WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held Virtually on **THURSDAY 13 AUGUST 2020** AT **5.00 PM**

Susan Parsonage
Chief Executive
Published on 5 August 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/OeyYZomJzzc

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Creating Healthy & Resilient Communities

Key Priorities

Narrowing the Health Inequalities Gap

Creating Physically Active Communities

Reducing Isolation

WOKINGHAM
BOROUGH COUNCIL

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
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

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

7.   **MINUTES OF PREVIOUS MEETING**   **5 - 16**
To confirm the Minutes of the Meeting held on 11 June 2020 and the Extraordinary meeting on 9 July 2020.

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

9.   **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

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

11.   None Specific   **WOKINGHAM WELL-BEING STRATEGY**   **17 - 56**
                                            PROGRESS REPORT
To receive the Wokingham Wellbeing Strategy

Progress Report. *(25 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

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 11 JUNE 2020 FROM 5.00 PM TO 6.30 PM**

Present

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
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
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch
Meradin Peachey (substituting Tessa Lindfield)	Interim Consultant in Public Health

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Narinder Brar	Community Safety Partnership Manager
Susan Parsonage	Chief Executive
Peter Slade	Wellbeing Board and Community Safety Partnership Project Support
Martin Sloan	Assistant Director ASC Transformation and Integration
Lewis Willing	Head of Health and Social Care Integration
Andy Fitton	NHS Berkshire West CCG

63.   APOLOGIES
Apologies for absence was submitted from Tessa Lindfield and Sam Burrows.

64.   MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Board held on 13 February 2020 were confirmed as a correct record.

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

66.   PUBLIC QUESTION TIME
There were no public questions.

67.   MEMBER QUESTION TIME
In accordance with the agreed procedure, the Chairman invited Members to submit questions to the appropriate Members.

67.1   Gary Cowan asked the Chairman of the Wokingham Borough Wellbeing Board the following question. Due to his inability to attend the following written answer was provided:

Question

Dr Cathy Winfield, CEO of West Berks CCG on May 21 stated at the West Berks 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.

Answer

Thank you for your question. Can I first extend my deepest sympathy to all those that have been effected by the deaths in care homes as a result of this virus. What has happened in Wokingham, and across the country, has been very difficult for many people. I'm sure there will be a national debrief with questions asked what has happened and what we can learn for future policies. Locally we expect we will be looking into this as part of the summer's overview and scrutiny programme. Part of this will rightly look into the impact of the national guidance on hospital discharge and the absence of testing in the first part of the response.

Our care homes have worked tirelessly through this extremely difficult time to help support their residents and I would like to voice my thanks at their efforts.

It is important to note care homes in Wokingham Borough are usually run by private or voluntary sector service providers.

There are 52 CQC registered care home setting within Wokingham Borough; this includes both older people care homes (residential and nursing) and learning disability care homes.

95% of Wokingham Borough care homes inspected by the CQC were rated as 'good' or 'outstanding' prior to the outbreak (February 2020) of the virus.

It was possible that some care home clients caught the virus in hospital before being discharged, and as they were not tested before discharge, the appropriate isolation in care homes was not put into practice.

Wokingham Borough Council took ground-breaking action to help protect its care homes during the Covid-19 crisis.

Last month the Borough Council took the unprecedented decision to go against Government guidelines by refusing to take patients discharged from hospital into some care homes unless it was certain they did not have coronavirus. At the same time, the Council and partners across the health service have worked together to set up a 'task force' of specialists to work with care homes to make sure they were ready to cope with patients who had the virus.

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The task force has now worked with all care homes and other care settings but worked intensively with 36 in order to make sure they can start to take hospital discharges again safely.

As with care homes across the country, those in Wokingham Borough have been coping with a very difficult situation during this crisis.

In the first period of the pandemic we became concerned that the situation in care homes was worsening, we lobbied our MPs and the Local Resilience Forum for increased testing of those being discharged and for those in homes and for improved supplies of PPE. We increased our support to local care homes, including providing emergency supplies of PPE and forming a task force focussed on going into homes to support with specific issues like detailed infection control advice

Despite this lobbying and support, Government guidelines continued to allow the potential discharge of patients with coronavirus into our care homes, so we took the decision to stop hospital discharge into our care homes unless the patient has tested negative and been without symptoms or our task force had made sure the care home could cope with positive cases.

This task force has now visited 36 care homes and we are now at the place where discharges from hospital can take place more safely into some of these homes. I would like to personally thank all care home staff for the immense effort they are putting in to keep people supported in the most difficult of situations.

The task force is just one way the Borough Council has supported care homes during the crisis. Other help has included:

- An improved funding deal for care homes we contract with plus ability to apply for additional temporary funding
- Help with supply of Personal Protective Equipment (PPE) – 386,000 pieces of PPE have been supplied to our care homes.
- Regular advice and guidance - over 400 calls to registered care homes
- Testing for staff with symptoms – more than 250 staff tested, plus others who have self-referred themselves for testing via the government website.
- Offer of access to staff in an emergency and Infection control hotline established

In addition to this, Wokingham Borough Council and the local NHS have worked well together to:

- Release hospital capacity to support infection control in care homes, and this has been successful – the NHS had not been overwhelmed in our area and there had been enough critical care capacity to treat all patients.
- By cohorting potential Covid patients and delaying discharges in some cases to allow the homes to be supported.
- The CCG Director of Nursing has coordinated a multiple agency response to support the homes with staff and patient testing, and infection control training. Homes were visited by the support team in priority order, as identified by Wokingham Council.
- All patients are now tested prior to discharge to care homes.

- Each care home now has a named clinical lead, usually a GP, and health care staff offer a weekly check in to each home and conduct multidisciplinary reviews of patients, including medication reviews.

The Council has worked with all partners to draw this into a care home support plan which is published on our website: https://www.wokingham.gov.uk/care-and-support-for-adults/care-and-nursing-homes/wokinghams-response-to-the-minster-for-care-regarding-covid-19/

The Council also publishes weekly Covid 19 data on its website https://www.wokingham.gov.uk/health/public-health-campaigns/coronavirus/ and this will also be discussed at this meeting. Up to the 22nd May, Wokingham has had 137 reported Covid 19 deaths of which 71 were in care homes and registered by a GP as having Covid-19 contributing factors. It is important to note that the Council and its partners only get death data from the ONS at the same time as the general public on a Tuesday. We then put this into a digestible report that is published every Friday. There a time lag on this information so the process of analysing this against hospital discharge data will take time to understand, but as I stated earlier this will be part of the overview and scrutiny process.

68.   UPDATE ON MENTAL HEALTH CRISIS REVIEW AND BUILDING A PRIMARY CARE MENTAL HEALTH OFFER

The Board received an update on Mental Health Crisis review and Building a Primary Care Mental Health offer.

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

- Andy Fitton, Berkshire West CCG, took the Board through the mental health crisis review, which had taken place from July 2019 to March 2020, and the subsequent 14 recommendations.
- A comprehensive engagement and consultation process had been carried out. In response to a question from Councillor Hare, Andy Fitton confirmed that service users and their families had been consulted in addition to practitioners. Work had been carried out with the Recovery College in Reading and also via Patient Groups at Prospect Park.
- Examples of good practice in areas such as Oxford, Cambridge and Peterborough had been looked at.
- Andy Fitton highlighted some of the recommendations that had come out of the review. This included the development of a pilot Crisis Café: Breathing Space delivered by the Voluntary Sector and a local provider (BHFT). It was hoped that within the next 5 years there would be a Crisis Café in Wokingham & West Berkshire.
- Other recommendations included the marketing of the new Berkshire West Mental Health Crisis offer.
- In response to a question from Graham Ebers about next steps and implementation, Andy Fitton indicated that he would be happy to present the implementation plan to the Board, in time.
- Councillor Hare emphasised the importance of good links between primary and secondary care. Andy Fitton commented that more mental health expertise in GP surgeries was needed. Dr Milligan agreed that mental health practitioners within GP surgeries were beneficial. She went on to state that it had been easier to access practitioners such as psychologists during the pandemic and she did not want to lose this.

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- Meradin Peachey questioned whether the number of people who were identified as having mental health problems who also smoked, was measured. Andy Fitton indicated that the number of people identified as having mental health problems who had, had a health check was measured, but that he did not have the data to hand. Katie Summers commented that this information could be provided if it had been recorded by the GP surgeries.
- Matt Pope sought a conversation as to whether it would be possible to secure a commitment that Wokingham would have a Crisis Café earlier than 5 years.
- Chris Traill asked what success would look like. Andy Fitton responded that pre Covid 19 it would have been a reduction in those presenting in A&E with mental health issues, and an increase in recovery rates and self-care. GPs would be able to indicate if they saw a reduction in repeat service usage. Talking Therapies also provided data regarding recovery rates.

RESOLVED: That the update be noted.

69. DESIGN OUR NEIGHBOURHOODS UPDATE
The Board received the Design our Neighbourhoods Update.

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

- Martin Sloan provided a presentation on a locality and neighbourhood approach to the Covid 19 pandemic.
- The Wokingham Integrated Partnership had developed a platform for integration and joint working.
- There had been active Wokingham participation in Wave 1 of the Population Health Management Development Programme (Optum).
- The challenge had been to create an integrated and coordinated approach to provide tailored, proactive social and medical support to the 'shielded' and isolated/vulnerable population across the Borough during the Covid 19 pandemic.
- It had been important to ensure that Shielded and Non Shielded Vulnerable had access to medication and food, that social isolation was mitigated so far as possible and that advice and information could be accessed, if required.
- A Partnership Team had been established pre lockdown and this met on a weekly basis.
- Data had been taken from various sources including; General Practice lists of shielded patients, NHS Digital shielded lists, Adult Social Care clients and other databases that could indicate isolation and that support was required. A combined database had been established and Adult Social Care had undertaken welfare calls using an agreed 11-point script. When required, residents were referred to the "Wokingham Borough Community Response." Over 2800 calls had been made. The outcomes had been recorded and feedback provided to the GP services. In addition, the work of the Social Prescribing link workers had been integrated into the process.
- Martin Sloan referred to the combined Wokingham Borough community response, a combined group of Council staff and the voluntary sector. This included a "One Front Door" via the Citizens Advice with embedded WBC staff, to field public calls.
- The approach would be extended to a test cohort of elderly and frail (not including those who were shielded, those in care homes, and others that had already had welfare calls).
- Work would be carried out to support shielded residents who had lost their mobility and the confidence to go outside their home.

- Martin Sloan outlined two recommendations to progress the Design our Neighbourhood work at neighbourhood level;
  - Implementing the WBC Voluntary and Community Sector Strategy 2020-2025 with a focus on integration of services at a neighbourhood level. This would deliver improved coordination of multi-agency service response and improved signposting and use of technology to meet the social needs of residents.
  - Deliver the Strategy into Action Plan with a focus on what could be delivered as locally as possible, and also maximising the use of the local neighbourhood resources.
- As part of delivering the above two actions a mapping exercise of all local neighbourhood resources which would support the three priorities of the Wellbeing Strategy, would be undertaken by 30 November. In addition, a Partnership Forum would be set up by 1 September, to enable communication and the sharing of ideas.
- A number of Board members commented that this work highlighted Wokingham's committed approach, and thanked the voluntary sector for their work and support. In response to a question from Philip Cook, Councillor Margetts agreed that a statement would be issued thanking the voluntary sector for their work.
- Graham Ebers commented that it would be useful to pick out some of the outputs from the neighbourhoods event held in January and establish what could be addressed through learning and connectivity.
- Carol Cammiss stated that she wanted to develop the community and voluntary sector approach around children too.

RESOLVED: That the next steps for the delivery and implementation of a neighbourhood approach to meeting the three priorities, be considered.

70.   STRATEGY INTO ACTION
The Board considered the Strategy into Action update.

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

- Public Health had reviewed the Health and Wellbeing Strategy and what progress was being made against it.
- The Strategy contained three clear but ambitious priorities.
- The indicators in the Strategy into Action plan were mostly based on the Public Health Outcomes Framework and social care and health indicators that had been measured regularly.
- Some progress had been made against the levels of inactivity in the Borough but there needed to be some measures as to whether the at risk groups such as those with long term conditions were also reducing inactivity.
- Meradin Peachey indicated that there were good long-term social isolation indicators being measured. Although there did not appear to be much progress in this area, this was because they were longer-term measures.
- With regards to narrowing health inequalities, it was noted that there would be greater discussion around reducing health inequalities for children, at the Children and Young People's Partnership.
- Carol Cammiss emphasised that it was good to see children featuring more in the Strategy. She requested that care leavers be added to the social isolation target. This was agreed.

- In response to a question from Councillor Clark, Meradin Peachey commented that the Strategy was ambitious when looking at the whole Borough population, but achievable.
- Philip Cook commented that measuring some of the indicators would potentially be challenging.
- Graham Ebers reminded the Board that it had been agreed that the Wokingham Integrated Partnership and the Children and Young People's Partnership would be the two main organisations feeding into the Strategy into Action. He agreed that it would be good to see an increased focus on children and young people.
- Dr Milligan was of the opinion that the Board was making headway to achieve its goals.
- Chris Traill commented that the Covid 19 pandemic might present an opportunity to look more at community wellbeing. Activity levels in some groups may increase.

RESOLVED: That

1)   the proposed actions where indicators have not improved, be reviewed;

2)   short term measures as a way of measuring interim progress including qualitative views from the residents, be added;

3)   actions to reduce inequalities in health as a result of the Pandemic, be reviewed.

71.   CORONAVIRUS IN WOKINGHAM
Meradin Peachey presented an update on coronavirus in Wokingham Borough.

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

- A weekly data report was published which could be accessed by the public. A wide range of data sources was used.
- Meradin Peachey referred to the number of cases identified across Berkshire. She indicated that the number of positive cases did not always give the total picture, as initially testing rates were low and also there were likely to be asymptomatic cases who had not been tested.
- With regards to the national picture, the North West had suffered the highest incident rates. Wokingham was below average. Reading had reported the highest number of cases within the Berkshire area.
- Information had been provided for the last five weeks on the death rate within care homes and by local authority area. The mortality rate for the year was nearly at the level of what it would have been expected to be.
- Royal Berkshire Hospital had a lower rate of Covid 19 related deaths compared to the worst effected hospital trusts in the country.
- It was noted that despite having the second highest number of care home beds in Berkshire, the Wokingham Covid 19 death rate within care homes was not the worst death rate in comparison to other neighbouring authorities.
- With regards to the national picture, Meradin Peachey indicated that those from ethnic minorities were more likely to catch the disease, at a younger age, and were more likely to die as a result. Those who were considered vulnerable e.g. they suffered from cancer or COPD, were also at higher risk.
- The Board noted the likely impacts of the Covid 19 pandemic across the life course. Katie Summers commented that this should be taken up across the Berkshire West partners in order to aid discussions about the recovery and restoration of services.

- Jim Stockley stated that it was valuable to see the information presented in such a communicable manner.
- Dr Milligan indicated that she was currently working in the Reading Health Hub. She emphasised the need to think about managing people coming out of shielding in future. Many people were afraid about coming out of lockdown.

RESOLVED: That the impact of Covid-19 on the population in Wokingham and whether to amend the current strategy and action plan, be considered.

72. INTEGRATION UPDATE

Lewis Willing presented an update on integration and the Quarter 4 Better Care Fund return.

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

- The Wokingham Health and Social care system met virtually every fortnight to discuss the Covid 19 situation and response. Participants included Berkshire Healthcare Foundation Trust, Royal Berkshire NHS Trust, Berkshire West Clinical Commissioning Group, the Voluntary Sector and Adult Social Care.
- Approximately 5750 calls had been made to the community to undertake welfare checks. The focus was now on those who were considered non-shielded but still vulnerable.
- 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 had been noted by the Berkshire Health Foundation Trust. As a result, they had restarted delivering a Health Visiting service, to support new parents. The Primary Care Networks, as a response, had also run a virtual consultation for new mothers, which had been very well attended.
- The Board was informed that the Primary Care Network directors had fed back on matters such as plans to develop social distancing within GP surgeries.
- The Better Care Fund return for Q4 had a delayed submission date of July.
- Lewis Willing updated the Board on the four Better Care Fund targets.
- Non Elective Admissions were considered to be on track. Whilst the year to date performance was 13,359 compared to a target of 13,044 and the full year forecast was now 16,031 compared to a target of 15,643, the Wokingham Integration Partnership operated a tolerance of 5% tolerance for variance.
- Reablement and Residential Admissions were also considered to be on track.
- Delayed Transfers to Care (DTOC) were not on track. The DToC action plan and Winter Pressures funding had been targeted to support reducing delays in hospital, with the 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. This needed to be addressed at national rather than local level.
- The Board was updated on the high impact change model which offered a practical approach to manage transfers of care. It was noted that whilst the west of Berkshire had been graded as Mature in Enhancing Health in Care Homes, work was still being undertaken in response to the Covid 19 outbreak. A plan was being developed to further support the care homes.
- The Board welcomed Lewis Willing to the Council.

RESOLVED: That the updates be noted.

73. WELLBEING BOARD OVERVIEW REPORT JUNE 2020

The Board considered the Wellbeing Board Overview Report June 2020.

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

- Matt Pope summarised where the Board currently was, its aims and good practice.
- He went on to indicate that the agenda setting process in future would be stricter and that the forward programmes for both the formal and informal Boards would be tightened. Board members were asked to send suggestions for improvements and agenda items to Narinder Brar.
- Councillor Margetts indicated that the Council via the Wellbeing Board would be responsible for monitoring the local track and trace process. A sub group, the composition of which, was to be decided, would be established and would be led by the Leader of the Council.

RESOLVED: That

1)   the Wellbeing Overview Report be noted;

2)   the Board note the requirement to establish a Member led engagement Board around track and trace.

74. WELLBEING BOARD ANNUAL REPORT

The Board considered the Wellbeing Board Annual Report.

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

- Matt Pope referred in particular to the Board's Work Programme for the forthcoming municipal year.
- It was suggested that the report be updated to include reference to the Council's response to Covid 19.

RESOLVED: That once amended, the report be recommended to Full Council for approval.

75. FORWARD PROGRAMME

The Board discussed the forward programme.

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

- Katie Summers indicated that the updated CCG Operating Plan would be presented at the October meeting.
- Meradin Peachey suggested that the Board receive an update on how track and trace was progressing within the Borough.
- Graham Ebers asked that the Designing our Neighbourhoods and Strategy into Action remained standing items.
- Carol Cammiss indicated that she would bring a paper on how the priorities of the Children and Young People's Partnership aligned with the priorities of the Wellbeing Strategy, to a future meeting.

RESOLVED: That the forward programme be noted.

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Present

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Chris Traill	Director Place and Growth
UllaKarin Clark	Wokingham Borough Council
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Matt Pope	Director, Adult Social Care & Health
Meradin Peachey (substituting Tessa Lindfield)	
Andrew Price (substituting Sam Burrows)	Wokingham Clinical Commissioning Group

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Narinder Brar	Wokingham Community Safety Partnership Manager
Susan Parsonage	Chief Executive
Martin Sloan	Assistant Director ASC Transformation and Integration

1.   ELECTION OF CHAIRMAN FOR 2020-21 MUNICIPAL YEAR
RESOLVED: That Councillor Charles Margetts be elected Chairman for the 2020-21 municipal year.

2.   APPOINTMENT OF VICE CHAIRMAN FOR 2020-21 MUNICIPAL YEAR
RESOLVED: That Dr Debbie Milligan be appointed as Vice Chairman for the 2020-21 municipal year.

3.   APOLOGIES
Apologies for absence were submitted from Sam Burrows, Carol Cammiss and Jim Stockley.

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

5.   LOCAL OUTBREAK ENGAGEMENT BOARD
The Board received a report on establishing a Local Outbreak Engagement Board (LOEB).

The primary role of the LOEB would be to have oversight relating to an outbreak response, to provide direction and leadership for community engagement and to approve public facing communications.

RESOLVED: That

1) it be agreed to establish a subcommittee, the Local Outbreak Engagement Board (LOEB) and its terms of reference be agreed (Appendix 1 of the report) subject to the inclusion of the Chief Executive within the LOEB membership;

2) the monitoring and support of Covid19 outbreak management and communications be delegated to the Local Outbreak Engagement Board.

3) the Chief Executive be included in the Wokingham Borough Wellbeing Board membership and it be recommended to Council via the Constitution Review Working Group that the terms of reference be updated accordingly.

TITLE	**Wokingham Well-Being Strategy Progress Report**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 August 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Meradin Peachey, Interim Head of Public Health, Wokingham Borough Council Matt Pope, Director of Adult Social Services Carol Cammiss, Director of Children Services Katie Summers, Director of operations and Population Health Management Berkshire West CCG Suzie Watt, Senior Public Health Programme Officer, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This meets all three priorities in the Wellbeing Strategy: • Creating Physically Active Communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap
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 further progress and considering how well the proposed actions are working
What (if any) public engagement has been carried out?	Public Health has reviewed the long term indicators and liaised with a small group of LA colleagues and the CCG to start to identify short term measures. No public engagement in this process.
State the financial implications of the decision	None

RECOMMENDATION

1)	To review progress of action and performance indicators for the Wokingham Well-Being Strategy (Appendix A) and (Appendix B).

2)	To agree multi agency action to address short term measures that have not been met or are at risk in future months – specifically smoking in pregnancy, employment and education and training for people with mental illness, increased alcohol referrals to the local substance misuse service among people with mental illness.

3)	To agree to add inequalities measures that have been identified through the Covid-19 pandemic, obesity (healthy weight) and BAME as a priority group.

4)	To note gaps in demographic data being available from services/programmes – particularly around target groups such as BAME.

5)	To consider the opportunities highlighted and whether the Board want to progress with these actions.

6)	To consider how wider public engagement can be incorporated in the performance monitoring of the strategy and link with the neighbourhoods plan.

SUMMARY OF REPORT

This report is further development in reviewing progress against local targets, achievements, opportunities and actions.

The Covid-19 pandemic has changed priorities and services. There has been a positive and timely response by all services/programmes in relation to COVID-19 with most agencies adapting services to meet Government guidelines but continuing to offer critical service to vulnerable groups. Changes to services relevant to this strategy include Health Visitors, Maternity and Community Mental Health Teams.   COVID-19 has resulted in some reporting gaps for the short term such as demographic data specific to vulnerable groups is important to show that services are reaching the right communities. There are some gaps such as ethnic monitoring of all services.

Discussion points

Despite COVID-19 there have been some good achievements in relations to physical activity/inactivity in the borough. There is a need to work collectively across partners to look at how to reinstate referrals into programmes and services and to target those most in need/at risk.   This could involve primary care, social prescribers, community services and the voluntary sector. Bulmershe is due to open which provides an opportunity to expand programmes.

The numbers of pregnant women who smoke access stop smoking services is not reflective of the need and midwives training has been affected during the pandemic.

Rates of Social isolation and loneliness have increased since the beginning of lockdown in March 2020. In response to this, local providers have adapted to maintain service provision in the face of new social distancing measures. Local befriending and employment support services have been able to engage with vulnerable groups remotely (via telephone or online video conferencing). The Citizen's Advice Bureau in partnership with WBC, has been successfully operating the 'one-front door' to the community hub for vulnerable residents with a notable rise in contact from residents seeking support. Residents are also supported through virtual primary care and social prescribers.

Further work is needed to support services designed to help residents who have lost employment as result of the COVID (a key risk factor for social isolation and loneliness). The Council's Drug and Alcohol service has seen a recent increase in alcohol related referrals from the community mental health team. Substance misuse is another key risk

factor for social isolation and loneliness so addressing this issue will bring multiple benefits to the community.

Obesity is identified with poorer outcomes in those with Covid-19. The national NHS Better Health campaign has been launched which aims to start to get people re-engaged with positive, healthy habits. A Healthy Weight Briefing (Appendix C) has been developed for the board to consider adding to the well-being strategy action plan priority to reduce inequalities. A significant gap in local services is a Tier 2 adult weight management service while continuing to support children and young people through healthy schools and communities.

Background

The Wokingham Well-Being Strategy was developed in 2018 with three clear priorities to create healthier and resilient communities.

The overarching indicators are mostly based on the Public Health Outcomes Framework, social care and health indicators that are measured regularly.

The previous Health & Wellbeing Board noted there was less information on short term measures or qualitative/quantitative feedback. Appendix B is the first steps in producing some short terms measures for the strategy.

Analysis of Issues, including any financial implications

The only financial implications identified is the Tier 2 healthy weight programme.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix A – Summary of Progress Report Wokingham
Appendix B – HWB Action Plan
Appendix C – Healthy Weight Briefing August 2020

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

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KEY PRIORITY AREAS AND SUMMARY OF PROGRESS FOR WOKINGHAM

Priority 1	Creating physical active communities

To increase physical activity and reduce inequalities in health and wellbeing of people with long term conditions	1) To reduce the % of physically inactive adults 2) To reduce the prevalence of overweight (including obesity) children in reception (4-5 years) 3) To reduce the prevalence of overweight (including obesity) children in in Year 6. 4) To improve the % of activity level for children and young people 5) To improve the % of physical active adults 6) To increase the % of adults walking for travel at least 3 days per week 7) To increase the % of adults cycling for travel at least 3 days per week 8) To reduce the % of adults (aged 18+ years) classified as overweight or obese

What have we recently achieved?

- ❖ Services responded quickly to COVID-19 and have followed Government guidance, closing services and notifying residents in a quickly and timely manner. WBC and partners have been preparing for the safe reopening of services and schemes – some of these have re-started successfully.
- ❖ WBC and partners have worked hard to ensure safe reopening of green spaces, parks and promoted the safe use of facilities where possible to continue to promote physical health and wellbeing during COVID-19;
- ❖ Referral numbers to the local Sport & Leisure programmes up to COVID-19 remain consistent and attendance levels to programmes had continued to rise. Participants continue to complete the programmes they are referred through to.
- ❖ A new online booking system has been implemented for school camp sessions which aim to allow residents to easily book. This was previously a paper-based system.
- ❖ My Journey Team have high demand for local cycling initiatives – particularly for children and young people where they have waiting lists.

What are the opportunities to improve or progress?

- ❖ Review pathways into local walking & cycling training programmes – specifically from health-based settings i.e. GPs, Social Prescribers.
- ❖ NHS England launch of the Better Health campaign has created an opportunity for local partners to come together to plan how this national campaign can be both supported and localised. There is currently a gap in Tier 2 and 3 Adults weight management services, although scoping work has started on the former (See Appendix C for Healthy Weight Briefing).
- ❖ Programme/s of work targeting children for improving physical activity/reducing weight need further scoping – although work has started within the Healthy Schools offer.
- ❖ Long Term Health Gym has the potential to expand through the provision of additional sessions and space.
- ❖ The opening of Bulmershe Leisure Centre provides a new facility for residents and access to new programmes.

❖ Develop work programme to identify how best to increase target group participation across programmes and services, including specifically looking at falls risk in older resident and targeting of school camps.
❖ To undertake 6 month follow up surveys on participants of local programmes to help measure the impact of initiatives;
❖ Expand resources to prevent schemes specifically targeting children from holding waiting lists – note waiting list for My Journey initiatives.

Priority 1: ACTIONS		
ACTION	**BY WHEN**	**OWNER**
Review pathways into local walking & cycling training programmes – specifically from health-based settings i.e. GPs, Social Prescribers.	Tbc	WBC Sports & Leisure Team/ Berkshire West CCG
Tier 2 Adult Weight Management service WBC offer – further scoping required to both implement a local offer but also now compliment national Better Health Campaign.	December 2020	Public Health & WBC Sports & Leisure Services
Reopening of WBC Leisure Services	August 2020	WBC Sports & Leisure Team
Opening of new Bulmershe facility	August 2020	WBC Sports & Leisure Team
Promotion of additional/new physical activity programmes across all venues with a view of increasing referrals and usage numbers	Ongoing	WBC Sports & Leisure Team
Implementation of 'Escape Pain' programme	tbc	WBC Sports & Leisure Team
Joint working with local leisure provider to identify ways of reaching specific target groups within WBC communities	December 2020	WBC Sports & Leisure Team
Scoping of school based initiative/programmes which aims to increase physical activity for school age children.	December 2020	WBC Sports & Leisure Team, Public Health & Education
Create, advertise and run sports specific sporting camps at range of locations	August/September 2020	WBC Sports & Leisure Team

Priority 2	Reduce social isolation and loneliness
To reduce Social isolation and improve outcomes for children and young people, older people, people with mental health problems and Carers.	1) Increase the % of adult social care users who have as much social contact as they would like (18+years) 2) Increase the % of adult carers who have as much social contact as they would like 3) Reduce the % of 16-17 year olds not in education, employment or training (NEET) or whose activity is unknown 4) To reduce the rate of children in need due to family stress or dysfunction or absent parenting 5) To increase employment of people with mental illness or learning disability 6) Reduce hospital admissions due to substance misuse 7) Reduce hospital admissions as result of self-harm (15-19 year olds)

What have we recently achieved?

