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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 9 JANUARY 2020** AT **5.00 PM**

Susan Parsonage
Chief Executive
Published on 24 December 2019

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# Creating Healthy & Resilient Communities

Key Priorities


WOKINGHAM
BOROUGH COUNCIL

**MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD**

| | |
|---|---|
| Debbie Milligan | NHS Berkshire West CGC |
| Carol Cammiss | Director of Childrens Services |
| Nick Campbell-White | Healthwatch |
| UllaKarin Clark | Wokingham Borough Council |
| Philip Cook | Voluntary Sector |
| Graham Ebers | Deputy Chief Executive |
| John Halsall | Wokingham Borough Council |
| David Hare | Wokingham Borough Council |
| Sarah Hollamby | Director of Locality and Customer Services |
| Matt Pope | Director of Adult Services |
| Tessa Lindfield | Strategic Director Public Health Berkshire |
| Nikki Luffingham | NHS England |
| Charles Margetts | Wokingham Borough Council |
| Katie Summers | Director of Operations, Berkshire West CCG |
| Dr Cathy Winfield | NHS Berkshire West CCG |

| ITEM NO. | WARD | SUBJECT | PAGE NO. |
|---|---|---|---|
| **41.** | | **APOLOGIES**<br>To receive any apologies for absence | |
| **42.** | None Specific | **MINUTES OF PREVIOUS MEETING**<br>To confirm the Minutes of the Meeting held on 10 October 2019. | **7 - 12** |
| **43.** | | **DECLARATION OF INTEREST**<br>To receive any declarations of interest | |
| **44.** | | **PUBLIC QUESTION TIME**<br>To answer any public questions<br><br>A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.<br><br>The Council welcomes questions from members of the public about the work of this Board.<br><br>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 | |
| **45.** | | **MEMBER QUESTION TIME**<br>To answer any member questions | |

| | | | |
|---|---|---|---|
| **46.** | None Specific | **BERKSHIRE A GOOD PLACE TO WORK - THE 2019 DIRECTOR OF PUBLIC HEALTH REPORT**<br>To consider the Director of Public Health Annual Report. *(25 mins)* | **13 - 58** |
| **47.** | None Specific | **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - UPDATE, DECEMBER 2019**<br>To receive an update on the Joint Strategic Needs Assessment *(20 minutes)* | **59 - 76** |
| **48.** | None Specific | **DESIGN OUR NEIGHBOURHOOD**<br>To consider a report regarding Designing our Neighbourhood. *(15 mins)* | **77 - 100** |
| **49.** | None Specific | **STRATEGY INTO ACTION**<br>To consider a report regarding Strategy into Action *(15 mins)* | **101 - 118** |
| **50.** | None Specific | **UPDATES FROM BOARD MEMBERS**<br>To receive updates on the work of the following Board members:<br>• Healthwatch Wokingham Borough;<br>• Voluntary Sector;<br>• Community Safety Partnership.<br><br>*(20 mins)* | **119 - 124** |
| **51.** | None Specific | **FORWARD PROGRAMME**<br>To consider the Board's work programme for the remainder of the municipal year. | **125 - 128** |

**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

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**MINUTES OF A MEETING OF THE**
**WOKINGHAM BOROUGH WELLBEING BOARD**
**HELD ON 10 OCTOBER 2019 FROM 5.00 PM TO 6.00 PM**

**Present**

| | |
|---|---|
| Charles Margetts | Wokingham Borough Council |
| Philip Cook | Voluntry Sector |
| Graham Ebers | Deputy Chief Executive |
| John Halsall | Wokingham Borough Council |
| David Hare | Wokingham Borough Council |
| Matt Pope | Director of Adult Services |
| Tessa Lindfield | Strategic Director Public Health Berkshire |
| Katie Summers | Director of Operations, Berkshire West CCG |
| Dr Cathy Winfield | NHS Berkshire West CCG |
| Sal Thirlway (substituting Carol Cammiss) | Service Manager 0-25 Integrated Early Help |

**Also Present:**

| | |
|---|---|
| Madeleine Shopland | Democratic and Electoral Services Specialist |
| Charlotte Seymour | Wellbeing Board Manager |
| Susan Parsonage | Chief Executive |

**30. APOLOGIES**
An apology for absence was submitted from Carol Cammiss, Nick Campbell-White, Councillor UllaKarin Clark, Superintendent Felicity Parker and Jim Stockley.

**31. MINUTES OF PREVIOUS MEETING**
The Minutes of the meeting of the Board held on 8 August 2019 were confirmed as a correct record and signed by the Chairman.

**32. DECLARATION OF INTEREST**
There were no declarations of interest.

**33. PUBLIC QUESTION TIME**
There were no public questions.

**34. MEMBER QUESTION TIME**
There were no Member questions.

**35. DESIGNING OUR NEIGHBOURHOODS**
The Board received a report on Designing our Neighbourhoods.

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

- Graham Ebers reminded the Board of the first Designing our Neighbourhoods event which was scheduled for 13 November 2019. A public sector integrated approach would be taken.

- Graham Ebers went on to outline some of the potential attendees who had been invited to participate including the Town and Parish Councils, Headteachers and the voluntary sector.

**RESOLVED:** That the proposed first Designing our Neighbourhoods event be agreed.

## 36. BETTER CARE FUND SUBMISSION 2019/20

The Board considered a report on the Better Care Fund Submission 2019/20.

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

- Katie Summers advised the Board that the submission had been signed off by the Chairman and submitted by the NHS England deadline of 27 September 2019.
- The Wokingham submission was aligned with those of Reading and West Berkshire.
- It was noted that the total pooled fund for Wokingham had increased from £10.01m to £10.78m.
- For 2019/20, Wokingham was progressing its plan from its individual schemes to Integrated Care Networks.
- Katie Summers thanked Rhian Warner and other team members for their hard work in producing the Better Care Fund submission.

**RESOLVED:** That the Better Care Fund submission for 2019/20, which is part of the national BCF assurance process, be ratified.

## 37. WOKINGHAM INTEGRATED PARTNERSHIP – UPDATED GOVERNANCE PROPOSAL, GUIDING PRINCIPLES AND TERMS OF REFERENCE

Katie Summers took the Board through reports on the Wokingham Integrated Partnership – updated governance proposal, guiding principles and terms of reference.

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

- Matt Pope emphasised that the guiding principles very much reflected the way in which the Partnership was currently working.
- Dr Winfield proposed that 'j) adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations' be removed from the section on Partnership Shared Principles. This was agreed.
- In response to a question from Councillor Hare regarding the key objectives, Matt Pope clarified that the Partnership would work with whichever organisations they needed to for the good of the Borough.
- Katie Summers informed the Board of the Let's Localise Programme.

**RESOLVED:** That it be agreed that

1) the Partnership partners be widened to include Healthwatch, Involve, Optalis and the 4 newly formed Primary Care Networks (PCNs);

2) the remit expands from just the Better Care Fund Programme to all Integration Programmes for Wokingham Borough;

3) we use WIP to develop the emerging governance of the PCNs and support their development ensuring that there is a strong link between Neighbourhoods and Localities;

4) that the governance structure as set out in Figure 2 of the Proposal Paper be adopted for Wokingham Integrated Partnership and Wokingham Borough

5) the terms of reference for the Wokingham Leader Partnership Board (WLPB) and Wokingham Management Partnership Board (WMPB) as set out in Appendix 1 and 2 of WIPs Guiding Principles be agreed;

6) the key priorities for 2019/20 outlined on page 4 of WIPs Guiding Principles be approved as the basis of WIPs work programme for 2019/20.

**38. STRATEGY INTO ACTION**

Graham Ebers presented the Strategy into Action.

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

- The Strategy provided a catalyst for an enhanced level of focus.
- The appendices captured actions that were being taken around different themes such as physical activity.
- Currently, the dashboards only showed the Public Health Outcomes Framework (PHOF) but they would develop over time.
- Graham Ebers highlighted the Spotlight Action, which was the Social Isolation and Loneliness Group. Board members discussed the Friendship Alliance. Councillor Margetts noted that going forward, this Group would require extra resources and income in order to deliver the projects and programmes that had been outlined in the business case, as well as increasing some of the existing services. He questioned how much additional income and resources would be required. Matt Pope clarified that should the project have a positive impact, funding would be sought from the prevention agenda to ensure its continuation.
- Graham Ebers stated that there was a desire to take each target and make an improvement of 10% (either + or – as appropriate).
- Tessa Lindfield commented that whilst she agreed with the ambition to make an improvement on the targets, she felt that 10% would be too arbitrary in several cases as some targets related to arresting the impact of a particular trend. She suggested that further work be carried out on the individual targets.
- Susan Parsonage commented that she felt that there should be differential targets.
- Councillor Hare commented that financial constraints might mean that a 10% change was not always be possible.
- Dr Winfield emphasised that it was important that targets were meaningful. She wanted to see more information regarding timescales.

**RESOLVED:** That

1) the Board note the update and progress to date for the Wellbeing Strategy and supports the implementation of Strategy into Action;

2) the partners of the Board provide their actions and relevant indicators against the three key priorities for inclusion in the dashboard;

3) the Board agrees and supports the dashboard;

4) further work be carried out on the individual targets.

## 39. BOB ICS RESPONSE TO NHS LONG TERM PLAN (DRAFT)

The Board discussed the draft BOB ICS response to NHS Long Term Plan.

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

- Dr Winfield indicated that the NHS had produced its Long Term Plan at the beginning of the year and NHS partners were required to provide a response to this. The Wellbeing Board had an opportunity to comment on the response before the final response deadline of 1 November 2019.
- Across the Buckinghamshire, Oxfordshire, Berkshire West (BOB) area there was a focus on the delivery of the long term plan.
- Dr Winfield referred to a number of areas within the plan including transforming out of hospital care and integrating services in the community, reducing pressure on emergency hospital services, improving mental health and increasing the focus on population health.
- She noted the clear link with the Wokingham Health and Wellbeing Strategy.
- Dr Winfield stated that there was currently a financial gap and that BOB colleagues would be looking at how this could be addressed prior to the final submission. Councillor Margetts questioned what would happen if this gap could not be resolved prior to the response being submitted. Dr Winfield indicated that the BOB ICS would have to demonstrate how it could redeploy existing resources and the new financial allocations for the NHS to reduce demand and cost in other parts of the system.
- It was confirmed that the Board would see the plan if it was amended significantly because of the financial position.

**RESOLVED:** That the BOB ICS Response to the NHS Long Term (Draft) be noted.

## 40. UPDATES FROM BOARD MEMBERS

The Board was updated on the work of the following Board members:

*Voluntary Sector:*

- Phil Cook provided more detail regarding the Friendship Alliance project.
- Board members were informed that the development of the Voluntary Strategy was progressing well.

*Community Safety Partnership:*

- Board members were informed that the critical issues with Berkshire Women's Aid referrals that had resulted in local referrals being closed had been addressed in the short term and that referrals were now open and running as was expected.
- A domestic abuse needs assessment was a key priority.
- Instances of Anti-Social Behaviour had been of concern across the Borough during the start of 2018 and the Community Safety Partnership and Thames Valley Police had been working together to address this. There had been an increase in anti-social behaviour in areas such as Woodley. Board members were informed of youth diversion and provision workshops.
- Katie Summers commented that GPs in Woodley had seen an increase in patients with alcohol problems. She questioned how the relevant Primary Care Network

could work with the Community Safety Partnership on this matter. Graham Ebers agreed to progress this.

- Graham Ebers updated the Board on unauthorised encampments within the Borough.
- Susan Parsonage asked for clarification as to the purpose of the updates from Board members. Graham Ebers indicated that the sub group updates had evolved over time and they were now asked how their work contributed to the Wellbeing Board's priorities. With regards to the Community Safety Partnership it contributed to the wider priority of 'a resilient community.'
- It was agreed that greater consideration could be given to establishing a direct correlation between the work of the sub groups and the Wellbeing Board's priorities, and how the information provided could be used more efficiently.
- Written updates as opposed to verbal updates needed to be provided to assist in the questioning by Board members.
- Councillor Margetts suggested that the sub group updates include action points.
- Susan Parsonage proposed that the report template for the sub group updates to the Board could include questions which the relevant sub group could answer to show how it was assisting in the meeting of the Board's key priorities.

**RESOLVED:** That the updates from Board members be noted.

## 41. FORWARD PROGRAMME

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

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

- The Board discussed a request from Superintendent Felicity Parker that Thames Valley Police be removed from the Board's membership due to capacity issues. The Board agreed to recommend to Council via the Constitution Review Working Group that Thames Valley Police be removed from the Board's membership and that the Board's terms of reference be updated accordingly. It was noted that there was provision within the Board's terms of reference to co-opt Board members for a time limited period should an issue particularly relevant to their organisation be under consideration.
- Dr Winfield informed the Board of the BOB engagement exercise 'Future arrangements for NHS Commissioning in your area.' It was agreed that this would be discussed at the Board's informal meeting in November.
- It was agreed that the following items would be taken to the Board's December meeting:
  - ICS Plan;
  - Update on JSNA;
  - Director of Public Health Annual Report.
- Katie Summers informed the Board of an initiative in Sweden where many of the side roads were gritted in winter instead of the primary roads. A & E attendance had reduced by a third as a result. She questioned whether this was something which could be considered locally.

**RESOLVED:** That

1) the forward programme be noted.

2) it be recommended to Council via the Constitution Review Working Group that Thames Valley Police be removed from the Board's membership and that the Board's terms of reference be updated accordingly.

| | |
|---|---|
| **TITLE** | **Berkshire a Good Place to Work – the 2019 Director of Public Health Report** |
| **FOR CONSIDERATION BY** | Wokingham Borough Wellbeing Board on 9 January 2020 |
| **WARD** | None Specific |
| **KEY OFFICER** | Tessa Lindfield, Strategic Director of Public Health Public Health Services for Bracknell |

| | |
|---|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | All |
| Key outcomes achieved against the Strategy priority/priorities | All |

| | |
|---|---|
| Reason for consideration by Health and Wellbeing Board | This paper describes the 2019 Director of Public Health Report, Berkshire – A good place to work, which focusses on workplace health and wellbeing. |
| What (if any) public engagement has been carried out? | The report has been produced with input from a range of people. |
| State the financial implications of the decision | None |

**RECOMMENDATION**

1) That the Board note:

a) the report and consider recommended next steps;

b) that to celebrate that Wokingham Borough Council, as an employer, was included as a case study in this report;

c) the links between the report and the Wokingham Health & Wellbeing Priorities – reducing social isolation, increasing physical activity and reducing inequalities.

**SUMMARY OF REPORT**

**Background**

Every year, the Director of Public Health has a statutory responsibility to produce an Annual Director of Public Health Report (ADPHR). These reports highlight topical health issues affecting local residents.

The ADPHR aims to inform residents on health issues in their community, to inspire action and guide decision makers' priorities, and ultimately to reduce local health inequalities.

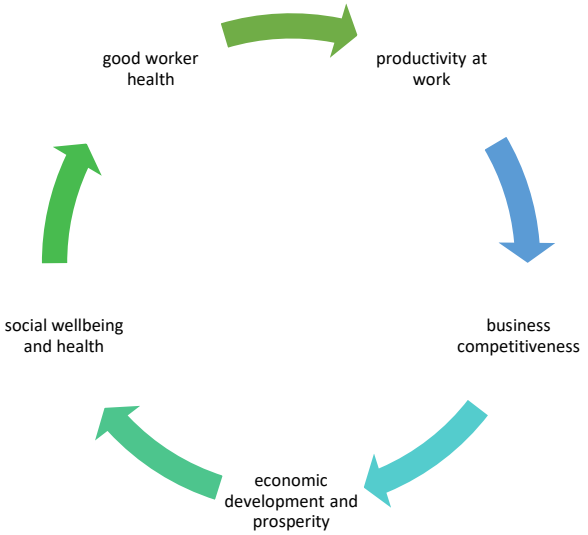
**Purpose of this paper**
This paper describes the 2019 Director of Public Health Report, Berkshire – A good place to work, which focuses on workplace health and wellbeing.

**Introduction**
This year's Director of Public Health Report focusses on work and health. This particular topic was selected because of the strong relationship between work and health and the opportunity in workplaces to take action to improve health and wellbeing.

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identify and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long-term illness, heart disease, poor mental health and health harming behaviour and suicide.

The relationship between work and health is symbiotic, not only is good work good for your health but people in the best health possible can be a more productive workforce for business. To complete the cycle, successful business supports economic prosperity and the wellbeing of communities.

The benefits of improving workplace health extend beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. These relationships are illustrated in the work and health cycle below.



**Key Messages from the report**

**Chapter 1: The win:win**
There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business. The work place an ideal venue for improving health. Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire. Workplace health is a win:win for population health, employees and employers.

**Chapter 2:Working in Berkshire**
We are privileged in Berkshire to enjoy relatively high levels of employment, hosting a large number of well-known companies. A significant proportion of our residents work in public sector or other large organisations. The top industries in Berkshire are Professional, scientific & technical, Information and Communication and construction and we have a higher proportion of people in Managerial and professional positions jobs than average for Great Britain.

**Chapter 3: Meeting the Challenge**
Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but healthy life expectancy is lagging behind. The number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation. Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving health the workforce assists productivity. However, workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work.

Clearly, there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

**Chapter 4: What can we do?**
The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing need for workforce health and measuring progress.

Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell.  Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

Some organisations are bedded strongly in communities over generations, they are anchor institutions and especially influential within their communities

**Chapter 5: Next steps**
So where do we start? The report suggests:

- Start a better conversation in your organisation about improving health *and listen*
- Use the evidence on what works to make a plan *and start somewhere*
- Measure change *and adapt your approach*
- Share your learning with others *and learn from them*

| **Partner Implications** |
| --- |
| Joint working with other local authorities within Berkshire West and with colleagues in the ICP and PMO. |

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

| **List of Background Papers** |
| --- |
| Berkshire a Good Place to Work – the 2019 Director of Public Health Report |

| | |
| --- | --- |
| **Contact** Tessa Lindfield | **Service** Public Health |
| **Telephone No** 01344 352776 | **Email** tessa.lindfield@bracknell-forest.gov.uk |

**APPENDIX 1**

**BERKSHIRE WEST SHARED JOINT HEALTH & WELLBEING STRATEGY**

**STRATEGY DEVELOPMENT GROUP**

**TERMS OF REFERENCE**

## Purpose of the Group

This is a time-limited group to produce the Shared Joint Health & Wellbeing Strategy across West Berkshire, Reading and Wokingham Local Authorities, the area covered by the Berkshire West Integrated Care Partnership.

## Objectives

To produce the Shared JHWS by September 2020 in accordance with the following principles:

a. The overall aim of the strategy is to improve health and wellbeing for residents which includes reducing health inequalities.

b. The strategy is developed in close collaboration with residents and local partners.

c. The strategy will set the direction for health and wellbeing partners working at the place level.

d. The strategy will focus on areas where partnership action adds value.

e. The strategy will have a shared direction and local priorities, which may vary from locality to locality.

f. The priorities in the strategy will be based on need, supported by actions based on evidence of effectiveness.

g. The structure of the strategy will take inspiration from the Kings Fund's overlapping pillars of population health[1] as illustrated below, with inequalities a theme throughout.

To keep the (Health&) Wellbeing Boards fully engaged in the process and informed of progress.

To report to the ICP Delivery Board

## Ways of Working

To meet monthly, chaired by the Strategic Director of Public Health. Meeting agenda and papers to be sent in advance, minutes to be taken.

[1] https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf

To provide regular reports to Health & Wellbeing Boards and the ICP Delivery Board.

**Membership - TBC**

Strategic Director of Public Health
Consultants in Public Health, West Berks, Reading & Wokingham
Project Manager
CCG Director of Strategy
Healthwatch
Adult Social Care leads
Children's services representative

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DIRECTOR OF PUBLIC HEALTH REPORT
BERKSHIRE 2019

# Berkshire:
# A good place to work

*Working together for health and wellbeing*

Public Health for Berkshire

# ACKNOWLEDGEMENTS

Many thanks to all those who contributed to this year's report.

**EDITORIAL TEAM:**

*Dr Ravi Lukha* - Public Health Speciality Registrar
*Dr Iesha Toor* - Foundation Year 2 Doctor
*Dr Jasmine Gan* - Foundation Year 2 Doctor
*Dr Alex Burnett* - Foundation Year 2 Doctor
*Becky Campbell* - Intelligence Manager, Public Health for Berkshire
*Dr Jo Jefferies* - Consultant in Public Health, Public Health for Berkshire

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*Dr Liz Brutus* - Consultant in Public Health, Slough Borough Council

*Matthew Pearce* - Consultant in Public Health, West Berkshire District Council

*Nana Wadee* - Information Analyst, Public Health Services for Berkshire

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*Sussane Brackley* - Economic Development Manager, Reading Borough Council

*Gabrielle Mancini* - Economic Development Manager, West Berkshire District Council

*Joanna Birrell* - Thames Valley Local Enterprise Partnership

*Caroline Perkins*- Thames Valley Local Enterprise Partnership

*Lucy Bowman* - Partnership Manager, Bracknell and Slough Department for Work and Pensions

*Stuart White* - Head of Media Relations, Thames Water

*Dwayne Gillane* - Occupational Health Nurse Manager, Royal Berkshire NHS Foundation Trust

*Glen Goudie* - Sports and Leisure Manager, Wokingham Borough Council

*Carol-Anne Bidwell* - Public Health Programme Manager, Wokingham Borough Council

*Neil Impiazzi* - Partnership Development Director, SEGRO plc

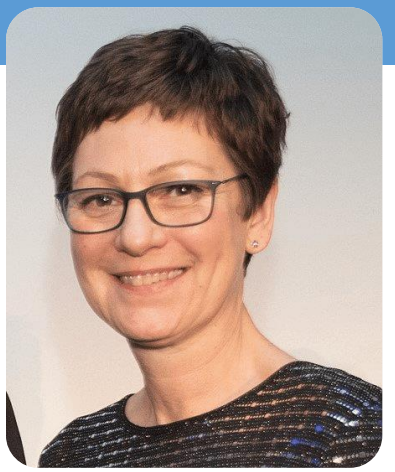
*David English* - Health and Safety Advisor, Panasonic UK

*Hilary Hall* - Deputy Director, Royal Borough of Windsor and Maidenhead

*Clare Humphreys* - Consultant in Communicable Disease Control, Public Health England

*Rachel Jarrett-Kerr* - Practice Sister, Crondall New Surgery

# FOREWORD



On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our working lives and into retirement. Indeed our health in the years when we are at work lays the foundation for our health in later years.

Employers have an interest in maintaining and improving the health of their workforce, avoiding preventable sickness absence and presenteeism which damage productivity. There is a win:win here for population health and employers, particularly in a place like ours where so many people are in work.

People tell us that they want to take responsibility for their health but they need it to be easier than it is now. There are many ways that employers can help employees manage illness and disability and improve their health. A healthy workforce is an aspiration that should be held by every employer.

The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have been shown to adversely affect future health and are important workforce health issues to take into account.

