



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 13 DECEMBER 2018 AT 5.15 PM**

Heather Thwaites

Heather Thwaites
Interim Chief Executive
Published on 5 December 2018

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Our Priorities

1

Enabling and
empowering
resilient
communities

2

Promoting
and
supporting
good mental
health

3

Reducing
health
inequalities
in our
Borough

4

Delivering
person-
centred
integrated
services

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

| | |
|-------------------------|---|
| Debbie Milligan | NHS Berkshire West CCG |
| Carol Cammiss | Director of Childrens Services |
| Nick Campbell-White | Healthwatch |
| David Hare | Opposition Member |
| Pauline Helliard-Symons | Executive Member for Children's Services |
| Sarah Hollamby | Director of Locality and Customer Services |
| Tessa Lindfield | Strategic Director Public Health Berkshire |
| Nikki Luffingham | NHS England |
| Angela Morris | Director Adult Services |
| Clare Rebbeck | Voluntary Sector and Place and Community Partnership Representative |
| Katie Summers | Director of Operations, Berkshire West CCG |
| Shaun Virtue | Community Safety Partnership |
| Dr Cathy Winfield | NHS Berkshire West CCG |

50.

APOLOGIES

To receive any apologies for absence

51. None Specific

MINUTES OF PREVIOUS MEETING

5 - 12

To confirm the Minutes of the Meeting held on 8 November 2018.

52.

DECLARATION OF INTEREST

To receive any declarations of interest

53.

PUBLIC QUESTION TIME

To answer any public questions

A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.

The Council welcomes questions from members of the public about the work of this Board.

Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions

54.

MEMBER QUESTION TIME

To answer any member questions

55. None Specific

DATA AVAILABLE FOR SERVICE PLANNING FOR VETERANS AND THE DELIVERY OF THE ARMED FORCES COVENANT

13 - 38

To receive a report regarding data available for service planning for veterans and the delivery of the Armed

Forces Covenant. (20 mins)

- | | | | |
|------------|---------------|--|----------------------|
| 56. | None Specific | THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER 2: STARTING WELL To consider the Joint Strategic Needs Assessment (JSNA) Chapter 2. Starting Well. (15 mins) | 39 - 58 |
| 57. | None Specific | UPDATES FROM BOARD MEMBERS To receive updates on the work of the following Board members: <ul style="list-style-type: none">• Place and Community Partnership;• Voluntary Sector;• Community Safety Partnership;• Healthwatch Wokingham Borough. (20 mins) | Verbal Report |
| 58. | None Specific | FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year. | 59 - 62 |

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 8 NOVEMBER 2018 FROM 5.00 PM TO 7.00 PM**

Present

| | |
|---|--|
| Richard Dolinski | Executive Member for Adult Social Care |
| Debbie Milligan | NHS Berkshire West CCG |
| Carol Cammiss | Director of Childrens Services |
| Nick Campbell-White | Healthwatch |
| David Hare | Opposition Member |
| Pauline Helliard-Symons | Executive Member for Children's Services |
| Clare Rebbeck | Voluntary Sector and Place and Community Partnership Representative |
| Katie Summers | Director of Operations, Berkshire West CCG |
| Julie Hotchkiss (substituting Tessa Lindfield) | Interim Consultant in Public Health |

Also Present:

| | |
|--------------------|--|
| Madeleine Shopland | Democratic and Electoral Services Specialist |
| Carol-Anne Bidwell | Public Health Project Officer |
| Jenny Lamprell | Category Manager, (People Commissioning) |
| Hayley Rees | Category Manager, Prevention & Early Intervention |
| Charlotte Seymour | Health and Wellbeing Board Manager |
| Rhosyn Harris | Specialist Registrar, Public Health |

28. APOLOGIES

Apologies for absence were submitted from Councillor Charlotte Haitham Taylor, Tessa Lindfield, Angela Morris, Martin Sloan, Jim Stockley and Dr Cathy Winfield.

29. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 9 August 2018 were confirmed as a correct record and signed by the Chairman.

30. DECLARATION OF INTEREST

There were no declarations of interest.

31. PUBLIC QUESTION TIME

There were no public questions.

32. MEMBER QUESTION TIME

There were no Member questions.

33. DISCUSSION ITEM: NAME OF THE HEALTH AND WELLBEING BOARD

The Board were of the view that there needed to be a greater focus on wellbeing and felt that the name of the Health and Wellbeing Board should reflect this. It was noted that

Slough Borough Council had named their Health and Wellbeing Board, the Slough Wellbeing Board.

RESOLVED: That the Wokingham Health and Wellbeing Board be renamed the Wokingham Wellbeing Board.

34. APPOINTMENT TO HEALTH AND WELLBEING BOARD

The Board received a report proposing the appointment of the Director Locality and Customer Services, Wokingham Borough Council, to the Health and Wellbeing Board.

During the discussion of this item the following points were made:

- Councillor Dolinski reminded Board members that discussions had been held previously regarding the need for an insight into wellbeing and the built environment.
- Councillor Helliard Symons suggested that a representative from the Berkshire Fire and Rescue Service also be invited to sit on the Board. Clare Rebbeck indicated that the Fire Service was represented on the Place and Community Partnership. However, the partnership was being restructured and its role with regards to the Board, was being looked at. It was agreed to revisit the possibility of appointing a representative from the Fire and Rescue Service following the outcome of this review.

RESOLVED: That

- 1) the Director (from Wokingham Borough Council) with responsibility for Planning and Localities be appointed to the Health and Wellbeing Board;
- 2) it be recommended to Council via Constitution Review Working Group that section 4.4.23 of the Constitution be amended to reflect the change in the Health and Wellbeing Board membership.

35. CHILDREN'S EMOTIONAL WELLBEING STRATEGY

Hayley Rees, Category Manager, Prevention & Early Intervention, presented the Children's Emotional Wellbeing Strategy.

During the discussion of this item the following points were made:

- The Strategy had been developed in order to promote an integrated and holistic approach to Children and Young People's Emotional Wellbeing.
- Consultation had been undertaken with stakeholders.
- Hayley Rees highlighted some of the key priorities and next steps.
- The priority areas that the Strategy focused on had been grouped together under four themes; better intelligence to aid and improve decision making; support for schools and additional universal settings; early identification and self-help; and improving access.
- Resilience at the earliest opportunity would be promoted.
- The Strategy looked to develop stronger links between the local authority, voluntary sector and health, with regards to delivering on the health and wellbeing agenda for children and young people.
- The Board was informed of the School Link Project. Officers would be meeting with schools in the near future to discuss its delivery. Training would be provided.
- The Needs Assessment would help to inform commissioning decisions.

- It was noted that one of the priorities was to improve and better coordinate the offer of services within the community in order to help identify and support emotional wellbeing and mental health in the right place and at the earliest opportunity.
- Nick Campbell-White commented that Healthwatch had previously undertaken a piece of work with St Crispin's School on young people's emotional wellbeing and the data produced did not wholly agree with that in the Emotional Wellbeing Strategy. More children than expected had been identified as carers. He felt that greater use could be made of data that Healthwatch provided. Hayley Rees indicated that there was a commitment in place to collect better data. Healthwatch Wokingham now had a new contract in place and the Council would receive this data as a matter of course as part of the contract monitoring meetings.
- Nick Campbell-White stated that there was a high turnover in staff at the Council and Healthwatch did not always know who to address its concerns to. Hayley Rees advised that questions should be addressed to herself.
- With regards to working with schools, Councillor Helliard-Symons asked if the schools were willing to participate, if it had been made clear who they should contact if they had any issues and whether the work included information on cyber bullying and social media. Hayley Rees indicated that the lead officer, prior to leaving the Council, had undertaken a lot of work with the schools to agree the principles. It was appreciated that the school staff were not mental health professionals. Officers would discuss with the schools how specific actions could be achieved and discussions would be had about the response towards cyber bullying.
- Clare Rebbeck stated that that things had moved on with CAMHS over the last three years and that she felt that the Strategy pulled together what had happened in the past, the current picture and also looked to the future.
- Katie Summers agreed that it was a good document. She asked when an action plan would be produced. Hayley Rees indicated that there had been a gap between approval of the Strategy and the lead officer leaving the Council. A wider action plan would be brought back to the Board.
- Councillor Dolinski requested that the impact of the Strategy be reviewed in a year's time.

RESOLVED: That the report and the new Emotional Wellbeing Strategy be noted.

36. HEALTH AND WELLBEING STRATEGY

The Board received a report regarding the Health and Wellbeing Strategy.

During the discussion of this item the following points were made:

- Julie Hotchkiss, Interim Consultant in Public Health, presented the Health and Wellbeing Strategy and accompanying chapters from the Joint Strategic Needs Assessment.
- The page for partners would be updated as other organisations adopted the Strategy.
- Julie Hotchkiss took the Board through the three priorities which had been selected: Priority 1 – Creating Physically Active Communities, Priority 2 – Reducing Social Isolation and Priority 3 – Narrowing the Health Inequalities Gap.
- With regards to Priority 1, Carol Cammiss, Director Children's Services, suggested it would be helpful to carry out work about some of the Borough's more vulnerable young people such as the SEN cohort.
- With regards to Priority 2 the Board discussed a television programme 'Old People's Home for 4 year olds' and felt that the possibility of undertaking something similar in Wokingham should be examined.

- With regards to Priority 3, it was noted that although Wokingham was on the whole, affluent, there were pockets of inequalities. The difference in life expectancy for the most affluent and the most deprived was 5.5 years for men and 4.5 years for women.
- Although Wokingham had low levels of smoking, smoking levels in manual workers were comparatively high.
- Charlotte Seymour, Wellbeing Board Manager advised the Board that a stakeholder mapping exercise had been undertaken regarding the implementation of the strategy, to identify the key stakeholders and then to determine their level of interest, influence and involvement.
- Charlotte Seymour proposed a workshop or event in order to flesh out the engagement plan to ensure that all stakeholders felt involved; to establish the wealth of work already going on relating to the three priority areas; establish what the Board wanted to work towards and also; to co-produce an Action Plan to deliver the Strategy.
- Board members were informed that there would be Wellbeing Board representation at the Council Plan event on 6 December.
- Councillor Dolinski requested that the list of proposed stakeholders be sent to Board members for comment and that Board members inform the Wellbeing Board Manager if there were any others who they felt should be included.

RESOLVED: That

- 1) the focused Joint Strategic Needs Assessment chapters attached as Appendix 2 to the report be approved;
- 2) the Health and Wellbeing Board review and support the refreshed strategy and accompanying focused Joint Strategic Needs Assessment chapters and recommend the strategy's approval to Council;
- 3) the Board considers how to engage with wider partners on delivery of actions to achieve the strategy.

37. ADULT SOCIAL CARE MARKET POSITION STATEMENT

Jenny Lamprell, Category Manager, (People Commissioning) presented a report regarding the Adult Social Care Market Position Statement.

During the discussion of this item the following points were made:

- The Care Act 2014 had introduced a duty for local authorities to shape their local market for adult social care. The Market Position Statement was a mechanism for this. It summarised supply and demand in the local area, highlighting any gaps, and was informed by the Joint Strategic Needs Assessment.
- The Council last published a Market Position Statement in 2013 so it was very out of date. Since this publication, guidance had been provided on incorporating information on self-funders, which was one of the largest parts of the Borough.
- Lots of consultation had been carried out, including two provider events and the Carers Survey.
- The Board noted the proposed chapter headings and were informed that seven chapters had already been drafted so far. Julie Hotchkiss questioned whether Chapter 4 would include information regarding the different care homes and the number of available beds. She was informed that whilst it could, it was more likely that information about the predicted model of need and direction of travel would be included

as the number of care homes and beds available, changed. However, information on this was available on the Berkshire Care Directory.

- With regards to Chapter 7 Local Care and Support Workforce, Clare Rebbeck questioned how the Board could influence matters such as reducing staff sickness levels. Jenny Lamprell indicated that the Quality Assurance Team did offer support to the work force.
- It was agreed that action plans for delivery would need to be developed.
- Some Board members expressed concern about the concept of the Board owning the Market Position Statement and felt it more appropriate for the Board to be kept updated.
- Katie Summers indicated that a wider conversation about adult social care services going forwards, needed to be had across the Berkshire West community and that collaborative work was vital. Jenny Lamprell indicated that some of the joint working which was already in train would be reflected in the final position statement which would be presented to the Board at its February meeting.
- Katie Summers suggested that the Board's priorities were represented within the Position Statement. She wanted to know how providers would help achieve outcomes.
- Dr Milligan asked that the Position Statement provide information on how it was anticipated that care would be provided in the future.

RESOLVED: That the progress of the Adult Social Care Market Position Statement be noted and the final product brought to the Board's February meeting.

38. WOKINGHAM'S INTEGRATION POSITION STATEMENT

Katie Summers, Director of Operations (Wokingham), CCG presented a report regarding Wokingham's Integration Position Statement.