❖ WBC Adult and Community Learning Services have been able to adapt to lockdown measures and are delivering all education courses online to a variety of students including those who are social care users. They are leveraging functionality of webtools such as ZOOM to allow students to foster social networks.

❖ Certain parts of the Voluntary and Community Sector have maintain a good level of provision for vulnerable social care service users; with the link visiting scheme offering many of its support programmes remotely.

❖ The Optalis Employment Supported Employment service have adapted well to issues emerging from the pandemic. They have been working well with individuals who have been furloughed or lost employment and as a result have become socially isolated and lonely. They have delivered remote training on transferrable skills, interview practice and applications advice. For vulnerable clients at greater risk of social isolation (those with mental illness) bespoke employment workbooks have been devised.

What are the opportunities to improve or progress?

❖ Many of the council's library activities have been put on hold over the COVID period. But now that libraries have started to reopen (beginning of August) social activities have started to resume and more effort needs to made increase uptake.

❖ Sports and Leisure team services have been significantly affected by COVID – with many local sports sites being closed over the last 4 months. There is a great opportunity to improve access to outdoor activities and online services to connect vulnerable residents who are shielding as well as their carers.

❖ The Council's Drug and Alcohol service has seen a recent increase in Alcohol related referrals from the community mental health team. Substance misuse is another key risk factor for social isolation and loneliness so addressing this issue will bring multiple benefits to the community.

Priority 2: ACTIONS 4 24		
ACTION	**BY WHEN**	**OWNER**
Ensure more residents in the borough (including social care users) are connected through improving technology skills; Deliver Basic IT courses for residents who want to learn how to connect safely and productively using social media.	December 2020	WBC Adult and Community Learning Team
Increase uptake (among social care users) into the following specific activities which help to tackle social isolation and loneliness: - Books on prescription scheme - Alzheimer's Cafes - Reminiscence Groups meetings - Art Journalling Sessions	December 2020	WBC Libraries Service
Ensure local VCS deliver adequate befriending support to vulnerable residents in need of social interaction as a result of COVID bereavement, disability or any other long-term illness.	Ongoing	Wokingham Involve - Local Support Organisation for Voluntary, Community and faith groups in Wokingham.
Increase uptake of carers (and cared for) to use leisure activities at reduced rates.	December 2020	WBC Sports and Leisure Team
Increase number of young people (16-24) enrolling onto online courses and working alongside local learning-provider partners to equip young people with skills to gain long term employment.	December 2020	WBC Adult and Community Learning Team
Education Welfare Officers to Identify children in need through school attendance problems. Deliver tailored support to parents - helping them to understand how to protect the wellbeing of their children.	December 2020	WBC Wokingham Schools Hub

Increase capacity for delivering tailored support to residents (with learning difficulties and mental illness) so that they can obtain and maintain employment through Supported Employment Pathway or Individual Placement and Support.	Ongoing	Optalis Supported Employment Service
Increase capacity for delivering community-based drug and alcohol treatment for adults and young people in Wokingham.	Ongoing	SMART Wokingham (Provider)
Improve outreach to vulnerable children at risk of emotional, behavioural or mental health difficulties.	TBC	Wokingham CAMHS Service

Priority 3	Narrowing health inequalities
To reduce the gap between a child born in the most and least deprived area will experience over their life time	1) Reduce the gap in employment rate between those in contact with secondary mental health service and overall employment rate (Persons, 18-69 years) 2) Reduce the number of children living in low income families (all dependent children under age 20) 3) Reduce infant mortality (Persons, <1 year) 4) To improve school readiness: % of children with free school meals status achieving a good level of development at the end of Reception (Persons, 5 years ;) 5) Improve Free School Meal % uptake amongst all pupils (school age) 6) Improve average attainment 8 score among children eligible for Free School Meals. 7) Reduce primary school fix period exclusion: rate per 100 8) Reduce secondary school fixed period exclusion: rate per 100 9) Decrease the prevalence of women smoking at time of delivery (all ages) 10) Decrease the prevalence of smoking in routine and manual workers, current smokers (18-64 years);

What have we recently achieved?

- ❖ The Individual Placement and Support (IPS) Employment service responded quickly to COVID-19 and despite job outcomes being negatively impacted, the team have sustained positive engagement with all clients throughout Q1 2020.
- ❖ More than half of people in contact with the Community Mental Health Team, with care plans, reporting being in employment or undertaking meaningful activity – the highest across Berkshire.
- ❖ Citizen Advice Bureau have help lead on the response to COVID-19 by operating the 'one-front door' number operating in WBC area. During Q1 2020/21 1,836 local residents accessed their service – their usual average per quarter is 754. This figure includes the 'one-front door' numbers.
- ❖ 17% of people accessing the Citizens Advice Service for the year 2019/20 reported being from a BAME background (where ethnicity was reported) – for Q1 2020/21, this slightly increased to 18%.
- ❖ 94% of customers accessing the Citizen's Advice Bureau rated the service as good or excellent in Quarter 4 2019-20. This is usually sought face-to-face and therefore not able to be reported for Q1 2020/21.
- ❖ 100% of people accessing the Citizen's Advice Bureau's Transform service in 2019/20 were successfully supported to maintain their accommodation and 88% of people referred to this service accepted their support.
- ❖ In 2019/20 Transform also supported 11 homeless families with primary support needs and 1 with secondary support needs.
- ❖ During 2019-20, a total of £143,606.21 of income was generated for residents through a combination of Housing Benefit paid to rent accounts, additional benefits applied for, successful grant applications, and in providing support for debt repayments. This is more than the £100k year-end target the service has.

- ❖ The two vacant Tenancy Sustainment Officer posts have been recruited to.
- ❖ RBH Maternity Services responded quickly to COVID-19 adapting services in line with Government guidelines and local system requirements. Services for local women and families have continued with some adjustments to ensure compliance.
- ❖ RBH Maternity Services have successfully secured funding for further training on addressing excess weight gain during pregnancy – further scoping is being undertaken by the team to plan the next stages of this work.
- ❖ Over 80% of new Mum's were supported by RBH Maternity Team to initiate breastfeeding.
- ❖ The Breastfeeding Network (BfN) have successfully maintained their 6 weekly support sessions during COVID-19; 5 sessions have been with the health team and one has been with the midwife. 22 women who contacted the national BfN network identified themselves as being from the WBC area.
- ❖ The School Nursing Service (0-19(25) Healthy Child Programme was suspended due to school closures and staff being redeployed to support COVID-19. The service has now resumed offering online virtual support to young people.
- ❖ Local consultation with schools (pre-COVID) has helped identify a local offer to support primary schools with the delivery of consistent and quality Personal Social and Health Education (PSHE), including relationships and sex education (RSE) for secondary schools – the new health curriculum includes links to teenage pregnancy and infant mortality.
- ❖ Wokingham Borough Council currently holds the school catering contact for 34 of the 50 schools. The WBC contract is with Caterlink and positive work is being undertaken to increase these figures. Caterlink report meeting and exceeding the current national school food standards. They also report being sugar smart and reducing added sugar.
- ❖ Over half of smokers who accessed the specialist stop smoking service in 2019/20 were from a target group;
- ❖ In 2019/20, nearly 60% of smokers remained as quit at 12 weeks;
- ❖ Of the pregnant women who access the service, 2/3 successful quit at both 4 and 12 weeks;
- ❖ Over 10% of successful quitters in 2019/20 were from a BAME background.
- ❖ The annual 'Smoking & Drinking Amongst Young People' survey has been completed – with three Wokingham schools participating, providing important local intelligence in behaviours amongst young people;

What are the opportunities to improve or progress?

- ❖ Health & Wellbeing Board Partners to look at opportunities to set up regularly reporting on inequalities specifically for work/services for target groups such as BAME.
- ❖ Wokingham Borough Council continues to identify opportunities for all voluntary sectors organisations to assist and support us in achieving positive outcomes for residents.
- ❖ The 'One-Stop Door' provided by Citizen Advice Bureau continues. The team hold a wealth of both qualitative and quantitative information regarding issues affecting residents – there may be an opportunity for the service to contribute to analysis undertaken by the local authority and influence future decision making particularly in response to recovery.
- ❖ The Tenancy Sustainment Team for WBC would welcome the opportunity to share further information with the HWB to further improve awareness of the Tenancy Sustainment Officers that will maximise the effectiveness of cross team working in supporting our residents.

❖ COVID has impacted on the implementation of training around smoking in pregnancy for midwives – as outlined in the Saving Babies Lives Care Bundle V.2.
❖ Some local LARC Contraception service remain disrupted due to COVID. Providers (GPs and the specialist integrated sexual health clinic) are following national guidance which includes extending the life of LARC products and offering women alternative contraception.   There is an opportunity to look at local data and reporting on all contraception to help inform future planning of services for women.
❖ BfN potentially have more Wokingham volunteers than training places. The virtual operation of the service during COVID-19 has identified new ways of engaging with mothers and this will be incorporated into future service delivery models.
❖ Caterlink are supportive of any future healthy schools programme. In addition Caterlink confirmed they are happy to offer training for school meal assistants in local schools to help support a positive dining experience which the School Food Plan 2016 outlined had a positive impact on school meal uptake.
❖ Number of pregnant women accessing the local stop smoking services is not reflective of the estimated prevalence locally. Commissioners have an opportunity to review this to help inform the commissioning of a new service (current timeline is October 2021);
❖ Review the service experience of those who SAQD but were not successful in quitting smoking – to help inform new service provision;
❖ There is an opportunity for Personal Social and Health Education (PSHE) network to be created so as to further support schools to deliver consistent and quality PSHE - this has been done in other areas such as West Berkshire.

Priority 3: ACTIONS		
ACTION	**BY WHEN**	**OWNER**
Reporting on inequalities for future HWB	November 2020	All HWB member organisations
Stoptober Campaign – with targeted communication around smoking in pregnancy;	September/ October 2020	Smokefreelife Berkshire/Public Health & Communications Team
Look to expand BfN training opportunity for local volunteers.	September 2020	BfN/Public Health
Consultation on new stop smoking services – planned commissioning	December 2020	Berkshire West Local Authorities (Wokingham, Reading and West Berkshire)
Recovery plan for local LARC and other contraception's services	November 2020	Public Health/Berkshire West CCG and local providers
12 Tobacco Awareness School session are planned	End of March 2021	Tobacco Control Alliance Coordinator (PPP)/Public Health
Wokingham Borough Council/ Citizen's Advice Bureau ongoing partnership to help identify potential opportunities for helping to improve resident outcomes – for both adults and children	Quarterly contract review meetings	WBC Contract Lead/Citizen's Advice Bureau
The Tenancy Sustainment Officers are permanent members of staff who	Ongoing	Tenancy Sustainment Team (WBC Housing, Income and Assessment)

provide ongoing support for residents that is embedded as 'business as usual'.		
Training for local midwives around the smoking in pregnancy in line with the Saving Babies Lives Care Bundle	TBC	Berkshire West CCG/RBH Midwifery Services
Healthy Schools implementation	September/October 2020	Primary & Secondary Schools/Education with support from WBC Public Health
Personal Social and Health Education (PSHE) network to be created	Tbc	Schools Leads with support from Public Health/Education
Beat The Streets Campaign	Spring/Summer 2021	My Journey Team & Partners
Consideration of the re-commissioning of new 0-19(25) Healthy Child Programme jointly across the Berkshire West footprint.	October 2020 (decision)	Berkshire West Local Authorities (Wokingham, Reading, West Berkshire)

DESCRIPTION OF KEY SERVICES, PROGRAMMES OR WORK FOR WOKINGHAM

Berkshire West Tobacco Control Alliance and Public Protection Partnership - there is a programme of work from the Alliance targeting illegal sales, support for health promotion/education in schools, gathering and acting on local intelligence of illegal tobacco and there is an open offer of support for supporting with smoke free policy across the borough i.e. in housing, or in business; The is a local Berkshire West Tobacco Control Alliance Coordinator who sits within the Public Protection Partnership/Trading Standards (West Berkshire).

Breastfeeding Network - local breastfeeding support service helping mothers; coordinating and training volunteers to help support new Mum's with breastfeeding initiation and ongoing support and advice.

Caterlink provider of Free School Meals - Wokingham Borough Council currently holds the school catering contact for 34 of the 50 schools. The WBC contract is with Caterlink. Caterlink meet and exceed the national school food standards, are working to be sugar smart and now engage regularly with schools, parents and carers and pupils.

Children Centres are free to use for all expectant mum's (children unborn) and all other children under 5, parents, grandparents and any other carers, including professional home carers. They provide an important role in supporting families, offering confidential advice and help on all sorts of matters ranging from child development to benefits to getting to work, or preparing for school. Services and programmes include NHS antenatal classes, Well Baby clinics, BfN (Breastfeeding Network) support groups, parent and toddler activity sessions, baby play sessions and they also promote the safer sleep initiative.

Citizens Advice Bureau [CAB] the local Wokingham CAB offers a number of important services to resident. The main service offers support to all residents benefits advice, advice on unemployment, relationship advice and housing and support, including those complex cases (see Transform services below)

Community Mental Health Team - as a key part of care planning with people, the CMHT capture and report on employment or "meaningful activity". The latter is described as something that is outside of the persons contact with BHFT/CMHT e.g. attending a group or OPTALIS employment support

Contraception Services - Wokingham Borough Council [WBC] Public Health are responsible for commissioning of Long Acting Reversible Contraception (LARC) through local GPs and Emergency Hormone Contraception (EHC) through local Pharmacies. Berkshire West CCG are responsible for commissioning of other contraception services; The Florey Clinic (based at RBH) commissioned by WBC also operates a confidential, open access service to all residents. This include offering of contraception for women aged <25 years. They also have 3 specialist nurses working with vulnerable groups, including vulnerable young people and women.

Healthy Schools/RSE Education - from Autumn 2020 it will once again be compulsory for primary and secondary schools to have implemented a programme of both relationship education (primary) and relationships and sex education (secondary).

Health Visitors deliver the 0-5 element of the Healthy Child Programme. The service is universal, providing an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.
The Programme aims to:
• help parents develop and sustain a strong bond with children
• support parents in keeping children healthy and safe and reaching their full potential
• protect children from serious disease, through screening and immunisation
• reduce childhood obesity by promoting healthy eating and physical activity
• identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
• focus on the health needs of children and young people ensuring they are school ready (SEND Code of Practice 0 – 25 years, 2017)
• make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five.

Individual Placement and Support (IPS) Employment Service - Berkshire Healthcare Foundation Trust can assist individual to find paid work, prepare for employment and support people already in the workplace, once they have started a new job. It is an evidenced-based approached to supported employment. Individuals are assigned an employment specialist who will work closely with the person and the healthcare professionals in the community mental health teams.

Maternity Services - the local midwifery team from Royal Berkshire Healthcare Foundation trust deliver maternity care based on best practices guidance. They have recently started on working to Saving Babies Lives Care Bundle V2 - which aims to be bring together the five elements of care that are widely recognised as evidence based/best practices for maternity care and reducing perinatal mortality. Elements include reducing smoking in pregnancy, risk assessment, prevention and surveillance of pregnancies at risk of foetal growth restriction, raising awareness of reduced foetal movement, effective foetal monitoring during labour, reducing pre-term births. This includes looking at wider aspects of issues which affect pregnancy such as maternal weight gain during pregnancy and obesity; Maternal mental health (utero environment can be affected by anxiety, depression). Identification or management of other comorbidities during pregnancy e.g. diabetes.

My Journey Wokingham is a borough-wide sustainable travel campaign that aims to help and inspire Wokingham residents, employees and students to travel by alternative modes

Optalis Supported Employment Service:
Deliver tailored support to help residents (with learning difficulties and mental illness) obtain and maintain employment through Supported Employment Pathway or Idividual Placement and Support.

Smokefreelife Berkshire - This is the local specialist Stop Smoking Service available for free to all smoking residents. There are referral pathways from local maternity services for women/partners who are identified at booking as smokers; This is also a service which aims to target populations who either have high prevalence or have poorer health outcomes for example people with serious mental illness, people in routine and manual working roles. This is co-commissioned service with Reading & West Berkshire.

SMART Wokingham:
SMART Wokingham is the Council's Substance Misuse Recovery Service.
This service delivers community-based drug and alcohol treatment for adults and young people in Wokingham. They deliver tailored training courses training and unstructured support.

Tenancy Sustainment Team - When a Rent Officer who manages the rent accounts identifies residents who require additional support, then a referral is made to the Tenancy Sustainment Officers. Additional support covers many different aspects (that will support residents with children who are in a low income family) that includes specialist advice and support claiming benefits, supporting residents with a hoarding disorder, applications for grants, working with council Officers within Social Services, supporting residents who have multiple debts, working with external agencies such as Wokingham Foodbank, and much more. Where required, residents circumstances are discussed at the monthly Housing Panel meetings (Housing staff and Social Services staff) to ensure we are working together to maximise support for residents**.**

WBC Adult and Community Learning Service
This is a council service which provides residents in the borough (including social care uers) with a variety of educational online courses which help to improve employability. Courses include (but aren't limited to: ICT skills, improving literacy and numeracy.

Wokingham Borough Council Sports & Leisure Services offer a number of different programmes or scheme:

Long Term Health Programme - Exercise support to people living with a long-term health condition in our bespoke rehab gym

GP Referral Programme - 24-week physical activity scheme for people, who don't have active lifestyles, have one or more medical conditions and are over 16.

Mindful Health and Wellbeing - Promote and encourage positive mental wellbeing through regular participation in physical activity.

Cardiac Rehab Wokingham Borough - 10 week Cardiac rehabilitation programme is designed for those who have experienced a cardiac condition within the last 12 months.

Cancer Rehabilitation Wokingham Borough - Programme of exercise classes for those people affected by cancer.

Steady Steps- The specialist group exercise based sessions are designed to improve: Muscle strength, Balance, Flexibility, Co-Ordination and Confidence.

Wokingham Active Adults with Additional Needs – Activities such as Zumba, Line Dancing and Pilates

Activities for people with dementia - programmes for people living with dementia

Ageing Actively - activities for older people - older residents who are experiencing loneliness or feelings of isolation to take up physical activity. Dedicated Peer Mentors can be assigned to offer full support to people who are lonely or feel isolated.

Leisure Centres - Offer sessions under 'Healthy Community' - targeted groups - carers, BME, additional needs and deprivation.

Adults with additional needs - activities for those with additional needs

Mini soccer - Basic Soccer Skills for four to seven year olds Sessions will include, passing, dribbling and shooting, Goal keeping, Fun games, Agility, balance and coordination, Mini world cup, Penalty shoot outs and Small sided games.

Sport specific Holiday Camps - such as cricket, football, netball, athletics and trampolining

Multi Sports Holiday Camps - a range of activities offered through the school holidays such as swimming, tennis, football, martial arts, trampolining etc.

Tennis courts, coaching and holiday camps

Children and young people attending leisure centres such as swimming, play and bounce, soft play, gym memberships etc.

Children with additional needs - trampolining for children with additional needs

Leisure Centres - Participating in (gym, swim, classes, racket sports etc.)

SHINE - (Some Health Improvements Need Exercise) is a physical activity programme for adults 60 and over living in the Wokingham Borough

Walking for Health - Every week there are 17 volunteer led walks across the whole of Wokingham Borough

Tennis - There are 12 tennis courts available at Cantley Park and three at Chestnut Park.

Wokingham CAMHS Service (Child and adolescent mental health services):
This is a specialist service delivered by Berkshire Healthcare NHS Foundation Trust. They provide tailored support for children, young people and their families who are experiencing emotional, behavioural or mental health difficulties.

Wokingham Borough Libraries Activities
Deliver a variety of social activities to foster friendship networks and tackle social isolation. These activities include: Books on prescription scheme, Alzheimer's Cafes, Reminiscence, Groups meetings, Art Journalling Sessions and more.

Wokingham Outreach Carers Service
This council service delivers tailored support to all resident-carers in the Borough; information advice and guidance. Signposting to other organisations. Short break accommodation and access to carers support groups.

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	H&WBB Long Term Indicator Title	Brief description of work, programme OR service	Owner /s i.e. Commissioning/Provider	Short Term Indicators	Local KPIs AND target
1	Percentage of physically inactive adults	**Wokingham Borough Council Sports & Leisure Services** offer a number of different programmes or schemes - exmples include Long Term Health Programme, GP Referral Programme, Mindful Health and Wellbeing, Cardiac Rehab Wokingham Borough, Cancer Rehabilitation Wokingham Borough, Steady Steps, Wokingham Active Adults with Additional Needs, Activities for people with dementia, Ageing Actively - activities for older people, Leisure Centres (general) and activities for adults with additional needs	Sport and Leisure	Numbers of those referred against numbers of those attending.	Number of referrals, Number of those attending, Number of those completing programmes, Numbers of those continuing to other programmes or main stream gym, Numbers of those in hard to reach groups
2	Prevalence of overweight (including obesity) Reception (4-5 years)	The **National Childhood Measurement Programme** is currently suspended due to COVID - this work is done annually by the School Nursing Team.	Public Health/Berkshire Health Foundation Trust	Prevalence of overweight (including obesity) Reception (4-5 years); Year 6: Prevalence of overweight (including) obesity	NCMP is delivered by School Nursing Services and is done in accordance to national data requirements.
3	Year 6: Prevalence of overweight (including) obesity	There is currently no structure community based weight management for children. WBC Sports & Leisure team are looking at new initiatives particularly targeting children and schools andprogramme(s) will need to be scoped and developed.	Sport and Leisure/Public		
4	Percentage of activity levels for children and young people	**Wokingham Borough Council Sports & Leisure Services offer a number of different programmes targeting local children and young people - these include Mini soccer**, Sport specific Holiday camps (football, cricket, netball, atheltics and trampoling), Multi-Sport Holiday Camps (swimming, tennise, football, martial arts, trampoling etc); Tennis as well as the general offer through leisure centres, they also cater for children with special or additional needs.	Sport and Leisure	Numbers of those attending	Numbers of those attending , Number of junior memberships , Numbers of those accessing leisure offerings
5	Percentage of physically active adults	**Wokingham Borough Council Sports & Leisure Services** offer a number of different programmes or schemes to keep adults active - this includes the general offer through Leisure Centres, SHINE - (Some Health Improvements Need Exercise), Walking for Health and Tennis	Sport and Leisure	Numbers of those registered and those attending	Numbers of those joining and attending, Types of memberships, Frequency of attendance
6	Percentage of adults walking for travel at least three days per week		My Journey & Sports & Leisure Team	Under development - no formal programme. Both teams promote existing Health Walks and have just starting orienteering.	None at this stage
7	Percentage of adults cycling for travel at least three days a week	My Journey Wokingham is a borough-wide sustainable travel campaign that aims to help and inspire Wokingham residents, employees and students to travel by alternative modes	My Journey & Sports & Leisure Team	No of adults/childrens by scheme	Long Term Plan 3 target is 80% of year 6 children cycling by 2026.
8	Percentage of adults (aged 18+) classified as overweight or obese	There is currently a local gap in Tier 2 and Tier 3 Adult Weight Management Services - please see Summary Report and Appendix X Links with programmes in physically active adults and those inactive, leisure provider to also support any weight loss management programmes commissioned by Public Health	Sport and Leisure/Public Health	See above for physically active adults	See above for physically active adults

Update on KPI or progess against target and for what period i.e. Q1 2020/21
The Sports & Leisure Team produce a KPI Report across all programmes - see Worksheet C
NCMP suspended.
The Sports & Leisure Team produce a KPI Report across all programmes - see Worksheet C
The Sports & Leisure Team produce a KPI Report across all programmes - see Worksheet C
There are plans in progress to implment Beat the Streets in spring/summer 2021. This will record the level of walking in Wokingham Town during and post campaign.
Bikeability - 1418 children trained in 2019/20; (Can do numbers by school if needed) 1295 places on Balance Bike Training delivered in 2019/20 (2 - 4 years) (up from 459 in 18/19) 385 places on Learn to Ride training delivered in 2019/20 (4 - 6 years) (up from 283 in 18/19); number cycling at 6 month follow up (SUSPENDED) 140 no of 65+ years participating in Shine Ride programme and 4 'new' attendees (numbers up on 18/19) 89 places delivered on Woky Wheels for All programme with 4 'new' attendees (numbers down on 18/19) 101 places delivered for Adult Cycle Training (down on 18/19, 165);
See above

	H&WBB Long Term Indicator Title	Brief description of work, programme OR service	Owner /s i.e. Commissioning/Provider
1	Increase the % of adult social care users who have as much social contact as they would like (18+years)	**WBC Adult and Community Learning Service** Ensure residents in the borough (including social care uers) are connected through improving technology skills; Deliver Basic IT courses for residents who want to learn how to connect safely and productively using social media.	WBC Adult and Community Learning Team
		Wokingham Borough Libraries Activities Deliver numerous books and reading groups for all local residents including vulnerble groups. Deliver a variety of activities to foster social networks and tackle social isolation.	WBC Libraries Service
		Wokingham Voluntary and Community Sector Ensure local VCS deliver adequate befriending support to vulnerable residents in need of social interaction as a result of COVID bereavement, disability or any other long term illness.	Wokingham Involve - Local Support Organisation for Voluntary, Community and faith groups in Wokingham.
2	Increase the % of adult carers who have as much social contact as they would like	**Wokingham Outreach Carers Service:** Deliver tailored support to all resident-carers in the Borough; information advice and guidance. Signposting to other organisations. Short break accommodation and access to carers supprt groups.	WBC Carers lead, Strategy and Commissioning team
		WBC Sports and Leisure Team Carers Programme: Offering opportunities for carers (and cared for) to use leisure centres at reduced rates.	WBC Sports and Leisure Team

3	**Reduce the % of 16-17 year olds not in education, employment or training (NEET) or whose activity is unknown**	**WBC Adult and Community Learning Service** To deliver a range of short courses in the community aimed at bringing young people together to learn new skills. To work alongside local learning-provider partners to equip young people with skills to gain long term employment.	WBC Adult and Community Learning Team
4	**To reduce the rate of children in need due to family stress or dysfunction or absent parenting**	**WBC Wokingham Schools Hub - Educational Welfare Services:** Education Welfare Officers to Identify children in need through school attendance problems. Deliver tailored support to parents - helping them to understand how to protect the wellbeing of their children.	WBC Wokingham Schools Hub
5	**To increase employment of people with mental illness or learning disability**	**Optalis Supported Employment Service:** Deliver tailored support to help residents (with learning difficulties and mental illness) obtain and maintain employment through Supported Employment Pathway or Ididual Placement and Support.	Optalis Supported Employment Service
6	**Reduce hospital admissions due to substance misuse**	**SMART Wokingham:** Wokingham Borough Council's Substance Misuse Recovery Service. Deliver community based drug and alcohol treatment for adults and young people in Wokingham. Deliver tailored courses training and unstructured support.	WBC Public Health (Commisioner) SMART Wokingham (Provider)

7	Reduce hospital admissions as result of self-harm (15-19 year olds)	**Wokingham CAMHS Service** *(Child and adolescent mental health services):* Deliver tailored support for children, young people and their families who are experiencing emotional, behavioural or mental health difficulties.	pCAMHS (Tier 2) is solely commissioned by Local Authority. And is delivered by Berkshire Healthcare Foundation Trust Specialist CAMHS Tier 3 and 4 are commissioned by the CCG and delivered by Berkshire Healthcare Foundation Trust.

