WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held Virtually on **THURSDAY 11 JUNE 2020** AT **5.00 PM**

Susan Parsonage
Chief Executive
Published on 3 June 2020

This meeting may be filmed for inclusion on the Council's website.

Note: The Council has made arrangements under the Coronavirus Act 2020 to hold the meeting virtually via Team Meetings, the meeting can be watched live at the following link: https://youtu.be/rFqtioz5xKg

Please note that other people may film, record, tweet or blog from this meeting. The use of these images or recordings is not under the Council's control.

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Sam Burrows	NHS Berkshire West CCG
Carol Cammiss	Director, Children's Services
Chris Traill	Director Place and Growth
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntry Sector
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Tessa Lindfield	Strategic Director Public Health Berkshire
Nikki Luffingham	NHS England
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

62.   **APOLOGIES**
To receive any apologies for absence

63.   None Specific   **MINUTES OF PREVIOUS MEETING**   **7 - 12**
To confirm the Minutes of the Meeting held on
13 February 2020.

64.   **DECLARATION OF INTEREST**
To receive any declarations of interest

65.   **PUBLIC QUESTION TIME**
To answer any public questions

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

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

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

66.   **MEMBER QUESTION TIME**
To answer any member questions

66.1   None Specific   Gary Cowan has asked the Chairman of the
Wokingham Borough Wellbeing Board the following

question:
Question:

Dr Cathy Winfield CEO of Berkshire West CCG on May 21 stated at the West Berkshire Health and Wellbeing board that the NHS were able to step up their critical care criteria at the Royal Berkshire Hospital by not testing patients discharged from hospital into care homes, and as a result West Berks have had 118 deaths of which 60 have been in their care homes.

My reading of her comments suggested that she now appears to have admitted that this policy was a mistake.

My question is, of all the fatalities in Wokingham's Care Homes, how many were patients discharged from our hospitals and how many were not?

67.	None Specific	**UPDATE ON MENTAL HEALTH CRISIS REVIEW AND BUILDING A PRIMARY CARE MENTAL HEALTH OFFER** To receive an update on Mental Health Crisis review and Building a Primary Care Mental Health offer *(15 mins)*	**13 - 18**
68.	None Specific	**DESIGN OUR NEIGHBOURHOODS UPDATE** To receive the Design our Neighbourhoods Update. *(25 mins)*	**19 - 32**
69.	None Specific	**STRATEGY INTO ACTION** To receive an update on Strategy into Action *(20 mins)*	**33 - 56**
70.	None Specific	**CORONAVIRUS IN WOKINGHAM** To receive an update on coronavirus in Wokingham. *(20 mins)*	**57 - 72**
71.	None Specific	**INTEGRATION UPDATE** To receive an update from the Wokingham Integrated Partnership *(15 mins)*	**73 - 78**
72.	None Specific	**WELLBEING BOARD OVERVIEW REPORT JUNE 2020** To consider the Wellbeing Board Overview Report June 2020. *(20 mins)*	**79 - 96**
73.	None Specific	**WELLBEING BOARD ANNUAL REPORT** -To receive the Wellbeing Board Annual Report 2019-20 *(10 mins)*	**97 - 110**

74.   None Specific   **FORWARD PROGRAMME**   **111 - 114**
To consider the Board's work programme. *(5 mins)*

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 13 FEBRUARY 2020 FROM 5.00 PM TO 6.10 PM**

Present

Debbie Milligan	NHS Berkshire West CGC
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntary Sector
Graham Ebers	Deputy Chief Executive
David Hare	Wokingham Borough Council
Matt Pope	Director of Adult Services
Charles Margetts	Wokingham Borough Council
Katie Summers	Director of Operations, Berkshire West CCG
Carol-Anne Bidwell (substituting Tessa Lindfield)	Public Health

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Narinder Brar	Community Safety Partnership Manager
Peter Slade	Wellbeing Board and Community Safety Partnership Project Support
Andy Fitton	Assistant Director of Joint Commissioning NHS Berkshire West CCG

53.   APOLOGIES
Apologies for absence were submitted from Nick Campbell-White, Councillor John Halsall, Sarah Hollamby, Jim Stockley and Dr Cathy Winfield.

54.   MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Board held on 9 January 2020 were confirmed as a correct record and signed by the Chairman.

55.   DECLARATION OF INTEREST
There were no declarations of interest.

56.   PUBLIC QUESTION TIME
There were no public questions.

57.   MEMBER QUESTION TIME
There were no Member questions.

58.   EMOTIONAL WELLBEING AND MENTAL HEALTH FOR CHILDREN & YOUNG PEOPLE UPDATE (BERKSHIRE WEST 2019 LOCAL TRANSFORMATION PLAN)
Andy Fitton, Assistant Director of Joint Commissioning, NHS Berkshire West CCG, presented the Emotional Wellbeing and Mental Health for Children and Young People update.

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

- The Board received a yearly update on the Future in Mind response.
- The Transformation Plan would be presented to all relevant Wellbeing Boards.
- Board members were informed that Mental Health Support Teams were being set up in all of the relevant local Authorities. The mobilisation of the Wokingham team had begun in September 2019 and the team would hopefully be fully operational by September 2020. Work would be undertaken with 14 schools. The Mental Health Support Teams would provide advice, guidance and training. Early interventions would be built in. Board members were advised that cognitive behaviour therapy (CBT) often worked well when dealing with cases of anxiety and depression. Senior colleagues worked with cases that were more complex before they were referred to CAMHS.
- Children's mental health was a hard to recruit to area and continued to be an area of challenge as demand increased.
- The demand for community services such as youth counselling was also increasing.
- The complexity of some cases was increasing, in terms of the presentation and the individual's family life.
- Evidence back from families suggested that once individuals were accessing the services, they were receiving a good level of support.
- Following the completion of a service review, more financial investment had been secured for the Eating Disorder Service.
- Berkshire Healthcare Foundation Trust had secured funding from NHS England to build a new inpatient facility to replace Willow House in Wokingham. This would provide more capacity and reduce the number of children who had to be placed out of area. Councillor Hare asked when this would be put into place. Andy Fitton indicated that he would seek confirmation from Berkshire Healthcare Foundation Trust but that this was one change of several around the Prospect Park site.
- The Board noted the priorities going forwards, including continuing to build a 24/7 Urgent care/ Crisis support offer for children and young people.
- Katie Summers asked how the Transformation Plan tied in with Early Years. Andy Fitton stated that the CCG commissioned perinatal care but that early years was not a particular priority within the Plan. The early years approach, which was often orientated towards the family and ensuring a smoother transition between services for children and young people and adult services, was important.
- The Board discussed how it could be involved in taking the Plan forwards. Councillor Clark felt that preventative work needed to start earlier and that children needed greater opportunity to bond with their families.
- Philip Cook was of the opinion that it was a good plan but was quite reactive.

RESOLVED: That the refreshed Local Transformation Plan (October 2019) be endorsed and approved.

59.   DESIGNING OUR NEIGHBOURHOODS
Graham Ebers, Deputy Chief Executive presented a report on Designing our Neighbourhoods.

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

- A Designing our Neighbourhoods event had been held on 22 January and approximately 60 people had attended. Councillor Hare indicated that he had attended but that he had not been included on the attendance list.

- The report highlighted responses to different questions from groups focusing on the Primary Care Network areas (North, South, East and West), and common themes identified.
- Board members were asked to reflect on the event in order to inform future events to make the process as meaningful as possible. Board members were also asked to consider what actions now needed to be taken in response to issues raised.
- Councillor Margetts commented that lots had been said about publishing data about how people could be involved in the community, and having a central point for data. Katie Summers indicated that she and Matt Pope, Director Adult Services, had met to discuss this matter. There was lots of information available but people did not always know where and how to find it. They would propose to the Wokingham Integration Board that a mapping exercise be carried out of available data and that it be centralised through the Wokingham Directory. Katie Summers went on to state that if agreed this would be carried out as a potential Better Care Fund scheme. Councillor Margetts commented that it was vital that data was easy to find and navigate. Councillor Clark asked about those residents who did not have computers. Matt Pope stated that where access was an issue consideration would be given as to how the residents could access the data. Consideration would also be given as to how those with learning difficulties could access the data. In response to questions from Board members Matt Pope commented that should approval for the scheme be given by the Wokingham Leadership Board, an outline project plan would be brought to the Board's June meeting.
- Councillor Clark asked how more volunteers could be encouraged. Philip Cook stated that there was a need to reconsider what volunteering was perceived to be. He questioned whether the Council advertised all volunteer opportunities through the Wokingham Volunteer Services. Graham Ebers indicated that he, Matt Pope and Philip Cook would meet to discuss the matter further.
- The Board discussed potential quick wins.
- Katie Summers commented that the West group had suggested that information be put up in public about how many calories were burnt by walking so many steps.
- It was agreed that the Wokingham Integration Partnership and the Children and Young People Partnership would be tasked to identify a quick win for each of the Primary Care Network areas. Graham Ebers, emphasised that the Partnerships helped to bring conversations forwards around children and adults.
- Philip Cook commented that there could be a number of quick wins around communication.
- Councillor Margetts felt that more could be done to encourage physical activity and referred to cycle to school days where the pupils were then given a free breakfast. Councillor Clark suggested that there be more walking groups in the Borough to encourage more activity. Board members commented that many people drove to the Borough's country parks.
- Councillor Margetts commented that some of his residents had asked about developing greenways quicker. They needed to be well lit.
- Katie Summers commented that library services could be better utilised. Mental health workshops were held in some of the Borough's libraries. Dr Milligan commented that people used cafés and hairdressers more. Dementia friendly and mental health friendly cafes were discussed.
- Graham Ebers commented that it was important to share knowledge with the social prescribers to enhance the service and to mitigate the demand on GP time. Councillor Hare emphasised that it was important that there was dialogue between the social prescribers and the service providers, to ensure that referrals were not made to services that were already oversubscribed.

- Board members were asked to identify lessons learnt from the first event. Dr Milligan was of the opinion that the event had been very positive and that it had been good to hear other's views.
- Katie Summers stated that attendees should be written to with a high level summary of the output of the conversations had and the fact that they would be informed of the actions the Board would be taking forwards. Dr Milligan suggested that attendees be asked if there were outcomes and actions that they could contribute to.
- Councillor Hare commented that another meeting needed to be held reasonably soon before the good work of the first meeting was forgotten. Councillor Margetts suggested that another discussion and an opportunity to present ideas would be beneficial.
- Graham Ebers proposed that the structure of a further meeting be discussed at an informal Board meeting. Board members discussed when the next meeting should be held. It was felt that summer would be appropriate.

RESOLVED: That

1) the next steps for delivery and implementation of the results and feedback from the Designing our Neighbourhoods Event, be considered;

2) the Wokingham Integration Partnership and the Children and Young Peoples Partnership be tasked to identify a quick win for each of the Primary Care Network areas, arising from discussions had at the Designing our Neighbourhoods meeting.

60. DEVELOPING A SHARED STRATEGIC APPROACH FOR HEALTH & WELLBEING PARTNERS IN WOKINGHAM

The Board received a report on Developing a Shared Strategic Approach for Health & Wellbeing Partners in Wokingham.

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

- Matt Pope advised Board members that there was an opportunity to reinforce the impact of Wokingham's Joint Health and Wellbeing Strategy programme by embedding it in an overarching shared strategy for the Berkshire West Integrated Care Partnership (ICP), which covered the Wokingham, Reading and West Berkshire Council populations.
- There had been concerns previously that developing a shared overarching strategy would mean that local priorities might be lost. Board members were assured that the Wellbeing Board would have full oversight of the development of the strategy and would be able to withdraw at any time, should they wish.

RESOLVED: That development work to embed Wokingham's Joint Health & Wellbeing Strategy priorities within a Shared Health & Wellbeing Strategy across Berkshire West be supported.

61. STRATEGY INTO ACTION

The Board considered the Strategy into Action report.

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

- The Wokingham Integrated Partnership and Children and Young People's Partnership had reframed the conversation as to what action could be taken around the Health and Wellbeing Strategy's three key priorities.

- Board members welcomed the alignment with the work of the Wokingham Borough Wellbeing Board.

RESOLVED: That the update and progress made to date for the Wellbeing Strategy be noted and the implementation of the Strategy into Action be supported.

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

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

- Katie Summers indicated that an update on the engagement carried out around the CCGs and the BOB ICS would be taken to the April meeting.
- Philip Cook informed Board members of the Aware programme, a campaign to raise awareness on exploitation and crimes in the area, such as knife crime. The Police and Crime Commissioner fund had provided funding to help educate and raise awareness of these matters. Partners were asked to support and promote the event.
- Board members discussed the coronavirus. Katie Summers emphasised that residents should follow the Public Health England advice and guidance and phone NHS 111 if they suspected that they had coronavirus or had travelled from areas most affected. People would be turned away from surgeries or A&E if they presented with possible coronavirus. Katie Summers stated that consideration was being given to sending an advice SMS to every patient registered with a GP in Berkshire West.

RESOLVED: That the forward programme be noted.

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Wokingham Health and Wellbeing Board
11th June 2020

Report Title	Update on Mental Health Crisis review and Building a Primary Care Mental Health offer
Sponsoring Director	Katrina Anderson – Director Joint Commissioning (Berkshire West CCG)
Author(s)	Andy Fitton Assistant Director Joint Commissioning (Berkshire West CCG)
Purpose of item	To inform the Health and Wellbeing board on two Mental Health transformation priorities – Mental Health Crisis review and Building a Primary Care Mental Health offer

1. **Background**

Mental ill health is widespread and can affect people from all walks of life. National statistics show one in four adults and one in 10 children experience mental illness, and many more of us know and care for people who do.(NHSE 2019). People can recover from mental illness if they receive timely and appropriate treatment and support, but many people struggle to access mental health services when they need them.

In Berkshire West it is estimated that 14% of the population suffers from a common mental health condition. Adult Mental Health services are primarily provided by Berkshire Healthcare Foundation Trust (BHFT), commissioned by Berkshire West CCG and additional services commissioned from three other Local Authorities.

The local Integrated Care Partnership in Berkshire West has prioritised two transformational mental health projects.
- A review of mental health crisis services for the all age population of Berkshire West
- The development of a Primary Care Mental Health (PCMH) offer

2. **Mental Health (MH) Crisis Review:**

The review was initiated due to:
1. Increased number and associated cost of out of area hospital placements
2. Revised Section 136 legislation
3. Feedback from services users and carers requesting changes and improvements.
4. In preparation for transformation to meet the ambitions in the Long Term Plan (2019)

The review took placeplace from July 2019 to March 2020 resulting in a final recommendation report that was presented and approved at the April 2020 ICP mental health/ learning disability board for Berkshire West.

2.1 The MH Crisis Review and subsequent recommendation was seeking to:
   a) Improve access for mental health services and ensure they are readily available in a timely manner for all ages
   b) Provide an all age mental health liaison service in Emergency Department, acute hospital inpatient and meets Core24 standard
   c) Improve Mental Health crisis provision access for all ages 24/7 including use of NHS111 (crisis line and home treatment service)
   d) Provide alternative crisis provision for those in mental health crisis – sanctuaries/ crisis café
   e) Augment an Ambulance Mental Health response pathway (transport and trained MH staff)
   f) The MH Crisis Review to link in with the Urgent and Emergency Care Strategy

1

2.2 Mental Health Crisis Review process.

Berkshire West CCG has led a comprehensive eight month engagement and consultation piece of work with the significant support of health partners at Berkshire Healthcare Foundation Trust and the Royal Berkshire NHS Foundation Trust (RBFT), along with Thames Valley Police, South Central Ambulance Service, local authorities and voluntary sector. HW, service users and carers

A range of snr managers but more importantly frontline staff from these organisations have had many opportunities to feedback and influence the 14 recommendations outlined on pages 3 and 4 of this report.

In addition to the frontline practitioners involvement significant time was spent revisiting previous patient engagement work by Health Watch locally, RBFT and voluntary sector organisations. This provided a strong outline of the strengths and weaknesses of our current arrangements that again fed into the review.

However the review process took the time at the end of 2019 and into the start of 2020 to re-engagement with patient groups and our local voluntary sector to run a number of events to test the review findings and support the shaping of the final 14 recommendations.

2.3 Mental Health Review Recommendations

Set out below are the 14 recommendations that have been shaped by partners and patients through the review.

Review Theme	Rec. #	Recommendation
A single point of access for MH Crisis that is consistent and available 24/7 for all ages	1	**Urgent and Emergency Mental Health Crisis accessible via NHS111** **a.** This will be delivered by SCAS **b.** Mental Health Practitioners available within NHS111 to triage calls run by BHFT **c.** Ensuring various means of digital & technologic methods are made available and accessible to NHS111 (telephone and online access
	2	**Development of a new Crisis Line available 24/7 for all ages (BHFT Crisis Team)** **a.** Appointing dedicated specialist practitioners – to deliver on the CYP, OP & LD pathways **b.** Smart transfer to Crisis Line from NHS111 in a timely manner. **c.** A new & dedicated MH Crisis Professionals Line for partners seeking MH crisis support for example Police seeking guidance to place people on s136, a GP needs guidance for a person experiencing extreme distress in the community **d.** To increase accessibility to remote areas and meeting demand during peak crisis times providing digital access for example teams, email, LiveChat or SHARoN
	3.	**Development of specialist access for CYP : An improved CYP Crisis model offering crisis assessment in the community within 24-48hour of a referral** a. To design a new CYP MH Crisis de-escalation service for up to 72hours to provides intensive support and interventions whilst preventing or preparing for inpatient admission. Therefore need to explore with Local Authorities 3

2

		residential beds for CYP post a MH crisis episode, with wraparound MH support from BHFT.
	4.	**Improved access and input from Home Treatment Team** **a.** Enhancing the current RRT service provision for CYP with multi-agency input to support CYP in the community. Extending recruitment to cater to a wider skills mix within CYP teams **b.** With an improved Crisis Line (telephone triage) in place, HTT can respond more effectively to acute mental health problems by providing intensive home based therapies and support/focus on the alternative to admission.
	5.	**To review the use of the current crisis beds utilisation.** a. Broader understanding & utilisation the Urgent Care pathway to access the 2 crisis bed (gatekeeping and access by Urgent Care Team).
	6.	**OP HTT delivering parity of esteem** a. Integrating the Rapid Response Team & functional mental health team (physical & mental health team) to work collaboratively and provide a more coordinated multi-agency system response for delirium & dementia b. Supporting community placements (nursing home and residential homes) manage people better within their placement/homes c. To explore with Local authorities setting up 3 community 'step up respite beds' for <72hours offering OPHTT assessment to avoid a hospital admissions (home to home)
	7.	**PMS Core 24 Service** a. Implement transformation funding to facilitate additional resource of Band 7 advanced mental health practitioners to ensure PMS service at RBFT (run by BHFT) is compliant. b. Review deployment of team based on demand into RBFT if other recommendations and actions reduce impact on A&E.
Alternative to Crisis provision	**8.**	**Development of a pilot Crisis Café: Breathing Space delivered by Voluntary Sector and local provider (BHFT)** a. Market test and Procure new adults 1st Breathing Space (crisis cafe) to be in Reading using new co-produced service specification b. Ambition in next 5 years to have a Crisis Café in Wokingham & West Berkshire c. Review impact and opportunities with A Place Of Safety utilisation d. For CYP review the impact of the COVID-19 response set up at Early House and use recommendation 3a as starting point for alternative offer.
	9.	**To sustain and stabilise the Street Triage service and link with SCAS mental health vehicle set up** a. Ensure funding is recurrent for BHFT and review model with TV Police b. Set up a TV wide vision and delivery model for the SCAS Mental Health Vehicles that collaborates with the street triage offer.
Enhanced and better access to preventative Mental Health support from	**10.**	**Development of a new Primary Care MH pathway and Primary Care Mental Health (PCMH) team** a. PCMH team co-located within Primary Care Networks (PCN) offering direct MH support b. PCMH team will be inclusive, early help to avoid MH crisis & relapse,

3

and for Primary Care		c. Promoting parity of esteem & service user experience and outcomes d. PCMH – Multi-professional team enhancing the PCN offer e.g. pharmacists to advice on psychotropic medications & Voluntary sector – social prescribers e. Integrated PCN teams with social prescribers, pharmacists, physician associates , MH practitioners and many more
	11.	**Strengthen the peer support offer for Primary Care there is opportunity to explore the Distress Brief Interventions to support people in distress (offered by Voluntary Sector)** **a.** Telephone support for people in distress using a non-clinical model e.g. Samaritans/ Well-being hubs (link with Local Authorities on well-being/Public Health)
Communication and digital promotions about MH Crisis	**12.**	**Marketing the new Berkshire West Mental Health Crisis offer** a. Collaborative delivery of communications plan by Berkshire West CCG Communications Team & partners b. Maximise use of various media to communicate Berkshire West MH Crisis with promotional support from all stakeholders and partners c. Update of the new MH Urgent & Emergency Care Protocol d. Building on tools for MH resilience, self- care and MH awareness with local Public Health Consultants input
Improve education and training	**13.**	**Design a new comprehensive training package for MH Crisis (trainer led & online platforms)** a. Establish a minimum training package to offer Mental Health First Aid & case study simulation training & 'compassionate care'. b. Offer an integrated MH training for front-line staff, police, paramedic and primary care staff - help & ease to support any individual in need of MH support **c.** Through the Mental Health Support Teams and School Links projects ensure there is a standardised MH support offer to schools; use of PPEPCare
Effective Governance systems	**14.**	**Development of a Mental Health Partnership Forum (MHPF) & shared clinical governance structure - across the system (health, social care and voluntary sector)** a. Create a platform to host Mental Health Partnership forum for service users, carers/loved ones, and voluntary sector b. Develop a clinical governance structure to host MHPF and support co-production in developing future Mental health c. Shared access to personal records - Offering clinical digital access to people allowing them to share with family and carers *eg. safety plans*

2.4 MH Crisis review implementation in 2020/21

Our local Integrated Care Partnership has endorsed these recommendations and an action plan has been put together by the CCG. The COVID-19 outbreak has delayed elements of the plan being implemented but other aspects have already been successfully started, for example an already operational Mental Health crisis line run by BHFT now linked to NHS 111.