During the discussion of this item the following points were made:

- Wokingham Integration Position Statement was owned by the Wokingham Integrated Partnership.
- Integration meant different things to different people. Extensive consultation had been carried out over what integration meant.
- Board members were referred to the High Level Plan which set out the key ambitions and deliverables.
- There was a desire to ensure that integration was centred on people and that people were able to discuss their own health and social care.
- Katie Summers commented that there was a need to get better at using available data. She went on to state that a collaborative conversation regarding workforce was needed as this area was key.
- Clare Rebbeck stated that she felt that the document was quite health orientated and that she would like to see more regarding community resilience. Katie Summers indicated that she would feed this back to the Wokingham Leaders Board.
- Further discussion regarding how the Position Statement would be adopted, needed to be had with partners. It was important that it was owned by the relevant statutory organisations.

RESOLVED: That the Integration Position Statement be agreed and endorsed and that the Board recognise that it was an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham.

39. MEMORANDUM OF UNDERSTANDING

The Board considered the Wokingham Integrated Partnership Memorandum of Understanding.

During the discussion of this item the following points were made:

- A Memorandum of Understanding (MoU) between Wokingham Borough Council, Berkshire West CCG (Wokingham Locality), Berkshire Healthcare NHS Foundation Trust, Wokingham GP Alliance and Royal Berkshire NHS Foundation Trust, had been developed for the provision of integrated adult health and social care services.
- It was proposed that the Memorandum of Understanding would bolster the existing Section 75 agreement between partners.
- Katie Summers suggested that the Board note the Memorandum of Understanding and then reconsider it at a future meeting once it had been considered and adopted by the Clinical Commissioning Group.

RESOLVED: That

- 1) the Memorandum of Understanding be noted;
- 2) the Board recognise that it [the MOU] was an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham;
- 3) the Board reconsider the Memorandum of Understanding after it had been adopted by the Clinical Commissioning Group.

40. INFLUENZA VACCINE CAMPAIGN 2017-18 REVIEW

The Board received the Influenza Vaccine Campaign 2017-18 Review.

During the discussion of this item the following points were made:

- Dr Milligan advised Board members that originally the new type of flu vaccines were to be provided to over 75's. The Government had extended this to over 65's. There had been problems with sufficient supply for the relevant vaccination.
- Julie Hotchkiss clarified that Public Health England policy was that flu vaccinations be provided to over 65's, children and vulnerable individuals (e.g. those with diabetes or asthma) and pregnant women.
- Katie Summers commented that frontline staff, such as those working with children, carers, nursing home staff, NHS staff and emergency services workers should also be considered vulnerable groups. She suggested that the take up of the flu vaccination could be promoted more through the voluntary sector.
- Carol-Anne Bidwell, Public Health Project Officer, outlined lessons learnt from 2017-18.
- A collaborative multi-agency approach to planning for and delivering the flu programme had been taken in Berkshire, beginning with a flu workshop in June.
- Local authority and CCG flu plans had been developed based on a shared approach across the West of Berkshire.
- There had been participation in a twice-monthly Thames Valley Flu teleconference led by NHS England to share flu data, best practice and ability to raise concerns with representation locally.
- With regards to the vaccination of patients in clinical risk groups, uptake had reduced by between 0.9% and 3.1% in this group, with the exception of Royal Borough Windsor

and Maidenhead and West Berkshire where uptake had been similar to the previous season. Nationally uptake was very similar to the previous season.

- There had been an increase in the take up of the flu vaccination amongst over 65's.
- It was noted that Berkshire Healthcare Foundation Trust had engaged well with schools.
- There had been an increase in the take up of the flu vaccination amongst NHS staff.
- The Board felt that a lot of good work had been undertaken with regards to planning for the influenza vaccine campaign.
- Carol-Anne Bidwell asked the Board to promote the flu vaccination and to dispel myths around it. She encouraged Board members who had not yet been vaccinated to book an appointment.
- In response to a question, Carol-Anne Bidwell indicated that children in Year 5 were now eligible under the school aged programme and that in addition vaccinations were free for care home and hospice workers.

RESOLVED: That

- 1) the multi agency approach be endorsed and agreed;
- 2) the Board seeks assurance that respective organisations were taking steps to fulfil their responsibilities as set out in the national flu plan;
- 3) Board members be flu champions and take every opportunity to promote the vaccine and to debunk myths;
- 4) Board members lead by example, taking up the offer of a vaccine where eligible.

41. UPDATES FROM BOARD MEMBERS

The Board was updated on the work of a number of Board members.

Place and Community Partnership:

- Clare Rebbeck encouraged Board members to participate in the social media campaign that the Partnership was promoting. She would relook at the hashtag used now that the Board had changed its name.

Voluntary Sector:

- Clare Rebbeck commented that Involve and partners such as Optalis had held a successful wellbeing event. The theme had been children's emotional wellbeing. They hoped to hold a similar event next year.
- She asked Board members to think of suggestions for themes for community events for the next year. She had already received a suggestion for an event around the menopause.

Community Safety Partnership:

- The Board noted the update from the Community Safety Partnership.

Healthwatch Wokingham Borough:

- Nick Campbell-White advised the Board that Healthwatch Wokingham Borough Community Interest Company had been awarded the Healthwatch contract for three years. A series of relaunch events would be held.
- In the next year Healthwatch would be focusing on adult mental health. They had received evidence of individuals 'falling through the gaps' as they transitioned from CAMHS to adult mental health services.
- Bids were being sought from organisations looking for small grants. The deadline was 4 December 2018.

RESOVLED: That the updates on the work of Board members be noted.

42. FORWARD PROGRAMME

The Board discussed the forward programme for the remainder of the municipal year.

During the discussion of this item the following points were made:

- The Board agreed that it would discuss the 'Old People's Homes for 4 year olds' concept and whether something similar could be done locally, at the informal meeting in January.
- The CCG Plan would be brought to the Board's April meeting.

RESOLVED: That the forward programme be noted.

43. BOROUGH PROFILE (PART OF JOINT STRATEGIC NEEDS ASSESSMENT)

Julie Hotchkiss presented the Borough Profile which was part of the Joint Strategic Needs Assessment.

During the discussion of this item the following points were made:

- The amended Borough Profile reflected comments previously made.
- Board members were advised that the Joint Strategic Needs Assessment would include four life course specific chapters, which would be presented differently to other chapters, with several pages of infographics followed by information. There would also be a final chapter.
- Katie Summers asked about how alcohol related admission to hospital would be referenced within the Joint Strategic Needs Assessment and was informed that this would be included in the 'Living and working well' chapter.

RESOLVED: That the Borough Profile be approved for publishing.

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| TITLE | Data available for service planning for veterans and the delivery of the armed forces covenant. |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on 13 December 2018 |
| WARD | None |
| DIRECTOR/ KEY OFFICER | Julie Hotchkiss Consultant in Public Health |

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| Reason for consideration by Health and Wellbeing Board | Letter received from the Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention and Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning. |
| Relevant Health and Wellbeing Strategy Priority | Reducing social isolation and reducing the health gap. |
| What (if any) public engagement has been carried out? | None at this stage. |
| State the financial implications of the decision | No decision is required. However, the information will be useful to inform discussion. |

OUTCOME / BENEFITS TO THE COMMUNITY

Newly published data and supporting guidance will support local partners in delivering the Armed Forces Covenant pledge, thereby promoting the health and wellbeing of veterans and their families in Wokingham Borough.

RECOMMENDATION

- 1) That the Wellbeing Board consider the newly published data released by ONS/MoD;
- 2) That the Wellbeing Board consider the call to action from the NHS Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning and Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention, specifically; that veterans should be considered in JSNA refresh; to note the recent publication of "Our Community, Our Covenant" a guide for local authorities to support the delivery of the Armed Forces Covenant and; to note the availability of the Covenant Fund

SUMMARY OF REPORT

New Office for National Statistics and Ministry of Defence estimates suggest that there are 1,720 working- aged (aged 16-64) Armed Forces veterans living in Wokingham.

Compared with the England averages, working-aged veterans living in Wokingham Borough are estimated to have better health, are more likely to be home owners and hold higher education qualifications and are less likely to be unemployed.

The Armed Forces Covenant requires public bodies to ensure that veterans and their families face no disadvantage compared to other citizens in accessing services and that special consideration is given to those who require it such as the injured and the bereaved.

Consideration of veterans needs in the Joint Strategic Needs Assessment (JSNA) is key to ensuring that the commitment to local veterans is fulfilled. This recent data release will support the development of future veterans' needs assessments.

Background

It is important that the sacrifices and contributions to society made by Armed Forces personnel and their families are recognised.

As a consequence of their service, veterans may face physical and mental health problems. These can be exacerbated by prolonged separation from family and stresses associated with the transition to civilian life.

Having to frequently relocate, sometimes at short notice, can also affect the continuity of education of children of service personnel as well as the employment opportunities of their spouses.

The Armed Forces Covenant is a promise from the nation that those who serve or have served in the armed forces, and their families, are treated fairly.

Wokingham Borough Council signed the Armed Forces Covenant in 2013 and pledged to ensure that the Armed Forces Community:

- face no disadvantage compared to other citizens in the provision of public services.
- receive special consideration in some cases, especially for those who have given most such as the injured and the bereaved.

Delivery Health and Care Services for the Armed Forces Community

Serving Personnel

The Ministry of Defence is responsible for primary medical care for the serving Armed Forces personnel. NHS England is responsible for commissioning hospital and community health services for members of the Armed Forces, mobilised Reservists and their families (if registered with military medical centres).

Armed Forces Veterans and their families

The CCG is responsible for commissioning hospital and community health services required by Armed Forces' Families (where registered with NHS GP practices) and services for Veterans and Reservists when not mobilised. NHS England also commissions specialised services, including specialist limb prosthesis and rehabilitation services for Veterans.

The Borough Council has the responsibility for promoting the health and wellbeing of its residents. It also has responsibility over safeguarding and promoting the welfare of children, including those in service families or leaving care to join the Armed Forces.

Table – Responsibility for delivery of healthcare services to Armed Forces personnel¹

| | Serving Armed Forces & Reservists when mobilised | Serving Armed Forces families registered with DMS | Serving Armed Forces Families registered with NHS GP Practices | Veterans & Reservists when not mobilised |
|---|---|--|---|---|
| Primary Care | Defence Medical Services | Defence Medical Services | NHS England/ CCG | NHS England/ CCG |
| Community Mental Health | Defence Medical Services | NHS England | CCG | CCG |
| Secondary acute & community care | NHS England | NHS England | CCG | CCG |

Data on Armed Forces Veterans

Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.

While data on the number of serving personnel in each local authority is readily available, data on veterans for this geography is not available. Closest estimates come from records of those claiming Armed Forces pensions and those listed as veterans on GP registers.

Both of these methods of counting tend to severely underestimate the number of veterans in a particular area. This is because not all veterans, particularly those of working age, are claiming their Armed Forces pension and not all veterans report their veteran status to their GP.

Veterans in Wokingham

Arborfield Garrison was the only Ministry of Defence (MoD) establishment within Wokingham Borough, before its closure in 2015. Though there may be some military families still living in the area according to NHS England commissioning data, in November 2018 there were no active serving personnel living Wokingham² compared with 680 in 2013/14³.

MoD sites in surrounding areas include the Territorial Army Brock Barracks, Oxford Road, Reading (Seven Rifles), the Hermitage Denison Barracks, near Chieveley in West Berkshire and the Royal Military Academy Sandhurst to the South of the Borough.

¹ Source: Andrew Price, Veterans Lead Berkshire West CCG

² Defence personnel NHS commissioning bi-annual statistics: financial year 2017/18

³ Defence personnel NHS commissioning quarterly statistics: financial year 2013/14

In March 2018, there were 920 people in Wokingham in receipt of an Armed Forces pension or other compensation, of whom 788 were veterans.⁴ GP records in January 2018 showed 544 veterans registered with Wokingham GPs⁵.

Newly published estimates of working-aged veterans in Wokingham

By linking electronic records of those leaving the Armed Forces (as recorded in the MoD'S Service Leavers Database) to the Census 2011, the Office for National Statistics (ONS) and MoD have produced estimates of the total number of working-aged veterans living in each local authority in the UK⁶.

These estimates suggest that there are 1,720 Armed Forces veterans aged between 16 and 64 years of age living in Wokingham and of these 93% are male and 97% white.

Around 150 (9%) report are limited to some degree in their daily activities by a chronic health condition.

Around 395 (21%) rent properties in the Borough, of whom 100 rent from the council or housing association and 175 are private renters.

Around 100 have no academic qualifications and 50 are unemployed (excluding those who are retired early).

Compared with the England averages, veterans living in Wokingham Borough are estimated to have better health, are more likely to be home owners and hold higher education qualifications and are less likely to be unemployed.

Next Steps

The UK government have made a commitment to improving the data that its departments hold on UK Armed Forces veterans and are asking that Health and Wellbeing Boards play their part by working with local government to use the available data on veterans to maximum effect.

The refreshed joint strategic needs assessment (JSNA) offer across Berkshire Public Health is currently under review. The interim JSNA products for Wokingham are soon to be published. This recent ONS/MoD data release will help inform future JSNA chapters.