Short Term Indicators	Local KPIs AND target	Update on KPI or progess against target and for what period i.e. Q1 2020/21
No of vulnerable residents (social care users) referred to Adult Community Learning Service No of vulnerable residents (social care users) enrolled onto relvant ICT courses No of vulnerable residents (social care users) who have succesfully completed relavent ICT courses	**Local KPIs:** Community learning officer produces regular reports on attendance and completion rates. It is also possible to produce a summary of alumni who have gone onto progress onto employment or a higher level of education. **Target:** Currently not based on client outcomes (improved attendance/completion rates) but rather budget. i.e. target to spend all education budget by the end of the year.	As of mid-march 2020, no courses are being delivered face to face. All courses are currently being delivered online. Attendance rates appear to have improved (due to transport related deterrents being removed)
No of vulnerable residents (social care users) enrolled onto the following: - Books on prescription scheme - Alzheimer's Cafes - Reminiscence Groups meetings - Art Journalling Sessions	**Local KPIs:** The Stock and Outreach manager for library localities produces an annual report summarising library acitivities supporting vulnerable adults in the community. **Target:** TO BE AGREED	Due to the shut-down of all branches in mid-March 2020 because of the Coronavirus pandemic we do not have a full set of events stats for the year April 2019- March 2020.
No of vulnerable residents (social care users) enrolled onto the following services: - Wokingham Link visiting scheme for over 60s - Wokingham & District Association for the Elderly (WADE) - Sports and Leisure Aging Actively Scheme	**Local KPIs:** Involve produce weekly community navigation service updates **Target:** TO BE AGREED	Involve produce weekly community navigation service updates - To be shared with the HWB Board
No of resident carers enrolled onto local carers support groups offerred by Wokingham Outreach Carers service	**Local KPIs:** Service performance monitoring coordinated by strategy and commissioning lead **Target:** TO BE AGREED	Service performance monitoring coordinated by strategy and commissioning lead
No of resident carers enrolled onto Sports and Leisure Carers programme No of resident carers utilising Carers programme on a frequent basis (once or twice a week)	**Local KPIs:** The Sports & Leisure Team produce a KPI Report across all programmes - see Worksheet C **Target:** TO BE AGREED	The Sports & Leisure Team produce a KPI Report across all programmes - see Worksheet C

No of young people (aged 16-24) enrolled onto professional development courses No of young people (aged 16-24) who have succesfully gained employment following completion of their training with Community Learning Service	**Local KPIs:** Community learning officer produces regular reports on attendance and completion rates. It is also possible to produce a summary of alumni who have gone onto progress onto employment or a higher level of education. **Target:** Currently not based on client outcomes (improved attendance/completion rates) but rather budget. i.e. target to spend all education budget by the end of the year.	As mid-march 2020, no courses are being delivered face to face. All courses are currently being delivered online. Attendance rates appear to have improved (due to transport related deterrancts being removed)
No of vulnerable children identified by education welfare officers. No of support programmes offerred to parents - helping them to protect and improve the wellbeing of their children.	**Local KPIs:** There are information requirements for the service but there are no formal performance targets set **Tartget:** TO BE AGREED	There are information requirements for the service but there are no formal performance targets set
No of young residents with mental illness enrolled onto the following programmes: - Supported Employment Paythway - Individual Placement and Support No of clients who have succesfully gained long-term employment	**Local KPIs:** Optalis Head of service required to report attendace, comletion and mid-long term employment rates. Reports produced on a monthly basis. **Target:** TO BE AGREED	The service saw an increased in referalls over the course of the lockdown. increased enquiries from residents who have lost their jobs and Residents on Furlough. Have been able to deliver services remotely.
No of clients who have enrolled into the SMART Wokingham service No of clients who have succesfully completed their course of rehabilitation Reduction in proportion of clients who relapse	**Local KPIs:** Public Health team have oversight on performance monitoring of this service. Service Manager for the SMART produces quarterly reports summarising number of clients referred into the service, and number of clients successfully disengaging drug free. Reports also show trends on types of referrals coming in. **Targets:** Set in service level agreement.	Q1 report - people leaving successfully was low. 40% increase in opiate referallas right at beginning of lockdown. Between April and May referrals went down. at the beginning of June the service saw and increase in alcohol referralls from CMHT. most referralls have been self-referrals. everything since lockdown has been delivered over the phone. Service has also started video programme. May - peer support and group treatment delivery.

No of children receiving emotional/behaviroural support to tackle self harm. No of children who have successfully disengaged with CAMHS Services (self harm related)	**Local KPIs:** WBC commissioning leads have oversight on performance monitoring **Targets:** Set in service level agreement.	WBC commissioning leads have oversight on performance monitoring

H&WBB Long Term Indicator Title	Brief description of work, programme OR service	Owner /s i.e. Commissioning/Provider	Short Term Indicators	Local KPIs AND target	Update on KPI or progess against target and for what period i.e. Q1 2020/21
1 Gaps in the employment rate between those in contact with secondary mental health services and overall employment rate (Persons, 18-69 years)	Individual Placement and Support (IPS) Employment Service	CMHT/EIP/BHFT	Max 20 clients on caseload at any one time to ensure individualised, meaningful contact	At least 45% of those on caseload gain paid employment	Referrals, caseloads and job outcomes have been impacted negatively during Q1 2020/21 due to COVID-19 however the team have continued to aintain positive engagement with all clients throughout Q1 despite impact of COVID-19 and remote working.
	Community Mental Health Team	CMHT/BHFT	% of those with care plans in employment or report participation in "meaningful activity"	50%	Out of the 405 Wokingham Clients, 227 report as either being in employment or participating in meaningful activity – this is 56% of people which is higher than the local target of 50% and the highest across Berkshire'
2	Citizens Advice Bureau [CAB]	Local Authority - Adult Social Care (Commissioners)/Citizens Advice Bureau (Provider)	There are a number of information provisions submitted by the provider - the key ones include: No of people accessing the service - by age, gender, ethnicity, martial status Nature of advice - relationship, benefit, housing and/or employment	There are information requirements for the service but there are no formal performance targets.	No people accessing the service - 3,015 for 2019-20 (754 on average per quarter). 1,836 for Q1 2020-21 - this shows the impact of C-19 on the number of people seeking support from the service but also includes the 'one-front door' numbers, which was something the service have been leading on over this period. 17% of people reported being from a BAME background (where ethnicity was reported) for 2019-20 and this increased slightly to 18% for Q1 2020-21. 33% of people accessing the service in 2019-20 reported they have a disability and this increased to 36% in Q1 2020-21; The gender split for 2019-20 was: 58% female, 35% male, 7% not specified 0% transgender. The gender split for Q1 2020-21 was: 58% female, 39% male, 4% not specified, 0% transgender. Advice provided was categorised as follows: 2019-20: Relationship advice 18%, Benefit advice 48%, Housing advice 18%, Employment advice 17% Q1 2020-21: Relationship advice 11%, Benefit advice 46%, Housing advice 19%, Employment advice 24% Number of residents who have received a financial settlement as a result of the intervention provided - Housing related 2019-20 quarterly average: 102 Number of residents who have had their debts reduced or written off as a result of the interventions provided - Housing related 2019-20 quarterly average: 41
Children in low income families (all dependent children under 20)	Transform - Housing Related Support Transform - MH Supporting living	Local Authority - Adult Social Care (Commissioners)/Citizens Advice Bureau (Provider)	There are a number of information provisions submitted by the provider - the key ones include: No. of referrals to the services and No. of those who accepted support; No. customers accommodation maintained as far as possible; No. of people with primary or secondary support needs (by category)	There are information requirements for the service but there are no formal performance targets.	COVID has had an impact on reporting for Q1 2020/21. The following is from the full year: 88% of people referred through to the service accepted support (n=238) 100% of clients who required Transform support were able to maintain their accommodation and services. 11 homeless families with primary support needs supported during 2020/21 and 1 homeless family with secondary support needs were supported in the same period
	Tenancy Sustainment Team -	Housing, Income and Assessments	Number of referrals and amount of additional income generated for residents	Targets are set each year for additional income being generated for which this is £100,000 for 2020-21.	The two posts have been vacant from 1 April 2020 to 10 June 2020 so the £100,000 target is a year-end target rather than pre-rata of £25,000 per quarter – there has been one TSO supporting residents since 10 June 2020 and a second person has been appointed and are awaiting a start date that is estimated as 1 September 2020.
3 Infant Mortality (Persons, <1 year);	RBH Maternity Services	Berkshire West CCG (Commissioner); Royal Berkshire Foundation Trust (Provider)	Maternity Services have a Dashboard which aligns itself to monitoring progress against the SBLCBV2. This includes women who smoke at time of babies who are born small on dashboard etc.	80% Breastfeeding Initiation Smoking referrals - see below.	**81.07% Breastfeeding Initiation** **Smoking numbers reported below; No numbers of referrals recorded.**
	Health Visitors deliver the 0-5	Local Authority (Public Health Commissioners); Berkshire Healthcare Foundation Trust (Provider)	Contract reporting quarterly against key KPIs and targets (see next column)	Antenatal 50%, New Birth Visits 95% (90% acceptable), 6-8wk review 95% (90% acceptable), 12mth review 85%, 2-2.5yr review 85%	Antenatal 21% (T=50%), New Birth Visit 89% (T=95%), 6-8wk Review 87% (T=95%), 12mth review 86% (T=85%), 2-2.5yr review 85% (T=85%)
	Children Centres	Local Authority (Commissioner)	TBC	TBC	COVID-19 has resulted in Children Centre's temporarily being closed therefore there are no recent update. The community need has been met through the local Health Visitors and Children Services (where appropriate) who have adapted to ensure families were continued to be supported.

		Contraception Services	Local Authority (LARC and EHC Community Commissioner) AND Berkshire West CCG (Other Contraception)/GPs and Pharmacies (Provider/s)	No of women accessing contraceptioons including EHC either through GP, Pharmacy or Specialist SH Clinic; No of contact with vulnerable people (through Specialist clinic);	There are mainly quality outcome indicators for this type of service - it is a demand led services; For the specialist SH clinic it is open access;	Q1 2020/21 All local LARC contraception services were adapted to meet guidance from NHS England, Faculty of Reproductive and Sexual Health and Department of Health guidelines - which essentially resulted in a changes to access for LARC services; EHC and hormone contraception remained available.
		Breastfeeding Network	Local Authority (Public Health Grant Funded)/ Breastfeeding Network (Provider)	Service provision as a number of KPI's which they report on regularly to Public Health commissioners	Yes	COVID has delayed the Helper Training sessions however successful trial in Scotland of online trainign means that training will go ahead in September 2020; 12 places available - 16 local volunteers have expressed an interest. 6 weekly BfN support sessions have been running during COVID-19; 5 sessions are with the Health Team and 1 has a midwife present; 22 women who contacted the national BfN helpline identified themselves as being from the WBC area;
		Healthy Schools/RSE Education	Local Authority - Children & Young People Education Services/Public Health	All schools to be compliant with DfE guidelines on delivery by Autumn 2020	NA	All schools to be compliant with DfE guidelines on delivery by Autumn 2020. Local schools have been proactive in planning for the new curriculum. Support has been offered by Public Health to look at local offer.
4	School Readiness: % of children with free school meals status achieving a good level of development at the end of Reception (Persons, 5 years);	**Children Centres** offer the school readiness programme - in partnership with the **Early years team and Homesta**rt	Local Authority - Children & Young People, Health Visiting and Homestart	**TBC**	**TBC**	Family Workers work one to one with families to support children to be school ready. Health Visitors have joined forces with CC colleagues to promote and deliver health-related topics, such as toilet training, when they are running their school readiness programmes. Health Visitors and CC staff delivered toilet training updates to our ELYS partners ensuring information to parents remains consistent and supports best evidence-based practice. Health Visitors are working with all nurseries where there are 2 year funded children and offered to support with the integrated 2 year review and to offer the HV review if not already completed. The Nurseries have all been allocated a Nursery Nurse as a first point of contact around developmental or health concerns. Beanstalk is used which was developed by Early years in partnerships with a range of Early years professionals. This information is fully available on the WBC website and helps to advise parents about preparing their children for nursery/school. All of our children's centres environments reflect an high quality nursery setting and deliver EYFS standards and principles. All of the resources are aimed at promoting positive play and support children's development. Our group work (Universal and Targeted) enables us to work with families and offer individual support where needed.
5	Free School Meals: % uptake among all pupils (school age)	The local provider is **Caterlink.** The caterer reports enaging regularly with local schools as well as parents and carers and pupils. ongoing work looks to identify any barriers to school meal uptake. They offer schools the opportunity to adopt a chef where a chef will come and work in schools with the children and to undertake school assemblies to try and enage pupils	Local Authority - Children & Young People/Education and Caterlink (Provider)	Monthly school meal uptake data	KPI's are assessed on up-take monthly figures.	January 2020 - Estimated 1,950 children (0-17 yrs) eligible for free school meals (CHLDRN data). WBC holds the school catering contact for 34 of the 50 schools. Comparing school meal uptake for the month of December from 2017 to 2019 indicates that overall school meal uptake was 56% in 2017 and 55% in 2019. Data for the avergage FSM uptake was 77% in 2017 and is 60% in 2019. Average uptake data for paid school meals was 24% in 2017 and 23% in 2020. It should be noted that these are only comparisons for one month and full annual compasrisons have been requested.
6	Average Attainment 8 score of children eligible for Free School Meals	**School Improvement**	Local Authority - Children & Young People	**TBC**	**TBC**	Due to COVID-19 and School Holiday - its not possible for complete for August 2020, further work to be complete for future HWB allowing colleagues time contribute.
7	Primary Schoool fix period exclusions: rate per 100 pupils	**Education Welfare**	Local Authority - Children & Young People	**TBC**	**TBC**	Due to COVID-19 and School Holiday - its not possible for complete for August 2020, further work to be complete for future HWB allowing colleagues time contribute.
		Foundry College (Wokingam's Pupil Referral Unit (PRU))	Local Authority - Children & Young People	**TBC**	**TBC**	Due to COVID-19 and School Holiday - its not possible for complete for August 2020, further work to be complete for future HWB allowing colleagues time contribute.
8	Secondary school fixed period of exclusion: rate per 100 pupils	**Education Welfare**	Local Authority - Children & Young People	**TBC**	**TBC**	Due to COVID-19 and School Holiday - its not possible for complete for August 2020, further work to be complete for future HWB allowing colleagues time contribute.
		Foundry College (Wokingam's Pupil Referral Unit (PRU))	Local Authority - Children & Young People	**TBC**	**TBC**	Due to COVID-19 and School Holiday - its not possible for complete for August 2020, further work to be complete for future HWB allowing colleagues time contribute.

9	Smoking status at time of delivery All ages	**Smokefreelife Berkshire**	Local Authority (Public Health commissioners); Solutions 4 Health = Smokefreelife Berkshire (Provider)	No of pregnant women referred to SSS No of pregnant women Setting a quit date No of pregnant women quit at 4 weeks No of pregnant women quit at 12 weeks	>4% of 4 and 12 week quits are pregnant women Quit Success Rates 4WKQ % (number of 4 week quits/pregnant women SAQD) = >60% CO Quit confirmation >70%	2/250 4 week quits were pregnant women = 0.8% 2/140 12 week quits were pregnant women = 1.42% 2/3 pregnant women who SAQD were success at 4 weeks = 66% 4 week CO monitoring = 74% (all smokers) 56% 4 week smokers confirmed as successful 12 week quits (All smokers)
		Maternity Service - See above within Infant Mortality	Berkshire West CCG (Commissioner); Royal Berkshire Foundation Trust (Provider)	Total No. of Deliveries Smoking disclosed at time of booking Smoking disclosed at time of delivery	None set	June 2020 - NB This is not Wokingham specific data, this is data reported on for all Births through RBH Maternity Services 396 Total Number of deliveries 27 - Smoking disclosed at time of booking 28 (7%) Smoking disclosed at time of delivery
10	Smoking Prevalence in Routine & Manual Workers current smokers (18-64)	**Smokefreelife Berkshire**	Local Authority (Public Health commissioners); Solutions 4 Health = Smokefreelife Berkshire (Provider)	No of RMW setting a quit date No of RWM quit at 4 weeks No of RWM quit at 12 weeks No of school sessions completed	>40% of 4 and 12 week quits are RMW CO Quit confirmation >70%	394 people who SAQD 208 people who SAQD were RMW (52%) 40 people who SAQD were from BAME background (10.15%) 94/250 4 week quits RWM = 37.6% 26/250 4 week quits from BAME background = 10.4% 19/140 12 week quits RWM = 13.5% 94/208 4WKQ/SAQD = 45% 4 week CO monitoring = 74% (all smokers)
		Berkshire West Tobacco Control Alliance and Public Protection Partnership -	Public Protection Partnership	No of school sessions completed Annual Young People's Smoking and Drinking Survey No of failed test purchasing involve illegal and/or underage tobacco sales No of contacts with business/community sector on smoke free policy - either training or VBA;	12 School Sessions for 2020/21 1 Annual School Session Tobacco Control Alliance work is responsive to demand/local need and therefore targets a not defined. COVID-19 has impacted on delivery of test purchasing, school sessions and planned work with business due to government guidelines.	Annual School Survey completed for 2019/20 - results published. 25 visits Test Purchasing visits in 2019/20 with 2 failures – one warning letter re sale of underage alcohol sale and 1 whose outcome is pending.

Indicator Number	Programme	KPI	2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Cancer Rehab	No. of new Referrals	1	2	2	1	0			
1	Cancer Rehab	Total number of attendances to sessions	29	46	45	36	18			
1	Cardiac Rehab	Total No. of Referrals to Cardiac Rehab	18	15	6	12	17			
1	Cardiac Rehab	Total number of attendances to Cardiac Rehab	350	233	189	154	223			
1	Cardiac Rehab	Number of Patients completing Cardiac Rehab Scheme	16	4	1	7	7			
1	GP Referral	No. of new Referrals to GP Referral Programme	22	52	34	51	56			
1	GP Referral	Total number actively participating on the programme	469	440	491	477	368			
1	GP Referral	Total Number of patients **not** continuing with physical activity after 24 weeks	0	0	3	3	3			
1	Live Well Gym (LTHC)	Total Number of Referrals in Live Well Gym	13	9	9	9	11			
1	Live Well Gym (LTHC)	Total number of attendances in the Live Well Gym	1042	1042	1021	935	893			
1	Mental Health	Number of new referrals	16	12	9	20	8			
1	Mental Health	Total number attending each class (average over 5 classes)	70	67	75	81	66			
1	Health Community - Leisure Contract	Carers - group exercise and gym and swim	not started	not started	9	36				
1	Health Community - Leisure Contract	Areas of Deprivation - open play football, youth club, post exercise for new mothers	not started	not started	11	65				
1	Health Community - Leisure Contract	BME Communities - badminton and zumba	not started	not started	not started	19				
1	Health Community - Leisure Contract	Children with Additional Needs - swimming lessons, softplay and trampolining	not started	not started	64	227				
1	Steady Steps	No. of Referrals to Steady Steps	32	46	54	42	42			
1	Steady Steps	No. of Females Referred to Steady Steps	20	30	30	28	25			
1	Steady Steps	No. of Males Referred to Steady Steps	12	16	24	14	17			
1	Sheltered Schemes	No. of Attendances in Sheltered Schemes	not started	not started	not started	68	87			
1	Sheltered Schemes	No of people attending Dementia Seated Exercise	not started	not started	not started	22	77			
1	Sheltered Schemes	No of People attending Dementia Steady Steps	not started	not started	not started	16	44			
1	Dementia	No. of new Referrals		10	2	0	1			
1	Dementia	Total number of attendances to sessions		62	63	59	75			
1	Children and Adults with additional needs	No of overall Attendances Adults	99	98	112	117	56			
4	Children and Adults with additional needs	No of overall Attendances Children	63	63	58	48				
4/5	Tennis - Cantley Park and Chestnut	Total Household memberships				352	353	588		
4	Tennis - Cantley Park and Chestnut	Tennis camps				490	38			
5	Tennis - Cantley Park and Chestnut	Total pay and play users				319	143	457		
4	WAK	No. of Participants booked onto Holiday Courses	263	899	2791	410	410			
4	WAK	No. of Tenants/ Children from areas of deprivation attending Holiday Courses	5	14	32	5	3			
4	WAK	Football Camp			30					
5	SHINE Older People	No. of New SHINE Members (Completing Consent Form)	70	79	41	68	53			
5	SHINE Older People	No, of SHINE Members in total	5823	6042	6193	6386	6017			
5	Walking for Health	Number of New Walkers	25	9	12	9	20			
5	Walking for Health	Total number of attendances in the month	4652	4053	4239	3675	3394			
4/5	Leisure Centre Usage - St Crispins, Loddon, Ryiesh Green, Arborfield and Bulmershe (due to open Aug 2020), Carnival (up to Feb 20)	Fitness Use (gym,outdoor and hall)	1138	4118	909	1402	1342			
4/5		PAYG/Data withheld	2397	2106	2389	2927	2734			
4/5		Swimming Use	973	1098	1039	898	720			
4/5		Swimming Use - PAYG/Data withheld (will include swimming lessons)	24275	13097	28301	18946	20516			
4		Children - Swimming Use	175	195	409	213	224			
4		Children - fitness	139	31	61	177	111			

Wokingham Health & Wellbeing Board - Healthy Weight Briefing

The World Health Organisation (WHO) defines overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. Health risks relating to obesity are many and well known with the WHO highlighting the fact that overweight and obesity are major risk factors for many chronic diseases, including type 2 diabetes, cardiovascular disease (which is the main cause of premature death in the UK) and some cancers, in addition to joint and mobility issues, depression, low mood and fertility issues.

For children and young people the health risks include those of adults with signs usually being seen later in life. Risk factors for type 2 diabetes are similar for children as for adults with obesity being a leading risk factor. Childhood obesity has significant consequences for children's physical and mental health and wellbeing.

In response the COVID-19 pandemic, the impact that is likely to be having on the health of nation, as well as the emerging risks of obesity and COVID-19 - the Government has launched the Better Health campaign to support people to kick start health and get active. The campaign launched by outlining that being overweight or obese increases the risk of poor outcomes with COVID-19. The second week will start the focus on motivating people to make healthy changes and the focus will be initially on physical activity.

The Governments Tackling Obesity policy paper - empowering adults and children to live healthier lives also launched on July 27th 2020 outlines that whilst health risks of overweight and obesity been known for decades and that obesity reduces life expectancy in the last few months we have also seen that being overweight or obese also puts you at risk of dying from COVID-19. **Clear links are seen between Covid-19 outcomes and obesity. This is an inequality that can be addressed as part of the well-being strategy.**

Tackling Obesity outlined that new evidence in the UK and internationally, indicates that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms and advanced levels of treatment such as mechanical ventilation or admission to Intensive Care Units and death from COVID-19. It is highlighted that risks increase progressively as body mass index (BMI) increases. This evidence from the UK and internationally is consistent suggesting the risk posed by being overweight or living with obesity to people with COVID-19 is relatively high. This relationship cannot be explained by factors such as age, sex or race, or other diseases. It is also known that Black, Asian and minority ethnic populations and those living in deprived areas are also at greater risk of dying from COVID-19. Part of this risk may relate to obesity as obesity is more common in people living in deprived areas, and some people from black, Asian and minority ethnic populations are susceptible to obesity-related diseases.

A positive factor is that excess weight or obesity is one of the few modifiable factors regarding COVID-19.

The government outlined key priority actions to tackle obesity -

- Being committed through the NHS Long Term Plan to make weight management services available from 2021 to those most at risk and to ensure that these services are also available for people living with obesity
- Accelerating the expansion of the NHS Diabetes Prevention Programme to support people most at risk, providing access to high-impact weight loss services for those that need it the most.
- Working to expand weight management services available through the NHS, so more people get the support they need to lose weight
- Publishing a 4-nation public consultation to gather views and evidence on the current 'traffic light' label to help people make healthy food choices
- Introducing legislation to require large out-of-home food businesses, including restaurants, cafes and takeaways with more than 250 employees, to add calorie labels to the food they sell
- Consulting on intention to make companies provide calorie labelling on alcohol
- Legislating to end the promotion of foods high in fat, sugar or salt (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations intended to encourage purchasing, both online and in physical stores in England
- Banning the advertising of HFSS products being shown on TV and online before 9pm and holding a short consultation as soon as possible on how we introduce a total HFSS advertising restriction online

Obesity - The National Picture

Currently over half (62.3%) the population are classed as overweight and or obese. Obesity including severe obesity - 27% men and 30% women were classed as obese and 2% of men and 5% of women morbidly obese (defined as a BMI 40 and above).

(Health Survey for England 2017). Models predict that obesity in Europe will continue to rise by with predictions for the UK indicating that 36% of men and 33% of women will be obese by 2030.

For children and young people National Childhood Measurement Programme [NCMP] data for 2018/19 data indicates that 22.6% of reception age children (4-5years old) are overweight or obese and 34.3% of year 6 aged children (10-11 years old).This means that more than 1 in 5 children aged just 4 / 5 years old are overweight and or obese and this increases to 1 in 3 for children aged 10 / 11 years old. It is well known that obese children are more likely to be obese adults (Biro 2010)

Obesity prevalence by level of deprivation
There is a strong relationship between deprivation and obesity. The Royal Society for Public Health report 2015 emphasised the strong correlation between deprivation and prevalence of obesity, with rates of obesity on leaving primary school in areas in the most deprived decile at 24.7% compared with 13.1% in areas in the least deprived decile. Current data highlights that the gap in inequality is not reducing with both reception and year 6 age ranges obesity prevalence in the most deprived areas being over double obesity prevalence in the least deprived areas

<u>Obesity - The Local Picture for Wokingham</u>
At first glance local data indicates that Wokingham fares much better than nationally given that Wokingham has some of the lowest obesity rates when compared to national and regional data, this often results in the perception that partners and stakeholders take a view that obesity should not be a priority. However it should be noted that whilst local prevalence is lower than the both the national and South East averages there are still over half the adult population across Wokingham classified as overweight or obese at 60.2% together with 1 in 6 reception children and 1 in 4 year 6 children who are overweight or obese aged 10/ 11 years old**.**

Obesity is also linked to a number of other strategic priorities within the Berkshire West CCG including Cancer, Cardiovascular Disease and diabetes. The local Strategic Transformation Partnership (STP) which includes Berkshire, Oxfordshire and Buckinghamshire (BOB) and the Clinical Commissioning Group (CCG) have priorities that are clearly focused on reducing type 2 Diabetes due to UK rates. Local estimated diabetes diagnosis rates for Wokingham increased from 62.3% in 2015 to 67.7% in 2018.

Deprivation
Local data on adult obesity in Wokingham mirrors that of national data where by obesity prevalence is strongly correlated with deprivation and is highest in the most deprived areas. Negative impacts on health outcomes are well known and significant for people who are above a healthy weight. However, these negative health outcomes may be preventable and through continual attention to healthy behaviors including healthy eating, and regular physical activity incorporated into daily life. This is echoed by WHO stating that overweight and obesity, as well as their related diseases, are largely preventable and so should be considered a high priority.

Wokingham is the second least deprived area in the UK however **two areas within Wokingham are ranked as in the most deprived areas in the UK** these are Wokingham Without and Norreys. Wokingham residents benefit from two years extra life expectancy for both men and women, however men in the most deprived 20% have 4.5 years less left expectancy and for women the gap is wider still at 5.5 years less life expectancy.

Ethnicity
In relation to children and young people local data mirrors the national distribution for NCMP obesity data when combined for ethnicity.

Local Policy Drivers
Wokingham Borough Council's Health & Wellbeing Strategy also has a key priority on keeping communities physical active and reducing inequalities. Priority long terms indicators relate to both physically active communities and weight (for both adults and children). Weight can also contributes to broader indicators for example, infant mortality.

Wokingham has committed to the overarching Berkshire West Healthy Weight Strategy outlining priorities for healthy weight work. The strategy, dated 2018, is up to date and remains fit-for-purpose with the health and wellbeing boards of all three local authorities having previously signing up to this strategy and the

recommendations. A health needs assessment undertaken in 2019 made recommendations for taking the healthy weight agenda forward - Appendix 1 including the need to work towards delivering the Berkshire West Healthy Weight Strategy to develop clear commissioning intentions for Tier 2 adult weight management services.

However, whilst there is clearly a strategy in place and commitment and enthusiasm across Wokingham there is currently a lack of tier 2 weight management provision.

