DRAFT Better Care Fund Plan for 2021-22

West Berkshire Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

West Berkshire's BCF plan was developed with contributions and agreement from the following partners: -

- West Berkshire Council (Adult Social Care, Housing and DFG Leads, Public Health and elected Councillors)
- Berkshire West Clinical Commissioning Group
- A34 Primary Care Network
- Kennet Primary Care Network
- West Berkshire Rural Primary Care Network
- West Reading Villages Primary Care Network
- Berkshire Healthcare Foundation Trust (BHFT)
- Royal Berkshire Foundation Trust (RBH)
- South Central Ambulance Service
- Representatives from the Voluntary Sector
- West Berkshire Healthwatch
- Community Pharmacy

West Berkshire's BCF plan has been developed as a progression of previous plans but also builds on: -

- what worked well during the height of the pandemic
- supporting our partners to recovery from the pandemic
- assessing how Covid-19 has differentially impacted our local population
- developing actions to mitigate the long term impact of Covid-19 from increasing existing health and social inequities
- Winter Planning

Towards the end of 2019-20 all partners were invited to share what they thought our priorities should be, a list was produced and the Locality Integration Board agreed three priorities for 2021-22. The priorities were shared with the Health and Wellbeing Board and the Integrated Care Partnership and a Senior Responsible Officer was allocated to each of the priorities from across the Health and Social Care System.

The Locality Integration Board provides regular updates to the HWBB and ICP on progress against these priorities as well as performance against the four national metrics.

Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

Local Areas were not required to submit a Better Care Fund (BCF) plan in 2020-21 given the exceptional pressures on systems due to the COVID-19 pandemic, but were required to use the mandatory funding streams locally, to pool these into a joint agreement under section 75 of the NHS Act 2006 and to provide an end of year Report.

During 2020-21 The Health and Social Care System in West Berkshire was able to build on the positive relationships developed through the BCF to support our joined up response to Covid-19. Two key examples of this were the flow of hospital discharges through the creation of the Rapid Community Discharge Group and the support given to our Care Homes in managing outbreaks, infection control and vaccinations in order to support the most vulnerable members of our community.

We also extended membership of our Locality Integration Board to include the Clinical Directors from the Primary Care Networks, Pharmacy, Housing and the Voluntary Sector. Although the Locality Integration Board did not formally meet during the pandemic, the co-chairs from the board met with partners from across Primary Care and Community Health to share vital information and problem solve where required to support our response to Covid-19.

In 2021-22, the Locality Integration Board took the decision to keep its priorities simple, whilst continuing to support recovery from the pandemic. Our priorities for 2021-22 are: -

