Thames Valley Integrated Care Board** |

**1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.**

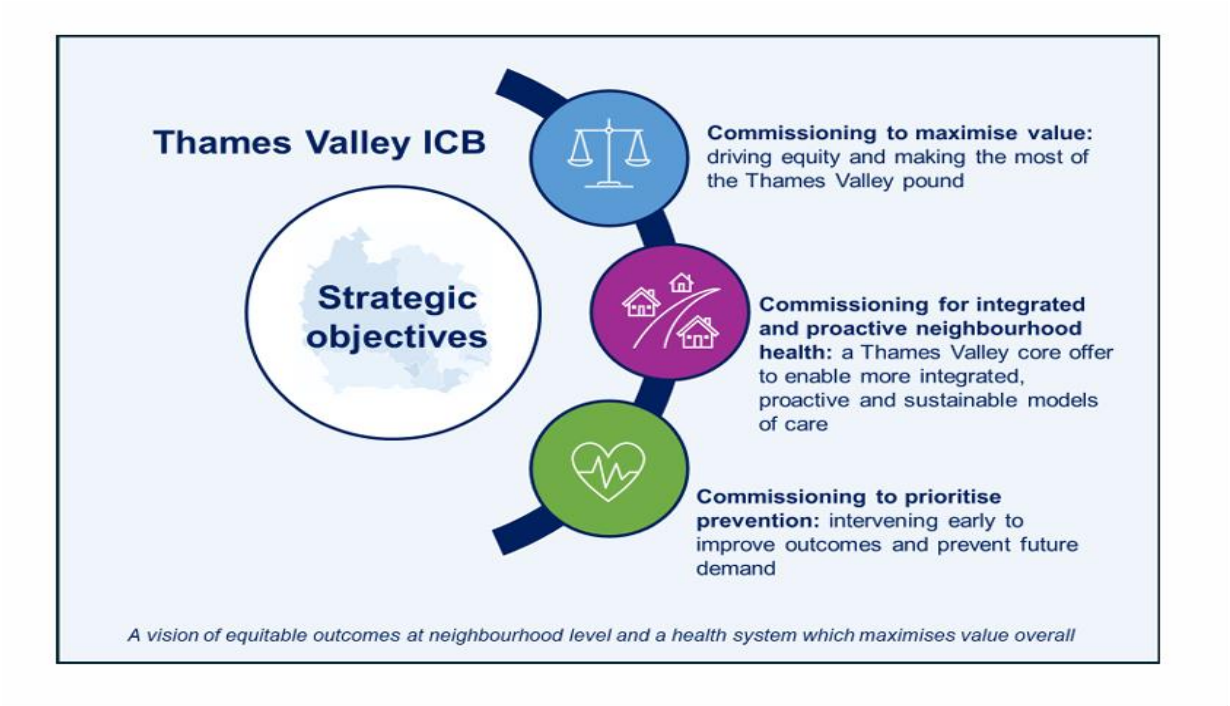
While no significant changes have been made to existing core schemes from 2025/26, this reflects a deliberate decision by partners to maintain service stability pending a comprehensive review of all BCF funded services as outlined in section four.

Targeted use of the BCF uplift and carry forward from 2025/26 is enabling a strengthened focus on prevention, admission avoidance during winter pressures, improved discharge pathway consistency, and the development of neighbourhood-based care models that reduce inequalities and support the continued evolution of our local neighbourhoods. Key investments include:

- **Dementia Care Advisory Service**, providing earlier diagnosis and improved post-diagnostic support.
- **JOY App**, enabling effective referral management and social prescribing within primary care.
- **Night Sitting Service**, recommissioned across the full ICB footprint to improve system-wide consistency.
- **Intermediate Care (Pathway 1)**, the Local Authority will commission all care to improve consistency, flow, and outcomes.
- **Berkshire West Responsive Integrated GP Home Visiting Service (BRIGHT),** we will review this scheme as part of our wider scheme review to determine whether this is something we wish to implement in West Berkshire this winter, or whether alternative support measures would better meet system pressures.
- **Creative Health Programme**, using community based creative interventions to complement clinical care and improve outcomes in key health conditions.
- **Neighbourhood Development**, targeted investment informed by population health management through our connected care system, identifying 1-2 priority areas per neighbourhood to improve health, wellbeing and reduce inequalities.

Our BCF priorities are fully aligned to the Thames Valley ICB strategic commissioning objectives – illustrated in the diagram below, particularly in strengthening integration across health and care, shifting care closer to home and embedding a neighbourhood-based model that supports proactive, preventive and personalised care.

This will be underpinned by strengthened population health management and risk stratification through our connected care system, enabling earlier identification of individuals at risk of deterioration or frailty and more targeted intervention.




A Multidisciplinary team approach across health, social care, and mental health services enable coordinated care planning, shared decision-making, and timely crisis response, reducing avoidable hospital admissions and improving outcomes for people with complex needs.

A key principle of this approach is that prevention extends beyond clinical intervention. Through BCF-funded social prescribing and strong partnerships with the voluntary and community sector, we are addressing wider determinants of health such as social isolation, mental wellbeing, and community resilience—helping to sustain independence and prevent escalation into more intensive services.

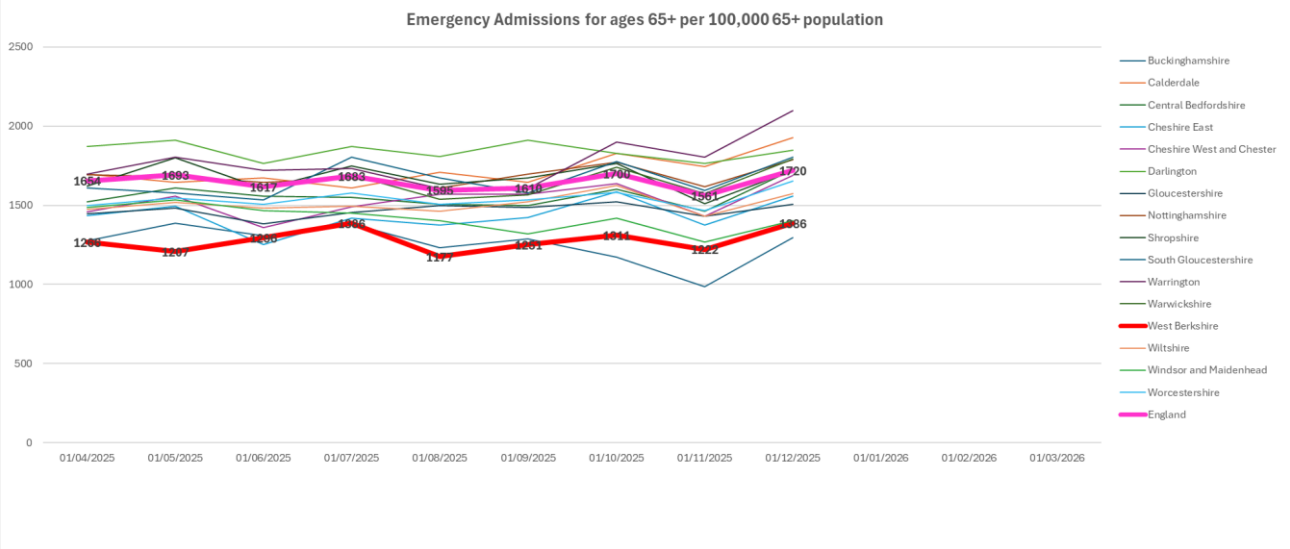
Neighbourhood health and social care delivery is central to this model. By organising services around local populations and embedding multidisciplinary working, we are delivering more continuous, coordinated, and person-centred care. The development of the Berkshire West Neighbourhood Health Steering Group, with a strengthened focus on data, analytics, and system intelligence, further enhances our ability to target resources effectively and maximise impact.

In addition, this approach is complemented by further investment from Urgent and Emergency Care Board into Urgent Community Response and virtual wards, helping to manage current capacity pressures, support admission avoidance, and enable more care to be delivered safely at home.

In summary, BCF funding in West Berkshire enables a joined-up, place-based system that integrates services, prioritises early intervention and prevention, and maximises the impact of collective investment. This supports residents to maintain independence and quality of life, while reducing avoidable demand on hospital and long-term care services and improving the overall sustainability of the health and care system.

**2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

**Non-elective admissions –** We have a strong and consistent track record of performance, remaining below NHS England and peer group averages and frequently ranking 1st within our peer group since mid-2023. In 2025/26, we ranked 2nd out of six Local Authorities within the Thames Valley ICB.



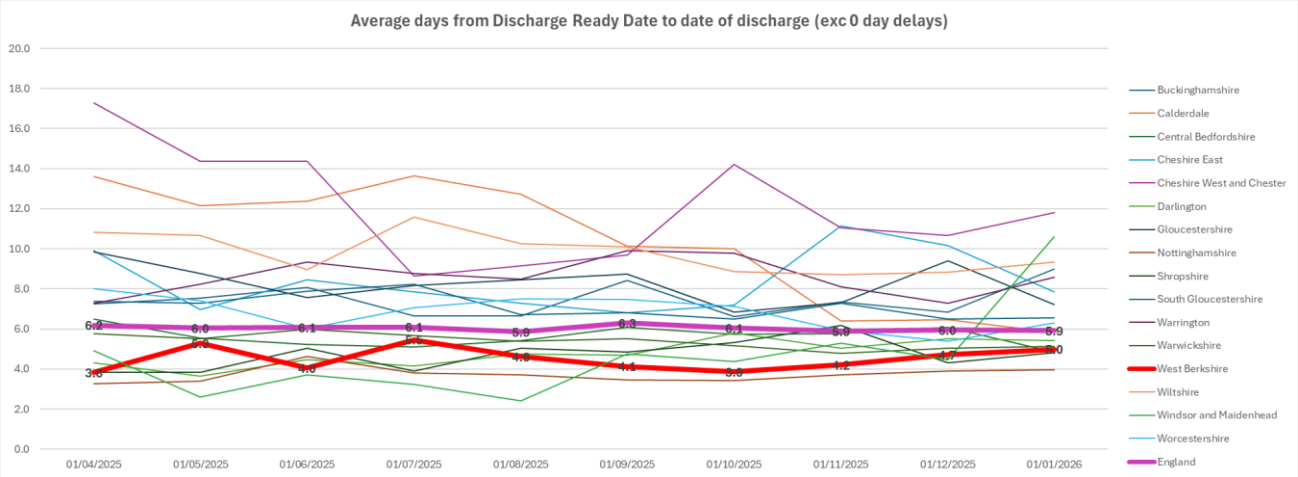

Targets for 2026/27 are based on 2025/26 performance, with a planned reduction of 1.5% across most months and 2% during peak winter months (December and January) to reflect known seasonal pressures.