Commissioning
Current Provision - Tiers 1-2
Weight management services are most commonly delivered in a tiered approach, with four levels of multi-component treatment options and weight maintenance support and entry based on BMI.
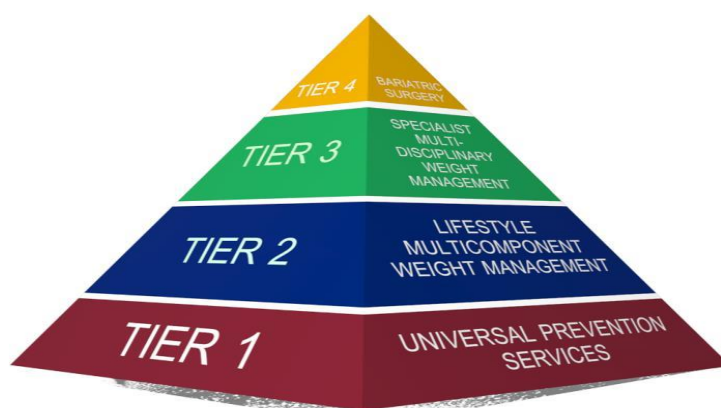
PHE 2016

- **Tier 1** covers universal prevention offers supporting people to maintain a healthy weight through education and campaigns and healthy lifestyle programmes.
- **Tier 2** covers lifestyle multicomponent weight management offers – encouraging long-term behaviour change.
- **Tier 3** covers specialist multi-disciplinary weight management support - participation of these are required to access tier 4 bariatric surgery.
- **Tier 4** covers bariatric surgery.

Commissioning responsibilities
From 2019, responsibility for commissioning of tier 1 and 2 remains with local authority and tiers 3 and 4 with the CCG suggesting the need for close partnership working to offer clear consistent messages regarding the healthy weight pathway at local level, best practice and the best journey for individuals moving from tiers 1 and 2 through to tiers 3 and 4 rather than seeing individuals slipping through gaps in tier provision.

Adults - Tier 1 offers
There are a range of universal prevention offers across Wokingham. Offers in place mainly focus on healthy eating and physical activity. The health needs assessment identified the need for consistent messages throughout Wokingham and the Better

Health Campaign will help in focussing and communicating key healthy weight messages and will provide resources that can be used across the borough. A joint communication plan across partners could help with amplifying the national offer, whilst allowing organisation to target specific groups or community and also promote local resources/support.

Adult Tier 2 offers
There is currently a lack of tier 2 provision in Wokingham.
Previous tier 2 weight management provision was in place from 2013 -2019. The programme commissioned was Eat for Health (E4H) this was provided by Solutions for Health (S4H). Despite there being some good individual outcomes, when the contract ended there was a decision not to recommission. Wokingham Borough Council commissioned 16 programmes annually. There were occasional issues with recruitment and retention an issue that is seen nationally. This programme did not allow self-referral.

Children and young people - Tier 1 offers
As with adults, there are a range of universal prevention offers Wokingham and again these focussed mainly on healthy eating and physical activity. The review did highlight the need for more resources to support work in schools across the borough. Public health are currently reviewing the possibility of a local healthy schools offer and have been consulting with Schools to identify local need.

Children and young people - Tier 2 offers
Previous tier 2 weight management offers for children and young people were provided by Solutions for Health (S4H) who provided the Let's Get Going programme for children and young people of 7 – 12 years of age. Wokingham commissioned 3 programmes annually. Despite there being some good individual outcomes, when the contract ended there was a decision not to recommission. Local offers occasionally struggled with recruitment and retention again a pattern that is seen nationally.

Gap analysis

There is a currently a gap in provision with a lack of tier 2 weight management provision for both adults and children and young people in Wokingham.

The way forward - Adults
Initial priority is to commission a local Tier 2 adult weight management offer as there is currently a gap in provision.

Bids will be requested direct from providers offering evidenced based programmes and who can evidence that they work to NICE guidance and PHE recommendations in relation to tier 2 weight management.

Providers will need to be established and able to establish a local offer quickly and efficiently whilst not compromising quality. Consideration is needed in relation to Covid-19 recovery and providers will have planned ahead and adapted offers to

provide safe effective support to the community whilst allowing support to continue in the event of a local or even national lockdown due to a second wave of Covid-19.

Commissioning is timely and will support the government work to encourage local authorities to offer and expand their tier 2 provision in addition to using the free NHS 12-week plan.

This work will be supported by continuing signposting to Tier 1 support and longer-term work supporting a whole system approach to obesity.

<u>The way forward – Children and Young People</u>
Initial priority is to commission a local Tier 2 adult weight management offer for Children and young people as there is currently a gap in provision and to work towards recommendations within the Berkshire West Healthy Weight Strategy**.**

Consideration is being given to identifying funding to support commissioning of an innovative offer supporting embedding healthy behaviours in children and young people.

The rationale being that local offers occasionally struggled with recruitment and retention, a pattern that is seen nationally.

Work is also being undertaken to review the options of offering a local healthy schools programme with themes including nutrition which would include healthy weight, physical activity, emotional health and wellbeing and PSHE.

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Who, 2015: WHO Global InfoBase data on overweight and obesity. Fact sheet No 311 on obesity.

Author: Rachel Cooke, Wokingham Public Health

Appendix One
Recommendations from the 2019 health needs assessment.

Recommendation One - Whole Systems Approach
Whilst there has historically been a focus on individualised approaches to tackling obesity through the commissioning of weight management services, this in itself is unlikely to successfully address the obesity epidemic. A growing body of evidence now suggests that a whole systems approach (WSA) is needed to tackle obesity involving a wide range of partners and stakeholders. Given the enthusiasm reported by stakeholders to work collectively to reduce obesity, adopting a whole systems approach can add value by providing the opportunity to engage stakeholders across the wider system, to develop a shared vision and actions that tackle the upstream drivers of obesity, many of which lie outside the realms of public health.

Recommendation Two - Establish clear governance
There appears to be a lack of governance / ownership of the Berkshire West Healthy Weight agenda. Governance and ownership is needed to raise Healthy Weight as a priority and drive, facilitate and monitor progress of the Healthy Weight Strategy recommendations and future WSA work.

Recommendation Three- Greater partnership working between NHS and LA's
There is a need to commission and develop effective children and adult weight management provision across all tiers of the pathway. Provision is current. In particular, there is a need for the CCG to commissioning Tier 3 and Tier 4 adult provision.

Recommendation Four – LA's to develop clear commissioning intentions for Tier 2 adult weight management services
Current Tier 2 adult weight management provision is inconsistent across the three local authorities. Local authorities should consider developing a consistent offer that provides clarity on the eligibility and referral criteria that takes into account the diabetes prevention programme and the local dietetics service.

Recommendation Five – To work towards delivering the Berkshire West Healthy Weight Strategy 2017-2020

Though the 2017-2020 Berkshire West Healthy Weight Strategy remains fit for purpose governance is required to ensure actions are progressed and that healthy weight remains a priority. Once governance is established, the Healthy Weight Steering Group should draft a local delivery plan. The plan should work across the life course including health in pregnancy and target at risk groups to maximise prevention (using universal programmes and a universal proportionalism approach). The Berkshire West Healthy Weight strategy recommendations were and remain:

Tier 1 - A health-promoting environment:

Align with national policy such as the PHE sugar, calorie reduction and reformulation programmes.

- Raise awareness of why a healthy weight is important, what a healthy weight is for adults and children and how to maintain this. For example through supporting National campaigns (such as Change 4 Life and One You), the NCMP and training front line staff in more settings to be able to use a 'Making Every Contact Count' style approach to raising the issue.
- Promote healthy eating and an active lifestyle for all children in schools and at home.
- Enable and encourage people of all ages to move more on a daily basis through structured or unstructured physical activity, in line with Chief Medical Officer Guidelines. This includes promoting and enabling active play, walking, cycling and other forms of active travel, exercise and sport.
- Encourage children and adults to minimise prolonged periods of sedentary behaviour such as screen time.
- Provide appropriate information about healthy weight, the impact of maternal obesity and appropriate infant feeding; ideally given to parents before conception, but also during pregnancy and in infancy.
- Ensure that residents can access advice about preparing and or buying affordable, culturally acceptable, healthy meals and snacks.
- To maximise community assets and support community engagement

Tier 2 - Focus on inequalities: Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities and the NHS can be shaped and targeted to ensure the whole community benefits, particularly those most in need.

- Consider targeting tier 2 programmes for adults to support facilitation to tiers 3 and 4 and targeting tier 2 programmes for children and young people as no dietetic provision is offered for Berkshire West.
- Work with the most deprived communities to ensure that interventions, services and approaches delivered through local authorities are shaped to ensure the whole community benefits.
- Consider using remaining resources to develop universal support for schools.
- Continue to ensure that commissioned Lifestyle based programmes for overweight or obese adults and children in the community adhere to NICE guidance.
- Ensure that providers of these programmes encourage sustainable behaviour change by signposting people to tier 1 healthy eating and physical activity programmes or to their GP if more intensive support is required.
- Work to provide more healthy weight support for families in early year's settings and for teenagers.

Tier 3

- Continue to work with our partners to consider how gaps in Tier 3 provision could be addressed.
- Ensure that providers of tier 2 commissioned services recognise when to refer obese patients or those with significant health conditions to their GP to access specialist clinical support; for example Dietetic services or clinical psychology.

Recommendation Six – Greater emphasis on the built environment
Working to achieve a health promoting environment e.g. in relation to critical behaviours such as food intake and physical activity. This could involve working more collaboratively with local planners to restrict and limit access to unhealthy foods or encourage active travel.

Recommendation Seven - Training and communications
Establish training and quality assurance to ensure evidenced based consistent healthy weight / lifestyle messages are promoted throughout Berkshire West. This might include the production of a healthy weight communications strategy.

Recommendation Eight - Policy and development
Commissioners and Providers should adopt a 'healthy weight in all policies approach', whereby all polices consider the negative or positive consequences on health weight. This could involve the three local authorities signing up to Food Active's 'Declaration of Health Weight' which would demonstrate commitment to reducing the number of people who are overweight or obese.

Recommendation Nine - Monitoring and evaluation
All interventions and services to be monitored with data recorded to support evaluation and improvement and to allow resources to be tailored to best meet population needs.

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TITLE	**Designing Our Neighbourhood**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 August 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Matt Pope, Director Adult Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	All of them
Key outcomes achieved against the Strategy priority/priorities	Designing our Neighbourhoods' is the philosophy which will be used to underpin all of our project activities in the Wokingham Integrated Partnership.

Reason for consideration by Wokingham Borough Wellbeing Board	Engagement with Board Members
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	N/A

RECOMMENDATION

That the proposal within the report be endorsed.

SUMMARY OF REPORT

Designing our Neighbourhoods' is the philosophy which will be used to underpin all of our project activities in the Wokingham Integrated Partnership. We aim to:

- Use insight gained from as broad a base of data, to support data lead approach (Population Health Management)
- Seek input from the community, as well as professionals about what we plan to do, with which cohorts of the community and how we plan to do it
- Seek feedback from the community, as well as professionals to see that the interventions that are/have taken place continue to meet the needs of cohorts that they are supporting
- Create a 'one team ethos' for our work with all of our partners, no matter our uniform or badge, we support the people of Wokingham.

Partner Implications
Wokingham Integrated Partnership is collegiate in nature and looks to set a 'one team' ethos.

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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

Designing Our Neighbourhoods

Our Philosophy for Community Involvement

Peter Slade & Lewis Willing

What is the Aim?

'Designing our Neighbourhoods' is the philosophy which will be used to underpin all of our project activities in the Wokingham Integrated Partnership. We aim to:

- Use insight gained from as broad a base of data, to support data lead approach (Population Health Management)
- Seek input from the community, as well as professionals about what we plan to do, with which cohorts of the community and how we plan to do it
- Seek feedback from the community, as well as professionals to see that the interventions that are/have taken place continue to meet the needs of cohorts that they are supporting
- Create a 'one team ethos' for our work with all of our partners, no matter our uniform or badge, we support the people of Wokingham.

How do we plan to do this?

Stage 1

- Scope out all of the projects on in the programme, including (where possible):
  - PHM
  - Feedback from all of the partners
  - The target of the project (Neighbourhood/Borough/West of Berks/BOB),

Stage 2

- Hold another Design Our Neighbourhood workshop, run through each project:
  - Explain how our projects link to, FYFV, Wellbeing Board Priorities, ICP, DES/CES
  - What we will be doing for each project
  - Check with those present that:
    - The right people are involved
    - The right target for the work
    - Right area of operation
- Use the feedback and update where required

Stage 3

- Go on a tour of Parish and Town Councils to explain the projects that are going on in their neighbourhood and the focus of those projects.

Who will we look to invite to take part in the Workshops?

Essentially, everyone who took part in the last one, with the addition of any parish councillors or service user experience groups which were not able to make it. An example list is below (this is not exhaustive and we welcome suggested additions):

- Voluntary Sector providers
- Wokingham Borough Council Councillors, Social Workers & Commissioners
- CCG Representation & Commissioners
- PCN director/s
- BHFT
- Health Watch
- Patient Experience Group Representation
- Town and Parish Councillors

Things that need to be Considered/Unanswered Questions

- Duration

If the sessions last more than 2 hours, then we will lose the interest of the participants. We will need to be tight in our presentation.

- Timing

We will need to get the timing right, allowing projects to be scoped out, but also not leaving it too long from now, as we will need time to implement the projects after the Workshops (October ideally, allowing implementation to start in November)

- Location

Depending on the changing advice from central government, we will either hold it in an appropriate socially distanced venue, via MS TEAMS or a hybrid of the two

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Wokingham Borough

COVID-19

Outbreak Management Plan

The plan is subject to national policy changes and revision

Version Control

Version	Date	Changes made
V1	150620	Integrated high risk plans, update sections and Appendices
V2	160620	Inclusion of standardised info and updates
V2	170620	Restructure, updates
V3	180620	Restructure to sections, governance and updates
V4	190620	Updates to Testing section
V4	220620	Updates to structure and contact details
V5	230620	Updated contact details
V6	290620	Included generic 'workplace' high risk setting around event/social/entertainment setting. Updated testing plan with mobile site information.
V7	300620	Cut down version , PH updates
V8	020720	PH review updates
V9	030720	Updates and restructure
V10	060720	DPH Tessa Lindfield - Standardised section updates
V11	140720	Refreshed from LOEB and issued to Meradin
V12	160720	Updated by Meradin Peachey, Head of Public Health
V13	230720	Updated following comments from Overview and Scrutiny

Abbreviations

BHFT	Berkshire Health Care Foundation Trust
BWCCG	Berkshire West Clinical Commissioning Group
CHP	Consultant in Health Protection
CIDSC	Centre for Infectious Disease Surveillance and Control
CSH	Community Support Hub
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
HPT	Health Protection Team
ICP	Integrated Care Partnership
ICS	Integrated Care System
OCT	Outbreak Control Teams
JBC	Joint Biosecurity Centre
LA	Local Authority
NHS	National Health Service
NPI's	Non-pharmaceutical Interventions
PHE	Public Health England (Thames Valley Health Protection Team)
PPP	The Environmental Health Service
RBC	Reading Borough Council
RBWM	Royal Borough of Windsor and Maidenhead

SBC	Slough Borough Council
SOP	Standard Operating Procedures
STAC	Scientific and Technical Advice Cell
TVLRF	Thames Valley Local Resilience Forum
TVPHEC	Thames Valley Public Health England Centre
UTLA	Upper Tier Local Authority
OMG	Outbreak Management Group
ICT	Incident Control Team
WBC	**LA**

Contents

1.0 Purpose of Document

Local Authorities have a duty to produce an Outbreak Control Plan overseen by Health Protection Boards and supported by a Member led, public facing Outbreak Engagement Board. The purpose of this plan is to set out the process for controlling COVID-19 with the aim to protect public health by minimising further spread or recurrence of COVID-19 across WBC.

The plan is informed by the Association Directors of Public Health Guiding Principles for Outbreak Management Arrangements[1] and the themes for Local Outbreak Control Plans as described by DHSC.

2.0 Objective of the plan

Key objectives of this plan are to:

1) detail roles and responsibilities in prevention and management of COVID-19 outbreaks and incidents with a view to minimising spread of infection
2) ensure coordinated communications to the public, partners and press
3) ensure that the response can be escalated if required

Achieving these objectives will require a whole system approach across local and national government, the NHS, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service as the pattern of COVID-19 becomes more variegated over time.

This Local plan will build on existing plans and functions, including the

- Public Health England Thames Valley Health Protection Team's Joint Health Protection Incident and Outbreak Control Plan
- Statutory functions of the Director of Public Health
- A new National Outbreak Control Framework
- Berkshire Public Health Team Emergency Response Plan (overarching plan)
- Berkshire Public Health Protection Communication Plan
- Berkshire Public Health Team Pandemic Influenza Response Plan
- Thames Valley Influenza Pandemic Framework
- Thames Valley LRF Scientific and Advice Cell (STAC) Plan

3.0 Introduction

As cases from the initial wave of COVID-19 decrease across the country, national restrictions on movement and gathering are relaxed and NHS Test & trace comes up to speed, there is a need to refine and strengthen arrangements to control any local outbreaks.

All areas will have settings and population groups where there are particular risks of COVID-19 occurring and/or harm from the disease. These require a considered approach to minimise the risk of harm.

Local areas have always played a part in managing outbreaks and the fundamental duties and roles of partners have not changed. However, the predicted scale and frequency of the ongoing response for COVID-19 means that current arrangements need reviewing and strengthening, to function until a long term prevention is a reality.

3.1 Wokingham Borough Context
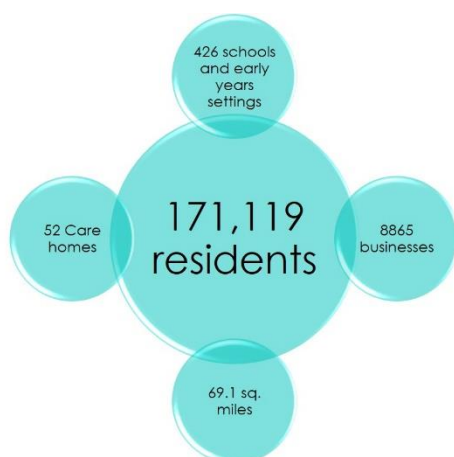
3.2 Health Protection Legal and Policy Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government3.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health

This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

Local Health Protection System simplified diagram
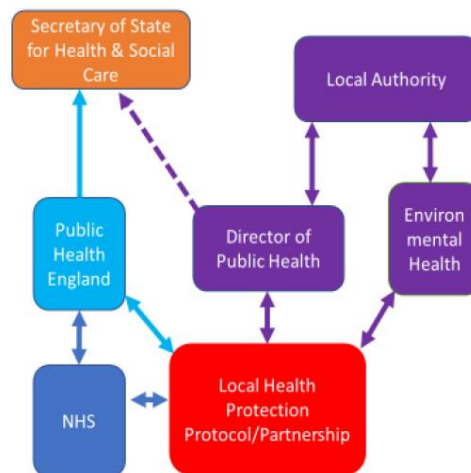
3.3 Coronavirus Act 2020

The Coronavirus Act, the Health Protection (Coronavirus Restriction) (England) Regulations 2020 set out the restrictions of what is and is not permitted, which when taken together create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations. The powers of the Police to enforce lockdown also flow from these national Regulations.
'Localised' lockdown would require further government Regulations that are designed to be used locally. At this time, there are no such Regulations.

3.4 Data Sharing

There will be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations

- The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002, requiring several organisations to share data for purposes of the emergency response to COVID-19
- The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations
- The Statement of the Information Commissioner on COVID-19
- Caldicott standards will be implemented for obtaining and storing data

4.0 Overview of Test and Trace Operating Model

Test and Trace is the national contact tracing system for advising people who have been exposed to Covid-19. Test and Trace has several work streams and is led by the Department Health and Social Care and Public Health England. There are national and regional oversight groups to govern the work with input from LGA and Association Directors of Public Health. These are based around three levels;

- **Tier 3** – Around 20,000 call handlers have been recruited under contract to PHE to contact people who have tested positive for COVID-19, to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. Advice following national standard operating procedures (SOP) and scripts is given to close contacts as appropriate. An automated app will also be launched nationally for people to report symptoms, access testing and complete an online questionnaire

- **Tier 2** – Around 3000 dedicated professional contact tracing staff have been recruited by the NHS and they undertake public health interviews with confirmed cases to risk assess and identify contacts and close contacts are followed up by Tier 2. Appropriate advice following national guidance is given to cases.

- **Tier 1** – PHE Health Protection Teams will investigate cases escalated from Tier 2. This will include complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate. An outbreak is defined as 2 or more cases (suspected and /or confirmed) linked in place/time.

NHS Test and Trace is accessed on-line at https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works. On registration with the service, people are asked to provide contact details, so that results and advice can be provided by email, text or phone.
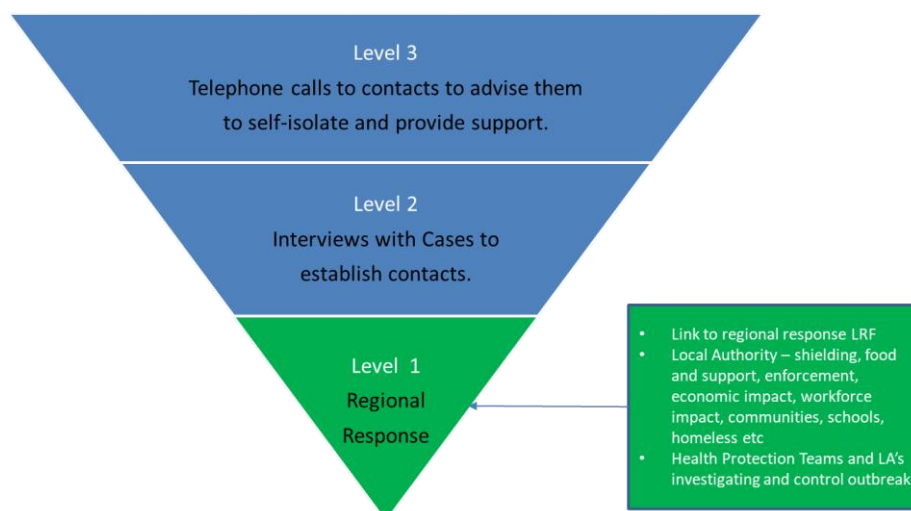
5.0 What is an Outbreak / Incident?

An 'outbreak' is defined an incident in which two or more persons have the same disease, in which there is a time, place and/or person association between these persons. An outbreak may also be defined as a situation when the observed number of cases unaccountably exceeds the expected number.

An 'incident' has a broader meaning, encompassing events or situations which warrant investigation to determine if action is needed to manage the risk. In some instances, only one case may prompt the need for incident management and public health measures.

5.1 Cycle of Health Protection Action

Outbreak management, and contact tracing within it are part of a cycle of health protection action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice. Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.

Figure 1 – Cycle of Health Protection Action

In the context of COVID-19 this means:
- o Timely data flows from testing to be able to predict and intervene in outbreaks
- o Updated evidence on spread of infection and control measures
- o Implementation: Includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures etc.

5.2 Triggering the plan

The WBC Local Outbreak Control Plan will be triggered where there are suspected or confirmed COVID-19 outbreaks in any setting type, or significant community spread. PHE Thames Valley HPT, Public Health Shared Team and WBC will gather intelligence on COVID-19 outbreaks via the national Test and Trace service, laboratory results, and local partner intelligence about suspected outbreaks.

PHE will initially conduct the risk assessment with the setting, provide infection control advice and advise on testing as appropriate, following internal SOPs that are being developed for responding to COVID-19 cases and outbreaks in specific setting types. Local Authorities will provide support to the outbreak setting and additional capacity for contact tracing, as needed.

5.3 Notifications of outbreaks/incidents

Notifications on outbreaks will be sent to the Environmental Health (PPP) front door who will monitor notifications from PHE and local sources 7 days per week (9am to 5pm) and will action the notification within 1 hour.

PPP will be the first point of contact and have experience and capacity to do contract tracing if required.

Public Health England will determine if an ICT is to be convened. PPP will supply the relevant contact details to enable this to be established. If a referral does not require an ICT PPP will inform the outbreak management group who will arrange a local response. When a local response is formed the Public Health Consultant will be responsible for escalation or communication to the Public Health England. Depending on the nature of the notification, the PPP will resolve the issue or contact the relevant service lead within the local authority.

If there is a local notification of a case this will be referred to the Public Health England in the first instance.

5.4 Out of Hours

The Thames Valley Health Protection Team in Public Health England continue to be the primary source of out of hours support on the response to COVID-19, for example advice on higher risk cases and settings.

The Berkshire Public Health Shared Team co-ordinate an out of hours rota for public health consultants. Contact details for the on-call Consultants is circulated every Friday to Local Authority Chief Executives, Local Authority Covid-19 leads, Local Authority Emergency Duty Officers, Environmental Health Duty Officers and Public Health England.

The Council operate an out of hour's emergency system. Any calls related to COVID-19 will be referred to PPP or Public Health Consultants.
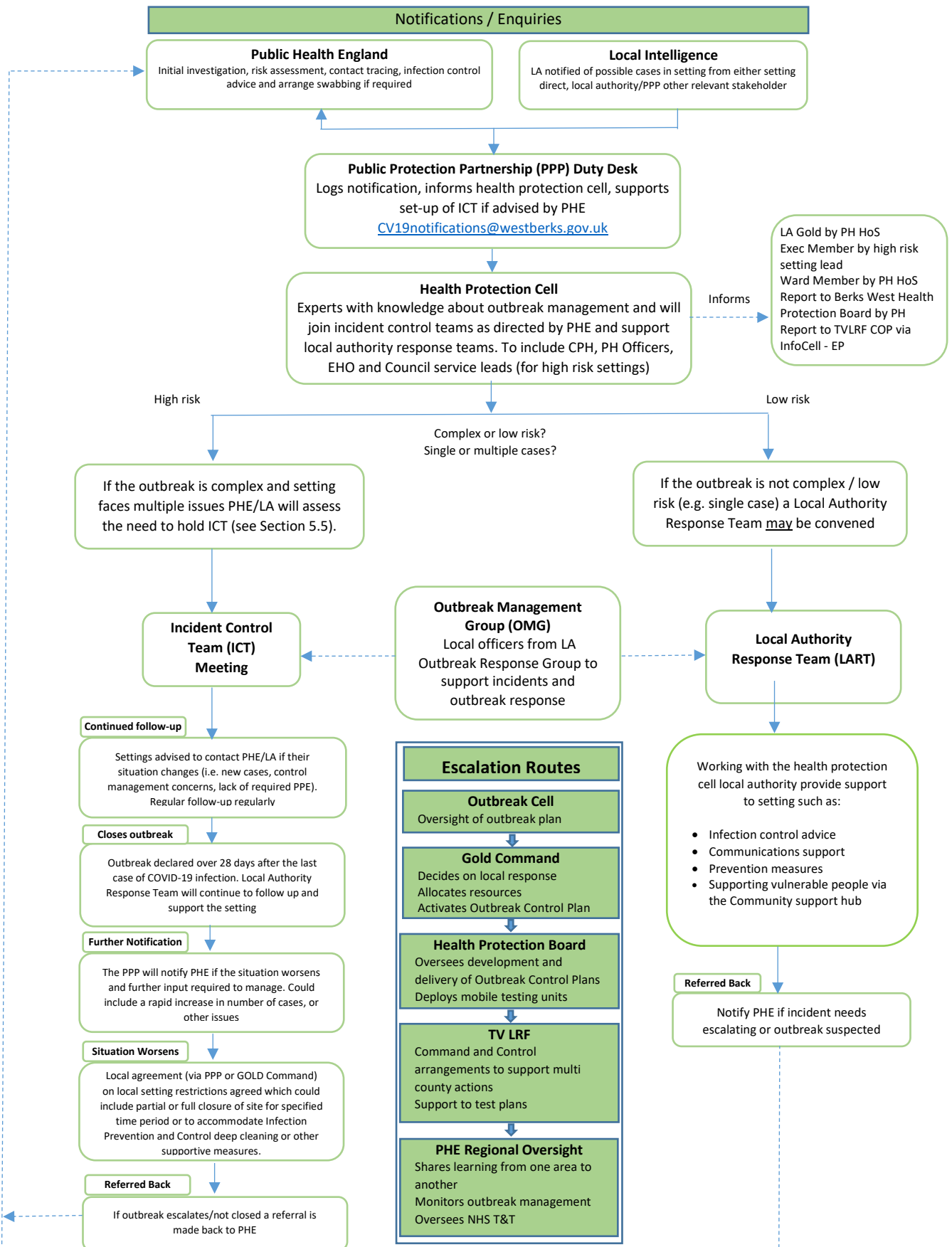
5.4 How is an outbreak managed?