- Multi-Disciplinary Team (MDT) Development

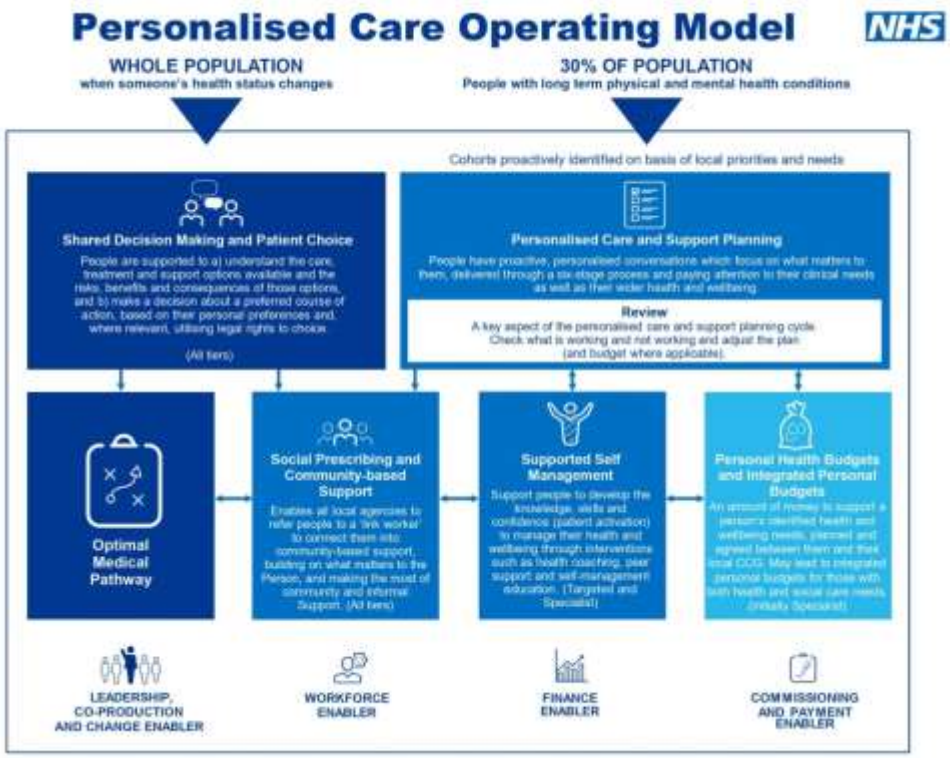
  The aim of this priority is to embed an MDT approach across Health and Social Care aligned to Primary Care Networks building on the work started in 2019-20 and 2020-21. The project will utilise a Population Health Management (utilising Berkshire West's Connected Care System, an integrated Health and Social Care System) approach in identifying a segment of the population and shifting primary care service delivery from reactive to proactive management to ultimately avoid unnecessary hospital admissions.

- Mental Health

  The aim of this priority is to ensure that people with low-acuity mental health are able to seek help and/or information by promoting local resources with the emerging primary and community Mental Health Model and long term efforts to promote self-care to ensure a clear and integrated approach to supporting people who are struggling with their Mental Health.

- Personalisation

  The aim of this priority is to carry out a high level mapping exercise of local and system activities against the Personalised Care Model in order to identify some small, manageable projects that LIB can take forward.



Our vision for better care is based on improving outcomes for individuals through the joint delivery of care which is responsive, enabling and available as close to home as possible is unchanged. We are committed to doing things with, rather than to, service users and therefore meaningful engagement is a key part of how will continue to implement change.

We are committed to delivering: -

- person centred care that focus on outcomes rather than outputs
- provision of good quality information and advice that empowers people to make good choices and self- manage
- care closer to home as the first option
- flexible services that operate across seven days where appropriate
- services will be simpler to access, have less duplication and reach service users earlier
- delivery of health and social care to be localised wherever possible
- A&E and other services that meet local residents' needs
- A greater range of local services that promote independent living
- Reduction in avoidable hospital admissions
- Lengths of stay in hospital will be kept to a minimum with timely discharges
- Increased numbers taking up health and social care personal budgets
- Focus on prevention to enable people to remain as independent as possible, including support for carers

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- Winter Planning

We remain committed to delivering against the national metrics as well as supporting both the Health and Wellbeing Board, the Integrated Care Partnership and the BOB ICS to deliver its priorities through a number of local and national initiatives through the ICP flagship priority programme boards, planned care and long term conditions.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