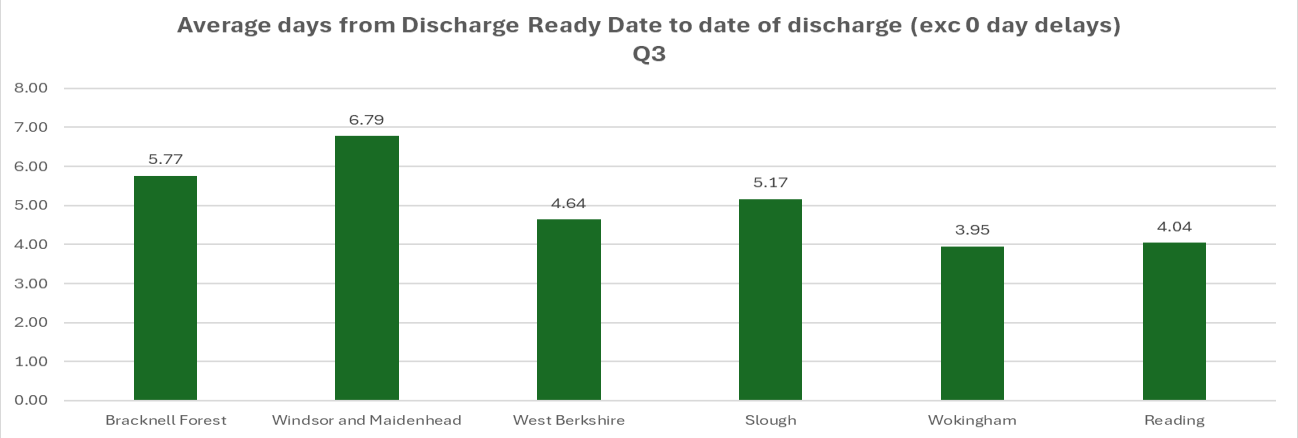
Demand, acuity and complexity continue to rise, placing sustained pressure on urgent and emergency care pathways. While increased utilisation of Urgent Community Response (UCR) services reflects a shift towards community-based alternatives to admission, this has also exposed capacity constraints as demand has grown. In 2026/27, this will be addressed through additional investment of £1.083m in 2-hour UCR and £895k in Virtual Wards via the Urgent and Emergency Care Board.

Overall, our trajectory delivers a 1.5–2% reduction, representing continued improvement from an already high-performing baseline. Delivery will be supported through UCR expansion, increased Virtual Ward capacity, and the development of Neighbourhood Teams to further enable proactive care, early intervention, and admission avoidance—particularly for people with frailty and complex needs.

Following a winter 2025/26 pilot, the BRIGHT Service demonstrated the value of proactive support for patients at high risk of admission. Primary care and community teams identified frail, housebound individuals and delivered targeted care to help them remain safely at home. The pilot delivered 500 clinical contacts and is estimated to have avoided around 200 Emergency Department attendances.
This service will be reviewed as part of our wider scheme review to determine whether this is something we wish to expand this winter or whether alternative support measures would better meet system winter pressures.

**Delayed discharges –** Across 2025/26, West Berkshire performed below NHS England averages and better than most of its peer group, reflecting effective hospital discharge flow management and established processes. However, within the Thames Valley ICB, performance ranked 5th in Q1, 6th in Q2 and improved to 3rd in Q3 (out of six Local Authorities). While this indicates some relative improvement, there is increasing month-to-month variability—particularly in May, July, January, February, and March—coinciding with periods of higher demand.




Although upstream discharge decision-making remains critical in managing permanent admissions to care homes via Pathway 3, current data highlights persistent delays within Pathway 3 discharges themselves.

Improving flow remains a key priority. Delivery will be driven by a focused programme to enhance Pathway 3 performance. The Local Authority has initiated a data-led review of Pathway 3 discharges to identify delays, optimise capacity and improve timeliness. Findings will inform the monthly Discharge Improvement Group, ensuring a robust, evidence-based approach to system improvement.

For 2026/27, a modest but realistic improvement trajectory has been set, applying a differentiated approach based on system pressure:

- 2% improvement in standard flow months, reflecting incremental gains through improved coordination and earlier discharge planning.
- 4% improvement in higher-pressure months (May, July, January, February, and March), where delays are typically more pronounced due to capacity constraints and seasonal demand.

Delivery of this trajectory depends on targeted improvement across three interconnected areas:

1. **Pathway 3 efficiency** – earlier identification, faster brokerage, and placement in collaboration with commissioning teams.
2. **Care home market responsiveness** – stronger provider relationships, improved visibility of vacancies and faster discharge routes.
3. **Self-funder discharge support** – earlier financial discussions, standardised information for families and enhanced brokerage to reduce time to placement.

Overall, the 2026/27 trajectory represents controlled, sustainable improvement. It builds on existing strengths while addressing known friction points in post-discharge pathways, with a clear focus on ensuring timely, consistent, and resilient flow to appropriate placements throughout the year.

**Long-term care home admissions and reablement outcomes**

Permanent admissions to care homes were high in Q4 2025/26, which will impact the rolling 12-month figures for the following three quarters. This has been factored into the targets set for 2026/27.

Currently, 60% of permanent admissions originate from hospital discharges on Pathway 3, down from 68% in 2024/25, demonstrating clear progress. We will continue to strengthen the “Home First” approach across acute and community pathways, ensuring consistent, evidence-based decision-making and maximising independence.

To support this, the Local Authority is strengthening social worker presence within the acute setting. This includes consistent participation in ward rounds to enable timely, person-centred decision-making, as well as active engagement in the monthly Discharge Improvement Group with the acute hospital to drive system-wide improvements in discharge practice and outcomes.

Reablement outcomes remain strong. Local Authority data shows that in 2025/26, 66% of individuals stayed at home without the need for ongoing long-term support. The target for 2026/27 is 70%, supported by increased capacity within the Local Authority’s in-house reablement service to enable more Pathway 1 discharges.

From August 2026, the Local Authority will also take on commissioning responsibility for all Pathway 1 care. Currently, care with a rehabilitation focus is commissioned by Berkshire Healthcare Foundation Trust (BHFT). This change is expected to improve pathway consistency, strengthen operational oversight, and enhance data quality, including ASCOF reporting.

All performance metrics will be monitored through established system governance arrangements, as illustrated in the diagram in Section 5. These metrics are also reported to the Health and Social Care Scrutiny Committee and tracked through Client Level Data and ASCOF reporting to the DHSC.

Delivery of these metrics will be driven through the Locality Integration Board, which will receive monthly performance reports, scrutinise progress, and hold partners to account. The Board will identify risks, challenge variation, and agree timely mitigating actions, ensuring performance remains on track and responsive to system pressures while maintaining clear system-wide ownership.

3. **Please provide a short explanation of the planned impact of BCF funding on achievement of goals.**

The planned impact of BCF funding across West Berkshire is to accelerate progress toward integrated, preventative, and person-centred care, delivering measurable improvements in system performance and outcomes for residents.

BCF funding will continue to contribute to the reduction of avoidable demand on acute services by sustaining and strengthening community-based alternatives, including neighbourhood multidisciplinary teams, rapid community response, strengthening discharge pathways and expanding reablement services. This will support fewer emergency admissions, reduced hospital length of stay and improved discharge flow, contributing to overall system resilience. While no significant changes have been made to core schemes from 2025/26, this reflects a deliberate decision by partners to maintain service stability pending a comprehensive review of all BCF funded services.

The funding will also support more people to live independently at home for longer. Investment in reablement, discharge pathways and voluntary sector provision will enable timelier coordinated care, improve recovery and reduce reliance on long-term support. This is expected to increase the proportion of people remaining at home 91 days after discharge and reduce permanent admissions to residential care.

BCF schemes will continue to strengthen preventative approaches by supporting earlier identification of risk and targeted intervention. While the use of population health management (PHM) to systematically identify and prioritise cohorts is still developing, partners have access to shared intelligence through the Connected Care record. There is a clear intention to further develop this capability alongside neighbourhood working in 2026/27, enabling more proactive, data-led targeting of interventions and better alignment of services to population need over time.

Finally, BCF funding will further embed system integration by supporting shared working across health, social care and community partners at neighbourhood level. This will deliver more seamless care pathways, improved user experience, and better value through coordinated use of resources.

Overall, the 2026/27 BCF plan represents a transitional year maintaining delivery of established while building stronger evidence base through a planned programme of scheme reviews. This will enable future funding decisions to be more explicitly driven by impact, value for money and population need, ensuring that BCF investment continues to deliver sustainable improvements in outcomes, experience, and system efficiency.

4. **Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.**

We recognise that while most of the BCF schemes have become embedded in business as usual there is a need to strengthen assurance that all the services consistently deliver value for money and improve outcomes.

Confidence in value for money is currently derived from established performance metrics, including reduction in delayed discharges, avoidance of hospital admissions, permanent admissions to care homes and improved independence outcomes following reablement. In addition, strong partnership governance through Health and Wellbeing Board and Locality Integration Board provides oversight of delivery, financial planning and alignment of shared system priorities.

However, partners acknowledge that many schemes have not been systematically reviewed in recent years. To address this, the Chair of the Health and Wellbeing Board and Locality Integration Board has agreed to a structured programme of review to strengthen transparency, consistency, and confidence in BCF investment.

Over the next 12 months, all BCF funded schemes will be evaluated using a single, agreed methodology to assess value for money. This will include:

- Clear articulation of inputs, outputs, and outcomes for each scheme
- Benchmarking costs and outcomes where possible
- Assessment of impact on system pressures on acute and long-term care
- Consideration of user experience, quality of care and social value

This consistent approach will enable partners to identify variation, highlight high performing models and ensure resources are directed toward interventions that deliver the greatest benefit for our developing neighbourhoods.

Alongside this, the Local Authority and Integrated Care Board will seek to raise productivity by:

- Reviewing service models to ensure they are appropriately targeted and proportionate to need
- Increasing use of data and population health management to focus on interventions earlier and more effectively
- Reducing duplication across services and strengthening multidisciplinary working at neighbourhood level
- Expanding evidence-based approaches, such as reablement and proactive care that demonstrate strong outcomes relative to cost

Findings from the scheme reviews will help inform future commissioning decisions, service design and potential reinvestment or disinvestment. This will ensure that BCF funding is used as effectively as possible to support integrated, preventative care.

This approach is aligned with the NHS expectation of delivering a minimum 2% year-on-year productivity improvement. While partners are committed to this ambition, the specific impact on BCF funded schemes will not be fully understood until the programme of scheme reviews is complete. This reflects the need to establish a clear and consistent baseline of costs, activity and outcomes across all schemes before quantifying productivity gains.

Through this systematic approach, partners will build a robust and shared understanding of value, identify opportunities to improve productivity in line with national expectations, and ensure continued confidence that BCF funded services deliver meaningful outcomes for residents and the wider health and care system.

***5.*** **Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.**

Joint governance of the Better Care Fund (BCF) in West Berkshire is delivered through the Locality Integration Board, a formal sub-group of the Health and Wellbeing Board. Membership spans the Local Authority, Thames Valley Integrated Care Board, Public Health, Primary Care, Thames Valley Pharmacy, Berkshire Healthcare Foundation Trust (BHFT), Royal Berkshire Healthcare Foundation Trust (RBHFT), the Chair of the Health and Wellbeing Board, Healthwatch and the Voluntary Sector. This ensures collective leadership, shared accountability, and a whole-system approach to integrated care.

This governance structure oversees BCF performance, finance, and scheme delivery, while also shaping and aligning priorities at neighbourhood level. As part of the 2026/27 programme, the Board will play a key role in aligning BCF investment with neighbourhood footprints, enabling more targeted, place-based delivery through multidisciplinary teams and community services, and directing resources to areas of greatest need to maximise population health outcomes.

The Board will also oversee a 12-month programme of scheme reviews, applying a consistent approach to assessing value for money and productivity. Findings will directly inform future commissioning and service redesign, ensuring a clear line of sight from strategic priorities through to delivery and outcomes.

Delivery of BCF metrics will be actively driven through the Locality Integration Board, which will receive monthly performance reports, scrutinise progress and hold partners to account. Where performance is off track, the Board will ensure clear ownership of actions, agree recovery plans and, where required, escalate issues through system governance routes—including the Health and Wellbeing Board and Urgent and Emergency Care Programme Board for timely resolution.