A decision will be made jointly by the LA and partners using the notification process.

5.5 Outbreak/Incident Control Teams

In the event of an identified outbreak and in line with PHE South East Standard Operating Procedures (SOP), PHE will risk assess the need for a multiagency Incident Control Team (ICT) meeting to coordinate the partner response.

Local Outbreak Notification and Response Process

Notifications / Enquiries

Public Health England
Initial investigation, risk assessment, contact tracing, infection control advice and arrange swabbing if required

Local Intelligence
LA notified of possible cases in setting from either setting direct, local authority/PPP other relevant stakeholder

Public Protection Partnership (PPP) Duty Desk
Logs notification, informs health protection cell, supports set-up of ICT if advised by PHE
CV19notifications@westberks.gov.uk

Health Protection Cell
Experts with knowledge about outbreak management and will join incident control teams as directed by PHE and support local authority response teams. To include CPH, PH Officers, EHO and Council service leads (for high risk settings)

Informs

LA Gold by PH HoS
Exec Member by high risk setting lead
Ward Member by PH HoS
Report to Berks West Health Protection Board by PH
Report to TVLRF COP via InfoCell - EP

Complex or low risk?
Single or multiple cases?

High risk

If the outbreak is complex and setting faces multiple issues PHE/LA will assess the need to hold ICT (see Section 5.5).

Low risk

If the outbreak is not complex / low risk (e.g. single case) a Local Authority Response Team may be convened

Outbreak Management Group (OMG)
Local officers from LA Outbreak Response Group to support incidents and outbreak response

Incident Control Team (ICT) Meeting

Local Authority Response Team (LART)

Continued follow-up

Settings advised to contact PHE/LA if their situation changes (i.e. new cases, control management concerns, lack of required PPE). Regular follow-up regularly

Closes outbreak

Outbreak declared over 28 days after the last case of COVID-19 infection. Local Authority Response Team will continue to follow up and support the setting

Further Notification

The PPP will notify PHE if the situation worsens and further input required to manage. Could include a rapid increase in number of cases, or other issues

Situation Worsens

Local agreement (via PPP or GOLD Command) on local setting restrictions agreed which could include partial or full closure of site for specified time period or to accommodate Infection Prevention and Control deep cleaning or other supportive measures.

Referred Back

If outbreak escalates/not closed a referral is made back to PHE

Escalation Routes

Outbreak Cell
Oversight of outbreak plan

Gold Command
Decides on local response
Allocates resources
Activates Outbreak Control Plan

Health Protection Board
Oversees development and delivery of Outbreak Control Plans
Deploys mobile testing units

TV LRF
Command and Control arrangements to support multi county actions
Support to test plans

PHE Regional Oversight
Shares learning from one area to another
Monitors outbreak management
Oversees NHS T&T

Working with the health protection cell local authority provide support to setting such as:

- Infection control advice
- Communications support
- Prevention measures
- Supporting vulnerable people via the Community support hub

Referred Back

Notify PHE if incident needs escalating or outbreak suspected

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6.0 Alert Levels

In May 2020, the Government introduced a National Alert System to rank the threat level of coronavirus in England. However, given that the pattern of Covid-19 will be more variegated in the future an additional local alerts system may be required to guide the response.

6.1 National Alert System

The National Alert System outlines five alert levels that informs what control measures need to be in place (see table 2). The Joint Biosecurity Council (JBC) is responsible for setting the COVID-19 Alert level and advising Chief Medical Officers across the UK of an overall change in the level. The CMOs will then advise their Ministers on the appropriate overall response. The alert level is informed by reproduction (R) number and the number of confirmed coronavirus cases at any one time.

Alert Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase with 'lockdown' considered
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions continue
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
2	COVID-19 is present in the UK, but the number of cases and transmission is low	No or minimal social distancing measures; enhanced testing, tracing, monitoring and screening
1	COVID-19 is not known to be present in the UK	Routine international monitoring

Table 1 – Overview of National Alert System

6.2 Local Alert Levels

Local alert levels for Wokingham will involve an assessment of a range of quantitative and qualitative data. This data will come from a variety of sources including the JBC as well as intelligence gathered from Local HPTs, shared public health team, the national Track and Trace system, and environmental health teams. The DPH, in consultation with the Health Protection Board and GOLD Command, will be responsible on setting an appropriate risk level based on the risk guide. The risk level will inform the type of non-pharmaceutical interventions (NPI's) that can be implemented across an area.

6.3 Non-pharmaceutical interventions (NPI's)

In order to contain and suppress increasing numbers of COVID-19 outbreaks, where there is a significant risk that transmission rate may overwhelm existing resources, it may be necessary to introduce NPIs at a range of levels, above the level of an individual location such as a building:

Unitary council.
- The UTLA Chief Executive may implement NPIs to a subset of the whole UTLA area, based on advice from the DPH. Decision making at this level will be driven mainly by local soft and hard intelligence and co-ordinated through the councils GOLD Command.

Multi-UTLA / LRF area.
- Where the outbreak spreads across more than one UTLA, NPIs can be implemented across multiple areas. The Local Resilience Forums (LRFs) will provide a forum to discuss and agree such actions, but the actions themselves will be carried out by each LA. The Chief Executive will be responsible for implementation. A table of NPIs can be found in Appendix 3.

7.0 Governance

WBC is part of a complex governance set-up that spans regional, Thames Valley, pan-berks and East Berkshire / Berkshire West footprints.

The following diagram provides an overview of the COVID-19 Test and Trace governance at local level.
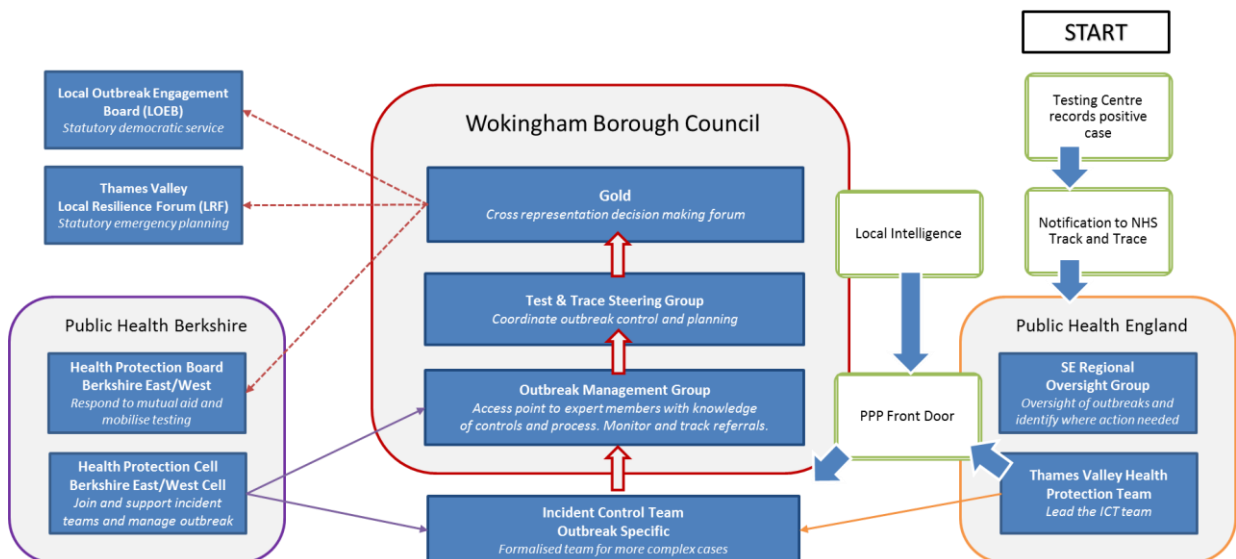
8.0 Engagement and Communications

Engaging with our local communities to establish trust and cooperation is at the heart of the outbreak control plan.

The Local Outbreak Engagement Board (LOEB) is responsible for public communications about COVID-19 and local outbreaks. All communication with the public will be in line with World Health Organisation (WHO) Guidance and the five World Health Organisation (WHO) Outbreak Communication Principles[2] which are summarised as:

- Trust
- Announcing early
- Transparency
- Listening
- Planning

The LOEB will also take account of the needs of different populations in WBC especially the need to provide public communications in languages and formats appropriate for the local Black, Asian, and Minority Ethnic (BAME) Groups and residents with learning difficulties.

A Local Outbreak Communication Plan will build on existing communications activity and draw on a range of national and international guidance and resources designed to support local communication activity on COVID-19. The key messages within the plan can be broadly split into two categories:

1   **Preventative measures**- encouraging and building confidence with local residents to engage with the NHS test and trace service and observe social distancing restrictions and control measures. As well as continuing to be vigilant and maintain good hand hygiene, wear face coverings in specific spaces and

look out for those who are medically vulnerable, self-isolating or shielding. Including signposting to what support residents can receive if they are self-isolating.

2 **Targeted messages in response to local outbreaks**- Supporting high risk settings by amplifying messages when an outbreak has occurred and reassuring and responding to public enquiries. This would include explaining any restrictions that need to be observed as a result of an outbreak and keeping residents up to date as restrictions then lift or change. It will be necessary to use internal and external partners and different communication channels in order to reach different groups of residents.

The main objective is to ensure residents and businesses are aware of the NHS Test & Trace service locally and how WBC and the Community Support Hub aims to communicate to residents when there is a local outbreak in a high risk setting.

WBC currently provides a regular data report for the public.

https://www.wokingham.gov.uk/health/public-health-campaigns/coronavirus/

9. Data integration and surveillance

Having access to accurate and timely data will be critical in order to prevent and respond to outbreaks. Available data will be used to

- Review daily data on testing and tracing;
- Identify potential outbreaks so that appropriate action can be taken
- Track relevant actions if an outbreak control team is convened;
- Identify epidemiological patterns in WBC to refine our understanding of high-risk places, locations and communities;
- Provide intelligence to support quality and performance reporting to the Health Protection Board and Local Outbreak Engagement Board; and
- Ensure that those who require access to the intelligence for different purposes can do so, regardless of organisational affiliation, whilst ensuring information governance and confidentiality requirements are met.

New data streams are being developed locally and nationally, including the Joint Biosecurity Centre. The Public Health Shared Team will monitor data and the Health Protection Cells will scrutinise dashboards and reports to develop insights for dissemination to WBC. Local teams will be able to triangulate with locally derived soft intelligence to inform risk analysis.

Given the likelihood of COVID-19 outbreaks spreading beyond local authorities boundaries, there will be a requirement to ensure information flow and communication with neighbouring councils.

Key contacts have been identified in each of these authorities and links will be made through the SE Regional Oversight Group.

10. Testing

Having good and timely access to testing is critical for contact tracing to be effective. Being able to access a test and receive the results in a timely manner will mean that contacts from cases can be traced and prevent any further spread of infection. The Governments Testing Strategy[3] outlines its approach to scaling up testing across England and identifies five testing pillars:

1. Pillar 1 is NHS swab (PCR) testing for those with a medical need and critical key workers. This pillar was designed to ensure that public sector lab capacity was used for those with highest medical need in hospital and capacity expanded.
2. Pillar 2 is the development of partnerships with businesses who can develop and deliver commercial swab (PCR) testing to enable greater capacity to test more critical key workers in the NHS, but also key workers in social care and other sectors.
3. Pillar 3 is the development of antibody testing to identify who has had the virus, giving people knowledge and reducing their uncertainty.
4. Pillar 4 is surveillance testing (testing in random samples of the population) that helps understand the rate of infection in the wider population, and how the virus is spreading across the UK. This testing helps to assess the impact of measures taken to contain the virus
5. Pillar 5 involves building 'a British diagnostics industry at scale' to increase mass diagnostic testing to ensure everyone who needs either type of test can get one.

10.1 Regional testing sites (RTS)

A number of Regional Testing Sites (RTS) have been established by Deloitte on behalf of the Department of Health and Social Care. The nearest site will be identified when booking a test on the NHS website.

10.2 Home testing

Home testing kits can be delivered to a resident's door so they can test themselves and their family without leaving the house. Home test kit availability is limited and prioritisation is given to those who cannot travel to a regional testing centre.

10.3 Mobile testing units (MTU's)

Mobile testing units travel around the UK to increase access to coronavirus testing. They respond to need, travelling to test essential workers at sites including care homes, police stations and prisons. The nearest one will be identified when booking a test on line.

10.4 Care Home Testing

Public Health England will arrange swabbing and testing through NHS Pillar 1 testing for care homes where there are symptomatic individuals. Repeat tests are done on days 4-7 for those who are negative. The Health Protection Team will undertake a risk assessment, provide public health advice, and arrange urgent testing.

'Whole care home' testing is done every 28 days. This involves swabbing all staff and residents within care homes, is led by DHSC and can be arranged via the Government portal.

10.5 Serology/Antibody Testing

Serology testing forms part of pillar 3 of the Government's testing strategy. Testing is currently limited to NHS staff and being undertake within our local NHS testing facilities at Berkshire Royal Hospital and Berkshire Health Care Foundation Trust.

10.6 Main routes into testing

The main routes into testing are as follows:
- Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit. https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-an-antigen-test-to-check-if-you-have-coronavirus
- Essential workers can self-refer through the NHS website or employers are able to sign-up and refer staff through the 'employer referral portal'. https://www.gov.uk/apply-coronavirus-test-essential-workers
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the GOV.uk site.
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting
- Outbreak asymptomatic testing will be done at the request of the Incident Control Team.

10.7 Testing Site set up

The outbreak control group will arrange a local site if requested by the Director of Public Health.

A testing team could be located:

1) At the location of the outbreak e.g. school car park, business park car park
OR
2) At a separate location away from the outbreak
OR
3) Postal testing

This section deals with scenario (2) above, that a separate location for testing is required away from the outbreak. WBC has identified a potential site.

Dinton Pastures overflow car park off Davis Street Wokingham RG10 (see site plan) has been identified within the Borough as suitable for this function. It is centrally located within the Borough and within a 30 min drive time of most of the Borough residents.

In the event that a testing resource is required the following process should be followed.

	Action	Officer Responsible
1	Outbreak Management Team identify testing resource is required	Outbreak Management Team
2	Outbreak Management Team contacts to call up testing resource	Outbreak Management Team
3	If the testing resource cannot be accommodated at the site of the outbreak, Countryside Services team should be notified that Dinton Pastures overflow car park off Davis Street is required for a testing site.	Outbreak Management Team
4	Countryside Services team arranges for the site to be opened • External signage required e.g. car park closed on entrance point	WBC Countryside Services Team
5	MTU testing team required to complete and sign COVID 19 Testing Stations check list and Agreement (see appendix 15) Assumption that all set up requirements (equipment, health & safety, and costs) are covered by the testing team, not WBC	Outbreak Management team provide paperwork to testing team and ensure paperwork required is complete and signed by testing team

	Action	Officer Responsible
7	Outbreak Management team to confirm that site set up in line with national standards	Outbreak Management team
8	Outbreak control team to notify WBC Insurance and WBC Health & Safety Manager that site being used and how long for	Outbreak Management Team
9	When testing complete, MTU testing team responsible for clearance of the site, including the necessary detox procedures and clinical waste. Countryside Services Team to be notified when site will be cleared to check that it has been left in appropriate condition.	Testing team to clear the site. Outbreak Management team to notify Countryside Services team that site is being cleared and when it will be available again.
10	Site secured once cleared	WBC Countryside Services

Dinton Overflow Car Park
Davis Street RG10 0TH

WOKINGHAM
BOROUGH COUNCIL.

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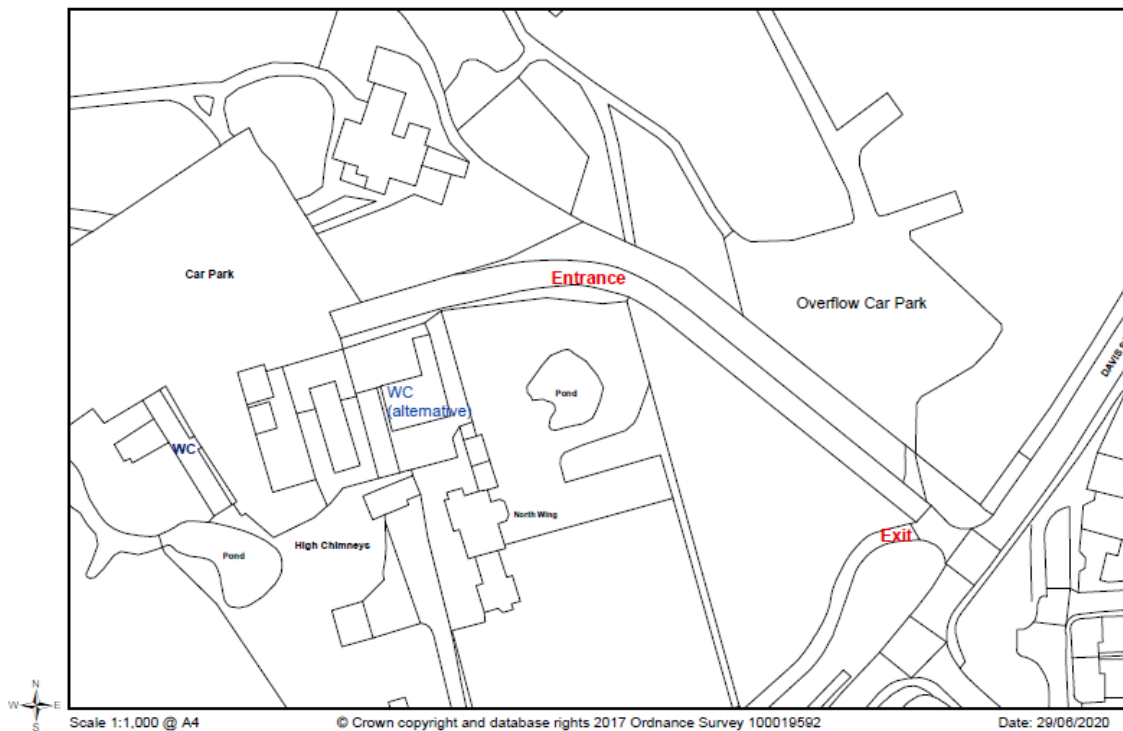
11. Supporting vulnerable people

Supporting vulnerable people at risk of COVID-19 as well as those who need to self-isolate is an important part of this plan. WBC Community Support Hub gives guidance and helps to coordinate organisations representing their communities to offer support to our vulnerable and elderly residents.

2,807 shielded* residents of WBC are currently registered on the government's website out of a total of 4,437 identified by the NHS.

The Community Support Hub was initially set up initially to co-ordinate the volunteer effort and connect people in need with those groups that were offering help. Since then, the Hub has evolved and now has two important roles in the current coronavirus emergency:

- to ensure that the district's elderly and most vulnerable residents have access to food, medication and anything else they need during the current 'lockdown'
- to support the amazing volunteers and community action groups that are helping vulnerable people in their local areas

As part of the National Test and Trace service confirmed cases or contacts of confirmed cases will be asked to self-identify as vulnerable or whether they may need support. This information will be provided to NHS Business Services Authority (BSA) who will text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. A list of people will not be provided directly to local authorities daily, as the preferred option of local government colleagues was to use communication from NHS BSA.

A mechanism for including people who have requested support via the helpline while they self-isolate as a result of Test and Trace, will need to be included in the food and medicines support scheme, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing.

If through the notification process from PHE to PPP any individual requests for support are identified, the PPP will contact the Community Response.

The Wokingham Borough Community Response has so far delivered 4,392 food parcels to 889 households over the last 12 weeks. The service has been scaled back but is available to those in need during outbreaks or isolation.

The service is helping resident's access their regular food shopping in new ways but for those to whom these are not appropriate food parcels are delivered and not leaving anyone without access to food.
- Supermarkets are now offering many more options for food shopping home deliveries
- DEFRA have made hundreds of priority slots at local supermarkets available to Wokingham Borough residents
- Local charities and community groups are stepping up their efforts with volunteers available to do shopping for their neighbours
- Local community groups are being used for referrals.
- A volunteer recruitment drive has been completed to cover capacity for those volunteers who have returned to work but this is a moving picture.
- Welfare checks are by phone so there is less risk
- There will be OT assessments starting to get those who are shielding back on their feet and build confidence to leave the house – this could become a significant risk.
- Demand for VCS services could peak again if there is a second wave or more people need to isolate if contacted by T&T or test positive but we have established processes in place now to deal with this increased demand as long as supermarket access for food is working.

12. Local Outbreaks in Care Homes

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
To work with all of the following services and other key stakeholders, to proactively manage the risk of outbreaks occurring in the vulnerable population using these provisions.

What's already in place (including prevention action):
Where outbreaks occur, to deliver against an outbreak control plan, to support the management of that outbreak, bring it under control and reduce risk of recurrence. Both the preventative and reactive elements of this work will involve engagement with Test and Trace protocols.

What else will need to be put in place:
Policies for visiting and use of day centres

Local outbreak scenarios and triggers: to be developed for the following
- Care homes   - Domiciliary care   - Day Services   - Extra Care Settings   - Supported Living   - Respite   - Retirement villages   - Supported employment   - Transport   - DA refuges   - Direct Payments customers   - Support with confidence providers   - Voluntary sector activities

Resource capabilities and capacity implications:
The Task Force will deliver against both elements of this work, during the usual operating hours of 0900-1700 Monday to Friday. Any potential outbreak, identified between the hours of 0800-2000 Monday to Sunday, but outside of the core working hours referred to above, will need the response coordinated by an on-call Manager from Adult Social Care using the standard operating procedures for outbreak control.

Data sources and links to additional information
https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes

13. Local outbreaks in Schools

Objective The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently
Context: Any potential outbreaks in schools will follow a process.
What's already in place (including prevention action): Each school has undertaken a comprehensive risk assessment in relation to the attendance of children and staff within the settings. Measures include: ➢ staggered start and end times ➢ social distancing marking at drop off and pick up points ➢ Creation of pupil 'bubbles' with size of bubble to be balanced with depth of social distancing requirements eg the larger the bubble the more social distancing required ➢ Managing the non-contact measures between 'bubbles' ➢ Social distancing arrangements in classrooms and shared areas ➢ Classroom set up to minimise social contact ➢ Creative timetabling of the school day ➢ Increased hand-washing regimes ➢ Increased hard surface cleaning
What else will need to be put in place: **Communication plan** Communications planning will be led by Children's Services, in partnership with the school/setting, supported by the Communications, Engagement and Marketing service. Considerations will include (as appropriate), communications to: • School Staff • Parents and Carers • Children's Services Staff • Elected Members • General Public • Linked School clubs/early years Plans for school opening in September 2020 as above are underway. Schools are also required to have a contingency plan in place to be able to switch seamlessly to remote education for individuals or groups as self-isolation or quarantine may dictate or to respond to any potential local or further national lockdown.
Local outbreak scenarios and triggers: See table below
Resource capabilities and capacity implications: Key issues of cross boundary arrangements relate predominantly to Home to School Transport and/or commissioning of Independent Provision. Home to School Transport will be managed by: ➢ Minimising occupancy in vehicles. ➢ Ceasing to operate transport where an outbreak has occurred (in line with school establishment risk assessments) ➢ Independent Provision will be managed by: - Adherence to establishment risk assessments and outbreak plans.
Data sources and links to additional information • [Coronavirus covid-19 guidance for schools and other educational settings](#) • [Actions for educational and childcare settings to prepare for wider opening from 1 June 2020](#) • [Implementing protective measures in education and childcare settings](#) • [Stay at home: guidance for households with possible or confirmed COVID-19 infection](#)

Scenario	Response	Response
Child in class/bubble /nursery shows symptoms	• Child to self-isolate for 7 days, or until negative test • Recommend the child is tested • No need for other asymptomatic bubble children or adults to isolate	Locally Led
Child in class/bubble /nursery tests positive	• Child to remain in isolation until the end of 7 days or until they are better. • Children and Adults in bubble to self-isolate for 14 days • If they go on to display symptoms, they must stay at home for at least 7 days from when their symptoms appeared, regardless of what day they are on in their original 14-day isolation period	Locally Led
Teacher/TA/Child Care Worker in class/bubble /nursery shows symptoms	• Teacher/TA/Child Care Worker to self-isolate for 7 days • Recommend to get tested • No need for other bubble children or adults to isolate	Locally Led
Teacher/TA/Child Care Worker in class/bubble /nursery tests positive	• Teacher/TA/Child Care Worker to remain in isolation until end of isolation period or until they are better. • Remaining children and adults in bubble to self-isolate for 14 days • If they go on to display symptoms, they must stay at home for at least 7 days from when their symptoms appeared, regardless of what day they are on in their original 14-day isolation period	Locally Led
Parent/Family member of child/teacher/TA /Child Care Worker shows symptoms	• Household members self-isolate for 14 days • Recommend individuals are tested • No need for bubble children or adults to isolate	Locally Led
Parent/Family member of child/teacher/TA /Child Care Worker tests positive	• Household members self-isolate for 14 days • No need for other bubble children or adults to isolate	Locally Led
Multiple children/Teacher /TA/Child Care Worker in class/bubble /nursery show symptoms	• Inform PHE HPT • Children/Teacher/TA/Child Care Worker with symptoms self-isolate for 7 days and seek test. • Recommend individuals are tested • No need for other bubble children or adults to isolate	Locally Led
Multiple children/Teacher /TA/Child Care Worker in class/bubble /nursery test positive	• Inform PHE HPT • Children/Teachers/TAs/Child Care Workers with positive result self-isolate for 7 days. • Remaining children and adults in bubble to self-isolate for 14 days	Locally Led
Multiple children/Teacher /TA/Child Care Worker across classes/bubbles show symptoms	• Inform PHE HPT • Children/Teacher/TA/Child Care Worker with symptoms self-isolate for 7 days and seek test. • Recommend individuals are tested	Locally Led

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	• No need for other children or adults to isolate	
Multiple children/Teacher /TA/Child Care Worker across classes/bubbles test positive	• Inform PHE HPT • Children/Teacher/TA/Child Care Worker self-isolate for 7 days • All children and adults in affected establishment to self-isolate for 14 days	Locally Led
Head Teacher or Senior Leader/Manager shows symptoms	• Head Teacher/Senior Leader self-isolates for 7 days • Recommend individuals obtain test	Locally Led
Head Teacher or Senior Leader/Manager tests positive	• Head Teacher/Senior Leader self-isolates for 7 days	Locally Led
Childminder shows symptoms	• Childminder self-isolate for 7 days • Recommend individual obtains test	Locally Led
Childminder tests positive	• Childminder self-isolates for 7 days Other children in the setting self-isolate for 14 days. If they go on to display symptoms, they must stay at home for at least 7 days from when their symptoms appeared, regardless of what day they are on in their original 14-day isolation period	Locally Led
Designated Safeguarding Lead shows symptoms	• Designated Safeguarding Lead self-isolates for 7 days • Recommend individual obtains test • Seek DSL Support from other local schools/settings. If unable to obtain support the setting/establishment must liaise with the local authority or Trust	Locally Led
Designated Safeguarding Lead tests positive	• Designated Safeguarding Lead self-isolates for 7 days • Seek DSL Support from other local schools/settings. If unable to obtain support the setting/establishment must liaise with the local authority or Trust	Locally Led
First Aider shows symptoms	• First Aider self-isolates for 7 days • Recommend individual obtains test • Seek alternative First Aider support from within staffing complement. If unable to obtain support the setting/establishment closes until such time as First Aider function can be replaced	Locally Led
First Aider tests positive	• First Aider self-isolates for 7 days • Seek alternative First Aider support from within staffing complement. If unable to obtain support the setting/establishment closes until such time as First Aider function can be replaced	Locally Led
Office Staff shows symptoms	• Office Staff member self-isolates for 7 days • Recommend individual obtains test	Locally Led

Office Staff tests positive	• Office staff member self-isolates for 7 days	Locally Led
Caretaker/Cleaner shows symptoms	• Caretaker/Cleaner self-isolates for 7 days • Recommend individual obtains test • Alternative cleaning arrangements organised. If no alternative cleaning arrangements can be identified, establishment to close for minimum 72hrs.	Locally Led
Caretaker/Cleaner tests positive	• Caretaker/Cleaner self-isolates for 7 days • Alternative cleaning arrangements organised. If no alternative cleaning arrangements can be identified, establishment to close for minimum 72hrs.	Locally Led

Outbreak response mobilisation
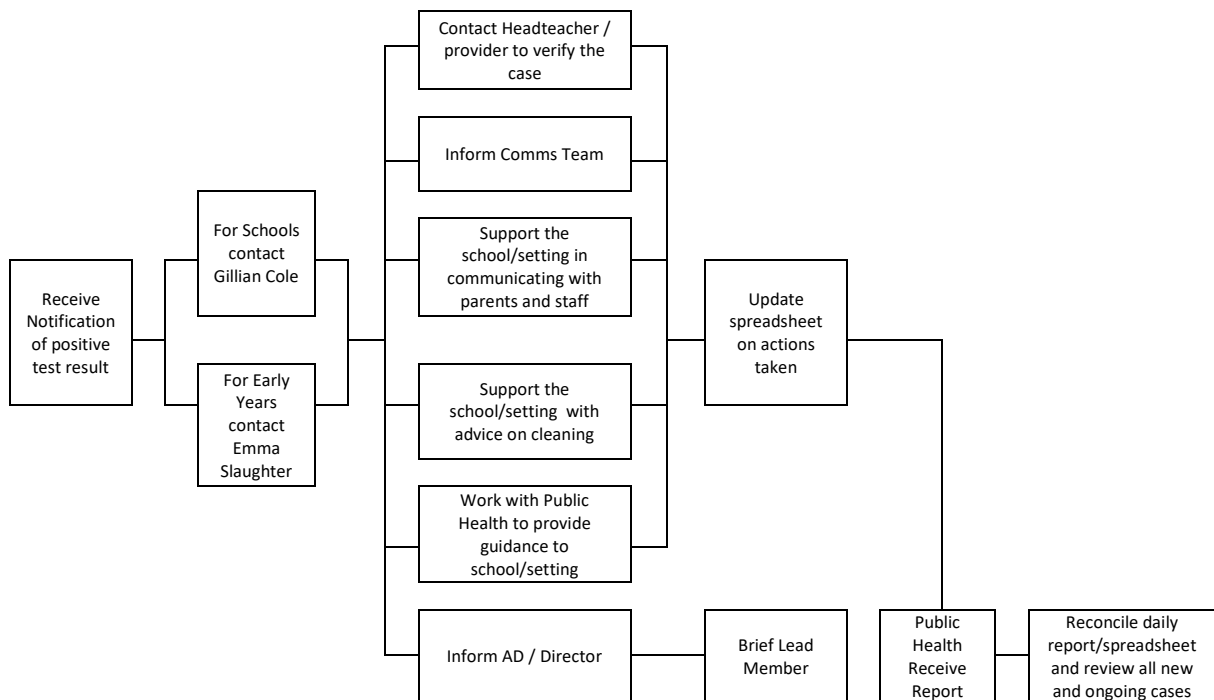
14. High risk places, locations and communities

High risk settings are broadly defined as populations or locations where there is a particular opportunity for transmission and/or where control might be challenging. This might include mass gatherings or groups of vulnerable people that if an outbreak occurred, could have significant consequences to public health. The prevention of transmission of coronavirus in high risk settings requires a range of behavioural and environmental control measures

Tier 3 and Tier 2 contact tracing may identify high risk places, locations and communities of interest which need additional support to control the spread of COVID-19. The *Guiding Principles for Effective Management of COVID-19 at a Local Level* specifically identifies care homes and schools for outbreak management, but it is for Local Authorities and partners to identify other high-risk places, locations and communities of interest.