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| Partner Implications |
| No decision required – item for discussion only |

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| Reasons for considering the report in Part 2 |
| Not applicable |

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| List of Background Papers |
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⁴ [Location of armed forces pension and compensation recipients: 2018](#)

⁵ This is compared with only 21 veterans recorded in 2015; the increase in registrations followed a successful programme run during the 2017 flu campaign to improve GP register data. Source: presentation to Berkshire West CCG Commissioning Committee, Tuesday 24 July 2018

⁶ <https://www.gov.uk/government/statistics/census-2011-working-age-uk-armed-forces-veterans-residing-in-england-and-wales>

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| Contact Rhosyn Harris | Service Public Health & Leisure Services |
| Telephone No | Email rhosyn.harris@wokingham.gov.uk |
| Date 10 December 2018 | Version No. 1 |

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Department
of Health &
Social Care



Jackie Doyle-Price MP
Parliamentary Under Secretary of
State for Mental Health,
Inequalities and Suicide Prevention

39 Victoria Street
London
SW1H 0EU

Kate Davies OBE
Director of Health & Justice,
Armed Forces and Sexual
Assault Services Commissioning

NHS England
PO Box 16738
B97 9PT

To: Chairs of Health and Wellbeing Boards

Sent via email

13th November 2018

Dear Chairs,

**DATA AVAILABLE FOR SERVICE PLANNING FOR VETERANS AND
THE DELIVERY OF THE ARMED FORCES COVENANT**

We are proud of the courage and dedication of our armed forces and for the vast majority their experience of serving is positive and their life chances are enhanced. The Armed Forces Covenant reminds us it is our duty to ensure they continue to receive the very best possible support and care as veterans. Carrying this out effectively requires a solid foundation of data to inform strategic policy direction and needs assessment at both national and local levels.

Following the introduction of the Armed Forces Covenant, there has been a real national commitment to helping the armed forces community across the public, charitable and private sectors. This was endorsed during the Ministerial Covenant and Veterans Board in April 2018, and it was agreed government will commit to a joint approach to improving the data that its departments hold on UK Armed Forces veterans, to ensure we can offer the services they deserve.

The first step of this was for the Ministry of Defence to publish the veteran data from the 2011 England and Wales Census at local authority and clinical commissioning group (CCG) levels for the working age UK Armed Forces veteran population. The data was published at the beginning of October 2018, in time for planning for 2019/20 and can be found on gov.uk, searching for: *Census 2011: Working age UK armed forces veterans residing in England and Wales: index*.

Joint Strategic Needs Assessments (JSNAs) are essential for evaluating the needs of the local population when planning and commissioning health, well-being and social care services. The inclusion of addressing the health and social care needs of veterans within JSNAs was a commitment made in the Armed Forces Covenant and Health and Social Care Act 2012, so we are keen to ensure this is carried out to its full effect.

The level of data currently used is not sufficient to fully inform decisions and the “*Call to Mind report: A UK Wide review: Common issues in meeting the mental and related health needs of veterans and their families*”, carried out by Forces in Mind Trust, found that there were significant gaps in the coverage of veterans’ health needs in JSNAs.

We do not believe this is an isolated issue. Problems around the identification of veterans and the armed forces community can further impact on the ability to provide the required health and social care. Our joint effort is required to improve this, which is why we are working with the Royal College of GPs (RCGP) to improve clinical awareness in primary care through the veteran friendly GP practice accreditation scheme, and in hospitals via NHS Improvement’s Veterans Covenant Hospital Alliance, to accredit ‘veteran aware’ hospitals. We have also improved GP registration forms to capture more information to make it easier to identify veterans, reservists and armed forces families, and launched a range of online training modules on armed forces health, which can be found on *e-learning for Healthcare*.

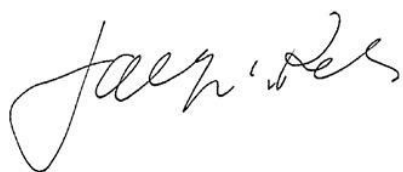
It is also important how the data is used. There is a diverse population spread of veterans, so an aggregated collection of data will not work as effectively as when broken down to address the local issues. A number of services provided to

veterans are tailored to address their specific needs, and we believe a tailored approach is the most suitable in many cases.

It seems appropriate that plans should be reviewed in response to this improved level of data from the Census. We are therefore asking that Health and Wellbeing Boards play their part by working with local government to use the available data to maximum effect, and that this is cascaded to the relevant bodies. We ask that there is a refreshment of joint strategic needs assessment criteria, reflecting the recently updated alcohol, drugs and tobacco Commissioning Support Pack, to include this additional data; all of which should contribute to ensuring there is no disadvantage to veterans.

We understand and support the importance of local decision making and so think it should be up to each Board how this is put into practice, however, do believe input from service charities and CCGs will be vital. Best practice and learning should be shared across a wide range of stakeholders and as illustrated by the *“Our Covenant, Our Community”*; a joint report between Forces in Mind Trusts and the Local Government Association.

We look forward to seeing how your plans will ensure that this improved dataset is incorporated into JSNAs ready for 2019/20.



JACKIE DOYLE-PRICE



KATE DAVIES OBE

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Data to support delivery of the Armed Forces Covenant

Dr Rhosyn Harris

Public Health Registrar

Wokingham Borough Wellbeing Board

The Armed Forces Covenant

The Armed Forces community should:

24

- **face no disadvantage** compared to other citizens in the provision of public and commercial services.
- receive **special consideration in some cases**, especially for those who have given most such as the injured and the bereaved.

The Armed Forces Community

- Serving personnel (regular and reserve)
- Veterans
- Families

Veterans and their families may experience:

- Health consequences of active service
- Separation from families
- Frequent relocations
- Adjustment to a new way of life
- Bereavement

Veterans' Needs

Compared with the general population, working aged veterans are:

- Generally fit, strong and healthy
- Do report relatively high levels of:
 - Smoking¹
 - depressive illness²
 - hearing loss and musculoskeletal problems²

27

Sources:

1. Based on % smokers serving personnel in 2013 (statistical significance not reported) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/249547/20131010-PUBLIC_00000002-FOI.pdf

2. (statistical significance not reported) <https://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-a-household-survey/>

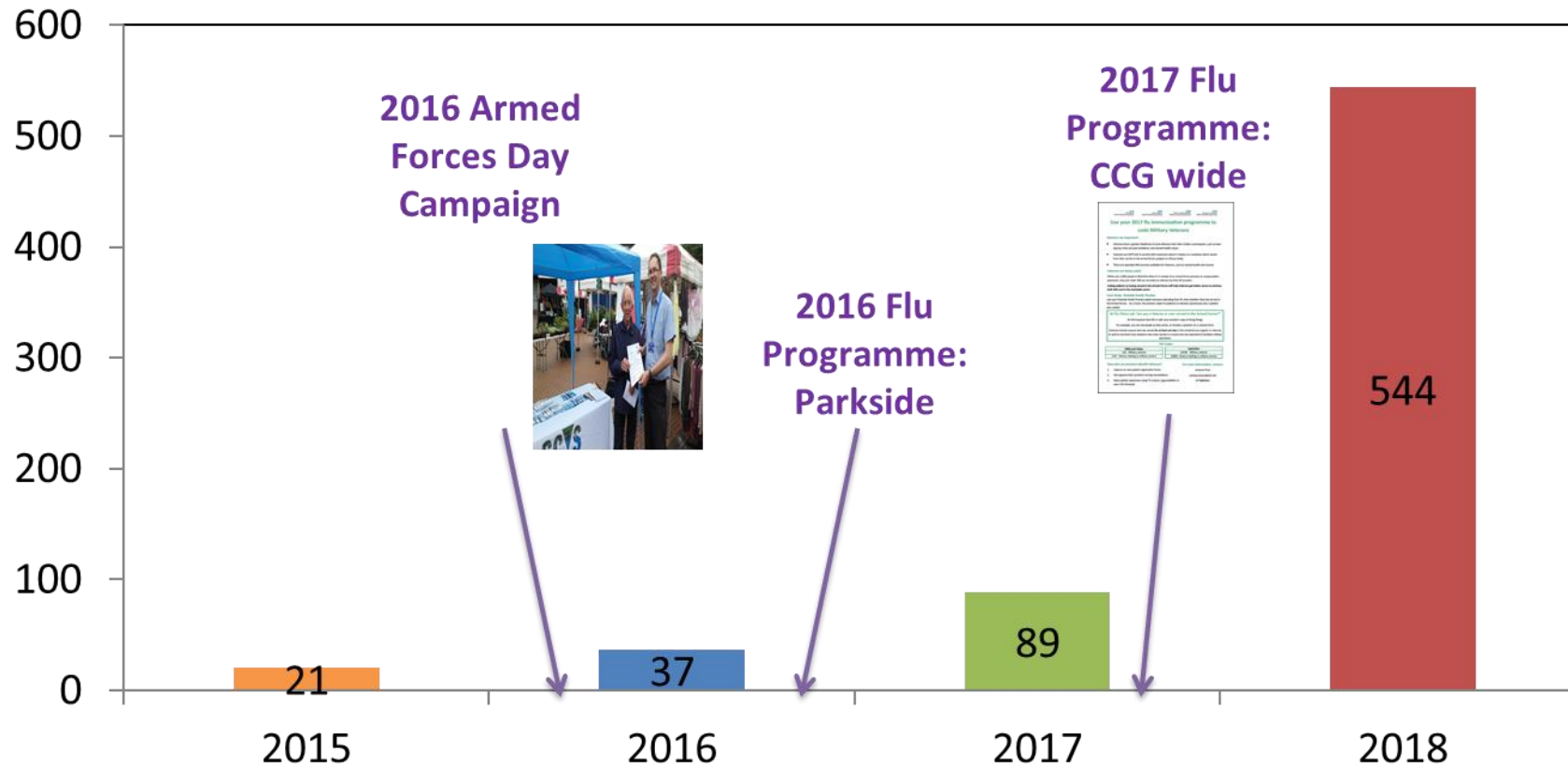
Health Services for the Armed Forces

28

| | Serving Armed Forces & Reservists when mobilised | Serving Armed Forces families registered with DMS | Serving Armed Forces Families registered with NHS GP Practices | Veterans & Reservists when not mobilised |
|---|---|--|---|---|
| Primary Care | Defence Medical Services | Defence Medical Services | NHS England/ CCG | NHS England/ CCG |
| Community Mental Health | Defence Medical Services | NHS England | CCG | CCG |
| Secondary acute & community care | NHS England | NHS England | CCG | CCG |

Veterans in Wokingham

29



| Area | Veterans in Receipt of AF Pension (Mar 2017) | Veterans Registered with GP (Jan 2018) | |
|--------------|--|--|-----|
| Wokingham LA | 816 | 544 | 67% |

30 Census 2011: Working age UK armed forces
veterans residing in England and Wales: index.

National Picture

As at 27 March 2011:

There were an estimated **three quarters of a million UK Armed Forces veterans of working age** in England and Wales, making up **2% of the working age population**

(Table A1, Annex A)



Of the working age veterans;

- **92%** were **male**
- **98%** reported their ethnicity as **white**
- **Three quarters** were aged between **40 and 64**

(Table B1, Annex A)



Higher numbers of working age veterans were living in the **South West and South East Regions**

(Table A1, Annex A)



Four out of five working age veterans **reported good or very good health**

(Table C1, Annex A)



Over **two-thirds** of working age veterans **owned their own property**

(Table E1, Annex A)



Almost **one third** of veterans were **educated to degree level or above**

(Table G1, Annex A)

Of working age veterans;

Four out of five were **employed**;



One-third were currently, or had previously worked, in **skilled trades** or as **process, plant and machine operatives**



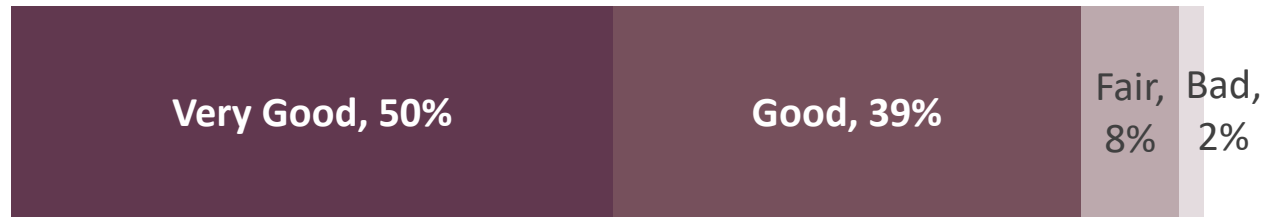
One-third were currently, or had previously worked, in **professional, or associate professional and technical occupations**

(Tables H1 & I1, Annex A)

