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# Progress Report - Priority 2: Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives

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

**On:** 03 October 2023

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**Item for:** Discussion

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## 1. Purpose of the Report

1.1 The Berkshire West Joint Local Health and Wellbeing Strategy (JLHWS) sets out five priorities:

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

1.2 Each of the three Health and Wellbeing Boards within the Berkshire West 'Place' has developed its own Delivery Plan to address these shared priorities, tailoring the approach to their particular needs and circumstances.

1.3 A rolling programme of reports will update the Health and Wellbeing Board on progress in implementing the actions set out in West Berkshire's Delivery Plan for each of the above priorities. This report focuses on the second priority *support individuals at high risk of bad health outcomes to live healthy lives*.

## 2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

- (1) note the report and the progress made to date;
- (2) consider if the actions are still appropriate, if existing actions need to be updated, or if additional actions are required;
- (3) agree the actions to be referred upwards to the 'Place' or 'System' levels;
- (4) commit their respective organisations to delivering the agreed actions.

### 3. Executive Summary

3.1 This report relates to actions in the JLHWS Delivery Plan that relate to the priority *support individuals at high risk of bad health outcomes to live healthy lives*. It presents the progress that has been made since the Strategy was adopted in December 2021 and highlights key deliverables that will be targeted in the coming year. It also identifies where actions would be more appropriate to be progressed by other partnerships operating at the 'Place' or 'System' level.

### 4. Supporting Information

4.1 Differences in health status between groups of people can be due to a number of factors, such as income, geography (e.g. urban or rural) and disabilities. The health needs of those groups at high-risk of bad health outcomes could place heavy and unpredictable demands on health services and must therefore proactively be identified and addressed. Issues impacting groups at high risk are:

- (1) Lack of easy access to healthy activities and food.
- (2) Limited availability of information about health and wellbeing services.
- (3) Increased loneliness and isolation (exacerbated by COVID-19).
- (4) Barriers to accessing GPs and primary health services.

4.2 The JLHWS identified the following groups as being at high risk of bad health outcomes:

- Those living with dementia
- People with learning disabilities
- Unpaid carers
- Rough sleepers
- People who have experienced domestic abuse

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

- Raise awareness and understanding of dementia, and ensure support for people for who have dementia is accessible and in place for them and their unpaid carers. We will work together to ensure the Dementia Pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support.
- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers.
- Work together to reduce the number of rough sleepers and improve the mental and physical health of rough sleepers and those who are homeless, through improved access to local services.

- Prevent, promote awareness and provide support to those who have experienced domestic abuse in line with proposals outlined in the Domestic Abuse Bill.
- Support people with learning disabilities, engaging with and listening to them, through working with voluntary organisations, in order to concentrate on issues that matter most to them.
- Increase the visibility of existing services and signposting to them, as well as improving access for people at higher risk of bad health outcomes, working with and alongside voluntary and community organisations who are supporting these groups.

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

- The young carers dashboard has been developed and is now being used to monitor the progress of both new contacts received and young carer assessments. This has provided assurance that there is no drift and delay and enables monitoring of the support young carers are engaged with to determine the appropriate support for the individual child / young person.
- In order to better support homeless patients discharged from hospital settings, the Hospital Discharge Policy has been shared and reviewed, housing leaflets have been placed in elective wards at the Royal Berkshire Hospital and a Rough Sleeper Prevention Officer is in regular contact with the hospital's therapy lead.
- A Lived Experience Group has been established, which reports into the Domestic Abuse Board. This is being used to inform decision making and system change. Further detail is provided as part of the case studies in Appendix B.
- A pilot project was completed using aDoddle to create the West Berkshire [Community Life Connected Map](#) to identify and map local community groups. Agreement has been secured to continue the work with communities to support the map. aDoddle has also been used to map and promote [Warm Spaces](#) across West Berkshire.

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

4.6 Looking forward, further progress is expected with some of the above actions, with work also starting on a number of new / amended actions. Key priorities for 2023/24 include:

- Provision of additional support for residents with dementia:
  - Increasing Memory Café provision in West Berkshire.

- Providing induction training on dementia for all Adult Social Care staff.
- Working with local businesses to raise awareness of their role within the community and their role as an employer of unpaid carers.
- Developing a journey for people with dementia pre- and post-diagnosis.
- Additional support for young carers:
  - The introduction of a Young Carers Card to raise awareness and support their identification.
  - Production of a Young Carers Newsletter, with involvement from GP practices and Berkshire Healthcare Foundation Trust.
  - Increasing the number of peer support groups and improving signposting to support that is available within the community.
  - Improved support for carers' health and wellbeing through carer assessments and supporting access to mental health support groups and other services such as social prescribing.
- Measures to improve the mental and physical health of rough sleepers and those who are homeless:
  - Putting a process in place for dental registration.
  - Adoption of the serious case review protocol to inform and improve practice.
- Measures to prevent, promote awareness of, and provide support to those who have experienced domestic abuse:
  - Completing a local needs assessment for accommodation-based support.
- Additional support for people with learning disabilities:
  - Delivery of events designed to implement positive behaviour support across health and social care.
  - Extension of the Developing Life Skills programme, which is designed to give students greater self-esteem, increased confidence and social and communication skills.
- Increasing the visibility and signposting of services and improving access to services:
  - Re-establishing the Health and Wellbeing Board Engagement Group.
  - Creating a stakeholder map of current community and voluntary sector partners who are working with those at higher risk of bad health outcomes.

4.7 Finally, a number of Delivery Plan actions have been identified as being more appropriate for delivery at the Place or System levels, and will be escalated accordingly:

- Work with Voluntary and Community Sector organisations to improve access to health checks for those with learning disabilities and improve the quality of health checks for those with learning disabilities.
- Promote alternatives to admission through increased support for people in the community:
  - Commission an all-age Intensive Support Team
  - Green light toolkit
  - Post-diagnostic support
- Reduce waiting times for Autism and ADHD Diagnosis

## **5. Options Considered**

5.1 All actions have been reviewed by the Delivery Plan Task Group to understand:

- if they are still relevant;
- if they have the necessary support, resources and budget;
- if they are completed and should be removed;
- if they represent business as usual activity that will be delivered through existing business / service plans;
- if actions would be best delivered at the 'Place' or 'System' level;
- if additional actions are needed to respond to circumstances that have changed since the Delivery Plan was first adopted.

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

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

The Health and Wellbeing Board is asked to:

- consider if the actions designed to deliver Priority 2 of the JLHWS are still appropriate, if existing actions need to be updated, or if additional actions are required;
- agree the actions to be referred upwards to the 'Place' or 'System' levels;
- commit their respective organisations to delivering the action plan.

## 7. Conclusion(s)

This report provides the Board with assurance that Delivery Plan actions around the JLHWS priority *support individuals at high risk of bad health outcomes to live healthy lives* are being delivered and updated.

## 8. Consultation and Engagement

8.1 The Health and Wellbeing Board Steering Group has been consulted on this report.

## 9. Appendices

Appendix A – Priority 2 Delivery Plan

Appendix B – Case Studies

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### Background Papers:

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

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### Health and Wellbeing Priorities Supported:

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

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

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring that the JLHWS Delivery Plan actions are delivered and regularly reviewed.

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