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WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held Virtually on **THURSDAY 10 DECEMBER 2020** AT **5.00 PM**

Susan Parsonage
Chief Executive
Published on 2 December 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/cXlbBX4gcfE

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Creating Healthy & Resilient Communities

Key Priorities

WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

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
Nikki Luffingham	NHS England
Susan Parsonage	Chief Executive
Meradin Peachey	Director Public Health – Berkshire West
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

ITEM NO.	WARD	SUBJECT	PAGE NO.
25.		**APOLOGIES** To receive any apologies for absence	
26.		**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Meeting held on 8 October 2020.	**5 - 10**
27.		**DECLARATION OF INTEREST** To receive any declarations of interest	
28.		**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	
28.1	None Specific	Ann Dally has asked the Chairman of the Wokingham Borough Wellbeing Board the following question:	

		We welcome the founding of a Recovery College in Wokingham and the Council's farsightedness in thus providing such a wide range of support and information to those recovering from poor mental health; and would like to know how the Council plans to inform as many residents as possible that they are eligible to attend courses at the Recovery College?	
29.		**MEMBER QUESTION TIME** To answer any member questions	
30.	None Specific	**COVID UPDATE** To receive an update on Covid 19.	**Verbal Report**
31.	None Specific	**STRATEGY INTO ACTION** To receive a report on Strategy into Action.	**11 - 38**
32.	None Specific	**WOKINGHAM INTEGRATED PARTNERSHIPS UPDATE** To receive an integrated partnerships update.	**39 - 42**
33.	None Specific	**CCG OPERATING PLAN** To consider the CCG Operating Plan.	**43 - 76**
34.	None Specific	**JOINT HEALTH AND WELLBEING STRATEGY UPDATE** To receive the Joint Health and Wellbeing Strategy update.	**77 - 94**
35.	None Specific	**BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP WEST BERKSHIRE, WOKINGHAM AND READING** To receive a presentation on Berkshire West Safeguarding Children Partnership West Berkshire, Wokingham and Reading.	**95 - 108**
36.	None Specific	**DIRECTOR PUBLIC HEALTH ANNUAL REPORT** To consider the Director Public Health Annual Report.	**109 - 186**
37.	None Specific	**FORWARD PROGRAMME** To consider the Board's work programme for the remainder of the municipal year.	**187 - 190**

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

MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 8 OCTOBER 2020 FROM 5.00 PM TO 5.30 PM

Present

Charles Margetts	Wokingham Borough Council
Carol Cammiss	Director, Children's Services
Chris Traill	Director Place and Growth
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntry Sector
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch
Meradin Peachey (substituting Tessa Lindfield)	Public Health

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Rachel Bishop-Firth	
Ingrid Slade	Public Health
Peter Slade	Wellbeing Board and Community Safety Partnership Project Support
Martin Sloan	Assistant Director ASC Transformation and Integration

16. APOLOGIES
Apologies for absence were submitted from Sam Burrows, Tessa Lindfield and Debbie Milligan.

17. MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Board held on 10 September 2020 were confirmed as a correct record and will signed by the Chairman at the next available date.

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

19. PUBLIC QUESTION TIME
There were no public questions.

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

20.1 Rachel Bishop-Firth asked the Chairman of the Wokingham Borough Wellbeing Board the following question:

Question
What steps is the Council taking to protect our older and our BAME residents who are both statistically at much higher risk from Covid-19 during this current second spike of the pandemic, BAME people currently make up 16.4% of WBC residents, and in particular, will we be helping to publicise the importance of Vitamin D for older and BAME people?

Many medical professionals are concerned that there may be a link between vitamin D deficiency and higher rates of Covid mortality as a deficiency affects your ability to fight infection. While research is still underway, the problems with vitamin D deficiency are so well known that before the pandemic, NHS guidance suggested that BAME Brits should 'consider' taking vitamin D supplements year round (and white Brits to consider a supplement Oct to March). Care home residents have a particularly high risk of vitamin D deficiency.

Publicising this simple step which local residents can take to safeguard their health could be very quick and cost effective.

Answer:
The protection of our residents vulnerable to Covid infection, including older residents and BAME residents is a priority for WBC.

In addition to the extensive work we have undertaken with the care homes via the Care Homes Task Force we continue to work really closely with the voluntary sector within Wokingham and have extended funding to continue our one front door service until March 20121, as I am sure you have seen. This is run by CAB Wokingham, they are taking calls and emails from residents and putting them in contact with any people and organisations that they need. This includes prescription collections or shopping service but also helps with a range of other Covid related effects such as debt advice, job loss, benefit advice as well as important support for mental health and wellbeing. The Wokingham Borough Community Response is an additional support service to the NHS and social services.