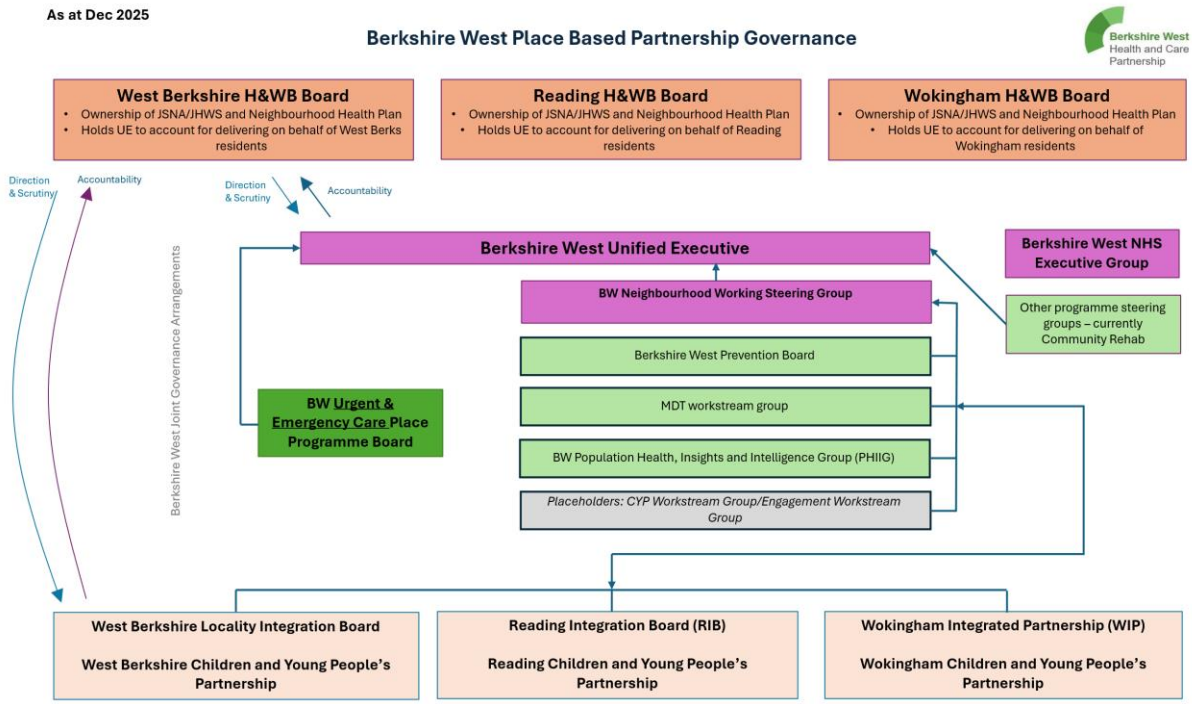
A strong emphasis is placed on continuous learning and improvement. Insights from performance, scheme reviews and operational delivery will be systematically captured and shared across partners, supporting the BCF planning principles of joint working, evidence-based decision-making, and a focus on prevention and outcomes. This ensures that learning is translated into practice and informs both local delivery and future planning cycles.

Governance is further strengthened by the Berkshire West Prevention Board, co-chaired by the Integrated Care Board and Public Health. This provides strategic leadership to embed prevention and early intervention across the system, complementing the role of the Locality Integration Board by identifying opportunities to shift investment upstream, align priorities across partners, and ensure BCF-funded schemes contribute to a coherent, system-wide prevention agenda. In addition, the Berkshire West Neighbourhood Steering Group is working alongside Locality Integration Board to lead on the implementation of Neighbourhood working in West Berkshire. The work from both boards will help inform the HWB's Neighbourhood Health Plan.

Together, these arrangements provide robust oversight, clear accountability, and a coordinated framework for delivery, ensuring that BCF investment drives measurable improvements in outcomes, system flow and population health across West Berkshire.

An illustration of the governance in West Berkshire is shown below: -

As at Dec 2025



## Better Care Fund 2026-27 Numerical Template

**2. Cover**

| Version 1.0 |
|---|

Please Note:
- The BCF numerical 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:** | Maria Shepherd |
| **Role and organisation:** | Integration Lead |
| **E-mail:** | Maria.shepherd@westberks.gov.uk |
| **Contact number:** | 01635519782 |
| **Documents submitted (please select from drop down)**<br>**In addition to this template the HWB are submitting the following:** | Narrative |

| | 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 | Nigel | Foot | nigel.foot1@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 | Thames Valley ICB |
| | ICB chief executive 2 (where required) | | | | | |
| | ICB chief executive 3 (where required) | | | | | |
| **Finance sign off** | LA section 151 officer | Mrs | Shannon | Coleman-slaughter | Shannon.colemanslaughter@westberks.gov.uk | |
| | ICB finance director 1 | Mr | Richard | Chapman | richard.chapman@nhs.net | Thames Valley 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 | Aimee | Connor | aimee.connor@westberks.gov.uk | |
| | ICB place lead 1 | Mrs | Helen | Clark | helen.clark23@nhs.net | Thames Valley ICB |
| ***Please add any additional key contacts who have been responsible for completing the plan*** | ICB place lead 2 (where required) | | | | | |
| | ICB place lead 3 (where required) | | | | | |
| | | | | | | |
| | | | | | | |

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

| | Complete: |
|---|---|
| 2. Cover | Yes |
| 3. Income | Yes |
| 4. Expenditure | Yes |
| 5. Metrics | Yes |
| 6. National Conditions | Yes |

^^ Link back to top

## Better Care Fund 2026-27 Numerical Template

### 3. Income

Selected HWB: 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 local authority contribution (exc local au** | **£2,562,585** |

Page 1

| Local authority better care grant (LABCG) | Contribution |
|---|---|
| West Berkshire | £994,949 |
| | |
| **Total Local authority better care grant** | **£994,949** |

| Are any additional local authority contributions being made in 2026-27? If yes, please detail below | Yes |
|---|---|

| Local authority additional contribution | Contribution | Comments - Please use this box to clarify any specific uses or sources of funding |
|---|---|---|
| West Berkshire | £361,556 | carry forward from 25/26 - funding not utilised on specific schemes and funds already allocated to Dementia Care Advisory (31/12/26) and Joy App (31/8/27) |
| | | |
| | | |
| **Total additional local authority contribution** | **£361,556** | |

| NHS minimum contribution | Contribution |
|---|---|
| NHS Thames Valley ICB | £14,509,324 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total NHS minimum contribution** | **£14,509,324** |

| | |
|---|---|
| Are any additional NHS contributions being made in 2026-27? 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** | **£14,509,324** | |

Page 2

| | 2026-27 |
|---|---|
| **Total BCF pooled budget** | **£18,428,414** |

| Funding contributions comments<br>For any useful details please use the text box below (for no additional comments, insert 'NA') |
|---|
| n/a |

# Better Care Fund 2026-27 Numerical Template

**4. Expenditure**

| Selected Health and Wellbeing Board: | West Berkshire |
|---|---|

| Running Balances | 2026-27<br>Income |
|---|---|
| DFG | £2,562,585 |
| NHS Minimum Contribution | £14,509,324 |
| Local Authority Better Care Grant | £994,949 |
| Additional LA Contribution | £361,556 |
| Additional NHS Contribution | £0 |
| Total | **£18,428,414** |

**Required spend on adult social care from NHS minimum allocations**

| | 2026-27<br>Minimum required spend |
|---|---|
| Adult Social Care services spend from the NHS minimum allocations | £6,703,889 |

**Checklist**

| Column complete: | Yes | Yes |
|---|---|---|

| Number | Category of scheme | Description of scheme |
|---|---|---|
| 1 | Long-term residential or nursing home care | Protecting Adult Social Care - Residential & Nursing |
| 2 | Long-term home-based social care services | Protecting Adult Social Care - Home Care |
| 3 | Long-term home-based social care services | Protecting Adult Social Care - Home Care |
| 4 | Long-term home-based social care services | Protecting Adult Social Care - Supported Living |
| 5 | Support to carers, including unpaid carers | Protecting Adult Social Care - Carers |

| | | |
|---|---|---|
| 6 | Short-term home-based intermediate care (rehabilitation, reablement and | Protecting Adult Social Care - Reablement |
| 7 | Short-term home-based intermediate care (rehabilitation, reablement and | Protecting Adult Social Care - Reablement |
| 8 | Short-term home-based intermediate care (rehabilitation, reablement and | Protecting Adult Social Care - JCP |
| 9 | Short-term home-based intermediate care (rehabilitation, reablement and | Protecting Adult Social Care - JCP |
| 10 | Evaluation and enabling integration | Locality Lead |
| 11 | Discharge support and infrastructure | DTOC Projects - Mental Health Link Worker in MH hospital |
| 12 | Discharge support and infrastructure | DTOC Projects - Link Worker in MH hospital |
| 13 | Discharge support and infrastructure | DTOC Projects - EDT ICS Hospital Discharge / Avoidance Service |
| 14 | Evaluation and enabling integration | BCF Data Analyst |
| 15 | Evaluation and enabling integration | BCF Data Analyst |
| 16 | Wider support to promote prevention and independence | IMHA and Veterans |
| 21 | Discharge support and infrastructure | LA Discharge funding |
| 22 | Discharge support and infrastructure | Enhanced LA Discharge |
| 23 | Discharge support and infrastructure | ICB Discharge funding for LA |
| 24 | Short-term home-based intermediate care | BHFT Contract |
| 25 | Evaluation and enabling integration | BW PMO |
| 26 | Home-based intermediate care (short-term home-based | Contribution to wider intermediate care services |
| 27 | Bed-based intermediate care (short-term bed-based | Care Homes (RRAT) (ICB Hosted scheme) |
| 29 | Wider support to promote prevention and independence | Street Triage (ICB Hosted scheme) |

| | | |
|---|---|---|
| 30 | Evaluation and enabling integration | Connected Care (ICB hosted) |
| 31 | Wider support to promote prevention and independence | Out of Hospital Services - Speech & Language Therapy |
| 32 | Discharge support and infrastructure | Out of Hospital Services -Care Home in reach |
| 33 | Discharge support and infrastructure | Out of Hospital Services - Community Geriatrician |
| 34 | Discharge support and infrastructure | Out of Hospital Services - Intermediate Care - Discharge Services |
| 35 | Wider support to promote prevention and independence | Out of Hospital Services - Health Hub |
| 36 | Short-term home-based intermediate care | Rapid response |
| 37 | DFG related schemes | DFG |
| 38 | Wider support to promote prevention and independence | Night Sitting (BHFT) |
| 39 | Short-term home-based intermediate care | Intermediate Care (BFHT) |
| 40 | Wider support to promote prevention and independence | Dementia Care Advisor |
| 41 | Wider support to promote prevention and independence | Dementia Care Advisor |
| 42 | Wider support to promote prevention and independence | Joy App - Social Prescribing |
| 43 | Wider support to promote prevention and independence | BRIGHT or other measures to support winter pressures and admission avoidance |
| 44 | Wider support to promote prevention and independence | Creative Health |
| 45 | Wider support to promote prevention and independence | Development of Neighbourhoods |
| 46 | Wider support to promote prevention and independence | Locality Integration Board priorities - alignment to Neighbourhoods (c/f from 25/26) |
| 47 | Evaluation and enabling integration | Locality Lead |
| 48 | Wider local support to promote prevention and independence | Night Sitting (ICB hosted) |
| 49 | Short-term home-based social care (excluding rehabilitation, | Intermediate Care (LA commissioned) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| 026-27 | |
|---|---|
| Expenditure | Balance |
| £2,562,585 | £0 |
| £14,509,324 | £0 |
| £994,949 | £0 |
| £361,556 | £0 |
| £0 | £0 |
| **£18,428,414** | **£0** |