A project implementation group of partners has been set up and we fully expect to see more progress over the coming months, which will continue to be regularly monitored by the Mental Health and Learning disability programme board.

3. Building Primary Care Mental Health offer

The aim of this work is to set up a Primary Care Mental Health Offer for Berkshire West patients that improve the quality and accessibility of mental health care for the population. The achievement of this offer will be known by

- Driving up recovery rates

- Improved self-care (decreasing reliance on medical input)

- Decreasing demand on secondary and acute care

The primary care model or offer will therefore focus on

- Preventing escalation of needs by providing early help as soon as possible

- Supporting recovery away from secondary and acute mental health care

- Being integrated within the newly established GP Alliances services in the CCG area

- Being integrated within a secondary and acute MH Care service offer (Pathway)

- Being both multi-agency and multi-professional

3.1 Work completed to date

Berkshire West CCG has led a task group of health and LA senior managers to shape an initial model of delivery. The CCG has explored in detail other national models of a similar nature, drawing in particular from the Cambridge and Peterborough PRISM service - https://www.cpft.nhs.uk/Documents/Miscellaneous/Prism%20leaflet%20Feb%202018.pdf

Our model of delivery was then tested and shared with a wide group of voluntary sector partners, primary and secondary health care clinicians and front line staff as well as primary care patient participation groups in our GP practise areas. This enabled our model to be re-engineered with the local input of these key stakeholders.

3.3 Next Steps

Berkshire West CCG continues to work closely with the Clinical Directors of the Primary Care Networks and our secondary care provider, Berkshire Healthcare Foundation trust in the coming months to pilot a model of delivery. The Mental Health and Learning Disability ICP board will evaluate its impact before seeking approval to complete a full roll out.

5

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TITLE	**Design our Neighbourhoods Update**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 June 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Matt Pope, Director of Adult Services, Wokingham Borough Council Graham Ebers , Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	This meets all three priorities in the Wellbeing Strategy: • Reducing social isolation and loneliness • Narrowing the health inequalities gap • Creating Physically Active Communities
Key outcomes achieved against the Strategy priority/priorities	• Improved physical health of residents • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	To provide the Board with an update on the Design our Neighbourhoods approach
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	Nil

RECOMMENDATION

That the Board considers the next steps for the delivery and implementation of a neighbourhood approach to meeting the three priorities:
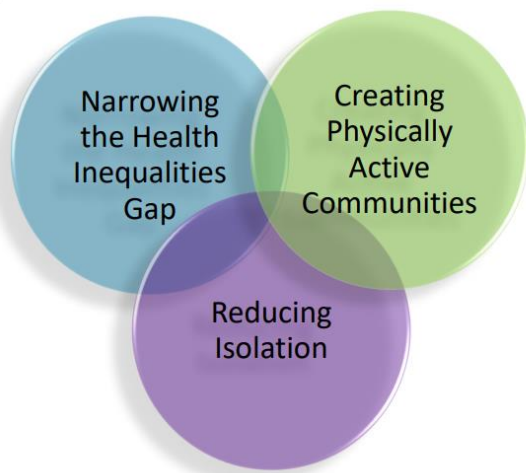
SUMMARY OF REPORT

Wokingham Borough Council and Berkshire West Clinical Commissioning Group organised the first event on the 22nd January 2020 at Sindlesham Court, Wokingham, Most regular meetings have been cancelled since mid March due to the COVID pandemic so there has been no progress with the outputs from the event.

Taking into account the outputs from the January 2020 event and the experience from managing the COVID pandemic the following key actions are proposed to take this area of work forward:

1. Implement the WBC Voluntary and Community Sector Strategy 2020-2025 with a focus on integration of services at a neighbourhood level. This will deliver improved coordination of multi-agency service response and improved signposting and use of technology to meet the social needs of residents.

2. Deliver the Strategy into Action Plan with a focus on what can be delivered as locally as possible and maximising the use of the local neighbourhood resources. We will take the Strategy into Action and make the actions local to each neighbourhood as appropriate

As part of delivering the above two actions :

3. We will undertake a mapping exercise of all local neighbourhood resources which support the three priorities of the Wellbeing Strategy.

4. We will set up a Partnership Forum to enable communication and sharing of ideas. This will also include running an event, such as the one held in January 2020, several times a year.

Background

Wokingham Borough Council and Berkshire West Clinical Commissioning Group organised the first event on the 22nd January 2020 at Sindlesham Court, Wokingham, The outputs from this event were shared with the Board at the meeting on 13th February 2020 and are included as an Appendix for easy reference.

Most regular meetings have been cancelled since mid March due to the COVID pandemic so there has been no progress with the outputs from the event.

During the COVID pandemic, there has been considerable joint working between the Council and the Voluntary and Community Sector to set up the Wokingham Borough Community Response service. As part of this service we have engaged locally with Town and Parish Councils and local neighbourhood groups to come together to deliver an efficient and effective service to meet the social needs of our residents during COVID.

The learning from the joint working over the past 10 weeks has been significant. We now have voluntary sector organisations working much more closely together in an integrated way to meet the social needs of our residents. When COVID pandemic emerged, there was a significant increase in the number of Volunteers who wanted to help. Many wanted to help in their local neighbourhood and this led to circa 17 local COVID support groups being formed right across the Borough. We have had regular 'team' meetings and this has really embedded the joint working. One example of working together is the faith sector came together to provide specific support into our Care Homes across the Borough. The staff and residents of our Care Homes have had a very challenging time and the support provided via Pastoral care and 'goody bags' has been a real help. Another example is the progress of using Population Health Management with our Primary Care Networks. We have been able to identify vulnerable patients at a Practice level and then integrate the response between WBC, the VCS and the Social Prescribing Link Workers to provide a proactive and responsive service.

This way of working has shown us that there is the ability to work in a much more coordinated and integrated way at a local level and this could be used as the approach to take forward the Design our Neighbourhood.

Taking into account the outputs from the January 2020 event and the experience from managing the COVID pandemic the following key actions are proposed to take this area of work forward:

1. Implement the WBC Voluntary and Community Sector Strategy 2020-2025 with a focus on integration of services at a neighbourhood level. This will deliver improved coordination of multi-agency service response and improved signposting and use of technology to meet the social needs of residents.

2. Deliver the Strategy into Action Plan with a focus on what can be delivered as locally as possible and maximising the use of the local neighbourhood resources. We will take the Strategy into Action and make the actions local to each neighbourhood as appropriate

As part of delivering the above two actions :

3. We will undertake a mapping exercise, by 30th November, of all local neighbourhood resources which support the three priorities of the Wellbeing Strategy.

4. We will set up a Partnership Forum, by 1 September, to enable communication and sharing of ideas. This will also include running an event, such as the one held in January 2020, several times a year.

Partner Implications
none

Reasons for considering the report in Part 2
Nil

List of Background Papers
Design our neighbourhood outputs

Contact Martin Sloan	**Service** Adult Social Care
Telephone No 07738 855327	**Email** martin.sloan@wokingham.gov.uk

Designing Our Neighbourhoods Event on 22nd January 2020

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 –

Narinder Brar	WBC – Community Safety Partnership
Jo Dixon	Healthwatch Wokingham
Rhian Warner	WBC – Wokingham Integrated Partnership
Tony Lack	Councillor - Evedons West (Wokingham Town Council)
Pat Sutlieff	Charvil Parish Council
Amit Sharma	NHS
Will Beacham	NHS
Dan Alton	NHS
Nicholas Austin	WBC – Interim AD Localities & Customer Services
Fiona Price	Age UK
Jenny Lamprell	WBC -

Phil Cook	Involve Community
Sarah Hollamby	WBC – Director Localities & Customer Services
Ian Montgomery	Shinfield Parish Council
Clare Rebbeck	Coats Crowthorne
Nicola Brock	NHS
Lesley Foxwell	Wokingham Without Parish Council
Amanda Cracknel	NHS
Helen Clark	NHS
Graham Jukes	Finchampstead Parish Council
Deana Humphries	WBC – Business Analyst
Mark Robson	NHS
Gary Edwards	NHS
Reva Stewart	NHS
Zora Morgan	Dingley's Promise
John Barnes	
Carol Cammiss	WBC – Director Children's Services
Sal Thirlway	WBC – AD Learning, Achievement & Partnerships
Adam Davis	WBC – AD Social Care
Majid Albvorz	BPC
Martin Sloan	WBC – AD Adult Services
Helen Edwards	NHS
Sheena Matthews	Parkside PPG
Perry Lewis	WBC – Financial Lead
John Halsall	Leader Wokingham Borough Council
Jim Stockley	Healthwatch
Cristina Bayliss	Stroke UK
Margie Walker	
Christine Knox	Wokingham Voluntary Services
Jim Kennedy	The Core Resource
B A Nicholls	Get Berkshire Active
Berry Blease	NHS
Sarah Richards	
Anne Kennedy	The Holt School
Mark Hainy	Young People with Dementia
Matt Pope	WBC – Director Adult Services
Lyn Percival	Agenda
Tessa Lindfield	Bracknell Forest Council
Debbi Milligan	NHS
Jan Broady	Thrive
Mark Redfearn	WBC - Localities
Peter Slade	WBC – Wellbeing Board Support
Philippa Chan	Head Crazies Hill Primary School
Charges Margetts	Councillor Finchampstead North, WBC
David Hare	WBC – Community Environment Officer
Richard Alexander	WBC – Libraries Manager
Aaron Plume	Wokingham Without Parish Council
Graeme Dexter	Barkham Parish Council
Rupi Joshi	Woodley Centre Surgery

Feedback from Regional Groups –

PCN Area NORTH Group Feedback

Facilitator: Matt Pope

Notes: Matt Pope

General Comments

NORTH

- PCN boundary doesn't necessarily make sense as a sizeable number of patients that use services in this area live outside the boundary
- 51.5k residents live in the area but 62/63k registered GP patients
- Different LA borders on this area this complicates things
- Care homes – large number of them in this area could be 400ish beds
- More housing development – has led to churn in population and increased footfall
- Geographically 2 areas - urban and rural

PCN Area EAST Group Feedback

Facilitator: TBC

Notes: Sally Moore

PCN Area SOUTH Group Feedback

Facilitator: Graham Ebers

Notes: Nicholas Austin and Sal Thirlway

PCN Area WEST Group Feedback

Facilitator: Katie Summers

Notes: Katie Summers

Question 1: How can we work better together to reduce social isolation?

NORTH

- Need to work with Schools as a rise in Mental Health issues for children, not just an older people's problem
- Physical isolation is a real issue in more rural areas – transport is an issue
- Lots of voluntary sector services we need to work together
- Friendship Alliance is really a good joined up example
- Workplace isolation is an issue – unemployment – pockets of relative deprivation
- Health and social care – community centres we need to get the best out of them
- Ambleside – was a good hub
- Need to do more work on the Data to identify need – use different sources from different organisation
- Social prescribing can help – better use of existing services
- Use Hubs – village halls etc – do more asset mapping
- Need information joined up and in one place
- Need to map need the map to existing provision
- Cross age working can really help e.g young people and older people
- More Volunteers needed
- Lots if things going on – central signposting is important
- Let's listen to communities gather soft data from Towns and Parishes

EAST

- Find out about what there is
- Assess services/transport -Crowthorne good neighbours does shopping, hairdressers
- Wokingham Without -= have no bus services. Need right number of buses
- Permitted developments for office blocks to flats
- Ability to go out – what are emotional barriers
- Build trusting relationships
- Need to support services users into new services
- Men in the Shed/nit and natter groups – need more
- Link visiting scheme – could we use this more to enable them to get more people accessing services
- Need better relations between BFBC and WBC area
- Lots of day services accessed by sheltered schemes
- How do we inform residents better about what's going on and services available
- Voluntary sector funding – it's done via streams of work and this means there is limited wiggle room

- Voluntary sector bound – set by councils and by KPIs which fie up good services. Need more outcome focused KPIs
- Bond /restrictions in governance which cause boundaries on all sides
- No lack of will from working together. Vol sector creates lot of energy
- 650 charities in Wokingham.
- Higher percentage of volunteers than any other councils
- Councils work on annual basis, not far into future as do voluntary sector
- Some people need more hand holding
- How do we know where social isolation is
- Need technology to support
- How do you reach the hard to reach
- We could use data and info on how we find people. Need an early warning system about people at risk
- Postman an untouched area of help
- CAB outreach in Wokingham Without.

SOUTH

- What does it means and how do we know who is socially isolated?
- How do we better enable them to reach out and access services
- Can Voluntary services help fill some of the gaps? For example, hospital discharge.
- How can the voluntary sector bee supported to make sustainable
- We need to share and promote information on what's available and how people can help
- Identify who is operating within the community sector within our PCN area
- Understand the capacity and capability in the Parish councils to support the agenda
- Focus response when a life event occurs and on prevention to prevent occurring
- There's a tension between centralisation of medical services and locality
- Geographical isolation if cannot drive, make medical appointments, social gatherings activities
- Transport voluntary car schemes, Link visiting service, befriending, ready bus, keep mobile – need for signposting
- Would be good for GP practices to have social prescriber, named social work and housing contact etc.
- Extending social prescriber model into Royal Berks Hospital
- Using Technology will assist, such as skype
- Draft out and maps some case studies to show connections that are there already and identify the gaps and help identify improvements
- Need to integrate our voluntary strategy to support this agenda and resilient communities

WEST

Question 2: What can we do to create physically active communities?

NORTH

- Transport to green spaces is an issue
- Park runs/park walks – have more of them and make them local
- Promotion - hard to reach groups need to target help in places or ways that make sense to these groups.
- Design of space is actually good lots of green space but not everyone knows about them
- Cycle routes – more of
- Local together – use digital services to promote
- Couch to 5k – in each practice/every school would be a good target
- Still too car dominated in this area
- Falls prevention – is really important need more of this type of service
- Walking groups and running groups
- Outdoor gym equipment in parks etc.
- Beautiful places challenge is a good idea
- Are all green spaces accessible enough we need to check this

EAST

- Working with youth groups
- Crowthorne trails
- Improve cycling and conditions on roads. Better greenways
- Ban cars near schools
- No Drive days in Wokingham?
- Ban particular days cars in town centre
- Do we have willing populations
- Work closer with parish councils and planning teams to deal with greenway processes and applications
- Schools – need to do more. Girls don't cycle as much. Feel unsafe on roads/won't wear helmets because it spoils their hair.
- Parents too scared to let children cycle
- Bigger companies put showers facilities
- Talk to those who cycle about how to make it better. How can big companies help – can they incentivise employees/employers, big organisations to encourage people to move
- Companies to give rights and say it's ok to move and get out
- Daily rule in schools – walk to school incentives
- Voluntary sector – sports clubs, activities
- Start young – places for leisure, parents educating children
- Affordability
- Youth gyms – cost or free
- Schools – in holidays free swims for free school meal children
- Crowthorne trails – treasure hunt

SOUTH

- Need to start young
- Schools are key – how can we support , Physical Education and Healthy schools programme
- Infrastructure is important.
- Greenways are a good start but need to be more connected and lit at night and provide more routes to school away from roads
- Keep pitches properly mown/ maintained so can be used
- Park runs are well attended
- Key time for support is change to adolescence
- How can we motivate
- Need clear communication of what is out there clubs, sports , activities
- Can we produce / promote a central list
- Not everyone up for organised sport but other activities can increase confidence and get people moving and away from screens
- Play and activities are a good way in
- Finchampstead Baptist Church (FBC) is a good example, what can we learn from them?
- Need awareness of existing / more indoor spaces so activities can go on all year round and in bad weather.
- Can Technology help with motivation – Thrive example of provision of a step counter as part of joined up working with support at home around diet and motivation
- Can we utilise non-traditional approaches
- Get case studies of what has worked elsewhere
- Utilise Peer buddying and neighbouring support
- Ask people what they want and what they would use don't just assume
- Need to work on fear of crime as some play spaces are being underutilised and can become a source of ASB
- Build on good news, keep promoting the messages proactively, why don't you style campaigns
- Link to mentoring other schemes, use different messages

WEST

Question 3. How do we work together to Narrow the health inequalities gap?

NORTH

- Young peoples' mental health is an issue
- We need real projects, start small
- Lots of IT professionals in the area – could volunteer to support people to use technology better to improve health
- CAB – we should involve them
- Use employers – get a model going to help mental health in the work place
- Increase in food banks is a worry we should link to other services that can help
- Think about finding ways of meeting hard to reach groups in innovative fun ways

EAST

- Less cars on roads – greenways and cycle paths
- Pockets of areas in Borough where smoking levels are higher
- Run project where people who don't need winter fuel payments donate to families who need it
- Define what level we want people to rise to
- Access to food – good food
- Cooking lessons and ideas
- Community larder – hopefully starting soon. Middle ground between foodbank and supermarket. Pay £2-£3 a week to access
- Grab Club – well attended
- Tesco CWB card points – donate to local food projects
- Farmers to donate fresh food,
- Food bank vouchers
- School and education – better teaching for children to learn to cook
- Planning guidance around takeaways near schools
- Asset map
- Smoking -higher number in manual workers
- Healthier lifestyles, encouraging people to join in more

SOUTH

- Be clear about what we mean by Health Inequalities
- Is it just living longer and healthier?
- Pockets social and community disadvantage
- Need a concentration of thought and services around Gorse Ride to deal with shorter term issues before the regeneration
- Need to ensure we monitor Air quality properly
- We need to understand the gaps
- Pockets will become increasingly different as new development changes the area

- Need public health input for targeted responses – ward level analysis is not granular enough
- Identify hidden need in a generally affluent area
- Identify the challenges and issues
- How can we deal with the challenge around NHS recruitment
- Need to educate so people can make better choices
- Develop a local plan to tackle the issue

WEST

General Summary of approach to finding Solutions

NORTH

- Start small, start simple and don't mind if we fail
- Pool budgets and try things
- Make sure the solutions are fun
- Use technology to help – Apps etc
- Children centres 2 in the area let's use them
- Hubs are a good idea but use the buildings that are already used
- Join up – be ambitious
- Include the Town and Parish councils they may have money

Common Themes –

Question 1: How can we work better to reduce social isolation?

- ➢ Groups wanted a better understanding of what Social Isolation was.
    - o How do we know who & where they are.
    - o How do we reach them.
- ➢ General feeling was there are many charities and volunteers, (one group wanted more volunteers).
- ➢ A clear message of better co-ordination between charities, volunteers and councils throughout the borough.
- ➢ Improved signposting and using technology to do so.

Question 2: What can we do to create physically active communities?

- ➢ Better promotion of the Green and Blue areas of the Borough.
    - o Charities and groups holding activities at these location.
- ➢ More promotion of Healthy activities.
    - o For example - Couch to 5k.
    - o Promote leaving your car at home (improved transport facilities also noted).
    - o Peer group/mentoring programmes.
    - o Charity support.
- ➢ Improved communication promoting to young people, schools.
    - o To get the message to the young to create the healthy culture.
    - o Contact and promotion to schools.
- ➢ Use of technology to promote walks, cycles, runs.
    - o Route suggestions (Strava, Zwift, Map my..).
    - o Social media groups to give peer/mentoring support.
- ➢ More communication with residents to understand what they would like available.

Question 3. How do we work together to Narrow the health inequalities gap?

- ➢ Find ways of meeting hard to reach groups/areas of the Borough
    - o Asset map highlighting where the support is – eg foodbanks,
- ➢ Better and more Education/Promotion of:
    - o Help people making better choices.
    - o Mental Health (particularly with young people).
    - o Cooking and eating healthy (particularly with young people).
    - o Less use of cars – improving the environment (Air Quality).
    - o Buy in from Businesses around the Borough.

TITLE	**Strategy into Action**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 June 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Matt Pope, Director of Adult Services, Wokingham Borough Council Carol Cammiss, Director of Children Services, Wokingham Borough Council Meradin Peachey, Interim Head of Public Health, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This meets all three priorities in the Wellbeing Strategy: • Reducing social isolation and loneliness • Narrowing the health inequalities gap • Creating Physically Active Communities
Key outcomes achieved against the Strategy priority/priorities	• Improved physical health of residents • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	Reviewing progress and considering how well the proposed actions are working
What (if any) public engagement has been carried out?	Public Health has reviewed progress with indicators and actions proposed and liaised with a small group of LA colleagues and the CCG.
State the financial implications of the decision	None

RECOMMENDATION

1)   To review the proposed actions where indicators have not improved;

2)   To add short term measures as a way of measuring interim progress including qualitative views from the residents;

3)   To review actions to reduce inequalities in health as a result of the Pandemic.

SUMMARY OF REPORT

The strategy was developed in 2018 with three clear priorities to create healthier and resilient communities.

The indicators are mostly based on the PHOF, social care and health indicators that have been measured regularly.

A recent Board report on actions and indicators is included for reference.

There is less information on short-term measures or qualitative feedback on how the actions are progressing.

This report is an overview of progress against some of the key indicators and makes some comments on short and long-term indicators.

There is progress against the levels of inactivity in the Borough but there needs to be some measures as to whether the at risk groups such as those with long term conditions are also reducing inactivity.

There are good long-term social isolation indicators being measured. There does not appear to be much progress, but this is because they are longer-term measures. Some qualitative surveys and short-term indicators may give more information about whether progress is being made in the short term, some are suggested.

Narrowing health inequalities is vast. This strategy focusses on enabling those with mental illness to achieve greater employment opportunities and narrowing the achievement gap of children in the early years with a particular focus on the role of Health Visitors as a team with early years professionals.