Workplaces are changing, I was at work when this picture was taken, giving out an award for workplace health. Like many, my workplace is not just an office and meeting rooms but also coffee shops, my spare room and my car! Indeed for some companies the concept of a workplace in itself is becoming obsolete. The way we work is shifting too, We see more tasks performed via technology and more remote working. This changes the balance of health opportunities and risks associated

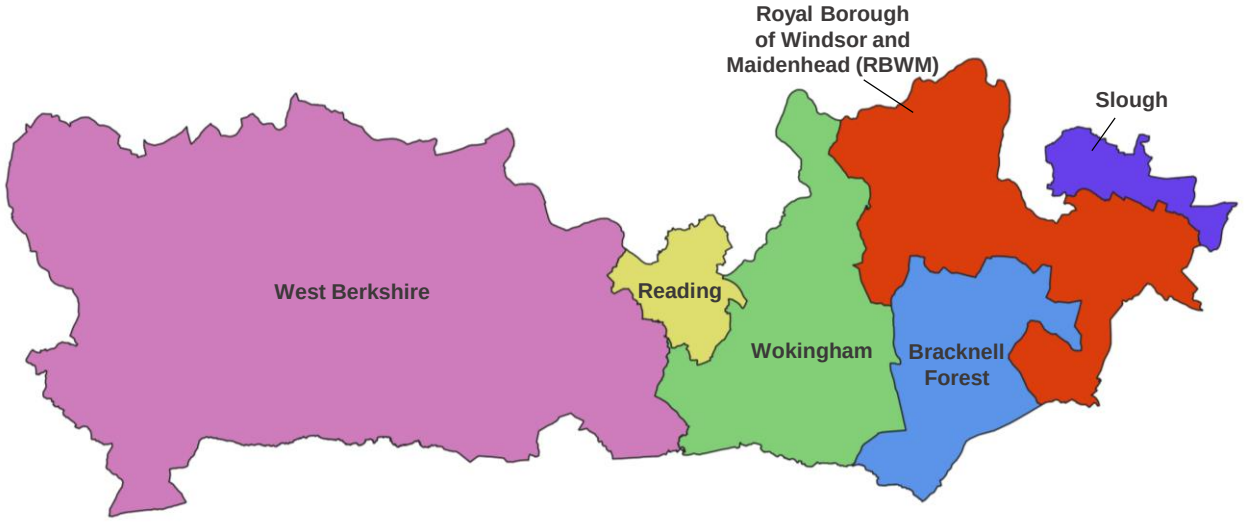
with work, not least how we replace the social interactions we have with our colleagues. If we are looking at good workforce health as a foundation for later life, we need to take this changing context for work and think differently about workplace health.

We also need to think beyond individual worker's wellbeing, organisations not only influence the health of their employees but also their families and the communities they form. Employing individuals from a range of different backgrounds and abilities should not be underestimated. This not only helps the individual concerned but also enhances the working environment for other employees and adds to the wellbeing of the organisation.

This 2019 Annual Public Health Report outlines what we know about employment and health in Berkshire and offers some ideas to improve the health of our workforce in our ever changing workplaces. The aim is to start a conversation, to inspire us to do more to improve the health of our workforce and our population.

Workplace health presents a win:win for business and population health. We have an opportunity, working together, to make Berkshire an even better place to work.

**Tessa Lindfield**
**Strategic Director of Public Health for Berkshire**



# CONTENTS



The Long Walk, Windsor Great Park


SEGRO Business Park, Slough

# KEY MESSAGES

## The Win:Win

There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business.

The work place is an ideal venue for improving health.

Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire.

Workplace health is a win:win for population health, employees and employers.

## Working in Berkshire

We are privileged in Berkshire to enjoy relatively high levels of employment, so addressing health in the workplace means we can reach a large number of people.

Berkshire hosts a large number of well-known companies and a significant proportion of our residents also work in large public sector organisations.

The top industries in Berkshire are Professional, Scientific & Technical, Information and Communication and Construction.

We have a higher proportion of people in managerial and professional positions jobs than average for Great Britain.

# KEY MESSAGES

## Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, the number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation.

Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving the health of the workforce assists productivity.

Workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work. It is important to consider how workplaces enable a healthy inclusive workforce, taking account of physical, mental and cultural needs of all workers.

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

# KEY MESSAGES

## What can we do?

The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing workforce health needs and measuring progress.

Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are the default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

Some organisations are bedded strongly in communities over generations. These are known as anchor institutions and are especially influential within their communities.

# NEXT STEPS

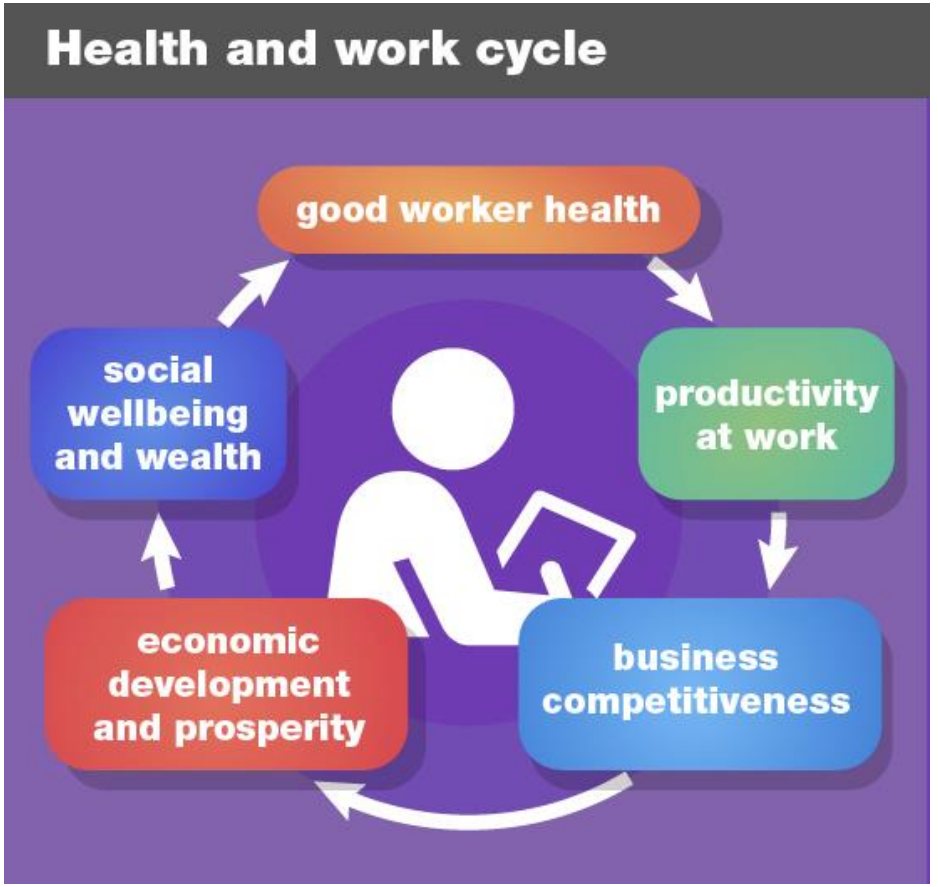

29

# CHAPTER 1: THE WIN:WIN

**There is a strong relationship between work and health.**

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identity and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health, health harming behaviour and suicide.

The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business. In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year (Public Health England 2016).




*Public Health England; Health Matters: Health and Work*

## What do we mean by good work?

It is more than a workplace that is safe. Good work gives a sense of security, autonomy, communication within an organisation and good line management. As Sir Michael Marmot's studies illustrated, it is not just having work that makes a difference, but the quality of our jobs (Marmot et al, 1991).

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

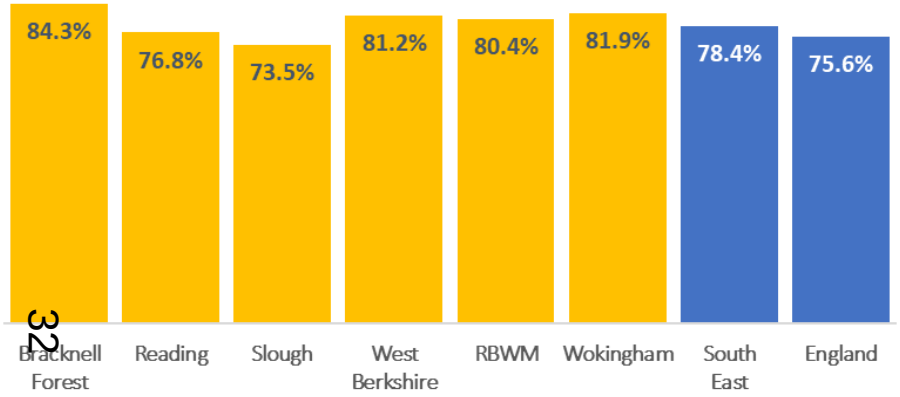
Investing in workplace health makes sense. There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

- Reduced sickness absence
- Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems
- Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities

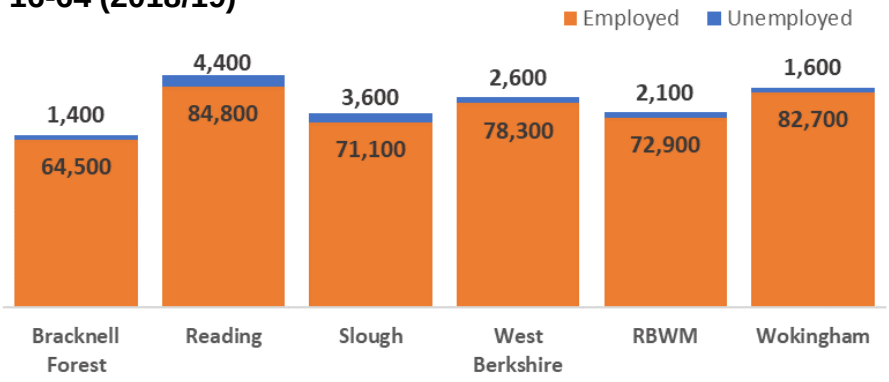
# CHAPTER 2: WORKING IN BERKSHIRE

In Berkshire we have a robust economy and one of the highest employment rates in Europe.

### EMPLOYMENT RATES FOR PEOPLE AGED 16-64 (2018/19)



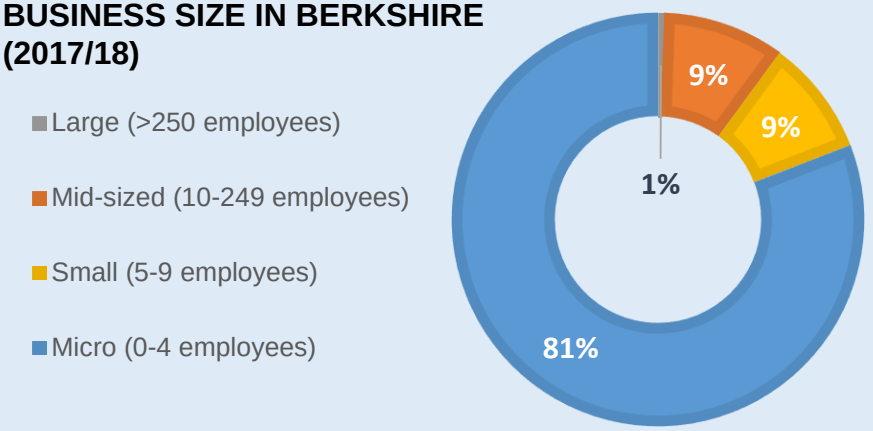

### NUMBER OF PEOPLE EMPLOYED AND UNEMPLOYED AGED 16-64 (2018/19)




*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

The majority of Berkshire businesses are micro-businesses, employing four or fewer staff. Despite fewer than 1% of business in Berkshire being large enough to employ over 250 staff, they provide approximately 38% of local employment. This presents a great opportunity to maximise our ability to protect, improve and promote good health in the workplace.

### BUSINESS SIZE IN BERKSHIRE (2017/18)




*Thames Valley Berkshire LEP; Business in Berkshire 2018*

### TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

1. Professional, scientific & technical
2. Information & communication
3. Construction
4. Wholesale & retail trade; repair of vehicles
5. Administrative & support service activities

*Thames Valley Berkshire LEP; Business in Berkshire 2018*

## EMPLOYMENT BY OCCUPATION (2018)

| | Thames Valley Berkshire (numbers) | Thames Valley Berkshire (%) | South East (%) | Great Britain (%) |
|---|---|---|---|---|
| SOC 2010 major group 1-3 | 259,100 | 55% | 51% | 46% |
| 1. Managers, directors and senior officials | 56,400 | 12% | 12% | 11% |
| 2. Professional occupations | 116,700 | 25% | 22% | 21% |
| 3. Associate professional and technical | 86,100 | 18% | 16% | 15% |
| Soc 2010 major group 4-5 | 87,000 | 19% | 20% | 20% |
| 4. Administrative and secretarial | 48,700 | 10% | 10% | 10% |
| 5. Skilled trades occupations | 38,300 | 8% | 10% | 10% |
| Soc 2010 major group 6-7 | 65,500 | 14% | 16% | 17% |
| 6. Caring, leisure and other service occupations | 36,400 | 8% | 9% | 9% |
| 7. Sales and customer service occupations | 29,100 | 6% | 7% | 8% |
| Soc 2010 major group 8-9 | 58,600 | 13% | 13% | 17% |
| 8. Process plant and machine operatives | 21,100 | 5% | 4% | 6% |
| 9. Elementary occupations | 37,400 | 8% | 9% | 10% |

Notes: Numbers and % are for those aged 16 and over. % is a proportion of all persons in employment

*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

## LARGEST BUSINESSES IN BERKSHIRE (2017/18)

| Name | Number of employees (local estimate) |
|---|---|
| NHS | 16,500 |
| 6 local authorities | 9,300 |
| Vodafone | 5,000 |
| AWE | 4,500 |
| University of Reading | 3,500 |
| Waitrose (HQ & distribution centre) | 3,400 |
| Microsoft | 3,000 |
| Telefonica O2 | 2,500 |
| GSK | 2,000 |
| Merlin (Legoland) | 2,000 |
| Oracle | 2,000 |
| Royal Mail | 2,000 |
| SSE | 2,000 |
| Fujitsu | 2,000 |

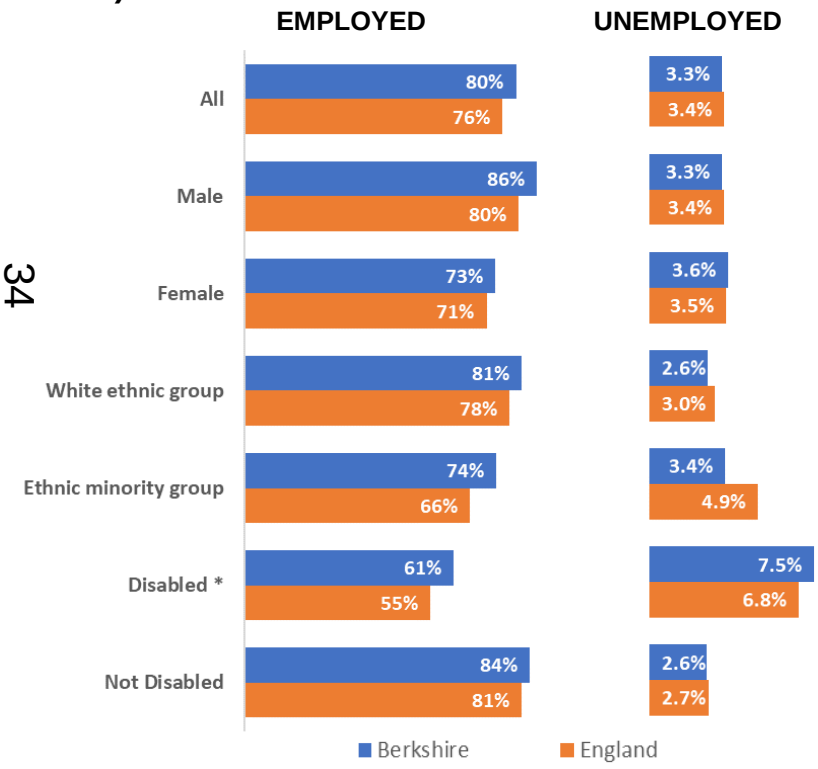
*Thames Valley Berkshire LEP; Business in Berkshire 2018*

Over 50% of Berkshire employees work in occupations that are classified in the top three major groups of the Office for National Statistics Standard Occupation Classification (SOC). In particular 25% of employees in Berkshire have professional occupations. This is a significantly higher proportion than the South East England and Great Britain workforces.

# Gaps in the local workforce

Berkshire's employment rates are higher than the national figures across all population groups. However, it is clear that there are still gaps and inequalities locally which may prevent people from becoming employed.

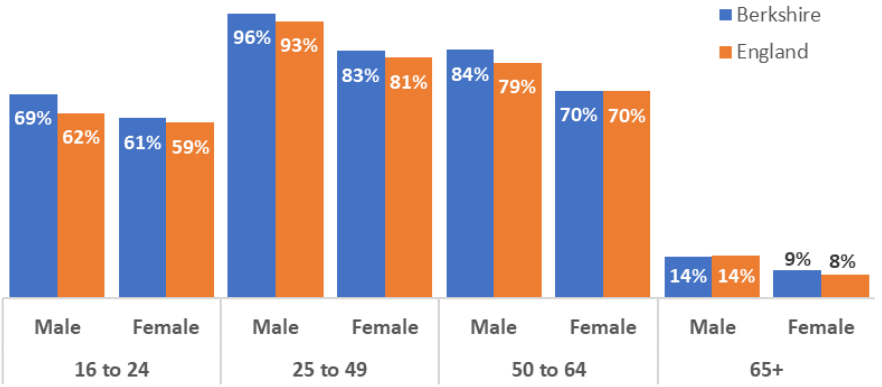
## EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)



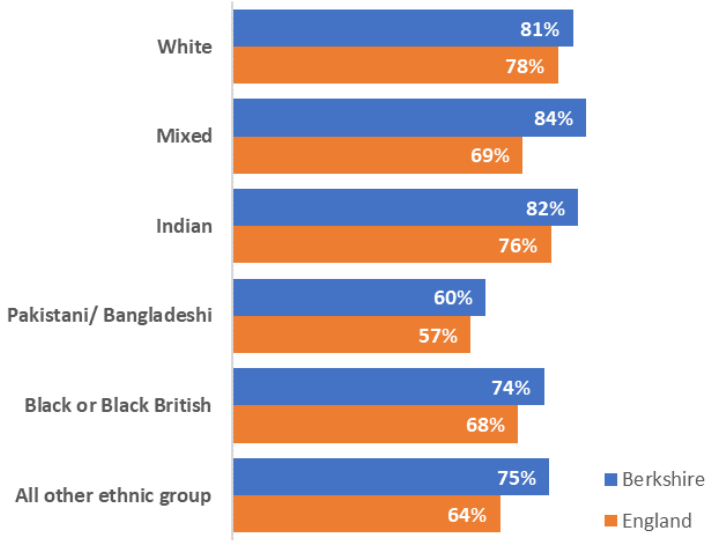

** Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.*

*Office for National Statistics; Annual Population Survey*

## EMPLOYMENT RATES BY SEX AND AGE GROUP (2018/19)




## EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)

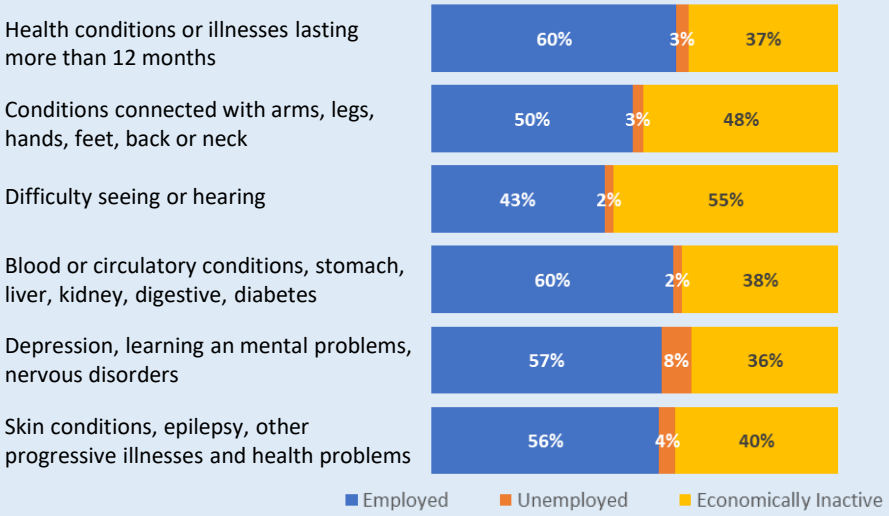


Individuals with disabilities, mental health conditions and limiting long- term health condition face greater barriers to move into employment. Despite a new record high overall employment rate of 76.1% nationally (Office for National Statistics, 2019) the employment gap between these group of individuals compared to people with no health condition remains high.

In Berkshire, over 100,000 people aged 16 to 64 have a long-term disability that substantially limits their day to day activities or affects the kind or amount of work that they might do. This is approximately 18% of the working-aged population. 61% of this group were in employment during 2018-19 and a further 7.5% were unemployed, but seeking employment (Office for National Statistics, 2019)



**EMPLOYMENT ACTIVITY FOR PEOPLE AGED 16 AND OVER WITH A DISABILITY IN BERKSHIRE (2018/19)**




*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

**GAP IN THE EMPLOYMENT RATE BETWEEN KEY GROUPS AND THE OVERALL EMPLOYMENT RATE (2017/18)**

| Area | People with a Learning Disability | People in contact with Secondary Mental Health services | People with a long-term health condition |
|---|---|---|---|
| Bracknell Forest | 74% | 68% | 5% |
| Reading | 73% | 67% | 11% |
| Slough | 74% | 66% | 14% |
| West Berkshire | 77% | 69% | 15% |
| RBWM | 65% | 69% | 9% |
| Wokingham | 64% | 57% | 11% |
| **England** | **69%** | **68%** | **12%** |

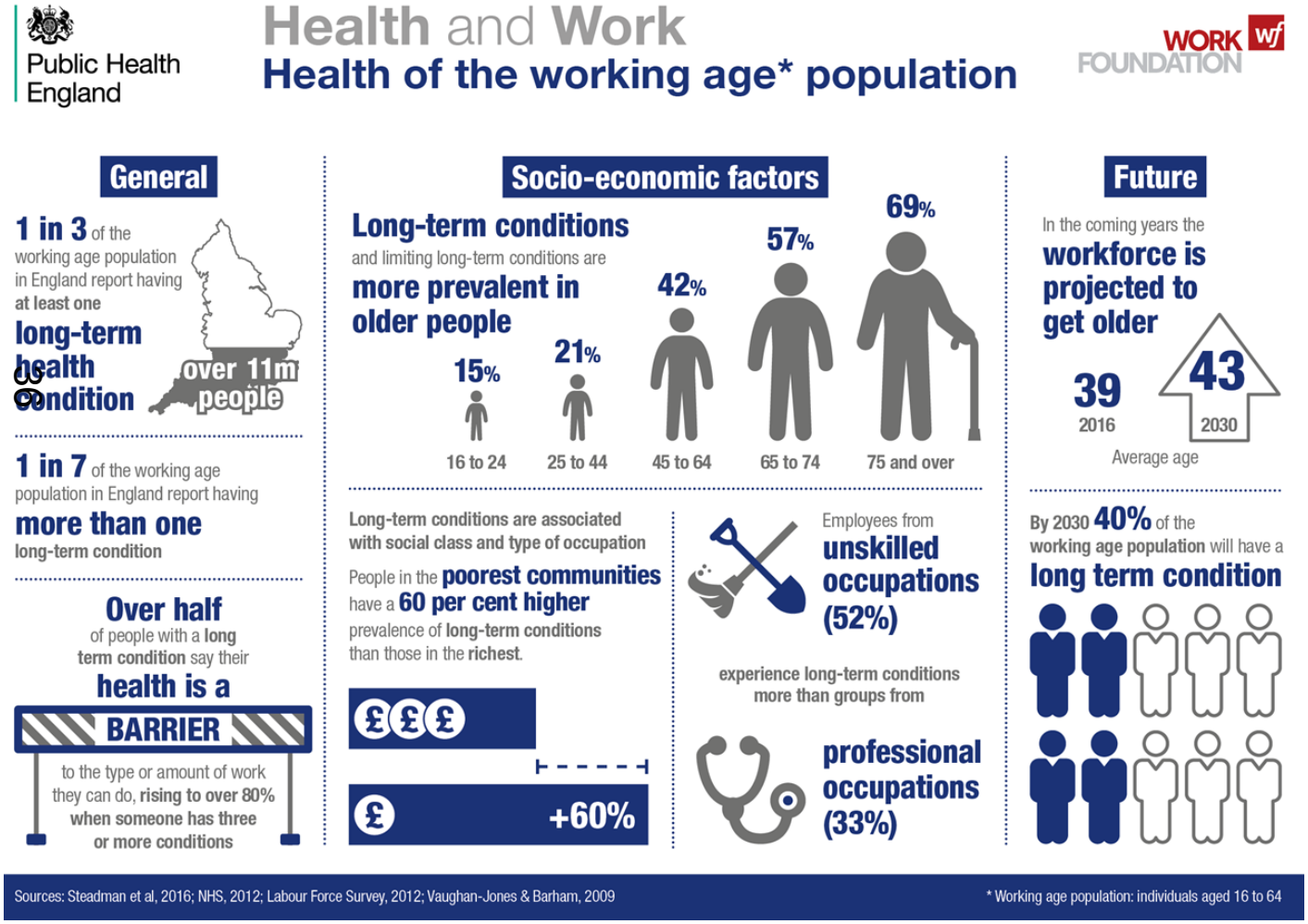
*Public Health England; Public Health Outcomes Framework*

Around £13bn is spent annually on health-related benefits. Supporting people back into work does not only empower individuals, but can also bring about returns to the local economy by about £14,436 per person per year (Public Health England, 2016).