In the event of an outbreak, the Thames Valley HPT are responsible for advising on outbreak management and will work closely with the Public Health team at WBC and the Berkshire West Outbreak Cell to facilitate a timely and proportionate outbreak response.

COVID-19 SOPs will be developed for specific high-risk place, locations and communities to ensure all relevant partners are clear on their roles and responsibilities and action needed, especially for outbreak management, based on national SOPs where and when these are available. These SOPs will assist in determining the resource capabilities and capacity implications.

14.1 Town Centres / Retail

Objective The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently
Context: Wokingham, Woodley and Twyford towns have been identified as high risk areas, although an outbreak in other retail areas would be managed in a similar way. We would expect the owner/manager of areas not managed by WBC to lead on issues including decisions to close stores and cleaning regimes. If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, and the wider context and will jointly consider with the local authority the need for an outbreak control team.
What's already in place (including prevention action): Control measures included within each key risk town Recovery Action Plan and include: • Widening of footpath to allow for social distancing • Demarcation of 2m queue zones • Guidance issued to all businesses • Utilising town's business groups for messaging/issues • Messaging to public via many channels • Posters/banners encouraging social distancing
What else will need to be put in place: Response mobilisation o To be led by manager of the area involved o National Test and Trace programme to be implemented o Local Authority Response Team (LART) to receive info from PPP and advise steps o Closing of affected areas o Specific cleaning process and increased cleaning regime generally o Utilise LRF if a multiagency response required via WBC Gold o Feed back into Recovery Action Plan and action Communication o Be guided by T&T and Outbreak Management Group o For WBC controlled assets, comms to be led by WBC o For privately managed assets, WBC to work with owner/business to agree, align with and reinforce their messaging
Local outbreak scenarios and triggers: There are 4 generic areas of ownership where an outbreak could occur: • Highway/footpath owned/managed by WBC Highways • Regeneration owned/managed assets (Wokingham town only) • Town/Parish council owned/managed assets • Privately owned/managed assets (shops etc.)
Resource capabilities and capacity implications: o PPP messaging and guiding businesses Across the borough o Plan for Business Parks/Premises will be the same as for privately owned sites/businesses in Town Centres
Data sources and links to additional information

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
Wokingham, Woodley and Twyford towns have been identified as high risk areas, although Public Transport in Wokingham Borough is comprised of train and bus services. There are considered to be four key risk locations where passengers may come into contact COVID-19 when undertaking a journey on public transport these, locations are: • Train Stations • Trains • Bus Stops • Buses The ownership and responsibility for each location sits with different stakeholders. The management of train stations and trains is the responsibility of the rail operating company, the ownership and management of buses is the responsibility of the bus operator, whilst the ownership and management of bus stops is largely that of the Council.

What's already in place (including prevention action):
Government guidance is still not to travel by bus or train unless your journey is essential and you have no other means of travel. Passengers should walk, cycle or drive as an alternative. From 15th June 2020, except for very young children and those with medical conditions, the wearing of face coverings on public transport was made mandatory for all passengers. Government advice is that those who are not wearing a face covering maybe refused travel or fined. Train operators see their role as to engage, explain and encourage customers to wear face coverings, not to challenge the lack of face covering or refuse travel. All measures are being supported with social media and press releases to raise awareness of personal safety when using trains. The My Journey team are actively sharing any information which is provided by the rail operators. See additional tables. Government guidance is still not to travel by bus or train unless your journey is all bus and rail operators have been contacted to find out their responses to COVID-19 infections. For preventative messaging the communication plan is as follows:

Preventative Message	To whom	How	By Whom
Do not use public transport unless your journey is essential	Residents / Bus and train passengers	National Media	Central Government
		Social Media Feeds	DfT, WBC, MJW, bus and train operators
		On buses, trains and at stations	Bus and train operators
From 15th June 2020, the wearing of face coverings on public transport was made mandatory for all passengers.	Residents / Bus and train passengers	National Media	Central Government
		Social Media Feeds	DfT, WBC, MJW, bus and train operators

		On buses and trains with notices, voice announcements and on-board screens	Bus and train operators
		At stations on screens, banners and by staff.	Rail operators
		At main bus stops	WBC bus stop with screens (TBC)
If you need to use public transport avoid travelling during peak periods	Residents / Bus and train passengers	Social Media Feeds	WBC, MJW, bus and train operators
		On buses and trains	Bus and train operators
Please use contactless payment where possible	Bus and train passengers	Social Media Feeds	MJW, bus and train operators
		Bus stop screens	WBC (TBC)
Hand sanitisers for customers	Bus and train passengers	Social Media Feeds	Bus and train operators
Please keep your distance when queuing / waiting	Bus and train passengers	Social Media Feeds	MJW, bus and train operators
		Bus stop screens	WBC (TBC)
		On the bus – posters / on-board screens	Bus operators
		Rail Station screens and voice announcements	Rail operators
Please board one at a time	Bus and train passengers	Social Media Feeds	MJW, bus and train operators
		Bus stop screens	WBC (TBC)
		On the bus – posters / on-board screens	Bus operators
		Rail Station screens and voice announcements	Rail operators
Please stay seated whilst the bus is moving	Bus passengers	Social Media Feeds	Bus operators
		On the bus – posters / on board screens	Bus operators
Capacities reduced on all buses/trains to allow for social distancing	Bus passengers	Social Media Feeds	Bus and train operators
		Outside of vehicles	Bus operators
		At Rail Stations	Voice announcements
Please site by the window and away from others	Bus passengers	Social Media Feeds	Bus and train operators
		On the bus – posters / on board screens	Bus and train operators

For confirmed cases of COVID-19 the communication plan is as follows:

Message	To whom	How	By Whom
COVID-19 case confirmed on train	Train operator / Network Rail	E-mail as per contact above	WBC

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COVID-19 case confirmed at station	Train operator / Network Rail	E-mail as per contact above	WBC
COVID-19 case confirmed on bus	Bus operator and if relevant contracting neighbouring authority	E-mail as per contact above	WBC
COVID-19 case confirmed at bus stop	Relevant bus stop owner	E-mail as per contact above and process	WBC

What else will need to be put in place:
It should be noted that there is currently no requirement for bus and rail operators to provide their detailed response plans to local authorities.

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, and the wider context and will jointly consider with the local authority the need for an outbreak control team.

Local outbreak scenarios and triggers:
Train Stations
If an infected passenger is confirmed to have travelled from, to or through a station in Wokingham Borough, contact should be made with Network Rail and the relevant operator Network Rail will undertake measures as appropriate.

Network Rail Emergency Contact: 0345 711 4141
Details of each operator and key contact details are provided below.

Rail Station	Operator
Twyford and Wargrave	GWR
Earley, Winnersh, Winnersh Triangle, Wokingham	SWR

*GWR have set-up a specialist team "Phoenix" to handle COVID-19 related issues.

If a confirmed case is identified at a station, Network Rail/ GWR/SWR would cordon off the area and deep clean it.

Trains
If an infected passenger is identified to have travelled on a train through Wokingham Borough, contact should be made with the relevant operator or emergency team to allow them to take appropriate measures.
The operator will need to know:
> What train the passenger was travelling on (journey and ideally time)
> Which stations the train was travelling between
> Where the passenger was sat e.g. which carriage

| Rail Service	Operator	Key Contact Information
Reading to London Paddington	*GWR	Network rail emergency number:
Henley to Twyford	*GWR	0345 711 4141
Reading to London Waterloo	SWR	
Reading to Gatwick	SWR	
Elizabeth Line	TFL Rail	Unable to provide contact details: Customer services 0343 222 1234

*GWR have set-up a specialist team "Phoenix" to handle COVID-19 related issues.

GWR have confirmed that if a confirmed case of COVID-19 was identified the train would be taken out of service for cleaning. If a suspected case of COVID-19 was identified, then the train would be cleaned in transit.

Details of which trains are operated by which company can be found at https://www.nationalrail.co.uk/ (click on "view details" of any journey to identify the relevant operator for that journey). Details of individual journeys and stations are also available on this site.

Bus Stops

Most bus stops within Wokingham Borough are owned by Wokingham Borough Council. Several bus stops include bus shelters. Bus shelters are either owned by Wokingham Borough Council, the local Town/Parish Council or Clear Channel. The ownership of a bus shelter can be checked on Highways HMA system.
If an infected passenger is identified to have been waiting at a bus stop and / or bus shelter, the bus stop needs to be closed immediately for disinfecting. The process for dealing within a potentially infected stop is as follows:
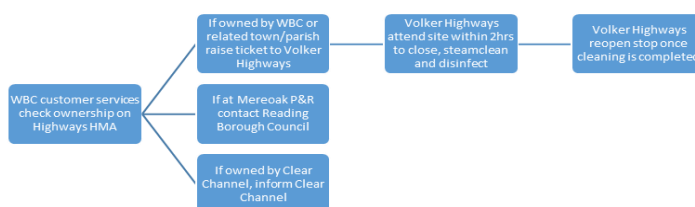
Clear channel has provided the following response in relation to any action they will take when notified of a confirmed case of COVID-19.
"We as yet have not had any instruction from the government on how to respond to a confirmed case of COVID 19 and wouldn't consider ourselves qualified or required to. Should you need a shelter cleaned and request it we will attend as soon as is possible and with a duty of care to our own teams in mind."

Buses

Bus services in Wokingham Borough are provided either commercially or operated on behalf of the Council under contract. If an infected passenger is identified to have travelled on a bus through Wokingham Borough, the relevant operator should be contacted immediately, so that they can take the most appropriate measures.

The operator will need to know:
> ➢ the route the passenger was travelling on
> ➢ the exact time the passenger was travelling

The table below summarises bus services in Wokingham Borough along with the current operator details and if the service is a commercial or contracted.

Bus Route	Operator	Route Type
3, 4/X4, 13/14, 19b, 21	Reading Buses	Commercial
7,9	Reading Buses	Commercial / Contracted
8, 19a,c	Reading Buses	Fully Contracted
121, 122, 123, 124, 125/A/B, 127, 128/9	Courtney Buses	Fully Contracted

145, 153	Horseman Coaches	Fully Contracted
151/A	Courtney Buses	Fully Contracted (via BFBC)
154	Horseman Coaches	Fully Contracted (via WestBerkC)
850	Arriva	Commercial
500 Winnersh Triangle (P&R)	Reading Buses	Commercial
Mereoak P&R	Reading Buses	Fully Contracted (via Reading BC)
National Express	National Express	Commercial

Where bus services are contracted by a neighbouring authority, the neighbouring authority should also be informed of the confirmed case of COVID-19 and the action which has been taken by WBC to deal with this. Courtney Buses have confirmed that where a known case of COVID-19 has been identified on one of their vehicles within the past 72 hours, they will remove the vehicle from service for deep cleaning.
Reading Buses have confirmed that if a specific vehicle on a specific day can be identified as having a confirmed case of COVID-19, the vehicle will be swapped off as soon as it is practical. The vehicle would be double sanitised.

Resource capabilities and capacity implications:
*Each bus operator has slightly different policies. Some operators will display "bus full" on the front of the vehicle, whilst others will also display the remaining seating capacity" Reading Buses and Courtney Buses are using positive messaging by identifying the seats which passengers should sit on with "please sit here" signs. Arriva have taped off seats within 2m of the driver.

As with the rail industry, all the measures are being supported through social media and press releases. My Journey Wokingham is actively sharing the social media posted by the operators to help increase the awareness and reach of these messages.

The usual responsibility for the management and maintenance of rail stations sits with the rail operator who has been awarded the franchise. Similarly, trains operating on any given route are usually managed by the train operator who has been awarded the franchise.

Whilst emergency measures are in place the rail delivery group is now responsible for train operating companies. Network Rail is the emergency contact organisation for dealing with COVID-19 cases on rail services and at stations.

Most bus and rail services travel across local authority boundaries. Given that the bus or rail operator is responsible for the management of the service, local boundaries should have no impact on the response to COVID-19.

Data sources and links to additional information
Further details on the route and areas served are shown on the Council's Public Transport map and guide available at: https://www.myjourneywokingham.com/media/2300/wokingham-public-transport-map-guide.pdf
Links guidance relevant to dealing with COVID-19 on bus and rail services are provided below:
Coronavirus (COVID-19): safer transport guidance for operators
https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators/coronavirus-covid-19-safer-transport-guidance-for-operators
Coronavirus (COVID-10: safer travel guidance for passengers
https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers
Staying safe outside your home (Section 7)
https://www.gov.uk/government/publications/staying-safe-outside-your-home

Prevention and control measures which are being undertaken are detailed in the table below:

At Train Stations	On Trains
Stickers and vinyl's have been introduced to remind passengers of the 2m guidance in stations.	Please keep your distance notices are being placed on board trains
Hand sanitiser machines have been installed at over 100 stations	Stickers are being introduced on board trains to encourage social distancing when looking for a seat
Perspex coverings are in place at help points	Regular announcements are being played and on-board information screens are being used to remind customers of the latest guidance on social distancing
Ticket machines are being sanitised regularly	High standards of cleanliness are being ensured on commonly touched surfaces such a handrails and door buttons
Social distancing banners are in place at some stations	Customers are being advised to travel outside of busier periods where possible.
Customer information screens and customer announcements provide information on social distancing	If it is considered that it is not safe for a passenger to board a train due to passenger numbers vs capacity, staff may request passengers wait for the next train
Passengers are being encouraged to buy tickets on-line before they travel or use contactless if purchasing from the station	

At Bus Stops	On Buses
There are no specific measures being undertaken at bus stops	All buses have a revised social distancing capacity which varies between 8 and 15 passengers depending on vehicle type.
	*When vehicles are at capacity, buses will not stop unless passengers want to get off. It will be a one-off / one-on policy unless householders are travelling together.
	Windows will be opened to help with ventilation
	*Passengers will be advised to sit next to a window and have empty seats in front, behind and next to them.
	Customers are being advised to pay with contactless payments, either with debit cards, smartcards or mobile apps.
	In areas where customers are less likely to have access to contactless payment (e.g. Woodley), buses with cash hoppers are being used.
	Driver protection screens have been fitted to vehicles.
	Hand sanitiser is available on all vehicles
	Signs are in place to advise that passengers not to stand or queue in the aisle.
	All passengers must be seated when the vehicle is moving, there is no standing.
	Enhanced daily vehicle cleaning routines with extra attention paid to high contact areas e.g. bells and hand-poles.
	Bus capacity numbers are being monitored, duplicate buses and timetable tweaks are undertaken where possible to provide sufficient capacity.
	Reading Buses are checking staff temperatures at the start of every shift.

14.3 Business Parks / Premises

Objective The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context: If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team.

What's already in place (including prevention action): o   Identifying full contact list of all business parks and shared offices – current draft list of 70 but all sizes and some contact details out of date – checking/finalising in consultation with PPP o   Advice and support already provided to all businesses and support offered to all businesses through business survey and follow up calls from WBC. Other tranches of survey to follow including PPP links to advice and support packs for safe reopening and working. o   Follow up direct contact to Business Park and shared office management to ensure aware of advice and support on offer and to share with businesses. PPP offer to support and inspect any business premises to help make safe for return to work if capacity allows.

What else will need to be put in place: Response mobilisation o   Business park or shared office management to contact PPP direct (or if contact WBC initially then referred immediately to PPP) o   If not already notified contact PHE HPT team to enable them to risk assess and decide on whether an ICT is required. o   Outbreak Management Group to receive info and advise steps o   Options could include closing of affected areas and/or specific cleaning process and increased cleaning regime generally Communication plan o   Guide/advise/support/communicate with all businesses including business park and shared office managers to help contain virus o   For privately managed business parks and shared offices, WBC to work with owner/business to agree, align with and reinforce their messaging

Local outbreak scenarios and triggers:
High risk places identified as being medium to large business parks and shared office space although information and support available and offered to all businesses
o   Outbreak in large or medium sized business park
    •   Ownership varies by park but lead to be taken by park management and/or individual businesses depending on scale (some may be owned be WBC therefor led by Commercial Property Team)
o   Outbreak in shared office space
    •   Ownership varies by shared office complex – lead to be taken by office management

Resource capabilities and capacity implications: Some larger business parks straddle more than one Borough (Green Park etc.) to identify and agree lead authority and information sharing arrangements in case of outbreak

Data sources and links to additional information Own WBC website www.wokingham.gov.uk & www.berkshirebusinesshub.co.uk for links to all government guidance

14.4 Hotels/B&Bs

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently
Context:
Notifications of positive cases come through where NHS test and trace have identified the case has had contact at a hotel or a B&B in Wokingham Area (including employees and hotel guests). If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team.
What's already in place (including prevention action):

Existing guidance regarding workplaces and social distancing; Existing controls on travel and use of hotels.
o The NHS test and trace service in identifying people who have had close recent contact and advising them to self-isolate.
o Employers should ensure employees with Covid 19 symptoms seek testing.
o Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:
   • Have Covid-19 symptoms and are awaiting a test result
   • Have tested positive for Covid-19
   • Are a member of the same household as someone who has symptoms or has tested positive for Covid-19
   • Have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.
o Posters have been made available and are available on the PPP Website for business to download, e.g. encouraging social distancing, handwashing
o PPP will be carrying out audits to ascertain the level of compliance with Health and Safety at Work Act 1974 in relation to Covid 19
o PPP have developed template Risk Assessments for businesses and will distribute them and have made them available on the PPP website
o Information on how to open safety has been put on the PPP website and on social media. Separate mailshots are being targeted at higher risk sectors

What else will need to be put in place:
Communication Plan o Mailshot information to support sectors of business o To visit/contact non-compliant workplaces as part of prevention work o To visit/contact workplaces with outbreaks to advise/enforce on control measures
Resource capabilities and capacity implications:
o PPP will be notified by PHE HPT. Any cases identified via local intelligence will be checked with PHE HPT. o QMS procedures and questionnaires have been drafted for use when notifications of positive cases are received. o PPP will use this information to identify any high risk workplaces implicated in Covid 19 cases or outbreaks. o PPP will follow up on these using national guidance documents to ensure that the premises are operating safety, and that the premises have taken all mitigating actions following the positive notification. For example, detailing any work contacts who may need to isolate or test, carrying out through cleaning and disinfection, isolating areas while this is carried out, tracing contacts that are non-employees
Data sources and links to additional information
https://publicprotectionpartnership.org.uk/ contains links to Government Guidance and on PPP templates for risk assessments. Covers Environmental Health, Trading Standards and Licensing.

14.5 Activity Centres / Country Parks

Objective

The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

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Context:

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team.

What's already in place (including prevention action):

- Duty Ranger sanitise key touch points on apparatus.
- Park marshals patrol the play areas to prevent access
- Duty Ranger disinfectant park benches.
- Uncover machines and reintroduce payment method with more daily cleaning introduced.
- Tivoli weekly inspections play areas attached to open spaces.
- Ticket machines record car registration details on check in/ out system and My Ringo
- Booked activities allow contact details for all participants.
- Social distancing banners
- Social distancing posters
- Hand washing posters
- Movable benches and seating has been dispersed
- Café garden tables and chairs removed
- Activity Centre buildings closed to the public
- Non fire doors pinned open to reduce common touch points
- Common touch points within the building cleaned twice daily
- Desks closed off where 2m can't be maintained
- Admin teams working from home
- Pay & Play boat hire cancelled.
- Activities cancelled with a four week rolling cancellation process
- Large spring / summer events cancelled
- Promoted use of My Ringo / contactless payment available
- Machines being wiped down twice daily by Duty Ranger
- Limited car parking open to reduce overcrowding
- Free parking to NHS, health and social care workers
- Café building remains closed to the public
- Operating with the minimum staff team
- Take away service only from the window
- One way queuing, ordering and collection.
- Social distancing posters
- Hand sanitiser available
- Outdoor seating removed
- Public Toilets Closed at the moment, if we open them the following will help -
  - Access doors pinned open
  - Maximum number of people to be in the toilet block to be displayed on the door.
  - Queuing area outside.
  - Contracted cleaning
- Where practical remove goals to discourage team sports.

What else will need to be put in place:

Report to neighbouring councils and authorities for those play areas near the borders.

- Immediate closures and additional deep clean booked if identified within 72 hours.
- Review of procedures in view to reopen facilities with additional mitigations.

Local outbreak scenarios and triggers:
- Country park play areas are source of infection
- Country park benches and picnic benches are source of infection
- Country park public toilets are a source of infection
- Country park parking machines are a source of infection
- Country park cafe are a source of infection
- Country park is a general source of infection
- Activity Centre is a general source of infection
- Play areas in public spaces

Resource capabilities and capacity implications:
- High volume of visitors are Wokingham based.
- Visitors come from Berkshire and counties beyond.

Data sources and links to additional information

https://www.gov.uk/government/news/new-guidance-on-spending-time-outdoors

https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do

https://www.gov.uk/government/publications/covid-19-health-care-and-volunteer-workers-parking-pass-and-concessions/covid-19-health-care-and-volunteer-workers-parking-pass-and-concessions

https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19

https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation/guidance-for-providers-of-outdoor-facilities-on-the-phased-return-of-sport-and-recreation/

14.6 Workplaces

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team.

What's already in place (including prevention action):

COVID19 Signage presented throughout buildings providing guidance / recommendations on Social Distancing, Good Hygiene practice and Containment measures (tissues)

Cleaning
o   Cleaning to all touch points (including stair hand rails) cleaned on regular, repetitive basis
o   Waste bins changed to foot opening only
o   Cleaning stations provided for desk sanitisation before / after use
o   Focus on touch points and hard surfaces rather than general hoover duties
o   Regular re-stocking of sanitiser and soaps

Entry / Exit points / Common areas
o   Internal doors secured open to remove / reduce contact touch points.*
o   Staff do not arrive at set hours, therefore outside spaces at entry points considered low risk
o   Distancing signage provided on floor routes within the general areas.
o   2m distance queuing process in place within Main reception in event of re-opening to Public
o   Perspex Screens fitted to Main reception, Interview pods, interview room, Children's reception and Register area.
o   Internal main staircases sign posted for one way access / egress only
   •   Lifts one person use only
   •   *Note; Fire doors are propped with approved Dorguard fittings which release the door in the event of a fire alarm incident.

Meeting Rooms
o   Social distancing of 2m to adhered to at all times
o   Posted and signage in place
o   Limited numbers for each session based upon the size of each room
o   Council Chamber restricted to 21-25 persons only (Shute End only)
o   All contact details for each participant to be recorded.

Welfare Areas
o   Staff gym closed until further notice
o   Toilets to be used on an individual basis (Unisex) as unable to maintain adequate social distancing
o   Showers for Staff cycling to work under review
o   Tables and chairs removed from kitchens and break out areas
o   Shute End stripped down to 2-4 tables which afford 2m distancing

What else will need to be put in place:

If reported during the opening hours
   •   Establish location of individual within the building (access point and floor location)
   •   Review Security / access data to record all occupants within that period
   •   Close the floor and all access / egress routes from entry point
   •   Carry out deep clean of the area
o   If reported outside the opening hours the evening deep clean will cover the same area and keep closed until signed off by Facilities
o   Sharing of data – contact staff and any visitors in that location by Facilities
o   If the positive case is a Resident from other borough - Report to other borough (staff or member of the public

o Identify the time zone and date infected individual was on site
o Identify staff on duty that may have come into contact

Local outbreak scenarios and triggers:
- Staff member attending Office for normal work activity/meetings
- Contractor on site
- On site delivery person (post etc.)
- Member of Public for pre-arranged meeting
- Member attending for meeting
- Lack of or reduced social distancing throughout common areas, office, corridors, landings, break out areas, meeting rooms
- High volume contact touch points throughout the offices with Fire doors
- Toilet and welfare areas
- Symptomatic staff member

Resource capabilities and capacity implications:

Data sources and links to additional information
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres

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14.7 Leisure Centres

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team.

