



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held Virtually on **THURSDAY 8 OCTOBER 2020 AT 5.00 PM**

Susan Parsonage
Chief Executive
Published on 30 September 2020

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/z4NikRYbspI>

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Creating Healthy & Resilient Communities

Key Priorities



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

ITEM NO.	WARD	SUBJECT	PAGE NO.
16.		APOLOGIES To receive any apologies for absence	
17.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 10 September 2020.	5 - 8
18.		DECLARATION OF INTEREST To receive any declarations of interest	
19.		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	

20.		MEMBER QUESTION TIME To answer any member questions	
21.	None Specific	STRATEGY INTO ACTION To receive a report regarding Strategy into Action.	9 - 42
22.	None Specific	DESIGNING OUR NEIGHBOURHOODS UPDATE To receive the Designing our Neighbourhoods Update.	43 - 44
23.	None Specific	COVID SITUATION REPORT To consider the Covid Situation Report.	45 - 58
24.	None Specific	FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year.	59 - 62

Any other items which the Chairman decides are urgent

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

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 10 SEPTEMBER 2020 FROM 5.00 PM TO 5.50 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	Voluntary Sector
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Matt Pope	Director, Adult Social Care & Health
Jim Stockley	Healthwatch

Also Present:

Chris Barrett	
Neil Carr	Democratic Services
Sarah Rayfield	
Ingrid Slade	
Lewis Willing	Head of Health and Social Care Integration

6. APOLOGIES

Apologies for absence were submitted from Sam Burrows, Graham Ebers, Tessa Lindfield, Susan Parsonage and Katie Summers.

7. MINUTES OF PREVIOUS MEETINGS

The Minutes of the meeting of the Board held on 11 June 2020 and the extraordinary meeting held on 9 July 2020, were confirmed as a correct record.

8. DECLARATION OF INTEREST

There were no declarations of interest.

9. PUBLIC QUESTION TIME

There were no public questions.

10. MEMBER QUESTION TIME

There were no Member questions.

11. WOKINGHAM WELLBEING STRATEGY PROGRESS REPORT

The Board considered a report which gave details of progress against the targets which underpinned the Wokingham Wellbeing Strategy.

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

- Ingrid Slade introduced the report and stated that it set out progress against local targets, achievements, opportunities and actions.

- All services/programmes had responded positively to the challenges arising out of the Covid-19 pandemic, with most agencies adapting to Government guidelines whilst continuing to offer critical services to vulnerable groups.
- Despite Covid-19, there had been positive achievements in relation to physical activity/inactivity in the Borough.
- Rates of social isolation and loneliness had increased since the lockdown in March 2020. In response, local providers had adapted to maintain service provision in light of social distancing measures. Further work was needed to support services designed to help residents who had lost their jobs as a result of Covid-19.
- The Drug and Alcohol service had seen a recent increase in alcohol-related referrals from the community mental health team.
- The national NHS Better Health Campaign had been launched with the aim of encouraging people to engage with positive, healthy habits. A Healthy Weight Briefing (Appendix C) had been developed.
- The full impact of the Covid-19 pandemic, over the past six months, was still emerging.
- There were known gaps in available demographic data, for example in relation to target groups such as the BAME community.
- In relation to Appendix A, the Board discussed the involvement of partners in the local action groups being established for the three key priority areas.
- Philip Cook offered to provide potential voluntary sector contacts for each group. Philip also suggested involvement from the emergency services.
- David Hare suggested that consideration should be given to the involvement of service users in the groups.
- Carol Cammiss suggested the involvement of care leavers as key stakeholders.
- Appendix B to the report was the first iteration of short term measures or qualitative/quantitative feedback to support the overall strategy.

RESOLVED That:

- 1) the stages, detail of action and timeframes for the development of the action groups to progress the priorities and provide regular, efficient and effective reporting to Health & Wellbeing Board partners (Appendix A), be noted;
- 2) key stakeholders and partners who are required to co-lead or be involved in each priority be approved, as set out above;
- 3) the summary of progress captured to August 2020 and the short term actions to be monitored until formal reporting is implemented (Appendix B), be noted;
- 4) inequality measures identified through the Covid-19 pandemic, that is obesity (healthy weight) and BAME as a priority group, be incorporated into the Health and Wellbeing Board priorities;
- 5) known gaps in demographic data available from services/programmes – particularly around target groups such as BAME (emerging following work completed to produce Appendix B) be noted;
- 6) wider public engagement be incorporated in the development stage and the future performance monitoring of the strategy and link with the neighbourhoods plan.

12. DESIGNING OUR NEIGHBOURHOOD

The Board considered an update on Designing our Neighbourhood which is the philosophy underpinning all of the project activities in the Wokingham Integrated Partnership.

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

- Lewis Willing introduced the report and provided a presentation on the Designing our Neighbourhoods philosophy. The aim was to support a data-led approach, seeking input and feedback from the community and creating a “one team ethos” in order to support residents of the Borough.
- The process involved scoping out the projects in the programme followed by a second design workshop which would examine each project. Finally, a tour of Town and Parish Councils would explain the local projects and their focus.
- In relation to the second design workshop, attendees would be the partners who took part in the first workshop including voluntary sector, Wokingham Borough Council, CCG, PCN, BHFT, Healthwatch, Patient Experience Group and Town and Parish Councillors.
- It was hoped that the second workshop would take place in October, allowing implementation of the projects to commence in November 2020.

RESOLVED: That the proposals in the report be endorsed.

13. JOINT HEALTH AND WELLBEING STRATEGY FOR BERKSHIRE WEST

The Board considered an update report on the development of the Joint Health and Wellbeing (JHWB) Strategy for Berkshire West.

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

- Sarah Rayfield introduced the report and provided a presentation to the Board. Sarah reported that progress to date included:
 - Evaluation of each of the existing JHWB strategies;
 - Identification of future priorities from the local authorities;
 - Engagement with voluntary groups;
 - Engagement with CCG/RBH/BHFT;
 - Public engagement to identify priorities, including “hard to reach” communities;
 - “What is Missing” data review to identify population need;
 - Creation of a long list of approximately 30 potential priorities;
 - Prioritisation process through two workshops in August 2020.
- Progress to date had highlighted several challenges including limited capacity within the team and the system and impact of the Covid-19 pandemic which had made public engagement difficult. The team were working to co-produce a wider piece of engagement to be used further along the process.
- Next steps included analysis of the online survey, further development of potential priorities to identify 10-12 priorities and co-production of an engagement plan with key stakeholders.
- Charles Margetts asked about the public consultation, how it reflected the different needs of the three boroughs and the breakdown of responses into the three areas. Sarah confirmed that the aim of the strategy was to target the value added across the wider area whilst recognising the particular issues in each borough.
- Whilst recognising the challenges caused by the pandemic Charles felt that the current number of responses (130) need to increase significantly in order to understand the needs of residents across the area.

- Philip Cook asked about the breakdown of the 130 responses. Sarah confirmed that 20% of the responses originated in Wokingham Borough. The survey asked about location, age and ethnicity.
- Debbie Milligan agreed on the need to increase the number of respondents to the survey and stated that responses would be different as a result of the impact and experience of Covid-19.

RESOLVED: That the update report on the development of the Joint Health and Wellbeing Strategy for Berkshire West be noted.

14. INTEGRATION UPDATE

The Board considered an update report on Wokingham Integrated Partnerships activities.

During discussion of this item the following points were made:

- Lewis Willing introduced the report and confirmed that the Wokingham Integrated Partnership Leadership Group had agreed the programme of work for 2020/21.
- The work programme aligned with the Board's strategy and the NHS Long Term Plan. It had been agreed with all the partners as the way forwards post Covid-19. The programme also aligned with the Buckinghamshire, Oxfordshire, West of Berkshire (BOB) Integrated Care System Priorities.
- The programme was set to five key priorities and contained 16 projects. Details of the projects were set out in the report.
- It was noted that all the partners were engaged and committed to supporting the projects. There were eight project managers drawn from the Council, CCG and the BHFT.
- As Covid-19 had delayed progress it was aimed to move through the project scoping phase as quickly as possible. Ideally, this meant that most of the projects would commence no later than November 2020.

RESOLVED: That the integration update report be noted.

15. FORWARD PROGRAMME

The Board discussed the Forward Programme.

RESOLVED: That the Forward Programme be noted.

Agenda Item 21.

TITLE	Strategy into Action
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 8 October 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Ingrid Slade, Head of Public Health, Wokingham Borough Council Matt Pope, Director of Adult Social Services Carol-Anne Bidwell, Service Manager, 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: <ul style="list-style-type: none"> • Creating Physically Active Communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • To review the progress in the establishment of three Action Groups, as outlined in the accompanying presentation (Appendix A), to deliver on the Wellbeing Board objectives. • To note the co-chairs, key stakeholders/membership, Action Group objectives, proposed terms of reference, meeting agendas and frequency of meetings and deliverables. • To invite input from Board members on these Action Groups and progress to date. • To note the summary of progress captured to end of September 2020, these short summary reports will remain in place and until formal reporting is implemented (Appendix B).
What (if any) public engagement has been carried out?	Public Health has engaged with local partners and identified short term measures to deliver on the Board's priorities.
State the financial implications of the decision	None

RECOMMENDATION
1) To review the progress in the establishment of three Action Groups, as outlined in the accompanying presentation (Appendix A), to deliver on the Wellbeing Board objectives.

- | | |
|----|---|
| 2) | To note the co-chairs, key stakeholders/membership, Action Group objectives, proposed terms of reference, meeting agendas and frequency of meetings and deliverables. |
| 3) | To invite input from Board members on these Action Groups and progress to date. |
| 4) | To note the summary of progress captured to end of September 2020, these short summary reports will remain in place and until formal reporting is implemented (Appendix B). |

SUMMARY OF REPORT

Background

The Wokingham Wellbeing 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. Short term measurables were presented to the August Board and the Public Health team have continued to work with key stakeholders, an update of progress to date can be found in Appendix B.

The accompanying presentation to this paper outlines how we propose to formalise this partnership working to deliver on our objectives through the establishment of three Action Groups.

This paper outlines the reasoning and suggested approach for the establishment of three Action Groups, reporting monthly to the Wellbeing Board on progress to deliver the objectives set out in the Strategy. This will enable the Board to have oversight. Specifically Board members are asked to:

- To review the progress in the establishment of three Action Groups, as outlined in the accompanying presentation (Appendix A), to deliver on the Wellbeing Board objectives.
- To note the co-chairs, key stakeholders/membership, Action Group objectives, proposed terms of reference, meeting agendas and frequency of meetings and deliverables.
- To invite input from Board members on these actions groups and progress to date.
- To note the summary of progress captured to end of September 2020, these short summary reports will remain in place and until formal reporting is implemented (Appendix B).