In March 2018, 3,672 people claimed unemployment-related benefits in Berkshire. This is a 23.3% decrease compared to March 2010. Many people claiming such benefits would like to work, provided they find the right job and support that accommodates their health needs (Office for National Statistics, 2018).

# Where are the inequalities?

This useful infographic from Public Health England and the Work Foundation shows that long term health conditions are more common in unskilled occupations, compared to those in professional occupations. The prevalence of long-term conditions also increases with age.




*Public Health England; Health and Work: Health of the working age population*

In Berkshire, 12% of workers are employed in the two least skilled occupations groups (process plant and machine operatives; elementary occupations).

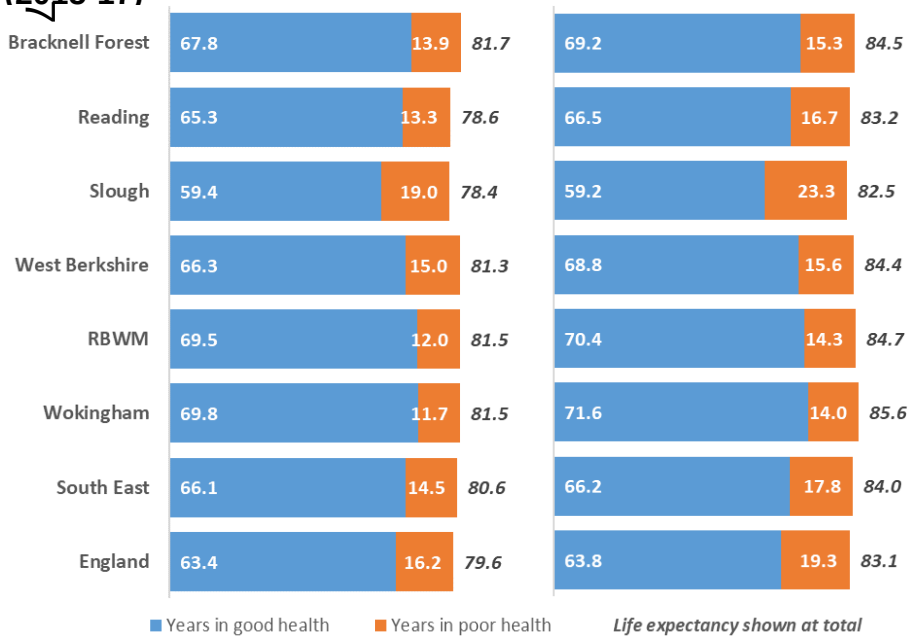
The proportion of workers from a Pakistani/ Bangladeshi ethnic group who were employed in these occupations in 2018/19 was much higher at 23%, with 19% of Black British workers also employed in these roles.

*Office for National Statistics; Labour Market Profile – Thames Valley Berkshire*

# CHAPTER 3: MEETING THE CHALLENGE

We are living and working longer. The state pension age is increasing and life expectancy stands at 80.6 and 84.0 years for men and women across the South East region (Public Health England, 2019). The number of years living in good health is lower, which means that that more people will be working later into life with long-term health conditions, particularly those from poorer communities and in unskilled occupations (Public Health England, Health Profile for England: 2018).

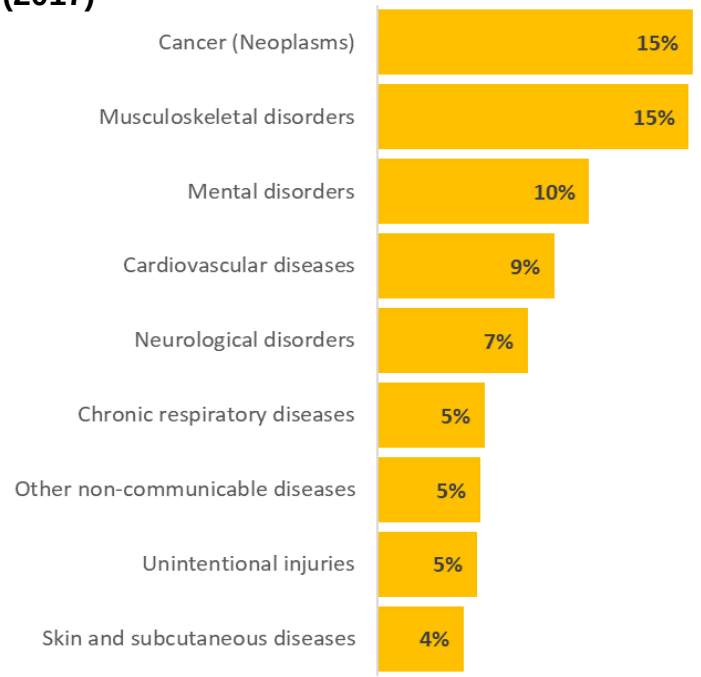
**LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH (2015-17)**




*Public Health England; Public Health Outcomes Framework*

The conditions that cause early death and disability across Berkshire are shown in the graph below, with cancers, musculoskeletal disorders and mental orders identified as the main causes. Many of these have preventable elements and opportunities to limit progression.

**MAIN CAUSES OF DISABILITY-ADJUSTED LIFE YEARS (DALYS) IN BERKSHIRE FOR PEOPLE AGED UNDER 75 (2017)**




*DALYS measure the overall burden of disease in an area by estimating the number of years of life lost to ill-health, disability or premature death (deaths before the age of 75).*

*Institute of Health Metrics and Evaluation; Global Burden of Disease Compare tool*

Some groups have particular issues when it comes to health and work.

## Shift work

14% of us work shifts outside regular daytime hours of 7am to 7pm, including healthcare professionals, the police, the fire brigade, manufacturing and transportation industries, all integral members of the Berkshire workforce (Health and Safety Executive, 2006).

Shift work disrupts our body clock and metabolism, leading to:

| Short term effects | Long term effects |
|---|---|
| Poor quality rest and sleep | Indigestion |
| Shortened attention span | High blood pressure |
| Impaired memory and decision making | Increased susceptibility to minor illnesses (e.g. colds and flu) |
| Mood changes | Diabetes |

In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder (The Parliamentary Office of Science and Technology, 2018).

In a 2017 survey, more than 50% of NHS junior doctors reported being involved in an accident or near miss after driving home from a night shift (McClelland et al, 2017).

## The Gig Economy

Whilst all employers have the same legal responsibility to protect the health and safety of employees, workers on zero hour contracts, temporary contracts and gig economy work may not be receiving as much support as permanent, full-time employees.

A recent survey undertook by the Institution of Occupational Safety and Health (IOSH) reveals that amongst non-permanent workers:

**1 in 2**

receive full base safety induction

**4 in 10**

work without paid holiday that they are entitled to

**1 in 3**

have access to support from occupational health

## Sitting and sedentary behaviour

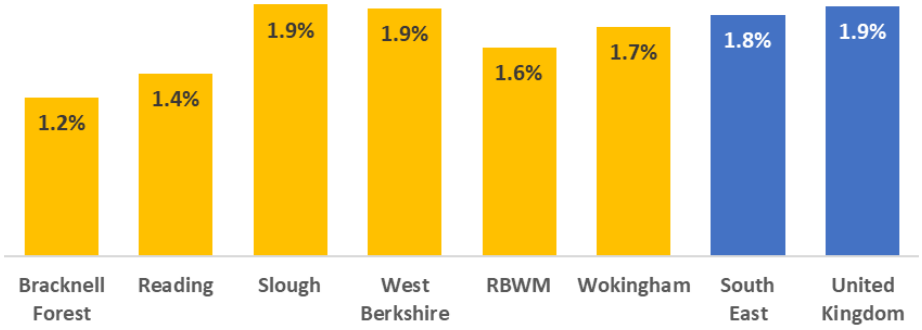
Excessive sitting can increase the risk of diabetes, obesity, heart disease and musculoskeletal problems (NHS, 2019). For certain occupations like long distance lorry drivers or taxi drivers, incorporating physical activities into the working day pose a significant challenge. It is estimated that 10% or more HGV drivers are overweight or obese compared to their peers (National Institute of Health and Research, 2018).

# Productivity

There is ongoing debate about measuring productivity, with a move to include the quality as well as the quantity of work produced. Data is limited, but the UK is not performing as well as it might compared to other G7 economies (Office for National Statistics, 2018).

Sickness absence adversely affects productivity. Latest figures show that in the UK, employees took an average of 4.1 sickness absence days in 2017. Interestingly, there is a difference in the sickness absence rates in the private (1.7%) and public (2.6%) sectors. There is also a difference between occupations, with the highest rate in public sector health workers (3.3%) and the lowest in managers (0.9%). Absence rates are lower for professional occupations (1.7%) and higher for elementary occupations (2.6%) and process, plant and machine operatives (2.2%) (Office for National Statistics, 2018).

**SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINDOM, 2017**




*Office for National Statistics; Sickness absence in the UK Labour Market*

When comparing the size of organisations, those in large businesses report the highest sickness absence rates (2.3%) compared to smaller businesses employing less than 25 people (1.6%) (Office for National Statistics, 2018).

# Causes of sickness absence

In the UK, 131 million working days are lost each year to sickness absence, and the leading causes are minor illnesses, musculoskeletal (MSK) disorders and mental health issues (namely stress, depression and anxiety) (Public Health England, 2019).

## Mental health conditions

**14.3 million** days lost

**19%** long-term sickness in England attributed to mental ill health

**£33-£42 billion** annual cost to employers

**Only 40%** of organisations have trained line managers to support staff mental wellbeing

Health and Safety Executive, 2018

Mental health affects how we think, feel and behave. Having good mental health allows us to cope with challenges we face and helps us build healthy relationships.

People working in professional jobs (comprising a significant proportion of the Berkshire workforce) have the highest rate of work-related stress, depression and anxiety. This is especially prevalent in healthcare, welfare, teaching, educational, legal and customer service sectors.

The most common work-related mental health issues are stress, anxiety and depression. The main factors leading to this include:

1. high workload pressure
2. insufficient managerial support
3. lack of clarity of role and responsibilities
4. experience of violence, threat, bullying in the workplace
5. lack of employee engagement when business undergoes organisational changes

## Musculoskeletal Health (MSK)

**28.2 million** days lost

**33%** long-term sickness in England attributed to MSK

**14** working days lost per year for each case

**£7 billion** annual cost to the UK economy

Business in the Community, 2017

Musculoskeletal conditions are the second most common cause of global disability.

Musculoskeletal disorder may develop from an injury or be due to conditions like arthritis. Heavy lifting or sitting for long periods in front of a workstation can contribute to back pain, whereas repetitive movement like typing and clicking can lead to wrist and hand injuries. Maintaining a healthy weight and staying strong and active helps protect against musculoskeletal conditions.

Musculoskeletal conditions can be episodic and transient, whereby the pain resolves and recurs again, or they may become chronic and irreversible. They may impair quality of life and mental wellbeing and can limit our ability to work efficiently and participate in social role and activities (Health and Safety Executive, 2018).

## Presenteeism

In 2017, **131 million days** lost due to sickness compared to 178 million days lost in 1993

Presenteeism increased by **three times** since 2010

Only **30%** of managers take initiatives to identify the underlying cause of presenteeism

Office for National Statistics 2018

Chartered Institute of Personnel and Development 2018

Although the number of sickness absence days have fallen steadily, presenteeism is on the rise. This is when an individual spends more time at work than is required, including when they're ill and in need of a rest. On average, employees spend nearly 2 weeks at work when they are unfit. According to a business research report by Nottingham Trent University, the leading presenteeism conditions are hand or wrist pain, arthritis and anxiety and depression. This can lead to employees feeling unmotivated and unable to fully engage at work (Whysall et al, 2017).

Presenteeism also contributes to lower workplace morale and decline in workplace atmosphere. Employees who are unwell at work may take longer to recover and are also more likely to make mistakes or produce work of lower standard.

## The changing nature of work

In the UK, as many as **1 in 10** working-age adults now work on gig economy platforms

There are now **6,075** flexible working spaces in the UK alone, which has grown by **7%** over the last 6 months alone

In 2018, there were approximately **12 million** millennials in the UK

Trades Union Congress, 2019

Instant Offices, 2019

Office for National Statistics, 2019

Workers and workplaces are changing. We are moving away from traditional employee, employer relationships.

Commentators talk about the gig economy where people hold multiple roles, working as freelancers.

Technology offers ever more solutions for tasks and even the office or formal workplace is under threat, with people in unrelated jobs working in shared spaces or at home.

Employees are expected to continually develop and learn and the much quoted millennial population is looking for more than a pay check as a reward for work (Marr, 2019).

# CHAPTER 4: WHAT CAN WE DO?

There are actions that all employers can take to ensure the health and wellbeing of their workforce, regardless of their organisation size or the sector that they work in. A range of Public Health England resources and Business in the Community (BITC) toolkits are available in the January 2019 edition of Health Matters, which focuses on Health and Work.


*Public Health England; Health Matters: Health and Work*

This chapter highlights some examples of what employers could do within Berkshire to improve and protect the health of their employees, starting with actions for all employees and then focussing on some particular groups

# Healthy workplace policies are the essential foundation for a healthy workforce

## Understand employees needs

- Ongoing anonymous surveys and open dialogue at all levels
- Co-design of new policies and interventions with employees
- Continuous monitoring of impact
- Provide employees with access to confidential support services and adjustments to support return to work

43

Health and Safety Executive, 2019

## Review organisational policy

- Ensure adequate workplace assessment, adjustment and interactions
- Review workplace design using HSE management standards
- Provide training for line managers to identify employees with health needs early and to offer support
- Support managers to feel confident to handle sensitive conversations and signpost to appropriate external support where required
- Consider employee health and wellbeing in the context of organisational change – poor communication and uncertainty about roles and responsibilities are key triggers for workplace stress

Health and Safety Executive, 2019

## Work with employees

- Organise group activities to improve workplace wellbeing, listening to employee preferences
- Promote a positive culture around physical and mental health for all employees
- Identify and encourage employees to become wellbeing champions
- Ensure policies, processes and culture enables early identification of employees who are struggling and enables them to receive support

Health and Safety Executive, 2019

| Awareness raising can help to break down stigma | |
|---|---|
| 1-31st October annually: Stoptober | 7th February 2020: Time to Talk Day |
| 11-15th November 2019: Anti-Bullying Week | 16-22nd March 2020: Nutrition and Hydration week |
| 4-8th November 2019: International Stress Awareness Week | 13th May 2020: World Sleep Day |
| 1st December 2019: World AIDS day | 18-24th May 2020: Mental Health Awareness Week |

# A workplace that supports healthy living

## Increasing physical activity

For good physical and mental health adults should aim to be physically active every day. Any activity is better than none and more is better still. The scientific evidence continues to support 150 minutes of moderate to vigorous physical activity per week spread across the week (Chief Medical Officer, 2019).

**What can employers do?**

- Encourage and support employees to walk and stand more.
- Implement sit-stand adjustable desks to enable workers to vary between seating and standing easily.
- Implement incentives to support active travel such as Cycle to Work Scheme alongside facilities such as showers and bike storage.

## Healthy food at work

Office cake culture makes it harder to eat well at work (Walker, 2019).

Eating together socially is important but this can be done with healthier options. Reducing the number of 'special occasions' cake days may enhance their social benefits further.

**What can employers do?**

- Use Public Health England and Business in the Community's Toolkit to start the conversation to create a positive environment for food.
- Take steps to ensure that employees have easier access to healthier food and drink.
- Consider adoption of Government Buying Standards for Food and catering Services (GBSF).

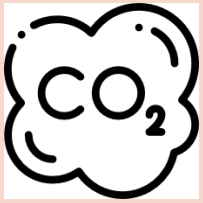
## Smoke free

A smoke free work site supports the health of all employees. Giving up smoking is one of the best things people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion (Department of Health, 2019).

**What can employers do?**

- Make information on local stop smoking support services widely available at work.
- Be responsive to individual needs and preferences. Provide on-site stop smoking support where feasible.
- Allow staff to attend smoking cessation services during working hours without loss of pay.
- Develop a smoking cessation policy in collaboration with staff and their representative as one element of an overall smoke free workplace policy.

## Reducing carbon emissions



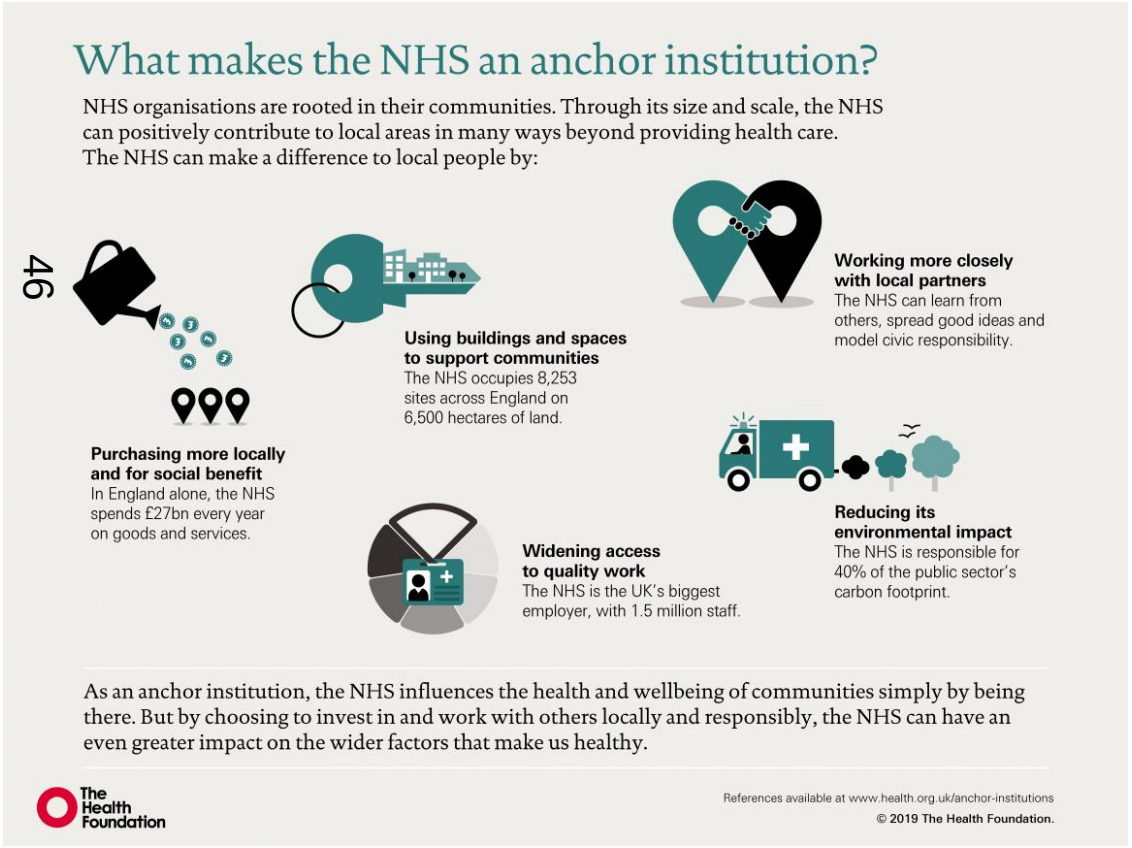

Research has shown that air pollution is bad for both human health and businesses. Researchers found that as pollution increased, consumers are more likely to stay indoors, affecting local sales (New Climate Institute, 2018). Actions to decrease carbon emissions and improve air quality can have additional benefits for employee health and wellbeing.

Ideas include:

- Creating staff gardens to help reduce greenhouse gas emissions and to provide a space for staff to rest and unwind
- Offering working from home or teleconferencing option to minimise commuting (in line with culture of flexible working)
- Creating incentives for use of shared transport, public transport or cycling - increasing social contact and physical activity
- Encouraging employees to switch off lights after using, or install automatic timer or motion sensor
- Offering healthy food options in the canteen from a sustainable supply chain
- Ensuring taxi or other work vehicles are not allowed to idle when waiting to be used

# Harnessing the power of anchor institutions

**Anchor institutions** are the kind of organisations that are rooted in a place, unlike corporations that tend to shift location all over the world. The UK Commission for Employment and Skills defines an anchor institution as one **which, alongside its main function plays a significant and recognised role in a locality by making a strategic contribution to the local economy**. Local Authorities (Councils), universities and hospitals are examples of anchor institutions. A recent report from The Health Foundation focussed on the role of the NHS as an anchor institution and noted the opportunities in the graphics below.




UK Commissions for Employment and Skills, 2015

**Examples of some work done by anchor institutions**

- Between 2004 and 2011 the University of Lancaster ran LEAD 2 innovate, a programme aimed at promoting business growth by developing the leadership abilities of small business owners.

- Nottingham University Business School initiated a partnership with the city council to deliver the Growth 100 Programme, helping small firms in the local area to devise and successfully implement business plans.

- A local enterprise partnership in the North East of England is setting up a Business Growth Hub in partnership with business networks, universities and professionals. The Hub will target micro and small firms in the region, signposting where support is available, especially for hard-to-reach businesses in rural areas.

# Some groups may need specific actions

## Shift workers

Shift work is undertaken outside regular daytime hours of 7am to 7pm.

**What can employers do?**

- Periodic review of shift work scheduling
- Gather employees feedback
- Provide employees with support to prepare for and recover from shift works

*The Parliamentary Office of Science and Technology, 2018*

## Older workers

We want employees to keep in the best possible health and to prevent health conditions developing.

**What can employers do?**

- Offer flexible hours, locations and adaptations that meet individual needs and help manage health conditions.
- Consider introducing a "mid-life MOT" to allow people to take stock, manage transitions and plan holistically for the short, medium and longer term focussing on their job, health and finances. This requires management buy-in, as well as HR equipping line managers with support to provide the programme.
- Women over the age of 50 are the fastest growing segment of the workforce and most will go through the menopause transition during their working lives. Guidance is available from Chartered Institute of Personnel and Development.

*Business in the Community, 2019*

## New mothers

Breastfeeding exclusively is recommended for around the first 6 months, followed by breastfeeding alongside solid foods. Therefore, it is likely working mothers will be breastfeeding on their return to work. Breastfeeding reduces child sickness and increases staff morale and retention.