| Planned Spend |
|---|
| £7,748,815 |

| | | |
|---|---|---|
| Yes | Yes | Yes |

| Source of funding | Adult Social Care Spend | Expenditure for 2026-27 (£) |
|---|---|---|
| NHS Minimum Contribution | Yes | £2,266,169 |
| NHS Minimum Contribution | Yes | £1,405,877 |
| Local Authority Better Care Grant | Yes | £203,500 |
| NHS Minimum Contribution | Yes | £1,058,223 |
| NHS Minimum Contribution | Yes | £850,392 |

| | | |
|---|---|---|
| NHS Minimum Contribution | Yes | £506,725 |
| Local Authority Better Care Grant | Yes | £307,300 |
| NHS Minimum Contribution | Yes | £1,339,467 |
| Local Authority Better Care Grant | Yes | £217,199 |
| NHS Minimum Contribution | No | £114,259 |
| Local Authority Better Care Grant | No | £60,000 |
| NHS Minimum Contribution | No | £7,328 |
| Local Authority Better Care Grant | No | £6,000 |
| NHS Minimum Contribution | No | £32,090 |
| Local Authority Better Care Grant | No | £12,500 |
| NHS Minimum Contribution | No | £53,354 |
| Local Authority Better Care Grant | Yes | £188,450 |
| NHS Minimum Contribution | Yes | £71,295 |
| NHS Minimum Contribution | No | £1,437,707 |
| NHS Minimum Contribution | No | £1,044,983 |
| NHS Minimum Contribution | No | £87,255 |
| NHS Minimum Contribution | No | £68,905 |
| NHS Minimum Contribution | No | £514,875 |
| NHS Minimum Contribution | No | £70,746 |

| | | |
|---|---|---|
| NHS Minimum Contribution | No | £285,086 |
| NHS Minimum Contribution | No | £88,423 |
| NHS Minimum Contribution | No | £364,403 |
| NHS Minimum Contribution | No | £199,618 |
| NHS Minimum Contribution | No | £629,669 |
| NHS Minimum Contribution | No | £462,198 |
| NHS Minimum Contribution | No | £406,008 |
| DFG | No | £2,562,585 |
| NHS Minimum Contribution | No | £31,414 |
| NHS Minimum Contribution | No | £125,333 |
| Additional LA contribution | No | £30,000 |
| Additional LA contribution | No | £10,000 |
| Additional LA contribution | No | £8,885 |
| NHS Minimum Contribution | No | £50,000 |
| NHS Minimum Contribution | No | £12,500 |
| NHS Minimum Contribution | No | £630,375 |
| Additional LA contribution | No | £308,473 |
| Additional LA contribution | No | £4,198 |
| NHS Minimum Contribution | No | £43,980 |
| NHS Minimum Contribution | Yes | £250,667 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

This page is intentionally left blank

**4a. Expenditure Guidance**

## Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

### Scheme Types

| Number | Category of scheme | Description |
|---|---|---|
| 1 | Assistive technologies and equipment | Using technology in care processes to support 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 | This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units. |
| 3 | 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.<br><br>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 | 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 | Short-term home-based intermediate care (rehabilitation, reablement and recovery services) | Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package. |
| 6 | Short-term home-based social care (excluding rehabilitation, reablement and recovery services) | Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services. |
| 7 | Long-term home-based social care services | Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence. |
| 8 | Long-term home-based community health services | Ongoing health services provided in people's own homes or in other non-residential community-based settings. |
| 9 | Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery) | Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions. |
| 10 | Long-term residential or nursing home care | Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home. |
| 11 | Discharge support and infrastructure | 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 | Schemes specifically designed to provide care and support for people nearing the end of life. |
| 13 | Support to carers, including unpaid carers | Supporting people to sustain their role as carers and reduce the likelihood of crisis.<br><br>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 | Schemes that monitor or evaluate the impact of integrated care schemes.<br><br>Schemes or services that enable integrated care, such as (but not necessarily limited to):<br>- Joint commissioning arrangements<br>- Integrated care planning<br>- Helping people navigate services<br>- Workforce development or recruitment and retention |
| 15 | 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 | Various person centred approaches to commissioning and budgeting, including direct payments. |
| 17 | Other | This should only be selected where the scheme is not adequately represented by the above scheme types. |

This page is intentionally left blank

## Better Care Fund 2026-27 Numerical Template

### 5. Metrics for 2026-27

Selected Health and Wellbeing Board: West Berkshire

### 5.1 Non-Elective admissions

| | | Apr 25 Actual | May 25 Actual | Jun 25 Actual | Jul 25 Actual | Aug 25 Actual | Sep 25 Actual | Oct 25 Actual | Nov 25 Actual | Dec 25 Actual | Jan 26 Actual | Feb 26 Actual | Mar 26 Actual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Non elective admissions to hospital for people aged 65 and over per 100,000 population | Rate | 1,266 | 1,207 | 1,281 | 1,386 | 1,177 | 1,251 | 1,311 | | | | | |
| | Number of admissions 65+ | 425 | 405 | 430 | 465 | 395 | 420 | 440 | | | | | |
| | Population of 65+* | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | | | | | |
| | | Apr 26 Plan | May 26 Plan | Jun 26 Plan | Jul 26 Plan | Aug 26 Plan | Sep 26 Plan | Oct 26 Plan | Nov 26 Plan | Dec 26 Plan | Jan 27 Plan | Feb 27 Plan | Mar 27 Plan |
| | Rate | 1,248 | 1,189 | 1,278 | 1,374 | 1,159 | 1,231 | 1,290 | 1,204 | 1,359 | 1,359 | 1,359 | 1,359 |
| | Number of admissions 65+ | 419 | 399 | 429 | 461 | 389 | 413 | 433 | 404 | 456 | 456 | 456 | 456 |
| | Population of 65+ | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 |

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

### 5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

| | Apr 25 Actual | May 25 Actual | Jun 25 Actual | Jul 25 Actual | Aug 25 Actual | Sep 25 Actual | Oct 25 Actual | Nov 25 Actual | Dec 25 Actual | Jan 26 Actual | Feb 26 Actual | Mar 26 Actual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **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)** | 0.84 | 1.12 | 0.94 | 1.29 | 1.01 | 0.94 | 1.08 | 1.01 | | | | |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | 77.9% | 78.8% | 76.7% | 76.3% | 78.2% | 77.1% | 72.0% | 76.2% | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| For those adult patients not discharged on DRD, average number of days from DRD to discharge | | 3.8 | 5.3 | 4.0 | 5.5 | 4.6 | 4.1 | 3.9 | 4.2 | | | | |
| | | Apr 26 Plan | May 26 Plan | Jun 26 Plan | Jul 26 Plan | Aug 26 Plan | Sep 26 Plan | Oct 26 Plan | Nov 26 Plan | Dec 26 Plan | Jan 27 Plan | Feb 27 Plan | Mar 27 Plan |
| **Average length of discharge delay for all acute adult patients** | | 0.76 | 0.94 | 0.85 | 1.15 | 0.91 | 0.86 | 1.02 | 0.92 | 1.00 | 1.01 | 0.97 | 0.97 |
| Proportion of adult patients discharged from acute hospitals on their discharge ready date | | 79.5% | 81.5% | 78.2% | 78.2% | 79.8% | 78.6% | 73.4% | 77.7% | 78.3% | 79.0% | 80.0% | 80.0% |
| For those adult patients not discharged on DRD, average number of days from DRD to discharge | | 3.72 | 5.09 | 3.92 | 5.28 | 4.51 | 4.02 | 3.82 | 4.12 | 4.63 | 4.79 | 4.87 | 4.87 |

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

## 5.3 Admissions to residential and nursing care homes

| | | Rolling 12 month total until end of quarter date indicated | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Actual Ending 31-12-2024 | Actual Ending 31-03-2025 | Actual Ending 30-06-2025 | Actual Ending 30-09-2025 | 2026-27 Plan Ending 30-06-2026 | 2026-27 Plan Ending 30-09-2026 | 2026-27 Plan Ending 31-12-2026 | 2026-27 Plan Ending 31-03-2027 |
| Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population | Rate | 581.0 | 563.2 | 536.3 | 530.4 | 536.3 | 530.4 | 566.1 | 548.3 |
| | Number of admissions | 195 | 189 | 180 | 178 | 180 | 178 | 190 | 184 |
| | Population of 65+* | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 | 33,561 |

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

## Better Care Fund 2026-27 Numerical Template

**6: National Condition Planning Requirements**

Health and wellbeing board: West Berkshire

| National Condition | Planning requirement | Assurance statement | Yes/No to assurance statement | Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement | Timeframe for resolution | Complete: |
|---|---|---|---|---|---|---|
| National Condition 1: effectively support the delivery of integrated and preventative care<br><br>ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services. | ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care. | Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care. | Yes | | | Yes |
| | ICBs and local authorities must set out plans that:<br><br>- show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges<br><br>- show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement<br><br>- include the specific contribution of BCF-funded services. | | | | | |
| | ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity | | | | | |
| National Condition 2: comply with expenditure and grant conditions<br><br>ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund. | ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded. | | | | | |
| | The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area. | ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care. | Yes | | | Yes |
| | Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding. | ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026. | Yes | | | Yes |
| National Condition 3: - effective governance, reporting and engagement<br><br>ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes. | ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track. | | | | | |
| | ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes | ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes. | Yes | | | Yes |

This page is intentionally left blank

healthwatch West Berkshire




# Speaking up for better care

Healthwatch West Berkshire annual report 2025/26

# Contents


| | |
|---|---|
| A message from our Chair | 2 |
| About us | 3 |
| Our year in numbers | 4 |
| A year of making a difference | 5 |
| Working together for change | 6 |
| Making a difference in the community | 7 |
| Listening to your experiences | 9 |
| Hearing from all communities | 28 |
| Information and signposting | 35 |
| Showcasing volunteer impact | 39 |
| Finance and future priorities | 41 |
| Statutory statements | 43 |




**Lead Officer**
Fiona Worby

"Over the past year, we at Healthwatch West Berkshire have seen just how powerful it is when people speak up about their care. Listening to real experiences, both positive and difficult has reinforced our commitment to make sure those voices are heard, valued, and used to push for changes that genuinely improve services..

"We are deeply grateful to everyone who shared their experiences with us this year, and to the professionals who took the time to listen and respond. Your honesty, openness, and willingness to act have helped create real change and continue to shape care around what truly matters to people."

# A message from our chair

**This year we have accomplished a lot and all within ranging confinements. Our projects this year have been many and varied, including reaching out to seldom heard groups along the way.**

This year's projects include:

- **Pills, Chills & Pharmacy Skills** - Following the 2024 Pharmacy First rollout, we gathered feedback from 169 West Berkshire residents. The key themes identified have been shared with the head of Community Pharmacy and the local ICB for further investigation.
- After recent tragic events, we engaged with **Lambourn's Racing Community** to identify key trends, including severe isolation and dental shortages. We shared these insights with the local authority and BOB ICB, successfully establishing Lambourn as a health priority and driving plans for mobile dentistry and outreach events.
- We mapped over 150 local Health and Social Care feedback pathways , revealing significant systemic duplication. This evidence base supports **BOB ICB and West Berkshire Council transformation goals** by establishing a blueprint for a unified, "single front-door" approach —simplifying resident access , reducing data silos , and improving strategic quality assurance.