Narrowing the achievement gap might benefit from some shorter term measures on the quality of teamwork across professionals in the early years, feedback from parents and carers, and health indicators for children in the care system as a vulnerable group. However, the education gap has narrowed between Looked after children and the rest of children.

As a result of the pandemic, there will be a significant change in mental well-being in the Borough. We do know that those in the lower income areas are suffering more cases and more deaths from COVID -19 and there is a disproportionate effect on those from Black and Ethnic Minority Communities.

The Board needs to consider revised action for reducing inequalities as a result of the pandemic. There is a separate report on the potential health impacts of Covid-19 with suggested indicators.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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37

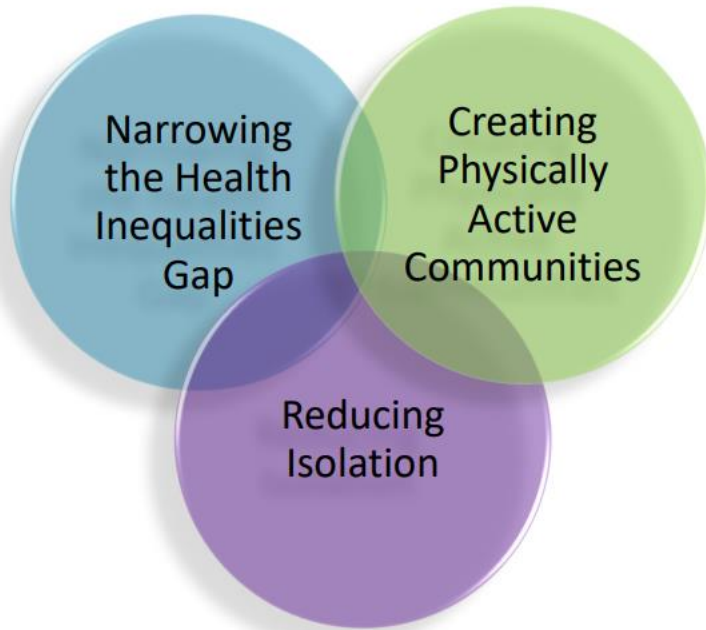# Wokingham Joint Health & Wellbeing Strategy
2018 – 2021

Progress Update June 2020
public.health@wokingham.gov.uk

CONTINUOUS
IMPROVEMENT
PROGRAMME

Creating Healthy & Resilient Communities for Wokingham

This presentation provides a progress on:

➢ performance against the original long term indicators and targets set out in Wokingham's Joint Health & Wellbeing Strategy 2018 – 2021;

➢ Additional long term and short term public health indicators to help measure local progress

➢ A focus on delivery of actions

Priority 1: Creating physically active communities

| Aim | To get more people of all ages and abilities more physically active by 1) getting more people out using green and blue spaces 2) promoting more active travel and 3) encouraging more children to get at least on hour of physical activity every day |

Strategies/ Plans	Short term success progress	Gaps in delivery	Long term success measures
• Wokingham Borough Council Community Vision 2020 to 2024 • Wokingham Joint HWB Strategy 2018 - 21; • Sport England: towards an active nation, strategy 2016-2021 • Wokingham Borough Council Leisure Strategy • Wokingham Borough Council Active Travel Plan 2011 – 2026	1. Target of achieving 14% of adults physically **inactive** (completing less than 30 minutes of physical activity a week) by 2021 is on track. Latest data reporting shows a decrease from 18.9% which was reporting in 2017/18. 2. Target of achieving 75% of physically active adults as been achieved. The latest data 2018/19 showed 75.3%, an increase from 73.5% in 2017/18.	1. Although the % of physically inactive adults has improved, increased participation is needed in targeted groups (i.e. Long term conditions, inactive women, BME communities, low income, elderly, carers) as well as physical inactivity 2. Current gaps in Tier 2 and 3 adults weight management service in Wokingham/Berkshire impacting on local obesity pathways.	1. Percentage of adults walking for travel at least three days per week 2. NEW Percentage of adults cycling for travel at least three days a week 3. % of adults physically inactive (completing less than 30 minutes of physical activity a week) 4. Percentage of physically active adults 5.Percentage of adults (aged 18+) classified as overweight or obese 6. NEW Percentage of activity levels for children and young people 7. Prevalence of overweight (including obesity) Reception (4 - 5 years and Yr 6)

Priority 1: Creating physically active communities	Most recent reporting period	Most recent performance	Target	Met/Not Met
Percentage of physically inactive adults	2018/19	16.10%	14%	Not Met
% of teenagers with an average sedentary time of over 7 hours per day	*	*	*	*
Utlisation of outdoor space for exercise/health reasons (16+ years)	Mar 2015-16	*	*	*
Prevalence of overweight (including obesity) Reception (4-5 years)	2018/19	18.80%	17%	No update
Year 6: Prevalence of overweight (including) obesity	2018/19	25.90%	25%	No update
Percentage of physically active adults	2018/19	75.50%	75%	Met
Percentage of activity levels for children and young people	2018/19	41.10%	NEW	
Percentage of adults walking for travel at least three days per week	2017/18	19.50%	21%	No update
Percentage of adults cycling for travel at least three days a week	2017/18	1.50%	NEW	
Percentage of adults (aged 18+) classified as overweight or obese	2018/19	50.90%	45%	Not Met

*Indicators which are no longer updated and we recommend to remove
Updated indicators are highlighted in grey
To access PHOF fingertips dashboard – please click here

Priority 2: Reducing loneliness & social isolation

Aim

To combat loneliness and social isolation across the lifecourse:
Children & adolescents, adults (working age population), the retired & elderly.

Strategies/Plans

- Wokingham Joint Health and Wellbeing Strategy
- Central Government plan for tackling loneliness
- Emotional Wellbeing and Mental Health for Children & Young People (Berkshire West local Transformation plan)
- Wokingham Library Offer
- WBC Leisure Strategy

Short term success progress

- % of adult carers who had as much social contact as they wanted: Figure for 2016-17 was 34.5% , the target set was 36% and the newer value for 2018/19 was 37.1%
- Development of social prescribing platform: www.exploreJoy.co.uk
- Wokingham library Services running a variety of programs to engage with local residents – building meaningful interactions and social networks.
- Sports and leisure services engaging with vulnerable groups at risk of social isolation and loneliness.

Gaps in delivery

- Improving children and young people's resilience in schools
- Improving Support systems for young carers
- Improved Strategies to reduce residents who are NEETS
- Data driven social prescribing

Long term success measures

- % adult social care users who had as much social contact as they wanted
- % of adult carers who had as much social contact as they wanted
- [NEW] % of 16-17 year olds not in education or training.
- [NEW] Rate of children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18.
- [NEW] Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability
- [NEW] Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability
- [NEW] Hospital admissions due to substance misuse (15-24 years)
- [NEW] Admissions as a result of self-Harm (15 to 19 year olds)
- [NEW] Qualitative surveys measuring loneliness among different age group

42

Indicator Title	Frequency Update	Most recent reporting period	Most recent performance	Target	Met/Not Met
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	Annual	2018/19	42.10%	49%	Not Met
Social Isolation: percentage of adult carers who have as much social contact as they would like	Annual	2018/19	37.10%	36%	Met
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	Annual	2018	4.50%	5%	Not Met
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	Annual	2017	32.10%	31.60%	No Update
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability	Annual	2018	84.80%	TBC	No Update
Hospital admissions due to substance misuse (15-24 years)	Annual	2016/17 - 18/19	69 per 100,000	TBC	No Update
Hospital admissions as a result of self-harm (15-19 yrs)	Annual	2018/19	964.8 per 100,000	TBC	No Update

Updated indicators are highlighted in grey
To access PHOF Fingertips Dashboard – please click here

Priority 3: Narrowing Health Inequalities

Aim	To close the gap between what a child who is born today in the most deprived areas and those in the least deprived areas will experience over their life time.

Strategies/ Plans

Wokingham Borough Council Community Vision 2020 to 2024 Wokingham Joint HWB Strategy 2018 - 21;
Adult Social Care Services Commissioning Strategy 2016 - 2021
Wokingham Children & Young People Plan 2020 – 2023
Special Education Needs and Disabilities (SEND) Strategy 2019-21

Short term success progress

1.The target of 60% by 2021 for gap in employment rate between those in contact with secondary mental health services and overall employment rate is on track -   - WBC **improved** from 66% (2016/17) to 60.9% (2018/19), It is worth noting that WBC were 56.5% In 2017/18.

2. Since January's Board the Wokingham's Children & Young People Plan 2020-23 has been published and the Early Intervention and Prevention Strategy has been drafted. The draft of the latter will go to the Children's Leadership team on the 3rd June 2020 for consideration – noting that current position may result in further work before it can be signed off.

Gaps in delivery

1. Improvements in gap in employment rate from 2017/18 were not sustained and further work is required to understand why.   WBC are working on launching the mental health recovery college which will be key to ongoing action.

2. Service rrecovery planning from COVID-19 across directorates has commenced but there will be learning from the period which will help inform priorities and work going forward.

Long term success measures

1. Gaps in the employment rate between those in contact with secondary mental health services and overall employment rate (Persons, 18-69 years)
2. REPLACEMENT – Average Attainment 8 score of children eligible to Free School Meals
3. Children in low income families (all dependent children under 20)
4. Infant Mortality (Persons, <1 year);
5. School Readiness: % of children with free school meals status achieving a good level of development at the end of Reception (Persons, 5 years);
6. Free School Meals: % uptake among all pupils (school ages)
7. [NEW] Fixed period exclusion rates – primary and secondary schools.
8. Smoking Prevalence in target group - Routine & Manual Workers AND pregnant women.

CONTINUOUS IMPROVEMENT PROGRAMME

Priority 3: Narrowing Health Inequalities Dashboard	Most recent reporting period	Most recent peformance	Target	Met/Not Met
Gaps in the employment rate between those in contact with secondary mental health services and overall employment rate (Persons, 18-69 years)	2018/19	60.90%	60%	Not Met
Gap in attainment of 5 A*- C GSCEs between those in receipt of Free School Meals and those not	*	*	8%	*
Average Attainment 8 score of children eligible for Free School Meals	2019	32.8	NEW	
Children in low income families (all dependent children under 20)	2016	6.30%	5.7%	No update
Infant Mortality (Persons, <1 year);	2016-18	3.40%	NEW	
School Readiness: % of children with free school meals status achieving a good level of development at the end of Reception (Persons, 5 years);	2017/18	77.10%	NEW	
Free School Meals: % uptake among all pupils (school age)	2018	5.30%	6.3%	No update
Primary Schoool fix period exclusions: rate per 100 pupils	2016/17	0.7	NEW	
Secondary school fixed period of exclusion: rate per 100 pupils	2016/17	4.2	NEW	
Smoking Prevalence in Routine & Manual Workers current smokers (18-64)	2018	23.10%	22.10%	No update
Smoking status at time of delivery All ages	2018/2019	5.60%	4.6%	No update

45

*Indicators which are no longer updated and we recommend to remove

Updated indicators are highlighted in grey

To access PHOF Fingertips Dashboard – please click here

Wokingham Attainment 8 Scores in Comparison
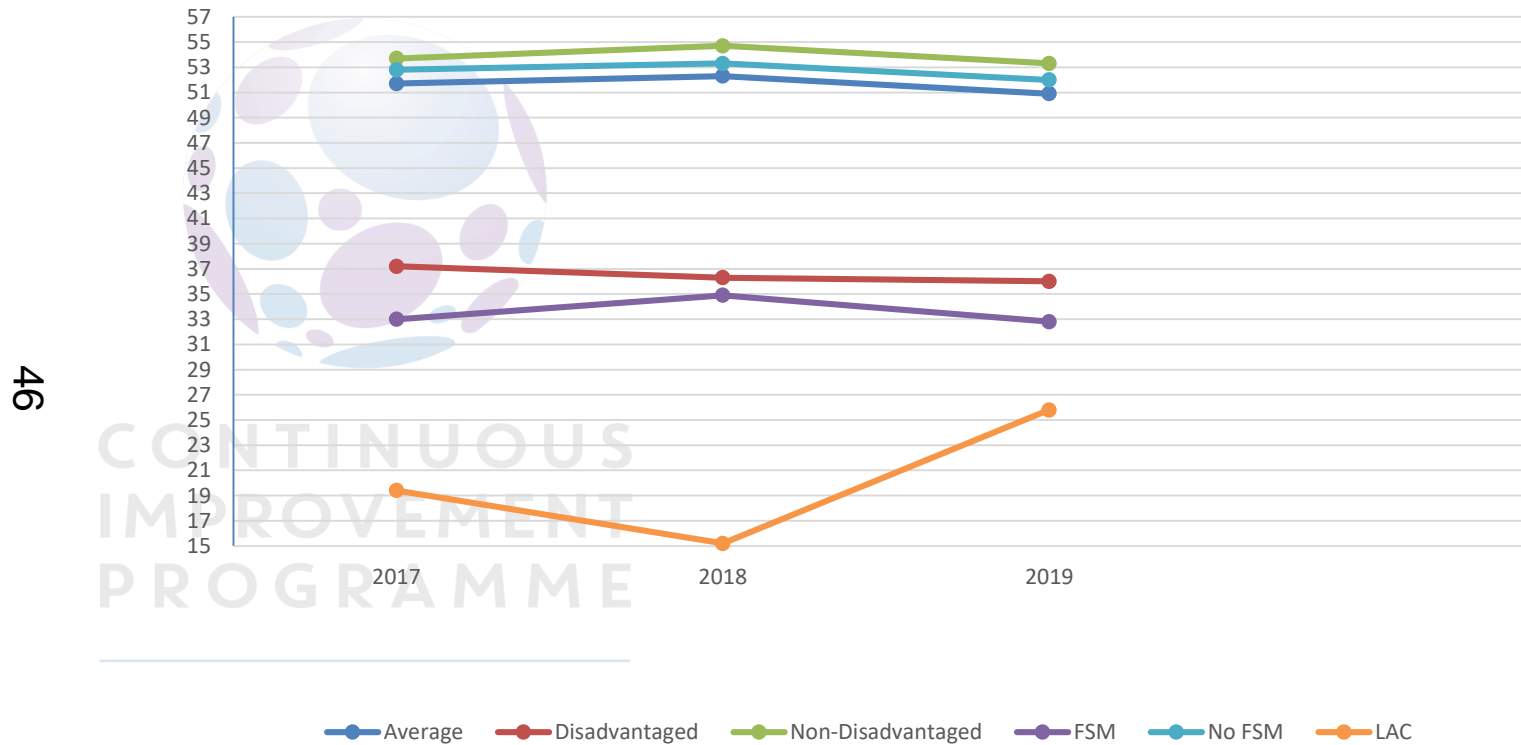
Questions/Considerations:

➢ Is there an opportunity to review short and long term measures? Particularly in relation to supporting COVID-19 recovery plans and new plans/strategies being published i.e. C&YP Plan and WBC Leisure Strategy.

➢ Is there an opportunity for HWB organisation/s to agree and conduct annual survey which helps set baseline around physical health and wellbeing and can support workplace health actions?

➢ What are the next steps on progressing the outcomes from the Design our Neighbourhoods event (January 2020)?

47

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KEY PRIORITY AREAS FOR WOKINGHAM

| Priority 1 | STARTING & DEVELOPING WELL | Reducing the inequalities gap |

Why have we chosen this as a priority for Wokingham?

A key priority area is to narrow the gap between the best and worth health outcomes within the Borough. While Wokingham has seen excellent outcomes, in fact some of the best in the country, there are local variations. Targeting inequalities is absolutely key if we are going to reduce the inequalities gap, and giving children the best start in life will set the foundations for physical, emotional health and wellbeing for life. This includes the 1000 critical days and maternal health and wellbeing from conception to birth and school age.

Where do we want to be?

With Local Authorities now leading on the commissioning of 0-19 public health services provides a real opportunity to address any gaps and maintain the high level of outcomes we see in Wokingham. It also provides the opportunity to integrate services and address some of the challenges identified in the Councils Children and Young Peoples Plan (2019) and the CCG priority areas in relation to children, young people and families, with a particular focus on maternity, mental health and wellbeing.

Public Health intelligence in the JSNA and the recent Outcomes framework also provide baseline data in relation to priority areas that impact on children, young people and families within Wokingham. These are summarised below and are focused on reducing the gap between children born in the most deprived and least derived areas. A key focus will therefore be school readiness and educational attainment:

Priority 1: Best start, good schools
To reduce the gap between a child born in the most and least deprived area will experience over their life time	1) Improved mother and baby health and wellbeing, especially for those at risk and in most need 2) Increase in the percentage of children with free school meal status achieving a good level of development at the end of reception 3) Increase in the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check 4) Reduce the gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not 11% 5) Improved mental health for all children and young people 6) Reduce access weight in 4-5 year olds and 10-11 years olds as measured by the National child measurement Programme in Reception and Year 6.

How will we get there?

❖ We will ensure all children are provided a universal health visiting service from antenatal up to the age of 5 so children are school ready. This will include delivery of the 5 mandated health visits and a targeted service for those women, children and families who need it most.

❖ We will ensure the commissioning of 0-19 services is focussed on areas of need and priority is given to those high impact areas which will support early intervention and prevention.

❖ We will ensure there is a clear focus on school readiness and identifying developmental needs early with appropriate signposting to Early Help and specialist services

- ❖ We will ensure delivery of school nursing services with a focus on health needs assessment and identifying children with social, emotional problems early, signposting to specialist mental health services as required.
- ❖ We will work with key partners from education, health, social care and our VCS partners to ensure delivery of integrated support to families when they need it most
- ❖ We will ensure a range of activities and support to target mild to moderate mental health issues
- ❖ We will provide education and learning opportunities for parents and children in disadvantaged and socially isolated areas

How will we measure success?

We will develop a robust performance dashboard as part of the Children and young people plan with key performance indicators as part of an integrated 0-19 Public Health offer. This will be overseen by the Health and wellbeing Board and will include the development and delivery of local action plans to achieve the outcomes.

The overall aim will be to ensure that we improve outcomes using a baseline for both our neighbouring boroughs and the national average for that area so that we are ambitious in our targets.

PRIORITY 1: To reduce the gap between a child born in the most and least deprived area will experience over their life time				
Objective	Performance Measure	Indicator ref	Local value	England Value
1.1 To ensure all children have a best start in life	❖ Ensure the effective commissioning, procurement of a 0-19 Public Health Healthy Child service to meet the universal and targeted needs of Wokingham.	See KPIs on mandated health checks		(90% targets)
1.2 Increase the number of children who are school ready (Reception)	❖ The percentage of children with free school meal status achieving a good level of development at the end of reception	PHOF 1.02i (17/18)	54.1	56.6
1.3 Increase the number of children who are school ready (Year 1)	❖ The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	PHOF 1.02ii (17/18)	67.9	70.1
1.4 Increase the number of children who are in employment, education and training	❖ 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	PHOF 1.05	5.51	6.00
1.5 Increase the number of children aged 2-2½yrs receiving ASQ-3	❖ Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	PHOF 2.05ii	79.3	90.2
1.6 Reduce the gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not	❖ Increase in the levels of attainment of 5 A*-C GCSEs for those in receipt of Free School Meals			

1.7 Reduce hospital admissions caused by unintentional and deliberate injuries in children and young people	❖ Hospital admissions caused by unintentional and deliberate injuries in young people (age 0-14)	2.07i	68.8	96.4
	❖ Hospital admissions caused by unintentional and deliberate injuries in young people (age 15-24)	PHOF 2.07ii	133.1	132.7
1.8 Reduce emergency hospital admissions for intentional self-harm	❖ Emergency hospital admissions for intentional self-harm	PHOF 2.10ii	172.4	185.5

| Priority 2 | Living and Working well | Increase Physical activity |

Why have we chosen this as a priority for Wokingham?

Prevention is absolutely key and behaviours and lifestyles are an important driver of health, this includes diet and exercise. Physical activity is a very important part of overall physical and mental health and wellbeing and is recognised as an important part in reducing obesity and reduction in falls as well as many other benefits both to individuals, communities and the health economy overall. Places and communities therefore play a key role in our health, such as our local environment which influence our health behaviours and there is strong evidence of the impact of social relationships and community networks, including on mental health.

Lack of physical activity can lead to obesity which can lead to preventable ill health and a huge burden on health and Social Care services. However we have to ensure early intervention and management of health issues as well as prevention if we are to reduce inequalities in health of people who may be affected unequally. For example some groups such as South Asian groups are more likely to be affected by heart disease and diabetes. Preventing falls in the elderly population is key and the early identification of health concerns and issues at an early stage through health checks and early diagnosis of diabetes are an important part of prevention. Hence the priority areas identified highlight the importance of prevention, early intervention and the management of long term conditions so communities can live independently for as long as possible.

Where do we want to be?

The government guidelines for physical activity state that young people aged 5-18 years should have 60 minutes and up to several hours every day of moderate to vigorous intensity activities. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at last three days a week. The government's physical activity guidelines for adults (aged 18-64) is to have at least 150 minutes, over a week, of moderate to vigorous intensity activity. It is also advised that adults should undertake physical activity to improve muscle strength on at least two days a week.

A focus on physical activity will have long term benefits in terms of reduction in cardiovascular disease and preventable ill health. Interventions and programmes aimed at vulnerable groups is key.

How will we get there?

- ❖ We will ensure we create opportunities and programmes to increase access to physical activity across all age groups and abilities

- ❖ We will ensure we provide opportunities for vulnerable groups such as those with long term conditions, dementia, elderly and mental health to access community exercise and activity programmes

51

- ❖ We will ensure we plan, develop and commission sports and leisure facilities which are fit for purpose and closer to home
- ❖ We will encourage use of different modes of transport including cycle streets and access to green and blue spaces
- ❖ We will ensure we work with our partners so we ensure we provide a variety of programmes and activities which support the needs of people on rehabilitation and offer services to people who are referred through GPs and healthcare professionals

Priority 2: Living & Working well, Physical Activity	
To increase physical activity and reduce inequalities in health and wellbeing of people with long term conditions	1) To get people of all ages and abilities more physically active 2) To increase more people to get out and using green and blue spaces 3) Increase in the number of children getting at least one hour of physical activity every day 4) Improved physical and mental health for all ages 5) Full utilisation of new green and blue spaces 6) Increasing access to local sports clubs 7) Lower percentage of overweight people 8) Increase in the number of people receiving health checks 9) Increase in the number of people diagnosed with diabetes early

How will we know when we get there?