Health

32

Wokingham



England



Housing

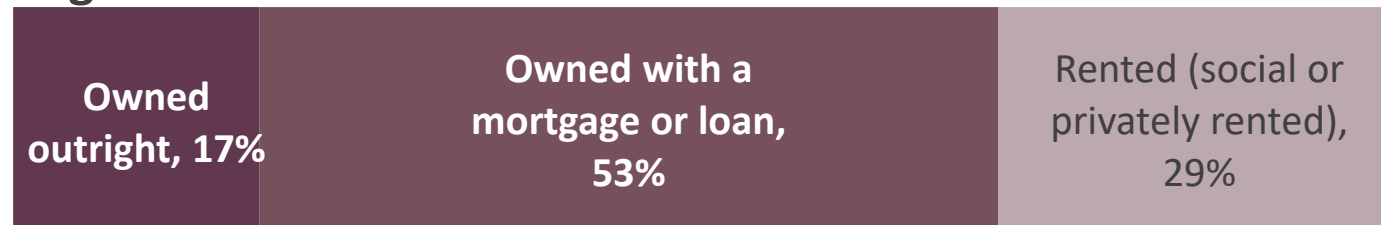
33

Wokingham

Part owns and part rents
(shared ownership), 1%



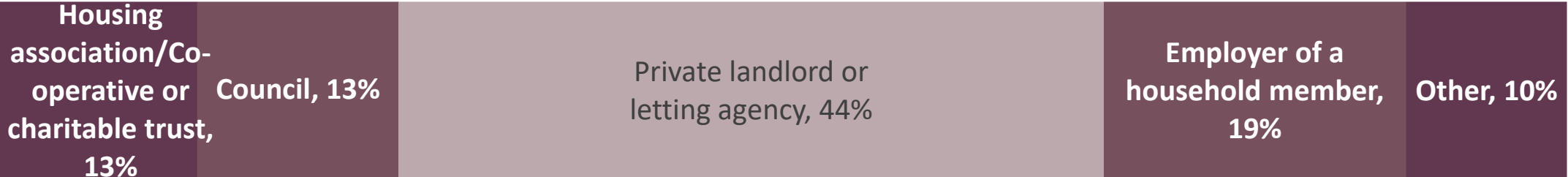
England



Landlords

34

Wokingham



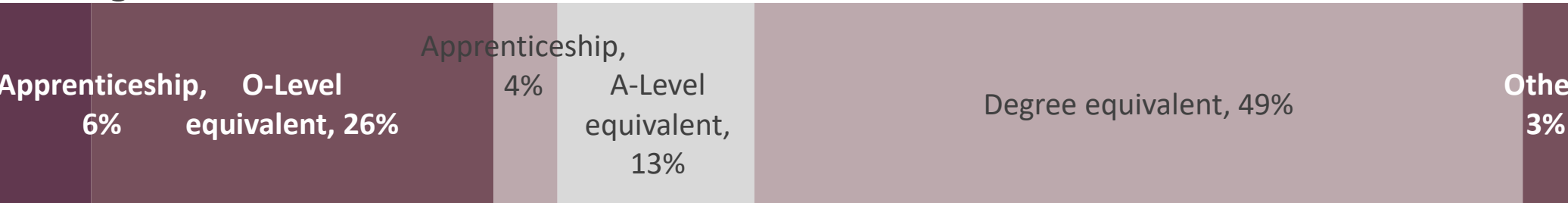
England



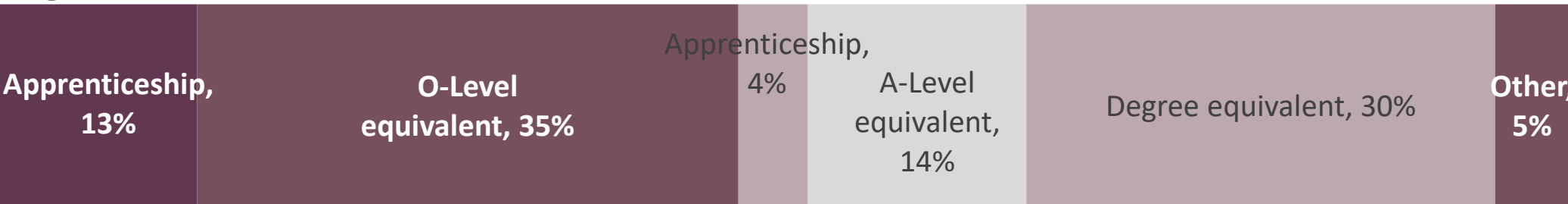
Education

35

Wokingham

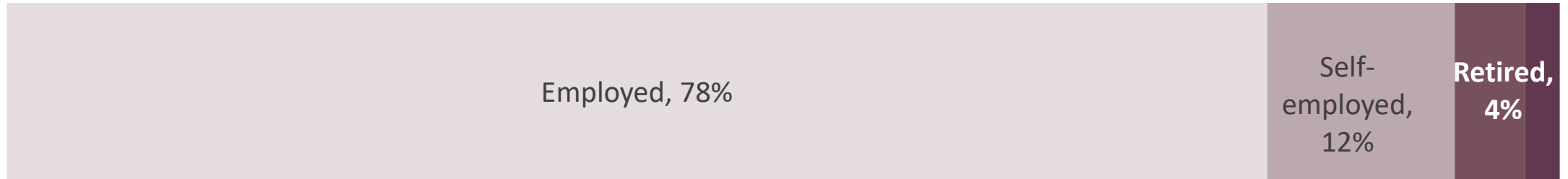


England

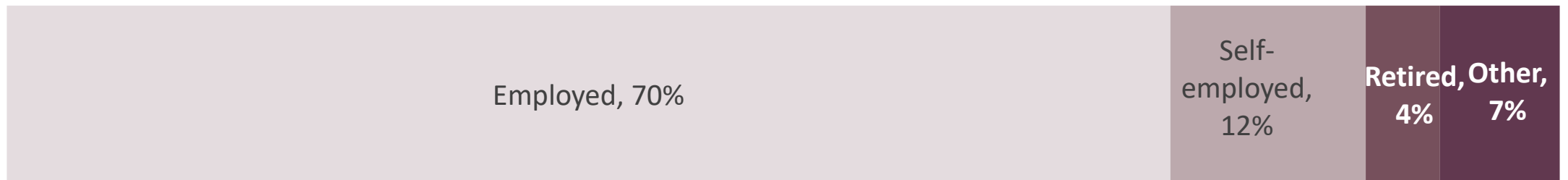


Economic activity

Wokingham

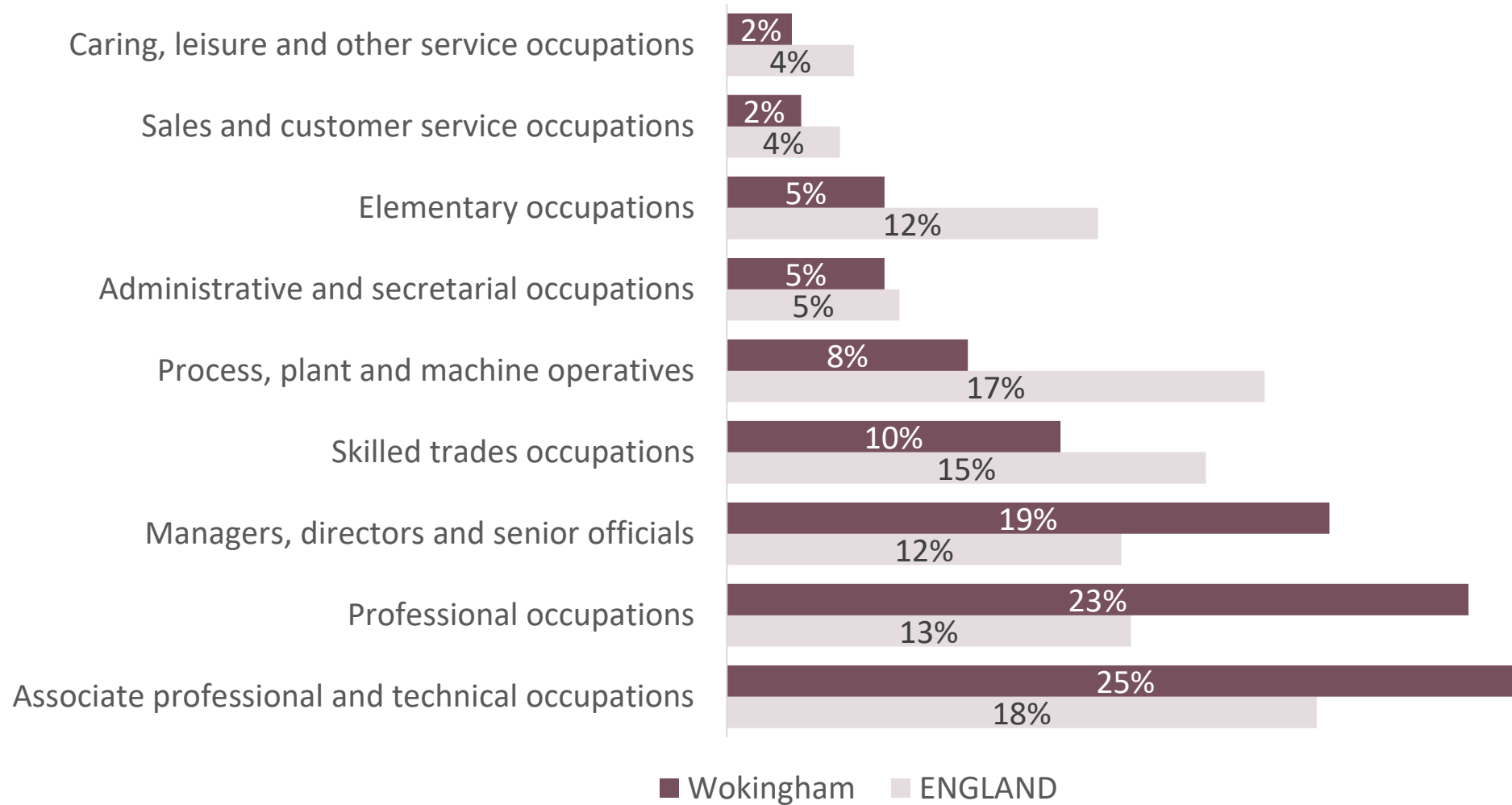


England



Employment

37



Next Steps

- JSNA Refresh
- ⌘ • “Our Covenant, Our Community” Guidance
- Covenant Fund

| | |
|------------------------------|---|
| TITLE | The Joint Strategic Needs Assessment (JSNA) Chapter 2. Starting Well |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on 13 December 2018 |
| WARD | None Specific |
| DIRECTOR/ KEY OFFICER | Julie Hotchkiss Consultant in Public Health |

| | |
|---|---|
| Reason for consideration by Health and Wellbeing Board | The Joint Strategic Needs Assessment (JSNA) is a statutory document that is produced at regular intervals by key stakeholders from the Council and its partner organisations. It highlights population needs and areas of inequalities and service gaps across all areas of health and social care. |
| Relevant Health and Wellbeing Strategy Priority | The JSNA is integral to development of the Health and Wellbeing Strategy |
| What (if any) public engagement has been carried out? | None, though the purpose of the JSNA is to inform local priorities and policies and therefore will support wider public engagement activity. |
| State the financial implications of the decision | Not applicable |

| |
|---|
| <p>OUTCOME / BENEFITS TO THE COMMUNITY</p> <p>The purpose of the JSNA is to present local health and wellbeing needs so as to inform local priorities and policies, improve the health and wellbeing of the local community.</p> |
| <p>RECOMMENDATION</p> <p>That the Wellbeing Board adopt the JSNA Chapter – Starting Well.</p> |
| <p>SUMMARY OF REPORT</p> <p>Early childhood experiences, even within the womb, lay the foundations for the physical, intellectual and emotional development of a child and can have life-long effects on health and well-being.</p> <p>This chapter focuses on the health and wellbeing of pregnant women, infants and children up to 5 years of age.</p> <ul style="list-style-type: none"> Approximately 1,800 babies are born to mothers resident in Wokingham each year. Almost a third of all births (29%) in the Borough are to mothers who are aged over 35 years and fewer than one in twenty (3.9%) are to mothers aged under 18 years old. The percentage of pregnant women smoking at time of delivery is significantly lower in Wokingham (3.8%) compared with the South East (9.7%) and |

England (10.7%).

- Although 'flu vaccination uptake in pregnancy is the third highest in Thames Valley, it is still only 50.4%, suggesting that there is room for improvement.
- Breastfeeding rates in Wokingham are significantly higher than the national rate with 60% still breastfeeding at 6-8 weeks compared with 43% nationally.
- The percentage of low birth weight babies in Wokingham is the lowest in Berkshire with 4.6% and significantly lower than the South east region and England.
- Wokingham's stillbirth rate is 5.5 per 1,000, which is not significantly different to the England average of 4.5 per 1,000.
- Wokingham has a higher uptake of health visitor baby checks at 6-8 weeks, 12 months and 2-2.5 years of age than the England.
- Admissions for respiratory tract infections in 1 year olds and in 2-4 year olds are high but not significantly different to the England average.

| |
|---|
| Partner Implications |
| Partners are advised to note key messages in the JSNA that affect their objectives and / or populations served. |

| |
|---|
| Reasons for considering the report in Part 2 |
| Not applicable |

| |
|----------------------------------|
| List of Background Papers |
| Not applicable |

| | |
|------------------------------|---|
| Contact Rhosyn Harris | Service Public Health & Leisure Services |
| Telephone No | Email rhosyn.harris@wokingham.gov.uk |
| Date 13 December 2018 | Version No. 1 |

Starting Well 2017/18

Authors: Chrisa Tsiarigli, Sam Claridge, Becky Taylor, Rhosyn Harris, Julie Hotchkiss

Public Health Intelligence

This document is part of a suite of Joint Strategic Needs Assessment (JSNA) documents. The others are:

The Borough Profile, Developing Well, Living and Working Well, Ageing Well and Places.