Despite COVID-19, progress has been achieved to deliver on the shared objectives as evidenced in Appendix B. However, there are clear opportunities to formalise and improve real progress through the establishment of the three Action Groups which will each focus on one of the three priorities of the Wellbeing Board. These Action Groups will work collaboratively whilst each focussing on their own specific objective, sharing learning and insights across the groups. Each will report on a monthly basis to the Board on progress and challenges and each will incorporate feedback from the Board into their meetings, reporting structure and methods of collaborative working.

The aim of the Action Groups is to enable the Board to have a more strategic role in shaping how current and future local services are delivered through a better informed and integrated approach to delivering on shared objectives and outcomes. This work will encompass the overarching aim of achieving better outcomes for residents against a background of pressured budgets, the dynamic impact of the COVID pandemic and support true partnership working. Importantly, the Action Groups will facilitate integration of services across the partnership to improve the health and wellbeing of our local communities. The action groups will establish clear accountabilities and will be flexible in reflecting the different needs of our communities and importantly will ensure effective engagement from all partners including the Council, CCG, Healthwatch, the Voluntary Sector and commissioned service providers where appropriate.

Analysis of Issues, including any financial implications

There are no financial implications to the report presented here, however this builds upon the papers presented in August outlining how the tier 2 healthy weight programme will be incorporated into the broader work of the physically active communities Action group. This financial commitment for Tier 2 weight management services is a planned cost accounted for in the Public Health budget.

Partner Implications
The success of the Action Groups is dependent on meaningful engagement and support through active membership where appropriate to each partner agency.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix A – Wellbeing Board Action Groups Presentation Appendix B – Key Priority Areas Summary of Progress to September 2020

Contact Ingrid Slade	Service Public Health
Telephone No	Email Ingrid.Slade@wokingham.gov.uk

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Action Groups

WBC Wellbeing Board

Objectives, Membership & Timelines

October 2020

Public Health Team
Wokingham Borough Council
Public.Health@Wokingham.gov.uk

- Introduction
- Wellbeing Board Priorities
- Network of stakeholders
- Action Group Objectives
- Action Group Membership
- 14
- Proposed terms of reference & Meeting agendas
- Frequency of meetings & Deliverables



- The **Wokingham Wellbeing Board** is a multiagency forum that meets regularly to discuss and tackle public health issues.
- Local Authorities have a **statutory duty** to host the forum; bringing together leaders from the following groups:
 - Local Authority Public Health Practitioners
 - 15 ➤ Local Elected members
 - Clinical Commissioning Groups
 - Local Authority Corporate Directorship
 - Community leaders from across the social and voluntary care system
 - Local agencies of the department of health.

- The Wokingham Wellbeing Board has **three priorities**:
 - **increase rates of physical activity,**
 - **reduce social isolation**
 - **and loneliness and reduce health inequalities**
 - **Action Groups** are being assembled to **progress** work for the each priority.
 - The Action Groups will setup a **reporting structure** to update the Wellbeing Board for ongoing steering and governance.
- To learn more about the Wokingham Wellbeing Board and it's current membership: [Click Here](#)

Recap on the **three priorities** for the Wokingham Wellbeing Board:

1

Creating **Physically Active** Communities

Facilitating physical activity to improve health outcomes irrespective of whether individuals achieve weight loss.

Promoting physical activity among target groups to reduce the risk of long term conditions such as coronary heart disease and stroke.

Encouraging people to be physically active as a means to reduce premature mortality.

2

Reducing **Social isolation and Loneliness**

Connecting vulnerable residents with quality-assured services and activities.

Tackling risk factors for social isolation and loneliness: E.g. language barriers, education & employment, mental illness, financial difficulty, old age.)

Helping people to build better social relationships to protect and improve physical and mental health.

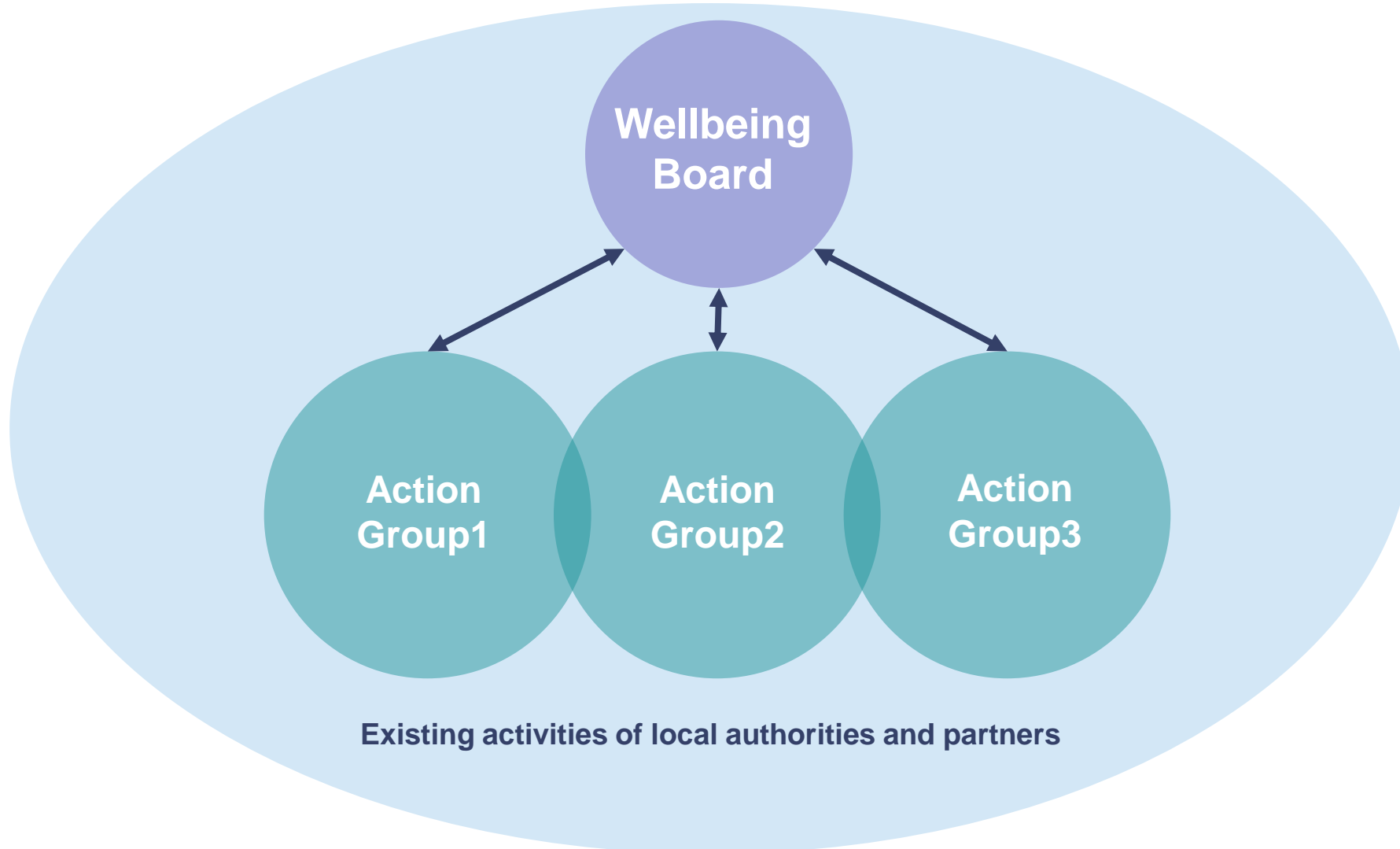
3

Narrowing **health inequalities**

To reduce the avoidable differences in people's health across social groups, demographics, and geography.

Prevention and early intervention that is proportionate to the level of disadvantage.

Each of the Wellbeing Board **Action Groups** will harness the **good work** that is **already happening** across the organisation and the wider community.



Proposed Objectives

for each Action Group

Opportunities to improve on progress

- Review pathways into local walking & cycling training programmes – specifically from health-based settings i.e. GPs, Social Prescribers.
- NHS England 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.
- Programme/s of work targeting children for improving physical activity/reducing weight need further scoping –work has started within the Healthy Schools offer and local Back to School campaign.
- 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 on waiting lists – note waiting list for My Journey initiatives.

Action group members to co-produce outcome measures in reporting template and dashboard for the wellbeing board.

Proposed Long Term Success Measures

Each of the success measures below are made publicly available via PHE's health statistics website: [Fingertips \[Physical Activity Indicators\]](#)

1. Increase the percentage of adults walking for travel at least three days per week
2. Increase the percentage of adults cycling for travel at least three days a week
3. Increase the Percentage of adults physically inactive (completing less than 30 minutes of physical activity a week)
4. Increase the percentage of physically active adults
5. Decrease the percentage of adults (aged 18+) classified as overweight or obese
6. Increase the percentage of activity levels for children and young people
7. Decrease in the prevalence of overweight (including obesity) Reception (4 - 5 years and Yr 6).

Opportunities to improve on progress

- **WBC Adult and Community Learning Service** could provide targeted training to vulnerable residents to improve technology skills; improving employability and combatting digital exclusion
- **Library services** deliver a variety of social activities to foster meaningful networks help to reduce social isolation.
- Wokingham has an active **Voluntary and community Sector** which deliver a variety of services including befriending services for the elderly.
- **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 Individual Placement and Support.
- Improve and protect **emotional wellbeing** of **children and young people** - reducing self harm and other symptoms of social isolation and loneliness.

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Action group members to co-produce outcome measures in reporting template and dashboard for the wellbeing board.

Proposed Long Term Success Measures

Each of the success measures below are made publicly available via PHE's health statistics website: [Fingertips \[Social Isolation Indicators\]](#)

1. Increase the percentage of users of adult social care who had as much social contact as they wanted
2. Decrease the percentage of 16-17 year olds not in education or training.
3. Decrease the Rate of children in need due to abuse of neglect.
4. Increase employment of people with mental illness or learning disability
5. Reduce hospital admissions as a result of self-Harm (15 to 19 year olds)

Opportunities to improve on progress

- There is an opportunity for Personal, Social and Educational (PSHE) Network to be created so as to further support schools to deliver consistent and quality PSHE.
- Opportunities to set up regular reporting on work/services for disadvantaged groups low income households, ethnic minority backgrounds.
- The Tenancy Sustainment Team for WBC would welcome the opportunity to share further information with the HWB to improve support residents experiencing financial instability.
- There is an opportunity to look at local data and reporting on all contraception to help inform future planning of LARC contraception services for women.

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Action group members to co-produce outcome measures in reporting template and dashboard for the wellbeing board.