Priority 2: Physical activity and the management of associated long term conditions				
Objective	Performance Measure	Indicator ref	Local value	England Value
2.1 To reduce the number of children who are obese	❖ Reception: Prevalence of overweight (including obesity)	PHOF 2.06i	16.2	22.4
	❖ Year 6: Prevalence of overweight (including obesity)	PHOF 2.06ii	26.1	34.3
2.2 To reduce the % of adults who are classified as overweight or obese	❖ Percentage of adults (aged 18+) classified as overweight or obese	PHOF 2.12	50.9	62.0
2.3 To increase the number of adults who are physically active	❖ Percentage of physically active adults	PHOF 2.13i	73.5	66.3
	❖ Percentage of physically inactive adults	PHOF 2.13ii	15.4	22.2
2.4 To increase the number of people diagnosed with diabetes	❖ Estimated diabetes diagnosis rate	PHOF 2.17	67.7	78.0
2.5 To increase the number of health checks for people age 40-74	❖ The number of people eligible offered an NHS check	PHOF 2.22iii	46.9	90.0
	❖ Number of people eligible who received an NHS Health Check	PHOF 2.22v	22.6	43.3
2.6 To reduce the number of falls in people aged 65 and over	❖ Hip fractures in people aged 65 and over	PHOF 4.14i	588.5	577.8
	❖ Hip fractures in people aged 65 and over aged 65-79	4.14ii	242.1	246.3
	❖ Hip fractures in people aged 65 and over aged 80+ (PER 100,000)	PHOF 4.14iii	1593	1539
2.7 To reduce cardiovascular disease among people aged 65 and over	❖ Reduction in the number of deaths from cardiovascular disease among people aged 65 and over			

Why have we chosen this as a priority for Wokingham?

Whilst life expectancy in Wokingham is one of the best in the country and people are living longer, we are seeing new challenges in relation to isolation and the management of physical and mental health and wellbeing in older people and the impact this has on their carers. 25% of people in Wokingham are living alone and loneliness is linked to poor mental health and physical health.

People with chronic physical diseases have a higher prevalence of depression and other mental disorders, and co-morbidity is associated with a range of poor outcomes and increased costs. Reducing social isolation and enhancing management in mental health may improve outcomes in physical health and vice versa.

According to the local JSNA the elderly population is typically categorised as people aged 65 and over. However, with the increase in life expectancy and in pensionable age, the age threshold for what we call "older" and "elderly" is changing. In Wokingham the average healthy life expectancy for men and women is 70 years. The vast majority of adults requiring social care (excluding learning disabilities) are 75 plus.

1 in 5 people are over 65 and this is set to rise to 1 in 3 by 2033. The number of "oldest old" (over 85) has doubled in the past decade and the percentage of people dying before 65 has remained constant for the past 20 years. Older people are the biggest and costliest users of health and social care - those with complex needs, long-term conditions, and functional, sensory or cognitive impairment are the highest cost and volume group of service users. Dementia also accounts for more expenditure than heart disease and cancer combined.

Where do we want to be?

In order to reduce the inequalities gap we need to ensure we are integrating support available and ensuring the areas identified in priority 1 and 2 above are meeting needs of older people and people with long term conditions who require rehabilitation and specialist support.

We want to ensure we are meeting the prime minister's challenge for dementia to include a commitment to increase the number of people living with dementia who have a formal diagnosis. The rationale being that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

How do we get there?

❖ We will ensure we identify people who are at risk of social isolation and loneliness early

❖ We will ensure access and support for people who are socially isolated and lonely through interventions aimed at building resilience and supporting people living in isolation and alone

❖ We will ensure any new developments support and recognise the needs of service users, carers and the elderly both in terms of new homes/buildings and activities

❖ We will ensure we target support and community activities to address loneliness and support for people with mental health through for example community cafes, luncheon clubs, social clubs and courses

❖ We will ensure that we address inequalities in heath of those looking after lonely people through public health programmes such as physical activity but also increasing take up of flu vaccinations by both those over 65 and their carers

- ❖ We will ensure we target inequalities to reduce winter deaths in elderly population
- ❖ We will ensure we provide opportunities and programmes for vulnerable groups such as those with long term conditions, dementia, elderly and mental health to access community exercise and activity programmes.

Priority 3: Ageing well: Social Isolation and mental health

To reduce Social isolation and improve outcomes for older people, people with mental health problems and Carers.	1) Increase access to social contact by adult carers 2) Increase access to social contact by service users 3) Increased awareness and uptake up of flu vaccinations in eligible people aged 65 and above and their carers 4) Reduce the number of falls in older people 5) Increase awareness about dementia and diagnosis 6) Reduce excess winter from all causes in the winter months

How will we know when we get there?

An important part of the health and wellbeing priority and action plan is establishing the baseline and being able to manage progress in the areas identified. There are national indicators and outcomes for Health and Social care as well as Public Health.

Those relating to the outcomes identified for this population group will include the following indicators which will be a measure of whether we are meeting needs of communities.

Priority 3: To reduce Social isolation and improve outcomes for older people, people with mental health problems and Carers				
Objective	**Performance Measure**	**Indicator ref**	**Local value**	**England Value**
3.1 To reducing Social isolation of Adult Social Care Users	❖ Increase the % of adult social care users who have as much social contact as they would like	PHOF 1.18i	48.1	46.0
3.2 Reducing Social isolation of Adult Carers	❖ Percentage of adult carers who have as much social contact as they would like	PHOF 1.18ii	34.5	35.5
3.3 To increase Self-reported wellbeing happiness score	❖ Self-reported wellbeing - people with a low happiness score	PHOF 2.23iii	4.05	8.20
3.4 To increase Population vaccination coverage - Flu (aged 65+)	❖ Population vaccination coverage - Flu (aged 65+)	PHOF 3.03xiv	73.3	72.8 [e]
3.5 To reduce the number of excess winter deaths	❖ Excess winter deaths index (single year, age 85+)	PHOF 4.15ii	57.9	30.8
3.6 To reduce the number of sickness days lost due to sickness absence	❖ Sickness absence - the percentage of working days lost due to sickness absence	PHOF 1.09ii	1.18	1.12

3.7 Ensure the effective delivery of the Better Care Fund	❖ Number of Care Homes (Community Support) incorporating RRaT (Rapid Response and Treatment; Connected Care; Integrated Discharge Team (IDT) and Trusted Assessment; Street Triage – Mental Health; and Falls and Frailty.	Tbc - CCG		

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TITLE	**Coronavirus In Wokingham**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 June 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Matt Pope/Meradin Peachey

Health and Wellbeing Strategy priority/priorities most progressed through the report	All
Key outcomes achieved against the Strategy priority/priorities	Address impacts of COVID 19 on the population

Reason for consideration by Wokingham Borough Wellbeing Board	The impact of Covid-19 will change the health status of many people in Wokingham and increase inequalities in some communities. It is important to consider this alongside the board's priorities.
What (if any) public engagement has been carried out?	This is factual information for the Board to consider
State the financial implications of the decision	None

RECOMMENDATION
That the Board consider the impact of Covid-19 on the population in Wokingham and whether to amend the current strategy and action plan.
SUMMARY OF REPORT
The data report gives a picture of the incidence of cases and deaths in Wokingham and a comparison with other areas. Wokingham is not an outlier in the number of cases, deaths from COVID-19 or the excess mortality. West Berkshire has developed a summary of potential impacts across the lifecourse and the Public Health outcome indicators that can be used to measure the impact.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

| **Contact** Meradin Peachey	**Service** Public Health
Telephone No	**Email** meradin.peachey@wokingham.gov.uk

WOKINGHAM
BOROUGH COUNCIL

COVID19 Situation Report

Data & Analytics

Report Date: Wednesday 27th May 2020

Mustafa Kamara, Senior Public Health Programme Officer

Meradin Peachey, Consultant in Public Health

Public.Health@Wokingham.gov.uk

Contents

- Local COVID19 Detected Cases

- Local COVID19 Detection Rates

- Age Standardised Death Rates – Local Comparisons

- Weekly Death Rates – Local Comparison

- Local COVID19 Deaths reported by NHS Trust

- COVID19 Deaths in local care homes

- All-cause mortality in local care homes [ONS Data]

- National COVID19 Figures

- National & Regional COVID19 Trends

- Global Comparison – Total COVID19 Deaths
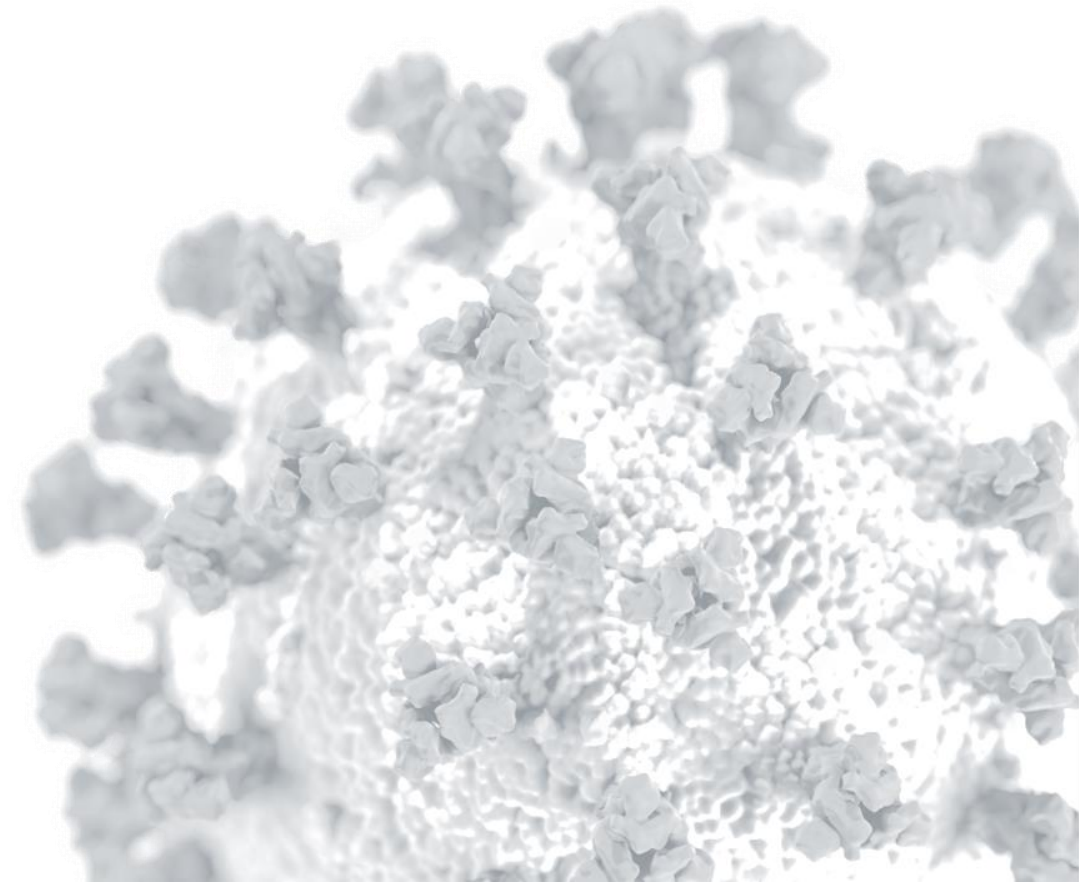
- As of Tuesday 26th May 2020, **442 Wokingham residents** have tested positive for COVID19 (lab-confirmed cases) since the beginning of the outbreak.

  - ➢ **2,387** COVID19 cases have been detected across **Berkshire** in total.
  - ➢ The Borough of **Reading** has reported the **highest** number of cases in Berkshire: **580**.

- It is expected that the **true number** of positive COVID19 cases in Wokingham **is much higher** than the lab confirmed cases detected by PHE, with many asymptomatic residents going un-diagnosed.

61
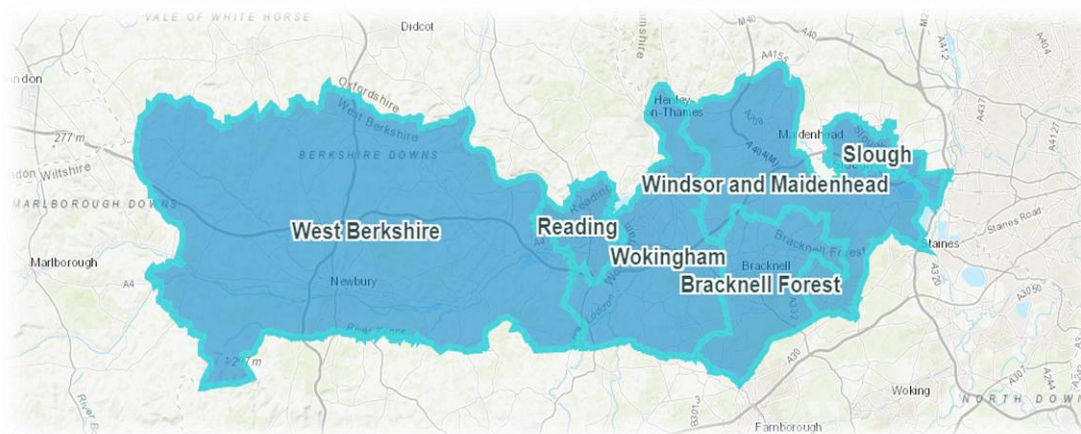
Map: Outline of 6 Upper Tier Local Authorities in Berkshire

442 cases among residents of **Wokingham**	**580 cases** among residents of **Reading**
374 cases among residents of **West Berkshire**	**253 cases** among residents of **Bracknell Forest**
288 cases among residents of **Windsor & Maidenhead**	**450 cases** among residents of **Slough**

- The total number of confirmed COVID19 cases in **Wokingham** (**263 per 100,000 people**) appears to be rising at a similar rate to the national average.

- Daily spikes in confirmed cases are likely to be a result of increased capacity for testing
 *(to learn more about the UK government scaling up testing programmes, Click Here)*

New lab-confirmed cases of COVID19 detected in Wokingham each day
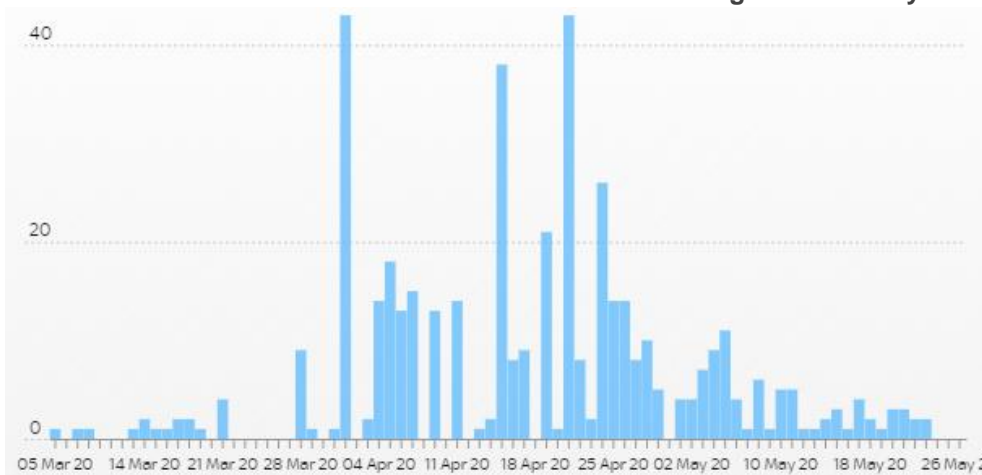
- Lowest incidence: Rutland – 83 per 100,000
- Highest incidence: Sunderland – 495 per 100,000
- National incidence: England – 268 per 100,000

COVID19 incidence rates:
Wokingham compared to neighbouring boroughs
N.B. rates below are not age-standardised
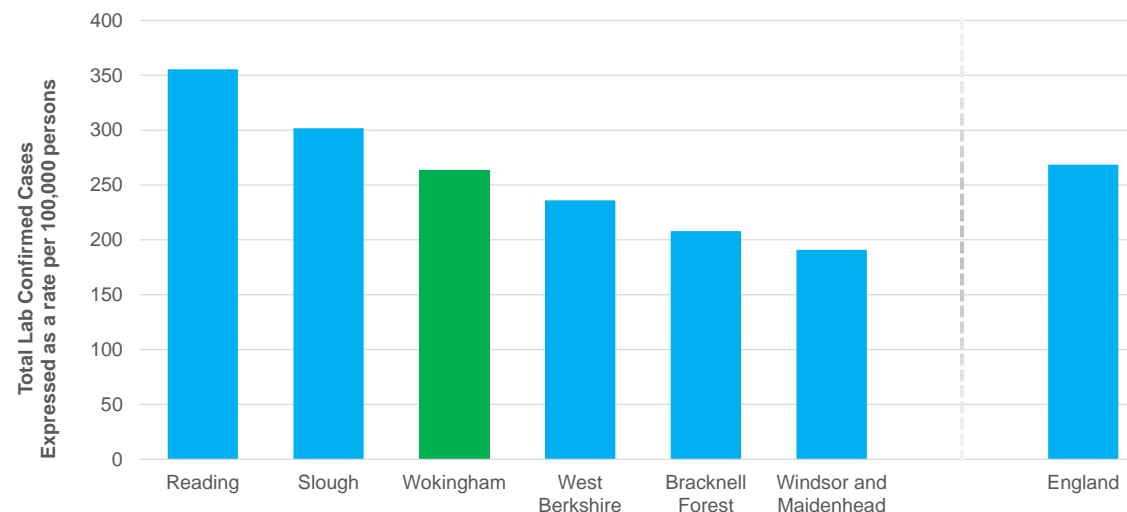
Source: Public Health England, ONS Mid-year population estimates

- Comparing rates between multiple geographical areas can be made more-reliable when taking into account the **differences in age structures** of the populations that live in them.

- This is particularly true if the characteristic being compared varies by age; which is the case for deaths caused by COVID19 as older groups are more at risk of dying.

- **Age standardised death rates** are used to make better comparisons, because they account for the differences in the age structure of the populations being compared.

- For this particular analysis, all populations were mathematically adjusted to have the same age structure as a reference population, known as the 'standard population'. In this way, all groups were given the same age distribution so that a more representative picture of COVID19 deaths across neighbouring boroughs is provided.

63

Results
- All things being equal, **Wokingham reported a lower rate** (32 per 100,000 persons) of **COVID19 related deaths** in comparison to **most local authorities** in Berkshire (As of 17th April).

- The age-standardised death rate for Wokingham is **also lower than the national average**.

Source: ONS, 2020

- Lowest COVID19 Death Rate in the country :
  North Lincolnshire - 7 per 100,000

- Highest COVID19 Death Rate in the country :
  Newham - 144 per 100,000

- National COVID19 Death Rate :
  England - 37 per 100,000

Age standardised Death Rates:
Wokingham compared to neighbouring boroughs
All Deaths registered between: 1st March & 17th April 2020
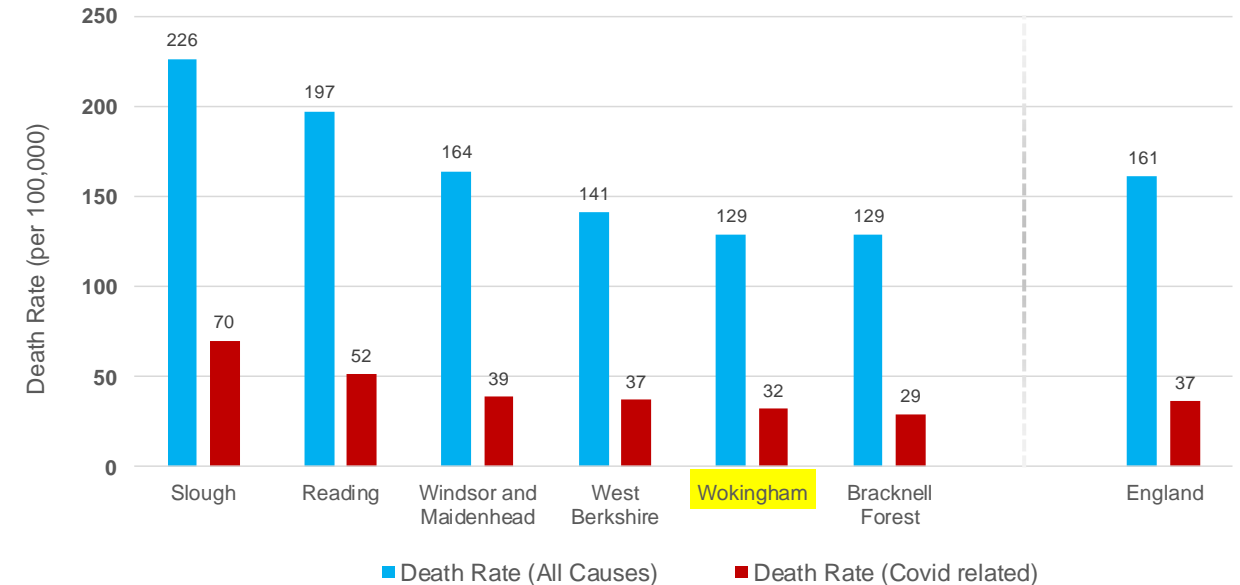
Chart: Age standardised Death Rates (per 100,000)

| Area	Death Rate (All Causes)	Death Rate (Covid related)
Slough	226	70
Reading	197	52
Windsor and Maidenhead	164	39
West Berkshire	141	37
Wokingham	129	32
Bracknell Forest	129	29
England	161	37

- The charts below show **all deaths caused by COVID-19 and/or other causes** (All-cause mortality).