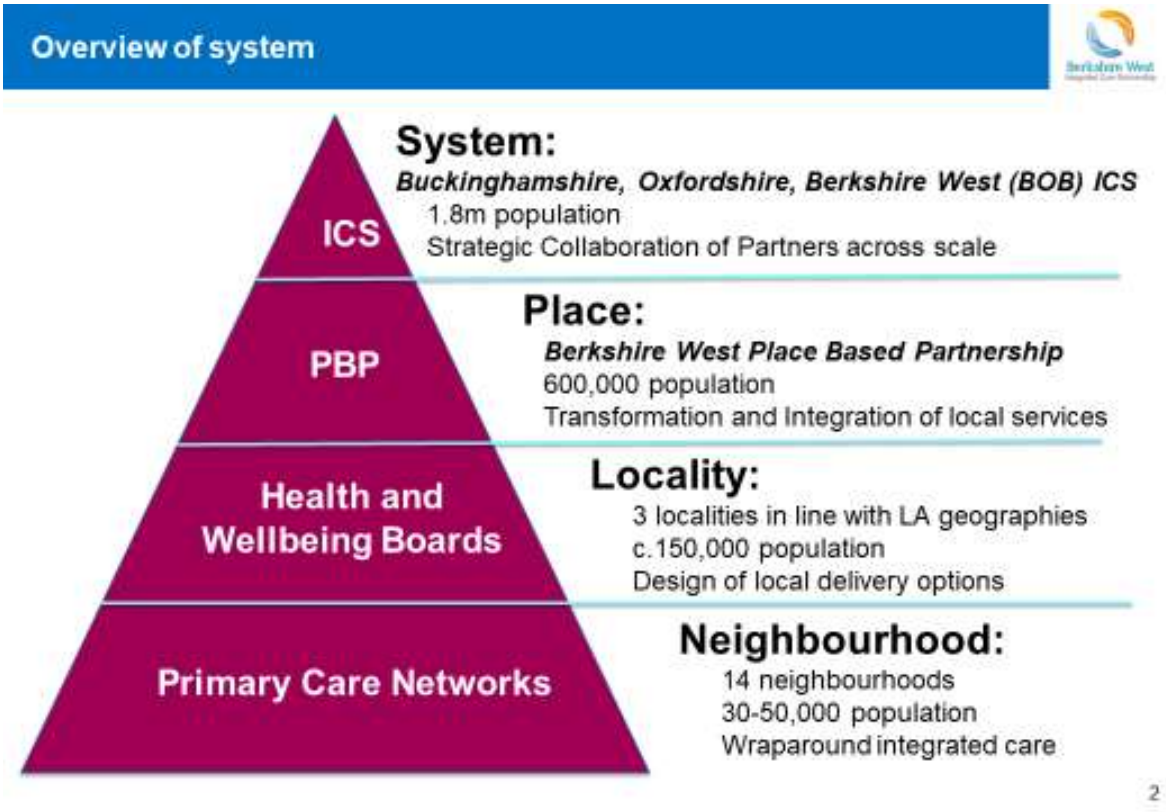
The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) takes strategic decisions at scale for the benefits of its 1.8 million population.

The Berkshire West Place Based Partnership (PBP) brings together the CCG, NHS foundation trusts, ambulance service and Local Authorities which serve the 600,000 residents of Reading, West Berkshire and Wokingham. The partnership works on a **place** basis to transform and integrate local services so patients receive the best possible care.