In addition there are three specific JSNA sections on the 3 Health and Wellbeing Priorities:

Reducing Social Isolation and Loneliness, Creating Physically Active Communities, Narrowing the Health Inequalities Gap

Contents

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Key messages

- Approximately 1,800 babies are born to mothers resident in Wokingham each year.
- The percentage of pregnant women smoking at time of delivery is significantly lower in Wokingham (3.8%) compared with the South East (9.7%) and England (10.7%).
- Although 'flu vaccination uptake in pregnancy is the third highest in Thames Valley, it is still only 50.4%, suggesting that there is room for improvement.
- Only 3.9% of all births in Wokingham borough are to mothers who are under 18 years old.
- Almost a third of all births (29%) in Wokingham are to mothers who are over 35 years old.
- Breastfeeding rates in Wokingham are significantly higher than the national rate with 60% still breastfeeding at 6-8 weeks compared with 43% nationally.
- The percentage of low birth weight babies in Wokingham is the lowest in Berkshire with 4.6% and significantly lower than the South east region and England.
- Wokingham's stillbirth rate is 5.5 per 1,000, which is not significantly different to the England average of 4.5 per 1,000.
- Wokingham has a higher uptake of 6-8 week, 12 month and 2-2.5 year reviews than England.
- Admissions for respiratory tract infections in 1 year olds and in 2-4 year olds are high but not significantly different to the England average.

1.Introduction

This chapter focuses on the health and wellbeing of pregnant women, infants and children up to 5 years of age. Early childhood experiences, even from within the womb, lay the foundations for the physical, intellectual and emotional development of a child and can have life-long effects on health and well-being.

The topics considered in this chapter include population demographics, risk factors such as smoking and alcohol, protective factors such as breastfeeding, access to antenatal care and health visiting services, maternal mental health and child health outcomes including hospital admissions.

Around 1,800 babies are born to parents in Wokingham borough each year. The number of births per 1,000 women of reproductive age in Wokingham is 61.4 per 1,000. This is similar to the national average and has remained fairly stable over recent years. The estimated number of females of fertile age (aged 15-49) is also projected to remain fairly constant over the next 5 years at around 35,000¹.

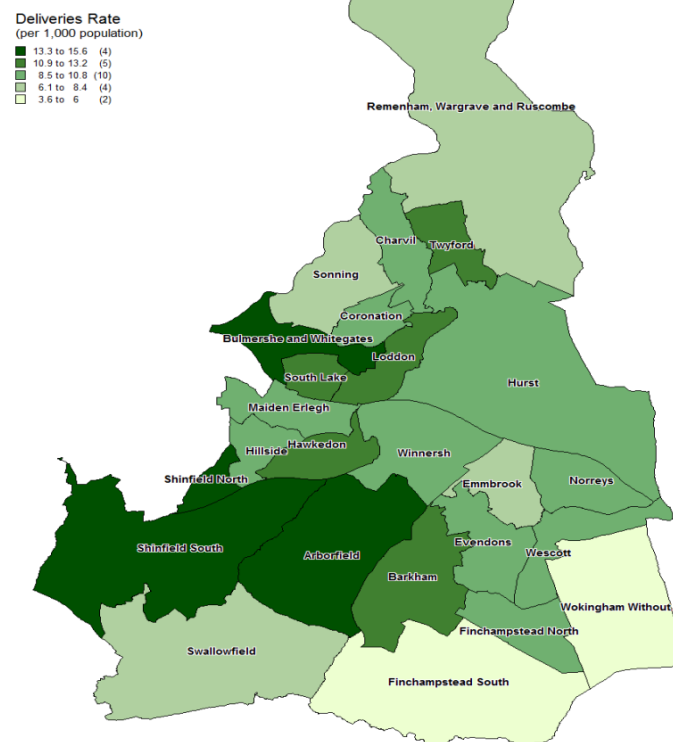
These projections do not take into account the effect of major housing developments which will see 10,000 new homes built in the Borough by 2026 in four strategic development locations – Arborfield, Shinfield and two other development areas one to the north of Wokingham town centre and one to the south

In 2016/17 there were 1,651 deliveries at hospital, which equated to a delivery rate of 10.2 per 1,000 population. This rate varies by ward of

residence. Map 1 illustrates hospital delivery rates by ward of residence. Shinfield South, Arborfield and Bulmershe and Whitegates wards had the highest delivery rates in Wokingham.

Map 1: Hospital deliveries per 1,000 total population by electoral wards

Deliveries per 1,000 population
by ward, 2016/17



Data source: Wokingham CCG
© ONS Boundaries – All Rights Reserved

¹ Source: ONS 2014-based subnational population projections

The number of children aged 0-5 living in Wokingham is estimated to be 12,140. Table 1 shows the projected numbers of children aged 0-5 in Wokingham Borough expected to live in the Borough over the next five years. These projected figures do not take into account the impacts of new housing built in the borough and so are likely to be underestimates.

Table 1: Projected population number of children aged 0-5

| | Year | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Age | Under 1 | 1,832 | 1,816 | 1,819 | 1,830 | 1,821 | 1,818 |
| | 1 | 1,899 | 1,909 | 1,893 | 1,893 | 1,903 | 1,893 |
| | 2 | 2,026 | 1,975 | 1,985 | 1,968 | 1,968 | 1,975 |
| | 3 | 1,977 | 2,090 | 2,037 | 2,047 | 2,029 | 2,027 |
| | 4 | 2,094 | 2,044 | 2,152 | 2,097 | 2,108 | 2,089 |
| | 5 | 2,312 | 2,160 | 2,109 | 2,213 | 2,157 | 2,168 |
| | Total under 5s | 12,140 | 11,993 | 11,995 | 12,049 | 11,985 | 11,970 |

Source: ONS 2016-based subnational population projections

1.1. Age of mothers

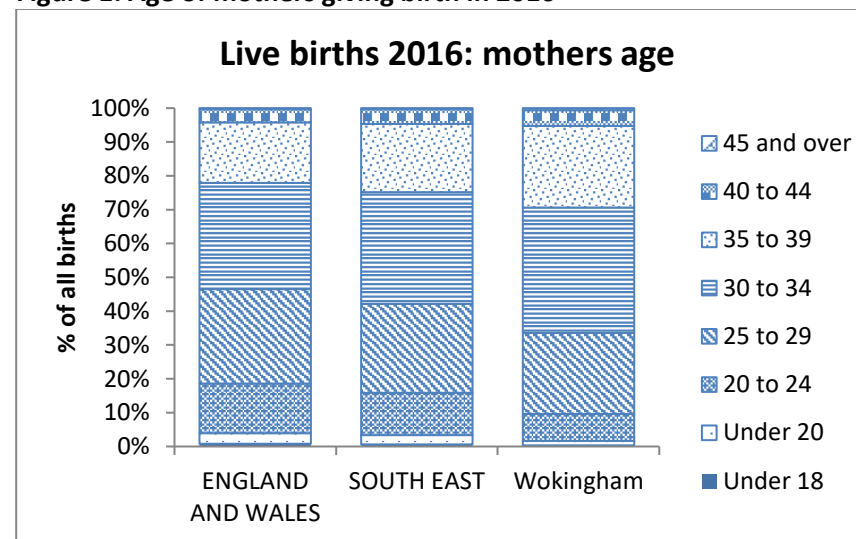
Mothers aged 30 or over are more likely than younger mothers to start breastfeeding, and to continue for six months or more. Mothers aged over 35 are more likely to have complications in pregnancy. Teenage mothers are more likely to smoke throughout pregnancy are also three times more likely to suffer from post-natal depression .

Source: [Infant Feeding Survey - UK, 2010](#) and [PHE/ LGA Framework for supporting teenage mothers and young fathers](#) and [NHS evidence summary](#)

In Wokingham around two thirds of mothers are aged over 30 when they give birth compared with just over half nationally. Wokingham's teenage

pregnancy rate is significantly lower (3.9 per 1,000) than the national average (7.1 per 1,000).

Figure 1: Age of mothers giving birth in 2016



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

1.2. Ethnicity of mothers

The Infant Feeding Survey 2010 found that mothers from all minority ethnic groups were more likely to breastfeed compared with White mothers. Around 18% of deliveries in Wokingham are to mothers from a BME group. This proportion is lower than the regional but higher than the national figure.

Source: [Infant Feeding Survey - UK, 2010](#), NHS Digital and PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

2. Pregnancy

2.1 Healthy pregnancy

A healthy woman is more likely to give birth to a healthy baby. Factors such as smoking, alcohol consumption, diet and obesity, social isolation and stress can have a significant impact on the health of both the mother and the unborn child. These factors are often associated with deprivation.

Timely access to antenatal care for all women is important so that health risks can be identified early and the appropriate support provided. This includes access to antenatal screening and immunisations.

2.2 Antenatal Care

Women should be seen for their antenatal booking visit with a midwife by 12 weeks of pregnancy. This can help to identify women with, or at high risk of, mental illness as well as a range of other conditions and risk factors. It is also recommended that health visitors have their first contact with expectant families in the antenatal period.

In 2016/17 92% of pregnant women registered with Wokingham CCG were seen by a midwife before their 13th week of pregnancy. Women known to health visiting services in Wokingham will be contacted antenatally and signposted to advice and information. Vulnerable women will be offered an appointment with a member of the health visiting team

Source: NHS England: Maternal 12 week assessment [Maternity and Breastfeeding](#)

2.3 Alcohol consumption in pregnancy

The Chief Medical Officer recommends that women who are pregnant or planning to become pregnant should not drink alcohol at all to keep risk to the baby to a minimum.

Drinking alcohol, especially in the first three months of pregnancy, increases the risk of miscarriage, premature birth and the baby having a low birth weight.

The more you drink, the greater the risk; drinking heavily throughout pregnancy can seriously affect development, resulting in a serious condition called foetal alcohol syndrome (FAS).

Source: NHS Choices – [drinking alcohol while pregnant](#)

There are no routinely collected data on alcohol consumption and pregnancy. There may be some service use data which can give an indication of alcohol consumption during pregnancy, but it is not very robust. During 2016/17 there were no new pregnant women in Wokingham accessing support for alcohol misuse from SMART, the local provider.

Source: Wokingham Borough Council

2.4 Smoking in pregnancy

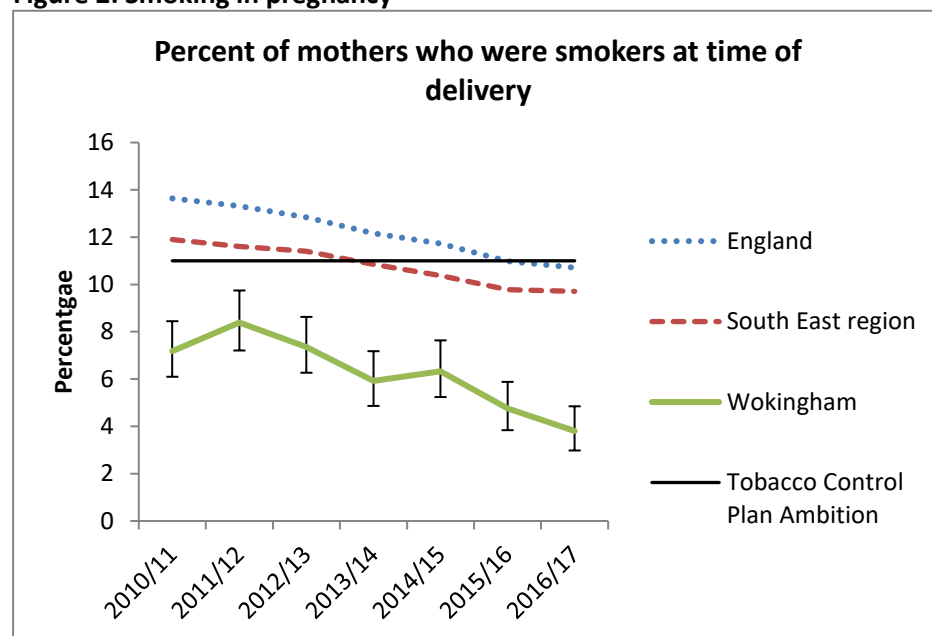
Stopping smoking in pregnancy is the most effective step a woman can take to improve her health and the health of her baby. Smoking during pregnancy has a number of effects on both mother and child including an increased risk of complications in pregnancy and birth an increased risk of prematurity and/or low birth weight which can increase the risk of other health problems and an increased risk of stillbirth.

Encouraging pregnant women to stop smoking improves outcomes for their child and may also help them to stop smoking for good which provides additional health benefits for the mother as well as reducing the infant's exposure to secondhand smoke.

Source: NHS Choices Smoking during pregnancy

In 2016/17 only 3.8% of mothers in Wokingham were still smoking at the time of delivery. This is amongst the lowest rates in the country, however, the picture hasn't always been this good – the number of women smoking in pregnancy in Wokingham has halved since 2011/12.

Figure 2: Smoking in pregnancy



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

2.5 Antenatal and newborn screening

During pregnancy and shortly after birth, mothers and their babies are offered a number of screening tests to identify health conditions so that the appropriate support and/or treatment can be provided.

National screening programmes include infectious diseases screening, haemoglobinopathy and foetal anomaly screening in the antenatal period and hearing, blood spot and physical examination screening for newborns.