**What can employers do?**

- Comply with workforce regulations to provide suitable facilities for pregnant or breastfeeding women to rest.
- The Health and Safety Executive good practice is for employers to provide a private, healthy and safe environment to express and store milk.

*NHS, 2019*

## People with long term conditions

**What can employers do?**

- Make reasonable adjustments to support varying needs and fluctuating conditions.
- Recognise that LTCs can impact negatively on mental health and motivation
- Provide an open and supportive environment.
- Be aware of specialist support available, such as occupational therapists, physiotherapists and the Fit for Work Service and Access to Work scheme

*The Work Foundation, 2019*

## Carers

There are growing numbers of informal carers in the UK. Providing care impacts carers' employment outcomes as well as health and wellbeing.

**What can employers do?**

- Commit to flexible and remote working
- Seek to create a supportive workplace culture with 'carer friendly' policies
- Set up carers' peer groups or support forums
- Provide an online resource to help carers source practical advice and expert support on topics including care, legal and financial information
- Offer online or telephone counselling
- Train line managers to identify and support carers.

*The Work Foundation, 2019*

## People with disabilities

7.7 million people of working age report that they have a disability. Of these 4.1 million were in employment (House of Commons, 2019).

**What can employers do?**

- Develop more flexible and accommodating workplaces
- Prevent people falling out of work with early implementation of return to work plans
- Develop supported employment programmes with intensive personalised support to help individuals at work
- Structured long-term support for people whilst in work
- Work with other agencies to enable people with disabilities to access specialist 'job coaches' or employment advisers

*Department for Work and Pensions, 2013*

## Part time working

Part-time work negatively impacts promotion and affects more mothers than fathers. Women are more likely to work reduced hours and men and women both reported that it was easier for women to take time off work for eldercare than it was for men. *Working Families: Modern Families Index, 2019*

**What can employers do?**

- Challenge assumptions that reduced hours means reduced commitment
- Assess the career opportunities for part-time workers and demonstrate it is possible to progress whilst working part-time
- Develop strategies to ensure men understand the part-time and flexible working options open to them and encourage them to use them
- Anytime, anywhere doesn't mean all the time, everywhere
- Develop human-sized jobs that don't require long hours or unreasonable workloads

## One size doesn't fit all

Other groups that may requires additional support include military families, armed forces veterans, people who use drugs or alcohol, people in temporary or unstable accommodation and those who are new to the UK.

# Resources and toolkits for employers

**These are just some of the many resources available to help employers create a healthy workplace**

Advisory, Conciliation and Arbitration Services (ACAS) – Health, Work and Wellbeing booklet
https://m.acas.org.uk/media/854/Advisory-booklet---Health-Work-and-Wellbeing/pdf/Health-work-and-wellbeing-accessible-version.pdf

Department for Business Innovation & Skills – Does worker wellbeing affect workplace performance?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf

Mental Health at Work – Training, toolkits and resources
https://www.mentalhealthatwork.org.uk/resource/?resource_looking-for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating

Business in the Community (BITC) – Musculoskeletal Health toolkit
https://www.mentalhealthatwork.org.uk/resource/musculoskeletal-health-toolkit-for-employers/?read=more

Business in the Community (BITC) – Physical activity, healthy eating and healthier weight toolkit
https://www.mentalhealthatwork.org.uk/resource/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Sleep and recovery toolkit
https://www.mentalhealthatwork.org.uk/resource/sleep-and-recovery-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Drugs, alcohol and tobacco toolkit
https://www.mentalhealthatwork.org.uk/resource/drugs-alcohol-and-tobacco-a-toolkit-for-employers/?read=more

Public Health England – Local Healthy Workplace Accreditation guidance
https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance

Public Health England – Workplace Health Needs Assessment
https://www.gov.uk/government/publications/workplace-health-needs-assessment

Chartered Institute of Personnel and Development (CIPD) – Wellbeing at work
https://www.cipd.co.uk/knowledge/culture/wellbeing

National Institute of Health and Care Excellence (NICE) – Management practices
https://www.nice.org.uk/guidance/NG13

Department for Work and Pensions – Workplace wellbeing tool
https://www.gov.uk/government/publications/workplace-wellbeing-tool

The following section showcases some work that local business are doing to improve the health and wellbeing of their employees and communities. There are many more examples of good practice in our area, but there is also a lot more to do.

By sharing good practice and evidence of what works, organisations can learn from each other and take steps to make Berkshire an even healthier place for everyone to work and live.

# CASE STUDY 1: JOBCENTRE PLUS

Jobcentre Plus (JCP) is a platform that helps people who are unemployed and claiming benefits to find work. JCP has been running a Work and Health programme for over 18 months to help customers whose health issues pose a barrier to employment but whom are likely to return to work within a year, to receive support from specialist advisers in moving towards work. This is important as those not in employment are more likely to suffer from health issues, and therefore initiatives within JCP are highly critical in facilitating return to work. In the context of workplace health, JCP can be seen as a proxy employer for those not currently in work.

## Staff Training

Jobcentres recruited Community Partners to bring in lived or professional experience of health issues (for example: addictions, learning disabilities, mental health) to share their knowledge with JCP staff. For example, work coaches receive mental health training to improve their understanding of the health issues faced by JCP customers; and **specialist employer advisors are equipped to work with micro-employers and ensure they were supported to take on people with health issues.**

## Collaborative Working

Across East Berkshire, mental health partner meetings are held on a quarterly basis to discuss collaborative working. JCP partners include the Community Mental Health Team (CMHT), Improving Access to Psychological Therapies (IAPT), Individual Placement Support (IPS), BucksMind, Samaritans, Citizens Advice Bureaus, community learning, voluntary work organisations, police and ambulances. This has led to partners making offers to support the JCP with customer workshops and community engagement events and IAPT employment specialists co-locating within the JCP

## Reaching Out

In West Berkshire, JCP had arranged for JobCentre staff to locate for part of the week in their surgeries. This provides the opportunity for JCP to engage and support customers in a different setting. **JCP are also working with employers to ensure they understand potential health issues faced by individuals with health issues and the adjustments that they may require in the work place.** This includes promoting the Disability Confident agenda and upskill on Access to Work to ensure employers feel equipped to provide the right support to employees.

# CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITATIVES

## Morning & Lunchtime Yoga

Running for 2 years with 10-15 keen participants weekly. Morning yoga sessions start prior to the workday to help staff utilise their time.

*"The sessions help clear my mind, and reduce my anxiety to enable me to relax and switch off"*

52

## Mindfulness Session

10 minutes of guided meditation takes place weekly during lunchtime. Running for 4 months with an average of 17 participants.

*"We really enjoy the sessions. Thanks for running the meditation sessions – It's a great idea and I enjoy attending regularly as I find it really important to take some time out."*

## Cycling

Setting up My Journey information stand on cycling travel information. Organise and promote lunchtime cycle rides, Cycle to Work Day, Bike Week, Urban Limits tour of Berkshire and Love to Ride Challenges. Provide adult cycle training for staff and general public.

## Football


Running for 3 years twice a week. Staff ages range from 22 up to 60. Hosted a 'Mini World Cup' in summer 2018 which saw 5 teams compete in a round robin format. Players often enjoy a well-earned refreshment together after games.

**Local partnership** with local leisure centre to offer 'before work and lunchtime swims'. Staff can swim for £1.00 at selected times during the week.

**New shower facilities** provided in the office for staff.

# CASE STUDY 3: PANASONIC MENTAL HEALTH AND WELLBEING INITIATIVES


## Robin's Story

"Running was a sport I hated as a child. During my late 30s all forms of physical sport had been replaced by fast food, beer and armchair participation to the point where in 2012 when I was honoured to be a London Torch Bearer I was also at my heaviest weight tipping the scales at 123kgs. Not long after this, I entered into a team to take part in the Panasonic Global 100 Step Challenge that was on offer as part of our Corporate Wellbeing Initiatives. During the challenge one of my team mates challenged me to run in a 5km and a 10km race. I trained hard for this and could not believe how unfit I had become, so once I completed these two races I decided that I enjoyed the runners high so much that I would continue to be a runner.

During the last 6 years I joined my local running club, trained as a Leader in Running, joined my local ParkRun and subsequently became ParkRun Run Director and Ambassador. I have now competed in about 25 half marathons, 6 marathons and have 2 more in the pipeline! This has resulted in me losing 38kgs since 2012 when I first joined the team taking part in the Panasonic Global 100 Step Challenge.

For me this is all thanks to being given the opportunity to make these healthier lifestyle changes as a direct result of the Panasonic Wellbeing Initiative. I would recommend to anyone to take part and above all make it enjoyable and fun!"

Panasonic has had an Employee Wellbeing Programme for 3 years. One of the key elements of employee support has been mental health. This includes:

**Procedural Support**

- A stress risk assessment based upon the HSE stress guide
- A whistleblowing hotline
- A stress at work guide
- An agile Working Process
- A flexible working policy
- A harassment and bullying policy
- A monthly event programme, including yoga, reflexology and mindfulness

**Training**

- An e-learning stress awareness training course for all staff to raise awareness
- Training for a team of Mental Health First aiders (from across the business)
- Specific people manager awareness training

Panasonic collects anonymous sickness and absence data in 4 categories, one of which is days lost to mental health issues. This data helps us to complete trend analysis and highlights departments within the business with specific challenges with mental health. Moreover, at Panasonic, employee wellbeing programme activities are reported on at senior executive managers meetings.

In summary, at Panasonic we understand the value of an Employee Wellbeing Programme. A recent employee survey revealed a feeling of being appreciated raise morale. We believe the Programme is also instrumental in staff recruitment and retention.

# CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING INITIATIVES

SEGRO
SLOUGH ESTATES GROUP

I attended on-site training to become a Mental Health Ambassador for our company. The course was run by a military veteran who is fighting his own battle with PTSD and who provided a brave and inspiring account of what he's dealing with, and how. His knowledge and understanding or mental health and wellbeing made me feel positive that SEGRO can put a supportive plan in place to help break the taboo, openly talk about and tackle this topic."

**Mental Health Ambassador, SEGRO**

In 2018, SEGRO committed to raising the profile of mental health within the workplace, **encouraging others to recognise changes in colleagues, to create an environment that enables employees to talk openly about the subject.**

During the year, **more than 25 employees across the group were trained as Mental Health Ambassadors**. These ambassadors received guidance as to:

- how to spot early signs of changes in mental health
- how to encourage colleagues to speak openly about it
- If needed, how to guide people to appropriate support

In 2019, SEGRO are furthering the training programme, **hoping to provide all SEGRO line managers with awareness training on the subject.**

The Mental Health Ambassadors have now **formed a working group to plan in events and discussions around mental health and wellbeing,** which helps to encourage ongoing openness around this topic.

SEGRO aims to continually promote mental health awareness within the workplace through a number of initiatives including blogs, employee forums, videos, printed materials and events. **A wealth of support and information is also available on SEGRO's website.**

# CASE STUDY 5: ROYAL BERKSHIRE HOSPITAL MENTAL HEALTH & PHYSIOTHERAPY SERVICE

Royal Berkshire NHS Foundation TRUST (RBNHFT) recognises that musculoskeletal and mental health are the two main reasons for staff absence.

NHS
Royal Berkshire
NHS Foundation Trust

### Occupational Health Staff Physiotherapy Service

Since August 2017, RBH Occupational Health has been providing a dedicated physiotherapy service to Trust staff. From April 2018 to March 2019:

- **379** staff were referred to the service
- **98%** of staff were discharges and felt their symptoms had improved
- **17%** decrease in MSK-related sickness absence
- **1,600** working days saved

The OH staff physiotherapy service has now started to visit areas within the Trust to provide proactive advice to help reduce the potential for musculoskeletal absence at work.

### Mental Health Support

The RBNHFT provides staff with access to an Employee Assistance Programme which provides face-to-face advice, support and counselling to staff for both work and personal issues.

During 2018/19, the Employee Assistance programme dealt with over 370 enquiries from Trust staff. This service allows staff to access a confidential support 24/7, 365 days a year via telephone, internet or smartphone app.

A range of training courses are also available to staff and managers which aim to support the mental health of staff as they carry out their roles in the Trust, such as Let's talk mental health, improving your Impact and Assertiveness at work.

# CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST AIDERS

Mental health first aiders are a **catalyst for engagement** and have inspired a cultural revolution at Thames Water.

Confidence has grown throughout the company with people now much more willing to come forward, talk and seek support at their time of need, with records showing **there has been five mental health first aid interventions for every physical one over the last year** (2018/19).

At Thames Water, mental health is considered just as important as physical health, if not more so. With more than 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments. **Thames Water's 'Time to Talk' mental health strategy** places a continued focus on mental health and wellbeing in the workplace.


Mental Health First Aid (MHFA) England training is an integral part of this strategy, which overall has resulted in a **&%% reduction in work-related stress, anxiety and depression over the last five years.** Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place and opening the door to conversation.

Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue.

# CHAPTER 5: NEXT STEPS

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| | |
|---|---|
| **TITLE** | **Joint Strategic Needs Assessment (JSNA) – Update, December 2019** |
| **FOR CONSIDERATION BY** | Wokingham Borough Wellbeing Board on Thursday, 9th January 2020 |
| **WARD** | None Specific; |
| **DIRECTOR/ KEY OFFICER** | Graham Ebers, Director of Corporate Services and Mustafa Kamara, Senior Public Health Programme Officer |

| | |
|---|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | This report supports all three of the strategic priorities:<br>Priority 1 – Creating physically active communities<br>Priority 2 – Reducing social isolation and loneliness<br>Priority 3 – Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | Update the Board on the key messages from an executive summary of the Joint Strategic Needs Assessment (JSNA): Flow Pathways.<br><br>The JSNA Flow Pathways is a series of infographics which outline the main indicators of health and needs among Wokingham's population. |

| | |
|---|---|
| Reason for consideration by Wokingham Borough Health and Wellbeing Board | This document provides an update on the health and needs of Wokingham's population.<br><br>All enclosed information is based on publically available data – collated into a series of infographics. Please refer to the accompanying document: JSNA Flow Pathways.<br><br>The JSNA is a statutory document that is produced at regular intervals by key stakeholders from the Council and its partner organisations.<br><br>It highlights areas of inequalities, population needs and service gaps across all areas of health and social care. |
| What (if any) public engagement has been carried out? | None at present |
| State the financial implications of the decision | None at present |

**RECOMMENDATIONS**

1) That the Board notes the updates on Wokingham's JSNA Flow Pathways: December 2019.

2) That the Board notes future plans to update the JSNA for Wokingham.

**JSNA Flow Pathways Summary & Key Messages**

**Future Plans**

- The JSNA document is heavily dependent on the collation of quality assured data & analytics.
- The above-mentioned data is collated from numerous sources and is constantly being updated (some more frequently than others)
- The Berkshire shared analytics team (based in Bracknell Council) have thus built a dynamic website – which presents JSNA-related data for Wokingham: **https://berkshireobservatory.co.uk/**
- This website is built to automatically update data-points in real-time and thus the platform provides an up-to-date view of figures which can be used by everyone.
- In future, the JSNA will be updated using figures taken directly from the above mentioned '**Berkshire Data Observatory**' (the official name of the above website).
- Local Authority Teams, CCG colleagues, and corporate partners will collaborate in the future composition of the JSNA; each providing commentary on unified insights drawn from the Berkshire Data Observatory.
- The Berkshire Data Observatory will also support ongoing health-/Social Care-related strategy and commissioning.
- Public Health teams across Berkshire are continuing to test the quality of the platform – rectifying issues as and when they are identified.
- The Berkshire Data Observatory website is now ready for use and the Wokingham Public Health team intend to run a marketing campaign to raise awareness of the platform by the end of Q1 2020.

**Population Structure at a glance**

Wokingham, in general, is an affluent and healthy Borough. With an estimated population of around 168,000[1] it is the second least deprived borough in England[2] and its residents enjoy among the highest life expectancy[3] and years lived in full health[4] in the country.

Compared with the national picture, there are fewer young adults in their 20s and 30s living in Wokingham than there are older adults in their 40s and 50s.[5] While new

[1] ONS mid-year population estimates
[2] Index of Multiple Deprivation Score (IMD) 2019. Wokingham ranked 2 out of 317 local authority districts in England.
[3] Male Life expectancy at birth (2015-17) 81.5 years – rank 11 of 152
Female Life expectancy at birth (2015-17) 85.6 years – rank 7 of 152
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
[4] Male Healthy life expectancy at birth (2015-17) 69.8 years – rank 2 of 152
Female Healthy life expectancy at birth (2015-17) 71.6 years – rank 1 of 152
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
[5] 4 2016-based Subnational Population Projections, mid-2016 to mid-2041

developments in the area are a mixture of smaller flats and “family sized” homes, Wokingham is expected to attract more young couples and families although a significant change in the demographics of the Borough is yet to be seen.

**Starting Well** *[Flow-pathways indicators quoted in brackets]*
There is a good level of health among pregnant mothers and babies in Wokingham. With continued low rates of smoking during pregnancy [1]. While respiratory health appears to be good among children (aged 2-4) in Wokingham, there is an alarming rate of hospital admissions for respiratory tract infections among children; a rate that appears worse than both regional and national averages [10]. Childhood immunisation coverage is improving with MMR uptake slowly increasing for the first dose [9] however improvements are still required to bring Wokingham’s second-dose vaccination coverage up to the national target [11].

**Developing Well** *[Flow-pathways indicators quoted in brackets]*
The prevalence of children who are eligible for free school meals (a proxy indicator for children experiencing poverty) remains significantly lower than the national average; a trend which mirrors the overall low IMD score for the Borough [13]. Levels of obesity in children aged 4-5 and 10-11 in Wokingham have remained stable over the last 10 years [14, 17] but we know that societally there are groups that face greater barriers to being physically active than others, for example children with disabilities and child carers. Poor mental health is both a risk factor for and an outcome of social isolation in children and young people. Supporting the mental and emotional wellbeing of young people is a priority nationally as well as locally where we have seen an alarming rate of self-harm related hospital admissions (among 15-19 year olds) in Wokingham; which is significantly worse than the national average [25]. Young people in Wokingham are less likely to regularly drink alcohol or use drugs than young people on average in England [20, 21, 22]. Measures of good sexual and reproductive health including rates of teenage conceptions, STI diagnoses and late diagnosis of HIV are also encouraging in Wokingham. However more effort must be made to combat the rate of chlamydia diagnoses; which appears to be worse than the average rate for England [26].

**Living Well** *[Flow-pathways indicators quoted in brackets]*
Rates of alcohol consumption among Adults (aged 18 and over) remain high in Wokingham – which appear to be higher than average rates across the country [30]. Despite this, Wokingham continues to have one of the lowest smoking prevalence rates in the country [29], however, there remains a large gap for routine and manual workers who are twice as likely to smoke as the rest of the population. Rates of adult obesity remains lower than both the least deprived decile of the nation as well as the national average [32]. Levels of physical inactivity for Wokingham are also better when compared to the national picture [32] as are rates of reported symptoms and diagnoses of anxiety and depression [33]. While generally Wokingham residents report high levels of wellbeing, suicide rates locally are similar to the national average [34]. Cancers are the most common cause of death in Wokingham. Despite screening rates locally being significantly better than England but for breast and cervical screening, trends in Breast cancer screening appear to be declining over recent years [39].

**Ageing Well** *[Flow-pathways indicators quoted in brackets]*
Over 65s in Wokingham, on average, live longer and healthier lives than the national average [41]. Hospital admissions due to falls and hip fractures continue to have a

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based

| |
|---|
| significant impact in Wokingham, and are similar to average rates for the nation [48]. Cardiovascular disease is one of the major causes of death in the over 65s in England. However in Wokingham the rate of deaths from cardiovascular disease (among 65+ population) has been decreasing over the last 10 years; and this rate is significantly better than average rates across England [50]. Supporting wellbeing over winter is important in preventing excess winter deaths and as well as promoting messages around keeping warm. Flu vaccinations are also a key intervention for safeguarding vulnerable groups among the elderly; which is an important issue given the fact that vaccine coverage among 65+ in Wokingham is only marginally exceeding the national target [43]. However uptake of flu vaccinations in the over 65s has been increasing locally [43]. National research has evidenced an association between loneliness/isolation and ill health. In older age, risk factors for isolation such as living alone and/or having limited access to transport are more prevalent. People who receive support from adult social care as well as adult carers care givers are also at increased risk of becoming lonely or isolated. |

| **Partner Implications** |
|---|
| Production of the Joint Strategic Needs Assessment (JSNA) is a shared responsibility of partners of the Wokingham Borough Wellbeing Board |

| **Reasons for considering the report in Part 2** |
|---|
| N/A |

| **List of Background Papers** |
|---|
| JSNA Flow Pathways Infographics: December 2019 |

| | |
|---|---|
| **Contact** Mustafa Kamara | **Service** Public Health |
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| **Date** 18th December 2019 | **Version No.** 1 |

**Glossary - Definitions of all flow pathway indicators.**

Starting Well

1. Smoking status at time of delivery

5.6% of all new mothers in Wokingham (annually) were identified as smokers at the time of their delivery.
This trend in Wokingham has been gradually decreasing over the past 9 years.
Smoking prevalence among mothers giving birth is lower in Wokingham than the regional average (9.7%) and the national average (10.6%).
Both of these comparisons are statistically significant.

2. Teenage mothers

0.4% of all child births in Wokingham (annually: 2016-17) were from young mothers (aged 12-17).
The most-recent data for the year: 2017-18 in Wokingham was smaller and thus – has been supressed to mitigate the risk of the data being potentially disclosive. (Patient confidentiality regulations).

3. BME Deliveries

17.6% of all child births in Wokingham (annually: 2016-17) were from Black and Ethnic Minority mothers. This trend has been gradually increasing over the past 5 years.
This statistic for Wokingham appears to be significantly higher than the Comparator group (least deprived decile in the country) and significantly lower than the national average – 23.3%.

4. Low birth weight of term babies

2.17% of all full-term new-borns in Wokingham (annually: 2017) had a low birthweight.
This trend has remained stable over the last 11 years.
This statistic for Wokingham appears to be lower than the least deprived decile in England (2.23%) and the national average (2.82).
However both of these comparison are not statistically significant.

5. Breastfeeding prevalence

In Wokingham, 61.8% of all newborns (6-8 weeks) were being breastfed (annual figure for 2017/18).
This statistic is significantly higher than the national average (43.1%).
The most-recent data for the year: 2017-18 in Wokingham has been supressed due to issues with data quality.

6. Infant Mortality

The rate of infant deaths (babies aged >1) in Wokingham (3.5 deaths per 1000 live births) appears to be slightly higher than that in the least deprived decile in England (3.1 deaths per 1000 live births).
The rate for Wokingham also appears to be lower than that national average.
However both of these comparisons are not statistically significant.

7. Respiratory tract infection admissions aged 1 year

The rate of emergency hospital admissions among 1 year-olds in Wokingham is 104.3 admissions per 10,000 children. This rate appears higher than the regional and national averages however both of these comparisons are not statistically significant.

8. DTaP/ IPV/ Hib coverage (1 year)

Wokingham is performing better than the national target for vaccination coverage (for DTaP/IPV/ Hib). During 2018/19, 96.3% of all children in Wokingham (under 1 year-olds) received their relevant vaccines. This coverage appears higher than the regional and national averages.

9. MMR – 1st dose

Wokingham is performing just below the national target for first-dose vaccination coverage (for MMR). During 2018/19, 94.5% of all children in Wokingham (under 2 years old) received their MMR vaccine. This coverage appears higher than the regional and national averages.

10. Respiratory tract infection admissions 2, 3 and 4 years

The rate of emergency hospital admissions among 2, 3 and 4 year-olds in Wokingham is 24.9 admissions per 10,000 children. This rate appears to be slightly higher than the regional and national averages however both of these comparisons are not statistically significant.