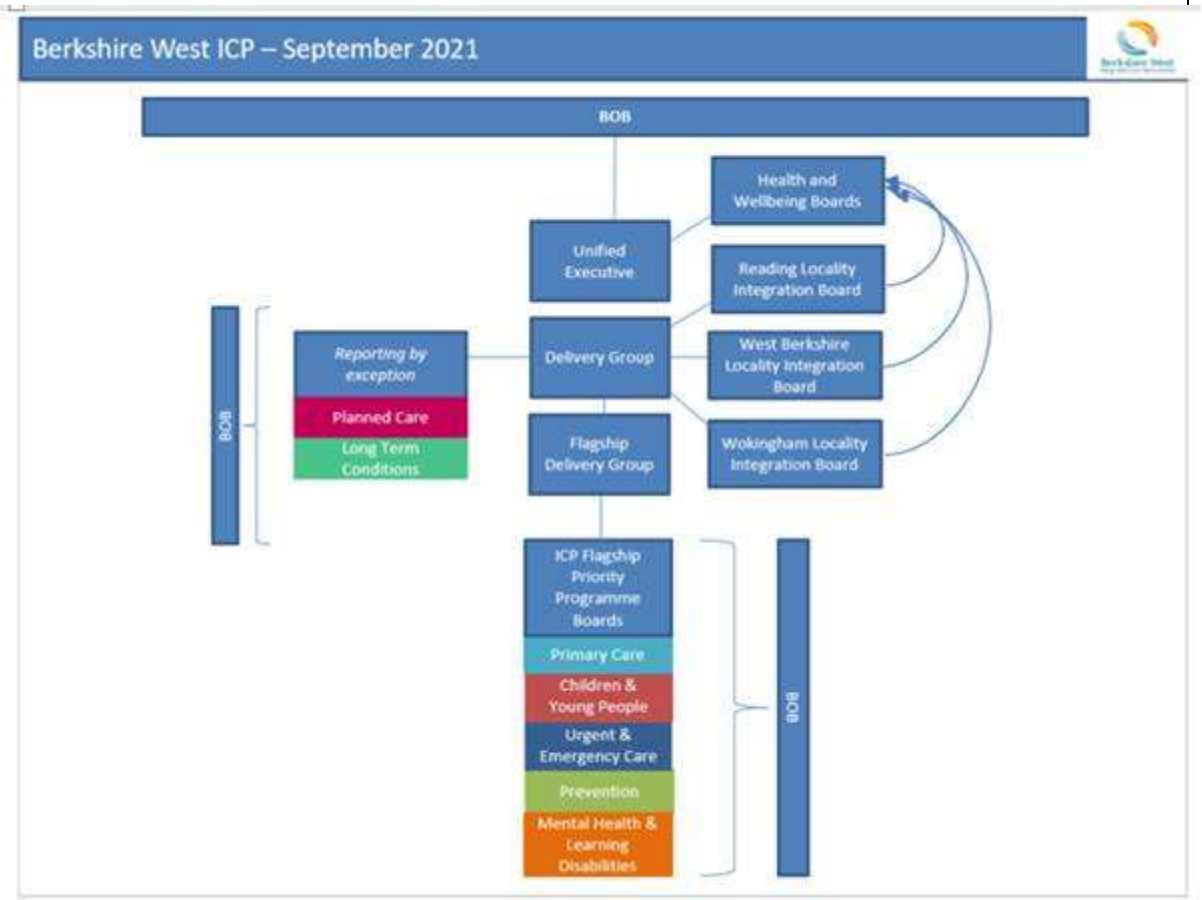
While the ICS and PBP are committed to strong joint working at place level, they recognise that there remains a need to design local delivery options to meet their strategic objectives.

The West Berkshire **Locality** Integration Board fulfils this function for the circa 150,000 residents of West Berkshire.

Primary Care Networks are clusters of GP practices who serve **neighbourhoods** of up to 50,000 patients. Community services will wraparound these emerging networks to deliver care closer to patients.



West Berkshire's Locality Integration Board is a sub-group of the West Berkshire Health and Wellbeing board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for West Berkshire at a locality and neighbourhood level. The Locality Integration Board also provides regular updates to the PBP.


Berkshire West ICP – September 2021
BOB
Health and Wellbeing Boards
Unified Executive
Reading Locality Integration Board
Reporting by exception
Delivery Group
West Berkshire Locality Integration Board
BOB
Planned Care
Long Term Conditions
Flagship Delivery Group
Wokingham Locality Integration Board
ICP Flagship Priority Programme Boards
Primary Care
Children & Young People
Urgent & Emergency Care
Prevention
Mental Health & Learning Disabilities
BOB

Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to support people to remain independent at home, including strengths-based approaches and person centred care.
- How BCF Funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21

In 2019 the three Health and Wellbeing Boards for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health across Berkshire West.

The Berkshire West Health and Wellbeing Strategy consists of five priorities: -

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

The strategy has eight principles: -

1. Recovery from Covid-19 – The Covid-19 pandemic has presented unprecedented challenge to Berkshire West's Health and Care services and the way residents live their lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "build back fairer", taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equality is at the heart of local decision making to create healthier lives for all.

2. Engagement – Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. We will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

3. Prevention and early intervention – prevention and early intervention are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill health.

4. Empowerment and self-care – we want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decision about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

5. Digital enablement – The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for

those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; improving digital literacy and access across the whole of Berkshire West whilst at the same time ensuring services and support are available for those who prefer not to or who are unable to access the digitally.