- Looking at all-cause mortality can help us to measure the impact of COVID19:
  - By comparing **current** (all-cause) death rates against **expected** rates (average weekly deaths reported across previous 5 years) we can estimate **excess** deaths caused by COVID.

- Excess weekly deaths in Wokingham appear to be occurring at a similar rate to neighbouring boroughs.

WOKINGHAM
BOROUGH COUNCIL
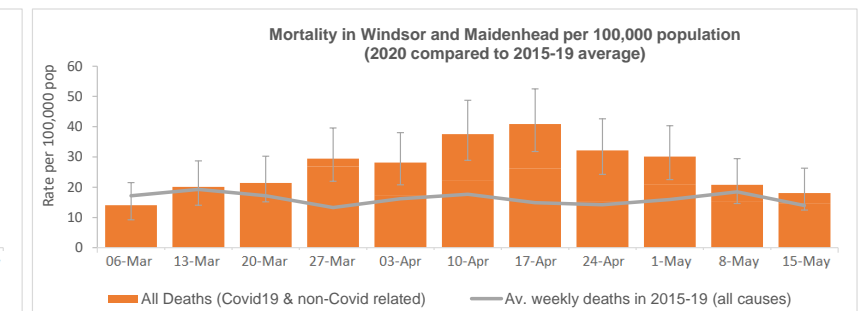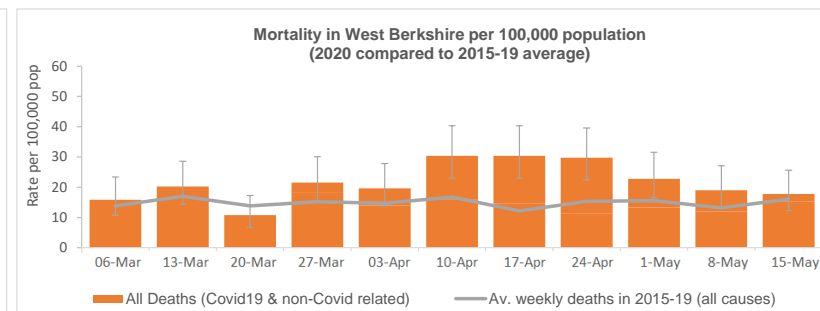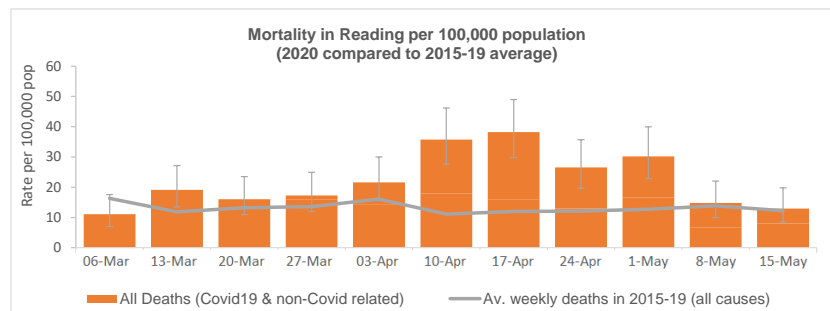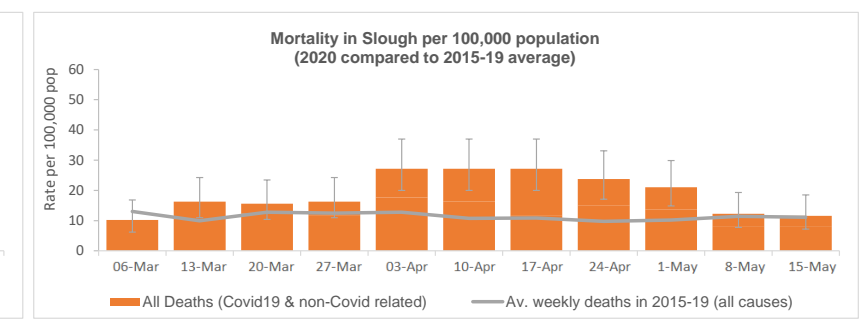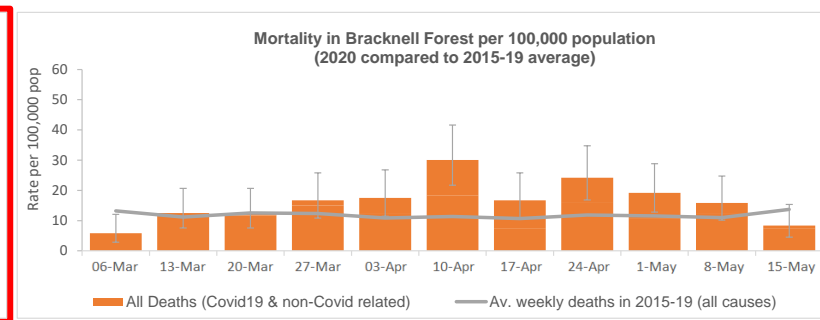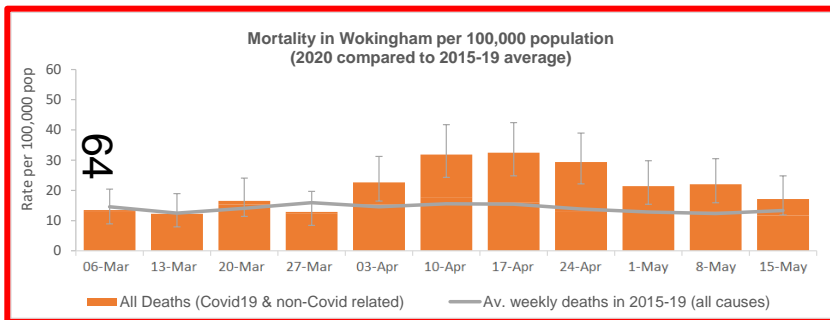
- Daily COVID19 deaths are published by NHS trusts; where each trust has a different number of hospital beds.

- The **Royal Berkshire NHS Foundation Trust** (which serves all residents across Berkshire including those in Wokingham) have reported **172 deaths** related to COVID19 as of 26th May 2020.

- The Royal Berkshire NHS Foundation Trust (RBHFT) and neighbouring trust (Frimley) both have lower rates of COVID19 deaths compared to the worst-affected Trusts in England.

65

- Highest mortality rate: London North West University Healthcare NHS Trust - 518 deaths per 1,000 beds.
- Lowest mortality rate: Northern Devon Healthcare NHS Trust – 47 deaths per 1,000 beds.

Estimated COVID19 Death Rates:
Royal Berkshire NHS Foundation Trust and neighbour Trust (Frimley)
compared to the worst-affected NHS Trusts in the Country
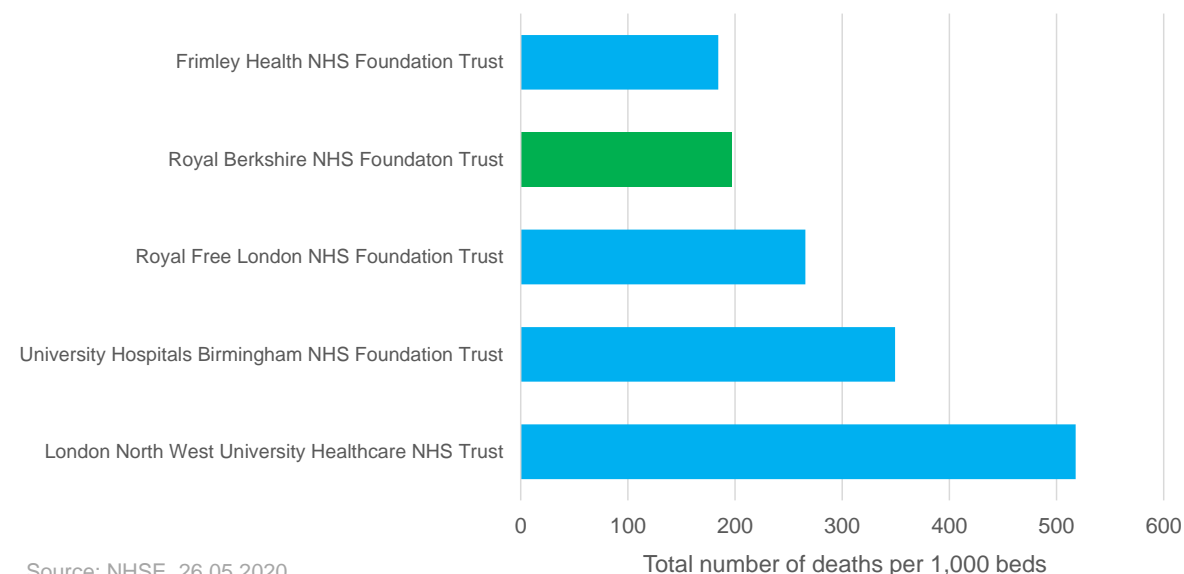
Source: NHSE, 26.05.2020

Please note – Hospital beds are not a true population baseline but this calculation gives an indication of what Berkshire mortality rates might look like rather than actual.
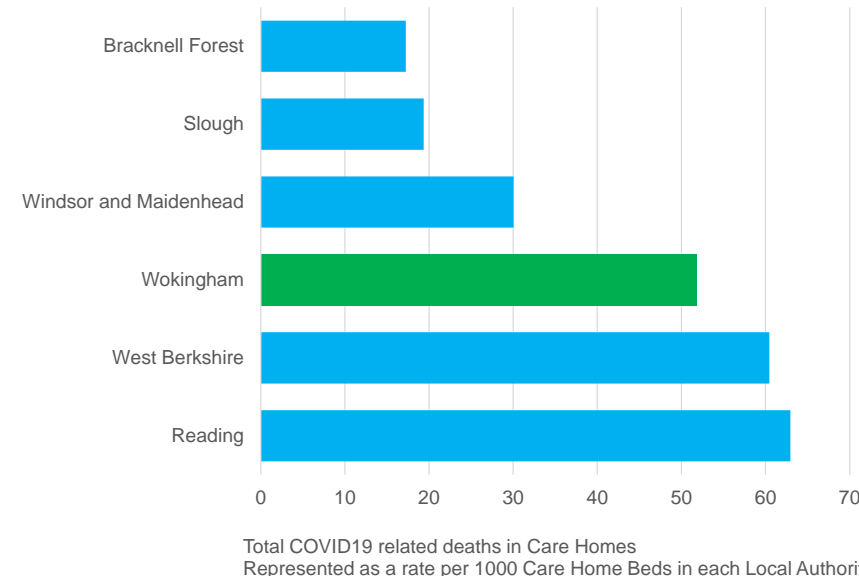
COVID19 Deaths in local care homes [ONS Data]

- The Office for National Statistics (ONS) publishes data on COVID19-related deaths within all care homes across the country.

- Between 1st January and 15th May 2020, ONS reported 70 deaths form COVID19 in Wokingham this equates to a rate of **52 COVID deaths per 1,000 care home beds in Wokingham.**

- Despite having the second highest number of care home beds in Berkshire, the COVID19 death rate in Wokingham is not the worst death rate in comparison to neighbouring boroughs.

- Highest care-home death rate in England:
  Hammersmith and Fulham
  127 deaths per 1,000 beds.

- Lowest care-home death rate in England:
  Rutland
  3 deaths per 1,000 beds.

Geography	Total COVID19-related Deaths reported in Care Homes between 1st Jan and 15st May 2020 Source: ONS	Total Number of Care Home Beds Source: CQC	COVID19 Death Rate per 1000 Care Home Beds
Reading	53	842	63
West Berkshire	61	1,009	60
Wokingham	70	1,352	52
Windsor and Maidenhead	48	1,598	30
Slough	9	465	19
Bracknell Forest	8	464	17

Rate of COVID19 deaths per 1,000 care home beds Wokingham compared to neighbouring boroughs All Deaths notified between: 1st January & 15th May 2020

Total COVID19 related deaths in Care Homes
Represented as a rate per 1000 Care Home Beds in each Local Authority

All-cause mortality in local care homes [ONS Data]

- The Office for National Statistics (ONS) publishes data on all deaths (All-cause mortality) within all care homes across the country.

- Between 1st January and 15th May 2020, ONS reported 199 care home deaths in Wokingham. This equates to a rate of **147 COVID deaths per 1,000 care home beds in Wokingham.**

- Despite having the second highest number of care home beds in Berkshire, the all-cause mortality rate in Wokingham is not the worst rate in comparison to neighbouring boroughs.

- Highest care-home death rate in England:
  Hammersmith and Fulham
  295 deaths per 1,000 beds.

- Lowest care-home death rate in England:
  North East Lincolnshire
  107 deaths per 1,000 beds.

Geography	Total Deaths (Covid19 and Non-covid realted) reported in Care Homes **between 1st Jan and 15th May 2020** _Source: ONS_	Total Number of Care Home Beds _Source: CQC_	COVID19 Death Rate per 1000 Care Home Beds
Bracknell Forest	61	464	131
Wokingham	199	1,352	147
Reading	141	842	167
Windsor and Maidenhead	273	1,598	171
Slough	83	465	178
West Berkshire	181	1,009	179

Rate of deaths (from all causes) per 1,000 care home beds
Wokingham compared to neighbouring boroughs
All Deaths notified between: 1st January & 15th May 2020

Total deaths (from all causes) in care homes
Represented as a rate per 1000 care home beds in each Local Authority
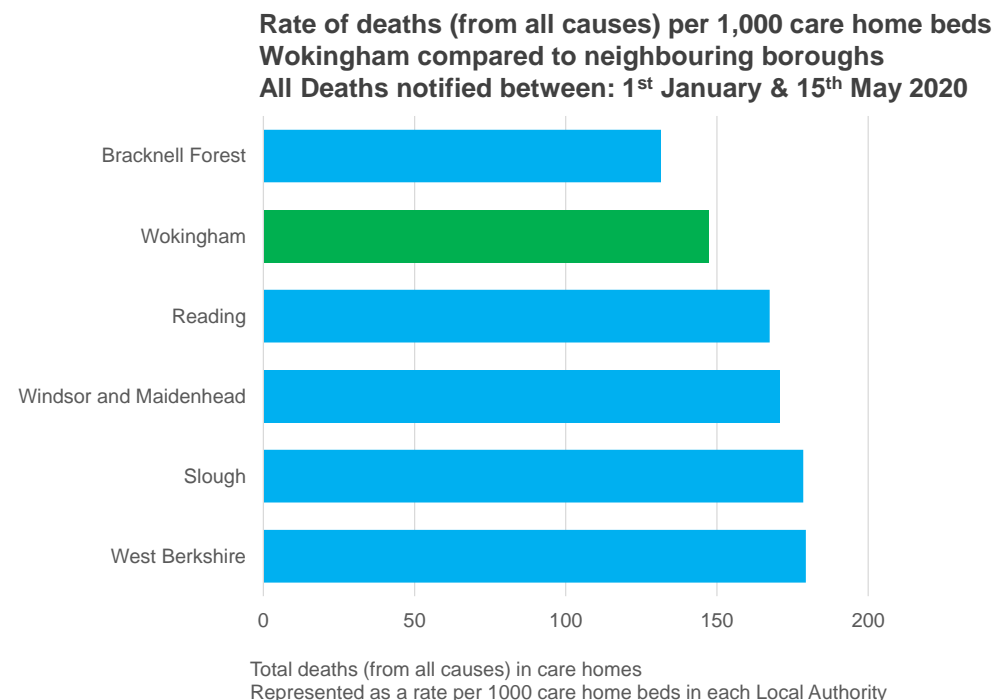
As of 26.05.2020, 265,227 people in the UK have tested positive for COVID19. Of those hospitalised in the UK who tested positive for coronavirus, 37,048 have sadly died.
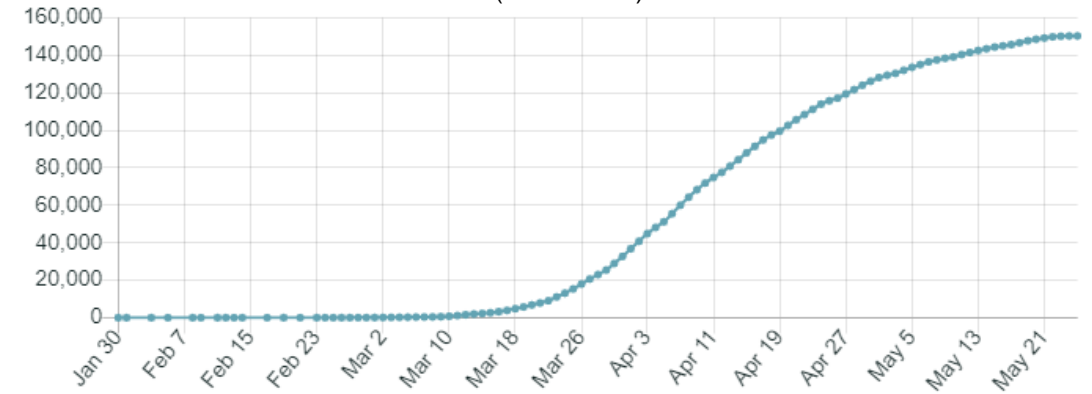
UK Cumulative Total

265,227 lab-confirmed cases*

37,048 deaths

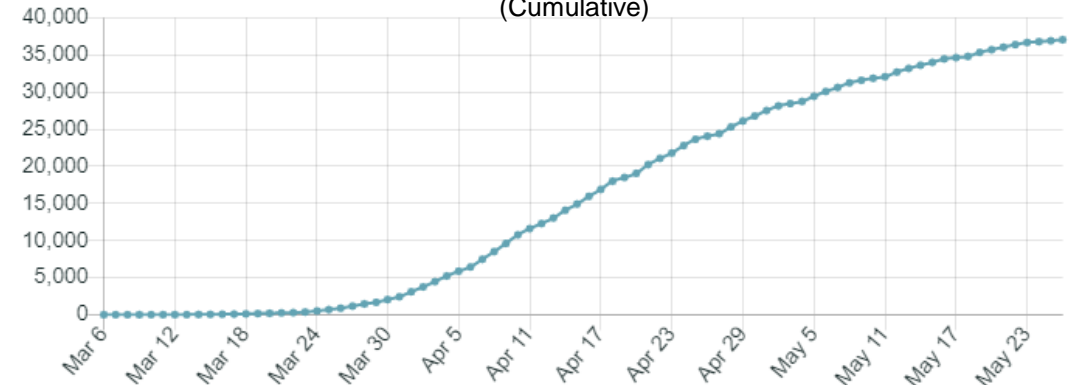**UK Daily Total** (26.05.2020)

2,004 lab-confirmed cases

134 deaths

| **England** (Cumulative)	**Scotland** (Cumulative)	**Wales** (Cumulative)	**N. Ireland** (Cumulative)
150,294	**15,185**	**13,556**	**4,637**
32,979	2,273	1,282	514

Source: Public Health England
Includes tests carried out by commercial partners which are not included in the 4 national totals

Total **lab-confirmed cases** in **England**
(Cumulative)

Total COVID19 hospital **deaths** in **UK**
(Cumulative)

68

WOKINGHAM BOROUGH COUNCIL

- Further analysis shows - more than half of those testing positive in the **oldest age group** (across the country) are dying.

**Proportion of all COVID19 deaths by age group – Figures for England only.**

69
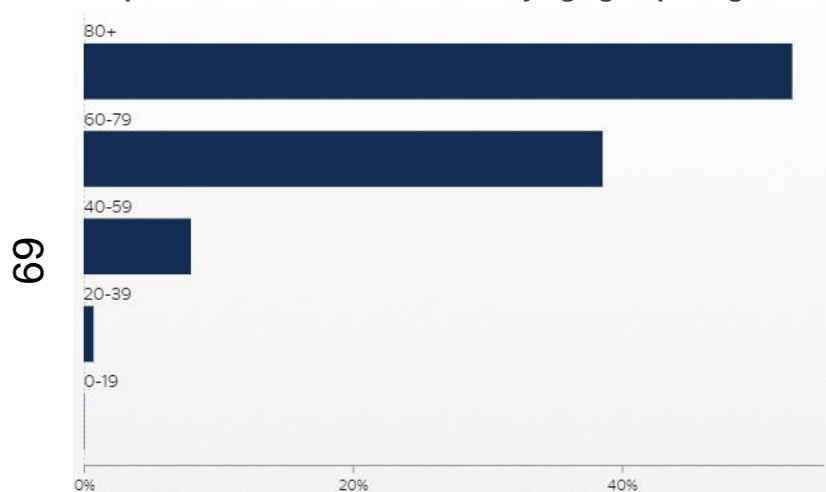
- The **highest number of cases** and deaths in hospitals are in **London**, **North West** and the **Midlands**. Most cases are concentrated in urban areas.

COVID19 Death Rate by England Region.

Name	Deaths per 100,000 population	Number of deaths
London	66.1	5892
North West	57.1	4006
Midlands	48.3	5090
East of England	46.3	3007
North East and Yorkshire	43.3	3709
South East	33.8	2996
South West	20.8	1167

- COVID19 death rate appears to be **higher** among **ethnic minority backgrounds**:
  - ➤ Among all COVID19 hospital deaths in England, 17% were Black, Asian and minority ethnic (BAME) even though these groups make up only 15% of the general population in England.