11. MMR – 2nd dose

Wokingham is performing significantly worse than the national target for second-dose vaccination coverage (for MMR). During 2018/19, 90.0% of all children in Wokingham (under 5 years old) received their MMR vaccines. This coverage for Wokingham appears higher than the regional and national averages.

<u>Developing Well</u>

12. School readiness

75.3% of all reception-year children in Wokingham achieved a good level of development at the end of their academic year. This trend for Wokingham has been gradually increasing over the last 6 years.
This statistic for Wokingham appears higher than the average for the least deprived decile of England as well as the national average. However the comparison alongside the least deprived decile of England is not statistically significant.

13. Free school meals

In 2018, 5.3% of all pupils (who attend state funded schools) were identified as eligible for free school meals. This trend in Wokingham has been gradually decreasing over the last 5 years.
This statistic for Wokingham is also significantly lower than the average for the least deprived decile in England as well as the national average.

14. Obesity and overweight (Year R)

18.8% of all reception-year children in Wokingham were obese and overweight (for the year 2018/19). This trend for Wokingham has remained stable over the last 10 years.
This statistic for Wokingham is also significantly lower than the average for the least deprived decile in England as well as the national average.

15. Pupils with special education needs (SEN)

10.8% of all primary- and secondary school children in Wokingham were identified as having a special educational need.
This trend for Wokingham has been decreasing over the last 5 years.

This statistic for Wokingham is also significantly lower than the average for the least deprived decile in England as well as the national average.

### 16. First time entrants to Youth Justice System (10-17 year olds)

The rate of First time entrants to the Youth Justice System (10-17 year olds) in Wokingham is 178.7 admissions per 100,000 people.
This rate has been gradually decreasing over the last 9 years.
This rate for Wokingham appears higher than the rate for the least deprived decile of England as well as the national average.
However both of these comparisons are not statistically significant.

### 17. Obesity and overweight (Year 6)

25.9% of all year-6 children in Wokingham were obese and overweight (for the year 2018/19). This trend for Wokingham has remained stable over the last 10 years.
This statistic for Wokingham is also significantly better than the average for the least deprived decile in England (30.3%) as well as the national average (34.3%).

### 18. Physically Active (At least 1 hour every day in last week)

15.5% of all 15 year olds in Wokingham reported to have engaged in physical activity for 60 minutes a day, 7 days a week (for the year 2014/15).
This statistic for Wokingham appears slightly higher than both the regional and national averages however both of these comparisons are not statistically significant.

### 19. Sedentary for 7 hours or more per day

62.9% of all 15 year olds in Wokingham reported to have been sedentary for 7 hours or more each day, on week days (for the year 2014/15).
This statistic for Wokingham is significantly better than both the regional (67.8%) and national averages (70.1%).

### 20. Regular drinker of alcohol (every week)

4.4% of all 15 year olds in Wokingham were reported to be drinking alcohol at least once a week (for the year 2014/15).
This statistic for Wokingham is significantly better than the national average (6.2%).

### 21. Smoking prevalence (current smokers)

4.9% of all 15 year olds in Wokingham were reported to be regularly smoking cigarettes (for the year 2014/15).
This statistic for Wokingham is significantly better than the national average (8.2%).

### 22. Drug Use (in the last month)

2.9% of all 15 year olds in Wokingham were reported to have taken cannabis (for the year 2014/15).
0.3% of all 15 year olds in Wokingham were reported to have taken other drugs (for the year 2014/15).
This statistics for Wokingham are significantly better than the national averages (4.6% and 0.9% respectively).

### 23. GCSEs achieved (5A*- C including English & Maths)

For the academic year 2015/16, 70.9% of all GCSE students in Wokingham achieved 5 or more GCSEs at grade A*-C (including English and Maths).

This statistic for Wokingham is significantly better than the regional average (63.5%) and the national average (57.8%).

### 24. Under 18 s conceptions

The rate of under 18 pregnancies in Wokingham is 6.9 pregnancies per 1,000 females (aged 15-17) per year.
This rate has been gradually increasing over the last 7 years.
This rate for Wokingham also appears worse than the rate for the least deprived decile of England (10.7 per 1000 females) as well as the national average (17.8 per 1000 females).

### 25. Admissions as a result of self-harm (15 to 19 year olds)

The rate of self-harm related hospital admissions (among 15-19 year olds) in Wokingham is 823.9 admissions per 100,000 children per year.
This rate has been gradually decreasing over the last 10 years.
This rate for Wokingham appears to be significantly worse than the national average (648.6 admissions per 100,000 children per year).

### 26. Chlamydia detection rate per 100,000 population (15 to 24 year olds)

The rate of chlamydia diagnoses (among 15-24 year olds) made in Wokingham is 1267 diagnoses per 100,000 people per year.
This rate is significantly lower than the national target: 2,300 diagnoses to be made per 100,000 people per year.
This rate for Wokingham appears to be worse than the national average, however this comparison is not statistically significant.

### 27. NEET (16 to 17 year olds)

As of 2017, 5.5% of all 16-17 year olds in Wokingham were identified as not in education, employment nor training.
This statistic for Wokingham is similar to that of the least deprived decile in England as well as the national average.

### 28. Under 18s conceptions leading to abortion

50% of all pregnancies occurring among under 18s in Wokingham led to an abortion.
This statistic for Wokingham is similar to that of the least deprived decile in England and the national average, however both of these comparisons are not statistically significant.

## Living Well

### 29. Smoking prevalence

This indicator shows the percentage of people aged 18 plus who are self-reported smokers in the annual population survey. The figure for Wokingham is 8.2% (annually). This is significantly better than the least deprived decile of the nation (10.4%) and the figure for England (14.4%).

### 30. Adult drinkers of alcohol

32% of all adults in Wokingham (aged over 18) drink over 14 units of alcohol a week (2011-14). This appears to be higher than England's percentage of 25.7% and the comparator group (least deprived decile of the nation) whose percentage was 28.4%. However both of these comparisons are not statistically significant.

### 31. Physically active and inactive adults

73.5% of all adults aged 19 plus in Wokingham are physically active (2017/18). The proportion of all 19+ year olds who are inactive in Wokingham is 15.4% (2017/18). These stats appear to be better than the comparator group (least deprived decile of the nation) where 70.5% of adults aged 19 plus are active and 17.9% of adults aged 19 plus are inactive. Physical activity and inactivity in Wokingham are both significantly better than the national figures.

### 32. Obesity and overweight

50.9% of all adults aged 18 plus in Wokingham were identified as overweight or obese (2017/18). This statistic is significantly better than the comparator (least deprived decile of the nation) where 58.4% of adults aged 18 plus are classified as overweight or obese, and significantly better than the national figure of 62%.

### 33. Depression or Anxiety 18 plus years

9.1% of all adults aged 18 plus in Wokingham were reported to have depression or anxiety (2016/17). This figure is significantly better than the national figure of 13.7% and the comparator group figure (least deprived decile in England) of 11.1%.

### 34. Suicide

The rate of deaths from suicide (including injuries of undetermined intent) in Wokingham was 8.1 per 100,000 population per year. This appears to be a lower rate than the national figure which was 9.6 per 100,000 population per year and the comparator (least deprived decile in England) which was 7.9 per 100,000 population per year.
However both comparisons (to the national and regional figures) are not statistically significant.

### 35. Diabetes

This indicator shows the estimated diabetes diagnosis rate for people with diabetes aged 17 and over, expressed as a percentage. This is calculated by the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes.
Wokingham's diagnosis rate is 67.7% (2018) which is significantly worse than the comparator diagnosis rate (72.4%) and the national diagnosis rate (78%).

### 36. Preventable mortality (all ages)

The rate of mortality in Wokingham from causes considered preventable is 125.3 deaths per 100,000 population per year (2016-18). This figure is significantly better than the rates for the South East (158 per 100,000 population per year) and England (180.8 per 100,000 population per year).

### 37. Bowel cancer screening (60 – 74 years)

65.2% of those eligible for bowel screening in Wokingham were screened (2018).
This figure appears to be significantly better than the least deprived decile in England (61.5%) and the national figure (59%).

### 38. Cervical screening

76.6% of all females aged 25-64 in Wokingham attended cervical screening within the target period. This trend appears to be decreasing although it remains higher than the Thames Valley region (73.6%) and the national figure of 72.6%.

### 39. Breast cancer screening (53 – 70 years)

In Wokingham, 78.6% of all women aged 53-70, were screened for breast cancer in 2018.
This figure is significantly better than the least deprived decile of England (76.7%) and the national figure (74.9%).
However, the trend for Wokingham appears to be worsening over recent years.

## Ageing Well

### 40. Health related quality of life

Health status is derived from responses to the GP Patient's Survey, which asks respondents to describe their health status using the five dimensions of the EuroQuol 5D (EQ-5D) survey instrument:

- Mobility
- Self-care
- Usual activities
- Pain / discomfort
- Anxiety / depression

A maximum score of 1 indicates the best health state.

In Wokingham the average health status score in adults aged 65 and over is 0.779 (2016/17). There is no significant difference between this and the comparator group (least deprived decile of the nation) score of 0.768. However, the average health status score in Wokingham is significantly better than the national average of 0.735.

### 41. Life expectancy at 65

Life expectancy beyond the age of 65 within Wokingham is an additional 22.8 years in females and 19.8 years in Males (2015-17).
These figures for Wokingham are significantly better than the scores for the South East (21.7 Years in Females and 19.3 years in Males) and for England (21.1. years in Females and 18.8 years in Males).

### 42. Excess winter deaths

Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population.
During August 2014 and July 2017 18.1% more people died during winter (December to March) than all other months of the year in Wokingham.
This appears to be lower than the least deprived decile of England; where 20.9% more people die in winter than all other months of the year. The figure for Wokingham is also lower than the national average; where 21.1% more people die in winter than all other months of the year.

### 43. Flu vaccine

75.1% of all 65+ adults in Wokingham received the flu vaccine in 2018/19 which is just better than the national target of 75%.
This trend for Wokingham has been gradually increasing over the past few years.
Both the comparator and England are performing significantly worse than the national target of 75%, with 72% 65+ in England and 73.5% of the comparator group (least deprived decile of the nation) receiving the flu vaccine in 2018/19.

### 44. Long term support needs met

The rate of appropriate admissions* to residential- and nursing-care homes (among 65+) in Wokingham is 394.5 per 100,000 people per year.
The equivalent rate of appropriate admissions for the South East is 561.5 per 100,000 people per year.
For England, the rate is 585.6 admissions per 100,000 people per year.

*Appropriate admissions are defined as those where the long-term support needs of older people are best-met by admission to residential and nursing care homes.

### 45. Delayed transfer of care

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

The rate of total delayed transfers of care in Wokingham is 6.5 per 100,000 transfers per year.
The equivalent rate for all patients in the South East is 13 per 100,000 transfers per year and the rate of all patients across England is 10.4 per 100,000 transfers per year.

### 46. Dementia: recorded prevalence

4.48% of the GP-registered population aged 65 plus in Wokingham were diagnosed with dementia (as of December 2018).
This trend for Wokingham has remained stable over recent years.
This appears to be higher than the comparator (least deprived decile of the nation) and the national average.

### 47. Preventable sight loss – age related macular degeneration (AMD) (persons 65+ years)

The rate of preventable sight loss in Wokingham (due to age related macular degeneration) is 69.2 people per 100,000 people per year.
This trend for Wokingham has remained stable over recent years, but is significantly better than the rate for the least deprived decile of England (108.7 per 100,000 people per year).

### 48. Hospital admissions due to fall

Falls are the largest cause of emergency hospital admissions for older people.
In Wokingham, the rate of emergency hospital admissions for injuries due to falls in people aged 65 plus is 2,161 per 100,000 people per year (2017-18). This figure is not significantly different to the national average, which was 2,170 per 100,000, or the comparator group (least deprived decile of the nation), which was 2,170 per 100,000.

### 49. Hip fractures

Hip fractures are debilitating conditions. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care.

In Wokingham, the rate of emergency admissions for hip fractures were 589 admissions per 100,000 people per year (2017-18). This figure is not significantly different to the

national figure, which was 578 per 100,000 of the population, or the comparator group (least deprived decile of the nation), which was 547 per 100,000 of the population.

### 50. Cardiovascular disease

Cardiovascular disease is one of the major causes of death in the over 65s in England.

In Wokingham, the rate of deaths from cardiovascular disease among people aged 65 and over was 860.9 deaths per 100,000 people per year (2016-18).
This trend for Wokingham has been decreasing over the last 10 years.
This figure is significantly better than the national average which was 1,079 per 100,000 of the population, and significantly better than the comparator group (least deprived decile of the nation), which was 929 per 100,000.

# Wokingham Starting Well

*December-19*

Public Health Services for Berkshire

**Recent Trends**
- Decreasing /getting better
- Increasing/getting better
- No significant change
- Increasing

## 1. Smoking status at time of delivery

*% of mothers who are smokers at the time of delivery (2018/19)*

| | |
|---|---|
| **Wokingham:** | 5.6% |
| **South East:** | 9.7% |
| **England:** | 10.6% |

## 2. Teenage mothers

*% of delivery episodes where the mother is aged under 18 years in 2017/18*

| | |
|---|---|
| **Wokingham:** | *Value suppressed* |
| **Comparator:** | 0.4% |
| **England:** | 0.7% |

## 3. BME Deliveries

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

| | |
|---|---|
| **Wokingham:** | 17.6% |
| **Comparator:** | 15.8% |
| **England:** | 23.3% |

## 4. Low birth weight of term babies

*% of all live births at term in 2017 with low birth weight (<2500g)*

| | |
|---|---|
| **Wokingham:** | 2.17% |
| **Comparator:** | 2.23% |
| **England:** | 2.82% |



## 8. Dtap/ IPV/ Hib coverage (1 year)

*% of eligible children who received 3 doses of Dtap/ IPV/ Hib vaccination by their 1st birthday (2018/19)*

| | |
|---|---|
| **Wokingham:** | 96.3% |
| **Comparator:** | 91.8% |
| **England:** | 92.1% |

*Compared against national target of 95%*

## 7. Respiratory tract infection admissions aged 1 year

*Rate of emergency admissions in infants per 10,000 population (2016/17)*

| | |
|---|---|
| **Wokingham:** | 104.3 |
| **South East:** | 86.0 |
| **England:** | 83.5 |

## 6. Infant Mortality

*Rate of deaths in infants aged under 1 year per 1,000 live births (2015 - 17)*

| | |
|---|---|
| **Wokingham:** | 3.5 |
| **Comparator:** | 3.1 |
| **England:** | 3.9 |

## 5. Breastfeeding prevalence

*% of all infants due a 6-8 week check that are totally or partially breastfed (2018/19)*

| | |
|---|---|
| **Wokingham:** | Value not published |
| **Comparator:** | Value not published |
| **England:** | 46.2% |

## 9. MMR – 1st dose

*% of children who received one dose of MMR vaccine on or after their 1st birthday and anytime to their 2nd birthday (2018/19)*

| | |
|---|---|
| **Wokingham:** | 94.5% |
| **Comparator:** | 91.5% |
| **England:** | 90.3% |

*Compared against national target of 95%*

## 10. Respiratory tract infection admissions 2,3 and 4 years

*Rate of emergency admissions in infants per 10,000 population (2016/17)*

| | |
|---|---|
| **Wokingham:** | 24.9 |
| **South East:** | 24.1 |
| **England:** | 21.4 |

## 11. MMR – 2nd dose

*For and at any time to 5th birthday (2018/19)*

| | |
|---|---|
| **Wokingham:** | 90.0% |
| **Comparator:** | 86.9% |
| **England:** | 86.4% |

*Compared against national target of 95%*

The latest available data is shown at a local authority level and compared against the England figure and the comparator group, least deprived decile (IMD 2015) figures:

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

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

*Source:*
*Public Health England Fingertips Profiles*

# Wokingham Developing Well

*December-19*

Public Health Services for Berkshire

**Recent Trends**
- Decreasing /getting better
- Increasing/getting better
- No significant change
- Decreasing

## 12. School readiness

*% of children achieving a good level of development at the end of Year R (2017-18)*

| | |
|---|---|
| **Wokingham:** | 75.3% |
| **Comparator:** | 75.4% |
| **England:** | 71.5% |

## 13. Free school meals

*% of pupils eligible for and claiming free school meals who attend state funded school (2018)*

| | |
|---|---|
| **Wokingham:** | 5.3% |
| **Comparator:** | 7.4.% |
| **England:** | 13.5% |

## 14. Obesity and overweight (Year R)

*% of children in Year R who are obese and overweight (2018/19)*

| | |
|---|---|
| **Wokingham:** | 18.8% |
| **South East:** | 21.2% |
| **England:** | 22.6% |

## 15. Pupils with special education needs (SEN)

*% of school pupils with special education needs (2018)*

| | |
|---|---|
| **Wokingham:** | 10.8% |
| **Comparator:** | 13.7% |
| **England:** | 14.4% |

## 19. Sedentary for 7 hours or more per day

*% with a mean daily sedentary time in the last week over 7 hours per day (2014-15)*

| | |
|---|---|
| **Wokingham:** | 62.9% |
| **South East :** | 67.8% |
| **England:** | 70.1% |

## 18. Physically Active (At least 1 hour every day in last week)

*% physically active for at least one hour per day seven days a week (2014/15)*

| | |
|---|---|
| **Wokingham:** | 15.5% |
| **South East :** | 14.8% |
| **England:** | 13.9% |

## 17. Obesity and overweight (Year 6)

*% of children in Year 6 who are obese and overweight (2018/19)*

| | |
|---|---|
| **Wokingham:** | 25.9% |
| **South East:** | 30.3% |
| **England:** | 34.3% |

## 16. First time entrants to Youth Justice System (10-17 year olds)

*Rate per 100,000 population (2018)*

| | |
|---|---|
| **Wokingham:** | 178.7 |
| **Comparator:** | 158.4 |
| **England:** | 238.5 |

## 20. Regular drinker of alcohol (every week)

*% of 15 year old who have an alcoholic drink 'at least once a week' Way survey (2014-15)*

| | |
|---|---|
| **Wokingham:** | 4.4% |
| **South East:** | 6.2% |
| **England:** | 6.2% |

## 21. Smoking prevalence (current smokers)

*% of smoking prevalence at age 15 Way survey (2014-15)*

| | |
|---|---|
| **Wokingham:** | 4.9% |
| **South East :** | 9.0% |
| **England:** | 8.2% |

## 22. Drug Use (in the last month)

*% of 15 years old who took drugs 'in the last month' Way survey (2014-15)*

| | Cannabis | Other drugs |
|---|---|---|
| **Wokingham:** | 2.9% | 0.3% |
| **South East:** | 5.5% | 1.0% |
| **England:** | 4.6% | 0.9% |

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

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

*Source:*
*Public Health Fingertips Profiles*

# Wokingham Developing Well

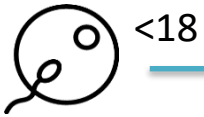
*December -19*

**Recent Trends**
- Increasing /getting worse
- Decreasing/getting better
- Increasing/getting better
- No significant change


### 23. GCSEs achieved (5A*- C including English & Maths)

*Educational attainment (5 or more GCSEs): % of all children (2015-16)*

| | | |
|---|---|---|
| **Wokingham:** | ● | 70.9% |
| **Comparator:** | ● | 63.5% |
| **England:** | ● | 57.8% |




### 24. Under 18 s conceptions

*Rate of conceptions for females aged 15-17 per 1,000 population (2017)*

| | | |
|---|---|---|
| **Wokingham:** | ↓ | 6.9 |
| **Comparator:** | ● | 10.7 |
| **England:** | ● | 17.8 |

### 25. Admissions as a result of self-harm (15 to 19 year olds)

*Rate of admissions as a result of self-harm per 100,000 population (2017/18)*

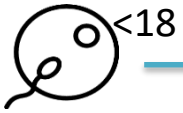
| | | |
|---|---|---|
| **Wokingham:** | ↑ | 823.9 |
| **South East:** | ● | 738.0 |
| **England:** | ● | 648.6 |

### 26. Chlamydia detection rate per 100,000 population (15 to 24 year olds)

*All chlamydia diagnoses at specialist and non-specialist sexual health services (2018)*

| | | | |
|---|---|---|---|
| **Wokingham:** | ● ↑ | 1267 | *Compared to the national target of 2,300* |
| **Comparator:** | ● | 1450 | |
| **England:** | ● | 1975 | |






### 28. Under 18s conceptions leading to abortion

*% of conception aged under 18 years that led to an abortion (2017)*

| | | |
|---|---|---|
| **Wokingham:** | → | 50.0% |
| **Comparator:** | ● | 62.4% |
| **England:** | ● | 52.0% |

### 27. NEET (16 to 17 year olds)

*% of 16-17 year olds who are NEET or whose activity is not known (2017)*

| | | |
|---|---|---|
| **Wokingham:** | ● | 5.5% |
| **Comparator:** | ● | 5.5% |
| **England:** | ● | 6.0% |

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
- ● Significantly worse
- ● No significant difference
- ● Significantly higher than
- ● Not comparable/Value unknown

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

*Source:*
*Public Health Fingertips Profiles*

# Wokingham Living Well

*December - 19*

Working together for health and wellbeing — Public Health Services for Berkshire

**Recent Trends**

- Decreasing/getting worse
- Decreasing

### 29. Smoking Prevalence (current smokers)

*% of smoking prevalence among persons 18+ years from the APS survey (2018)*

| | |
|---|---|
| **Wokingham:** | 8.2% |
| **Comparator:** | 10.4% |
| **England:** | 14.4% |

### 30. Adult drinkers of alcohol (18+ years)

*% of adults drinking over 14 units of alcohol a week (2011-14)*

| | |
|---|---|
| **Wokingham:** | 32.0% |
| **Comparator:** | 28.4% |
| **England:** | 25.7% |

### 31. Physically active and inactive (19+)

*% of adults who are physically active / inactive by CMO recommendations (2017/18)*

| | Active | Inactive |
|---|---|---|
| **Wokingham:** | 73.5% | 15.4% |
| **Comparator:** | 70.5% | 17.9% |
| **England:** | 66.3% | 22.2% |

### 32. Obesity and overweight

*% of adults (aged 18+) classified as overweight or obese (2017/18)*

| | |
|---|---|
| **Wokingham:** | 50.9% |
| **Comparator:** | 58.4% |
| **England:** | 62.0% |

### 36. Preventable Mortality (all ages)

*Rate of mortality from causes considered preventable per 100,000 population (2016-18)*

| | |
|---|---|
| **Wokingham:** | 125.3 |
| **South East:** | 158.0 |
| **England:** | 180.8 |

### 35. Diabetes

*Estimated diagnosis rate for people with diabetes aged 17 and over (2018)*

| | |
|---|---|
| **Wokingham:** | 67.7% |
| **Comparator:** | 72.4% |
| **England:** | 78.0% |

### 34. Suicide 10 years+

*Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (2015/17)*

| | |
|---|---|
| **Wokingham:** | 8.1 |
| **Comparator:** | 7.9 |
| **England:** | 9.6 |

### 33. Depression or Anxiety 18+ years

*% reporting depression or anxiety completing GP Patient Survey (2016/17)*

| | |
|---|---|
| **Wokingham:** | 9.1% |
| **Comparator:** | 11.1% |
| **England:** | 13.7% |

### 37. Bowel cancer screening (60-74 years)

*% of people eligible for bowel screening who were screened (2018)*

| | |
|---|---|
| **Wokingham:** | 65.2% |
| **Comparator:** | 61.5% |
| **England:** | 59.0% |

### 38. Cervical Screening

*% of female, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage) 2018/19*

| | |
|---|---|
| **Wokingham CCG:** | 76.6% |
| **Sub Region (TV):** | 73.6% |
| **England:** | 72.6% |