Proposed Long Term Success Measures

Each of the success measures below are made publicly available via PHE's health statistics website: [Fingertips \[Health Inequality indicators\]](#)

1. Reduce Gap in the employment rate between those in contact with secondary mental health services and overall employment rate (Persons, 18-69 years)
2. Improve Average Attainment 8 score of children in care (Person, 15,16)
3. Reduce rates of infant Mortality (Persons, <1 year)
4. 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. Reduce rates of fixed period exclusions – primary and secondary schools.
6. Reduce Smoking Prevalence among target groups - Routine & Manual Workers AND pregnant women.

Membership

for each Action Group

Proposed Core Members for each Action Group

1

Creating **Physically Active** Communities

Co-Chair:

- WBC Sports & Leisure
- Public Health

2

Reducing **Social isolation** and Loneliness

Co-Chair:

- Involve (VCS)
- Public Health

3

Narrowing **health inequalities**

Co-Chair:

- [TBC]
- Public Health

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- WBC Sports & Leisure
- Public Health
- Get Berkshire Active
- Sport in Mind
- Places Leisure
- Parks and Recreation Teams
- My Journey Team
- Modeshift STARS travel planning team

- WBC Adult and Community Learning Team
- WBC Libraries Service
- WBC Sports and Leisure Team
- Optalis Supported Employment Service
- Social Prescribers & Community navigators
- Community Engagement
- Emotional Wellbeing Lead for Children and young people

- Children's Services
- Adult Social Care (incl.CMHT)
- Community Engagement
- Early years services
- Voluntary Sector
- Primary Care Network Leads
- Tobacco Control Alliance
- Berkshire West CCG

Timelines

for each Action Group

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Stage	Detail	Timeframe
Review and define	<p>Current system & partners</p> <p>Model of approach to development, design of working groups</p> <p>Key stakeholders & partners involved in physical active</p> <p>Existing and emerging strategies and action plans across systems and partners e.g. WBC Leisure Strategy</p>	Underway
Engage	<p>Partner engagement</p> <p>Identify existing Partnerships/ Boards and relationship e.g. Wokingham's Integration Partnership & Leadership Board</p>	Underway
Develop	<p>Establish local action group for delivery of creating physically active communities to:</p> <ul style="list-style-type: none"> • Agree terms of reference, aims and objectives • Agree Leadership/Co-leadership of group • Agree quality assured short term priorities, targets and timescales • Establish reporting/monitoring process mapped to public health outcomes 	By December 2020
Deliver	<p>Co-production of regular reporting to Health & Wellbeing Board partners</p> <p>Evaluation of impact against public health outcomes framework</p>	By January 2021

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Stage	Detail	Timeframe
Review and define	<p>Current system & partners</p> <p>Model of approach to development, design of working groups</p> <p>Key stakeholders & partners involved in reducing social isolation and loneliness – across all ages</p> <p>Existing and emerging strategies and action plans across systems and partners e.g. Suicide Prevention Strategy</p>	Underway
Engage	<p>Partner engagement</p> <p>Identify existing Partnerships/ Boards and relationship</p>	Underway
Develop	<p>Establish local action group for delivery of creating physically active communities to:</p> <ul style="list-style-type: none"> • Agree terms of reference, aims and objectives • Agree Leadership/Co-leadership of group • Agree quality assured short term priorities, targets and timescales • Establish reporting/monitoring process mapped to public health outcomes 	By January 2021
Deliver	<p>Co-production of regular reporting to Health & Wellbeing Board partners</p> <p>Evaluation of impact against public health outcomes framework</p>	By February 2021

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Stage	Detail	Timeframe
Review and define	<p>Current system & partners</p> <p>Model of approach to development, design of working groups</p> <p>Key stakeholders & partners</p> <p>Existing and emerging strategies and action plans across systems and partners e.g. Children & Young People’s Prevention & Early Intervention Strategy, WBC Leisure Strategy</p>	Underway
Engage	<p>Partner engagement</p> <p>Identify existing Partnerships/ Boards and relationship e.g. Children & Young People’s Board, Youth Offending Board, Community Safety Partnership Board</p>	Underway
Develop	<p>Establish local action group for delivery of narrowing health inequalities</p> <ul style="list-style-type: none"> • Agree terms of reference, aims and objectives • Agree Leadership/Co-leadership of group • Agree quality assured short term priorities, targets and timescales • Establish reporting/monitoring process mapped to public health outcomes 	By January 2021
Deliver	<p>Co-production of regular reporting to Health & Wellbeing Board partners</p> <p>Evaluation of impact against public health outcomes framework</p>	By March 2021

Meeting Logistics

Terms of Reference

Each Action group to review and agree terms of reference that includes clarity on the following:

- Aims and accountability (ways of working)
- Governance
- ²⁹ Conduct of Business (meeting frequency, agendas)
- Decision Making
- Reporting

Meeting Agendas

Once roles/responsibilities are assigned and agreed the format for each meeting will be as follows:

- Feedback from recent Wellbeing Board
- Review updates of 'outcome data' for report into HWBB
- Round Table Updates: each service provider to provide a brief summary of activity over recent time-period
 - Sharing unmet needs, risks and issues
 - Sharing opportunities for integrated working (collaboration and generation of new outcome data)

Frequency of Meetings

- Once a month (dependent on action group)
- Meeting dates must be scheduled in accordance with Wellbeing Board meeting schedule: to allow time for reports to be delivered and reviewed by board members.

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Deliverables

- Ideally short, succinct written summaries for the Wellbeing Board highlighting:
 - Recent service provider activity (summarising progress and barriers)
 - Findings from any recent client level surveys/qualitative research
 - Objectives for the next few weeks
 - General summary of whether the Action Group are achieving success measures

Discussion / Q&A

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KEY PRIORITY AREAS 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 has been achieved since August 2020?

- ❖ Wokingham Borough Council saw the successful opening of Bulmershe Leisure Centre which provides a brand new facility for residents and access to new programmes. There has been a much higher rate in membership sales than predicted and to date has achieved a high usage rate (August Sales –567 Actual sales compared to a Target of 130 sales) September Sales 112 sales with 56% of the month gone.
- ❖ Wokingham Borough Council's Sports & Leisure Team have restarted local targeted referral programmes – this includes Cancer Rehabilitation, Steady Steps (Falls Prevention), GP Referral Physical Activity Scheme, Long Term Conditions exercise programme, Phase IV Active Hearts and the Mindful Health and Wellbeing Programme. There is work going on to look at the referral pathway from GPs into these programmes.
- ❖ The Long Term Health Gym has the potential to expand through the provision of additional sessions and space. Actions to date include sessions have now all returned, whilst capacity has been reduced due to COVID-19 restrictions additional sessions have been added together along with the additional sessions at the long term health gym that is now available at the new Bulmershe leisure centre.
- ❖ A new cohort of steady steps is due to start in the next few weeks, work also continues to support home visits for those identified via Adult Social Care.
- ❖ Bikeability programmes offered by the My Journey team were restarted with many children being trained in August. Between June and September 231 children participate in L1 and /or 2 training and 63 children in were L3 trained. Level 3 numbers are higher than last year, when 74 children were trained across the whole year.
- ❖ My Journey ran some intensive days of *Learn to Ride* sessions during August to reduce waiting lists. Sessions provided opportunities for younger children to learn to ride before starting school. 36 children participated in these sessions.
- ❖ A local *Back to School* campaign has been commissioned. The provider, Intelligent Health commenced the campaign at the end of August and it will continue to run until October half-term with separate posts focusing on both primary and secondary

- schools. The campaign is multi-faceted but is seeking to raise awareness of the protective factors of physical activity (active travel to school) on boosting mood and learning capacity by improving concentration, creativity and memory.
- ❖ Wokingham's Communications Team are using the Council's linked-in channels to continue promoting walking and cycling to work, which can help make you feel fitter, happier and healthier.
 - ❖ The analytics of activity on the My Journey website showed in August they were significantly up with a 34% increase compared to August 2019
 - Hits on the main walking page were up by 73%
 - Hits the school and cycling information pages had more than doubled
 - Hits on bus information showed a significant drop from 820 in August 2019 to 127 in August 2020.
 - ❖ My Journey ran a successful loan bike scheme during the summer offering bikes to key workers and extending to WBC staff and foster families. Some bikes remain with these individuals to encourage them to continue cycling this autumn
 - ❖ My Journey continue to run successful Dr Bike checks for residents in different parts of the borough. This is widely promoted through main communication channels and sessions are regularly fully booked.
 - ❖ Results were collated for Mums' Zone a holistic health and wellbeing intervention for new mums with the aim of improving mental and physical health through a program consisting of low-moderate intensity physical activity (yoga) and wellbeing support indicating:
 - mean total physical activity levels increased
 - Sedentary behaviour decreased
 - Sleep increased
 - Mean scores on the Edinburgh Postnatal Depression Scale decreased over the course of the program
 - ❖ Planned Summer Camps went ahead over August, however low numbers during this period impacted on the delivery of all those initially planned. COVID requirements of the camps i.e. limited numbers and only being run outside, contributed to this.

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.
- ❖ 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.	Commenced September 2020	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
Ongoing expansion of programmes within the new Bulmershe facility	Ongoing	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

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 has been achieved since August 2020?

- ❖ WBC Adult and Community Learning Services continue to deliver all of their courses online and have been able to adapt to the challenges of teaching various classes remotely to clients with varying levels of computer literacy. Some of their students have health and social vulnerabilities so the online classes (delivered through MS Teams and Zoom) have also allowed students to make meaningful connections and foster social networks.
- ❖ Certain parts of the Voluntary and Community Sector have maintained a good level of provision for social care service users; with the link visiting scheme offering a suite of online training for volunteers and clients: Psychological First Aid, Diploma in Mental Health, Emotional Support for families bereaved by COVID deaths and Digital Wellbeing.
- ❖ The Optalis Supported Employment service have increased demand for employment support since the beginning of the pandemic. Over the past month they have supported individuals who have been furloughed and needed extra guidance and support to remain stimulated and motivated whilst remaining at home, ensured individuals who are still looking for work continue to move closer to the employment market by undertaking remote training, interview practice and applications where appropriate. The team has also continued to provide employment support to those who have been deemed as key workers to ensure they are able to work within the guidelines laid out by the government and remain safe at work.

What are the opportunities to improve or progress?

- ❖ Many of the council's library activities are worried about the prospect of a second wave (with many of these services needing to be put on hold during lockdown and the closure of library services). Since the libraries have reopened (beginning of August) a few social activities have resumed and a great deal of effort has been made to increase uptake.
- ❖ The Council's Drug and Alcohol service (SMART) has seen a recent spike in Alcohol related referrals since the beginning of September. This is expected to continue well into the winter months. Service managers are suspecting the reason for this to be linked with end of the furlough scheme (anxieties caused by unemployment). Anxiety caused by people being forced to go back into work whilst worried about risk of COVID and second wave.
- ❖ Wokingham Borough Council's Sports & Leisure Team have restarted local targeted referral programmes for vulnerable groups that have been greatly impacted by lockdown. This includes Cancer Rehabilitation, Steady Steps (Falls Prevention), GP Referral Physical Activity Scheme, Long Term Conditions exercise programme, Phase IV Active Hearts and the Mindful Health and Wellbeing Programme.