**Chair**
Michael Fereday

"In the turbulence and change that currently permeates health and social care, it is crucial that patients are involved in decision making. I am proud that Healthwatch West Berkshire has been that voice, successfully representing the citizens of West Berkshire."

# About us

Healthwatch West Berkshire is your local health and social care champion.

**We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.**



### Our vision

To bring closer the day when everyone gets the care they need.



### Our mission

To make sure that people's experiences help make health and care better.



### Our values are:

**Equity:** We're compassionate and inclusive. We build strong connections and empower the communities we serve.

**Collaboration:** We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

**Impact:** We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

**Independence:** Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

**Truth:** We work with integrity and honesty, and we speak truth to power.

# Our year in numbers

In 2025/2026 we supported more than **718** people to have their say and get information about their care. We employed **3 part –time** staff and, our work was supported by **5** volunteers.



## Reaching out:

**1,437** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**22** people came to us for clear advice and information on topics such as **Mental Health Support** and **finding an NHS Dentist.**



## Championing your voice:

We published **7** reports, Impact statements and Executive Summaries about the improvements people would like to see in areas like **Dental**, **Men's Health** and **Pathways to Health** .

Our most popular report was **Pharmacy First**: This report outlined what people know about the service, and how they feel about using it.



## Statutory funding:

We're funded by **West Berkshire Council** In 2025/26 we received **£96,000** which is **the same as** last year.

# A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in **West Berkshire.** Here are a few highlights.

## Spring

We Identified generally positive patient experience at GWH*, with strengths in care and access, alongside improvement areas in discharge, communication, aftercare and consistency of experience.

*Great Western Hospital



Our work with the Berkshire Digital Infrastructure Group highlighted gaps in digital access, skills and confidence, helping address barriers to health and care services



## Summer

Delivering a community health event in Theale, we engaged older residents with local services.
Gathered feedback and raised awareness of health and wellbeing support available.



Our Pharmacy First project highlighted low public awareness of the service, leading to improved promotion and increase uptake through community pharmacies.



## Autumn

Our Women's Health project highlighted gaps in strategic focus and helped secure ICB commitment to develop a dedicated Berkshire West Women's Health Strategy



We asked residents how they would feel about AI recording GP appointments; the response was clear: strong opinions, serious concerns, and big questions about trust.



## Winter

We mapped over 150 health and social care feedback pathways across West Berkshire, identifying opportunities to improve access, navigation, transparency and resident engagement



The Men's Health project identified barriers to accessing services, highlighting stigma and awareness gaps, and encouraging targeted approaches to improve engagement and early intervention



# Working together for change

We work closely with local partners to ensure the voices and experiences of local people shape decisions in health and social care. By sharing insight from feedback and engagement, we help highlight priorities, inequalities, and opportunities for improvement, supporting more responsive and informed services.

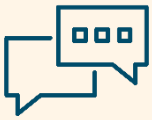
This year, we've worked with services across **West Berkshire** to achieve the following:



## Building strong relationships to achieve more:

In January, we met with decision-makers from the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) to discuss how best to work together over the coming year, alongside the forthcoming changes to the ICB structure.

We agreed to continue our quarterly meetings with the new Thames Valley ICB and were provided with a dedicated email address to support more effective ongoing liaison.



## A big conversation:

Alongside service providers, we attended the Health and Wellbeing Board's All Age Mental Health priority workshops, where we contributed to identifying collaborative actions needed to deliver meaningful change in this area.

The workshops focused on ensuring plans reflect local need, make best use of system resources, and support improved mental health outcomes for West Berkshire residents of all ages.



## National Changes:

During the year, many changes in health and social care have been happening, with more to come.

Healthwatch West Berkshire have been included in conversations about how these national changes will impact and inform local changes and improvements to our services.

We will continue to work collaboratively with services to ensure the local independent voice of our residents continue to be heard.

# Making a difference in the community



## Creating empathy by bringing experiences to life

**Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.**

Patients in West Berkshire were trying to use the 'Find A Dentist website and told us the information was not matching what the patients were told when they contacted practices directly. We are now working with the Integrated Care Board (ICB) to ensure the dentists, in adherence to their contracts update the website regularly.



## Listening to Lambourn's Racing Community

**By involving local people, services help improve care for everyone.**

We brought together the racing community, healthcare providers and support organisations to discuss barriers that racing staff face when accessing healthcare.

By facilitating conversations between services and the community, we raised awareness of the unique challenges faced by this workforce and encouraged partners to consider changes that could improve access to care.



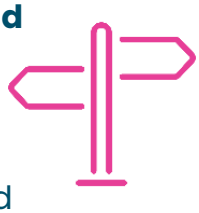
## Improving care over time

**Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.**

Artificial Intelligence (AI) is beginning to play a greater role in NHS and social care services. Healthwatch West Berkshire is working closely with local providers to make sure that patients, service users and the wider public have a voice in how these technologies are introduced and used.

# 150+ Ways to be Heard: Creating a ‘Single Front Door’ for your Care.

**At the end of 2025, Healthwatch West Berkshire worked with our local MP, Lee Dillon, and his team to review the feedback pathways available for health and social care services across West Berkshire.**



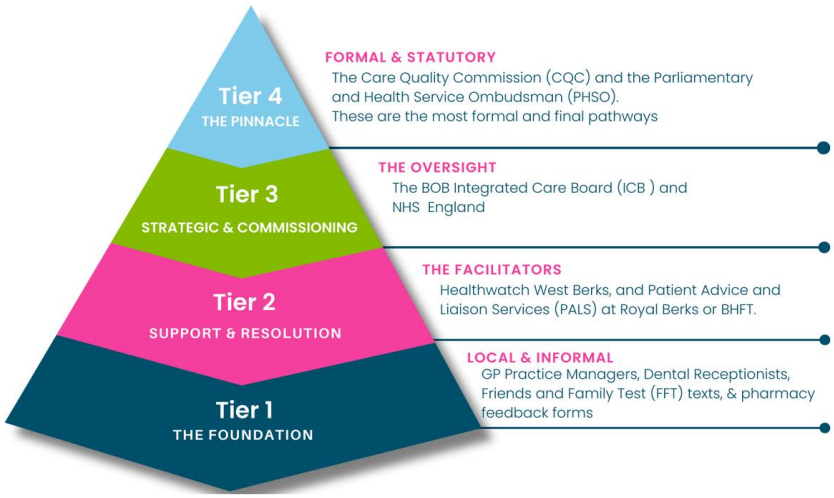
This work was prompted by the number of residents contacting the MP's office who were unsure where to direct their feedback, concerns, or experiences. The project helped identify clearer routes for people to have their voices heard and ensure they could access the most appropriate support and advice.

## What did we do?

We carried out a comprehensive mapping exercise to identify all the formal and informal routes available for residents to share feedback, raise concerns, or make complaints about health and care services in West Berkshire. The review identified more than 150 individual feedback pathways relating to NHS services alone, including local GP practices, NHS Trust Patient Advice & Liaison Services (PALS), NHS SE regional teams, Regulatory bodies, Commissioners, and many others.

The findings highlighted the complexity of the current system, and the challenges residents can face in understanding where to direct their concerns or experiences.

### FEEDBACK PATHWAY FLOW




## What difference did this make?

Opportunities for simplification: By confirming the existence of over 150 pathways, we have provided the local council and the BOB Integrated Care Board (ICB) with concrete evidence of "system clutter." This has highlighted that the barrier to feedback is not a lack of options, but an overwhelming surplus of them.

# Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community.

.People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



# Sharing Positive Feedback

**While much of our work focuses on identifying areas for improvement, we also believe it is important to celebrate when services provide excellent care**.

During the year, Healthwatch received seven compliments from local people about one service, praising the kindness, compassion and professionalism of staff. People told us they felt treated with dignity and respect and valued the quality of care they received.

We shared this positive feedback directly with the service through a formal letter of recognition, ensuring that staff could see the difference they had made to people's experiences.

By highlighting good practice as well as areas for improvement, we help promote a culture of learning, recognition and high-quality care across West Berkshire.

"I have always been able to collect my prescriptions on time and with no issues." Mrs. D.

"I had a terrible sore throat, and they were so helpful recommending different medications for me to try and saved me a trip to my doctor". James

"The staff were so kind, they saw I was a bit worried and asked the pharmacist to sit and talk to me and go through my medication with me, which helped me understand it better. Mrs. J

"Always friendly and polite staff, even when they are busy and rushed." Mr. W.D.

# Sharing Positive Feedback

**The formal letter of recognition sent to the service.**

healthwatch West Berkshire

Broadway House 4-8 The Broadway,

Northbrook Street, Newbury

RG14 1BA

17th March 2026

**Dear Mr Sabo,**

Burdwood Pharmacy

I am writing on behalf of **Healthwatch West Berkshire**, the independent champion for people who use health and social care services. Our role is to listen to the experiences of our local residents, understand what is working well, and highlight where improvements can be made. We share the public's feedback with providers, commissioners and decision-makers to help ensure services always meet people's needs with dignity, compassion and respect.

It is a genuine pleasure to contact you with such positive news. Over the last quarter, we received **seven separate compliments** from members of the public about the care and support provided by your pharmacy team. These comments consistently highlighted three key themes:

- **Kindness** – People repeatedly told us how warmly they were treated, noting that your staff go out of their way to make patients feel comfortable and supported.
- **Dignity and Respect** – Several individuals shared that they felt listened to, valued and treated as individuals, not just as customers passing through.
- **Quality of Treatment and Advice** – You were commended for providing clear, professional guidance and high-quality care, especially for those who were anxious, unwell or unsure where to turn.

Feedback of this nature is not only encouraging—it is a testament to the commitment and professionalism of your team. In a period where community pharmacies continue to play a vital role in supporting the health and wellbeing of local people, it is heartening to see your work recognised so strongly by those you serve.

Please pass on our sincere thanks and congratulations to everyone involved. Positive experiences like these make a real difference to individuals and to the overall confidence the community has in local health services.



With warm regards,

Fiona Worby

**Fiona Worby**
Healthwatch West Berkshire Lead Officer

# Making Seniors' Voices Heard in West Berkshire






**As part of our *"Health Management in Your Golden Years"* project, Healthwatch West Berkshire organised an event and produced a survey to better understand the experiences of older residents and the challenges they face when accessing healthcare and support.**

Older people told us about difficulties booking appointments and accessing test results as services increasingly move online.

Many described feeling excluded by digital systems, while others spoke about loneliness, long waits for hospital appointments, lack of awareness of NHS Health Checks, and concerns about staying active and independent as they age.

The project provided an opportunity for residents to speak directly with local organisations including Age UK Berkshire, Citizens Advice, Solutions4Health, Care UK and Get Berkshire Active.

By bringing services and residents together in one place, we helped organisations better understand the experiences, concerns and priorities of older people living in West Berkshire.