6. Social cohesion – The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community specific health inequalities.

7. Integration – Whole system integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader BOB ICS, linking policies, strategies and programmes with those at the ICP, Local Authority and Neighbourhood levels.

8. Continuous learning – the actions that will be delivered through this strategy will be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

The strategy is accompanied by a report (in anticipation of a delivery plan being finalised) for each of the three Local Authority areas, describing how the strategy will be implemented in each area.

The Locality Integration owns a number of the actions within the plan for West Berkshire and will be an enabler to support a number of the other actions within the plan.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021-2030 establishes our priorities for the system, and aims to enable all of our residents to live happier and healthier lives.

The Council has been working with partners to co-produce an integrated community wellbeing model. The aim of the model is to bring together new provision (NHS link workers) and existing provision that supports individuals to self-care and strengthen community assets.

Adult Social Care operates on a number of guiding principles the first of which is to support its residents to maintain or develop their independence. This is seen in a number of services, one of which is funded through the BCF, the Reablement Service. It is also seen in our use of the Three Conversation Model, which is based upon the principle that we should only provide long-term services where absolutely required and that we should first support people to manage without our long-term intervention. These approaches align with the Care Act focus on preventing, reducing and delaying the need for care and support.

Housing are represented on the Health and Wellbeing Board and specific areas of focus has been addressing homelessness. Making Every Adult Matter (MEAM) has been operational in West Berkshire since January 2018 and brings together the Council, Police, Social Services, Two Saints, Probation Service, CCG, Berkshire NHS Trust, Fire and Rescue, DWP, ambulance Service, Sovereign Housing and various voluntary agencies.

MEAM is an approach to homelessness which aims to identify those very vulnerable individuals with complex multiple needs who fall through the net. These people might have mental health issues, addictions, a history of life on the streets and for whatever reason they find it impossible to engage with the system. They tend to lurch from crisis to crisis at great cost to themselves and to the agencies which respond to each emergency as it arises.

West Berkshire has three Extra Care Housing schemes offering 151 units for older and disabled people. We also have a range of offers for adults with Learning Disabilities and Mental Health. We are working on another scheme, which will offer up to 12 units of supported accommodation for adults with Learning Disabilities and Mental Health by 2020/21.

Berkshire West CCG and the 3 Local Authorities in Berkshire West jointly commission a number of services through the BCF to support avoidable admissions and hospital discharge. These services include: -

- Rapid Response and Treatment Service for Care Homes – this is a joined up health and Social Care service reducing avoidable admissions, carrying out medication reviews and provide support and training to care home staff.
- Connected Care – an integrated IT system sharing information across Health and Social care to improve patient care.
- Integrated Discharge Service – this service operates using a multi-disciplinary team across Health and Social Care focussing on a home first approach. It is co-located in RBFT and continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health bed at the point they no longer need clinical care and prevent avoidable admissions.
- Mental Health Street Triage – this service operates from Reading and Newbury Police station with the aim to reduce use of police custody and use of section 136 of the Mental Health Act, allowing the police to take the person to a place of safety from a public place. Enabling the right support at times of potential crisis and reduce avoidable hospital admissions and A&E attendances.
- Falls and Frality – this service aims to improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E Attendances

In addition, following the formation of a Joint Commissioning Board (JCB) in 2019 The Unified Executive for Berkshire West has directed the JCB to explore opportunities to achieve improved outcomes and cost efficiencies that could be delivered through closer working on joint commissioning. To date this work has resulted in each Local Authority producing a Market Position Statement, West Berkshire are due to renew theirs in 2021-2022. The JCB has also agreed to look at a Berkshire West Strategy for Nursing Care in 2022-2023 as this is an area of rising demand.

Another priority that is not funded by BCF but overlaps with some of the outcomes within the BCF is the Ageing Well Programme. West Berkshire are represented on the programme board and working together with health partners to implement this programme across the BOB ICS.