Priority 2: ACTIONS		
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
<p>To reduce the gap between a child born in the most and least deprived area will experience over their life time</p>	<ol style="list-style-type: none"> 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 has been achieved since August 2020?

- ❖ Ongoing contact with Citizen Advice Bureau has shown that demands for the service continue to increase. Formal reporting on numbers and activity will be provided after the next quarterly contract monitoring meeting.
- ❖ RBH Maternity Services have commenced the scoping exercise for use of funding secured for addressing excess weight gain during pregnancy.
- ❖ The Breastfeeding Network (BfN) have continued to successfully maintain their 6 weekly support sessions during COVID-19. BFN have scheduled their Online training

which will be run via Moodle discussion forums and Zoom group video calls. The training will run from 8th October through to January 2021.

- ❖ The School Nursing and Health Visiting Services (0-19(25)) are beginning to recover. School Nursing services continue to run virtual clinics and also offer face-to-face for at risk children. Where Schools cannot reasonably allow School Nurses access to the school alternative venues are used. Some Virtual Clinics, such as Enuresis and Medical Awareness Training, which were established during COVID have proved popular and these continue on a virtual basis. Health Visiting continue but face-to-face work is hampered by access to venues, baby weigh clinics are being held at Wokingham Hospital.
- ❖ There is a reciprocal arrangement with School Nursing and the Immunisation Team with the School Nurses supporting the Immunisation Team during the flu season and the Immunisations Team supporting the School Nurses when the NCMP is re-instated in January.
- ❖ 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, reducing added sugar by 60% since they started their Sugar Reduction Programme. They have also developed a new range of Added Plant Power recipes, following on from increased pupil awareness about how their eating habits impact the environment that we live in.
- ❖ Over half of smokers who accessed the specialist stop smoking service in Q1 2020/21 were from a target group;
- ❖ In Q1 2020/21 2 out of 4 pregnant smokers successfully quit and nearly 80% of those in routine and manual working roles successfully quit (33 out of 42)
- ❖ Of the pregnant women who access the service, 2/3 successful quit at both 4 and 12 weeks;
- ❖ Nearly 13% of successful quitters in Q1 2020/21 were from a BAME background.
- ❖ Two stakeholder engagement survey's on helping us shape a future stop smoking service are currently 'live'. The community survey is opening until 4th October and the health professional's one until 28th October. This is being promoted throughout partner networks.
- ❖ Local Stop Smoking service provider are working with Berkshire West CCG to scope new opportunities to improve 'referrals' into the service.
- ❖ Planning for communications around Stoptober campaign are underway – there has been a national delay to the materials being released, not due until 18th September and campaign due to start 21st September. Wokingham's Public Health and Comms team will be sharing with Berkshire West stakeholders as soon as they are available.
- ❖ Sexual Health Awareness Week 14th – 20th September – this year the campaign has celebrated the return of compulsory SRE sessions. Wokingham have been promoted resources and information to school leads to support them with the implementation. Locally, Safe Sex Berkshire have been promoting inclusiveness, a new 'Sex and Disability' page has been added to the local website and there are ongoing plans to add further resources so as to support local residents.
- ❖ WBC's adult social care provider, Optalis, offers a supported employment service with the aim to reduce social inequality by supporting residents with learning difficulties and other mental illnesses.

- ❖ The COVID impact survey was recently developed to understand how COVID has affected BME groups disproportionately during lockdown. The findings from this survey will help Wokingham Borough Council to better identify local support needs and help to signpost assistance programmes in a more targeted fashion.
- ❖ The Public health team in WBC are also currently working to develop BME-specific health promotion to inform specific groups about minimising their risk to COVID transmission and mortality.

What are the opportunities to improve or progress?

- ❖ The Wokingham Children & Young People's Partnership Board's strategy and action plan aims to take positive steps to narrow the health inequalities gap for Wokingham's children and this is evidenced in the actions supporting the four priorities shared across the partnership - Early Intervention and Prevention; Emotional Wellbeing; Contextual Safeguarding; Special Educational Needs and Disabilities.
- ❖ 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.
- ❖ 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.
- ❖ 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.
- ❖ 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.
- ❖ The Public Health team have been offered a full package of support for running "Healthy Schools Award" by colleagues in West Berkshire, including all plans and materials. Training session will be held in November.
- ❖ Foundry College provides a behaviour outreach service, funded by de-delegation at Schools Forum, for the maintained schools. Academies and secondary schools can and do buy into this service. The purpose of this service is to support the schools and

pupils, in an attempt to de-escalate and manage behaviours and hence avoid permanent exclusion. There is an opportunity to capture this data to highlight areas of concern and potential actions to address these.

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 has commenced	September/ October 2020	Smokefreelife Berkshire/Public Health & Communications Team
Smokefreelife Berkshire supporting referrals from GPs	January 2020	Smokefreelife Berkshire, Tobacco Control Alliance and CCG
Supporting Mental Health Trust with re-establishing their Stop Smoking Champions.	September – January 2020	Smokefreelife Berkshire, Tobacco Control Alliance, Mental Health Trust
Smokefree homes project in collaboration with housing partners, soft launch planned for November.	November 2020	Smokefreelife Berkshire, Tobacco Control Alliance, Tenant Services, local Housing Associations
BfN have scheduled their Online training which will be run via Moodle discussion forums and Zoom group video calls.	8 th October – 28 th January 2021	BfN/Public Health
Stop smoking services stakeholder engagement analysis to help inform the commissioning.	November/December 2020	Berkshire West Local Authorities (Wokingham, Reading and West Berkshire)
Public Protection Partnership are running a responsible retailer conference on line in November, subjects will include age restricted products, face coverings and Covid restrictions, as well as illegal products	November 2020	Public Protection Partnership
Community Alcohol Partnership (CAP) are scoping Winnersh as a new CAP area.	Scoping work underway, start date TBC	Community Action Partnership, Public Protection Partnership, Community Safety Partnership
Recovery plan for local LARC and other contraception's services	November 2020	Public Health/Berkshire West CCG and local providers
Tobacco Control Alliance Quarterly Meeting	November 2020	Tobacco Control Alliance, Public Protection Partnership/Public Health
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	Quarterly contract review meetings	WBC Contract Lead/Citizen's Advice Bureau

helping to improve resident outcomes – for both adults and children		
The Tenancy Sustainment Officers are permanent members of staff who provide ongoing support for residents that is embedded as 'business as usual'.	Ongoing	Tenancy Sustainment Team (WBC Housing, Income and Assessment)
Training for local midwives around the smoking in pregnancy in line with the Saving Babies Lives Care Bundle - the provider are still delivering virtual sessions and awaiting the announcement about CO monitoring which is expected soon.	Ongoing	Berkshire West CCG/RBH Midwifery Services
Healthy Schools implementation	January 2021	Primary & Secondary Schools/Education with support from WBC Public Health
Personal Social and Health Education (PSHE) network to be created	January 2021	Schools Leads with support from Public Health/Education
Healthy Schools Award offer to be delivered to schools in Spring 2021, training scheduled in November 2020	Training – Nov 2020 Launch to Schools Spring 2021	Wokingham Public Health, West Berks Public Health, School Improvement
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.	November 2020 (decision)	Berkshire West Local Authorities (Wokingham, Reading, West Berkshire)

TITLE	Designing Our Neighbourhoods Update
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday 8 October 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	<ul style="list-style-type: none"> • Reducing social isolation and loneliness • Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • 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 the Designing Our Neighbourhood Workshop
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	Nil

<p>RECOMMENDATION That the Board notes the update provided</p>
<p>SUMMARY OF REPORT The Wellbeing Board agreed to the recommendation to progress with the Designing Our Neighbourhoods Workshop on 10/09/2020. Since then, we have identified an initial date (09/11/2020), and we have started the process of inviting relevant partners to the event. Initially, we have invited all of the members of the Wokingham Integrated Partnership Leadership Board and Delivery Group. The Invitation suggests partners to 'forward this on' to relevant people.</p> <p>It is foreseen that the event will be run via a Microsoft TEAMS meeting, to support appropriate social distancing and limiting physical contact. There will groups to represent each of the Primary Care Networks, made up of the attendees.</p> <p>The programme plan, which was discussed at the last Wellbeing Board, has 5 Priorities. These are:</p>

- Supporting Primary Care Network Delivery
- Integrated Care Network Development
- Creating Healthy Communities/Designing our Neighbourhoods
- Implement Population Health Management across Wokingham Borough
- Better Care Fund Programme

The plan for the workshop is currently to go through the scope and objectives for each of the projects in each priority. At which point, we would have a short discussion in the groups. It is foreseen that this discussion will take place in a separate TEAMS chat, allowing for good group interaction. All the PCN groups will return together, there will be feedback, and then we will move on to the next priority, and its contingent projects.

We will not be discussing the Better Care Fund Programme, as this is business as usual, and mostly linked to reporting.

Planning will continue to progress over the coming weeks and months, alongside the completion of the Project Initiation Documentation for the 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
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COVID19 Situation Report