What's already in place (including prevention action):
Cleaning
o   After every day a deep clean to take place of the leisure centres
o   Before each class participant to clean any equipment, mat or their space
o   Cleaning after each class
o   Scheduled Equipment cleaning – priority of the high-volume contact points.
o   30 minute period between gym sessions
Queuing
o   Designated queue areas depending of the activity booked
o   Queues monitored to ensure social distancing adhered to and people have pre-booked their session to prevent walk-ins and keep the queue moving safely.
o   Movement patterns across the centre mapped out prior to opening.
o   2m distance in the queue with arrival/queue times for each session to control number of people at the centre
Sessions
o   Social distancing of 2m to adhered to at all times
o   Posted and signage in place
o   Limited numbers for each session based upon the size of each area
o   Advanced bookings only
o   All contact details for each participant taken.
o   Lane swimming only
o   Pool chlorinated – reduces transmission risk in the pool
o   Activities to follow guidelines from Sport England, UK active and individual sporting governing bodies
o   Equipment – bring your own
o   Predominantly bodyweight exercises
Non Activity Areas
o   Reduce number of showers in use in the wet change area
o   Reduce number of cubicles in the wet change area
o   Toilets to be used on an individual basis to unable social distancing
o   No changing for gym/classes – must arrive gym/class ready
o   No U16s at present at the leisure centre

What else will need to be put in place:
Response mobilisation
- Reporting of positive case in one of the Leisure Centres
- If reported during the opening hours close area/leisure centre for a for a deep clean
- If reported outside the opening hours the evening deep clean will cover the leisure centre
- If the positive case is a Resident from other borough - Report to other borough (staff or member of the public
- Identify the booking slot that individual took part in

Local outbreak scenarios and triggers:
A Symptomatic individual taking part in:
- In a class

- In a gym slot
- In a lane swimming slot
- Other sport booked slot – e.g. Badminton/Tennis

A COVID-19 positive case reported having visited a leisure centre for a:

- In a class
- In a gym slot
- In a lane swimming slot
- Other sport booked slot – e.g. Badminton/Tennis

o Lack of or reduced social distancing whilst queueing for a session
o High volume contact touch points throughout the centre
o Toilet and Changing areas
o Symptomatic staff member
o Staff member tests positive for COVID-19
o Participant based/living in another borough – most likely Reading or Bracknell Forest

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Resource capabilities and capacity implications:

Cross boundary issues with

o Bulmershe Leisure Centre, Woodley
o Loddon Valley Leisure Centre, Lower Earley

Data sources and links to additional information

o SPORT ENGLAND
https://www.sportengland.org/how-we-can-help/coronavirus
o GOVERNING BODIES/UK ACTIVE
https://www.swimming.org/swimengland/tag/coronavirus-advice/
https://www.badmintonengland.co.uk/media/8737/be_return_to_play_2020_v4.pdf
https://www.ukactive.com/wp-content/uploads/2020/05/COVID-19-A-framework-for-the-re-opening-of-the-gym-and-fitness-industry-ukactive-2.pdf

14.8 Pitches and 3G sites

Objective

The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

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Context:

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team

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What's already in place (including prevention action):

Cleaning
- Work with partners to arrange cleaning of changing rooms and toilets
- Before each activity participants to clean any equipment
- Cleaning touch points
- Scheduled Equipment cleaning – priority of the high-volume contact points.
- 30 minute period between bookings sessions

Queuing
- Designated queue areas depending of the activity booked
- Queues monitored to ensure social distancing adhered to and people have pre-booked their session to prevent walk-ins and keep the queue moving safely.
- Movement patterns into 3G pitches
- Movement patterns onto grass pitches
- 2m distance in the queue with arrival/queue times for each session to control number of people at the 3G sites

Sessions
- Social distancing of 2m to adhered to at all times as per NGB guidelines
- Posted and signage in place
- Limited numbers for each session based upon the size of each rea
- Advanced bookings only
- All contact details for each participant taken.
- Activities to follow guidelines from Sport England, UK active and individual sporting governing bodies
- Equipment – bring your own

Non activity areas
- No showers available following football activities
- Toilets to be used on an individual basis to unable social distancing
- No changing facilities available for football activities
- Under 16s will need to be accompanied by a qualified coach
-

What else will need to be put in place:

Response mobilisation
- Reporting of positive case following football activities
- If reported during the opening hours close area/s for a deep clean
- If reported outside the opening hours the evening deep clean will cover the 3G site
- Sharing of data – contact staff and members in that session between Clubs/Team/Organisation and S&L
- If the positive case is a Resident from other borough - Report to other borough (staff or member of the public

Local outbreak scenarios and triggers:

o A Symptomatic individual taking part in:
- A organised training session
- A club/organisation informal activity
- An unorganised activity
- Coaching a 1-1/ Small group
- Other sport/ activity

o A COVID-19 positive case reported having:
- Participated in an organised training session
- Participated in an informal activity
- Coaching a 1-1/ Small group
- Other sport/ activity

o Lack of or reduced social distancing whilst undertaking activity
o High volume contact touch points throughout 3G areas
o Toilet and Changing areas
o Symptomatic staff member/site controller
o Staff member tests positive for COVID-19
o Participant based/living in another borough – most likely Reading or Bracknell Forest.

Resource capabilities and capacity implications:

Cross boundary issues with centres with cross borough participants
- Ryeish Green 3G
- Chalfont & Laurel Parks, Lower Earley
- Sandford Park , Woodley

Data sources and links to additional information

SPORT ENGLAND

https://www.sportengland.org/how-we-can-help/coronavirus

GOVERNING BODIES/UK ACTIVE

Archery GB

https://www.archerygb.org/shoot-compete/archery-gb-updates-on-covid-19/

The FA

http://www.thefa.com/news/2020/jun/01/grassroots-football-covid-19-guidance-update-010620

Lawn Tennis Association

https://www.lta.org.uk/about-us/tennis-news/news-and-opinion/general-news/2020/march/coronavirus-covid-19---latest-advice/

Rugby Football Union

https://www.englandrugby.com/participation/running-your-club/coronavirus

14.9 Berkshire West CCG

Royal Berkshire Hospital Trust, Berkshire Healthcare Foundation Trust and Primary Care plans will be added once agreed.

14.10 Faith Buildings

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
Note: Wokingham Borough Council does not operate any faith facilities

What's already in place (including prevention action):
A comprehensive list of all faith buildings and contact details available at:
https://directory.wokingham.gov.uk/kb5/wokingham/directory/results.action?qt=&term=&sorttype=field&f amilieschannel=202
o All faith groups provided with guidance on what to do if there is a confirmed Covid case
o Where a WBC service is located in faith organisation the Covid business continuity plan will be followed; All WBC community facilities to be risk assessed prior to returning to site. The risk assessment process is being managed via the Council's Covid-19 Property Recovery Group and has built in sign off by the corporate property service, corporate H&S team, and Unison.
o Key control measures are as follows:-
• Signage to support distancing and hygiene
• Floor marking in queuing areas guiding 2m distancing between customers
• Floor markings and one way system around buildings.
• Provide sanitiser in multiple locations throughout the centre including adjacent to the entrances
• Children under 12 must be accompanied by an adult who is responsible for their behaviour and following social distancing guidelines
• Change opening hours so staff can undertake any necessary additional building management activities when the building is closed
Communication plan
o Communications via the corporate CEM team, Inc. social media
o Local signage and posters
o Faith organisation distribution lists

What else will need to be put in place:
o Inform PPP & PH teams if not already aware, PHE will undertake a risk assessment on whether an ICT is required
o Organisation is contacted by Localities and informed of the Covid case
o Check organisation has access to guidance for response
o Inform staff who had been working alongside via emergency contact
o Close sites affected for 3 days quarantine
o Staff unable to socially distance must self-isolate for 2 weeks
o Review of procedures

Local outbreak scenarios and triggers:
Person(s) working in faith building is identified as a confirmed case
Person(s) who has visited a faith building is identified as a confirmed case
In either scenario – the faith organisation is a host to WBC service

Resource capabilities and capacity implications:
Some faith organisations are located outside of the borough
Visitors to faith organisations from residents outside of the borough

Data sources and links to additional information
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19
https://www.interfaith.org.uk/news/faith-communities-and-coronavirus
https://www.sfitogether.org/2020/03/17/advice-for-faith-institutions-and-groups-on-responding-to-covid-19/

14.11 Farms with On Site Workers

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
Agricultural Farms in Wokingham that employ workers who live on or off site.

What's already in place (including prevention action):

o   Existing guidance regarding workplaces and social distancing;
o   The NHS test and trace service in identifying people who have had close recent contact and advising them to self-isolate.
o   Employers should ensure employees with Covid 19 symptoms seek testing.
o   Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:
    o   Have Covid-19 symptoms and are awaiting a test result
    o   Have tested positive for Covid-19
    o   Are a member of the same household as someone who has symptoms or has tested positive for Covid-19
    o   Have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.
o   Posters have been made available and are available on the PPP Website for business to download, e.g. encouraging social distancing, handwashing

What else will need to be put in place:
If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team o   PPP are not the enforcing authority under the HSWA '74 for these premises – this falls to HSE. Establish links with HSE to ascertain action in an outbreak, what they are doing in terms of prevention, and to obtain an up to date list of premises. o   PPP to speak with Housing at Wokingham to develop a protocol should any rehousing be required – and under what circumstances.

Local outbreak scenarios and triggers:
Notifications of positive cases come through where NHS test and trace have identified the case has had contact at the farm If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team

Resource capabilities and capacity implications:
o   PPP are the first responders for the NHS Test and Trace. QMS procedures and questionnaires have been drafted for use when notifications of positive cases are received through NHS test and trace. o   PPP will use this information to identify any high risk workplaces implicated in Covid 19 cases or outbreaks. o   PPP will follow up on these using national guidance documents to ensure that the premises are operating safety, and that the premises have taken all mitigating actions following the positive notification. For example, detailing any work contacts who may need to isolate or test, carrying out through cleaning and disinfection, isolating areas while this is carried out, tracing contacts that are non-employees. o   When not the enforcing authority we will liaise with the HSE

Data sources and links to additional information
Embed https://publicprotectionpartnership.org.uk/ contains links to Government Guidance and on PPP templates for risk assessments. Covers Environmental Health, Trading Standards and Licensing.

14.12 Rough Sleepers

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
The care to the homeless workstream is part of the South East Cell for Mental Health, Learning Disabilities and Autism. It brings together representatives from the mental health networks, specialist commissioning, including health & justice commissioning, primary care commissioning, and safeguarding within NHS England/Improvement with colleagues from Public Health England South East, Ministry of Housing, Communities & Local Government and the Local Government Association.

What's already in place (including prevention action):
Many considerations being given to COVID testing for this population group. Self-test kits are not very reliable and need clinical oversight. Testing leads from the volunteer testing network will contact the local testing leads to support some rapid roll-out of a pilot looking at testing asymptomatic individuals before moving them on to permanent/new accommodation. Some of the logistical issues need to be considered and addressed.

o   **Testing** - based on the assumptions that individuals currently housed in hotels are least likely to be asymptomatic COVID carriers, whilst individuals accommodated in hostels and B&Bs are more likely asymptomatic carriers… this needs consideration when individuals are moved from hotels into hostels or B&Bs, hence the need to have adequate testing processes in place to identify asymptomatic carriers. Also some recognition that the current mobile testing units staffed by the military may deter some groups from accessing the service. So, national team looking at on alternative options.

o   **Contracts with commercial hotels –** Contracts are locally negotiated and generally based on what funding local authorities still have available or whether some hotels have explicitly stated that they do not wish to renew or extend their contracts.

o   **Shelters** – Homeless Links and Shelters are producing guidance to make sure that shelters do not reopen.

What else will need to be put in place:
Responses to COVID-19 for people experiencing homelessness are rapidly moving and vary based on location, commissioning and service providers. Working with Kings College London and our #HealthNow partners we are tracking these changes and engaging people who are affected by them to understand their impact.
If there was an outbreak of COVID19 within the rough sleeper/homeless cohort within Wokingham Borough and we are made aware we would follow Public Health guidance.

Local outbreak scenarios and triggers:

Resource capabilities and capacity implications:

Data sources and links to additional information
Thames Valley HPT (covering Berkshire West, Berkshire East, Oxfordshire and Buckinghamshire):
Tel: 0344 225 3861
Out of Hours: 0844 967 0083

Queries can be directed to the following generic inbox: england.mhldasoutheast-covid@nhs.net

The South East Cell links with the national Cell set up by NHSE/I, PHE and MHCLG. The national cell holds a weekly call every Wednesday to capture updates and queries from each region and provide updates on the work in progress and planned for the future.

The homeless Health workspace has its own website page. To find out the latest information about what is happening, go to:
https://future.nhs.uk/HomelessHealthCOVID19/grouphome

The workspace is for colleagues working across health and care who are responding to the 'Everyone in' call to move rough sleepers and homeless people out of unsuitable accommodation/off the streets, during the COVID-19 pandemic. There is an increasing range of resources, information, templates and guidance that will be of interest to both clinical and non-clinical colleagues working in statutory organisations and the voluntary sector.

PHE have shared operational advice for alcohol, drugs and nicotine in emergency accommodation for people experiencing rough sleeping.
https://future.nhs.uk/HomelessHealthCOVID19/viewdocument?docid=70599813&done=DOCCreated1&fid=19637616

PHE have published updated Infection Prevention Control (IPC) Guidance

Resource
Clinical guide for frontline staff to support the management of patients with a learning disability, autism or both during the coronavirus pandemic https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0031_Specialty-guide_LD-and-coronavirus-v1_-24-March.pdf Published 24 March NHS England and NHS Improvement
COVID-19 patient transport services: requirements and funding https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0035-patient-transport-services-27-March-2020.pdf Published 28 March NHS England and NHS Improvement
COVID-19: infection prevention and control (IPC) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control Guidance on infection prevention and control for COVID-19. Sustained community transmission is occurring across the UK. Published 10 January 2020, Last updated 12 April 2020 Public Health England

14.13 Sheltered Accommodation

Objective

The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

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Context:

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team

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What's already in place (including prevention action):
- Assessment completed with all residents and moved 210 of 245 residents to the I'm ok system
- Removed the green cards to stop the need for handling
- Reduced daily face 2 face calls across all schemes to essential needs only,
- Closed Communal areas
- Made communal kitchens and laundry's single use areas
- Increased cleaning across schemes to Daily, with additional touch point cleaning in all communal spaces, including lifts, door entry systems and corridor handles
- Placed notices around the communal areas to ensure resident awareness
- Signs on the door entry areas advising anyone with symptoms to not enter the building
- Places wash hands signs in communal zones at entry points to encourage hygiene.
- Placed Anti-Bacterial Gel dispensers at the front of the schemes where communal areas need to be passed to gain access

Outbreak response mobilisation – out of hours
- Forest care alarms all active and working for a case of emergency
- FSO's contact details clearly displayed on the office door.
- All contact telephone numbers for the team have been posted to all residents twice in matter of weeks.
- Note can be left for the FSO's in the letter boxes at the office door and contact will be made on return

Outbreak response mobilisation – in work hours
- Ensure that PPP & PH are made aware and they will refer to PHE HPT for risk assessment as to whether an ICT should be formed.
- Assessment of all residents completed, to understand the local family support they have and how they undertake shopping normally. Those of concern were placed on daily telephone calls rather than the I'm Ok system, to ensure daily contact.
- Details of Citizens Advice volunteer from door are placed in all scheme entrances in poster and leaflet format
- Letter was provided to all residents ahead of lockdown to provide mobile contact numbers for all FSO's, Housing officer and Housing Localities management team so they can make contact.
- Housing matters has been delivered via royal mail to all properties, which includes the CAB details and mobile contact details for all officers as above.
- Allocated FSO's contact number clearly displayed on the office doors.
- All Officers are aware of how to refer to CAB direct for residents.
- Changing residents who are displaying signs on loneliness from I'm ok to daily telephone calls if required.
- Following safeguarding processes should we feel residents are showing signs of self-neglect due to the lockdown.

What else will need to be put in place:

Local outbreak scenarios and triggers:

Person(s) working in a non-WBC community centre is identified as a confirmed case

Person(s) who has visited a non-WBC community is identified as a confirmed case

In either scenario – the community centre is a host to WBC services

Person(s) working in a WBC community centre is identified as a confirmed case

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Person(s) who has visited a WBC community is identified as a confirmed case
Resource capabilities and capacity implications:
Data sources and links to additional information

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14.14 Community Centres (encompass Day Centres, Children Centres etc.)

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:

What's already in place (including prevention action):
o Assessment completed with all residents and moved 210 of 245 residents to the I'm ok system
o Comprehensive list of community centres is available at:
   https://directory.wokingham.gov.uk/kb5/wokingham/directory/results.action?qt=community+centres&sorttype=distance&sr=160&nh=10
o Each community centre is being contacted to identify direct and out-of-hours contact details if possible

Non-WBC Community Centres
- Government Covid prevention guidance communicated to community centres
- Where WBC operates within another community centre – the same process will be followed as if it were a WBC facility (see below)

WBC Community Centres
- All WBC community centres to be risk assessed prior to returning to use. The risk assessment process is being managed via the Council's Covid-19 Property Recovery Group and has built in sign off by the corporate property service, corporate H&S team, and Unison. Control measure are predominantly drawn from guidance listed below.
- Key control measures are as follows:-
   o Signage to support distancing and hygiene
   o Floor marking in queuing areas guiding 2m distancing between customers
   o Floor markings and one way system around buildings.
   o Provide sanitiser in multiple locations throughout the centre including adjacent to the entrances
   o Children under 12 must be accompanied by an adult who is responsible for their behaviour and following social distancing guidelines
   o Change opening hours so staff can undertake any necessary additional building management activities when the building is closed
   o Install Perspex cough screens on enquiry desks and staff pods, and change procedures to minimise staff direct staff interaction with the public

Response mobilisation
Ensure that PPP and PH are aware, they will inform the PHE HPT who will risk assess the need for an ICT
Non-WBC Community Centres
- Localities are a central point for receiving information of Covid-19 contact
- Community centre is contacted by Localities and informed of the Covid-19 contact
- Check that the community centre has access to guidance for response

WBC Community Centre
- Localities are a central point for receiving information of Covid-19 contact
- Inform staff who had been working alongside via emergency contact – all emergency contact details are held in BWO and available to AD's and line managers.
- Close sites affected 3 days quarantine
- Staff in contact off for 2 weeks; after which they would return to work if not infected.
- Staffing / BCP pandemic section kicks in
- Review procedures
- Business continuity would be handled via

What else will need to be put in place:
Communication plan

- o   Communications via the corporate CEM team, Inc. social media
- o   Local signage and posters
- o   Specific community centre distribution lists

Local outbreak scenarios and triggers:

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team

Resource capabilities and capacity implications:

Cross boundary issues
- o   Residents from outside of the borough may visit community centres
- o   Staff working in community centres may live outside of the borough

Data sources and links to additional information

https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19
- o   Non sector specific guidance appropriate to community centres:
    - o   Government Guidance for retail shops and branches:- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches
    - o   Government Guidance for offices and contact centres:- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres
    - o   Government Guidance for vehicles:- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles

14.15 Libraries

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently
Context:
If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team

What's already in place (including prevention action):
- All library sites to be risk assessed prior to returning to use. The risk assessment process is being managed via the Council's Covid Property Recovery Group and has built in checks and balances in the form of sign off by the corporate property service, corporate H&S team, and Unison. Control measure are predominantly drawn from guidance listed below.
- Key control measures are as follows:-
  - Virtual library service in place to reduce need for people to visit libraries unnecessarily
  - Charging of overdue charges temporarily suspended to reduce need for people to visit libraries unnecessarily
  - Signage to support distancing and hygiene
  - Floor marking in queuing areas guiding 2m distancing between customers
  - Floor markings and one way system around buildings.
  - Provide sanitiser in multiple locations throughout the library including adjacent to the entrances
  - Remove comfortable seating and study furniture to discourage extensive browsing and long visits
  - Remove magazines and newspapers
  - Provide separate a location for returning books, so they can then be quarantined for 72 hours before being returned to shelves.
  - Move shelving further apart if possible, and establish one way traffic flow through the aisles
  - Children under 12 must be accompanied by an adult who is responsible for their behaviour and following social distancing guidelines
  - Change opening hours so staff can restock shelves and manage the library floor etc. when the building is closed
  - Promote self-service kiosks for issue and return to reduce interaction between staff and users. Regularly cleaning the kiosk screens will reduce the risk from the touchscreen
  - Install Perspex cough screens on enquiry desks and staff pods, and change procedures so staff do not floor walk to interact with and support customers.
  - All people attending a library will be asked to provide their name and phone numbers as they enter – this data will be recorded in hard copy by a member of staff. Data will be stored securely for 21 days and disposed of securely after 21 days and processed in line with GDPR guidance.

Response mobilisation

Ensure that PPP and PH are aware, they will inform the PHE HPT who will risk assess the need for an ICT
- Inform staff who had been working alongside via emergency contact – all emergency contact details are held in BWO and available to AD's and line managers.
- Close sites affected 3 days quarantine – food donations drop off points unavailable during that time.
- Staff in contact off for 2 weeks; after which they would return to work if not infected.
- Staffing / BCP pandemic section kicks in
- Review procedures
- Business continuity would be handled via the service Business Continuity Plan

What else will need to be put in place:

Communication plan
- Communications via the corporate CEM team.
- Via library social media channels

- o Twitter – 1.8k followers
- o Facebook – 1.6k followers
- o Email communications – 2.9k library members
- o Local signage and posters
- o 10% of library users contactable via email, XX% contactable via phone, 100% contactable by post

Local outbreak scenarios and triggers:
- o Member of staff who has worked at one library branch
- o Member of staff who has worked at multiple library branches
- o Member of staff/volunteer delivering home library service
- o Member of the public who has used the library

Resource capabilities and capacity implications:

Cross boundary issues
- o New book stock is delivered from suppliers outside of the Borough; all new stock will be quarantined for 72hrs
- o Limited cross boundary issues. Contact details are recorded for all library members, so they can be contacted if they have attended a site where there has been an outbreak, irrespective of where they live.
- o Some staff live outside the Borough – this will be common across all council services, and the cross boundary response required would not be a specialised one for this service

Data sources and links to additional information
- o Sector Specific Guidance:-
  - ➢ Libraries Connected Toolkit – TBC
  - ➢ Non sector specific guidance appropriate to Libraries
  - ➢ Government Guidance for retail shops and branches:- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches
    - ➢ Government Guidance for offices and contact centres:- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres
    - ➢ Government Guidance for vehicles:- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles

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14.16 Pubs

Objective
The objective is to closely monitor any cases of COVID-19 ensuring that any outbreaks are managed quickly and efficiently

Context:
Entertainment Industry re opening when permitted by Legislation – and the prevention and control of spread in premises where traditionally there is close proximity. If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an outbreak control team

What's already in place (including prevention action):
o   Existing guidance regarding workplaces and social distancing;
o   Specific guidance on food premises.
o   Meeting are being held with PPP and other departments to ascertain how outside space can be used to ensure social distancing.
o   Specific guidance will be developed and conveyed to the industry.
o   Posters have been made available and are available on the PPP Website for business to download, e.g. encouraging social distancing, handwashing
o   PPP will be carrying out audits to ascertain the level of compliance with Health and Safety at Work Act 1974 in relation to Covid 19
o   PPP have developed template Risk Assessments for businesses and will distribute them and have made them available on the PPP website
o   Information on how to open safety has been put on the PPP website and on social media. Separate mailshots are being targeted at higher risk sectors
o   The NHS test and trace service in identifying people who have had close recent contact and advising them to self-isolate.
o   Employers should ensure employees with Covid 19 symptoms seek testing.
o   Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:
  •   Have Covid-19 symptoms and are awaiting a test result
  •   Have tested positive for Covid-19
  •   Are a member of the same household as someone who has symptoms or has tested positive for Covid-19
  •   Have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace.

Response mobilisation
o   PPP are the first responders for the NHS Test and Trace. QMS procedures and questionnaires have been drafted for use when notifications of positive cases are received through NHS test and trace.
o   PPP will use this information to identify any high risk workplaces implicated in Covid 19 cases or outbreaks.
o   PPP will follow up on these using national guidance documents to ensure that the premises are operating safety, and that the premises have taken all mitigating actions following the positive notification. For example, detailing any work contacts who may need to isolate or test, carrying out through cleaning and disinfection, isolating areas while this is carried out, tracing contacts that are non-employees

What else will need to be put in place:
Communication plan
o   Where there has been an outbreak control team convened this will be as directed by the lead.
o   For single cases communication will be co-ordinated through PH teams and Coms.
o   Finalise the QMS procedure for Test and Trace

o Draft a QMS on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented o Mailshot information to support sectors of business o To visit/contact non-compliant workplaces as part of prevention work o To visit/contact workplaces with outbreaks to advise/enforce on control measures o To monitor the C19 inbox for notifications 8am – 8pm 7 days o To action any notifications coming through
Local outbreak scenarios and triggers: o
Resource capabilities and capacity implications: o
Data sources and links to additional information https://publicprotectionpartnership.org.uk/ contains links to Government Guidance and on PPP templates for risk assessments. Covers Environmental Health, Trading Standards and Licensing.

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14.17 Workplaces (Social)

Objective The objectives are to restart the local economy as quickly as possible and to identify and eliminate all cases of Covid-19 in workplaces and control the spread of Covid 19.
Context: Including; PRIVATE COMMERCIAL PREMISES -, INCLUDING BUT NOT LIMITED TO, RETAIL, OFFICES, LEISURE SERVICES (POOLS, CLUBS, GYMS, HAIRDRESSERS/BARBERS, BEAUTICIANS), INDOOR EVENT VENUES (CONFERENCE CENTRES, THEATRES, CINEMAS), OUTDOOR EVENT VENUES (SPORT VENUES, TRANSIENT OUTDOOR EVENTS AND ENTERTAINMENT), ANIMAL ATTRACTIONS, WAREHOUSES, HOTELS, CATERING ESTABLISHMENTS (RESTAURANTS)
What's already in place (including prevention action): The NHS test and trace service does not change the existing guidance about working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific government guidance gives details of reducing the risk when full social distancing is not possible. The NHS test and trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for Covid-19 and advising them to self-isolate. Employers should ensure employees with Covid 19 symptoms seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they: o   Have Covid-19 symptoms and are awaiting a test result o   Have tested positive for Covid-19 o   Are a member of the same household as someone who has symptoms or has tested positive for Covid-19 o   Have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS test and trace. **Outbreak Control** o   PPP (Public Protection Partnership) Environmental Heath are responders for the NHS Test and Trace. o   QMS procedures in place for when notifications of positive cases are received through NHS test and trace. o   PPP will use information from PHE to pull together ICT or Local Authority Response Team for outbreaks or suspected cases respectively. o   PPP will follow up national guidance documents to ensure premises are operating safely and all mitigating actions are taken following a positive notification. **Preventative Measures** o   Coordination of premises in town centres and town centre areas to ensure compliance with social distancing o   Posters which are also available on the PPP Website for business to download to encourage social distancing, handwashing o   PPP audits in town centres and in certain high risk sectors to ascertain the level of compliance with Health and Safety at Work Act 1974 in relation to Covid 19. o   PPP protocol of Escalation of issues to include enforcement options should precautions not be in place and where premises that are not permitted to open have opened. o   PPP template Risk Assessments for businesses and will distribute them and be available on the PPP website o   Information on how to open safely is on PPP website and social media. o   Notifications of Outdoor Events come in through PPP. PPP manage a Safety Advisory Group (SAG) where events submit Event Management Plans. These are required to detail how to ensure compliance on Covid 19 and how to ensure tracing is carried out if there is a positive case identified at an event.
What else will need to be put in place: Draft a QMS on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented

Local outbreak scenarios and triggers:

If multiple cases of Covid-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, wider context and jointly consider with the local authority the need for an outbreak control team.

Resource capabilities and capacity implications:

Staffing

- o To complete QMS procedures
- o To visit/contact non-compliant workplaces as part of prevention work
- o To visit/contact workplaces with outbreaks to advise/enforce on control measures
- o To monitor the C19 inbox for notifications 9am – 5pm 7 days
- o To action any notifications coming through

Data sources and links to additional information

PPP Website

https://publicprotectionpartnership.org.uk/ contains links to Government Guidance and on PPP templates for risk assessments. Covers Environmental Health, Trading Standards and Licensing.

Appendix 1 Forest Care and Beyond Housing Out of Hours

Service Name: Housing Services

Subject Area:

- Gypsy/Roma/Traveller (GRT) and mobile home sites
- Rough Sleepers/Homeless Cohort
- Temporary Accommodation
- Sheltered Accommodation

Keywords:

- Carters Hill/ Twyford Orchards/GRT site - These static sites are occupied by the GRT community.
- Grovelands pitches/mobile homes
- Homelessness/Rough Sleeper
- Temporary Accommodation – Broadway House, Oxford Road, Foxwood
- Sheltered Accommodation – Palmer Court, Meachen Court, Dickens Court, Polehampton Court, Spring Gardens, Sale Garden Cottages, Treacher Court, Harman Court, Fosters (Extra Care Scheme)

Relevant Legislation, Regulations or Acts

Out of Hours Contact(s) in case of COVID19 outbreak

1. Public Health England - 0844 967 0083 (OOH)

2. Duty Officer

Out of Hours Service Provision: Emergency repairs service as per standard OOH manual.