## Key things we heard:



**75%**

**of respondents said that:**

***regular physical activity plays the biggest role in maintaining good health in their 'golden years'.***

# Making Seniors' Voices Heard in West Berkshire. (continued)

**We heard that many older residents struggle with digital healthcare systems, feel isolated from their communities, and are unaware of some of the support and preventative health services available to them.**

*"Everything seems to be online now.*
*Hospital appointments, GP services, test results and health information often expect you to use a smartphone, laptop or the internet.*
*Many people my age did not grow up with this technology and find it difficult to use. It can be frustrating, stressful and sometimes makes us feel left behind.*
*We still need paper information and other ways to access services."*
*- Joan*



# Making Seniors' Voices Heard in West Berkshire. (continued)

## What difference did this make?

This project gave older residents the opportunity to share their experiences and influence discussions about local health and care services.

Healthwatch West Berkshire identified key barriers including digital exclusion, loneliness, difficulties accessing appointments, and low awareness of NHS Health Checks.

The findings highlighted inequalities affecting older people who struggle to access increasingly digital healthcare services.

Feedback also identified unmet needs, including better support to reduce loneliness, more community activities, improved promotion of NHS Health Checks, and greater access to non-digital information.



By bringing together organisations such as Age UK Berkshire, Citizens Advice, Solutions4Health, Care UK and Get Berkshire Active, we improved awareness of local support services and encouraged direct engagement between residents and providers.

The findings were shared with stakeholders and decision-makers to help inform future service improvements and ensure older people's voices help shape local healthcare provision.

# Women Told Us. We Listened.



**Healthwatch West Berkshire spoke to 86 women from across West Berkshire to better understand their experiences of healthcare and identify where local services are not meeting women's needs.**

**Through our '*Women's Health Needs in West Berkshire*' survey, women shared their experiences of accessing healthcare; highlighting challenges including long waiting times, difficulties accessing local services, poor communication between services and feeling that their concerns were not always taken seriously.**

## What did we hear?

- Women told us they face a range of health challenges, particularly gynaecological conditions, menopause symptoms and mental health concerns.
- Many reported difficulties accessing support, including long waiting times, poor communication and feeling that their concerns were not always taken seriously.
- We also heard a strong demand for healthcare closer to home, faster appointments, better coordination between services and greater access to specialist women's health support.
- Many also said it was important to have the option of seeing a female healthcare professional.

# Women Told Us, We Listened. (continued)

*"Menopause can affect every part of your life, but sometimes it feels as though your concerns are being brushed aside. I have had appointments where I felt my symptoms were minimised or treated as something I should simply put up with."*
*- Tessa*

*"It can be frustrating when someone who has never experienced menopause (like male doctor) tells you that what you' are feeling is normal or not serious. As women, we know our own bodies.*

*"What we need is to be listened to, taken seriously, and supported with the right information and treatment."*
- Debbie

## Key things we heard:

**67%** **of respondents said that the most important aspect of women's health services for them is having local and accessible care.**

**62%** **said they wanted faster appointments and shorter waiting times.**

# Women Told Us. We Listened. (continued)




## What difference did this make?

- This project provided evidence about women's experiences of healthcare and highlighted areas where local services could better meet women's needs.
- The findings were shared with BOB ICS, local GPs and healthcare partners to support the local implementation of the Women's Health Strategy for England.
- Women's experiences helped identify important service gaps, including long waits for appointments and referrals, limited local menopause, fertility and postnatal services, poor communication between services, and difficulties accessing specialist support.
- The findings also highlighted inequalities affecting rural women, neurodivergent women and those who felt their cultural, dignity or gender preferences were not consistently respected.
- The project also found that some women had to pay for private healthcare or travel outside West Berkshire, and in some cases even abroad, because they could not get the support they needed locally.

Most importantly, our project ensured that local women's voices were heard by decision-makers in our area.

# Pills, Chills and Pharmacist Skills

## Holding Pharmacy Services to Account

Following the introduction of Pharmacy First, Healthwatch West Berkshire gathered feedback from local residents to understand how pharmacy services are working in practice.

People told us about long waiting times, prescription delays, privacy concerns, difficulties contacting pharmacies and confusion about what pharmacists can treat.

By analysing this feedback, we identified areas where improvements may be needed.

Residents' experiences were shared with Community Pharmacy Thames Valley, Primary Care Networks, local pharmacies and NHS partners to help ensure local services understand the impact these issues are having on people's lives.

**The project also highlighted that many residents continue to visit GPs for conditions that could be treated through the Pharmacy First Service.**



# Pills, Chills and Pharmacist Skills (continued)

## What did we do?

We collected and analysed feedback from **167** residents through surveys, community conversations, social media and face-to-face and engagement at Hillier Garden Centre in Thatcham.

We used residents' experiences to scrutinise pharmacy services, identify recurring concerns and understand which groups experience the greatest barriers to access.

Our findings were shared with the Community Pharmacy Thames Valley, local pharmacies, Primary Care Networks, commissioners and NHS partners to ensure public experiences are taken into consideration with future service planning and improvement.

Our project also increased the awareness of Pharmacy First in our local area, and the wider role pharmacists can play in supporting people's health to the public.

## Key Things We Heard:

**167** residents shared their experiences of local pharmacy services.

**42%** said long waiting times for prescriptions were the biggest challenge when accessing a pharmacy.

**24%** were unaware pharmacists can now treat seven conditions through the *Pharmacy First* programme.

**57%** had never used a private consultation room, despite privacy being one of the most raised concerns.

**47%** said expanded pharmacy services, such as vaccinations, blood pressure checks and minor illness treatment, would make managing their health easier.

# Pills, Chills and Pharmacist Skills (continued)

## What difference did this make?

Our project provided local decision-makers with clear evidence about how pharmacy services are working from the public's perspective.

It highlighted inequalities affecting older people, disabled residents, carers and rural communities, ensuring these experiences were visible to those responsible for planning and delivering services.

The findings increased understanding of unmet needs relating to privacy, accessibility, awareness and service capacity. They also strengthened the case for improving public information about Pharmacy First and expanding community-based healthcare options.

**By sharing residents' experiences directly with providers and commissioners, Healthwatch West Berkshire helped improve transparency, inform service improvement discussions and ensured local people's voices were heard in shaping future pharmacy services.**






# AI in GP Appointments

Media had reported that AI in GP appointments was starting to be used, and we wanted to hear and see from residents in West Berkshire what their thoughts around this topic were.

Our **AI in GP Appointments** project was a two-week snapshot exercise designed to understand public views on the increasing use of artificial intelligence (AI) within primary care.
Using social media to reach residents quickly and effectively, we gathered opinions on AI assisted note-taking, appointment recording and the wider use of technology in healthcare.
The project revealed a broad range of views, with many people recognising the potential benefits of AI in improving efficiency and reducing administrative burden, while others expressed concerns around privacy, consent, data security and maintaining the human element of care.

## AI RECORDING AT GP APPOINTMENTS

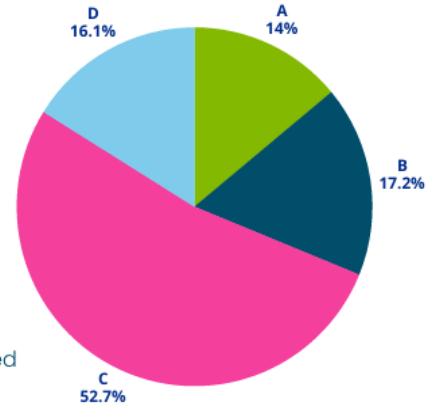
### Poll Results

A Happy to try it

B Maybe, with consent & privacy safeguards

C Not comfortable

D Useful, but have concerns




### Residents Sentiments

Below are a few of the 27 comments we received

**Positive**

- "I think it may be a good thing as I always forget conversations that I have!"
- "If it helps make the NHS more efficient then I am all for it."
- "A useful filter to assess and prioritise needs and stream to the correct level of resources and assistance. Used wisely and with safeguards a great tool to manage workload and practitioners' availability."

## COMMENTS

"I would be ok to trial it, but want to have the choice to opt out if I didn't like it"

"If it helps make the NHS more efficient then I am all for it."

"No - I would not like my appointment recorded and a summary given"

"If using AI can aid efficiency / scheduling, then it's a useful tool."

The findings provided valuable insight into local attitudes towards emerging technologies and highlighted the importance of transparency, patient choice and clear communication as AI becomes more widely used within healthcare settings.

# AI in GP Appointments (continued)

**The feedback highlighted the importance of trust, transparency and patient choice, as well as concerns around data security and digital exclusion.**

We shared these findings with the ICB, which recognised the value of residents' views and confirmed that the feedback would help shape future discussions, communications and guidance on the use of AI in GP practices.

**Reply from :**
**Nick Broughton, FRCPsych**
**Chief Executive**
**NHS Buckinghamshire, Oxfordshire and Berkshire West ICB & NHS Frimley ICB**

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Thank you for sharing the Healthwatch West Berkshire social listening snapshot on Artificial Technology (AI) recording at GP appointments.

We welcome the insight this provides into residents' views. The feedback clearly highlights that, in the context of GP appointments, public confidence is closely linked to trust in the GP–patient relationship, clarity about how technology is used, and reassurance around confidentiality, safety and choice.

It may be helpful to reassure residents that any use of AI in GP appointments would be focused on supporting clinicians, for example through note taking and reducing administrative burden, rather than replacing clinical judgement or face to face care. The technology summarises the patient's consultation for coding into their record on the clinical system and these summaries should be checked by the GP/clinician before they are committed to the record, therefore minimising risk of miscoding. This enables the GP/clinician to focus much more on their patient rather than diverting their attention to contemporaneous notetaking.

It's also worth noting that GPs are making their own decisions about the adoption of this technology, although the ICB has a diligence obligation to advise on how it is used, which we will strengthen.

The themes raised around misunderstanding of the technology, concerns about data security, and the risk of digital exclusion are particularly important and will inform ongoing discussions and engagement as this work develops.
Thank you again for sharing this snapshot. We appreciate Healthwatch's role in capturing and amplifying residents' voices, and we will keep this feedback in mind as conversations about the future use of technology in GP appointments continue.

The project ensured that the patient voice was heard at an early stage as new technologies continue to develop within primary care.

# The Dental Dilemma: Verifying NHS Dental Access in West Berkshire

**The imperative need for NHS Dental Care - It's become progressively hard for the residents of West Berkshire to access local NHS Dental Care.**

We initiated initiated the 'Action on Access' project in direct response to community feedback regarding the extreme difficulty residents face finding available NHS dental care.

## Key things we heard:

"*There are not enough of the Primary services (GP, Dentists, Pharmacies, etc) available to support the ever-growing population of people living in West Berkshire. My husband is number 250 on the waiting list for a dentist." — Anonymous, May 2025*

*"I am desperate for a dentist. I can't find any taking on NHS and I am in a lot of pain with one of my teeth. My dentist is going private and the NHS one has a waitlist of 2-3 years." — Anonymous, September 2025*

*"My dentist not supplying correct online, important information when it is needed. I have to call them now to confirm and waste more my time." Anonymous, November 2025.*

Public information on the NHS 'Find a Dentist' website was frequently inaccurate, acting as a barrier rather than a gateway to essential services.



# The Dental Dilemma: Verifying NHS Dental Access in WB. (continued)

### What we did!

As a direct result of this feedback:

- The local commissioning provider, **Community Dental Service, (CDS),** was consulted and provided valuable input into the project. CDS were also made aware of practices that had not responded to enquiries.
- We carried out a comprehensive verification exercise, contacting every local NHS dental practice to confirm whether they were accepting new patients and to establish what emergency dental provision they offered.
- We gathered feedback from both practices and residents to identify inaccuracies in the NHS **'Find a Dentist '** website, such as opening hours, or information about specialist treatments.
- Where possible we updated verified practice information based on the latest details supplied by local NHS dental practices.
- Our findings have been shared with the ICB's Pharmacy Optometry and Dentistry (POD) team, including **Hugh O'Keefe, Heald of Pharmacy, Optometry, and Dentistry, for BOB ICB.** This team are now working to obtain responses from the remaining practices and address the issues identified.