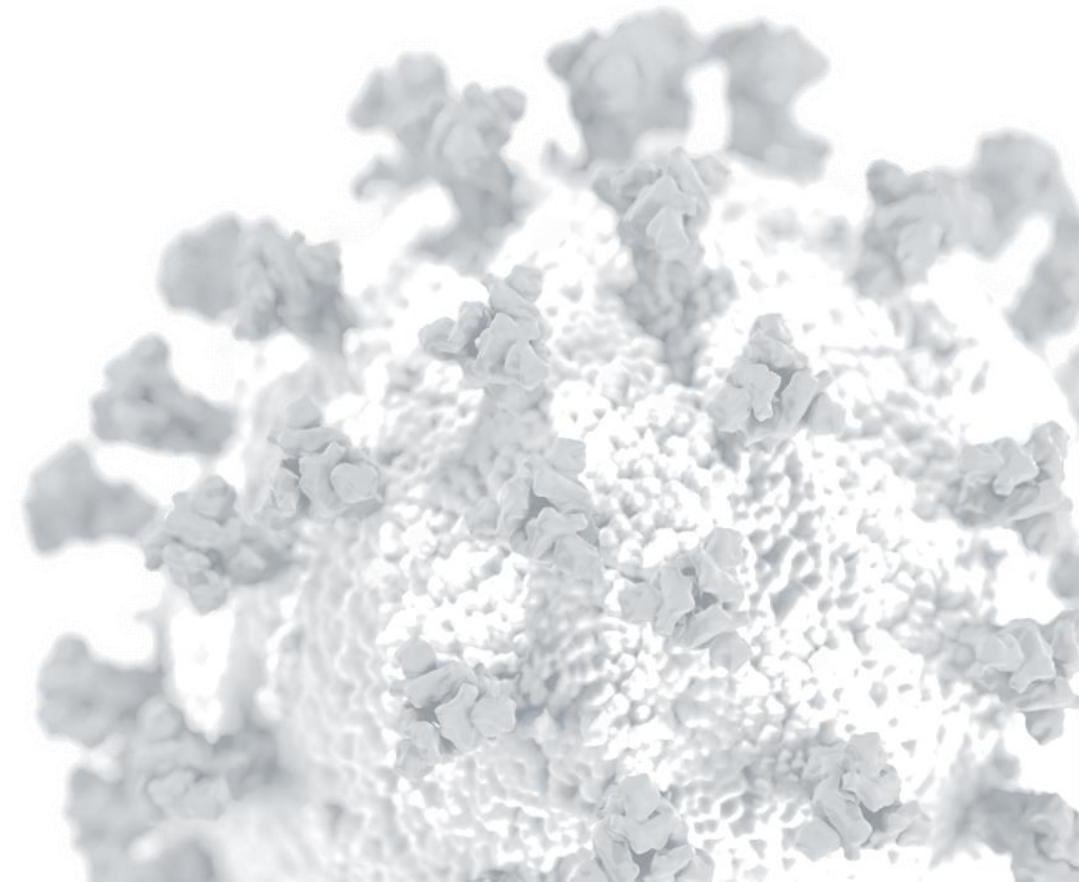
Data & Analytics

Report Date: Thursday 24th September 2020

Mustafa Kamara, Senior Public Health Programme Officer
Ingrid Slade, Head of Public Health
Public.Health@Wokingham.gov.uk

Agenda Item 23.

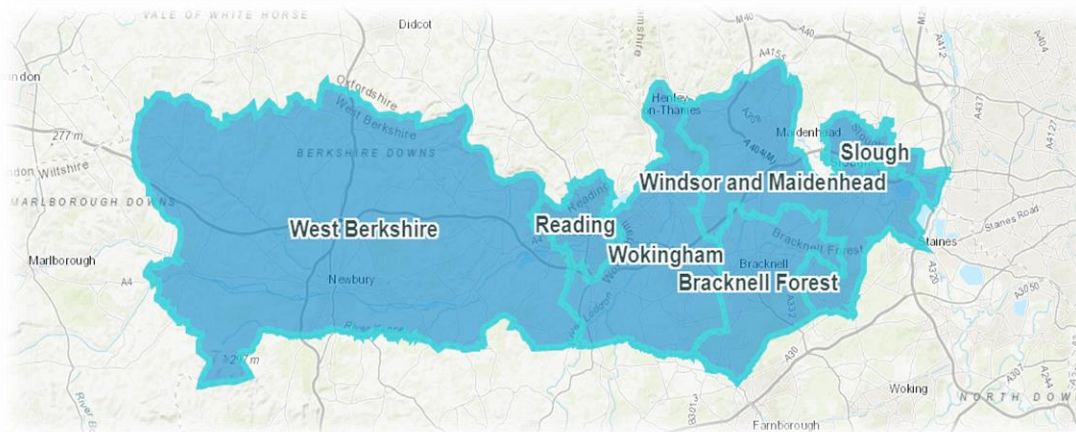
- Local COVID19 Detected Cases
- Local COVID19 Detection Rates
- COVID19 cases within local neighbourhoods
- Daily COVID19 rates - 7 day rolling average
- Age Standardised Death Rates – Local Comparisons
- Weekly Death Rates – All Settings
- Local COVID19 Cumulative Deaths reported by NHS Trust
- 46 ▪ National COVID19 Figures
- National & Regional COVID19 Trends
- Global Comparison – Total COVID19 Deaths
- Data Flows and Data Sources



- As of Wednesday 23rd September 2020, **699 Wokingham residents** have tested positive for COVID19 (lab-confirmed cases) since the beginning of the outbreak.
 - **4,207** COVID19 cases have been detected across **Berkshire** in total.
 - The Borough of **Reading** has reported the **highest** number of cases in Berkshire: **934**.

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

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Map: Outline of 6 Upper Tier Local Authorities in Berkshire

699 cases
among residents of
Wokingham

934 cases
among residents of
Reading

576 cases
among residents of
West Berkshire

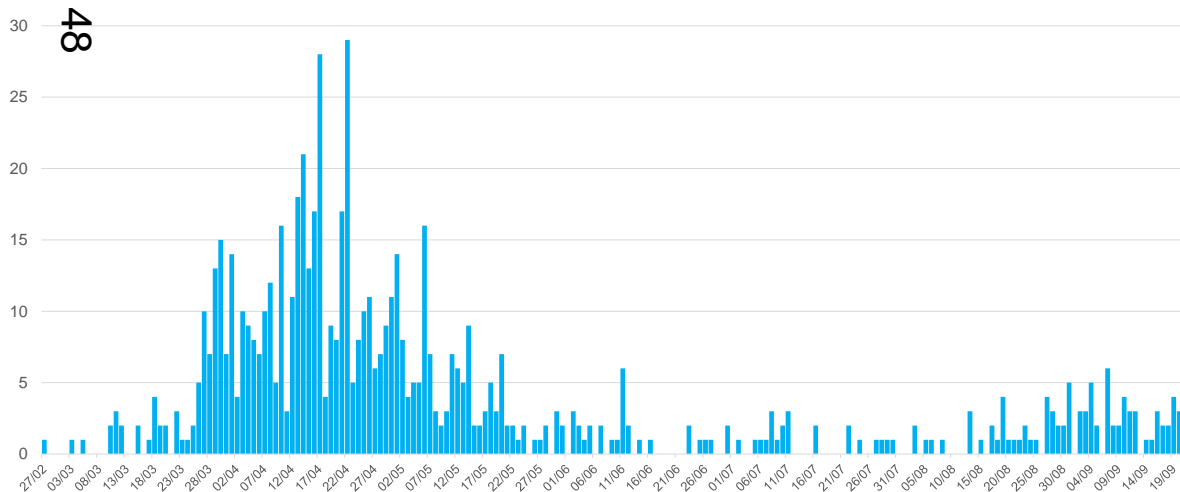
489 cases
among residents of
Bracknell Forest

634 cases
among residents of
Windsor & Maidenhead

875 cases
among residents of
Slough

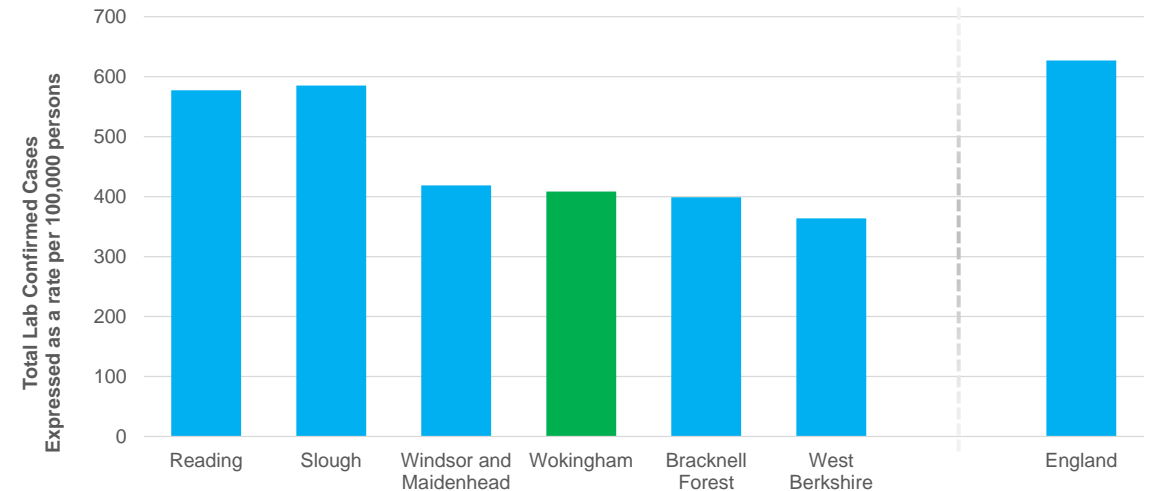
- The rate of newly detected COVID19 cases in Wokingham has increased over the last two weeks.
- Since the beginning of the outbreak, the total COVID19 cases detected in **Wokingham** stands at **408 cases per 100,000 people**. This number is lower than the national average.

New lab-confirmed cases of COVID19 detected in Wokingham each day
Chart below includes Pillar 1 & 2 test results



- Lowest incidence: North East Lincolnshire – 182 per 100,000
- Highest incidence: Leicester – 1,891 per 100,000
- National incidence: England – 627 per 100,000

COVID19 incidence rates:
Wokingham compared to neighbouring boroughs
N.B. rates below are not age-standardised



Source: Public Health England, ONS Mid-year population estimates

- Public Health England [publish data](#) on **total detected COVID19 cases within local neighbourhoods** known as **Middle Super Output Areas (MSOAs)**.
- MSOAs are geographic clusters of 2,000 to 6,000 households. The MSOA geographical boundaries are defined by the Office for National Statistics. Some of the MSOA boundaries align with ward boundaries but not all of them do.
- The table below shows numbers of lab confirmed positive cases of Coronavirus (COVID-19) reported over the last five weeks **up to 19th September** for all MSOAs in Wokingham. **Please note – This table only shows where there are 3 or more cases, all smaller numbers are suppressed (represented by ".."). This is done to protect the identity of individual COVID19 cases (patient confidentiality).**

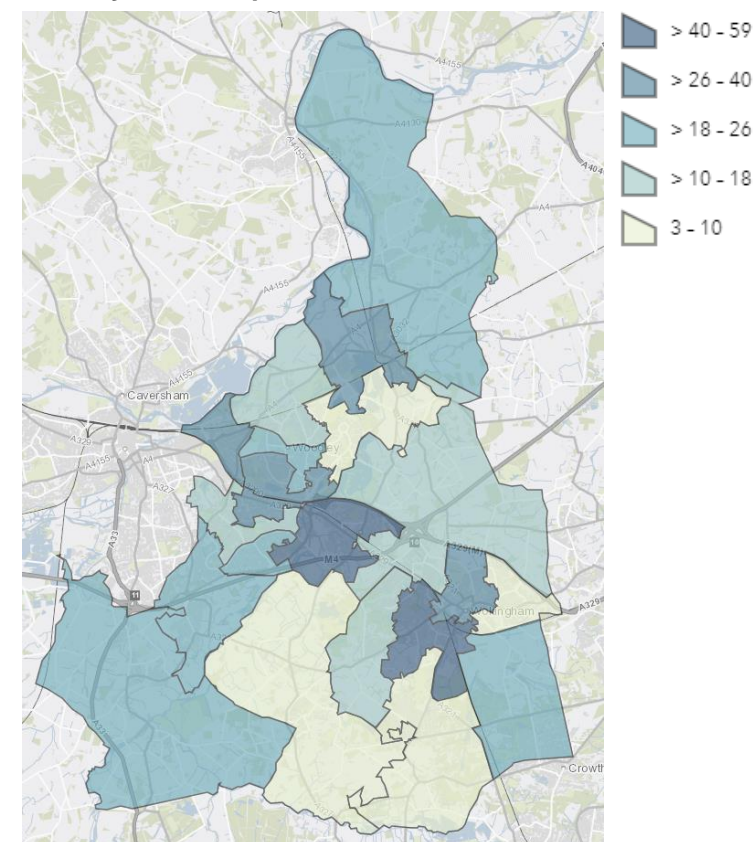
- The map below shows the distribution of total COVID19 cases detected among residents within each Wokingham MSOA.
- Since the beginning of the outbreak the **majority of cases** have been reported within the following wards: **Winnersh, Hawkedon, Evendons, Wescott, Emmbrook**
- To view an **interactive web-version** of this map: [Click Here](#)