Antenatal and newborn screening performance data is reported according to the organisation delivering the service rather than borough of residence. The majority of Wokingham babies are born at Royal Berkshire Hospital (RBH). In 2016/17 the RBH met all of the antenatal and newborn screening 'acceptable level' targets for which data was reported, apart from for timeliness of laboratory requests for foetal anomaly screening.

Source: Public Health England (2017); NHS screening programmes: KPI reports and briefings 2016 to 2017

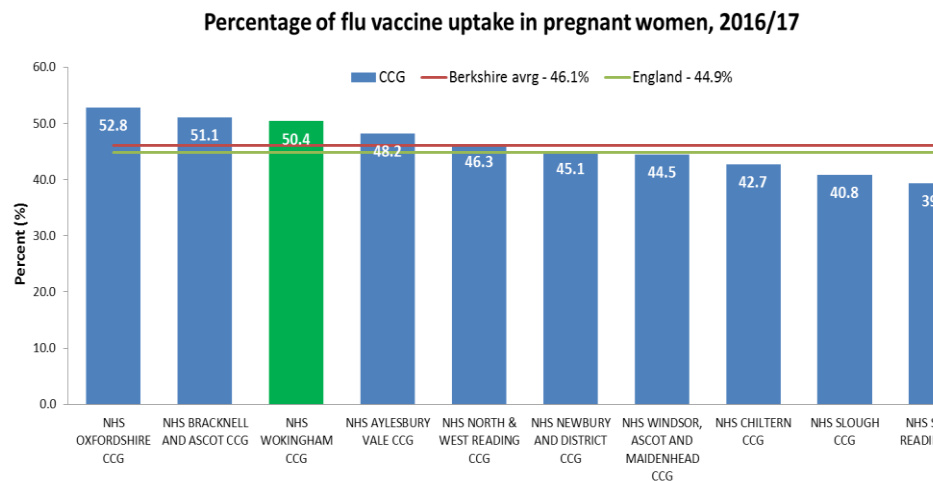
2.6 Flu and pertussis vaccination

It is recommended that all pregnant women have the flu vaccine, whatever stage of pregnancy they're at. Evidence suggests that women who have flu while pregnant are more likely to experience complications. The flu vaccine is safe at all stages of pregnancy.

In 2016/17 Wokingham had the third highest (50.4%) uptake of flu vaccine in pregnant women in the Thames Valley region, however, this represents only half of pregnant women in the borough taking up this offer. The national coverage is 44.9%.

Pregnant women are now offered a single dose of a pertussis containing vaccine between gestational weeks 16 and 32. This maximizes the likelihood that the baby will be protected against whooping cough during the early weeks after birth until the child is 8 weeks old and their own childhood immunisation schedule commences.

Figure 3: Flu vaccination rate in pregnant women



Source: Wokingham Public Health team

3 Post-natal

3.1 Low birth weight

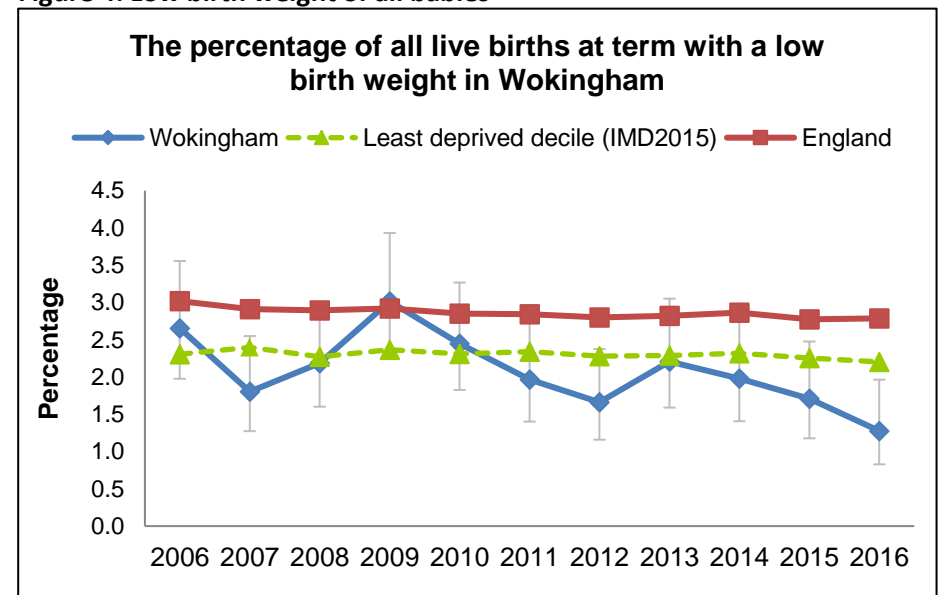
Being born at low birthweight is an important marker along the trajectory of early child development, indicating an increased risk of poor health outcomes from birth onwards.

Low birthweight can be associated with the ethnicity of mothers, smoking during pregnancy, younger maternal age and some medical complications such as maternal diabetes or hypertension (more prevalent at older maternal ages).

Source: [PHE Health of Children in Early Years](#)

In 2015 there were 78 babies born with a low birthweight in Wokingham. Wokingham has the lowest low birth weight rate in Berkshire with 4.6%.

Figure 4: Low birth weight of all babies



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

3.2 Breastfeeding

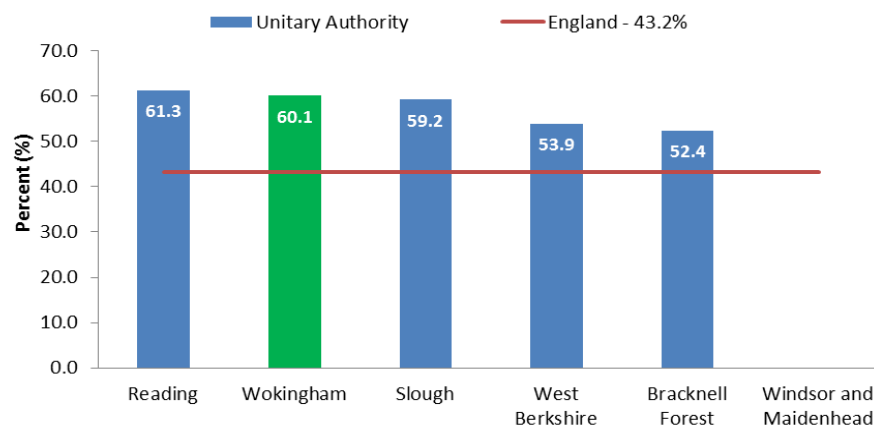
Evidence suggests that breastfeeding benefits both the mother and child. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of a baby's life. Continued breastfeeding with complementary food is also recommended up until the age of two.

Mothers from more deprived areas, those having a caesarean delivery and younger mothers are less likely to initiate breastfeeding.

Source: [Infant Feeding Survey - UK, 2010](#).

Wokingham has a significantly higher breastfeeding initiation rate than the England average with 81% of new mother's breastfeeding in 2016/17. Figure 5 shows the percentage of infants in Wokingham who are still partially or totally breastfed at 6-8 weeks (60.1%), which is significantly higher than the national average (43.2%).

Figure 5: Breastfeeding prevalence at 6-8 weeks after birth 2015/16



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

3.3 Maternal mental health

The perinatal period of a pregnancy commences at 22 completed weeks and ends 7 days after birth. Poor mental health in this period can impact on a mother's and partner's ability to bond with their baby and to be sensitive and attuned to their emotions and needs.

Source: PHE [Early Years High Impact Areas](#)

The table below shows the estimated numbers of perinatal mental illness amongst women living in Wokingham. Estimates are calculated by applying the national prevalence figures to the total number of maternal episodes in the area.

Table 2. Estimated prevalence of perinatal mental health conditions

| Indicator Name | Number |
|---|--------------|
| Postpartum psychosis | 5 |
| Chronic Serious Mental Illness in perinatal period | 5 |
| Severe depressive illness in perinatal period | 55 |
| Mild-moderate depressive illness and anxiety in perinatal period (lower estimate) | 175 |
| Mild-moderate depressive illness and anxiety in perinatal period (upper estimate) | 260 |
| PTSD in perinatal period | 55 |
| Adjustment disorders and distress in perinatal period (lower estimate) | 260 |
| Adjustment disorders and distress in perinatal period (upper estimate) | 515 |
| TOTAL | 1,330 |

Source: *Perinatal Mental Health Profiles, Public Health England*

Postnatal Depression

Postnatal depression develops after pregnancy, usually symptoms are apparent by around 4-6 weeks after birth, but in some cases can take many months to develop. Around one in ten women experiences post-

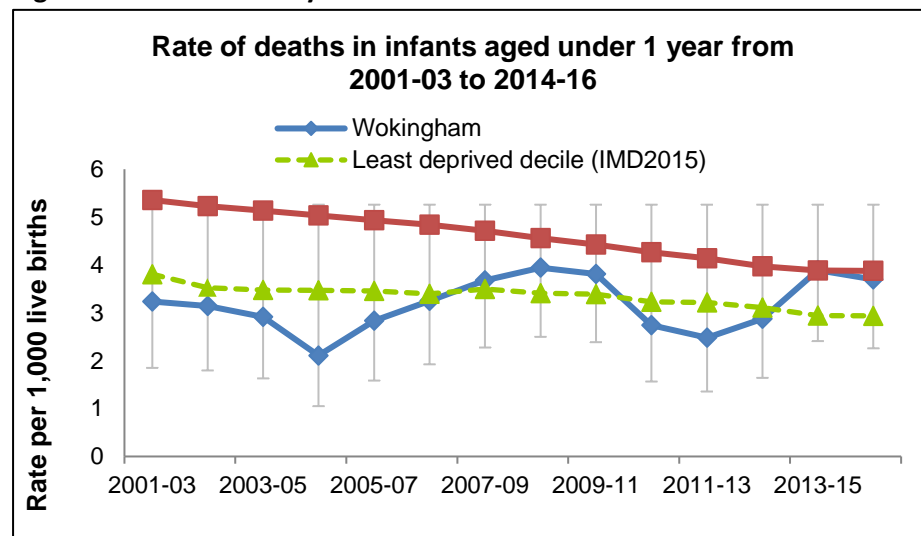
natal depression. Predictors of postnatal depression include a history of mental health issues, stressful life events, poor social support.

Source: [NHS Health Overview](#)

3.4 Infant mortality

Infant mortality is an indicator of the general health of a population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.

Figure 6: Infant mortality rate



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

Infant mortality rate measures the number of deaths in children aged under 1 per 1,000 live births. The national trend is towards a decline in infant mortality. Due to small numbers the infant mortality rate in Wokingham appears to be fluctuating, however it remains similar to the national average.

3.5 Stillbirths

Stillbirth rates in the United Kingdom have shown little change over the last 20 years, and the rate remains among the highest in high income countries.

Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage and foetal growth restriction. In 2015 the government announced an ambition to halve the rate of stillbirths by 2030.

The rate of stillbirths in Wokingham has remained fairly static in recent years and is similar to the national average at 5.5 per 1,000 births.

Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

4. Early years

4.1 Health visiting

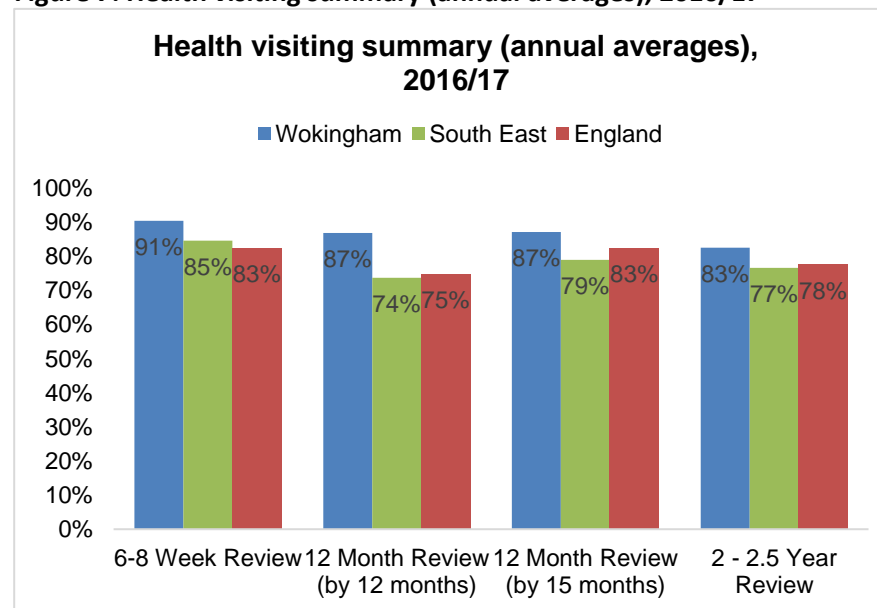
Health visiting teams lead and deliver the Department of Health's 'Healthy Child Programme' (an early intervention and prevention public health programme) for all children aged 0–5.

Health visitors are highly trained specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals.

Local authorities have a responsibility to promote and protect health, tackle the causes of ill-health and reduce health inequalities (Local government's new public health functions Department of Health 2011).

Overall, Wokingham has a higher uptake in health visiting reviews than both England and the South East region. This is illustrated in figure 7 below in all stages of health visiting reviews.