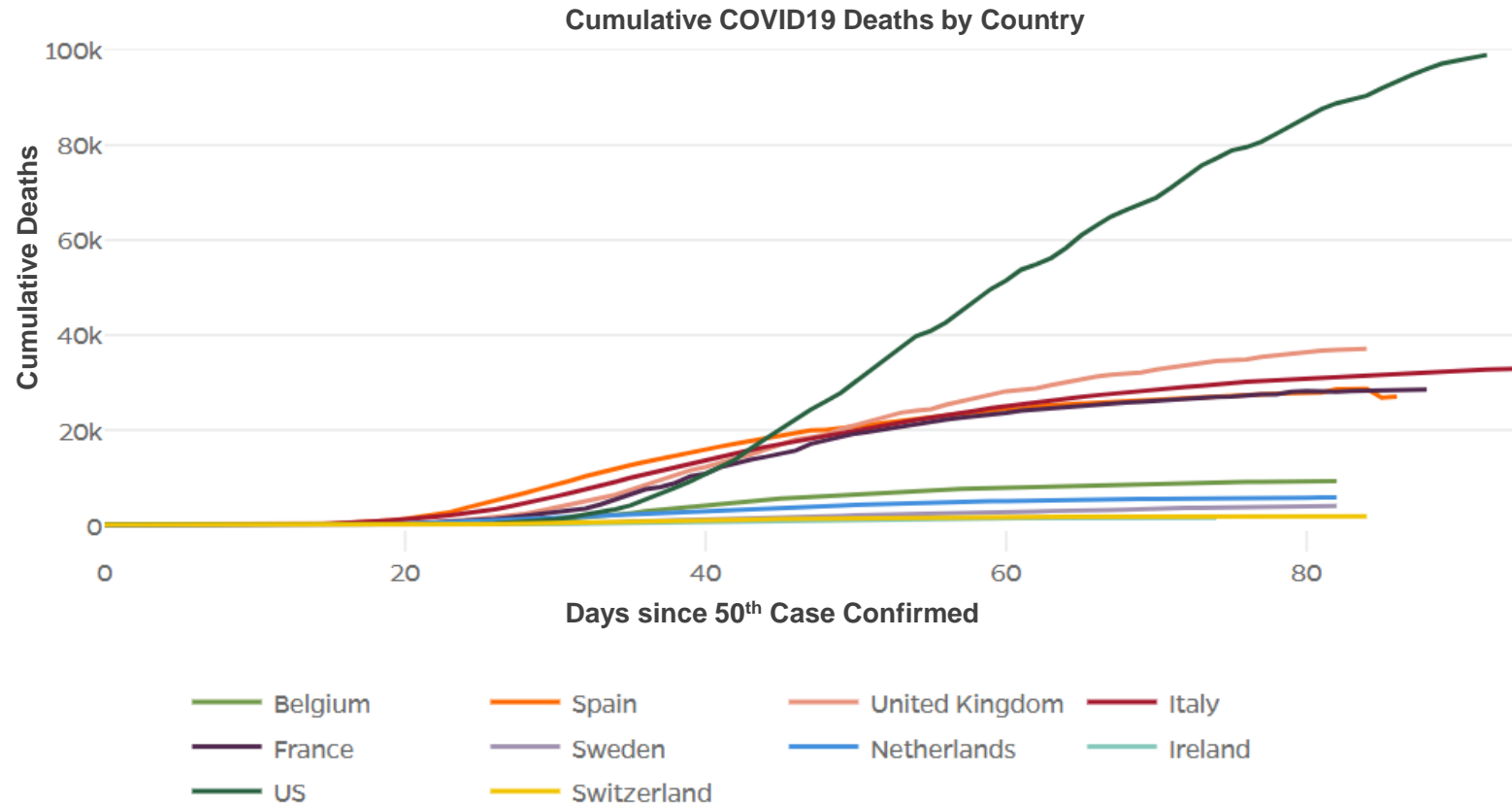**Ethnic minorities are dying of Covid-19 in disproportionately high numbers. Figures for England only.**

■ Ethnic minority ■ White

Overall population
Covid-19 deaths in hospitals
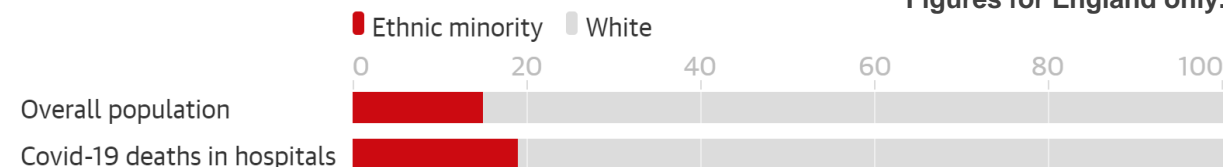
Source: Public Health England, NHS England, ONS Ethnicity Estimates (2016)

WOKINGHAM
BOROUGH COUNCIL

- The rate of COVID19 cumulative deaths in the UK (all settings) appear to be increasing at the highest rate in Europe.

70

Cumulative COVID19 Deaths by Country

Legend:
- Belgium
- Spain
- United Kingdom
- Italy
- France
- Sweden
- Netherlands
- Ireland
- US
- Switzerland

Axis: Cumulative Deaths (0, 20k, 40k, 60k, 80k, 100k) vs Days since 50th Case Confirmed (0, 20, 40, 60, 80)

Source: Johns Hopkins University
ONS, NRS, NISRA, Public Health England, Johns Hopkins University. The figures on deaths relate in almost all cases to patients who have died in hospital and who have tested positive for COVID19. Slight differences in reporting in devolved administrations may mean that they include a small number of deaths outside hospital. ONS, NRS and NISRA reporting of UK deaths for all settings is based on information from death certificates, and therefore lags daily hospital data. International reporting procedures and lags are unclear, so may not be comparing like-for-like.

Impacts of Covid-19 pandemic across the lifecourse

◯ Symbol indicates **PHOF indicator**

	Pregnancy	Infancy	Childhood	Adolescence	Adulthood	Elderly
◄ short term	Reduced antenatal care Perinatal mental health	Perinatal mental health ◯ Breastfeeding support ◯ Immunisation uptake ◯ Non-accidental injuries	'Hidden' safeguarding issues Developmental and mental health checks not completed Adverse childhood experiences	Increased negative health behaviours Deferred sexual health services Low mood and High anxiety	Increased negative health behaviours (e.g. substance misuse, alcohol, smoking, gambling, inactivity) amongst some sections of society ◯ Paused commissioned lifestyle services, deferred cancer screening/ NHS health checks, reduced health seeking for urgent issues, 'hidden' safeguarding issues Economic uncertainty New anxiety and worsening existing mental illness, PTSD for carers/ health workers and families	Social isolation and loneliness Limited physical activity
◄ medium term	Safeguarding risks Risky behaviours (smoking/ alcohol/ substance misuse)	Unplanned pregnancies Admissions for gastrointestinal and respiratory infections Population vaccination coverage reduced and outbreaks	Adverse childhood experiences	Increased demand for mental health services ◯ ◯ Unwanted pregnancies, STI diagnoses	Fewer recovering from substance misuse , increased BBV infections, adults smoking, adults overweight/obese ◯ ◯ Cancer screening coverage (breast, cervical, bowel) and late presentation ◯ Increased demand for grief and bereavement services, employment/ training support, claiming out of work benefits People with high anxiety ◯	Dementia diagnosis ◯ Injuries due to falls ◯ Fuel poverty ◯
◄ long term	Low birthweight ◯ Poor attachment Admissions for deliberate/ intentional harm ◯ Smoking at time of delivery ◯	Higher risk of poor mental, physical health, social and educational outcomes	School readiness ◯	Alcohol and substance misuse admissions under 18 ◯ Obese children ◯ Admissions for self-harm ◯	Increased demand for mental health services Under 75 mortality from cardiovascular and liver disease and cancer ◯ Worsening social inequalities ◯ Suicide	Increased morbidity and mortality

WOKINGHAM BOROUGH COUNCIL

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TITLE   Integration Update

FOR CONSIDERATION BY   Wokingham Borough Wellbeing Board on Thursday, 11
                                 June 2020

WARD   None Specific;

DIRECTOR/ KEY OFFICER   Katie Summers, Director of Operations, NHS Berkshire
                                 West Clinical Commissioning Group (CCG),
                                 Wokingham Locality and Matt Pope, Director of Adult
                                 Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	• Reducing social isolation and loneliness • Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	• Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	To provide the Board with an update on Wokingham Integrated Partnerships activities
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	Nil

RECOMMENDATION That the Board notes the update provided
SUMMARY OF REPORT During the COVID pandemic the members of the Wokingham Integrated Partnership agreed to hold a weekly SITREP call in order to have a clear overview of the status of health and social care across the Borough and to be able to quickly implement supportive or corrective actions. This report summarises the achievements since convening on the 24th March 2020. The quarter 4 Better Care Fund return is due to be submitted. The Wokingham system are On Track for 3 of the 4 national targets and are performing at an appropriate level in the Eight High Impact Change Model.

Background

Weekly COVID-19 Situation Report Call

Each Tuesday, at 13:00, the Wokingham Health and Social care system meet virtually to discuss the current situation locally.

There is good attendance at the meetings, and we are joined by partners from:

- All of the Wokingham Primary Care Networks (Represented by Clinical Directors)
- Berkshire Health Foundation Trust
- Involve (on behalf of the voluntary sector)
- Berkshire West Clinical Commissioning Group
- Wokingham Borough Council (including Adult Social Care and Public Health)
- Written update from Royal Berkshire Hospital

Each week, the partners provide an update on their current situation, raise issues that are currently being faced, review previous actions and set new actions to improve service delivery via joint working.

So far, work has focused on the shielded group (people that have had a transplant, specific cancers, severe respiratory illness, pregnant women with heart disease or people on immunosuppression therapies) in the community. Lists were produced by Wokingham Borough Council, each of the GP surgeries and a National shielded list. All of these lists were drawn together, checked for duplication and then an overall single list created.

This led to more than 2000 people being contacted in the community, to offer a welfare check and direct people to services that are available. This ensured that everyone has been supported with their needs for food, medication and/or their social isolation.

All the GP Surgeries have had feedback regarding the support which has been offered to each of the people on their shielded list, this will be a regular fortnightly operation now.

Using a Population Health Management approach has been key in achieving this level of success. Currently, the group have decided to target people that are over 80 years old, have a high frailty score and live in their own home. The outturn will then be compared to the list, with anyone not having previously been contacted getting a welfare call. This will then support subsequent actions and interventions, potentially including a Multi-Disciplinary Meeting.

The Citizens Advice Bureau are operating a voluntary sector telephone triage, then directing people to local COVID response groups to support their needs to be met.

The voluntary sector has succeeded in setting up a pathway in the community and have drawn in COVID 19 support groups from each of the areas in the Borough.

It was noted that there had been an increase in the number of safeguarding referrals for babies that had been shaken during the current restrictions. This was noted by the Berkshire Health Foundation Trust. As a result, they restarted delivering a Health Visiting service, to support new parents, this is a service that is commissioned by the

Council. The Primary Care Networks, as a response, also ran a virtual consultation for new Mothers, which was very well attended. A positive step to support children in the borough.

The Primary Care Network Clinical Directors have feedback to the group about their plans in place to:

- Develop GP surgeries to support social distancing
- Develop NHS demand management tool
- Develop digital triaging systems for GP surgeries
- Hold digital group consultations for cohorts in the community which are at risk in the COVID environment (for instance people with asthma, anxiety and young people with mental health issues)

Our colleagues in the voluntary sector are planning to survey organisations for their sustainability considering decreased income (due to the national COVID-19 response)

To support people in Care and Nursing homes, the Primary Care Networks are planning on delivering a visiting service. This is a joint enterprise, between GPs in the area and Berkshire Health Foundation Trust. It will be supporting care and nursing home residents with their health needs in their homes.

Quarter 4 Better Care Fund return

The Better Care Fund return for quarter 4 had a delayed submission date, due to health and social care colleagues focusing on the COVID-19 response. The Wokingham quarter 4 return was submitted prior to the 5th June deadline.

The Better Care Fund has 4 targets:

Non-Elective Admissions to hospital- On Track

Data is up to 31st January 2020. The year to date performance was 13,359 compared to a target of 13,044. This means that the system was 315 admissions above target (2.4%). The full year forecast is now 16,031 compared to a target of 15,643. This is 388 admissions above target (2.4%). The Wokingham Integration Partnership operate a tolerance of 5% tolerance for variance.

For the first 3 quarters performance was:

Quarter	Target	Actual
One	3871	3889
Two	3873	3908
Three	4001	4164

Residential Admissions- On Track

The system supported only 113 admissions in the year, against a target of 138.

Reablement. (The Proportion of Older People (65 and over) who were still at home 91 days after discharge from Hospital into reablement/rehabilitation services)- On Track

In Quarter 4 an average of 85% of people were still at home 91 days after discharge. In March we achieved 91%. Over the year we have achieved an average of 84% of people at home 91 days after discharge against a target of 87%. As above, Wokingham Integration Partnership operate a tolerance of 5%.

Our main challenge during 2019/20 was that we set our target based on local authority reablement data only. Within 3 months of 19/20 we were able to include our health reablement data, which we had not previously been able to do.   We have received the South East region reablement data during quarter 4 and the system will realign our target for 2020/21.

Delayed Transfers of Care- Not on Track

Delayed Transfers of Care (DToC) days for quarter 4 were 1097 against a target of 720 (52% higher than target). Results for quarter 3 are based on national reported data for January with local data for the months of February and March. For the full year the actual days delayed were 4,008. The full year total also picks up some adjustments made to previously reported months. This compares to a target of 2,880 or 39% above target.

In March locally reported DToC days were 263, a significant drop on the previous 2 months performance. This is likely due to the new hospital discharge process, which was introduced in March to support expedited discharges, due to the COVID-19 pandemic. To support this, there has been an increase in resources. There will need to be an assessment of which of these resources will stay in place, and which may not in the recovery plans going forward (a cost/benefit analysis).

Our DToC action plan and Winter Pressures funding has been targeted to support reducing delays in hospital, with our main issue in 2019/20 being an increase in the duration of extended delays due to the complex needs of this group of patients and the lack of specialist provision in the community for those with complex needs, which needs to be tackled at a national rather than local level.

8 High Impact Change Model

The high impact change model offers a practical approach to manage transfers of care. It is used by NHSE to assess how local care and health systems are working now and plan for actions they can take to reduce delays. There are four potential ratings, Plans in place, Established, Mature and Exemplary. It is expected that all Health and Wellbeing Board areas are rated as Established or above.

As the Berkshire West local authorities share hospitals (most notably the Royal Berkshire Hospital and Prospect Park Hospital), there is a shared assessment across Reading, West Berkshire and Wokingham.

In Berkshire West, we are reporting that:

Change	Rating
Change 1- Early Discharge Planning	Mature
Change 2- Systems to Monitor Patient Flow	Established

Change 3- Multi-Disciplinary/Multi-Agency Discharge Teams	Established
Change 4- Home First/Discharge to Assess	Established
Change 5- Seven Day Service	Established
Change 6- Trusted Assessors	Established
Change 7- Focus on Choice	Mature
Change 8- Enhancing Health in Care Homes	Mature

As such, locally we have met or exceeded the expectations of NHSE.

Whilst we are graded across the west of Berkshire as Mature in the Enhancing Health in Care Homes, there is still work going on as a response to the COVID-19 outbreak. Currently, there is a plan being developed to further support our care homes. This is joint plan involving Berkshire Health Foundation Trust, Clinical Commissioning Group, the council, other Local Authorities, the Primary Care Networks and the care homes themselves.

Integration Highlight

On each of the quarterly returns, NHSE requests that an integration highlight is shared. In the quarter 4 return, our highlight is the 'Designing our Neighbourhoods' event.

One of the Wokingham Integration Partnerships key priorities is Creating Healthy Communities. To do this, we need to 'Design our Neighbourhoods' to focus on prevention. We have recognised that our citizen's health and wellbeing is shaped by much more than just our health care. The places we live in affect our citizens health in countless ways, including through the way a neighbourhood is designed, access to green spaces and the provision of good public transport. We aim to identify what makes an effective neighbourhood public sector delivery model, the key roles played by public and voluntary sector organisations and what more we can all do to create strong, healthy and resilient communities. Whilst we recognise that Wokingham is 2nd least deprived local authority in the country inequalities do exist across our borough and we want Wokingham to be healthier for our citizens.

We held our first major event, the launch of Design our Neighbourhoods, in January 2020, the first in a series of engagement sessions we are planning with our key partners over the next year or so.

Designing our Neighbourhoods is focussed on our 4 Primary Care Network geographies (North, South, East and West), the 4 natural communities within our borough. During the first event, we explored how a place-based approach enables a community to maximise its assets and address issues to create healthy, happy and vibrant communities for local residents. By working at this level, we can tailor our offer to the needs of that specific local community.

The overall purpose and aims of the event were to:

- Provide a common level of understanding of what is trying to be achieved
- Establish partnership connections around the four Primary Care Networks

- Begin to generate ideas to inform the thinking around what the neighbourhoods would look like

This was supported by data packs that summarised a snapshot of each of the 4 Primary Care Networks, produced through work we carried out as part of our population health management approach, which summarised each of our Primary Care Networks (geography, population profile, health profile, local services profile and map; and determinants of health). They were used by delegates as part of their discussions to explore what they are already doing and what needs to be done

Analysis of Issues, including any financial implications

Financial Implications – Nil
Policy – Nil
Personnel – Nil
Legal - Nil
Risk Management - Nil

Partner Implications
None

Reasons for considering the report in Part 2
None

List of Background Papers
None

Contact Lewis Willing	**Service** Wokingham Integrated Partnership
Telephone No 07925147764	**Email** Lewis.willing@wokingham.gov.uk

TITLE   **Wellbeing Board Overview Report June 2020**

FOR CONSIDERATION BY   Wokingham Borough Wellbeing Board on Thursday, 11 June 2020

WARD   None Specific

DIRECTOR/ KEY OFFICER   Matt Pope, Director Adult Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	Wellbeing Board Overview Report June 2020
Key outcomes achieved against the Strategy priority/priorities	To give clarity of the governance of the board, the agencies and departments that feed in and are responsible to the board.

Reason for consideration by Wokingham Borough Wellbeing Board	To give clarity of the Wellbeing Board's governance, structure, integrated agencies and recommendations from taken from the refresh report.
What (if any) public engagement has been carried out?	n/a
State the financial implications of the decision	n/a

RECOMMENDATION

1)   That the priorities of the Board underpin all work streams of the board and all decisions should link back to these priorities;

2)   That the agenda for the board, forward plan and projects should also underpin the delivery of the priorities;

3)   That agenda items should be for decision making purposes as opposed to items that are for note only. Items that are for information or noting should be circulated outside of the meeting for comment and transparency and if required referred to the Board for decision making;

4)   That Sub-groups, project boards, stakeholders and partners should have clearly defined expectations, goals and targets set by the Board, together with a clear reporting timeline;

5)   That the Business Skills & Enterprise sub-group be no longer required;

6)   That a forward programme be established and agreed to map the direction of travel to assist the board to achieve its priorities.

7)   That increased greater public engagement/attendance through greater publicity and more vibrant meetings should be developed.

• Further suggestions that for ongoing development include: o LGA to provide tailored training around best practice o Site visits to other H&W Boards o Review resourcing capacity to support the facilitation, co-ordination and policy issues in respect of the Board.
SUMMARY OF REPORT The report looks at the current governance, structure of the Board, agencies interaction and recommendations from a Refresh and Peer Reports.

Background

As part of the rescheduling of the Board return to activities a request for clarity over the structure and integration of the Board was requested with recommendations of previous refresh reports expanded.

Analysis of Issues, including any financial implications

No financial implications at this time unless there is a decision to change current structure.

Partner Implications
N/A

Reasons for considering the report in Part 2
None

List of Background Papers
Health & Wellbeing Board Refresh report 2018, LGA Peer Review Report 2015/6

Contact Peter Slade	**Service** Children's Services
Telephone No 07925 147754	**Email** peter.slade@wokingham.gov.uk

WELLBEING BOARD
WORKING DOCUMENT
FOR BRIEFING MEETING

Wellbeing Board
Working Document Index

Wellbeing Board Governance

The Wokingham Borough Wellbeing Board meets every month; one month in public and then the next informally in a Project Steering Group. The Chairman is one of the councillor Board members, appointed at the first Board meeting of the municipal year. The Vice Chairman of the Board is also appointed at the first meeting of the Wokingham Borough Wellbeing Board of the municipal year and can be any other member of the Board.

The statutory minimum functions of the Board are as follows:

- lead the production of a Joint Strategic Needs Assessment which will identify the range of current and future health and wellbeing needs in the community;
- formulating and overseeing the delivery of a Wellbeing Strategy;
- encouraging integrated working between health, social care, and other providers;
- prepare and publish a local pharmaceutical needs assessment (an overview of local pharmaceutical needs, services and gaps in provision);

The Wokingham Borough Wellbeing Board shall schedule a minimum of 6 meetings a year.

The priorities and programmes of the Wokingham Borough Wellbeing Board will be subject to scrutiny primarily by the Health Overview and Scrutiny Committee. The Board will provide an update to the Health Overview and Scrutiny Committee on a quarterly basis to enable it to fulfil its responsibilities of scrutiny.

The following Partnership Groups will implement elements of the work programme of the Wokingham Borough Wellbeing Board:

a) Children and Young People Partnership

b) Community Safety Partnership

c) Wokingham Integrated Partnership

d) Business, Skills and Enterprise Partnership (currently inactive)

The Partnership Groups are responsible for the implementation of designated programmes within the Health and Wellbeing Strategy. The Partnership Groups report periodically to the Wokingham Borough Wellbeing Board on the aspects of their work programme which are within the Wellbeing Strategy. The Partnership Groups agree their programmes of work, monitor progress and review performance in their respective areas.