### 39. Breast cancer screening (53-70 years)

*Proportion of women eligible for screening with a recorded result at least once in the previous 36 months (2018)*

| | |
|---|---|
| **Wokingham:** | 78.6% |
| **Comparator:** | 76.7% |
| **England:** | 74.9% |

The latest available data is shown at a local authority level and compared against the England figure and the comparator group, least deprived decile (IMD 2015) figures

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

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

*Sources:*

*Public Health England Fingertips Profiles*

*Cervical Screening Indicator*

# Wokingham Ageing Well

*December - 19*

Public Health Services for Berkshire

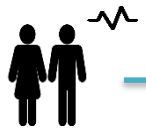
**Recent Trends**

- Increasing /getting better
- No significant change

## 40. Health related quality of life

*Average health status score for adults age 65 and over (2016/17)*

| | |
|---|---|
| **Wokingham:** | 0.779 |
| **Comparator:** | 0.768 |
| **England:** | 0.735 |



## 41. Life expectancy at 65

*Average number of years a person would expect to live (2015 - 17)*

| | Female | Male |
|---|---|---|
| **Wokingham** | 22.8 | 19.8 |
| **South East:** | 21.7 | 19.3 |
| **England:** | 21.1 | 18.8 |

## 42. Excess winter deaths

*Measured as the ratio of extra deaths from all causes that occur in the winter months (Aug 2014 - Jul 2017) (3 years, All Ages)*

| | |
|---|---|
| **Wokingham:** | 18.1% |
| **Comparator:** | 20.9% |
| **England:** | 21.1% |

## 43. Flu vaccine

*% of eligible adults aged 65+ who have received the flu vaccine (2018/19)*

| | |
|---|---|
| **Wokingham:** | 75.1% |
| **Comparator:** | 73.5% |
| **England:** | 72.0% |

*Compared against national target of 75%*



## 47. Preventable sight loss (persons 65+)

*Rate of sight loss due to age related macular degeneration (AMD) in people aged 65+ per 100,000 population (2017/18)*

| | |
|---|---|
| **Wokingham:** | 69.2 |
| **Comparator:** | 108.7 |
| **England:** | 106.7 |

## 46. Dementia: Recorded prevalence

*Number of people with dementia recorded as a proportion of people aged 65+ registered at each GP Practice (Dec 2018)*

| | |
|---|---|
| **Wokingham:** | 4.48% |
| **Comparator:** | 4.19% |
| **England:** | 4.33% |

## 45. Delayed transfer of care

*Rate of all delayed transfer of care, per 100,000 population aged 18+ (2018/19)*

| | |
|---|---|
| **Wokingham:** | 6.5 |
| **South East:** | 13.0 |
| **England:** | 10.4 |

## 44. Long term support needs met

*Needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population (2017/18)*

| | |
|---|---|
| **Wokingham:** | 394.5 |
| **South East:** | 561.5 |
| **England:** | 585.6 |

## 48.Hospital admissions due to fall

*Rate of emergency hospital admissions for injuries due to falls in people aged 65+ per 100,000 population (201718)*

| | |
|---|---|
| **Wokingham:** | 2,161 |
| **Comparator:** | 2,198 |
| **England:** | 2,170 |

## 49. Hip fractures (65+)

*Rate of emergency admissions for fractured neck of femur per 100,000 population (2017/18)*

| | |
|---|---|
| **Wokingham:** | 589 |
| **Comparator:** | 547 |
| **England:** | 578 |

## 50. Cardiovascular Disease

*Rate of deaths from cardiovascular disease among people aged 65 and over (2016/18)*

| | |
|---|---|
| **Wokingham:** | 860.9 |
| **Comparator:** | 929.0 |
| **England:** | 1,079.0 |

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), or South East region:

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

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

*Sources: Delayed transfers of care*
*Public Health England Fingertips Profiles*
*NHS Digital: Admission to care homes*

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| | |
|---|---|
| **TITLE** | **Design Our Neighbourhood** |
| **FOR CONSIDERATION BY** | Wokingham Borough Wellbeing Board on Thursday 9 January 2020 |
| **WARD** | None specific |
| **DIRECTOR/ KEY OFFICER** | Katie Summers, Wokingham Locality Director of Operations, Berkshire West CCG |

| | |
|---|---|
| **Reason for consideration by Wellbeing Board** | To update the Board on the progress of Designing our Neighbourhood and on the first event, as this significant Project will be overseen by the Wellbeing Board. |
| **Relevant Health and Wellbeing Strategy Priority** | This report meets all three of the strategy priorities:<br>Priority 1 - Creating physically active communities<br>Priority 2 – Reducing social isolation and loneliness<br>Priority 3 – Narrowing the health inequalities gap |
| **What (if any) public engagement has been carried out?** | None at present. |
| **State the financial implications of the decision** | None at present. |

| |
|---|
| **OUTCOME / BENEFITS TO THE COMMUNITY**<br>Overall vision of “creating healthy and resilient communities” is being addressed with this Project. |
| **RECOMMENDATION**<br>That the Wellbeing Board considers and notes the report. |
| **SUMMARY OF REPORT**<br>This Report updates the Wellbeing Board on the Design our Neighbourhood event which was originally planned for November 2019 but postponed due to purdah. |

| |
|---|
| **Partner Implications** |
| All partners to be aware of Designing Our Neighbourhoods and the opportunities it presents to the Wokingham Borough. |

| |
|---|
| **Reasons for considering the report in Part 2** |
| None |

| |
|---|
| **List of Background Papers** |
| None |

| | |
|---|---|
| **Contact** Kate Summers | **Service** Berkshire West CCG |
| **Telephone No** | **Email** |
| **Date** 18th December 2019 | **Version No.** Final |

1. The Design Our Neighbourhood Event is to be held on Wednesday 22nd January 2020 at Sindlesham Court, Mole Road, Wokingham, RG41 5EA from 6pm to 9pm.

2. The Event, led by Wokingham Borough Council and Berkshire West Clinical Commissioning Group, is aimed at identifying what makes a neighbourhood tick, the key roles played by public and voluntary sector organisations, and what more we can all do to create strong, healthy and resilient neighbourhoods. A report to Wokingham Wellbeing Board on 10th October 2019 gives some more background to the initiative: https://wokingham.moderngov.co.uk/documents/s36980/Designing%20our%20Neighbourhoods.pdf

3. The Event seeks to build on work already being done around the Council's Transformation Programme, Adult Social Care's Three Conversations Model and the NHS Long Term Plan, and the ambition is to develop a whole-system public sector approach at a local level.

4. Key players at this event include representatives from the Wokingham Borough Wellbeing Board, councillors (Borough, Town and Parish), Berkshire West CCG, GPs from Wokingham's four Primary Care Networks (PCNs), voluntary sector, Police, Fire and Ambulance, NHS trusts, Wokingham head teachers and faith groups.

5. Three key questions, linked to the Wellbeing Board's key priorities, will be the focus of round-table discussions:

   - How can we work better together to reduce social isolation?
   - What can we do to create physically active communities?
   - How do we work together to narrow the health inequalities gap?

6. Data packs will be produced giving a snapshot of each PCN and neighbourhood area, and will be used by delegates as they discuss their areas of work and explore what they are already doing and what more needs to be done. Packs will cover the following PCNs/areas:

   - Wokingham East PCN – Wokingham town practices
   - Wokingham East PCN – New Wokingham Road practice/Wokingham Without
   - Wokingham West PCN
   - Wokingham South PCN
   - Wokingham North PCN – Woodley town practices
   - Wokingham North PCN – Twyford and Wargrave practices/northern parishes
   - Winnersh – for consideration by West, North and East PCNs.

   A draft of the Winnersh pack is attached.

7. It's hoped that by the end of the evening everyone will have a clearer idea of the facilities, services and support networks which already exist within each of Wokingham's PCNs, identify gaps and explore ways and means of working in partnership to overcome them.

8. The aim is to follow up this workshop with a series of neighbourhood themed engagement events over the next year or so, linking up with a wide range of partners from housing, transport, leisure, public, community groups, patients, businesses, BME Forum, young people, people with disabilities and others. Each group will bring their own ideas and aspirations for their neighbourhoods, and feedback from each event will be used to shape the Wellbeing Board's vision of creating healthy and resilient communities.

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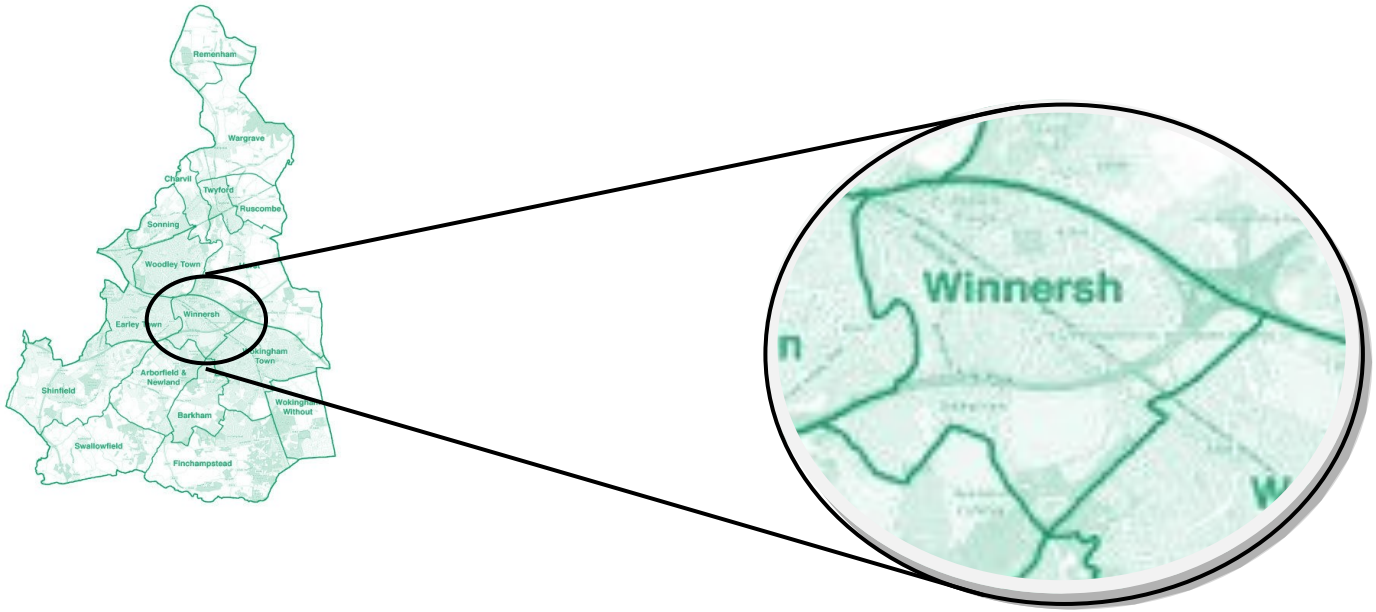
# Design our Neighbourhoods

DRAFT






**Focus on Winnersh Ward**

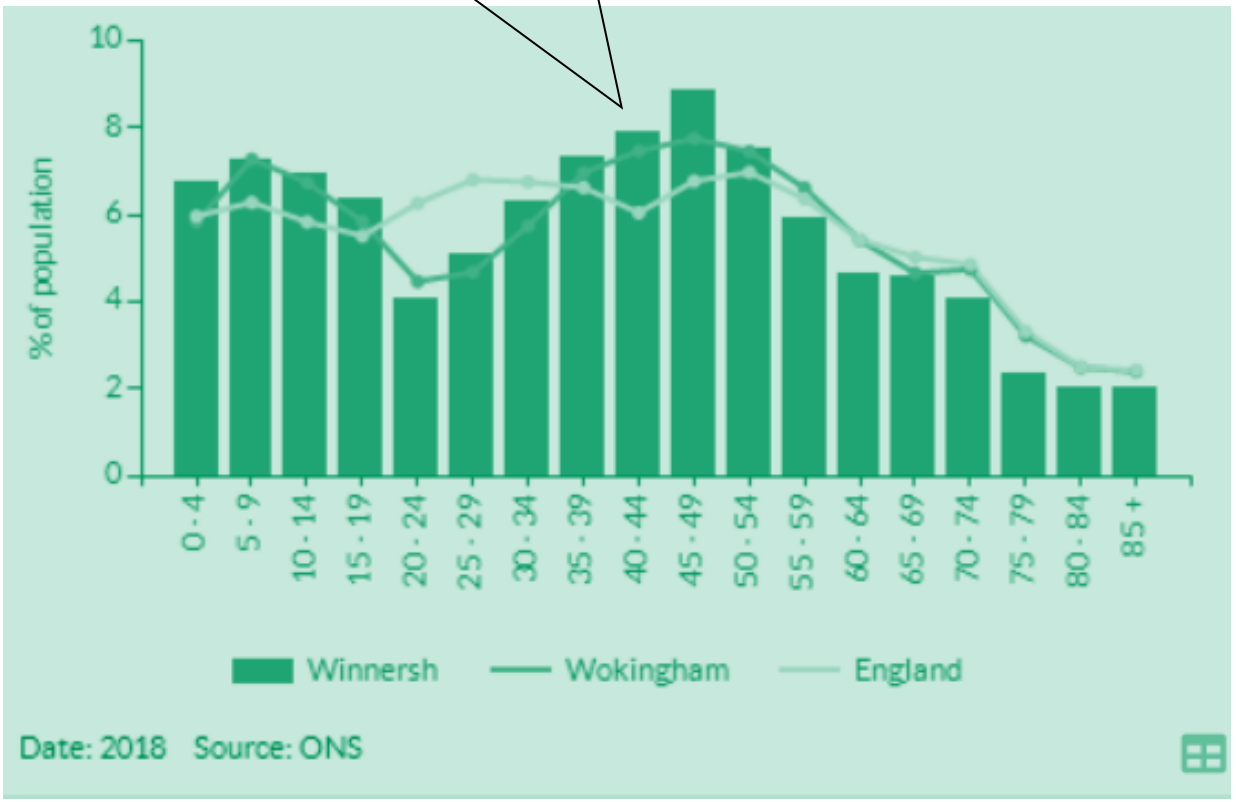
**Wokingham West, Wokingham North and East Wokingham Primary Care Networks**

**Wokingham Borough Wellbeing Board**

# Contents

# 1. Population Profile

Greater % of population between 25 and 49 years old than Wokingham




**Total 10,193 residents**

2nd most populous ward in Wokingham

**Average Age 38.2 years**

**(40.4 years in Wokingham Borough)**

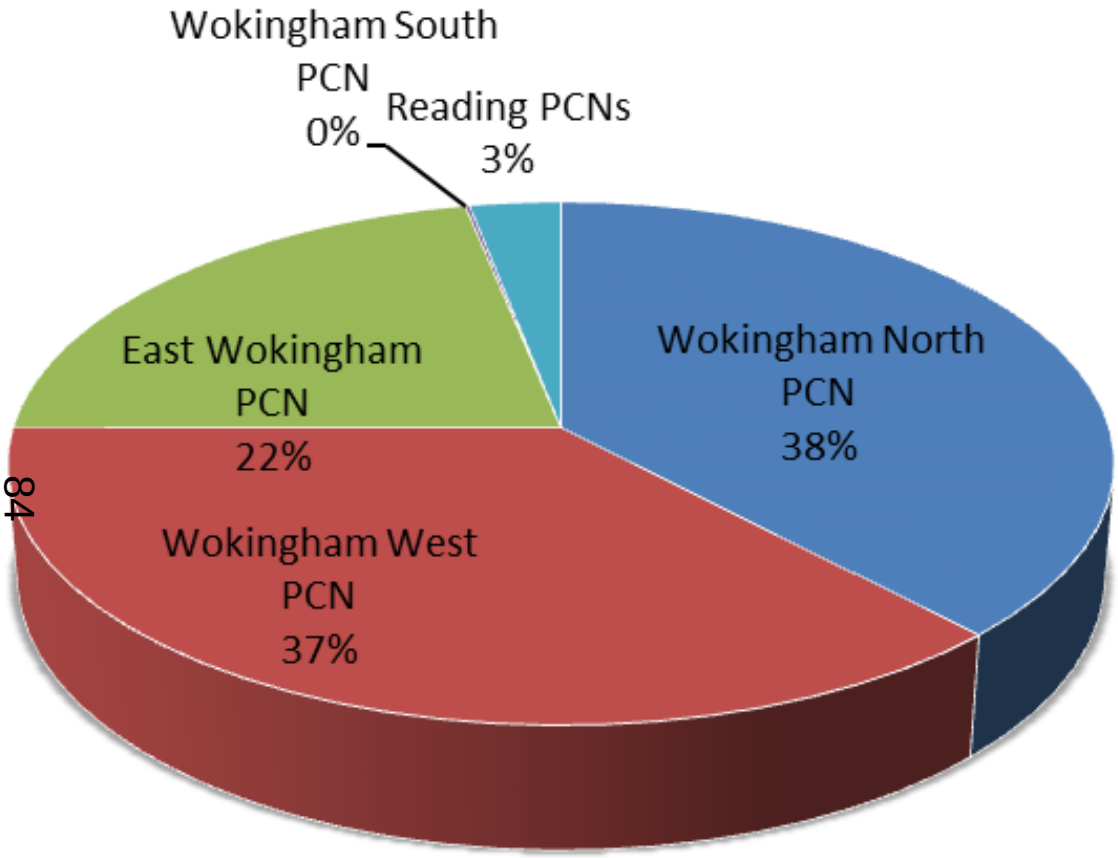
**Male**

**5039**

**Female**

**5154**

# 2. Population by Primary Care Network




| | |
|---|---|
| **West PCN** | |
| BROOKSIDE PRACTICE | 3751 |
| WILDERNESS | 28 |
| **North PCN** | |
| WOODLEY PRACTICE | 3257 |
| LODDON VALE PRACTICE | 301 |
| PARKSIDE PRACTICE | 226 |
| TWYFORD SURGERY | 70 |
| WARGRAVE PRACTICE | 15 |
| **East PCN** | |
| WOOSEHILL PRACTICE | 1520 |
| WOKINGHAM MEDICAL CENTRE | 609 |
| OTHER SURGERIES X2 | 92 |
| **South PCN** | |
| SWALLOWFIELD MEDICAL PRACTICE | 9 |
| FINCHAMPSTEAD PRACTICE | 6 |
| **Reading PCNs** | |
| OTHER SURGERIES X13 | 309 |

**Residents of Winnersh are registered with 26 general practices**

# 3. Health and Social Care Profile

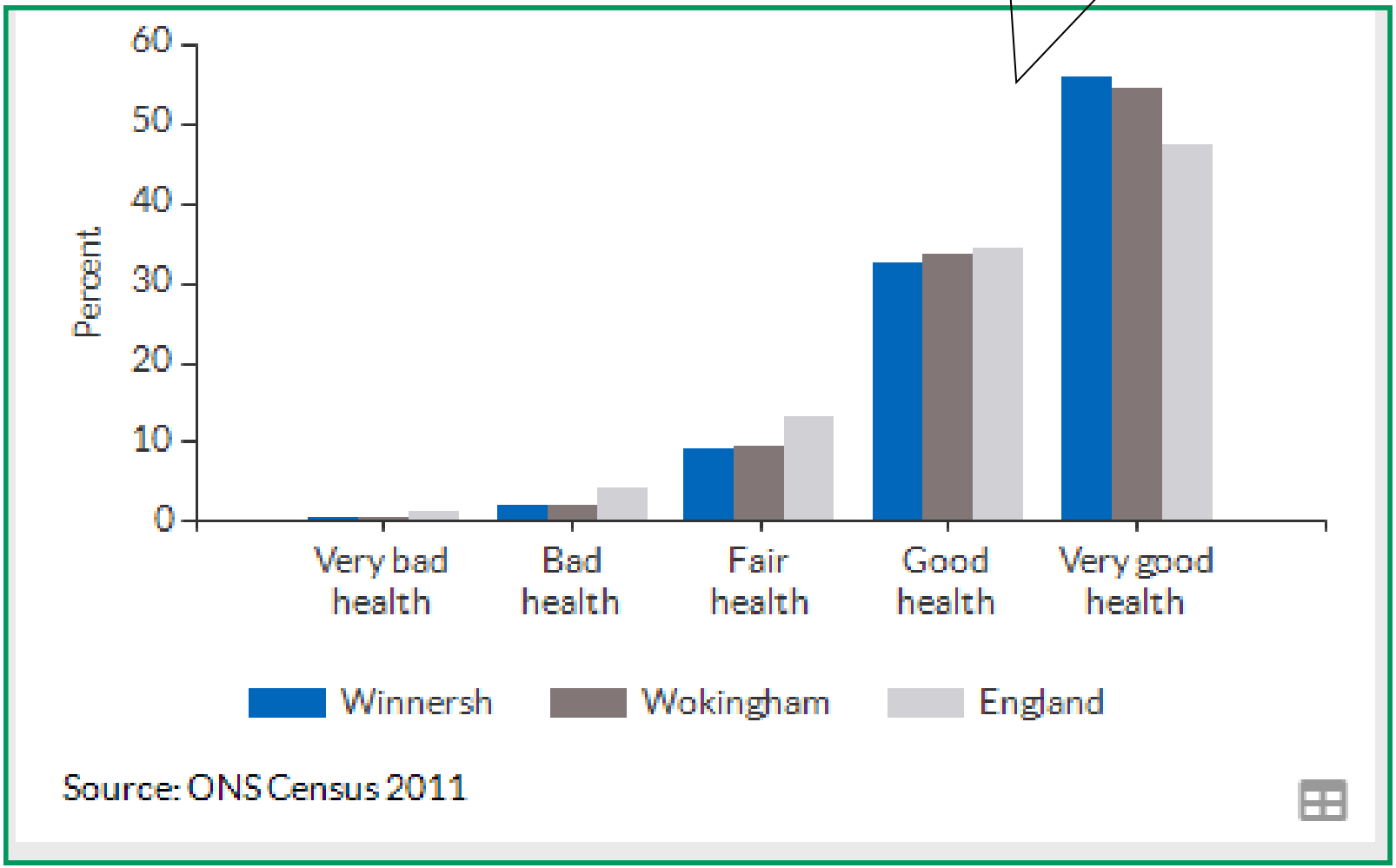
Relatively high smoking prevalence and respiratory diagnosis

| | Winnersh LSOA 009 | Winnersh | Wokingham Borough |
|---|---|---|---|
| % of population whose activity is limited a lot | -- | 4.7% | 4.7% |
| Average number of long terms conditions amongst 40+ years olds | 2.7 | 2.5 | 2.5 |
| % of population that provides unpaid care | -- | 8.6% | 9.0% |
| | | | |
| % of population with a mental health diagnosis | 15.5% | 11.6% | 15.3% |
| % with a cardiovascular diagnosis 18+ year olds | 23.1% | 23.2% | 23.1% |
| % with a musculoskeletal diagnosis 18+ year olds | 25.7% | 24.5% | 23.5% |
| % with respiratory diagnosis 18+ year olds | 9.6% | 8.8% | 8.4% |
| % smokers amongst 18+ year olds | 18.8% | 13.1% | 12.0% |
| % HbA1c over 6% amongst 18+year olds | 24.1% | 23.6% | 25.9% |
| | | | |
| Average number of prescriptions amongst patients who have had a prescription in the last year | 5.0 | 4.8 | 5.3 |
| Average number of GP consultations a year | 7.9 | 7.3 | 7.3 |
| Annual GP and Hospital cost per patient per year | £833 | £760 | £774 |