**12 out of 19**



Dental practices responded to our repeated requests to verify public online information.

## What changed as a result?

This work has provided health leaders with reliable information to support improvements in access to NHS dental services and ensure practices are meeting their commitments to the public. It has also helped highlight the importance of accurate online information, making it easier for residents to find the right care and understand what services are available.

As a trusted partner to local health services, Healthwatch West Berkshire has recommended that dental practices review and update their online information every 60- 90 days to help ensure it remains accurate and up to date. We will continue to monitor the situation to ensure these services are fulfilling their roles and that more appointments become available for everyone in West Berkshire.

Our findings have been shared with local decision-makers, and we will continue to monitor progress to ensure the issues identified are addressed and that access to NHS dental appointments improves for residents across West Berkshire.

# Great Western Hospital Patient Perspective Snapshot 2025/26

## A Snapshot view

**We meet regularly with Great Western Hospital's (GWH) Patient Experience Team and Patient Advice and Liaison Service (PALS).**
**Because GWH serves a significant number of our local population, we co-produced a short survey to capture and understand the experiences of West Berkshire residents using these services.**

From our 'Your Visit to GWH' Survey we found the following themes throughout -

**Overall Care:** While 81% of patients felt safe and 76% would recommend the hospital, up to 15% experienced a lack of dignity or respect, highlighting inconsistency in the patient experience.

**Information Flow:** Communication challenges persist around transitions of care; 21% felt uninformed about delays, and 14% rated the discharge process as "poor."

**Staff Excellence:** With 84% of patients feeling treated with dignity, particularly in departments like Outpatients, this data provides a strong benchmark to celebrate and replicate best practices.

## Outcomes and Benefits

**GWH Leadership -** Clear, evidence for service improvement and staff development, directly linked to patient satisfaction.

**GWH Staff -** Specific, constructive feedback on their service, with opportunities to receive commendation for good practice.

**Patients/Community -** Tangible changes to services, demonstrating that their views and time investment have led to real-world improvements in care.

**Continuation of good practice** - Feedback positive experiences for continuation of current standards.

**Healthwatch West Berks -** A strong, established partnership with GWH, achieving our mission to make health and social care services better.

# Great Western Hospital Patient Perspective Snapshot 2025/26 Contd

## Key findings



81%



Of patients felt staff explained their treatment well.

| Success Metric | Result | Impact |
|---|---|---|
| **Dignity & Respect** | 84.21% Positive | High level of trust in frontline staff interactions. |
| **Patient Safety** | 81.58% Positive | Patients feel clinically secure during their stay. |
| **Ease of Access** | 71.05% Positive | The hospital remains physically accessible for most West Berkshire residents. |
| **Communication** | 81.58% Positive | Staff are perceived as clear and helpful when explaining treatments. |

*"Overall I felt amazed by the care and professionalism shown by this team." -* ***Anonymous, 16th Feb 2026***

*"I was seen early and the surgeon was excellent." -* ***Anonymous, 2nd Mar 2026***

# How we reach out to our communities

We're here for all residents of **West Berkshire.** That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

So, as a small part-time team, reaching every corner of West Berkshire requires us to think creatively about how we engage with our communities. We know that people are unlikely to travel from one end of the district to another to attend an event, so we focus on taking our engagement activities to where people already are.

Throughout the year, we have worked hard to hear from a diverse range of residents, including groups whose voices are not always heard. This has included older people, men, and the horse racing community, as well as carers, young people, and those experiencing digital exclusion.

**"As a small team, we can't be everywhere, but by working creatively and building strong local relationships, we can ensure more people have the opportunity to be heard."**

By attending community events, partnering with local organisations, visiting community venues, and making the most of our social media channels, we have been able to connect with people in ways that are accessible and meaningful to them..

By meeting people where they live and work, and through trusted local networks, we continue to ensure that the views of communities across West Berkshire help shape services and influence change





# Improving Health Access for Lambourn's Racing Community



**Healthwatch West Berkshire were approached by representatives from the racing industry and Racing Welfare following concerns about how racing staff access healthcare services**

The unique nature of racing work, including early starts, long hours and physically demanding roles, was making it difficult for some staff to access healthcare services when they needed them

Our discussions with racing organisations highlighted concerns about barriers to healthcare, wellbeing support and the overall health needs of a workforce that plays a vital role in the local community and economy.

We brought together evidence, local insight and partner organisations to highlight the challenges, and following engagement and discussions with stakeholders, healthcare providers reviewed how local services could better meet the needs of racing staff.



**As a result, partners have committed to continuing to work together to improve access to healthcare and support services for racing staff in the Lambourn community.**

**Healthwatch West Berkshire will return to the racing community later in 2026 to hear directly from staff about their experiences and to understand whether the changes made have resulted in meaningful improvements.**

## What difference did this make?

We raised awareness of the healthcare challenges faced by racing staff, brought key partners together to explore solutions, and secured a commitment to review and improve access to services.

Follow-up engagement is planned to assess the impact of these changes and ensure staff voices continue to shape local healthcare provision..

# Connecting Greenham Residents with the Support They Need

As part of our "*Support and Resources for All*" project, Healthwatch West Berkshire held a community event in Greenham to better understand gaps in social care access and to connect residents with available support.

## Understanding Local Challenges



Healthwatch West Berkshire spoke directly with residents in Greenham to understand the barriers they face when accessing health and social care services.

Through surveys, conversations and community engagement, residents told us about long waiting times, difficulties navigating services, poor communication between organisations and a lack of awareness of local support available to them.

We also heard concerns about mental health support, particularly for carers, people with autism or ADHD, and those living with long-term health conditions. Many residents highlighted the impact of transport difficulties, financial pressures and social isolation on their health and wellbeing.

*"I often feel like I'm being passed from one service to another without anyone taking responsibility.*
*It can take months to get help, and when you're already struggling with your health, caring responsibilities or money worries, it's exhausting. Sometimes I don't even know what support is available or who to contact, so I end up trying to cope on my own."*
*- Bernadette*

## Bringing Support Closer to the Community



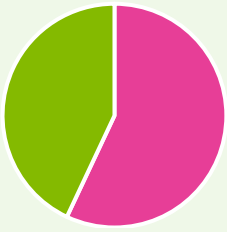
This project gave local people the opportunity to share their experiences and help shape discussions about health and social care services in Greenham. It highlighted gaps in support for carers, disabled residents, neurodivergent people and those facing financial difficulties.

The project also identified unmet needs around mental health support, access to information and better coordination between services. By bringing together local organisations, residents were able to learn about available support and connect with services that could help them.

# Connecting Greenham Residents with the Support They Need. (continued)

As a port of our "*Support and Resources for All*" project, Healthwatch West Berkshire held a community event in Greenham to better understand gaps in social care access and to connect residents with available support.

## Key things we heard:



**57%**

**Of respondents said that the most helpful support for them would be advice on how to support someone with their mental health**




## What difference did this make?

The project provided local decision-makers with real evidence about the challenges residents face when trying to access health and social care support. It strengthened links between residents, community organisations and health leaders, ensuring local experiences help inform future service planning.

The findings raised awareness of barriers affecting vulnerable groups and encouraged greater focus on carers, disabled people, neurodivergent residents and those experiencing poor mental health. The project also highlighted the need for services to work more closely together and for clearer information about available support.

Most importantly, Greenham residents were given a voice. Their experiences are now helping shape future community engagement work, awareness campaigns and local discussions about improving access to support across West Berkshire.

# Men's Health Kickstart – Power Up Your Heath

**Looking after our health is important, but many men delay seeking help until a problem becomes difficult to ignore.**

**To better understand why, Healthwatch West Berkshire spoke with 100 local men about their experiences of healthcare, awareness of services and barriers to getting support.**

## "I Will Wait and See" - The Hidden Risk



One of the strongest messages we heard was that many men prefer to wait and see if a health problem improves rather than seek help straight away.

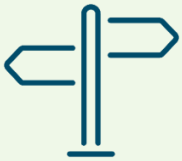
For some, this was because they did not want to make a fuss. Others felt embarrassed discussing personal health issues or worried about being judged. Many said work, family commitments and busy lives often came before their own health.

Unfortunately, delaying support can mean conditions are diagnosed later, making treatment more difficult and increasing pressure on urgent care services.

*"I knew something wasn't right, but I kept putting it off. You convince yourself it'll improve tomorrow, then next week, then next month. Eventually the problem becomes impossible to ignore, and you wish you'd asked for help sooner."*
*- Theo*

## Not Knowing Where to Turn

Many men told us they were unsure what support was available locally.



Some were unaware of preventative services such as prostate health checks, cardiovascular screening, mental health support or self-referral services. Others did not know whether they needed a GP referral or if they were eligible for specific services.

Several respondents said that information about men's health services is often difficult to find and rarely feels targeted towards them. Men wanted clear, practical information that explains what support is available and how to access it.

# Men's Health Kickstart – Power Up Your Heath (continued)

## Breaking the Silence Around Mental Health



Mental health was another major theme throughout the project.

Many respondents felt that men are still less likely to discuss stress, anxiety, depression and emotional wellbeing. Some said they would talk about physical symptoms more easily than mental health concerns.

Stigma remains a significant barrier, with some men feeling uncomfortable discussing their feelings or seeking support. Others reported a lack of trust in mental health services.

The feedback highlighted the need for more open conversations, greater awareness of available support, and services that feel approachable, confidential and easy to access.

## Key things we heard:

**55%**



**Of men said they usually deal with health concerns by waiting to see if the problem improves**



# Men's Health Kickstart – Power Up Your Heath. (continued)



## What Did We Do?

Healthwatch West Berkshire spoke with **100** local men to better understand their experiences of healthcare and the barriers they face when seeking support.

Through surveys, social media, local engagement and community conversations, we gathered feedback on physical health, mental wellbeing, awareness of services and access to care.

We analysed the findings, identified common themes, and shared the results with healthcare providers, commissioners and partner organisations to help inform future service planning.

## What Difference Did This Make?

- ❑ The project highlighted the challenges many men face when accessing healthcare, including delayed help-seeking, limited awareness of services and the stigma surrounding mental health.
- ❑ By sharing these findings with local decision-makers, we helped raise awareness of where improvements are needed.
- ❑ Most importantly, local men's experiences are now helping to shape future discussions about how services can become more accessible, visible and responsive to the needs of the community.

# Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

**This year 718 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care can be made better.**

**This year, we've helped people by:**

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



# Information and signposting

## Providing clarity and reassurance

**A local resident contacted us in obvious distress following an unfortunate outcome from a routine hospital procedure.**

We listened to their experience and helped alleviate their anxiety by confirming they had followed all the correct healthcare pathways.

To help the family seek complete closure, we followed up directly with the hospital's Patient Advice and Liaison Service (PALS) to verify that everything possible had been done. The hospital confirmed the complaint was on file and all administrative avenues had been exhausted.

While the couple remained understandably unhappy with the clinical outcome, they expressed deep gratitude for our advocacy, guidance, and support, stating:

> "Thank you so much indeed – Thank you again for all of your help and time, we do appreciate it."

## Support and Signposting

**At our Greenham Event in September 2025.**

A couple attended our event and were incredibly worried about their child who was struggling with their SEND needs and who was isolating themselves at home. They had spoken to their doctor but were unsure about who else or what other services could help them.