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

How is BCF Funded activity supporting safe, timely and effective discharge?

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Through our BCF we provide a Joint Care Provider Service (JCPS), Reablement Service, Link Workers to support three Acute Hospitals, a Community Hospital, a Mental Health Hospital and a Health Hub to support safe and timely hospital discharge for all West Berkshire Residents.

The JCPS is an integrated resource staffed by employees from both West Berkshire Council and Berkshire Healthcare Foundation Trust (BHFT). The team's role is to support all local residents through the Hospital system to discharge and follow up in the community.

The service is multi-disciplinary which includes Social Workers, Occupational Therapists, Physiotherapists, Social Care Practitioners, Reablement Officers and Therapy Assistants.

We provide link worker cover to all the hospitals in the area with two dedicated members of staff providing support within the hospital system. This includes three acute hospitals: Royal Berkshire Hospital in Reading, Great Western Hospital in Swindon and the North Hampshire Hospital as well as the Community Hospital in Newbury. We also provide 7 day cover with a Social worker based at the Royal Berkshire Hospital and a duty Director on call to support all Hospitals.

The JCPS operates a pathway desk, which deals with incoming referrals via the BHFT Trust hub, also funded through the BCF and focusses on sourcing care promptly to

expedite discharge for all West Berkshire Residents and support the home first approach using the four pathways defined by the NHS.

The JCPS follows up with all residents discharged from hospital in the community as soon as possible providing welfare checks and therapy visits to assist with rehabilitation and improving outcomes for the residents.

After 4 weeks, residents are discharged from JCPS either with long term care or no ongoing care. Residents who received rehabilitation through our BCF funded reablement service are again followed up 91 days after discharge to ensure the package received meets requirements, we are improving outcomes for residents and helps us to meet the national requirement : proportion of older people (65 and over) who were still at home 91 days after discharge form hospital into reablement services.

In addition to the Local activity above the Berkshire West ICP hold a weekly Directors call to discuss hospital discharges with partners including: Local Authorities, RBH, BHFT, BW CCG and South Central Ambulance Service (SCAS) to problem solve, facilitate and expedite hospital discharges as necessary.

In order to help with Winter planning all of the above continues but with some enhancement to the Reablement Service, capacity in the care market and encouragement for providers to support hospital discharges at weekends. We have recently introduced a dashboard, which is shared with our partners at the Acute Trust and provides the following information in order for us to have a shared understanding of the pressures within the Care Market and manage the capacity: -

- No. of people waiting for Care
- Total hours waiting to be sourced
- No. of care hours waiting to be sourced
- Intensity of Care Being Sourced
- Length of time waiting for Care
- Care Hours to be sourced by location

In the event that the Berkshire West ICP need to implement its escalation system whereby the Acute Trust is at full capacity this meeting is stood up as many times as needed in order to expedite hospital discharges. Berkshire West ICP follows the South East Regional OPEL framework.

From March 2020, in response to the pandemic, the Hospital Discharge Service requirement suspended previous performance standards on delayed transfers of care (DToC) and set out revised processes for hospital discharges in all areas, including the requirement that people should be discharged the same day that they no longer need to be in an acute hospital; and implementation of a “home first” approach.

Our BCF Plan already includes a significant amount of activity and expenditure to support hospital discharge and improving outcomes for people being discharged from hospital as explained above but the “home first” approach is also supported by additional funding in 2021-22 for health and social care activity to support recovery outside hospital and implement a discharge to assess model. This additional funding is drawn down by CCG’s separately to the BCF, based on incurred spend on eligible services. West Berkshire will have spent around £1 million extra funding to support hospital discharge in 2021/22.

Following the publication of the new Hospital Discharge Service : Policy and Operation Model in August 2020 Berkshire West set up two groups: -

1. Rapid Community Discharge (RCD) Steering Group – this group retains the strategic oversight of the development of the RCD pathway and reports to the Urgent and Emergency Programme Board.

2. Rapid Community Discharge Development Group – this group oversees the ongoing development and improvement of the policy.