Wellbeing Board Structure

Wokingham Borough Council Board

Wellbeing Project Steering Group

Wokingham Wellbeing Board

NHS

HM Government

POLICE

Berkshire West

healthwatch

involve

Business Skills & Enterprise [Dormant]

Sub Groups

Children's Young People Partnership

Wokingham Integrated Partnership Programme

Community Safety Partnership
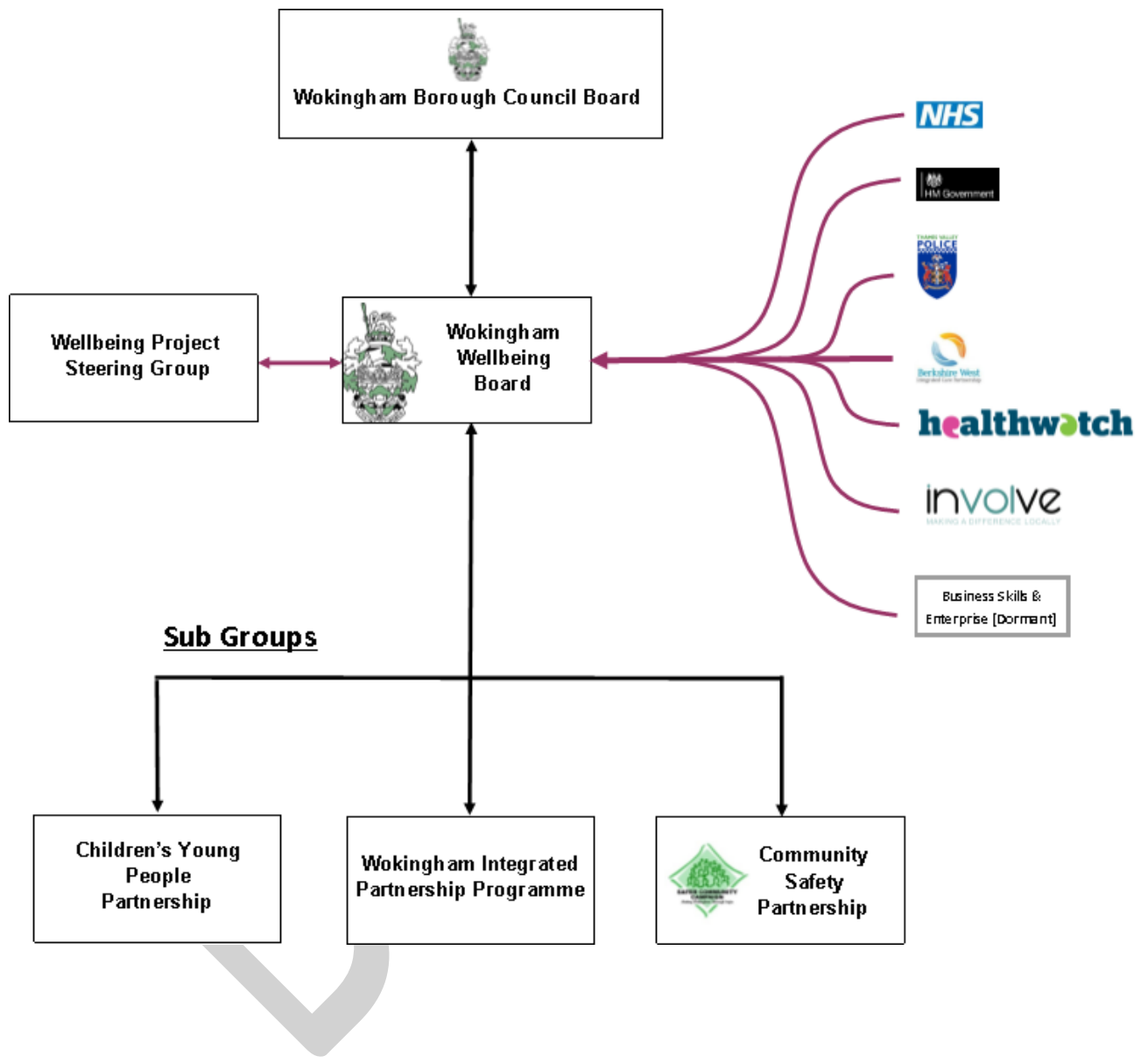
Draft structure for meetings process

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│ PROJECT STEERING    │─────▶│ Actions and reports       ││
│ GROUP MEETING       │      │ assigned to agencies to   ││
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│ 4 WEEKS BEFORE      │◀─────│ Submission Report Deadline││
│ MEETING             │      │ Draft Agenda Established   ││
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│ 3 WEEKS BEFORE      │─────▶│ Draft Papers submitted    ││
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│ AGENDA SETTING      │─────▶│ Agenda agreed with board  ││
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│ 2 WEEKS BEFORE      │─────▶│ Agenda & Papers           ││
│ MEETING             │      │ Discussed and Signed off  ││
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│ 1 WEEK BEFORE       │─────▶│ Agenda & Papers           ││
│ MEETING             │      │ Distributed ahead of the  ││
└──────────┬──────────┘      │ Official Board Meeting    ││
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Agenda & Papers Distributed ahead of the Official Board Meeting

5

85

Proposed Dates for Wokingham Borough Wellbeing Board

PROJECT STEERING GROUP	AGENDA SETTING MEETING	REPORTS CIRCULATED TO CHAIRMAN	FINAL REPORTS PROVIDED TO DEMOCRATIC SERVICES	PUBLICATION OF AGENDA	DATE OF MEETING
24 June	13 July	27 July	3 August	5 August	13 August
26 August	7 September	21 September	28 September	30 September	8 October
22 October	9 November	23 November	30 November	2 December	10 December
21 December	11 January	25 January	1 February	3 February	11 February
25 February	8 March	22 March	29 March	31 March	8 April

Wellbeing Board Refresh Report
Summary – Overview

The (Health and) Wellbeing Board took part in a Peer Review in 2016 which looked at the structure and governance of the Wellbeing Board. The recommendation from that review established the principles for the board. Two years after that review a refresh report was conducted to ensure the board remained focus on the principles and the two refresh reports are presented here. The board establish that the following points would remain and stay the focus of the Wellbeing Board:

- The priorities of the board should underpin all work streams of the board and all decisions should link back to these priorities.

- The agenda for the board, forward plan and projects should also underpin the delivery of the priorities.

- Agenda items should be for decision making purposes as opposed to items that are for note only. Items that are for information or noting should be circulated outside of the meeting for comment and transparency and if required referred to the board for decision making.

- Sub-groups, project boards, stakeholders and partners should have clearly defined expectations, goals and targets set by the Board. Together with a clear reporting timeline.

- Business Skills & Enterprise Sub-group is no longer required.

- A forward programme be established and agreed to map the direction of travel to assist the board to achieve its priorities.

- Increased greater public engagement/attendance through greater publicity and a more vibrant meetings should be developed.

- Further suggestions that may for ongoing development include:
  - LGA to provide tailored training around best practice
  - Site visits to other H&W Boards
  - Review resourcing capacity to support the facilitation, co-ordination and policy issues in respect of the Board.

Wellbeing Board Refresh Report
14 June 2018

TITLE   **Health & Wellbeing Board – Refresh**

FOR CONSIDERATION BY   Health and Wellbeing Board on 14 June 2018

WARD   None Specific

DIRECTOR/ KEY OFFICER   Graham Ebers, Director Corporate Services, Darrell Gale, Interim Strategic Director of Public Health Berkshire, Katie Summers, NHS Wokingham CCG

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report is intended to progress all 4 of the key priorities
Key outcomes achieved against the Strategy priority/priorities	Refresh of; Governance, partnership working, alignment of Business cycles and approach to advance all 4 key priorities

Reason for consideration by Health and Wellbeing Board	The Board's views and their support is considered to be critical to a successful refresh
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None specifically

RECOMMENDATION

The Health and Wellbeing (H&W) Board are asked to note and support the actions to refresh the H&W Board Agenda.

SUMMARY OF REPORT

The Health and Wellbeing Board considered a paper to 'refresh' its activities and operations on, 5 April, 14 December and 8 February. This report provides an update on progress and actions to advance the key themes of: 'Governance', 'Partnership working' and 'other considerations'. The Health and Wellbeing Board are asked to note and support the actions to refresh the H&W Board Agenda and consider some related proposals.

Background

The Health and Wellbeing Board has considered proposals to refresh its' 'agenda' since 14 December. These considerations have been in relation to Governance, Partnership working and Other issues seen to be relevant to improving the effectiveness and the board and enhancing its community engagement (as set out below).

Governance

It is suggested that an enhanced vibrancy and enhanced focus could be added to the Health and Wellbeing Board agenda through:

(i) more focused and time limited agenda items;
(ii) agenda items clearly linked to one of the 4 key priorities within the Health and Wellbeing Strategy with clearly stated intended outcomes;
(iii) review of Terms of Reference of Health and Wellbeing Board;
(iv) greater public engagement/attendance through greater publicity and a more vibrant meeting (e.g. including short presentations from 'external' organisations);
(v) a longer term forward programme linked to delivering the 4 key priorities and visible to other partnership groups for awareness and contribution;
(vi) seeking to achieve an equitable consideration of all 4 key priorities through the Board Member Updates which include a cover sheet with intended outcomes against priorities;
(vii) review Health & Wellbeing performance dashboard based on best practice of other authorities.

Partnership Working

It is considered that an enhanced collective contribution toward the 4 key priorities could be achieved by:

(i) a stronger alignment of our respective business cycles;
(ii) renewed discussions with the sub groups of Health and Wellbeing Board around actions to achieve the 4 key priorities;
(iii) review of the attendance/representation at Health & Wellbeing Board;
(iv) visibility and input from 'external' organisations delivering on the Agenda (with a protocol for their contribution at the meeting).

Other

Further suggestions that may help with an ongoing 'refresh' include:

(i)   LGA to provide tailored training around best practice
(ii)   Site visits to other H&W Boards
(iii)   Review resourcing capacity to support the facilitation, co-ordination and policy issues in respect of the Board.

Analysis of Issues

Key developments following the H&W Board meeting of 5 April are set out in bold below:

<u>Health & Wellbeing Board Support</u>

The Director of People's Services is seeking to create a resource that supports both the Health & Wellbeing Board and the Children's and Young People Strategic Partnership (approximately 0.5 FTE each). ***Appointment to this post has now been made***.

<u>Training</u>

The Local Government Association (LGA) has been approached (by the Strategic Interim Director of Public Health Berkshire) to facilitate training, following a skills audit. ***The LGA Self-assessment process "Stepping up to the place: Facilitated integration workshop" has started now with LGA representatives making scoping calls with key leaders, and the half-day workshop itself will be held on the afternoon of 2 July 2018.   At the workshop further development needs will be identified and members will commit to future action.   At the post event review further support will be discussed in the context of our 2020 integration strategy.***

<u>Sites of Best Practice</u>

The LGA were approached regarding a site of best practice and their advice was that it would be more productive to focus on the training suggested above. An appropriate site may flow from this training, but there is no suggested site at this stage.

<u>Integration</u>

There are 8 Integrated Care Systems across the country, 1 of which is Berkshire West (made up of West Berkshire, Reading and Wokingham). It is important that the H&W Board are sufficiently engaged in this work as the consequences are potentially significant for all partners. ***A Berkshire West wide workshop, including the Health and Wellbeing Boards of West Berkshire and Reading Councils, is being planned by Julie Hotchkiss and Dr Cathy Winfield, and a facilitator recommended by the LGA. The date will most likely will be in September.***

A further significant integration consideration is that of the Health and Social Care Strategy. A best practice model of integration should be based on the collective amalgamation or 'joining up' of front line staff, systems & processes, and leadership & management. The draft programme for the integrated strategy was reported in April. Full integration is scheduled to be achieved by 31st March 2020*.*

<u>Public Engagement/Branding</u>

Health & Wellbeing Board support, as previously referenced, will help with this on an ongoing basis (website presence etc), however it is recognised that promotion is rather fruitless without a 'product' worth promoting. Some of this relates to how well the Health & Wellbeing Board works collectively, engaging with its partnership community, however much also relates to the deliverables and achievements of the Health & Wellbeing Board. It was agreed to seek achievements from the sub groups of the Health & Wellbeing Board.

The Community Safety Partnership list of key achievements were reported in April. ***The Better Care Fund Programme annual performance that is overseen by the Sub Group WISP is reported elsewhere in this agenda.***

Effective promotion and engagement should include both targeted and universal events. Within this approach it is proposed that a 'Big Tent' event is run annually which can incorporate a range of relevant service providers. A combined Health & Wellbeing Board events calendar will also help to ensure opportunities are maximised and duplication avoided. The Sub Groups are therefore requested to report their respective events calendars to the Health & Wellbeing Board.

Dashboard of Key Indicators & Data for planning/outcomes

It is considered to more productive for Health & Wellbeing Board to have discussions around a small suite of meaningful indicators (ideally on 1 page), as opposed to pages of detail. If members of the Board required further detail, this could be provided outside of the meeting, or a particular area could be spotlighted at a future Board meeting.

Building on discussions from the April Health & Wellbeing Board meeting, work has been undertaken to further develop the proposed indicators and gather the baseline data required to enable the Board to set targets where it chooses. A detailed report is presented later in the Agenda.

A project is currently underway to review our Joint Strategic Needs Assessment (JSNA) data sets. This project involves input from different servicers across the Council and from our key partners. JSNA data will be reported to the H&W Board and will provide information regarding trends, unmet needs and progress against measures taken to address. The timetable for the JSNA project is shown below:

Mid November 2017 – Completion of Borough Profile draft
Early January 2018 – Completion of Starting Well (maternity and 0-4 year olds) draft
Mid March 2018 – Completion of Developing Well (children and young adults) draft
Late April 2018 – Completion of Living and Working Well (adult population) draft
Late May 2018 – Completion of Ageing Well (older population) and People and Places drafts
Late June 2018 – Reviewing all chapters, adding outstanding information. Get JSNA document ready for sign off
Early August 2018 – Uploading all chapters with latest data online

The draft JSNA chapters are being presented as a separate item in this agenda, seeking input from Board members.

Health & Wellbeing Board Key Priorities

To enhance our governance it is suggested that each of the Health & Wellbeing Board key priorities are allocated to a Councillor Member of the H&W Board and an appropriate officer. This is intended to improve accountability and deliverability. It is proposed that the key priorities are allocated as follows: *Enabling and empowering resilient communities (Charlotte Haitham Taylor/Graham Ebers); Promoting & Supporting good mental health (David Hare/Martin Sloan); Reducing Health inequalities in our Borough (Pauline Helliar-Symons/Darrell Gale); Delivering person centred integrated services (Richard Dolinski/Martin Sloan/Katie Summers).*

<u>Other</u>

Following the progression of the integrated Health and Social Care strategy and the appointment of the much needed support to the Board, other issues around the themes of Governance and Partnership Working can be taken forward. This will lead to a complete Action Plan that is reported back to every Board meeting and informs the Forward Programme of future agenda items. Specific issues yet to address, includes the mapping of all sub groups and task groups (how they align to the business of the H&W Board) and establishing a new terms of reference for the Health & Wellbeing Board aligned to its 4 key priorities (including a review of membership).

Partner Implications
It is important that all relevant partners feel engaged with and contribute to both the 'refresh' and the new ways of working.

Reasons for considering the report in Part 2
None

List of Background Papers
Peer Review

Contact Graham Ebers	**Service** Corporate Services
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Date 4 June 2018	**Version No.** 0119 974 6557

Wellbeing Board Refresh Report
9 August 2018

TITLE   **Health and Wellbeing Board Refresh**

FOR CONSIDERATION BY   Health and Wellbeing Board on Thursday, 9 August 2018

WARD   None Specific;

DIRECTOR/ KEY OFFICER   Julie Hotchkiss, Interim Consultant in Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	All priorities within the Strategy are being addressed.
Key outcomes achieved against the Strategy priority/priorities	Proposals on how to achieve a clearer focus on how the Board can promote delivery of action to further the priorities will be presented.

Reason for consideration by Health and Wellbeing Board	Following a successful development day, officers have considered the learning and are now presenting these proposals on the way forward. The Board's views and support are sought.
What (if any) public engagement has been carried out?	None to date.
State the financial implications of the decision	None

RECOMMENDATION

The Health and Wellbeing Board is asked to comment on the proposal and agree the approach to developing the proposed strategy and the establishment of mechanisms for its delivery.

SUMMARY OF REPORT

The Health and Wellbeing Board has been through a process of 'refreshing' its activities and operations since 2017. This report provides an update on progress following recent developments to improve the functioning of the Board as a system leader.
The Health and Wellbeing Board is asked to note and support the actions to refresh the H&W Board Agenda and consider some related proposals.

Background

The Health and Wellbeing Board has considered proposals to refresh how it operated since 14 December 2017. A detailed report of progress was presented at the June Board meeting. Following on from that update this report captures new developments that have taken place in July.

Analysis of Issues

System Leadership

The Local Government Association (LGA) ran a *Facilitated integration workshop* called *"Stepping up to the place"* for Board Members on 2 July 2018. The facilitator, John Bewick, took members through the self-reflection process, adding independent observations based on his knowledge of the wider system and experience of observing the work of many Health and Wellbeing Boards across the country.

Strong commitment to the Board was expressed, evidenced by how well the Workshop was attended by existing Board members. However, it was acknowledged that if the Board is to function as a system leader and driver for action in Wokingham membership would need to expand bring some other key partners on board. Potential partners suggested were the local health providers (NHS Trusts) and planners.

It was felt that the wellbeing aspect of the Board had been less developed, and that there had been less of a focus on preventing ill health. Other gaps were in involvement of the voluntary sector and over-emphasis on adult health at the expense of the children's agenda. It was suggested that being able to influence the place agenda, particularly with the new housing and infrastructure development presented an ideal opportunity for place-based work in Wokingham.

Overall the need for tighter strategic objectives which would then allow more direct translation into action for specific agencies was agreed, and a small officer group was given responsibility to take the findings away and bring proposals back to the next Health and Wellbeing Board. The presentation to accompany this report will explore the ideas discussed and come up with proposals for the Board's consideration.

Leadership with the Health and Wellbeing Board

The Chair (Councillor Dolinski) attended the 2 day residential course for Health and Wellbeing Board Chairs held in Warwick. He was able to see many examples of good practice from other local authorities.

Health and Wellbeing performance dashboard

When the new, more focussed Strategy and Action plan are agreed, the indicators proposed at the previous Board meeting will be refined and the new dashboard presented.

Health and Wellbeing Board Support worker

Charlotte Seymour is now in post and spends half of her time on supporting the Health and Wellbeing Board.

Joint Strategic Needs Assessment (JSNA)

Following presentation of the draft chapters of the JSNA at the previous meeting and call for input from Board members and other stakeholders, a request was received from the Place and Community Partnership to extend the deadline for input, to allow for greater involvement of the community and voluntary sector. This was agreed and comments will be accepted up to mid- September and the intelligence gleaned from this and other stakeholder consultation will be incorporated into the final JSNA.

Partner Implications
A consideration of expanding Board membership to some key partner organisations is underway.

Reasons for considering the report in Part 2
N/A

List of Background Papers
None.

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TITLE	**Wellbeing Board Annual Report**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 June 2020
WARD	None Specific
DIRECTOR/ KEY OFFICER	Matt Pope, Director Adult Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	Wellbeing Board Annual Report 2019 for submission to the Council.
Key outcomes achieved against the Strategy priority/priorities	To highlight the activities and updated the Council on the activities of the Wellbeing Board through 2019.

Reason for consideration by Wokingham Borough Wellbeing Board	Report needs to be approved by the Wellbeing Board to be submitted to Full Council
What (if any) public engagement has been carried out?	n/a
State the financial implications of the decision	n/a

RECOMMENDATION
That the report be recommended to Full Council for approval.
SUMMARY OF REPORT
Annual review of Wellbeing Board 2019

Background

Updated review for 2019

Partner Implications
General integration

Reasons for considering the report in Part 2
None

List of Background Papers
Previous Board reports

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WOKINGHAM BOROUGH WELLBEING BOARD

ANNUAL REPORT

2019-20

WOKINGHAM BOROUGH WELLBEING BOARD

ANNUAL REPORT 2019-20

Introduction

The Wokingham Borough Wellbeing Board has recently completed its eighth year as a formal committee.

Under the Health and Social Care Act 2012 all upper tier local authorities were required to establish Wellbeing Boards from April 2013. Wellbeing Boards are forums where key representatives from health, social care and the community can work in partnership to reduce health inequalities locally and to improve the overall wellbeing of residents.

The membership of the Board for 2019-20 was as follows:

- o Councillor Charles Margetts (Chairman, Executive Member for Health, Wellbeing and Adult Services, WBC)
- o Councillor John Halsall (Leader of the Council, WBC)
- o Councillor UllaKarin Clark (Executive Member for Children's Services, WBC)
- o Councillor David Hare (Opposition, WBC)
- o Matt Pope (Director Of Adult Services, WBC)
- o Dr Debbie Milligan (Vice-Chairman) (NHS Berkshire West Clinical Commissioning Group)
- o Dr Cathy Winfield (NHS Berkshire West Clinical Commissioning Group)
- o Katie Summers (NHS Berkshire West Clinical Commissioning Group)
- o Tessa Lindfield (Strategic Director of Public Health for Berkshire)
- o Carol Cammiss (Director of Children's Services, WBC)
- o Sarah Hollamby (Director Place and Growth, WBC)
- o Graham Ebers (Deputy Chief Executive and Director Corporate Services, WBC)
- o Nick Campbell-White (Healthwatch Wokingham Borough
- o Nikki Luffingham (NHS England, Thames Valley Area Team)
- o Phil Cook (Voluntary, Community and Faith Sector) and (Place and Community Partnership)

The core functions of the Wellbeing Board are:

- o To prepare a Joint Strategic Needs Assessment, which gives an overview of the Borough's current and likely future wellbeing needs;
- o Based on evidence detailed within the Joint Strategic Needs Assessment, produce a Joint Wellbeing Strategy, which details how needs identified will be met;
- o To create and publish a pharmaceutical needs assessment, an overview of local pharmaceutical needs, services and any gaps in provision;
- o To encourage integrated working between commissioners of health services, Public Health and social care services, for the purposes of advancing the wellbeing of the people in its area;
- o To consider how resources can be shared effectively between partners and where appropriate, to pool budgets;
- o The local Clinical Commissioning Groups must involve the Wellbeing Board in the preparation or revision of their commissioning plans.