Figure 7: Health visiting summary (annual averages), 2016/17



Source: <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2016-to-2017>

4.2 Childhood immunisations

The routine childhood immunisation programme in the UK includes vaccines that protect against infection from diphtheria, tetanus, whooping cough, polio and haemophilus Influenzae B (Hib), pneumococcus, rotavirus, measles, mumps, rubella and various strains of meningococcus.

The main aim of vaccinations is to protect the individual who receives the vaccination against specific diseases. In addition to the immunity gained by the individual, they are also less likely to be a source of infection to

others therefore reducing the risk to unvaccinated individuals. This concept is called population or herd immunity.

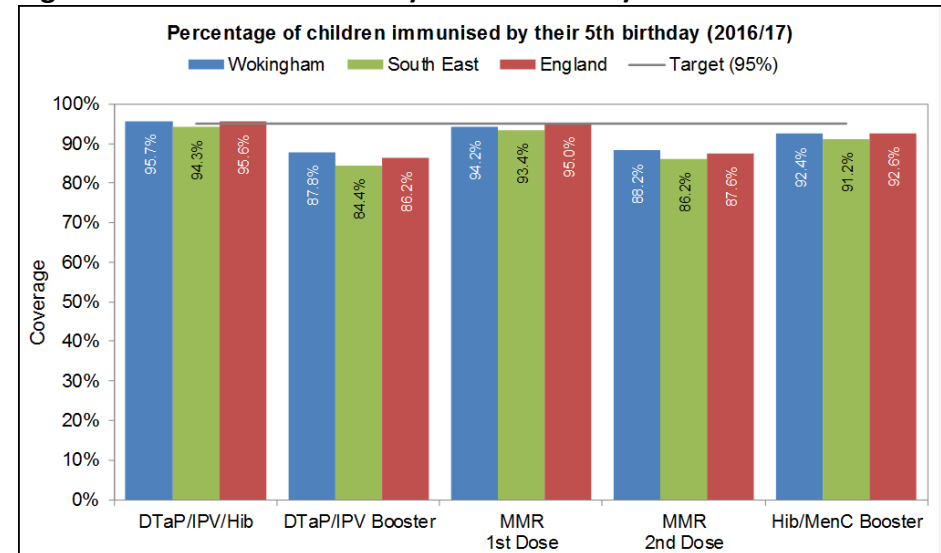
The World Health Organisation (WHO) sets a target of 95% vaccine coverage for childhood immunisation programmes to be effective. Table 8 is colour coded to show progress against this target with green indicating 95% target met and red indicators less than 90% population coverage.

In Wokingham, childhood vaccination coverage is relatively good compared to the national average and yet only 88% of 5 year olds received their 4-in-1 booster (DTaP/IPV) and completed their MMR course.

Table 8: Childhood vaccination coverage 2016/17

| Area | 12 months | | | 24 months | | | | 5 years | | | | |
|------------|------------------|-------|-----------|------------------|-----------------|---------------------|----------------|------------------|---------------------|-----------------|-----------------|---------------------|
| | DTaP/IPV/ Hib | PCV | Rotavirus | DTaP/IPV/ Hib | MMR 1st Dose | Hib/MenC Booster | PCV Booster | DTaP/IPV/ Hib | DTaP/IPV Booster | MMR 1st Dose | MMR 2nd Dose | Hib/MenC Booster |
| Wokingham | 95.9% | 95.4% | 92.7% | 95.8% | 92.6% | 93.9% | 92.4% | 95.7% | 87.8% | 94.2% | 88.2% | 92.4% |
| South East | 93.4% | 93.2% | 89.8% | 93.8% | 90.8% | 90.7% | 90.8% | 94.3% | 84.4% | 93.4% | 86.2% | 91.2% |
| England | 93.4% | 93.5% | 89.6% | 95.1% | 91.6% | 91.5% | 91.5% | 95.6% | 86.2% | 95.0% | 87.6% | 92.6% |

Figure 8: Children immunised by their 5th birthday



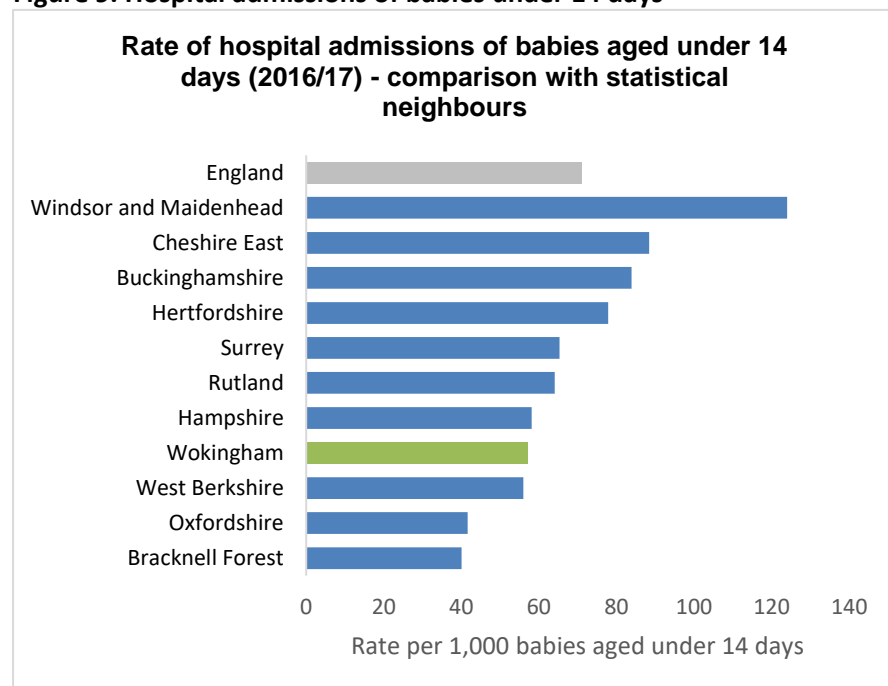
Source: NHS Digital (2017); *Childhood Vaccination Coverage Statistics, England 2016-17: Report*

4.3 Hospital admissions

High levels of hospital admissions of either mother or babies soon after birth can suggest problems with either the timing or quality of health assessments before the initial transfer or with the postnatal care once the mother is home. Dehydration and jaundice are two common reasons for re-admission of babies and are often linked to problems with feeding.

Figure 9 shows emergency admissions from babies aged 0-13 days (inclusive) per 1,000 deliveries.

Figure 9. Hospital admissions of babies under 14 days



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

The following figures (Figure 10 and Figure 11) show hospital admission rates for gastroenteritis in infants aged 1 year of age and children aged 2-4 years; illustrating that children in this age range in Wokingham have significantly lower rates of admission for gastroenteritis than in England.

The same pattern is not seen in hospital admissions for respiratory infection where children in Wokingham have hospital admission rates similar to that of the England average (Figure 12 and Figure 13).

Figure 10: Admissions for gastroenteritis in infants aged 1 year

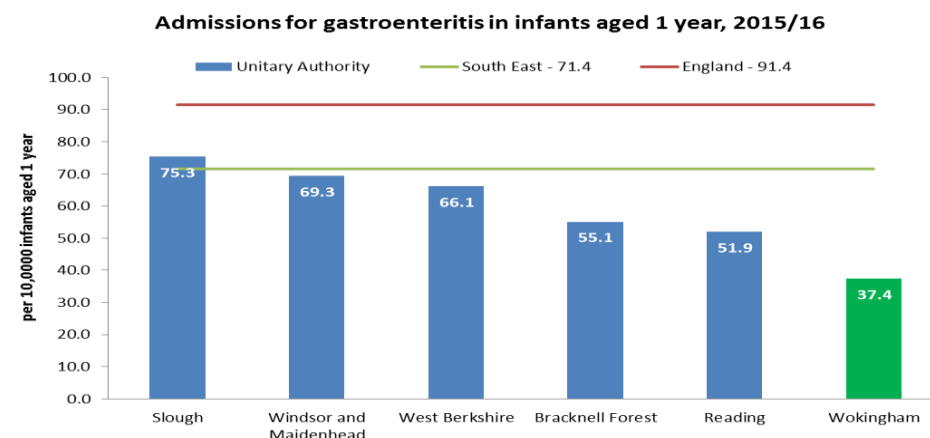
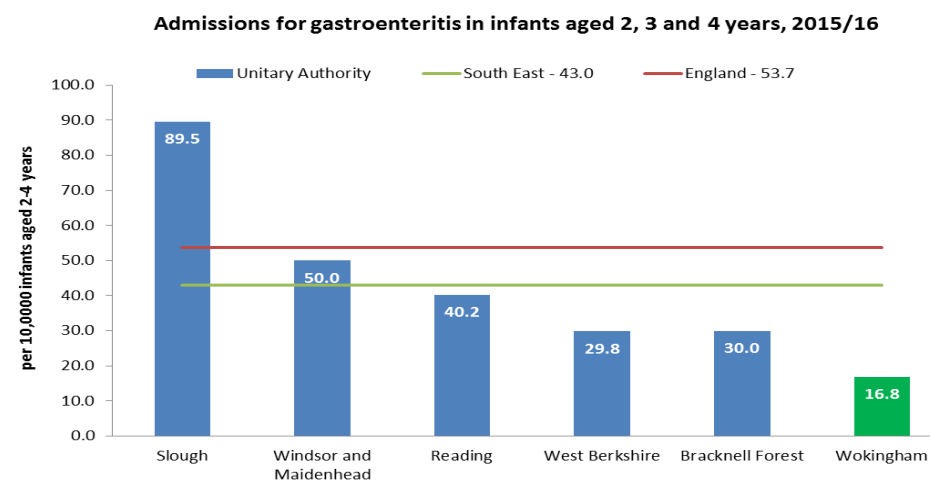


Figure 11: Admissions for gastroenteritis in infants aged 2-4 years



Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

Figure 12: Admissions for respiratory tract infections in infants aged 1 year

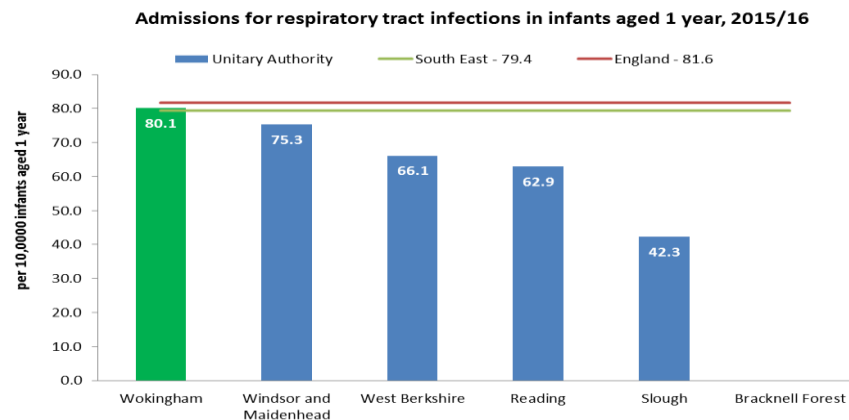
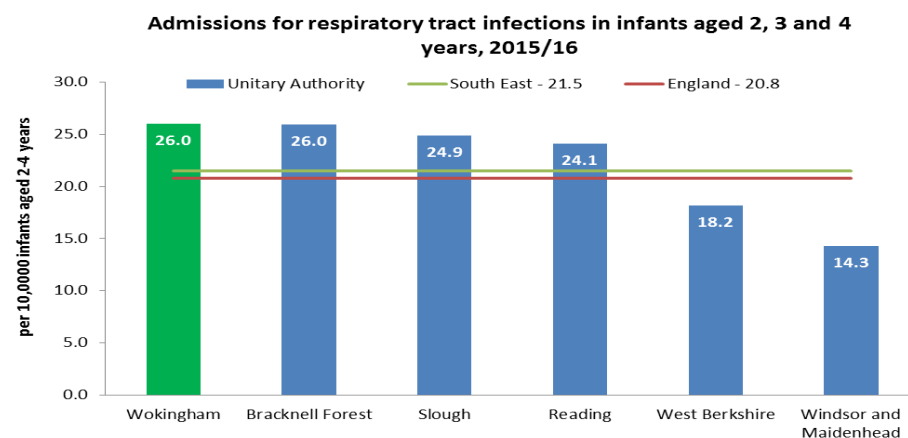


Figure 13: Admissions for respiratory tract infections in infants aged 2-4 years

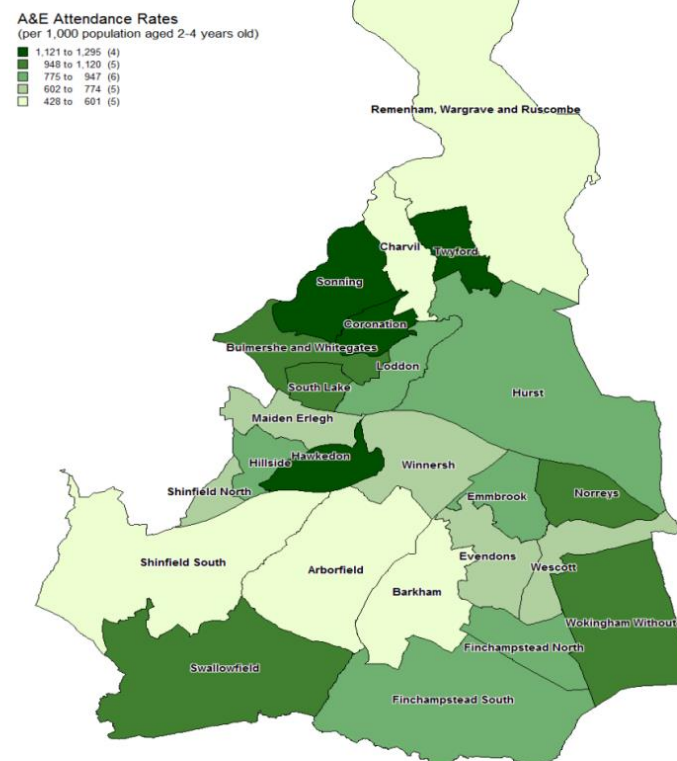


Source: PHE: Child and Maternal health (ChiMat) <https://fingertips.phe.org.uk/profile-group/child-health>

Map 2 below illustrates rate of A&E attendances in 2-4 year olds by ward of residence. Though there is no clear pattern there is a suggestion of higher A&E attendances in areas of higher population density.