We signposted them to the West Berkshire Directory and after the event, contacted them again with several more service contact details which they found incredibly helpful.

> "It was so helpful to be able to sit and speak to someone and receive help straight away. Thank you."

# Building Connections at Knowledge Academy 2025

## Bringing West Berkshire together

On 25th of June 2025, Healthwatch West Berkshire attended the Knowledge Academy event at Shaw House in Newbury. Organised by the Volunteer Centre West Berkshire, the event brought together local charities, community groups, residents, businesses, funders and statutory organisations to showcase the wide range of support available across West Berkshire.




## Listening to local voices

The event provided an excellent opportunity for Healthwatch West Berkshire to engage directly with members of the public, raise awareness of our work and listen to local people's experiences of health and social care services.

Throughout the day, we spoke with residents about the challenges people face when navigating the health and care system.

## Building stronger partnerships

Knowledge Academy was also a valuable networking opportunity. We met representatives from local charities, voluntary organisations and public sector partners, strengthening existing relationships and making new connections.

**These conversations helped us better understand the support available in the community and explore opportunities for future collaboration**.



healthwatch West Berkshire

# Working together for change

**The Advocacy People hold the service contract for 7 Healthwatch; Hampshire, Portsmouth, Reading, Somerset, Southend , West Berkshire and Wokingham Borough.**

the advocacy people

## A collaborative network of local Healthwatch:

The Advocacy People have provided consistent infrastructure, governance, and operational support to the seven hosted Healthwatch, enabling them to work both locally and collectively.

This includes shared leadership, senior guidance, and coordination across contracts. We have created space for collaboration, ensured consistency where needed, and supported each service to retain its distinct local voice.

## A big conversation:

The 7 local Healthwatch hosted by The Advocacy People have worked closely together in the last year.

We have been proactive in our learning objective which was to understand the changing landscape for Healthwatch in response to Government proposals announced last July to transfer the functions of local Healthwatch to Integrated Care Boards and Local Authorities.

## Building strong relationships to achieve more:

The Advocacy People supported the 7 Healthwatch to lead meaningful community conversations by providing practical tools, coordination, and strategic oversight.

This included enabling shared knowledge, supporting engagement planning, and facilitating the exchange of approaches and learning. We ensured local teams were equipped to respond to community priorities while linking these insights into a broader, coherent narrative at a regional level.

# Showcasing volunteer impact

Our fantastic volunteers have given over **70 hours** to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

**This year, our volunteers:**

- Attended various events with us to promote our work
- Attended meetings
- Supported us in our decision making.



# At the heart of what we do

**Following the 2025 announcement regarding the planned closure of Healthwatch England and its local branches, Healthwatch West Berkshire has continued its work during a period of uncertainty. As future arrangements and timelines remain unclear, this has had some impact on volunteer recruitment and retention. Despite this, we remain grateful for the ongoing commitment and support of our dedicated volunteers.**



**Dr Adrian Barker – Advisory Group member and Volunteer.**

"Although my main role in relation to Healthwatch West Berkshire is on the Advisory Board, providing advice and feedback to those delivering the Healthwatch contract in West Berkshire, it is also fulfilling to help in engagement activities and a privilege to hear from people first hand. I was able to do that last year at an event in Theale. As well as talking to members of the public, it was fascinating to hear from those manning stalls of the many great things being done to help people's health and wellbeing in both the voluntary and public sectors.

The Health Bill, currently before Parliament would abolish local and national Healthwatch organisations. There have been independent organisations to hear the voice of patients and the public for decades and losing this is a retrograde step. Whether or not there is an officially funded body in future, we need to make sure you continue to have your say!"

Finding volunteers isn't always easy, like many organisations, we've seen how hard it can be to recruit people with the time and energy to spare. But those who do come forward make a real difference, and we are so grateful. That's why we're working with The Advocacy People to make it easier and quicker for people to get involved, and to ensure volunteers feel recognised and supported from day.

**Come and be part of something that matters.**



**Ena Blackburn - Volunteer**

## Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

www.healthwatchwestberks.org.uk

01635 886210

contact@healthwatchwestberks.org.uk

# Finance and future priorities

We receive funding from **West Berkshire Council** under the Health and Social Care Act 2012 to help us do our work.

## Our income and expenditure:

| Income | | Expenditure | |
|---|---|---|---|
| West Berkshire Council | £96,322 | Expenditure on pay | £87,401 |
| Additional income | £0 | Non-pay expenditure | £9,855 |
| | | Office and management fee | £23,871 |
| **Total income** | **£96,322** | **Total Expenditure** | **£121,127** |

### Integrated Care System (ICS) funding:

Healthwatch across **BOB ICB** also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

| Purpose of ICS funding | Amount |
|---|---|
| Capacity Building - PPG (Patient Participation Group) engagement programme across Berkshire West | **£16,667** |
| | **£16,667** |

# Future priorities

## During 2026–27, Healthwatch West Berkshire will continue reaching out to all parts of our community, particularly people living in deprived areas and those whose voices are less often heard

We will listen to residents' experiences of health and social care, identify barriers to access, and ensure that decision makers understand the real impact services are having on local people.
Through community engagement, partnership working, and targeted projects, we will be working with the elderly, those transitioning to adult services, and our residents in the Learning Disability community, where we will focus on inclusion, accessibility, early intervention, and improving awareness of people's rights and choices within health and care services.

## Our top three priorities for the next year are:

1. **Supporting Neighbourhood Working Through Community Voice**
   Working with local communities and partners to ensure neighbourhood health and care services are shaped by the experiences, needs, and priorities of residents across West Berkshire.

2. **Improving Access, Inclusion and Understanding of Services**
   Exploring barriers including digital exclusion, transport, communication, and understanding of health and social care systems and rights.

3. **Supporting Young People's 13+ Health Rights and Early Engagement**
   Working with schools, colleges, families, and professionals to improve awareness and understanding of young people's health rights, choices, and access to support from age 13 onwards.

**Healthwatch West Berkshire, Newbury, Berkshire, RG14 1BA.**
**The Healthwatch West Berkshire contract is held by The Advocacy People and uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.**

# The way we work

### Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch West Berkshire Advisory Group consists of 4 members who live locally, and who work voluntarily to provide direction, oversight, and scrutiny of our activities. Our Advisory Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2025/26, our Advisory Group met 4 times and gave advice and direction on matters such as our annual work plan, and projects we are considering throughout the year. We ensure wider public involvement in deciding our work priorities., and we capture all the feedback we receive, along with signposting requests to see if any themes emerge for future work or investigation.

### Independent Health Complaints Advocacy (IHCA)

Healthwatch West Berkshire responsibilities also include the IHCA, and we look at the Health complaints made to see if there are thematic issues for us to look in-depth.

# Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025/26, we have been available by phone, email, 'Have Your Say' forms, provided a web form on our website and through social media and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible.

**We will publish it on our website www.healthwatchwestberks.org.uk**

## Responses to recommendations

We had **0** providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

## Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to the Health & Wellbeing Board, The Scrutiny Board and West Berkshire Council.

We also take insight and experiences to decision-makers in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Royal Berkshire Hospital Foundation Trust (RBHFT) the Primary Care Alliance, and Great Western Hospital.

We also share our data with Healthwatch England to help address health and care issues at a national level.

## Healthwatch representatives

Healthwatch West Berkshire is represented on the West Berkshire Health and Wellbeing Board by Fiona Worby – Lead Officer, and Mike Fereday, Advisory Group Chair)

During 2025/26, Fiona has effectively carried out this role by attending all meetings and attending the sub-group meetings that feed into the Health and Wellbeing Strategy Group. We share how Healthwatch work, our future workplans and by asking questions from the public perspective to ensure the public voice is considered in decision-making.

Healthwatch West Berkshire is represented on both the Buckinghamshire, Oxfordshire and Berkshire (BOB ICB) boards and the West Berkshire Scrutiny Committee by Fiona Worby, Lead Officer.

## Enter and view

'We did not use our statutory Enter and view powers over 2025/26'.

| Project/activity | Outcome achieved |
|---|---|
| At all our events we hand out free Lions Message in a Bottle to anyone who would like them. | We raise awareness of this potentially life-saving piece of equipment and teach people how to use it. |

## Influencing Behind the Scenes




Not all our impact comes through published reports and formal recommendations.

Throughout the year, Healthwatch West Berkshire has continued to represent the views of local people through ongoing conversations, meetings and partnerships with health and care organisations.

We regularly attend system meetings, working groups and stakeholder forums, ensuring that the experiences shared with us by residents are heard by those responsible for planning and delivering services. By raising concerns, sharing feedback and highlighting emerging issues at an early stage, we can often help shape discussions before decisions are made.

This year, we have contributed patient and public perspectives to a range of local and regional discussions, helping organisations better understand the real-life impact of their decisions. We have also maintained strong relationships with providers, commissioners, voluntary organisations and community groups, enabling us to share intelligence, identify trends and advocate for improvements on behalf of local people.

Much of this work happens away from the spotlight and may not result in a published report or immediate change. However, it remains a vital part of our role, ensuring that the voice of our residents is considered throughout the year and that opportunities to improve services are identified and acted upon wherever possible.

By being a trusted and independent voice, we continue to influence conversations, challenge where necessary, and support organisations to place the experiences of patients, service users and carers at the centre of their work.

healthwatch
West Berkshire

**Healthwatch West Berkshire,**
**Broadway House, 4-8 The Broadway,**
**Newbury,**
**RG14 1BA**

www healthwatchwestberks.org.uk

01635 886210

contact@healthwatchwestberks.org.uk

https://www.facebook.com/HealthwatchWestBerkshire

https://www.instagram.com/healthwatchwestberks/

https://www.linkedin.com/in/healthwatch-west-berkshire/

Health & Wellbeing Board – 24 September 2026

## Item 16 – Members' Questions

Verbal Item

This page is intentionally left blank

# Health and Wellbeing Board Forward Plan

| Item | Purpose | Outcome | Agenda Published | Lead Officer(s) |
|---|---|---|---|---|
| **Workshop - Neighbourhood Health (November 2026)** | | | | |
| **21 January 2027 - Board Meeting** | | | | |
| Director of Public Health Annual Report 2026 | To share the Director of Public Health (DPH) Annual Report 2026 with the Health and Wellbeing Board. | For information | 13/01/2027 | Dr Matt Pearce |
| Update on Implementation of the recommendations of the Director of Public Health Annual Report 2025 | To update the Board on progress in implementing the recommendations from the Director of Public Health Annual Report 2025, which focused on 'Setting the Foundations for Lifelong Health'. | For information | 13/01/2027 | Dr Matt Pearce |
| Best Start in Life Delivery Plan Update | To provide an update on implementation of the BSIL Delivery Plan | For information | 13/01/2027 | Dave Wraight |
| Drugs and Alcohol Needs Assessment | To present the Drugs and Alcohol Needs Assessment for West Berkshire | For information | 13/01/2027 | Dr Matt Pearce |
| **Workshop - Topic and Date TBC** | | | | |
| **24 March 2027 - Board Meeting** | | | | |
| Neighbourhood Health Plan | To approve the Neighbourhood Health Plan for West Berkshire | For decision | 16/03/2027 | Dr Matt Pearce |
| Gambling Needs Assessment | To present the Drugs and Alcohol Needs Assessment for West Berkshire | For information | 16/03/2027 | Dr Matt Pearce |

Last Updated: 16 September 2026

This page is intentionally left blank