Sources of data: Berkshire Observatory and Insights Population Analytics

# Self-reported health

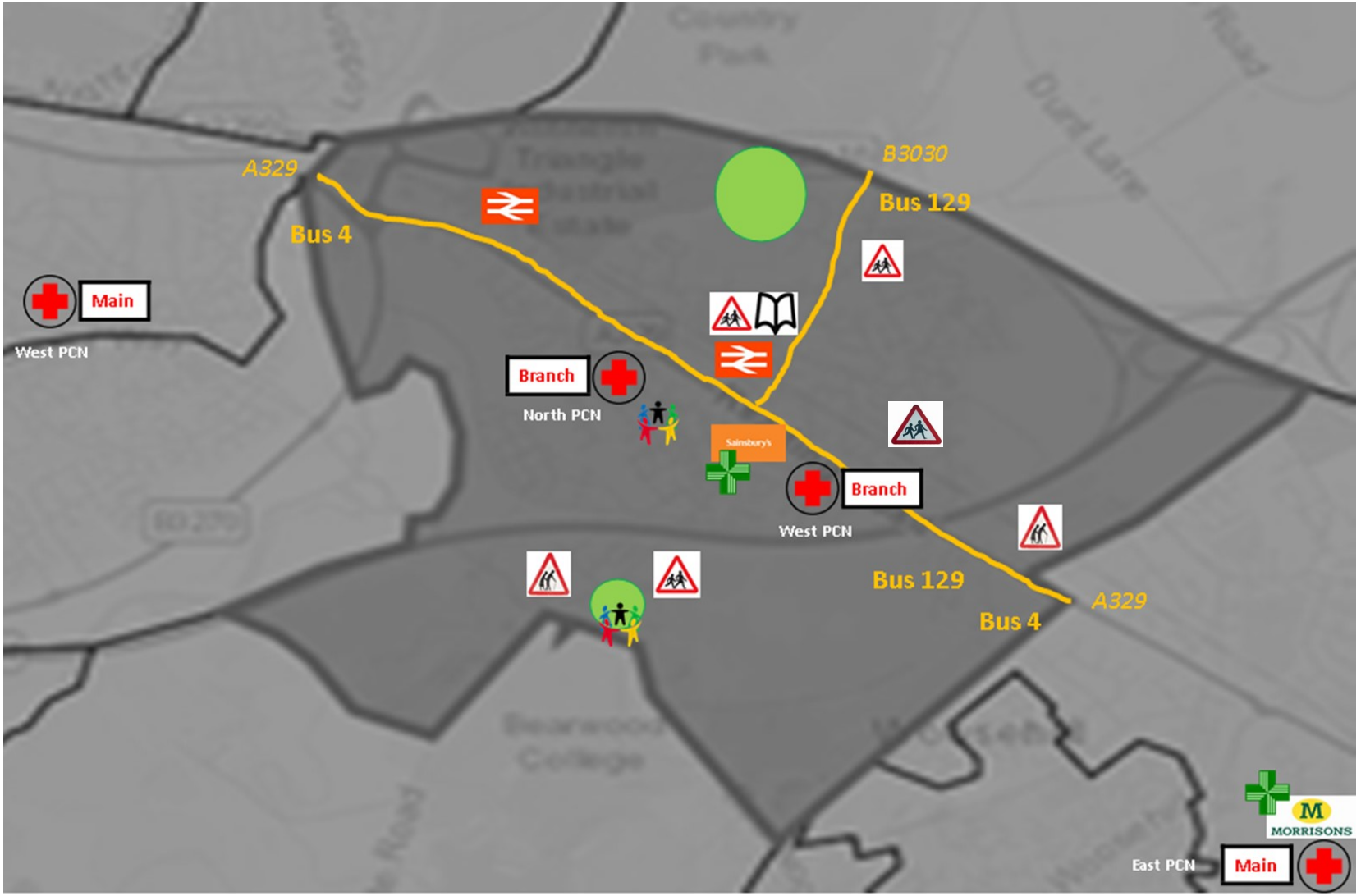
88% good/very good health for both Winnersh and Wokingham



# 4. Local Services

| | |
|---|---|
| GP Surgeries - Main  Sites | 0 |
| GP Surgeries - Branch Sites | 2 |
| Pharmacies | 1 |
| Care Homes | 2 |
| Libraries | 1 |
| Community Centres/Parish Rooms | 2 |
| Secondary Schools | 1 |
| Primary Schools | 3 |
| Main Shopping Centres/Superstores | 1 |
| Bus Routes | 2 |
| Railway Stations | 2 |
| Medium/Major Sized Open Spaces | 2 |
| Strategic Development Locations | 0 |

# 5. Local Services Map




| | | | | | |
|---|---|---|---|---|---|
| | GP Surgery | | School | | Library |
| | Pharmacy | | Care Home | | Railway Stn |
| | Open Space | | Community Centre | | SDL |

# 6. Determinants of Health

| Determinant | Metric | Winnersh | Wokingham Borough | Nationally |
|---|---|---|---|---|
| Economic | Unemployment rate | 2.8% (2011) | 2.5% (2019) | 3.8% (Eng, 2019) |
| | Economic activity rate for persons aged 16 -64 | 77% (2011) | 84% (2019) | 79% (2019) |
| | Claimant rate, persons aged 16+ | 1% (2019) | 1.1% (2019) | 2.9% (GB, 2019) |
| Housing | % housing rented from Council or other social landlord | 9.9% (2011) | 7.0 (2011) | 17.7% (Eng, 2011) |
| | % Overcrowding | 1.9% (2011) | | 3% (Eng, 2014-17) |
| | % households with no central heating | 0.8% (2011) | 1.2% (2011) | 2.7% (Eng, 2011) |
| Education and skills | % with no qualifications | 14.5% (2011) | 13.2% (2011) | 22.5% (Eng, 2011) |

Higher proportion of social housing

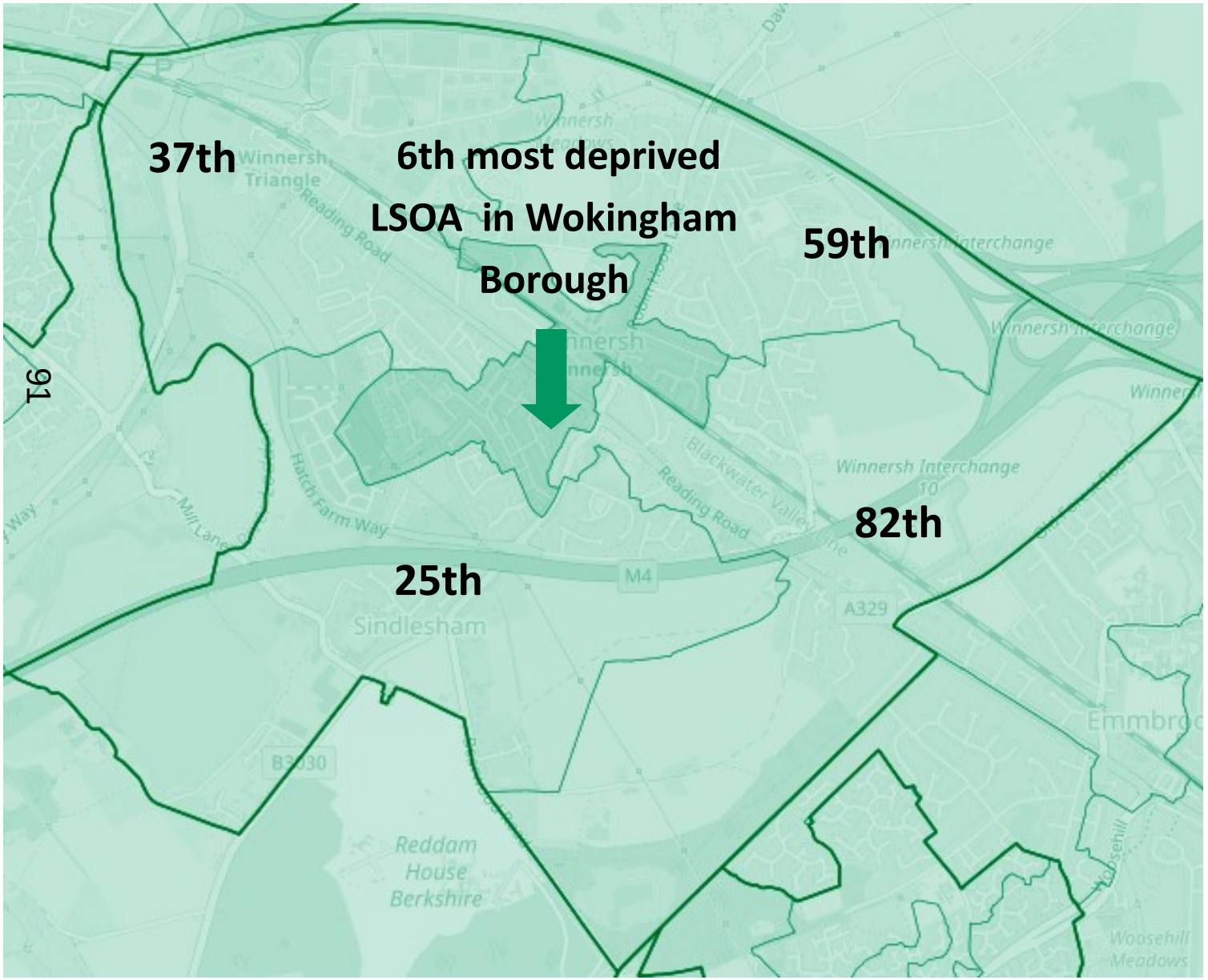
| Determinant | Metric | Winnersh | Wokingham Borough | Nationally |
|---|---|---|---|---|
| Environment | Air Quality - number of sites exceeding NO2 annual mean objective of 40µg/m3 (1) | 0/8 (2015) | 6/62 (2015) | -- |
| Crime | Violence and sexual offences per 1000 people | 15.1 (2019) | 12.5 (2019) | 30.2 (2019) |
| | Total crimes per 1000 people | 46 (2019) | 39 (2019) | 101 (Eng & Wales, 2018) |

**Higher crime rates than the rest of Wokingham, but much lower than the national average**

Sources of data: Berkshire Observatory unless stated

(1) 2016 Air Quality Annual Status Report, Wokingham Borough Council

# 7. Levels of Deprivation



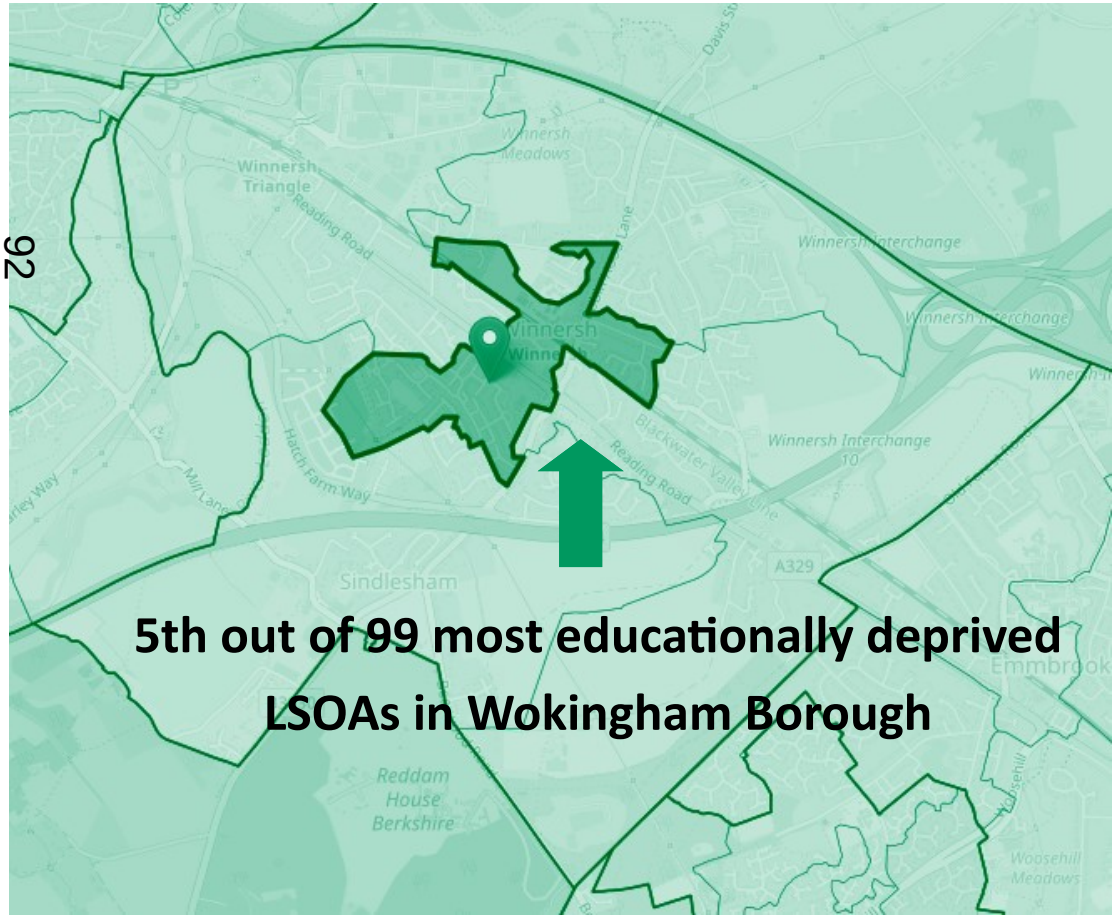

Ranking out of 99 Local Super Output Areas (LSOAs) within Wokingham Borough, where 1 is the most deprived and 99 the least deprived.

Indices of Multiple Deprivation (IMD)contains seven domains of deprivation:

- Income deprivation
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to housing and services
- Living environment deprivation

# 8. Deprivation domain where relative deprivation is greatest

- Winnersh LSOA 009
- Education, skills and training deprivation






**Sub Domain: Children / Young People**

- Average test score of pupils at Key Stage 2
- Average test score of pupils at Key Stage 3
- Best of 8 average capped points score at Key Stage 4
- Proportion of young people not staying on in school or non-advanced education above the age of 16
- Secondary school absence rate
- Proportion of those aged under 21 not entering higher education

**Sub Domain: Skills**

- Proportion of working age adults with no or low qualifications

# 9. Issues for consideration

1. Primary care being delivered by a relatively large number of GP practices.
2. Two branch surgeries with part-time opening hours and no direct public transport to their respective main surgeries (in Lower Earley and Woodley).
3. In and around LSOA 009:
   - Education, skills and training deprivation
   - Level of mental health diagnosis
   - Smoking prevalance

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**Appendix A**

| | |
|---|---|
| **TITLE** | **Designing our Neighbourhoods** |
| **FOR CONSIDERATION BY** | Wokingham Borough Wellbeing Board on Thursday, 10 October 2019 |
| **WARD** | None Specific; |
| **DIRECTOR/ KEY OFFICER** | Graham Ebers, Deputy Chief Executive |

| | |
|---|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | This report meets all three of the strategy priorities:<br>Priority 1 – Creating physically active communities<br>Priority 2 – Reducing social isolation and loneliness<br>Priority 3 – Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | Overall vision of "creating healthy and resilient communities" is being addressed with this project. |

| | |
|---|---|
| Reason for consideration by Wokingham Borough Wellbeing Board | To update the board on the progress of Designing our Neighbourhood and on the first event, as this significant project will be overseen by the Wellbeing Board. |
| What (if any) public engagement has been carried out? | None at present. |
| State the financial implications of the decision | None at present. |

**RECOMMENDATION**

That the Board reviews and agrees on the proposed first Designing our Neighbourhoods partnership event.

**SUMMARY OF REPORT**

This report outlines the first Designing our Neighbourhoods partnership event which will be held in the evening of 13th November 2019.

**Partnership Event – 13th November 2019**

At the last informal Wellbeing Board meeting, there was an in-depth discussion around the upcoming partnership event for Designing our Neighbourhoods. This event will be the first of a series of events that will examine the four Primary Care Networks (PCNs – North, South, East and West) for Wokingham.

*Purpose and Aims*

- Provide a common level of understanding of what is trying to be achieved
- Establish partnership connections around the four Primary Care Networks (PCNs)
- Begin to generate ideas to inform the thinking around what the neighbourhoods would look like

*Attendees*

It was agreed that the following list of key attendees will be invited to the first event:

| | |
|---|---|
| The Wellbeing Board | Ambulance |
| BHFT | Royal Berkshire Hospital |
| Clinical Directors | Headteachers |
| Voluntary Sector | Faith Groups |
| Towns and Parishes | Pharmacies |
| Police | Military Camp |
| Fire Service | |

It was also identified that the following groups will be invited to future meetings:

| | |
|---|---|
| Optalis | Adult Social Care Providers |
| Housing Associations | Councillors |
| University of Reading | MPs |
| Transport Providers | Probation Service |
| Early Years Providers | BME Forum |
| Local Businesses | Residents |
| Leisure Providers | |

*Event Details:*

Date: Wednesday 13th November 2019
Time: 18:00-21:00
Location: Sindlesham Court

*Event Format:*

- Presentation of "where we are now"
- Tables will be set out by PDNs which will consider gaps and identify opportunities for working differently for the wellbeing of the community. Ideally there will be representation from partners on each of the table depending on their location.
- Tables will then report back to the wider group
- A discussion on how to stay connected with other partners and thoughts for the future events.

The event will be interactive and encouraging of sharing views and perspectives on the communities and services within Wokingham. Discussions around the tables will be

focused on the three key Wellbeing Board priorities and how these could be addressed in the new PCNs. In order to highlight the PCN areas, there will also be four maps of each area which will be up during the event for partners to view what services and provisions are in each network.

Full information on the event along with the invitations will be sent out in the coming weeks.

**Actions & Next Steps**

The Designing our Neighbourhoods project group consists of Graham Ebers (Deputy Chief Executive), Katie Summers (Berkshire West CCG - Director of Operations Wokingham Locality) and Matt Pope (Director of Adults Services). Ahead of the event, the project group will meet to propose any questions to be raised and consolidate the order of the event.

- Phil Cook to draft an invitation tailored for the voluntary sector
- Tessa Linfield to lead on designing the introductory session of the event.
- Carol-Anne Bidwell to lead on organising the event refreshments
- Sally Moore to be in charge of communications and sending out invitations

**Analysis of Issues, including any financial implications**
None at present.

| **Partner Implications** |
|---|
| All partners to be aware of Designing Our Neighbourhoods and the opportunities it presents to the Wokingham Borough. |

| **Reasons for considering the report in Part 2** |
|---|
| N/A |

| **List of Background Papers** |
|---|
| None. |

| **Contact** Charlotte Seymour | **Service** |
|---|---|
| **Telephone No** Tel: 0118 974 6050 | **Email** charlotte.seymour@wokingham.gov.uk |

**Appendix B**

# AGENDA

| **Wokingham Design our Neighbourhoods event** | **Sindlesham Hall, Mole Road, Wokingham** | **Wednesday 22 January 2020** |
|---|---|---|
| | | |
| 6pm - Welcome | Charles Margetts, Chair, Wokingham Health and Wellbeing Board | Setting the scene. Introducing ourselves. What we hope to achieve this evening. Lead into video |
| 6.10pm – video | King's Fund Neighbourhood videohttps://www.youtube.com/watch?time_continue=1&v=itNE8uan8XI&feature=emb_logo | |
| 6.20 – PCN table work | Facilitators:<br><br>North (Matt Pope) East (Debbie Milligan) South (Graham Ebers) West (Katie Summers) | **Discussing the 3 key questions**:<br><br>How can we work better together to reduce social isolation?<br><br>What can we do to create physically |

| | | |
|---|---|---|
| | | active communities?<br><br>How do we work together to narrow the health inequalities gap? |
| 8.20 – Table feedback | Facilitators | |
| 8.45 – Close | Charles Margetts | Next steps |

**Appendix C**

INVITATION

*'Design our Neighbourhoods'*

***Wednesday 22 January 2020***

***Sindlesham Court, Mole Road, Wokingham, RG41 5EA***

***6 – 9pm***

*This will be a chance to meet up with members of the Health and Wellbeing Board, Directors from Berkshire West Clinical Commissioning Group, Clinical Directors from the Primary Care Networks, leaders of the voluntary sector and other major players within our communities.*

*What makes a neighbourhood? What would people like to see in their neighbourhood and what we can all do, together, to help make it happen? We would very much welcome your thoughts and suggestions which is why we'd like you to join us for an event on Wednesday 22 January 2020 at 6pm.*

*We all have a joint commitment to keep residents' needs at the centre of all we do. At the heart of this is our work with partners and local people to create communities where people's health, wellbeing and happiness are top of the agenda.*

*Adopting a place-based approach enables a community to maximise their assets and address issues at a neighbourhood level. From a healthcare and social care perspective this means bringing services together and offering support at a community level, shifting the focus away from hospital and long term residential care.*

*There's been a lot of activity recently to this end in both the NHS and within Wokingham Borough Council – the launch of the GP Primary Care Networks, the introduction of the Government's Long Term Plan for the health service and the creation of Localities Plus at Wokingham BC.*

*Given all these changes and developments, we feel now would be a good time to bring some of our key partners together to discuss and debate, listen and learn, suggest and share and continue our conversations about the way ahead.*

*We see this as the next phase in our ambitions to develop and fine tune our partnership working in Wokingham's neighbourhoods.*

*We look forward to welcoming you on the 22nd.*

*RSVP –sally.moore@royalberkshire.nhs.uk by 17 January*

| | |
|---|---|
| **TITLE** | **Strategy into Action** |
| **FOR CONSIDERATION BY** | Wokingham Borough Wellbeing Board on Thursday January 9th 2020 |
| **WARD** | None Specific; |
| **DIRECTOR/ KEY OFFICER** | Graham Ebers, Deputy Chief Executive |

| | |
|---|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | This report meets all three of the strategy priorities:<br>Priority 1 – Creating physically active communities<br>Priority 2 – Reducing social isolation and loneliness<br>Priority 3 – Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | Update the Board on actions taken towards implementing Strategy into Action. |

| | |
|---|---|
| Reason for consideration by Wokingham Borough Wellbeing Board | Update the Wellbeing Board on the progress of the Wellbeing dashboard 'refresh' and implementation of the strategy through the action plan. To seek views and ideas with regards to potential actions for the delivery of the strategy. |
| What (if any) public engagement has been carried out? | None at present. |
| State the financial implications of the decision | Resources will be steered into areas of most need. |

**RECOMMENDATION**

That the Board

1) agree the revised set of approximately 20 rationalised basket of indicators;

2) agree to identify any additional indicators that may be available in respective organisations and utilised to assist with monitoring of performance.

3) note the spotlight action case study.

**SUMMARY OF REPORT**

As part of Strategy into Action a basket of indicators to enable meaningful and effective performance monitor against the 3 key priorities has been created. It is essential for the set of agreed indicators to be purposeful and realistic, to move forward the previous 40 indicators have been distilled and revised down to a more focused set of 20. They have been filtered down through a process of most relevance and closest alignment to the objectives of the Wellbeing Bard. This paper is to seek approval for the rationalised 20 and correlating targets as attached in Appendix 1 and 2. Targets run to December 2021

| |
|---|
| enabling delivery plans to runs for 2 years. The Board will be able to monitor performance as each indicator is updated and refreshed. |

**Background**

As part of the October Board meeting there was considerable discussion about the setting of the right indicators and arriving a realistic and achievable targets. Therefore this paper is primarily focused on arriving at a dashboard that clearly sets out the indicators and targets.

Papers have been presented that have demonstrated a growing range of activities which are occurring to deliver against the Welling Strategy and there has been a spotlight on various topics. This paper includes a spotlight action on Wokingham Borough Council's Sports and Leisure team and highlights some of the work and activities being undertaken in line with achieving;

1. **Creating physically active communities**
2. **Reducing social isolation and loneliness**

**Spotlight Action**

The Sports and Leisure team have been working to implement a number of different projects across the borough to increase physical activity and tackle social isolation. An infographic is attached as Appendices 3 and 4 for further information.