Question set / work flow for call handler

If there was an outbreak of COVID19 on one of our GRT/mobile home sites, sheltered schemes, temporary accommodation schemes or within the rough sleeper/homeless cohort within Wokingham Borough and we are made aware we would follow Public Health guidance.

This is the regional PH response and their offer. Health protection team are regional.

Thames Valley HPT (covering Berkshire West, Berkshire East, Oxfordshire and Buckinghamshire):

1. Tel: 0344 225 3861
2. Out of Hours: 0844 967 0083
3. Email: tvphe@phe.gov.uk (not patient identifiable information)

Refer to the latest copy Caution List (appendix Hou4), provided separately, before contacting anyone on the out of hours rota. Should the subject property be on the Caution List, inform the operative of this and also remind them that two people must attend.

Email address for OOH reports to be sent to: housing@wokingham.gov.uk

Appendix 2 PHE-LA Joint Management of COVID-19 Outbreaks (SOP)

Date developed 03/06/20	Review date 03/07/20

Overview

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE SE as a framework for each Local Authority (LA) Director of Public Health to use. This provides a suggested framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID "outbreak" plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Outbreaks will be notified directly, as well as through testing data and through local intelligence.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE may recommend swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.
- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak
- The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

Rationale for the joint SOP

1. To have a joint collaborative and co-ordinated approach to supporting settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries , universities, homeless hostels, faith settings etc. in managing COVID19 outbreaks
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of care settings by the LA, CCG and PHE SE Health Protection Team (HPT).
4. To provide consistent advice to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To develop and maintain a surveillance and monitoring system for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs)
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

Governance and Key Guiding Principles

1. PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.
2. As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:
3. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
4. The health system has a shared responsibility for the management of outbreaks of COVID-19.
5. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.
6. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
7. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
8. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
9. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.
10. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

PHE HPT Role

1. **Risk assessment of Complex Cases and Situations**

1.1 On initial notification, the HPT will do the risk assessment
1.2 The HPT will give infection control advice as appropriate to the individual or organisation to minimise spread of infection.
1.3 The HPT will inform the local authority by daily (weekday) summary by e-mail and by phone if urgent action required.
1.4 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE and local authority public health teams, to discuss outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities.
1.5 An IMT for an incident in the community may be held to support co-ordination of investigation and control measures.

2. **Swabbing/testing of new outbreaks (notified via all routes**
2.1 Swabbing may be coordinated or advised by PHE in line with current arrangements e.g. A one-off swabbing of residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.
2.2 The results will usually be provided by the organisation taking the sample.

3. **Operational Reporting to Local Systems**

3.1   A daily summary table listing new situations in each Local Authority area will be provided to DsPH to aid operational management.

3.2

Operational Enquiries

4.1   Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.

i)   Sourcing PPE
ii)   Operational issues relating to staff capacity and other support to business
iii)   Removal of dead bodies

Local System Role

Local authorities have been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue, working closely with PHE. However, the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established).

Local authority areas have been asked to develop local COVID "outbreak management plans" by the end of June 2020, which focus on the following themes

1. Care homes and schools – Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response including testing).
2. Identification of high- risk places, locations and communities, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. Local Testing Capacity – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc.).
4. Local Contact Tracing – Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. Data and integration – national and local data integration; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
6. Vulnerable people – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.
7. Local Boards - Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The plans will capture the themes above under initial suggested headings (may change) of:

- Roles and responsibilities and Governance Arrangements (to include links with LA and NHS response structures, COVID Health Protection boards and Member-led boards)
- Key principles and protocols for response in different settings to include
  - Proactive preventative response

- Reactive response (including community support for shielding and to support isolation)
- Enforcement and Detention
- Testing
- Data/Intelligence
- Financial Plan
- Workforce considerations

Local authorities will:

1. Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases
2. Work with PHE to support complex cases and outbreak management (in a range of settings/communities) as highlighted in above SOP, looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services, academia).
3. Support swabbing of contacts e.g. school contacts
4. Provide a single point of access for communication with the local authority on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge)
5. Establish regular proactive meetings with "link" PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints
6. Develop local COVID "outbreak" plans rapidly alongside PHE, ensuing appropriate PHE representation on COVID health protection boards/member-led Boards.

Underpinning this work will be a need to consider workforce planning to ensure capacity in the system for delivery of the above.

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Appendix 3 Table of Geographic NPI's and Implementation

Geographic NPIs	Route to implementation
Close public areas	- This includes: - Parks - Playgrounds - Outdoor gyms - Outdoor swimming pools - Communal seating areas - Beaches / esplanades - Parks with existing fencing / gates (or specific fenced off areas) should be locked and closure signs displayed - Hazard tape used to cordon off smaller parks with existing boundaries (but no entrances that can be locked) - Hazard tape used to cordon off outdoor gyms and seating areas
Close communal facilities/services where direct contact is likely	- This includes: - Food and drink - Retail - Accommodation - Non-residential institutions - Assembly and leisure - Details and exceptions in each category can be found under existing government guidance[4] - A UTLA may choose to close all facilities/services listed above at once, or to stagger the closure as they see appropriate - Once identified, the UTLA should directly notify the impacted facilities/services of the required closures - Facilities to display closure signs at their location and, where possible, notify their patrons of the closure
Cancellation of mass gatherings	- This includes, but is not limited to: - Weddings - Religious services - Sporting events - Concerts - A threshold may be set by the UTLA (e.g. events with more than 100 people) to ensure there is no confusion as to what constitutes a mass gathering - Existing powers (under Health and Safety issues) can be leveraged for this NPI[5] - UTLA to issue communication to major venues and known event managers that have scheduled events during the period of cancellation - Venues to display closure signs at their locations and notify their attendees of the cancellation or advertise cancellation
Work from home (WFH) *(All workplaces to instigate WFH measures where this is feasible, those that are unable to work from home may continue to go to work)*	- UTLA to notify workplaces of WFH measures - Those that are unable to work from home may continue to go to work, providing they are following government guidance on working safely during coronavirus[6] - Businesses to disseminate message to all employees

Geographic NPIs	Route to implementation
Close non-essential businesses *(All non-essential workplaces to be closed, even where employees are unable to work from home)*	- This includes all businesses that are not considered essential and may include: - Construction and other outdoor work - Factories, plants, and warehouses - Labs and research facilities - Offices and contact centres - Working vehicles - Exceptions to be handled on a case-by-case basis (e.g. construction work that is required for public safety) - UTLA to notify businesses of mandated closures - Businesses to disseminate message to all employees
Limit school to set year groups[7]	- Key workers and vulnerable children permitted to continue attending in all years - Nurseries and early years settings to remain open - Schools to offer provision for priority year groups only: - Primary schools: to be open for reception, year 1 and year 6 - Secondary schools, sixth form and further education colleges: to offer some face to face support for year 10 and year 12 - Boarders in the priority year groups, vulnerable children and the children of key workers permitted to stay at schools - Exceptions to be handled on a case-by-case basis
Close schools[8]	- Only vulnerable children and children of critical workers permitted to continue attending in all years - Boarders in the priority groups permitted to stay on premise, but those who are symptomatic to follow guidance on isolation in their rooms - Exceptions to be handled on a case-by-case basis

The role of the Berkshire Health Protection Boards (HPB) will be to bring together senior professional leads from the organisations involved. The HPB will report to the pan Berkshire Recovery and Response Group, led by Berkshire Local Authority Chief Executives. The primary roles of the HPB are the ongoing development and delivery of the Local Outbreak Plan, work with the relevant LRF Cells, make recommendations to the pan Berkshire Group on allocation of resources and respond to mutual aid requirements. The Chair will be the Strategic Director of Public Health or her Deputy.

Role of the Boards

With national lockdown arrangements lifting, outbreaks of COVID-19 are now predicted to occur in a more variegated pattern. Control will require strong linkage between national programmes and local services resulting in bespoke local responses in support of national services, including NHS Test and Trace.

Local authorities, with their Directors of Public Health, have a critical role in protecting the health of their local population, to prevent threats to health and to mitigate impact. The DPH has a duty to prepare for and lead the local authority's response to threats to the public's health.

Berkshire Chief Executives are collaborating around their COVID-19 Response and Recovery across the 6 Unitary Authorities in the county. Each LA will have its own Outbreak Control Plan but will seek support from joint Health Protection Boards and Health Protection Support Cells, one for East Berkshire and one for Berkshire West groupings of LAs.

The boards will be strategic in nature, aiming to add value to local authority discussions. The overall goals are:

- To support three Berkshire councils to develop outbreak plans
- To identify economies in scale for preventing or managing outbreaks
- To develop plans with partners
- To scrutinise the delivery of the plans
- Respond to mutual aid requirements

Reporting

The Boards will report to the Berkshire LA Chief Executives' COVID-19 Response and Recovery Group who will link to individual LA decision-making processes, Outbreak Engagement Boards and the Thames Valley Local Resilience Forum.

Membership

Health Protection Boards will comprise local government, NHS partners and PHE. Members are listed in the table below[9]

Ways of working

- The Board will be chaired by the SDPH or DDPH.
- The frequency of meeting will be determined by the Boards. The Board will meet fortnightly to begin with. As the local response is established meetings will likely be less frequent.
- The secretariat of the Board will be provided by the Health Protection Support Cells.
- The TORs will be reviewed as needed and at least 6 monthly.

Appendix 5 Local Outbreak Engagement Board (LOEB)

The LOEB is the public facing Board for outbreak management and will play an important role in communications and engagement.

The functions of the Local Outbreak Engagement Board (LOEB) will be undertaken by a sub group of the Health and Wellbeing Board. The primary roles of the LOEB are to have oversight relating to outbreak response, provide direction and leadership for community engagement, and approve public facing communications. The sub Health and Wellbeing Board will also sign off the Local Outbreak Plan.

The main objective of the LOEB will be to engage with and inform residents and businesses of the local situation in relation to COVID-19 and how they can prevent and respond to local outbreaks. Key messages will need to cover the preventative measures to encourage and build confidence with local residents to engage with Test and Trace service and to observe restrictions and measures. The Board will support high risk settings by amplifying messages if/when an outbreak occurs and provide reassurance to the public

Role
- o Senior level oversight of outbreak responses in Wokingham Borough, outlined in Wokingham's COVID-19 Local Outbreak Control Plan;
- o The Board will have no budgetary powers but will have oversight of resource allocation relating to the delivery of Test and Trace in Wokingham Borough;
- o Direction and leadership for community engagement for outbreak response;
- o The members of the board will be responsible for cascading information and taking actions to prevent and response to outbreaks within their organisations
- o Approving the public-facing communications for outbreak response

Membership
- o Leader of the Council
- o Executive Member with responsibility for Children's Services
- o Executive Member with responsibility for Health and Wellbeing
- o Deputy Chief Executive
- o Director with statutory responsibility for Children's Services
- o Director with statutory responsibility for Adult Social Services
- o Director with responsibility for Planning and Localities
- o Director of Public Health
- o Three representatives from the Berkshire West Clinical Commissioning Group
- o Representative from local Healthwatch
- o An elected Member from the Opposition
- o Representative from the Community Safety Partnership
- o Representative from the Voluntary Sector
- o Local Policing Area (LPA) Commander for Bracknell and Wokingham.
- o Representative from Royal Berkshire Fire and Rescue Service
- o Presentative from the Council's Communication, Engagement and Marketing Team

Purpose

- Strategic Decision making body for the Councils emergency response phase
- Provide visible strong leadership during the response and recovery phase
- Takes advice from the Emergency Operations Centre, and directorates, decides the strategy and ensures implementation of the strategy

Role

- To understand the situation and to provide direction to others in the Local Authority
- To create and maintain situational awareness (Scale/Duration/Impact)
- To receive update reports from the Emergency Operations Centre and directorates in relation to their involvement in the incident
- To feed information to the Councils GOLD Officer/GOLD commander at the Multi Agency Strategic Coordinating Group
- To monitor financial matters in relation to the incident
- To nominate a senior representative to brief the media
- To ensure that elected members are updated

Membership

- Relevant Director
- HoS from relevant Directorates
- Media Team
- Finance Team
- Legal Team
- Incident Controller (representing the Emergency Operations Centre) 0R Emergency Planning Officer

Strategic objectives:

- Save and protect life
- Relieve suffering
- Contain the emergency – limit escalation/ spread
- Protect health & safety of personnel
- Safeguard the environment;
- Protect property
- Maintain and restore critical services
- Maintain normal services at an appropriate level
- Promote and facilitate community self-help
- Facilitate community recovery (physical, social, economic & psychological)
- Facilitate investigations and inquiries (preserve the scene and manage records)
- Evaluate & identify lessons

Terms of Reference

- Manage progress with the outbreak plan, budget and outbreaks
- Governance of overall system
- Facilitate leader engagement board
- Receive update from Outbreak Management Group
- Weekly meeting

Membership

o Head of Public Health (Public Health Consultant)
o Assistant Director
o Director Adult Social Care
o Chief Executive

Appendix 8 Outbreak Management Group (OMG)

The WBC OMG is the operational arm of the Health Protection Board and GOLD Group based within WBC. The Group comprises representatives from Education, Social Care, Environmental Health, Public Health, Community Support Hub, Emergency Planning and Communications.

The group supports the PHE standard operating procedures (Appendix 2) and will manage incidents and outbreaks outlined in Section 5.

Purpose of the Group

To co-ordinate the outbreak control plan and its implementation for WBC on behalf of the Berkshire West Health Protection Board. The Test and Trace Taskforce will be a single coordinating point for WBC in responding to the demands place on the Council by the National Track and Trace Scheme.

Terms of Reference

1. Interpret data and local intelligence to target prevention action on hotspots.
2. Respond promptly and effectively to notifications from PHE on local outbreaks.
3. Oversee and co-ordinate local testing provision and access across the district
4. Undertake basic training on contact tracing e.g. what is an outbreak, basic microbiology, principles of outbreak control, contact tracing
5. Provide support to complex settings that experience micro outbreaks e.g. schools, care homes, workplaces, homeless shelters,
6. Provide surge capacity to PHE HPTs if needed.
7. Work with the Shared Public Health team to review the Berkshire Outbreak Management Plan
8. Provide a local mechanism to support the regional and national working groups and alignment with Berkshire West Health and Social Care Cell, WBC Adult Social Care Cell
9. Work with the community support hub to ensure that processes are in place to support residents (particularly those who are vulnerable) who need to isolate or are sick
10. Support PHE HPT's and local organisations in their management of outbreaks.
11. Clarify plans for enforcement locally.
12. Link people to the national contact tracing service when they need it.
13. Cascade national communications on contact tracing to the general public and within that, target population sub-groups e.g. non-English speakers, those with special educational or mental health needs, and people who are currently advised to shield.
14. Considers appropriate data collection, storage and dissemination methods are being considered in line with data protection and GDPR compliance.
15. Decisions on changes to services and provision
16. Decisions on budgetary changes and use of outbreak plan budget

Ways of Working

o To report to the Local Health Protection Committee/Partnership (Possibly Health and Wellbeing Board) and Berkshire/East/West Health Protection Board
o Ensure links with appropriate groups
o Report to Gold

Terms of Reference

o To receive knowledge of outbreak or case
o To be a single access point for Environmental Health monitored 7 days a week

- o To provide access to expert outbreak cell members in West/East Berkshire, Thames Valley PHE and PH Consultants
- o To provide local knowledge of outbreak control principles and testing process
- o To provide contact of Public Health consultant on call
- o Thames Valley Health Protection Team(PHE)
- o Receive local intelligence about incidents

Membership

- o Cross directorate team with specialist knowledge of risk places and sites

Reporting

- o Reports to Test & Trace Steering Group

Appendix 9 Local Authority Response Team (LART)

An LART is convened from the WBC outbreak control group if the outbreak is not complex and is low risk as shown in Section 5

Terms of Reference

o   To receive knowledge of cases or incidents
o   Liaise with PHE
o   Advise setting of preventing spread and review of control measure
o   Identify possible infection

Membership

o   EHO
o   Public Health Consultant
o   Communications
o   Subject Experts

Reporting

o   Report to Outbreak Management Group

Appendix 10 Incident Control Team(s) (ICT)

An ICT will be convened in liaison with the Outbreak Management Group as outlined in Section 5.

Terms of Reference

- o   To receive knowledge of outbreak or case
- o   To be a single access point for Environmental Health monitored 7 days a week
- o   To provide access to expert outbreak cell members in West/East Berkshire, Thames Valley PHE and PH Consultants
- o   To provide local knowledge of outbreak control principles and testing process
- o   To provide contact of Public Health consultant on call

Membership

- o   CCDC/CHP (as Chair)
- o   Thames Valley Health Protection Team (PHE)
- o   PHE consultants and specialists as appropriate
- o   Director of Public Health (or nominated delegate from the outbreak expert cells, normally local consultant in public health)
- o   EHO as appropriate
- o   NHS Partners as appropriate
- o   Communications
- o   Appropriate experts as required
- o   Local Authority "place" knowledge e.g. school, LA, business , care homes, leisure

Reporting

- o   Report to Outbreak Management Group

Appendix 11 Health Protection Cells (Berkshire East/West Cell)

The Health Protection Cells led by the Strategic Director of Public Health or Deputy and will allocate experts as needed by councils. They will include experts with knowledge about outbreak management and will join incident management teams as requested by PHE and support council outbreak management teams in their local responses.

Terms of Reference

- o   SDPH or DDPH to allocate expert as needed by councils
- o   Experts with knowledge about outbreak management
- o   Join incident management teams as directed by PHE
- o   Manage outbreak in liaison with PHE
- o   Support council outbreak management teams
- o   Records and documentation of all incidents and cases

Membership

- o   Strategic Director of Public Health / Deputy Director Berkshire West
- o   Public Health Consultants x 3
- o   Environmental Health Officers
- o   Public Health Practitioners (TBC)

Appendix 12 Thames Valley Local Resilience Forum (LRF)

The Thames Valley Local Resilience Forum (LRF) will support local health protection arrangements working with HPB and Health and Wellbeing Board directly through the Strategic Co-ordinating Group (SCG), Tactical Co-ordinating Group (TCG), and the following Cells:

- Testing Cell
- Recovery Cell
- Community Hub Working Group
- Modelling Cell

The LRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak. They will also support exercising and testing of this plan.

Appendix 13 Thames Valley Testing Cell

To actualise the national and local objectives for testing and the 'Test, Trace, Track' policies.

Terms of Reference

o   Combine National strategy and local priorities into clear local policies and approaches to all aspects of Covid-19 testing, including anticipating the need to ramp up testing based on contact tracing and exit of lockdown.
o   Receive, review and monitor data and information regarding all aspects of test, track and trace programme.
o   Provide oversight and, where appropriate, co-ordination of all elements of the testing/tracing operational delivery.
o   Create clear and consistent operational documentation and communication regarding testing, tracking and tracing shared through agreed channels with national/regional and local partners and the public
o   Review national and local arrangements, evaluate such arrangements and propose changes/improvements to enhance local delivery of testing and contact tracing guidance.
o   Provide direction on the delivery of training to swab for Covid-19, particularly to the social care sector
o   Support, as appropriate, PHE Health Protection Teams and providers in their delivery of ICP training to front line key workers
o   Establishment, direction and management of any sub-groups directly related to the purpose of the group i.e. Key Worker Testing and Care Homes
o   Maintain an actions log
o   Maintain a project risk register to provide oversight of the risks and issues
o   Escalation to the LRF SCG of risks and issues needing rapid resolution
o   Liaison with neighbouring ICSs to facilitate efficiencies in testing service delivery, alignment of communications and whole population cover
o   Respond in a timely manner to National / Regional body requests for information / actions relating to delivery of testing and contact tracing guidance.
o   Consider any other matters where requested to do so by the Thames Valley SCG.

Membership

The Testing Cell will be chaired jointly (alternate meetings or in the other's absence) by:

➢   PHE Thames Valley
➢   Co Chair

Members of the Committee will be nominated by each of the organisations represented on the Testing Cell. As far as possible, membership should provide a balanced representation from TV localities and strategic partners. The Cell Chairs expect membership to be that of the title and roles within the above list. Fully briefed deputies with sufficient seniority and understanding to participate fully in the meeting are to attend in the absence of the nominated member.

Reporting

The Testing Cell is responsible and accountable to the Thames Valley SCG for the delivery of the national testing strategy to save lives and protect the NHS, via formal reports from the Chairs. The Cell will deliver its roles and responsibilities through a consensus approach.

Membership of the Testing Cell (including delegates) are responsible for declaring any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting.

The Chair will determine if there is a conflict of interest such that the member and/or attendee will be required to not participate in a discussion or otherwise limit their involvement in the meeting.

Appendix 14 Regional Oversight Group

Terms of Reference

- Provide strategic leadership for the Test and Trace programme across the SE
- Have oversight of the contact tracing element of the programme within the context of the wider test and trace programme, identifying and addressing issues relating to delivery of contact tracing,
- Have oversight of the COVID-19 outbreaks and hotspots, identifying where national or local action may be needed.
- Ensure effective pathways are in place between PHE's contact tracing and health protection teams, local government and NHS
- Identify learning from the IOW project to inform roll out of the national programme

Membership

- Alison Barnett, Regional Director, PHESE - Co Chair
- Simon Bryant, Director of Public Health, Hampshire and IOW - Co-Chair
- Trish Mannes, Deputy Director Health Protection, PHESE
- Paul Crook, Consultant Epidemiologist, PHE Field Services
- Charlotte Anderson, Senior Epidemiologist, PHE Field Services
- Directors of Public Health – to represent ICSs and LRFs and interface with local systems.
- Hannah Hamilton – Director of Finance and SRO Testing NHSEI SE
- Mike Burrell Communications Manager PHE SE

COVID 19 Testing Stations check list and Agreement

for the use of

Dinton Activity Centre

Between

Wokingham Borough Council (owner of the site) authorised by Outbreak Management team lead officer
……………………………… (Add in officer name)

And

……………………………………………………………………………… (Testing team)

Commencement date …………………………………………

	Terms and conditions check list	Agreed (Testing team officer to initial)
1	The testing team to take the site in its current condition evidenced by photographs	
2	To use the site **only** for a COVID 19 Testing Station in accordance with Government guidelines for such specific use.	
3	The testing team's organisation to take full responsibly for the use of the site and any consequences flowing from this use as a COVID 19 Testing Station and to indemnify Wokingham Borough Council against and resulting issues relating to the use of the site.	
4	To provide the Outbreak Management team lead officer (add in name) with a minimum of 24 hours' notice of any issues arising from the use of the site resolved or otherwise **Email:** Add in contact details **Tel:** Add in contact details	
5	To provide the Outbreak Management team lead officer with a minimum of 24 hours' notice of the vacating of the site and surrender back to Wokingham Borough Council	
6	To surrender the site in no worse condition evidenced by photographs	

Signed on behalf of ………………………………………………. Testing Team

Signature ………………………………………………………………………………

Name ……………………………………………………………. Please print

Job Title …………………………………………………………………………

Organisations full address ………………………………………………………………

………
………………………………..

Contact Number ………………………………………

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TITLE	**Integration Update**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 August 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	N/A

RECOMMENDATION That the Board notes the update provided
SUMMARY OF REPORT As Health and Social Care colleagues return to business as usual, the Wokingham Integrated Partnership Leadership group has agreed the programme of work for 2020/21. The programme plan aligns with the strategy for the Wokingham Wellbeing Board as well as the NHS Long Term Plan. It takes account of best practise and has been shaped, and subsequently agreed by all of the partners as the way forward post-COVID-19.

Background

The programme plan is set to 5 key priorities and has a total of 16 projects. This is how the programme breaks down:

WIP Objective/Link with NHS Long Term Plan	Priority Area	Sub Priority OR Purpose	Project Details	
Partnerships & Better Health. Integrated Care, Engagement and Partnerships	**Supporting Primary Care Network Development**	**MDTs - Risk Stratifying**	**Project 1:**	MDTs - Risk Stratifying using PHM approaches
		Development of Social Prescribing across Wokingham Borough	**Project 2:**	Development of an integrated approach to Social Prescribing across Wokingham Borough
			Project 3:	Development of innovative approaches to social prescribing in PCN's
Partnerships, Batter Care & Better Health. Integrated Care, Engagement & Partnerships.	**Integrated Care Network Development - pulling together of community health, ASC and VCSE services into a single model which wraps around the PCNs**	**Community Capacity**	**Project 4:**	Reflection of COVID care home support experience (Care Home Support Response), including improved integration between RRAT and general practice in care homes
			Project 5:	Integrated Triage for Reablement implemented in Wokingham.
			Project 6:	Social Work Liaison with PCN's
			Project 7:	Developing mental health services within PCNs
			Project 8:	Development of integrated local Leg Ulcer pilot
		Culture Change	**Project 9:**	Explore all opportunities to develop the 'One Team Ethos', including utilising wider staff in development of any transformation work.
			Project 10:	Invest in the development and joint training of multidisciplinary team (MDTs) to transform their skills, cultures and ways of working.
		User Experience	**Project 11:**	Improve user experience of services funded by the BCF, and across the system

Better Value, Integrated Care and Strategy	Creating Healthy Communities (Prevention)/ Design our Neighbourhoods	Creating Healthy Communities /Designing Neighbourhoods	Project 12:	To create a Philosophy which underpins all the projects in the programme
		Creating Physically active communities	Project 13:	Supporting people to be more active in the community
		Reduce Social Isolation	Project 14:	Develop the Friendship Alliance Model throughout 2020/21 as per the service specification
Better Value, Better Health, Integrated Care	Implement Population Health Management across Wokingham Borough	Driving the population health management approach at a locality and neighbourhood level, which aligns with the ICP and ICS approach	Project 15:	Agree PHM approach at a locality and neighbourhood level based on Berkshire West ICP approach
Partnerships, Better Value, Better Care, Better Health, Integrated Care & Strategy.	Better Care Fund Programme	Managing and reporting the BCF, iBCF, Winter Pressures money and integration planning	Project 16:	Ensure continued delivery of the National BCF programme

The projects are currently being planned to be delivered in the financial year, however, given the ambitious nature of running 16 projects and there being risks associated with COVID-19 (past, present and potentially, future), there is potential for the projects to run past the end of the financial year. Timelines and resourcing for each project will be developed during scoping for each of the projects.

During the Wokingham Integrated Partnership Leadership meeting it was great to see that all the partners were engaged and looking to support the projects. There are 8 project managers, with 3 parts of the Council represented, along with the Clinical Commissioning Group and Berkshire Health Foundation Trust. Senior Responsible Officers come from 5 partner organisations, with Primary Care Network Clinical Directors aligned to each of the projects. This reflects the established nature of the Wokingham Integrated Partnership, and the understanding of the group that this work will lead to an improvement in the experience of the people of Wokingham.

Strategically, as listed above in the table, the Programme aligns with several elements of the NHS Long Term Plan and Wokingham Wellbeing Board strategy. The Programme also aligns with the Buckinghamshire, Oxfordshire, West of Berkshire (BOB) Integrated Care System Priorities as this programme supports:

- Preventing ill health, by shifting focus from treatment to prevention and adopting a population health management approach to strategic planning and service delivery
- Collaborating across Acute Trusts, and with other partners, to improve efficiency and optimise available capacity across the system
- Increase our ability to support people in their own homes and avoid an urgent & emergency visit to hospital

The next step is scoping and then on to project implementation, as COVID-19 has slowed progress this year, we will be moving through the scoping phase as quickly as possible, leaving us the maximum amount of time to implement our work, ideally this will be starting no later than November 2020 for most projects.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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

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.

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2020/21

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
	CCG Operating Plan	Required	Required	CCG	Performance
	CCG – how the NHS are using the life course in their Covid 19 recovery plans	Update	Updaye	CCG	Performance
	Berkshire West Health and Wellbeing Strategy update	Update	Update		
	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**
- **Children and Young people's partnership priorities**