Total Positive COVID19 cases by neighbourhood MSOA
Time period: Most-recent five weeks

49

House of Commons Library MSOA Name	wk_34	wk_35	wk_36	wk_37	wk_38
Twyford East & Wargrave	3
Twyford West & Charvil
Sonning & Woodley North
Woodley East
Woodley South
Earley	..	4
Southlake
Lower Earley North	4	3	..
Winnersh	3	4	..
Wokingham North & Hurst	3
Lower Earley South
Shinfield
Wokingham Town
Wokingham East
Barkham & Woose Hill
Wokingham West & South
Spencers Wood & Swallowfield
Arborfield & Garrison
Finchampstead
Crowthorne North

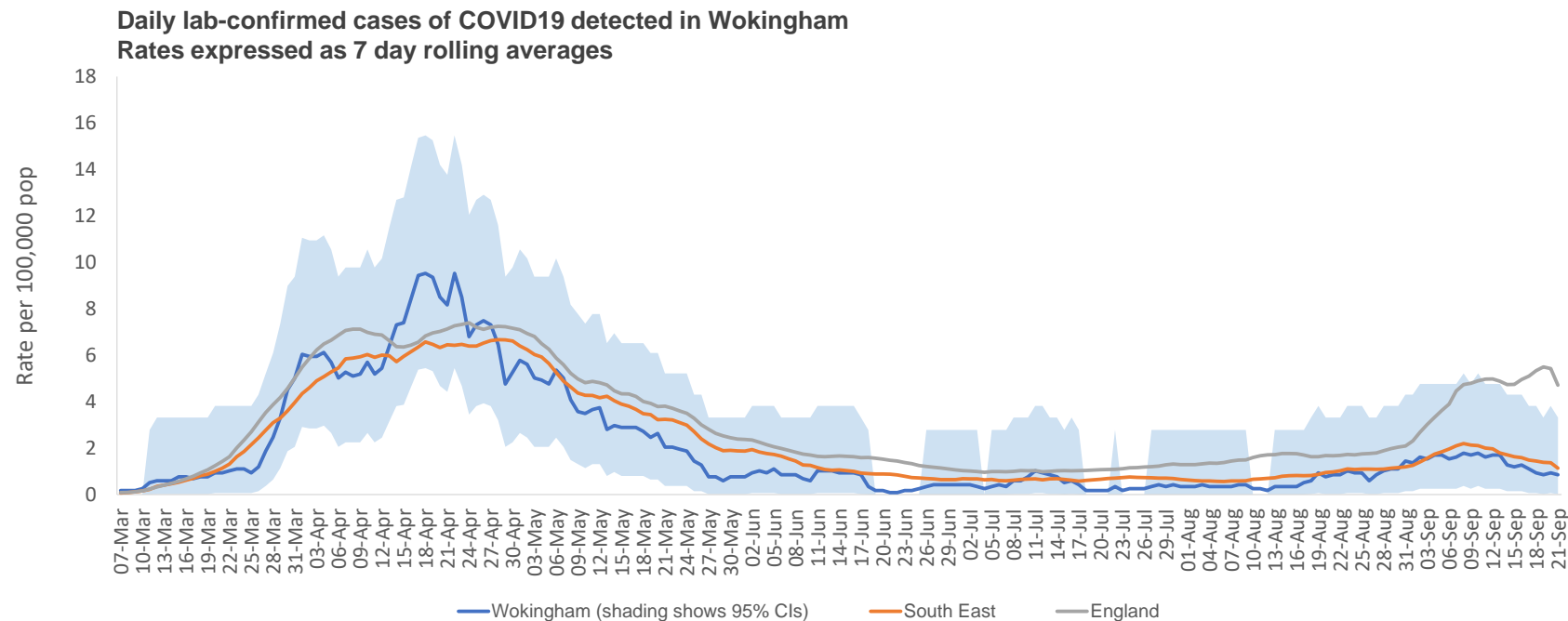
Total Positive COVID19 cases detected by neighbourhood MSOA
1st January to 19th September 2020



7 day rolling average - daily COVID19 Detection rates [PHE Data]

- The line graph below shows how **daily** rates of COVID19 cases have changed over time.
- The rates below are expressed as a **7-day moving average** (i.e. the values for each day are a calculated average of rates recorded over previous 7 days)
- This analysis is used to account for outliers that may occur in the data, such as fewer cases being reported on weekends, and extremely small numbers. The intent is to give a more representative view of the ongoing levels of COVID19 transmission.
- The graph below shows the rate of **newly detected COVID19 cases in Wokingham** remains **similar to the regional average**, but **lower than the national average**.

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Age Standardised Death Rates – Local Comparison [ONS Data]

Latest data available for this analysis: Deaths occurring between 1 March and 31 July 2020
 Next update for this analysis: Yet to be announced by ONS

- Comparing rates between multiple geographical areas can be made more-reliable when taking into account the **differences in age structures** of the populations that live in them.
- This is particularly true if the characteristic being compared varies by age; which is the case for deaths caused by COVID19 as older groups are more at risk of dying.
- **Age standardised death rates** are used to make better comparisons, because they account for the differences in the age structure of the populations being compared.
- For this particular analysis, all populations were mathematically adjusted to have the same age structure as a reference population, known as the 'standard population'. In this way, all groups were given the same age distribution so that a more representative picture of COVID19 deaths across neighbouring boroughs is provided.

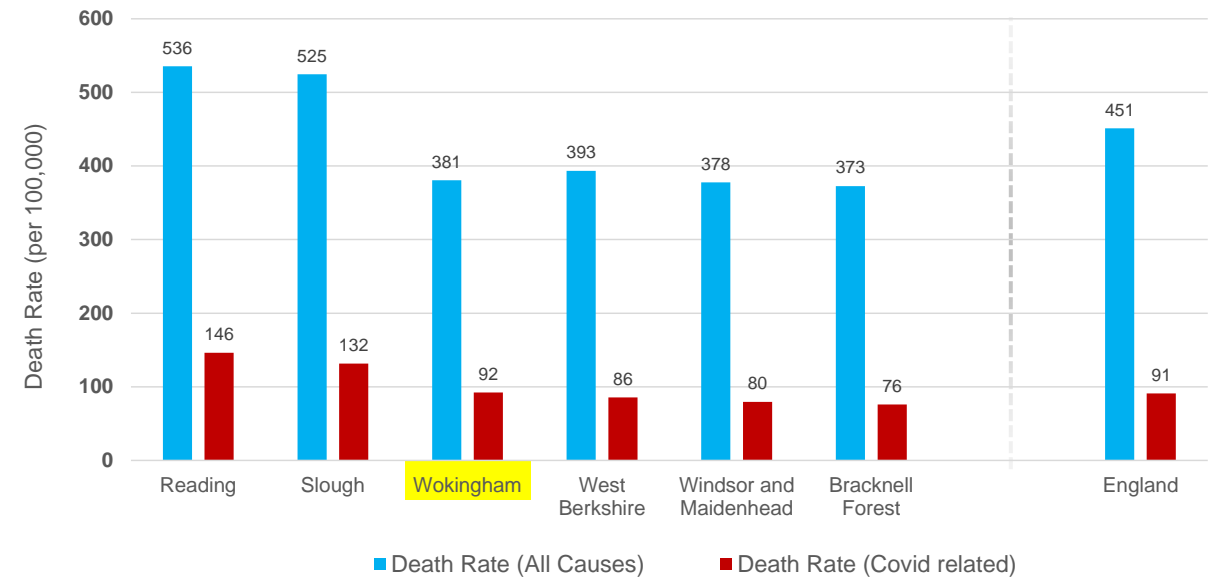
Results

- All things being equal, **Wokingham** reported a **similar rate** (92 per 100,000 persons) of **COVID19 related deaths** in comparison to **West Berks, Windsor & Maidenhead and Bracknell** (between 1st March and 31st July).
- Reading saw the highest rate of COVID19 related deaths in Berkshire (between 1st March and 31st July).
- The age-standardised death rate for Wokingham is **also similar to the national average**.

Source: ONS, 2020

- Lowest COVID19 Death Rate in the country :
North Lincolnshire - 20 per 100,000
- Highest COVID19 Death Rate in the country :
Brent - 218 per 100,000
- National COVID19 Death Rate :
England - 91 per 100,000