The membership for both groups is drawn from across all system partners including the Berkshire West CCG, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust, West Berkshire Council, Wokingham Borough Council, Reading Borough Council and Q1 practitioners from across the NHS. The responsibilities for these groups include: -

- Working collaboratively, taking appropriate action to address the issues and opportunities identified through process mapping the discharge pathway both pre and post covid.
- Identifying additional opportunities to improve the flow of patients through the Rapid Community Discharge Pathway.
- Taking responsibility for facilitating identified task and finish groups to progress key pieces of work
- Ensuring communication of agreed actions and service changes takes place with relevant staff members with all organisations

From May 2021, revised metrics to track the implementation of the discharge policy are being collected via the Acute Daily Situation Report. This data is not collected at a Local Authority footprint in national reporting. Therefore, the new discharge metrics for the BCF are based on information available through hospital patient administration systems, available through the Secondary Users Service (SUS) database, which is available on a Local Authority footprint.

The historical data available for West Berkshire for 14 days is as follows:-

19-20 Q1 Actual	19-20 Q2 Actual	19-20 Q3 Actual	19-20 Q3 Actual	20-21 Q1 Actual	20-21 Q2 Actual	20-21 Q3 Actual	20-21 Q4 Actual	21-22 Q1 Actual
9.9%	9.6%	10.3%	13.3%	9.3%	9.6%	9.9%	11.0%	9.7%

The historical data available for West Berkshire for 21 days is as follows:-

19-20 Q1 Actual	19-20 Q2 Actual	19-20 Q3 Actual	19-20 Q3 Actual	20-21 Q1 Actual	20-21 Q2 Actual	20-21 Q3 Actual	20-21 Q4 Actual	21-22 Q1 Actual
5.3%	5.6%	5.7%	8.3%	5.1%	4.5%	4.9%	5.4%	4.9%

The historical data available for West Berkshire for discharge to normal place of residence is as follows:-

19-20 Q1 Actual	19-20 Q2 Actual	19-20 Q3 Actual	19-20 Q3 Actual	20-21 Q1 Actual	20-21 Q2 Actual	20-21 Q3 Actual	20-21 Q4 Actual	21-22 Q1 Actual
93.1%	92.9%	92.6%	90.9%	88.9%	91.8%	91.5%	90.1%	91.1%

West Berkshire facilitates hospital discharges across three Actute Trusts (Royal Berkshire Hospital, Great Western Hospital and North Hampshire Hospital), a community Hospital and a Mental Health Hospital. We will look to maintain a similar level of performance as last year, which will be a stretch given the challenges we are facing in sourcing care and as we enter a difficult winter period with flu and covid.

West Berkshire targets for hospital discharge for 2021/22 Q3 and Q4 are as follows: -

	2021/22 Q3	2021/2022 Q4
14 days or more	9.9%	11.0%
21 days or more	4.9%	5.4%

This target has been shared with partners and is based on the continuation of current funding levels for Hospital Discharge.

Following consultation with the Berkshire West Rapid Community Discharge a target of 91% has been agreed for all three local authorities in Berkshire West for the discharge to normal residence target. Although this is below the national guidance of 95% it is achievable locally based on previous performance in 2019-2020 and 2020-2021.

West Berkshire Target for discharge to normal place of residence for 2021/22 is as follows: -

	2021/22 Plan
Discharge to normal place of residence	91.7%

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Disabled Facilities Grant is partly managed through the Local Authority's Housing team and partly to support the Berkshire Community Equipment Service. The strategic approach to the use of the DFG has raised awareness and increased applications for these grants and has allowed individuals to remain in their own home.

The Housing Grants, Construction and Regeneration Act 1996 enables Local Authorities to provide Disabled Facilities Grants (DFGs) to eligible applicants in order to carry out appropriate adaptations so that they can remain in their homes and live as independently as possible.

With a renewed focus of prevention and collaborative working across the Housing Service and the recognition that housing is a key determinant of health, we look to include any opportunities relating to health in the delivery of our service.