Work Programme 2019-20:

The 2019-20 Annual Report highlights key areas of work undertaken by the Wellbeing Board during the previous municipal year, which included the following:

Wellbeing Strategy 2018-21:

The Wokingham Borough Wellbeing Board created a refreshed and meaningful Wellbeing Strategy. The Board members during 2019-20 discussed where the Wellbeing Board could make the biggest impact and key wellbeing indicators. It was decided that the Board should have a focus on wellbeing specifically and this has been reflected in the Wokingham Borough Wellbeing Board's activities through the year.

The Wellbeing Strategy for 2018-2021 was designed around the vision of "creating healthy and resilient communities", within which is three key priorities:

- o **Creating physically active communities**

- o **Reducing social isolation and loneliness**

- o **Narrowing the health inequalities gap**

Although these are the key priorities, they are also an umbrella that covers a large range of areas and issues that relate to the local needs of the Borough. Some examples of these are: the mental health of all ages, support for carers, utilising green spaces, transport availability, school readiness, employment and vulnerable people.

The action plan, was part of the refresh process form last year and was named 'Strategy into Action', it was co-produced by the Wellbeing Board and key stakeholders in the spring of 2019. This collaboration for the development of the action plan will aim to enhance relationships and enable our partners to decide on their level of involvement from the outset. This resource will be utilised to support, co-ordinate and help to progress actions. In order for an effective action plan, it is important that the current work within the Borough is mapped out so we are able to gauge the level of activity and pave the way for grasping opportunities. Furthermore, to ensure that Strategy into Action is kept on track with achieving the actions and key priorities, a number of metrics have been produced to be a guideline of the local needs and remained a standing item within the board meetings.

The Board held a World Café style workshop to consider the priorities and how they could be addressed. Discussions at the workshop would be captured and turned into actions. Within a month an email was distributed to Council departments, partners of the Wellbeing Board and commissioned services, which included information on who the Wellbeing Board was and what its strategy and key priorities were. A short survey which gathered a broader picture on what was currently happening within the Borough, to understand perspectives on current provision to identify gaps, and to provide a platform for feedback on the Wellbeing strategy, had also been provided.

The Joint Strategic Needs Assessment details mainly fed into the initial dashboards that were created to gauge and identify progress. To develop the dashboard further other

agencies information was gather also including CCG, Public Health, CSP, Healthwatch and the Sports and Leisure Team were included for support and its results were included.

Projects began to progress the strategy into action, to investigate what could be achieved with regards to reducing social isolation. Spotlight Action group which supported and focused the Social Isolation and Loneliness Group. The Board also included the Friendship Alliance and it was noted that the 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.

During 2020/21 the Wellbeing Board will continue to work with its partners to address health inequalities, targeting those in the community who are most vulnerable.

Design Our Neighbourhood (Formerly Localities Plus)

The Board received a report regarding Localities Plus, which introduced the proposed place-based approach to be taken in the Wokingham Borough and proposed that this approach be championed by a new "Localities Plus Group". The report was narrowed to local context referring to Primary Care Networks, it suggested that the 3 conversation model and the 21st Century Council mode. It highlighted that there would be four rather than three Primary Care Networks and that the mapping information for the GP practices was out of date. The Board then questioned how the Localities Plus Group would fit into the integration agenda as there was no health representation on the Group but it was seen that the group would help the Council's approach which would then feed into the Wokingham Leaders Partnership Board which had a wider membership. A review of the group was requested at the start of the Municipal year.

Due to Localities Plus not having a strong connection with health and other partners the decision was to reinvent the group and rename it 'Designing Our Neighbourhoods'. The leadership partnership board name include the name within its terms of reference and the new Group would be a priority for the remainder of the year.

One such project took the form of an ongoing 'coming together' of parties to understand assets and resources from the perspective of the four Primary Care Networks within Wokingham Borough. The Design Our Neighbourhood event was held for partners and stakeholders to discuss key themes that needed to be addressed. It was anticipated that this would be an evening event held in November which was unfortunately delayed until the early part of 2020. The event was held and included representatives from the NHS, Town and Parish Councils, Headteachers and the voluntary. It was seen as a great success by all in attendance there was a growing pressure to bring everyone together again to further develop the ideas and initiatives discussed. A review of the original sessions is currently in production and the second event is currently being organised with future programme coming together as well.

Wokingham's Joint Strategic Needs Assessment 2018-2021:

The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and Clinical Commissioning Groups (CCGs) assess the current and future health, care and wellbeing needs of the local community to inform local decision making. The JSNA was introduced following the Health and Social Care Act 2012 and it is the statutory responsibility of the Wellbeing Boards to produce the assessment and to update it on an annual basis.

Wokingham's 2018-2021 JSNA will be comprised of five chapters; 'Borough Profile', 'Starting Well', 'Developing Well', 'Living and Ageing Well' and 'People and Places'. These chapters will be comprised of infographic data to highlight Wokingham's position against comparators, such as the South East region and England, and will be accompanied by a narrative to provide background and context.

The Board results of the assessment were made available early in the year and it updated a key messages of the Joint Strategic Needs Assessment. It was decided that the format of the data be broken down into more detailed areas of focus rather than a single data intelligent report. The areas that required improvements included - high traffic volume and poor air quality, mental and emotional wellbeing (and related to this unhealthy lifestyles including physical activity and alcohol as well as social isolation and loneliness), as well as the gap in life chances between more deprived and less deprived groups in the Borough.

The JSNA provided a summary report of the health needs of the local population in January 2020 updated for 2019. It was agreed that while Wokingham had generally high levels of wellbeing more focus was needed on prevention and still some health inequalities. The Borough had one of the highest life expectancy rates in the country. Compared with the national picture, there were fewer young adults in their 20s and 30s living in Wokingham than there were older adults in their 40s and 50s although this may change following the housing development work. There were also areas where the borough did not perform so well as well. Respiratory tract infection admissions aged 1 year and Respiratory tract infection admission aged 2, 3 and 4 years; MMR – second dose; Admissions as a result of self-harm (15-19 year olds) and Adult drinkers of alcohol.

The JSNA report was completed and assessed and approved by the Board and with the update expected by the end of 2020.

Children and Adolescent Mental Health Services (CAMHS) Local Transformation Plan - Implementing Future in Mind across Berkshire West CCGs:

In 2015, the Government issued a report called 'Future in Mind – Promoting, Protecting and Improving our Children and Young People's Mental Wellbeing', about why changes in mental health services for children and young people are needed. From this, a Local Transformation Plan (LTP) was created by Berkshire West CCG for the children and young people living in Wokingham, Reading and West Berkshire. The public bodies, voluntary and community organisations involved in supporting children and young people's mental health are working together in partnership on LTP that will deliver improvements in mental wellbeing. The LTP is reviewed, refreshed and published annually and is in line with the requirements of the NHS 'Five Year Forward View for Mental Health' and the

Green Paper. The vision is to ensure that every child and young person to get the help they need, when and where they need it.

NHS England have approved and revised the Future in Mind Local Transformation Plan in October 2018. By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental wellbeing. The LTP is about integrating and building resources within the local community, so that emotional wellbeing support is offered at the earliest opportunity. The goal is to reduce the number of children, young people and mothers whose needs escalate to require specialist intervention, a crisis response or in-patient admission.

The extent of the transformation so far has been recognised by CQC, OFSTED, NHS England Regional Team and the Children's Commissioner for England. There has been a movement away from the traditional escalator style tiered system, to a systems approach that is informed by the THRIVE framework. The focus is on promoting a whole system framework of care and moving away from a specialist single agency mental health response to families, communities, schools, public health, social care and voluntary sector. Investments have been made in workforce training across schools, primary care, the voluntary sector and social care. An example of this is the collaboration between the Reading Emotional Wellbeing Partnership, West Berkshire Emotional Health Academy and the Wokingham School Link Project in which they have built skills and support in schools and the community.

Berkshire West was bucking the national trend in that the number of children requiring in-patient beds was reducing as was the length of stay required. Work was being done to keep more children within the area. Nationally the demand for emotional wellbeing services had increased. It was possible that the increased demand was a positive sign and that stigma regarding emotional wellbeing issues was reducing.

For Eating Disorders the current trend suggested that demand continued to be greater than the nationally modelled estimates on which the Berkshire service was commissioned. The risk and acuity of referrals had increased and the service was being reviewed. There had been an increase in self-harm rates in all three Berkshire West Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas were higher than the national average with the biggest increase being in Reading.

As the local system has matured, so has the ambition to transform services even further. This has led to the bid to become a Green Paper Trailblazer site. Berkshire West CCG are currently in the process of bidding to become a Trailblazer site for the Green Paper Reforms with the confidence of already being cited by the Children's Commissioner for England as an area of good practice. The intention is to build on well-established joint working arrangements with Local Authorities to achieve further sustainable whole system change. Two Trailblazer lots are being bided for – creating new local Mental Health Support Teams (MHSTs) and reducing the waiting times for Specialist Child and Adolescent Mental Health Services (CAMHs) and the Anxiety and Depression pathway.

Many changes have already been made there is a till more to be done to make the local mental health services the best they can be.

Better Care Fund:

The Better Care Fund (BCF) is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme's national requirements. The pooled budget is made up of CCG funding as well as local government grants, of which one is the Improved Better Care Fund (iBCF).

The board received an update in June 2019 it was highlighted that the Better Care Fund (BCF) was working well in Wokingham. It was reminded that it had been developed to pool resources and deliver the integration of adult health and social care services, and had come into effect in 2014. The four local schemes; Integrated Front Door - The Health and Social Care Hub; Wokingham Integrated Social Care and Health (WISH) Team, including Step Down; Community Health and Social Care (CHASC) including Community Navigators and; Step Up.

The Better Care Fund also funded six Berkshire West wide schemes; Care Homes (Community Support) Project - incorporating RRaT (Rapid Response and Treatment; Connected Care; Integrated Discharge Team (IDT) and Trusted Assessment; Street Triage – Mental Health; and Falls and Frailty. The Board was also please to note that the number of non-elected admissions in over 65's had reduced.

As part of the Better Car Fund the Board considered a report on the Better Care Fund Submission 2019/20. Where it was advised that the submission had been signed off by the Chairman and submitted by the NHS England. The Wokingham submission was aligned with those of Reading and West Berkshire and it was noted that the total pooled fund for Wokingham had increased from £10.01m to £10.78m. Wokingham had progressed its plans from its individual schemes to Integrated Care Networks and the funding submission was ratified.

The Board will continue to receive quarterly updates on the programme performance and will continue to receive and review these in 2020/21.

Berkshire West Integrated Care System Operating Plan 2019/20:

The ICS has continued to work on building partnerships and introducing joint working across the health economy and with its local authorities. Work has progressed on the 6 programmes of work highlighted above with many of the projects starting to move from the 'design' stage into 'business case' stage to start to deliver the transformation needed to support the 5 domains listed above. The system continues to perform well in delivering the *5 Year Forward View* and is looking to build on these achievements now the *Long Term Plan* has been published. A key part of the *Long Term Plan* is the development of Primary Care Networks which will deliver services closer to home for patients. The ICS has 4 GP Alliances in place and work has already begun to explore how services traditional delivered in hospitals could be delivered in a different way in primary care.

The 2019/20 Operating Plan for the Berkshire West Integrated Care was considered by the Board in June 2019. During the discussion the board were informed that the Integrated Care System funding gap was calculated to be £45.2m for 2019/20. The Plan had been created earlier in the year and some of the health infrastructure referred to such as Primary Care Networks were starting to be built up. Each strategic priority had a project

plan with agreed timelines, which was monitored monthly. The Board would be kept informed through the joint delivery group, with an improved line of sight through increased involvement Chief Executives and Members. The Berkshire West Integrated Care System Operating Plan: 2019/20 be noted.

There was a launch event held on the 18th July 2019 which was seen as a success. The Berkshire West Integrated Care Partnership (BWICP) was a new way of working with six other NHS and Local Authority partners across the area. The partnership would be a more collaborative and collective way of working together. The possibility of a shared Joint Wellbeing Strategy for Berkshire West was under consideration and would be discussed further at the Board's informal meeting in September.

The Board was updated that the Berkshire West Joint Commissioning Board was to work across the Berkshire West system to identify where commissioning efficiencies could be made, minimise duplication of suppliers, create economies of scale and where appropriate renegotiate services into a single contract.

The operating plan for 2019/20 is currently in place and will continue until the next review in 2020.

The NHS Long Term Plan Update:

The NHS Long Term Plan is a new plan for the NHS to improve the quality of patient care and health outcomes which was published in January 2018 on the back of the NHS Five Year Forward View. The aim of the plan is to create a new model of care for the 21st century which will have an increased effort on prevention of illness and tackling health inequalities. The plan outlines that a joined up approach will be taken to ensure better co-ordinated and more proactive care.

The Long Term Plan sets out five major, practical changes to the NHS service model that will be brought about over the next five years:
1. 'Out of hospital' care will be boosted and the historic divide between primary and community health services will be dissolved.
2. The NHS will redesign and reduce pressure on emergency hospital services.
3. More personalised care will be offered to increase people's control over their own health.
4. Digitally-enabled primary and outpatient care.
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

Wokingham are in a good position with the 21st century service model. This model puts huge emphasis on prevention and preventative measures and has recognised the need for up to date technology. The focus on out of hospital care will involve a big change in GP delivered care where GP practices will come together to form networks. These networks will allow for a broader range of assistance in providing health care.

Community Navigators in the Wokingham Borough are already providing a social prescribing service which aids the out of hospital care approach. The Community Navigation scheme provides an essential link between health services and local voluntary

and community provisions which is known as 'social prescribing'. This scheme in Wokingham is provided by Involve. Personalised care will include a focus on proactive care, personal health budgets and personal care plans which collectively will aid tailored support for individuals.

Across Berkshire West, work is to be carried out to define exactly what the 'neighbourhoods' will include. This will take into consideration the GP Alliances that are currently in place in Berkshire West, the NHS definition of neighbourhoods and the Primary Care Networks to align into one clear definition. The overarching aim is to have self-sufficient, integrated neighbourhoods. The neighbourhoods will envelop Population Health Management which is discussed at detail in the Long Term Plan which focuses on primary care, urgent care and planned care to enable early intervention and targeted support.

The Board were presented with the draft BOB ICS response to NHS Long Term Plan. 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. Which had a number of areas within the plan that included 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.

There is currently a financial gap and that BOB colleagues would be looking at how this could be addressed prior to the final submission. It was 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. The Board would see the plan if it was amended significantly because of the financial position.

NHS – Berkshire – A Good Place to Work

The Director Public Health presented the Wellbeing Board with the Berkshire a Good Place to Work – which was the 2019 Director of Public Health report.

The Board were reminded that the Director of Public Health had a duty to produce an annual report. A Berkshire wide report with a focus on workplace wellbeing had been produced.

The Board was informed of employment rates, including access to 'good' work, 2018/19, across Berkshire. Employment rates were above the England average. With the majority of employees in the Wokingham Borough were employed by big businesses. The Local authorities were the second highest employer within the county. It was also stated that the access to 'good' work was easier for some age groups than others. Employment rates for younger people were poorer, for example.

Some other details included that on average, women lived in poor health for longer and had a longer life expectancy. Crowthorne had the highest life expectancy rate in the country. With regards to the health of the working age population, it was noted that the

workforce was becoming older and were more likely to have long term conditions that required management.

Sickness absence rates were on the increase and presenteeism had increased by up to three times since 2010. Only 30% of managers had been identified as taking initiatives to identify the underlying causes of this. Some of the main reasons for sickness absence included mental health issues and musculoskeletal conditions. There was an emphasis on the working environments supported employees' wellbeing. Some groups such as shift workers needed additional support. There were also Anchor Institutions in the borough those that include Local authorities, hospitals and universities were examples of anchor institutions.

It was also noted that the BOB STP ICS had had a good conversation with large employers about supporting its own workforce. It was felt that improvements could be made in the NHS in particular. It was resolved that the board would have the report noted and the recommended next steps considered. It was celebrated that Wokingham Borough Council, as an employer, was included as a case study in this report and the links between the report and the Wokingham Health & Wellbeing Priorities – reducing social isolation, increasing physical activity and reducing inequalities was also noted.

Voluntary Sector engagement

Involve is still very much a part of the Health & Wellbeing Board and continues to work in focus with the Community Safety Partnership Board. Involve also hosted Youth Discussion meetings in a co-productive manner to look at youth provision locally which is ongoing through 2019/20. Furthermore, Involve also conducted surveys of residents and students to gain feedback on how people feel and what concerns they have.

Ongoing, Involve has been pushing and promoting #WokinghamHWBB on social media which has led to increased engagement each month.

The monthly promotional areas are as below:

Throughout the 2020/21, Involve will continue to engage with the local voluntary and community sector and statutory partners through meeting and board attendance, delivering business planning and network opportunities and general contact and communications.

Partnerships:

The work of the Wellbeing Board is supported by the following partnerships:

- o Business, Skills and Enterprise Partnership; (currently dormant)
- o Children and Young People's Partnership;
- o Community Safety Partnership;
- o Wokingham Integrated Partnership.

2020/21 Work Programme:

The Wellbeing Board's work programme for 2020/21 will continue to build on the working undertaken in 19/20.

Last year it was agreed for Thames Valley Police to relinquish its membership of the Board as it is an active member of many of the agencies that feed into the Health & Wellbeing Board. The outcomes from the Joint Strategic Needs Assessment were presented early in 2020 with further updates expected at the end of the year. This information highlighted the priorities for the work of the Wellbeing Board's work programme for 2020/21.

The JSNA fed into the Strategy into Action, which allowed the Board to develop and establish the working Dashboard, which sets clear targets for improvements. All of the targets are designed to support and underpin the three main priorities of the Board. The work streams of the Wellbeing Board include delivery of its priorities through the three subgroups. These include the Wokingham Integrated Partnership Programme (WIPP) and the Children & Young People Partnership (CYPP) and the Community Safety Partnership (CSP)

The WIPP priorities for 20/21include:
- ❖ Supporting the PCN (Primary Car Networks)
- ❖ Integrated Care Network Development
- ❖ Creating Healthy Communities
- ❖ Implementing population health management
- ❖ Better Care Fund Programme

The priorities of the CYPP include;
- ❖ Early Intervention and Prevention
- ❖ Emotional Wellbeing
- ❖ Contextual Safeguarding
- ❖ Special Educational Needs and Disabilities

The CSP priorities include:
- ❖ Addressing domestic violence
- ❖ Tackling anti-social behaviour
- ❖ Reduce and prevent exploitation whilst addressing the needs of vulnerable, victims and offenders.

A key focus for the Wellbeing Board in 2020/21 is the Designing our Neighbourhood which was launched with an event in January 2020, and to focus the four Primary Care Networks within the Borough to support, promote and interact with board's priorities and work.

Many of the planned activities of the Wellbeing Board and Designing our Neighbourhoods have been delayed due to resource and focus being on supporting the response to the Covid-19 global pandemic. The activities of the Board are being rescheduled and re-planned to commence in August 2020.

Share your Wokingham news, information and advice using #wokinghamHWBB and follow us on Facebook and twitter for updates on how to stay happy and healthy.

Glossary of abbreviations

Abbreviation		Description
BCF	Better Care Fund	A programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own wellbeing, and live independently in their communities for as long as possible.
BHFT	Berkshire Health Foundation Trust	A specialist mental health and community health services trust that operate from more than 100 sites in Berkshire.
BOB STP	Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan	Covers a population of 1.8 million people in the South East and together utilising the plans that set out practical ways to improve NHS services and population health.
CAMHS	Children and Adolescent Mental Health Services	CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
CCG	Clinical Commissioning Group	Clinically-led statutory NHS bodies who are responsible for the planning and commissioning of health care services for their local area. There are now 195 CCGs in England.
iBCF	Improved Better Care Fund	In 2017 spring budget, Department of Communities and Local Government provided an additional Adult social care fund of £169k in part supported sustainability of care market.
ICS	Integrated Care System	Provides a conceptual framework to support practitioners and managers in undertaking the key tasks of assessment, planning and intervention and review.
JSNA	Joint Strategic Needs Assessment	Examination of the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area. It is a statutory requirement for the Wellbeing Board to produce the assessment every three years and keep it updated.
LGA	Local Government Association	An organisation which works with councils to support, promote and improve local government.
LTP	Local Transformation Plan	First published in 2015, LTP's set out how local services will invest resources to improve children and young people's mental health across the "whole system". This will also align with the Sustainability Transformation Plan.
MHST	Mental Health Support Team	Berkshire West is one of 25 trailblazers to launch Mental Health Support Teams in 2019, who will work with schools.
MoU	Memorandum of Understanding	An agreement between two or more parties.
PNA	Pharmaceutical Needs Assessment	A statement of the pharmaceutical services provided that are necessary to meet the needs of the area. This assessment is a statutory requirement and is published every three years.
RBHFT	Royal Berkshire Health Foundation Trust	One of the largest general hospital foundation trusts in the country. It provides acute medical and surgical services to the local population as well as specialist services.

WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2020

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.

111

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2020/21

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 August 2020	Designing our Neighbourhoods	Update	Update	Deputy Chief Executive	Performance
	Director Public Health Annual report	Required	Required	Tessa Lindfield, Director Public Health	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	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
8 October 2020	Designing our Neighbourhoods	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	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
10 December 2020	**Designing our Neighbourhoods**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
11 February 2021	**Designing our Neighbourhoods**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	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
8 April 2021	**Designing our Neighbourhoods**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

To be scheduled:

- **BOB ICS Plan**