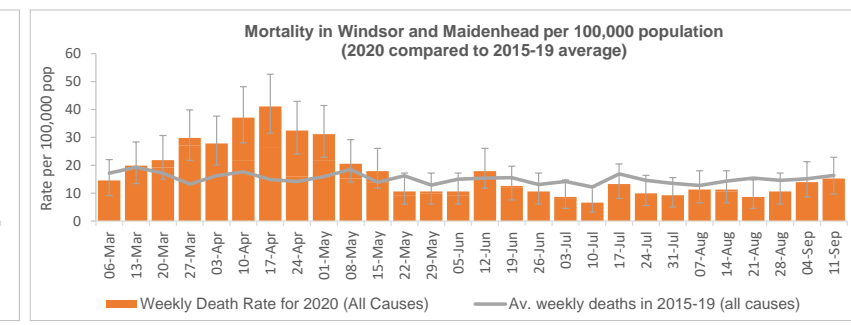
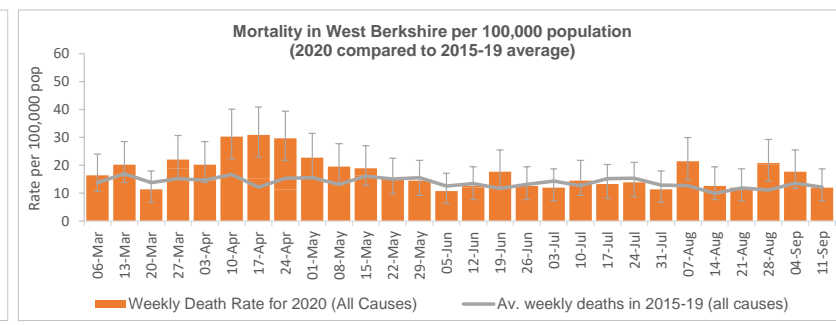
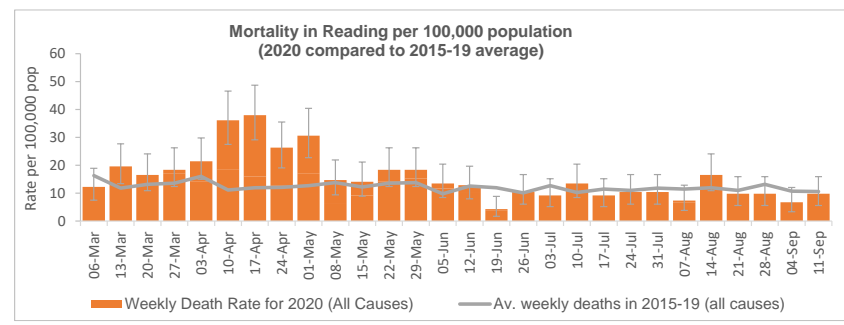
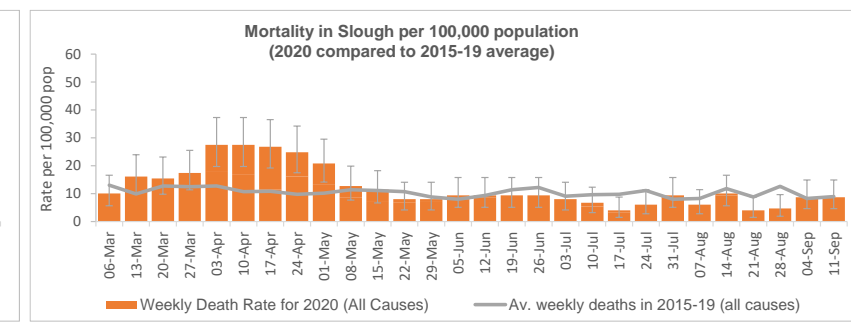
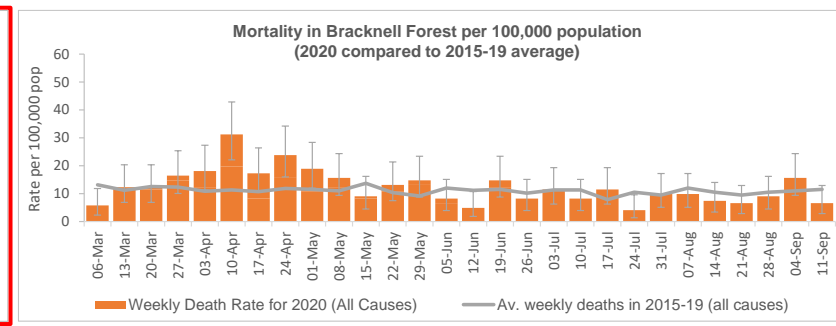
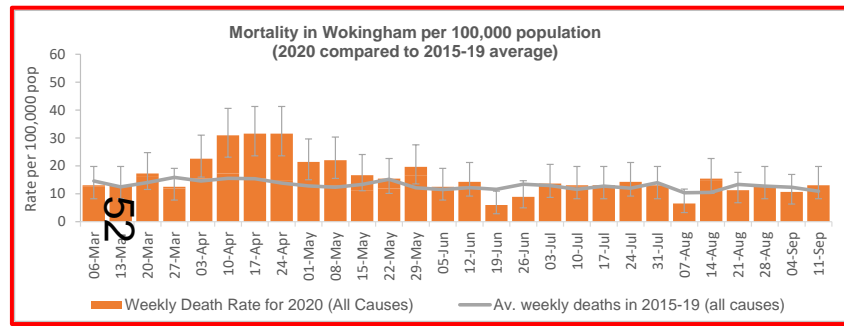
Age standardised Death Rates:
Wokingham compared to neighbouring boroughs
 All Deaths registered between: 1st March & 31st July 2020



Weekly Death Rates – All Settings [ONS Data]

Latest data available for this analysis: Deaths occurring up to 11 September 2020

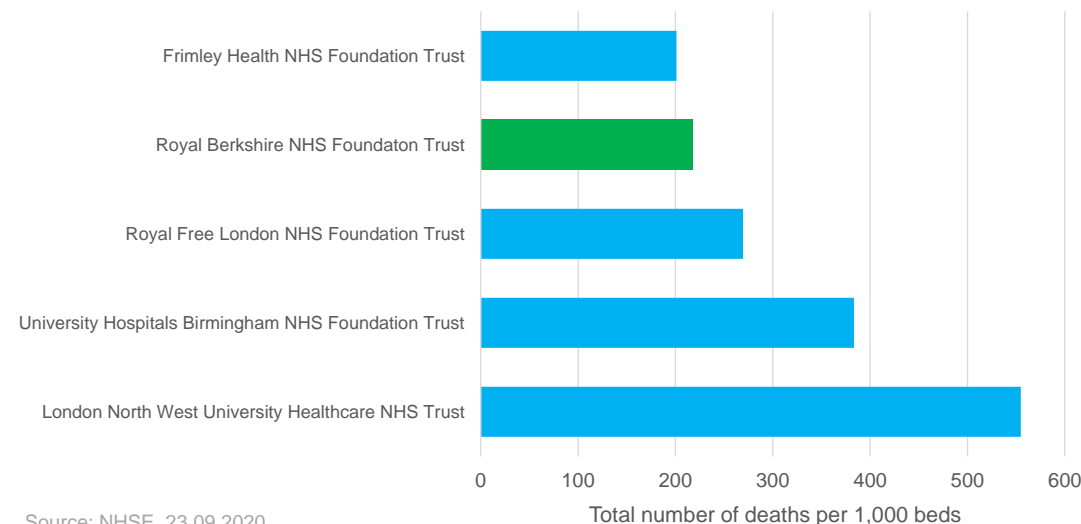
- The charts below show **all deaths caused by COVID-19 and/or other causes** (all-cause mortality) **across all settings**.
- Looking at all-cause mortality can help us to measure the impact of COVID19:
 - By comparing **current** (all-cause) death rates against **expected** rates (average weekly deaths reported across previous 5 years) we can estimate **excess** deaths caused by COVID.
- As of 11 September, weekly deaths in Wokingham appear to be similar to expected deaths. This is also the case for neighbouring boroughs in Berkshire.



- Daily COVID19 deaths are published by NHS trusts; where each trust has a different number of hospital beds.
- The **Royal Berkshire NHS Foundation Trust** (which serves all residents across Berkshire including those in Wokingham) have reported **190 deaths** related to COVID19 as of 23rd September 2020.
- The Royal Berkshire NHS Foundation Trust (RBHFT) and neighbouring trust (Frimley) both have lower rates of COVID19 deaths compared to the worst-affected Trusts in England.

- Highest mortality rate: London North West University Healthcare NHS Trust - 555 deaths per 1,000 beds.
- Lowest mortality rate: Northern Devon Healthcare NHS Trust – 50 deaths per 1,000 beds.

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



Please note – Hospital beds are not a true population baseline but this calculation gives an indication of what Berkshire mortality rates might look like rather than actual.

As of 23.09.2020, 409,729 people in the UK have tested positive for COVID19. Of those hospitalised in the UK who tested positive for coronavirus, 41,862 have sadly died.

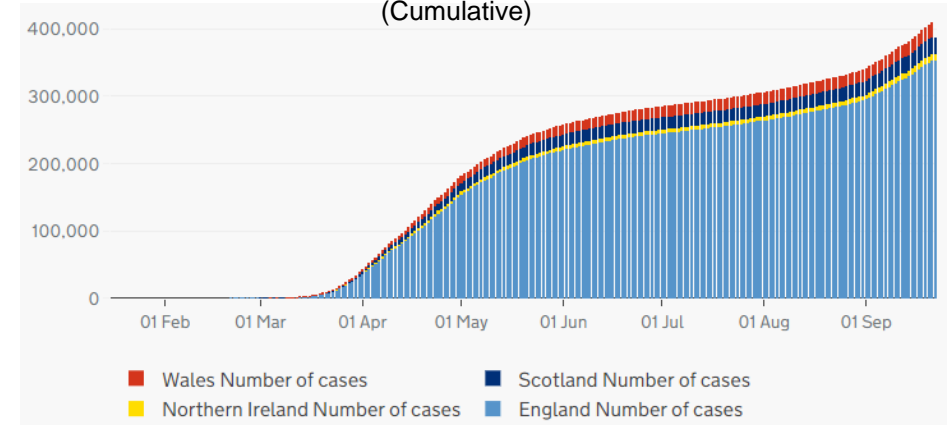
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UK Cumulative Total
409,729 lab-confirmed cases
41,862 deaths

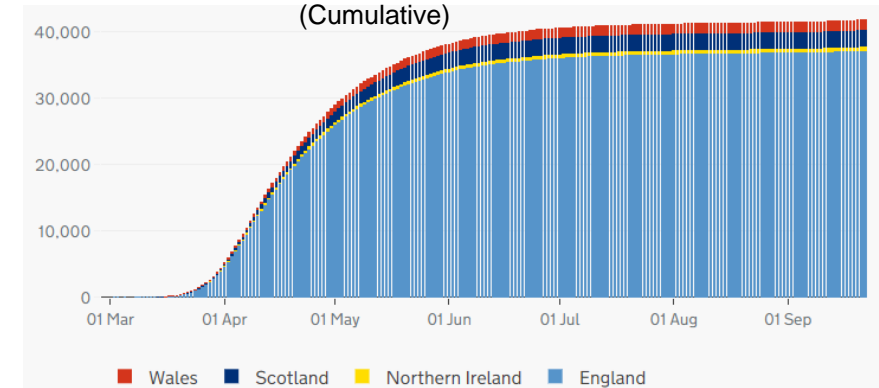
UK Daily Total (23.09.2020)
6,178 lab-confirmed cases
37 deaths

England (Cumulative)	Scotland (Cumulative)	Wales (Cumulative)	N. Ireland (Cumulative)
352,925	25,495	21,548	9,761
37,172	2,508	1,605	577

Total lab-confirmed cases in UK
(Cumulative)



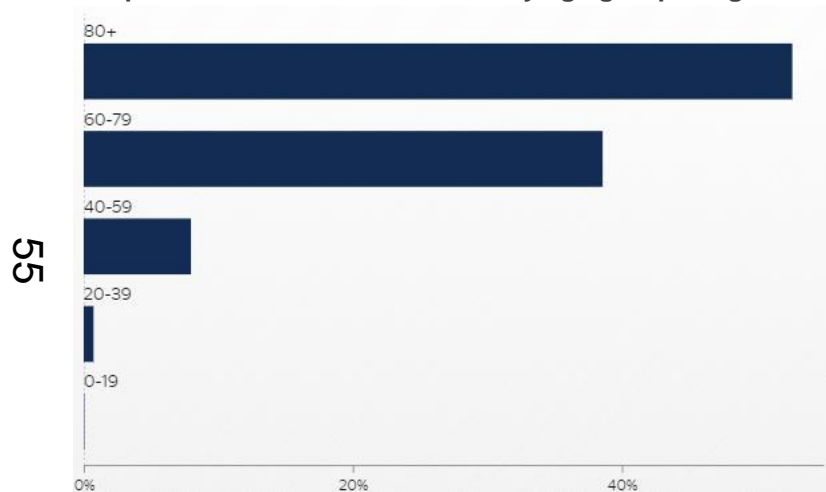
Total COVID19 deaths in UK
(Cumulative)



Source: Public Health England

- More than 50% of all COVID19-associated deaths to date occurred among people aged 80 and above.