Map2: A&E attendance rates in population aged 2-4 years old by electoral wards, 2016/17

A&E attendance rates in population aged 2-4 years old by ward, 2016/17



Data source: Wokingham CCG

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4.4 Children in care

Wokingham Borough Council recognises the need to ensure that children in care and care leavers have access to a wider network of support and therefore works operationally and strategically with a range of partner agencies. These include partners across the health service, education, social care, youth services, the police, probation, local businesses, and the voluntary, community and faith sector. Through various statutory Boards, the Director of Children's Services and Lead Member for Children's Services have a responsibility for securing the commitment of partner agencies.

In UK law children in care are referred to as 'looked after children'. A child is 'looked after' if they are in the care of the local authority for more than 24 hours; i.e. the authority is acting as corporate parent for the child.

Legally, this could be when they are:

- living in accommodation provided by the local authority with the parents' agreement
- the subject of an interim or full care order
- the subject of an emergency legal order to remove them from immediate danger
- serving time in a secure children's home, secure training centre or young offender institution
- unaccompanied asylum seeking children (UASC).

As at March 2017, Wokingham had 20 children in care per 10,000 children under 18 against the national average of 60 per 10,000 and the South East regional average of 48 per 10,000.

Children in care in Wokingham are primarily in the older age group (11 and over). As at 31st March 2017 Wokingham's children in care population was made up as follows:

Table 5: Numbers of children in care

| Age | Numbers | Percentage |
|--------------|-----------|------------|
| Under 4 | 6 | 7.8% |
| 5-10 | 5 | 6.5% |
| 11-15 | 33 | 42.9% |
| 16+ | 33 | 42.9% |
| Total | 77 | |

Source: Wokingham Borough Council

4.5 Children with disabilities

In 2017 there were 443 children with a learning disability known to schools in Wokingham. The rate of learning disability in children in Wokingham is lower than the national average. Conversely, the rate of autism diagnoses is higher than the national average.

Seven children aged 0-4 were allocated a Social Worker in the Disabled Children's Team and a further 15 receiving Occupational Therapy support from the team. This compares to 19 a year ago (February 20 17) with an allocated Social Worker and a further 27 receiving Occupational Therapy support.

4.6 Children in poverty

Wokingham has the third lowest rate (10.8%) of children in poverty in the country. However this rate varies slightly in certain areas of the borough. In Bulmershe and Whitegates ward the rate is slightly higher at 15.2% before household expenses and at 24.1% after household expenses are

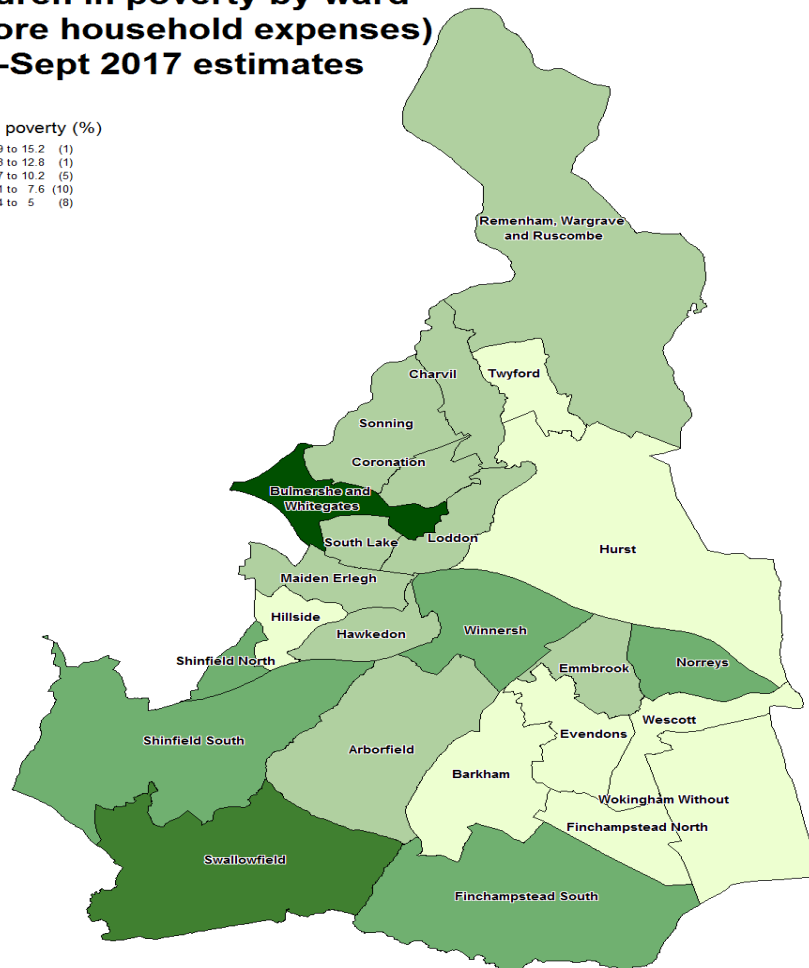
taken into consideration. Map 3 illustrates rates of child poverty by administrative ward boundaries.

Map 3: Children in poverty before household expenses by ward

**Children in poverty by ward
(before household expenses)
July-Sept 2017 estimates**

Child poverty (%)

| | |
|--------------|------|
| 12.9 to 15.2 | (1) |
| 10.3 to 12.8 | (1) |
| 7.7 to 10.2 | (5) |
| 5.1 to 7.6 | (10) |
| 2.4 to 5 | (8) |

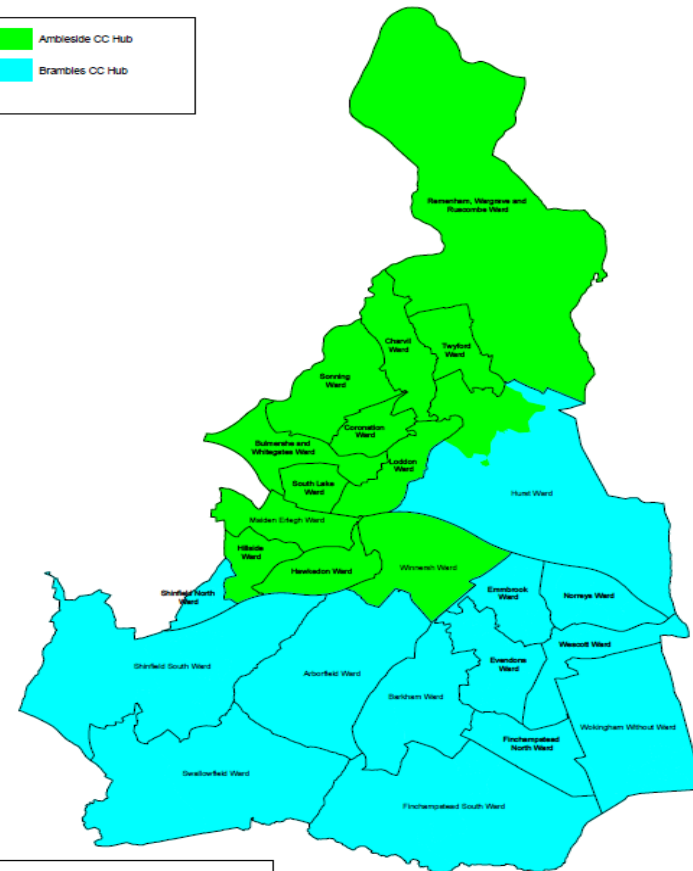
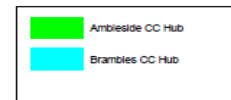


Source: End Child Poverty Coalition

5.Children centres

The map below shows the two children centre areas in Wokingham, namely Ambleside CC Hub and Brambles CC Hub. Ambleside covers the North West of the borough and Brambles the South East of the borough.

Map 5: Children centres



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Source: Wokingham Borough Council

Wokingham Starting Well

December-18



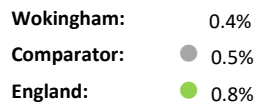
Smoking status at time of delivery

% of mothers who are smokers at the time of delivery (2016/17)



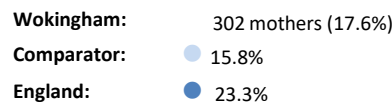
Teenage mothers

% of delivery episodes where the mother is aged under 18 years in 2016/17



BME Deliveries

% of deliveries to mothers from Black and Minority Ethnic (BME) groups in 2016/17



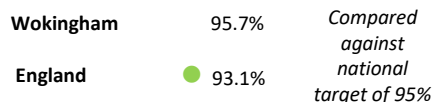
Low birth weight of term babies

% of all live births at term in 2016 with low birth weight (<2500g)



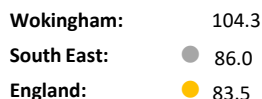
Dtap/IPV/ Hib coverage at 12 months

% of eligible children who received 3 doses of Dtap/ IPV/ Hib vaccination by their 1st birthday (2017/18)



Admissions for respiratory tract infections in infants aged 1 year

Rate of emergency admissions for respiratory tracts infections in infants aged 1 year per 10,000 population in 2016/17



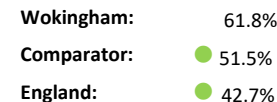
Infant Mortality

Rate of deaths in infants aged under 1 year per 1,000 live births (2-15-17)



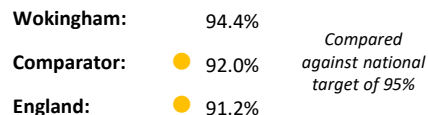
Breastfeeding prevalence

% of all infants due a 6-8 week check that are totally or partially breastfed in 2017/18



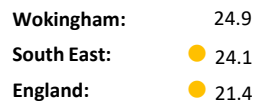
MMR one dose coverage

% of children who received one dose by their 2nd birthday (2017/18)



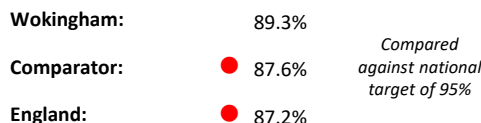
Admissions for respiratory tract infections in infant aged 2, 3 and 4 years

Rate of emergency admissions for respiratory tract in infants aged 2, 3 and 4 years 1 per 10,000 population in 2016/17



MMR two dose coverage by 5th birthday

% of children who received two doses between their 1st and 5th birthday (2017/18)



The latest available data is shown at a local authority level,

This is compared against the England figure and the comparator group, least deprived decile (IMD 2015):

- Significantly better
- No significant difference
- Significantly worse
- Not comparable/ Value unknown

Where a national target has been set, data has been compared against this target.

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HEALTH AND WELLBEING BOARD

Forward Programme from June 2018

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2018/19

60

| DATE OF MEETING | ITEM | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER | CATEGORY |
|-------------------------|---|---|---|---|-----------------------------|
| 14 February 2019 | Health and Wellbeing Board Refresh | To monitor performance | To monitor performance | Director Corporate Services | Performance |
| | Memorandum of Understanding | To approve | To approve | WISP | Integration |
| | Annual West of Berkshire Safeguarding Adults Annual Report for 2017/18 | To monitor performance | To monitor performance | Safeguarding Adults Partnership Board Annual Report | Update |
| | Updates from Board members | To receive an update on the work of Board members | To update on the work of Board members | Health and Wellbeing Board | Organisation and governance |
| | Forward Programme | Standing item. | Consider items for future consideration | Democratic Services | |

| DATE OF MEETING | ITEM | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER | CATEGORY |
|----------------------|---|------------------------|--------------------------|---------------------------------------|-----------------------------|
| 11 April 2019 | Health and Wellbeing Board Refresh | To monitor performance | To monitor performance | Director Corporate Services | Performance |
| | CCG Plan | To approve | To approve | CCG | Organisation and governance |

| | | | | | |
|--|-----------------------------------|---|---|----------------------------|-----------------------------|
| | Updates from Board members | To receive an update on the work of Board members | To update on the work of Board members | Health and Wellbeing Board | Organisation and governance |
| | Forward Programme | Standing item. | Consider items for future consideration | Democratic Services | |

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