Our revised Grants and Loans policy 2021 sets out West Berkshire Council's approach in terms of how we manage and allocate the Disabled Facilities Grant through the Housing Service's Home Improvement Agency Team (HIA). The HIA Team have systems in place to process Disabled Facilities Grant applications which are then given to the Occupational Therapists whose role is to complete the assessment process by visiting applicants at their home to determine their needs and what aids and adaptations are required. The Technical Officer within the team will then ensure that the assessments for aids and adaptations are drawn up and can fit within the home. This has allowed for a far more efficient service and ability to process DFG applications swiftly and therefore installation of grant funded works quicker.

DFGs help to facilitate a range of adaptations from stair lifts, level access showers, extensions, hoists, through floor lifts and many more. The HIA Team continue to successfully deliver DFGs and our recent customer satisfaction survey returned 100% satisfaction rate. The table below demonstrates the number of referrals received and awards made : -

	No. of referrals	No. of awards
2019-2020	285	136
2020-2021	323	108

The completed adaptations cut across all tenures and ages to deliver o those in need. We also work with Adult Social Care to fund OT equipment from the DFG budget which also enables applicants to remain in their home and move about safely and independently.

The Berkshire Community Equipment Service is jointly commissioned across 6 Local Authorities in Berkshire and their Health Partners. West Berkshire is committed to the

provision of equipment to people in the community to enable them to live more independently.

The service is based on a "recycling" model which means that costs are reduced if equipment is returned once it is no longer needed.

The Hospital Discharge Policy is under review to ensure all elements are pulled together to expedite hospital discharges through urgent DFG applications where necessary. This work slipped due to Covid but should be back on track shortly.

In addition, from 2019-2020 the Local Authority has invested £142,000 into a Technology Enabled Care Project. This project employs a TEC Advisor to provide expert support and advice to Social Workers in delivering some aspects of care in a different way, where possible, by increasing the appropriate use of Assistive Technology and avoiding costs to the Health and Social Care economy by promoting individual choice and independence for as long as possible and avoiding a hospital admission.

This project has seen an 8% increase in the use of TEC in the community since September 2020.

The Local Authority will invest a further £150K in 2022/23.

Equality and health inequalities.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

The Berkshire West Health and Wellbeing Strategy for 2021-2030 consists of five priorities, Priority one is to reduce the differences in health between different groups of people.

The strategy is accompanied by a local delivery plan for each of the three Local Authority areas, describing how the strategy will be implemented in each area.

A Health and Inequalities task group was established in February/March 2021 to develop this delivery and action plan to reduce the differences in health between different groups of people.

The membership of this group consists of representatives from: Public Health, Education, Equality and Diversity Building Communities together, Adult Social Care, Children's Services, Transport, Housing and Planning and the Berkshire West CCG, some of which are also members of the Locality Integration Board, including the Co-chair. Both The Health an Inequalities task group and LIB report to HWB.

The Task group will communicate between stakeholders and group members and develop actions to support the whole system. For example: -

- The Locality Integration Board owns actions to increase GP registration among rough sleepers and those in temporary accommodation and to develop a clear process from admission through to discharge from hospital settings to ensure homeless patients are discharged with somewhere to go with support in place.

- The Chair of the Health and Inequalities group was invited to the last Locality Integration board to share information on: -

    - Mapping out health inequalities in West Berkshire so we all have a shared understanding of which of our communities are most in need
    - Assessing how Covid-19 has differently impacted our local population and how we can mitigate the long term impact of Covid-19 from increasing existing health and social inequalities.

LIB were invited to attend the sub-group recently to share the purpose of the BCF and its priorities for Integration, which will be supported by the task group to avoid any duplication.

In addition the Council is looking to embed inequalities with all the work it does and is looking at incorporating inequalities into all its policies.

This information will help inform the work of the Locality Integration Board through the BCF, support our priorities in 2021/22 and help shape priorities for funding in 2022-2023 and beyond.