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



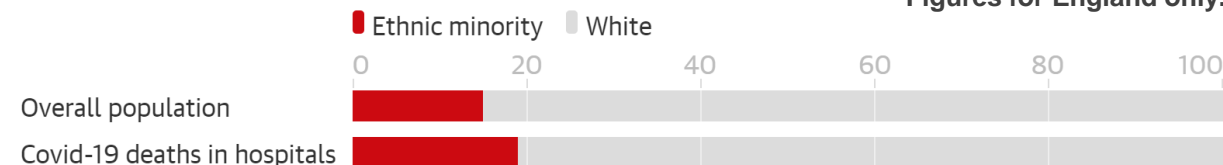
- The **highest number of deaths** in hospitals are in the **North West, London** and the **Midlands**. Most cases are concentrated in urban areas.

COVID19 Death Rate by England Region.

Name	Deaths per 100,000 population	Number of deaths
North West	71.2	4991
London	69.4	6185
Midlands	56.3	5931
East of England	53	3439
North East and Yorkshire	51.3	4392
South East	40.5	3585
South West	22.9	1285

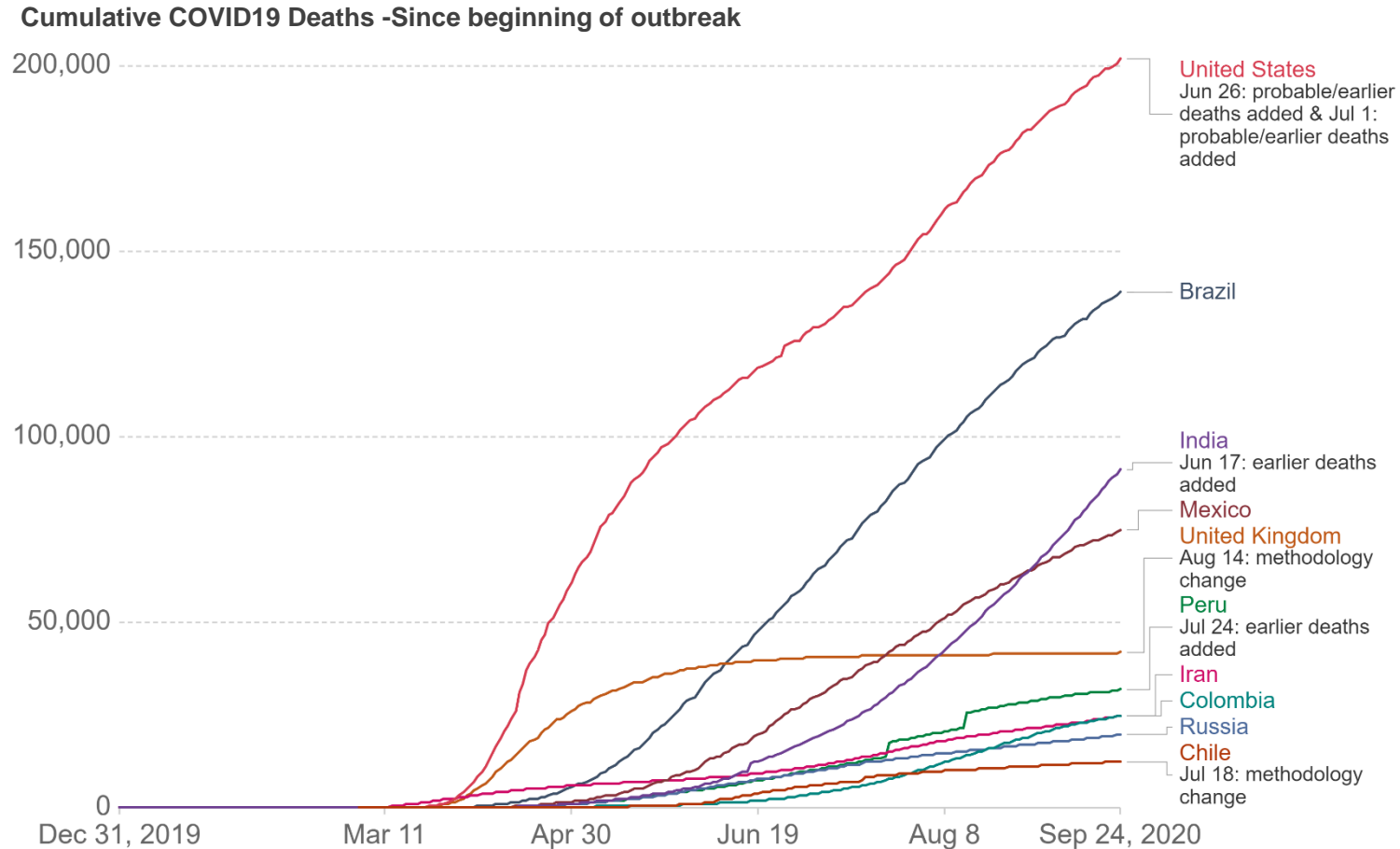
- COVID19 death rate appears to be **higher** among **ethnic minority backgrounds**:
 - Among all COVID19 hospital deaths in England, 17% were Black, Asian and minority ethnic (BAME) even though these groups make up only 15% of the general population in England.

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



Source: Public Health England, NHS England, ONS Ethnicity Estimates (2016)

- In the UK, the rate of COVID19 cumulative deaths is slowing down. Cumulative COVID19 deaths in the UK are the highest in Europe.

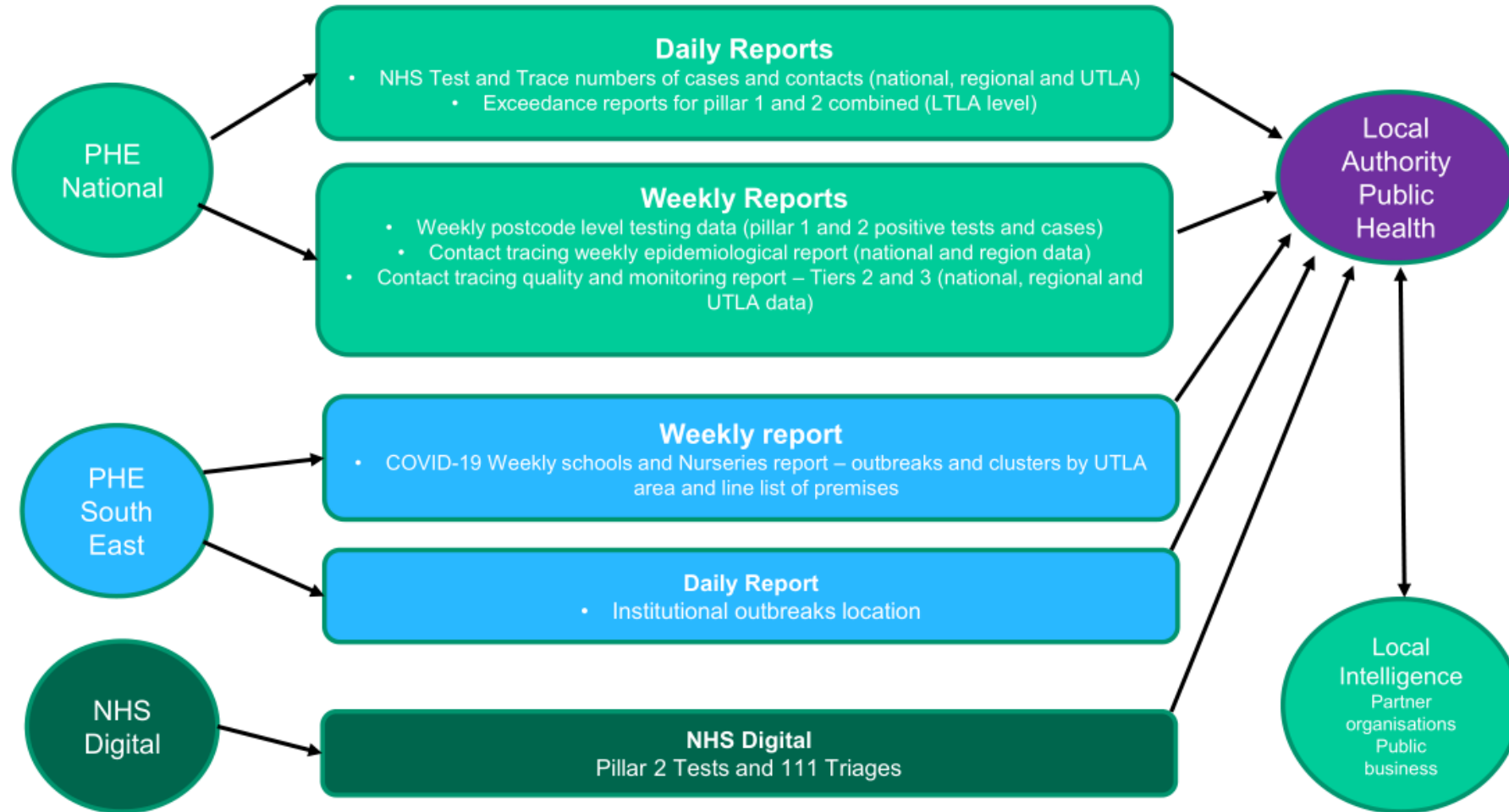


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Source: [Our World in Data - Health Statistics Repository](https://ourworldindata.org/health-statistics-repository)

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

- The Public Health Team in Wokingham Borough Council accesses COVID19 data from numerous resources.
- The flow chart below gives a brief summary of the different types of data and intelligence that is made available to Local Authorities across the country.



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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
10 December 2020	Designing our Neighbourhoods	Update	Update	Deputy Chief Executive	Performance
	Director Public Health Annual Report	Required	Required	Public Health	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	CCG Operating Plan	Required	Required	CCG	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**

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