It is anticipated that 2 new FTE members of staff will be joining the Sports and Leisure Team in the new year to further develop the art and culture offer Borough wide.

**Analysis of Issues, including any financial implications**

None

| **Partner Implications** |
|---|
| N/A |

| **Reasons for considering the report in Part 2** |
|---|
| N/A |

| **List of Background Papers** |
|---|
| N/A |

| | |
|---|---|
| **Contact** Narinder Brar, Graham Ebers | **Service** Corporate Services |
| **Telephone No** Tel: 0118 974 6557 | **Email** narinder.brar@wokingham.gov.uk, graham.ebers@wokingham.gov.uk |

| Priority | Indicator | Current Performance | Target for 2021 |
|---|---|---|---|
| 1. Creating physically active communities | 2.06i Prevalence of overweight (including obesity) Reception (4 - 5 years) | 18.80% | 17% |
| | 2.06ii Prevalence of overweight (including obesity) – 10-11 yrs. | 25.90% | 25% |
| | 2.12 Percentage of adults (aged 18+) classified as overweight or obese | 50.90% | 45% |
| | 2.13i Percentage of physically active adults | 73.50% | 75% |
| | Percentage of adults walking for travel at least three days per week | 19.50% | 21% |
| 2. Reducing social isolation and loneliness | B18a. Percentage of adult social care users who have as much social contact as they would like (18+ yrs) | 48.10% | 49% |
| | B18b. Percentage of adult carers who have as much social contact as they would like | 34.50% | 36% |
| | B05. 6-17 year olds not in education, employment or training (NEET) or whose activity is not known | 5.50% | 5% |
| | Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 | 32.10% | 31.60% |
| 3. Narrowing the health inequalities gap | 1.01i. Children in low income families (all dependent children under 20) | 6.30% | 5.70% |
| | C04. Low birth weight of term babies 37 weeks gestational age at birth | 2.17% | 1.67% |
| | Breastfeeding prevalence at 6-8 weeks after birth - current method | 61.80% | 62.80% |
| | C06. Smoking status at time of delivery All ages | 5.60% | 4.60% |

| | | |
|---|---|---|
| People invited for an NHS Health check | 0.90% | 1.90% |
| People taking up an NHS Health check | 0.70% | 1.70% |
| People receiving an NHS Health check | 85.20% | 86.20% |
| Free School Meals: % uptake among all pupils (school age) | 5.30% | 6.30% |
| Smoking Prevalence in Routine & Manual Workers current smokers (aged 18-64) | 23.10% | 22.10% |
| B02a. School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception | 54.10% | 55.10% |

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| Indicator Title | Framework | Source | Frequency Update | Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | Trend |
|---|---|---|---|---|---|---|---|---|---|
| 1.16 Utilisation of outdoor space for exercise/ health reasons (16+Yrs) | | Natural England: Monitor of Engagement with the Natural Environment (MENE) survey | Annual | High | Mar 2015 - Feb 2016 | * | * | * | |
| 2.06i Prevalence of overweight (including obesity) Reception (4 - 5 years) | Public Health Outcomes Framework | National Childhhood Measurement Programme | Annual | Low | 2018/19 | 18.80% | 17% | | Increase |
| 2.06ii Prevalence of overweight (including obesity) – 10-11 yrs. | Public Health Outcomes Framework | National Childhhood Measurement Programme | Annual | Low | 2018/19 | 25.90% | 25% | | Decrease |
| 2.12 Percentage of adults (aged 18+) classified as overweight or obese | Physical Activity - Fingertips Dashboard | Active Lives Survey, Sports England | Annual | Low | 2017/18 | 50.90% | 45% | | Decrease |
| 2.13i Percentage of physically active adults | Physical Activity - Fingertips Dashboard | Department for Transport (based on Active Lives Adult Survey, Sport | Annual | High | 2017/18 | 73.50% | 75% | | Increase |
| Percentage of adults walking for travel at least three days per week | Physical Activity - Fingertips Dashboard | Department for Transport (based on Active Lives Adult Survey, Sport England) | Annual | High | 2017/18 | 19.50% | 21% | | Increase |

| England Average | 2015 Deprivation Decile Average | Comments |
|---|---|---|
| 17.90% | | |
| 22.60% | | Increase from 17.8% 16/17 and 16.2% 17/18; |
| 34.30% | | Decrease from 26.6% in 16/17 and 26.1% in 17/18; |
| 62% | | Decrease from 53% in 2015/16 and 55% in 2016/17; |
| 66.30% | | Increase from 69.5% in 2015/16 and 71.2% in 2016/17; |
| 23.10% | | Decrease from 20.6% in 2015/16 and 21.9% from 2016/17 |

| Indicator Title | Framework | Source | Frequency Update |
|---|---|---|---|
| Children in low income families (all dependent children under 20) | Public Health Outcomes Framework | HM Revenue and Customs - Child Poverty Statistics | Annual |
| Low birth weight of term babies 37 weeks gestational age at birth | Public Health Outcomes Framework | Office for National Statistics | Annual |
| Breastfeeding prevalence at 6-8 weeks after birth - current method | Finger Tips - Breastfeeding Dashboard | Public Health England National Child and Maternal Health Intelligence Network | Annual |
| Smoking status at time of delivery All ages | Public Health Outcomes Framework | Smoking Status At Time of delivery (SATOD) | Annual |
| People invited for an NHS Health check | NHS Health Checks Dashboard Finger tips | Fingertips | Annual |
| People taking up an NHS Health check | NHS Health Checks Dashboard Finger tips | Fingertips | Annual |
| People receiving an NHS Health check | NHS Health Checks Dashboard Finger tips | Fingertips | Annual |
| Free School Meals: % uptake among all pupils (school age) | Finger Tips - School Readiness | Department for Education (DfE), EYFS Profile: EYFS Profile statistical series | Annual |
| Smoking Prevalence in Routine & Manual Workers current smokers (18-64) | Finger Tips - Local Tobacco Control Profiles | Annual Population Survey | Annual |
| School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception | Public Health Outcomes Framework | Department for Education, Early Years Foundation Stage Profile (EYFS Profile) | Annual |
| Under 18s conception rate /1,000 <18 yrs | Public Health Outcomes Framework | Office for National Statistics | Annual |
| To increase the diabetes diagnosis rate | | | |

| Good performance low/high | Most recent reporting period | Most recent performance | Target | Met/Not Met | Trend |
|---|---|---|---|---|---|
| Low | 2016 | 6.30% | -0.5% = 5.7% | | Decrease |
| Low | 2017 | 2.17% | -0.5% = 1.67% | | Increase |
| High | 2017/2018 | 61.80% | +1% = 62.8% | | Increase |
| Low | 2018/2019 | 5.60% | -1% = 4.6% | | Increase |
| High | 2018/2019 | 0.90% | +1% = 1.90% | | Decrease |
| High | 2018/2019 | 0.70% | +1% = 1.70% | | Decrease |
| High | 2018/2019 | 85.20% | +1% = 86.20% | | Increase |
| High | 2018 | 5.30% | +1% = 6.3% | | Increase |
| Low | 2018 | 23.10% | -1% = 22.10% | | Increase |
| High | 2017/2018 | 54.10% | +1% = 55.10% | | Increase |
| Low | 2017 | 6.90% | -1% = 5.9% | | Increase |

| England Average | 2015 Deprivation Decile Average | Comments |
|---|---|---|
| 17.00% | | Decrease from 6.8% in 2014 and increase from 6.0% in 2015 |
| 2.82% | | Increase from 1.71% in 2015 and 1.28% in 2016 |
| 43.10% | | Increase from 60.1% in 2015/16 and 60.2% in 2016/17 |
| 10.60% | | Increase from 3.8% in 2016/17 and 4.1% in 2017/18 |
| 17.60% | | Decrease from 11.8% in 2016/17 and 6.4% in 2017/18 |
| 8.10% | | Decrease from 7.7% in 2016/17 and 4.8% 2017/18 |
| 45.90% | | Increase from 65.3% in 2016/17 and 74.9% in 2017/18 |
| 13.50% | | Same as 5.3% in 2016 and decrease from 5.5% in 2017 |
| 25.40% | | Increase from 20.5% in 2016 and 15.6% in 2017 |
| 56.60% | | Increase from 52.3% in 2016/17 and 50.6% in 2015/16 |
| 17.80% | | Increate from 2015 and 2016 where the rate remained the same at 8.1% |

| Indicator Title | Framework | Source | Frequency Update | Good performance low/high |
|---|---|---|---|---|
| Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) | Public Health Outcomes Framework | Adult Social Care Survey - England | Annual | High |
| Social Isolation: percentage of adult carers who have as much social contact as they would like | Public Health Outcomes Framework | Personal Social Services Survey of Adult Carers in England | Annual | High |
| 6-17 year olds not in education, employment or training (NEET) or whose activity is not known | Public Health Outcomes Framework | Department for Education | Annual | Low |
| Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 | Fingertips - Mental Health and Wellbeing JSNA | Children in need statistics | Annual | Low |

| Most recent reporting period | Most recent performance | Target | Met/Not Met | Trend | England Average | 2015 Deprivation Decile Average | Comments |
|---|---|---|---|---|---|---|---|
| 2017/2018 | 48.10% | 49% | | Increase | 46.00% | | Decrease from 48.60% in 2016/17 and increase from 42.2% in 2015/16 |
| 2016/2017 | 34.50% | 36% | | Decrease | 35.50% | | Increase from 33.8% in 2014/15 and decrease from 42.2% in 2012/13 |
| 2017 | 5.50% | 5% | | Increase | 6.00% | | Increase from 4.4% in 2016 |
| 2017 | 32.10% | 31.60% | | Increase | 93.80% | | Increase from 10.7% in 2016 |

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# ARTS AND CULTURE EVENTS - 2020

| VENUE | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TOWN CENTRE | | | | International Wildlife, Poetry, Book and Theatre Days | International - Dance Day, World Tai Chi Day | Music Festival | Euro 2020, Olympics | Olympics | Ryder Cup | | Christmas Markets Santa's Grotto Ice Rink TC | Christmas Markets Santa's Grotto Ice Rink TC |
| WOKINGHAM/ELMS FIELD | | | | | | | Wimbledon Live Screen | Outdoor Cinema | Arts Trail | | | Carol Concerts |
| WOODLEY | | | | | | | | Outdoor Cinema | Arts Trail | | | Living Advent Calendar |
| TWYFORD | | | | | | | | | Arts Trail | | | |
| OTHER PARISHES | | | | | | | | | | | | |
| LEISURE CENTRES | | | | | | | | | | | | |
| LODDON VALLEY | Tea Dance Family Festival | Strictly Dance Family Festival | Afforable Arts Fair Family Festival | | | | | | | | Christmas Markets Santa's Grotto | Christmas Markets Santa's Grotto Primary School Carol Concert |
| ABORFIELD | | | | | | | | | Outdoor Cinema | | Maestro Music Festival | Maestro Music Festival |
| PARKS & OPEN SPACES | | | | | | Euro 2020 | | | Outdoor Cinema | | | |
| CANTLEY PARK | | Wokingham Half-Marathon | | Business It's a Knockout | Tai Chi in Park Masterclass Business It's a Knockout | Tai Chi in Park Masterclass | Proms in the Park Wimbledon Live Tennis Events Music Festival | Proms in the Park | Proms in the Park | | Fireworks | Santa Run |
| SCHOOLS | | | | | | | | | | | | |
| LIBRARIES | | | | | | | | | | | | |
| ALL | Book Festival | Book Festival | Book Festival | | | | | | | | | |
| COUNTRY PARKS | Sculpture Trail | Sculpture Trail | Sculpture Trail | Classic Car Show | | | Marvlous Proms in the Park | Proms in the Park | | | Festival of Light | |

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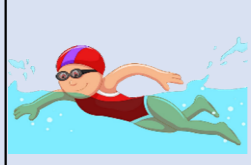
| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---|---|---|---|---|---|---|---|
| SPORTS & LEISURE | **FREE SWIMMING** **Loddon Valley Leisure Centre** **8.25-9.25**  | **HEALTH WALK** 10.00 DINTON PASTURES, HURST  | **SHORT STROLL HEALTH WALK** TIME CALIFORNIA PARK  | **CHAIR-BASED MOVEMENT & ACTIVITIES** 10.00 SALE GARDEN, WOKINGHAM  | **FREE SWIMMING** **Carnival Pool & Fitness** 9.30-10.30  | **DAILY WALK** 14.00 CANTLEY PARK, FAMILY & PETS + REFERSHMENTS  | **DAILY WALK** 14.00 CANTLEY PARK, FAMILY & PETS + REFERSHMENTS  |
| | **CHAIR-BASED MOVEMENT TO MUSIC** 10.15 POLEHAMPTON COURT TWYFORD  | **CHAIR-BASED MOVEMENT TO MUSIC** 10.00 DICKENS COURT, W'HAM  | **FIT FOR LIFE** 13.00 ST SEBS MEMORIAL HALL, W'HAM  | **SWIMMING** 14.00 CARNIVAL POOL  | **CHAIR-BASED MOVEMENT TO MUSIC** 10.00 TREACHER COURT TWYFORD  | **BOCCIA** 15.00 FAMILY WELCOME  | **GAMES FAMILY INVITED** |
| | **CHAIR-BASED MOVEMENT & ACTIVITIES** 13.00 FOSTERS RESIDENTIAL  | **CHAIR-BASED MOVEMENT & ACTIVITIES** 11.15 MEACHEN COURT. W'HAM  | **FREE SWIMMING** **Loddon Valley Leisure Centre** 14.00-15.00  | **STRENGTH & BALANCE AEROBICS** TIME COMMUNITY LOCATION  | **SHORT STROLL HEALTH WALK** 10.30 1/MONTH CANTLEY PARK  | **YOGA**  | **BOCCIA** 15.00 FAMILY WELCOME  |
| | **CHAIR-BASED MOVEMENT TO MUSIC** 14.00 SPRING GARDENS, W'HAM  | **CHAIR-BASED MOVEMENT TO MUSIC** 11.45 WESTMEAD DAY CENTRE, WOKINGHAM  | **SPORTING MEMORIES** 1.15 BERKSHIRE COUNTY SPORTS & SOCIAL CLUB, SONNING  | **DAILY WALK** 14.00 CANTLEY PARK, FAMILY & PETS + REFERSHMENTS  | **STRENGTH & BALANCE/AEROBICS** TIME COMMUNITY LOCATION  | **CHAIR-BASED MOVEMENT TO MUSIC**  | **SWIMMING**  |
| | **CHAIR-BASED MOVEMENT TO MUSIC** 14.30 ST NICOLAS CHURCH  | **STEADY STEPS** 13:30 LODDON VALLEY HEALTH & WELLBEING CENTRE  | **DEMENTIA FRIENDLY TEA DANCE** 1/MONTH W'HAM METHODIST CHURCH   | **TAI CHI**  | **TAI CHI**  | **CYCLING - SUMMER**  | **WALKING FOOTBALL - SUMMER**  |
| | **DAILY WALK TIME PETS WELCOME**  | **FREE SWIMMING** **Carnival Pool & Fitness** 15.00-16.00  | **CYCLING** TIME FINCHAMPSTEAD BC  | **YOGA**  | **BOCCIA**  | **TENNIS**  | **WALKING NETBALL**  |
| | **GARDENING** GARDENING CLUBS ALLOTMENT ORGANISATIONS  | **PILATES**  | **GARDENING**  | | **MEDITATION/PILATES**  | **CIRCUIT TRAINING**  | **STRENGTH & BALANCE**  |
| ARTS & CULTURE | **SINGING**  | **ARTS/CREATIVE** CREATIVEMINDS  | **INSTRUMENTS**  | **HORSE & CARRIAGE** NORWOOD  | **BOOK CLUB** LIBRARIES S&L VENUES  | **EVENTS** CINEMA CONCERTS THEATRE DANCE SHOWS   | **EVENTS** CINEMA CONCERTS THEATRE DANCE SHOWS   |
| | **DRAMA** WOKINGHAM THEATRE  | **KNITTING** KNEEDLES/SEWING BEES  | **HISTORY WALKS** **DOG WALKS**   | **IT TRAINING** LIBRARIES  | **MEDITATION** S&L VENUES  | **TEA DANCE**   | **TEA DANCE**   |
| | **IT TRAINING**  | **SEASONAL ACTIVITIES** XMAS WREATH MAKING  | **NUTRITION**  | **ARTS/CREATIVE** CREATIVEMINDS  | **EVENING CAFÉ** ASHRIDGE   | **IT TRAINING** LIBRARIES  | |
| | | | | | | **AFTERNOON / EVENING CAFÉ** ASHRIDGE LINK INVOLVE   | |

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**TITLE:** **Community Safety Partnership update**

**FOR CONSIDERATION BY:** Wokingham Borough Wellbeing Board Thursday 9 January 2020

**WARD:** None Specific

**KEY OFFICER** Graham Ebers, Deputy Chief Executive

| | |
|---|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | Priority 1 – Creating physically active communities<br>Priority 2 – Reducing social isolation and loneliness<br>Priority 3 – Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | The aim of the Wokingham Community Safety Partnership (CSP) is to reduce crime, disorder, substance misuse, and anti-social behaviour. Raising awareness and increasing reporting of hidden crimes. The partnership's statutory bodies include the Police, the Local Authority, the Probation Service, Health, Fire and Rescue and the Office of the Police and Crime Commissioner. These organisations work together to progress the work of the CSP strategy and respond to emerging themes. |

| | |
|---|---|
| Reason for consideration by Health and Wellbeing Board | For Information |
| What (if any) public engagement has been carried out? | None |
| State the financial implications of the decision | None |

**RECOMMENDATION**

That the Board note the report.

**SUMMARY OF REPORT**

The Community Safety Partnership has a number of different priorities that have been arrived at through a process of assessing all crime disorder and anti-social behaviour issues across the Wokingham borough. The overarching objectives feed into the overall priority of Creating Resilient Communities.

**Background**
**Progress against current priorities**

**Priority 1 – Creating physically active communities**
As part of increasing the number of diversion and prevention opportunities for young people in the Borough the Community Safety Partnership, Tenant Services commission Reading Football Club to deliver a "KICKS" project locally. The project both, which operates from several key hotspot locations aims to engage hard to reach young people, aged 11-19 years, all sessions are free. Sessions are football based, with numbers of young people worked with totalling approximately 328 unique participants; on average each group reaches 26 young people. Although the key aim of the project is diversion and prevention to reduce the likelihood of them becoming drawn into anti- social behaviour the young people's physical activity is also increased.

**Priority 2 – Reducing social isolation and loneliness**
A key part of the Community Safety Partnerships Strategy is to work to reduce the fear of crime, improve community cohesion, build the relationship with the voluntary and community sector and support community engagement.

As part of keeping engaged with our communities and ensuring that the Community Safety Partnership has an open dialogue with a cross section of local communities to both inform them of issues of concern and to hear their views. As well as this, the partnership held a community conference on the 27th of November at the Earley Crescent Resource Centre. It aimed to provide crime reduction information to older sections of the communities. The theme is burglary and the conference is a "roadshow" which will next be held in March in Wokingham Town at the Council Offices.

**Priority 3 – Narrowing the health inequalities gap**

**Community Alcohol Partnerships (CAP)**
Addressing Substance misuse issues across the Borough for both young people and adults is a key priority for the Community Safety Partnership. As part of a project to reduce alcohol consumption and related anti-social behaviour and detrimental effects on health the partnership is working with Trading Standards to implement a Community Alcohol Partnership.

This is a national scheme, part funded by retailers and work is carried out in identified CAP areas- presently there are two-Thatcham and TTC (Theale Tilehurst and Calcot), and the plan is for one in **Woodley**.

Proceeds of Crime funding is provided for 2 officers to provide support in the CAP areas. Plan is to provide a CAP area in Wokingham by early 2020. The objective is; to reduce harm caused by drinking alcohol-both to the individual and others that may be adversely affected by others drinking- examples of action plan items include Selling to those underage, binge drinking, risky behaviour, targeted interventions, drink driving, antisocial behaviour and alcohol related litter.

Identification of CAP area-needs assessment using following data: Public Health alcohol related hospital admissions, GP survey reports, schools survey data and TPO data, close working with partnership organisations-SMART, Public Health and Wellbeing, Police, South Central Ambulance Service, Schools, Hospitals, Youth Services. Provision of an action plan following baseline surveys in the areas identified as CAP

areas. Infographics are provided on these results (Appendix 1) Next step is a Baseline survey for 1. residents 2. Young People and 3. retailers selling alcohol.

| **Partner Implications** |
|---|
| None |

| **Reasons for considering the report in Part 2** |
|---|
| None |

| **List of Background Papers** |
|---|
| None |

| | |
|---|---|
| **Contact** Narinder Brar | **Service** Children Services |
| **Telephone No** | **Email** Narinder.Brar@wokingham.gov.uk |

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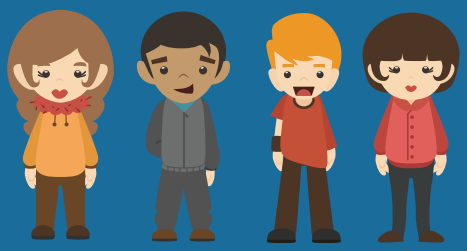
# Why Theale, Tilehurst and Calcot (TTC) as a Community Alcohol Partnership area?

A Community Alcohol Partnership (CAP) brings together local retailers and licensees, Trading Standards, Thames Valley Police, Health and Education services and local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour. The CAP model is unique in that it recognises retailers and licensees are part of the solution, and have been shown to be more effective than enforcement alone. CAP schemes draws on local partners to develop and implement delivery at a grassroots level

## Trading Standards Test Purchase Operations - Challenge 25 policy checks:




Fail rate overall

**58%**

Fail rate across TTC

**100%**

in the TTC area five stores were tested, all sold to a 20 year old volunteer without asking for ID


## Young people survey work - 11-17 year olds

**Results from 2018:**

### Do you drink alcohol?

District **59%**

TTC **80%**


### Have you drunk alcohol in the last month:


District **34%**

TTC **48%**

### I buy alcohol myself

District **3%**

TTC **7%**

### I drink alcohol in parks/public places

District **2%**

TTC **5%**

## Residents survey

**59%** felt alcohol related litter was a big or fairly big problem in Tilehurst.

**24%** see young people drinking alcohol in and around the area every week or every few weeks.

**47%** could identify hot spots where outside drinking takes place.

**53%** felt there is not enough for young people to do in the area.




West Berkshire COUNCIL

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**WOKINGHAM BOROUGH WELLBEING BOARD**

**Forward Programme from June 2019**

**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.**

# WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2019/20

| DATE OF MEETING | ITEM | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER | CATEGORY |
|---|---|---|---|---|---|
| **13 February 2020** | **Designing our Neighbourhoods** | Update | Update | Deputy Chief Executive | Performance |
| | **West of Berkshire Safeguarding Adults Partnership Board - Annual Report.** | Update | Update | West of Berkshire Safeguarding Adults Partnership Board | Performance |
| | **Update on the Emotional wellbeing and MH of CYP** | Update | Update | CCG/WBC | Integration |
| | **Strategy into Action** | Update | Update | Wellbeing Board | Performance |
| | **Updates from Board members** | To receive an update on the work of Board members | To update on the work of Board members | 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 |
|---|---|---|---|---|---|
| **9 April 2020** | **Designing our Neighbourhoods** | Update | Update | Deputy Chief Executive | Performance |
| | **Primary Care Mental Health and Mental Health Crisis Review** | Update | Update | CCG/WBC | Performance |
| | **Strategy into Action** | Update | Update | Wellbeing Board | Performance |
| | **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 | |



To be scheduled:

- **BOB ICS Plan**

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