We are working with CAB Wokingham, First Days, the LINK Visiting Scheme, Involve Community Services and the Wokingham Volunteer Centre, as well as our Town and Parish Councils, Age UK, Churches Together and other churches and voluntary organisations across the Borough.

In August, the Council launched ‘Tackling Racism Matters’ which is an online survey providing an anonymous platform for both the wider community and staff to share opportunities to tackle racial inequalities (which affect risk of Covid infections and deaths) in Wokingham. In addition, the Council has launched the Covid impact survey to understand how Covid has affected BAME groups during lockdown. The findings from this survey will continue to inform our response going forward and will obviously effect how we behave.

Working with the Public health team, WBC are cascading tailored health promotion (as developed by Public Health England) to inform specific ethnic groups about minimising their risk to Covid transmission and mortality. The promotion materials have been adapted into different languages.

The NHS test and trace system has been designed to ensure that anyone who develops the symptoms of Covid 19 can quickly be tested to find out if they have the virus, and the service also includes targeted asymptomatic testing of NHS staff, social care staff and care home residents. The test and trace service is an equal-access service that does not discriminate on the basis of age, ethnicity or religious beliefs. You will be aware of course of the recent decision of the Council to procure some tests of its own, testing for emergency use.

In June 2020, the National Institute for Health and Care Excellence (NICE) published an appraisal of the evidence relating to vitamin D in the prevention of Covid. This study states that "there is no evidence to support taking vitamin D supplements to specifically prevent or treat Covid-19. However, all people should continue to follow UK Government advice on daily vitamin D supplementation to maintain bone and muscle health during the pandemic". The UK Government advise that all people should consider taking a daily supplement containing 10 micrograms of vitamin D during autumn and winter months. They also advise that people whose skin has little to no exposure to sunlight and ethnic minority groups with dark skin, from African, Afro-Caribbean and South Asian backgrounds, should consider taking a vitamin D supplement all year round.

Since there is no evidence to support taking vitamin D supplementation to prevent Covid there are no plans to promote the importance of vitamin D with regard to Covid. However, we will keep this fully under review and keep our eyes open for any new evidence that should come to light. If we see anything on these lines, we will of course review that position. As with everything in relation to this pandemic our position is that we are taking the best advice, listening to what is going on, and making the best judgment we can, and just keep moving forwards as things develop.

Supplementary Question
To protect the NHS and care services, free flu vaccinations are available for older residents, and now to shielding residents, care home staff and their families. There are already some worrying signs that there will not be enough vaccinations available for those who want them, with some local providers having no vaccine in stock. Do we believe that there will be enough flu vaccinations available this year and how will we handle any shortfall?

Answer
The CCG and wider BOB flu team are in wider contact with the NHS and Public Health to monitor and oversee the successful supply and provision of flub jab services for patients across Berkshire West. So far, we have not had any issues or delays reported to us re the delivery of pre orders to practices. We anticipate further guidance and advice this week from NHSE, explaining how our practices can order nationally procured vaccines. The getting of this stock is vital to ensuring our practices can further achieve the national vaccination targets, set by NHSE, and meet the additional patient demand that we have seen this year.

Pharmacies will also have access to ordering from the NHSE stock in a few weeks. All I will say is that I know from sitting in other meetings of this Board, that stock was ordered in January before, for the winter. But obviously stock ordered in January 2020 was before the pandemic hit.

Katie Summers:
That response is exactly what we would say as well from Charles regarding the flu. We have not necessarily seen anything at all that is a supply issue at all, at the moment. Actually, we keep on getting general updates directly. We are working very, very closely with the local Public Health teams, as Charles said. We are very much on top of things.

The only comment I was going to supply for the vitamin D piece is that Charles is very, very right. We will actually take a decision when anything physically changes, and one thing that we have in the health service, we have what is known as a Thames Valley Priorities Committee and they respond so, so quickly to the latest evidence. That Priorities Committee, if there is anything that changes relating to the BAME community, they will act on it straight away and there will be policy that goes out across all clinicians to give them the guidance. That is just backing up what Charles was saying about the vitamin D.

Councillor Rachel Bishop-Firth:
I personally have been unable to book for a flu jab vaccination. I spoke to the pharmacy at one of the local supermarkets who said that they did not know when the stock would be coming in.

Katie Summers:
This is the ongoing thing. They are prioritising certain areas and certain groups at the moment. It might be the fact that, Rachel, you look very, very young, and it might be to do with that factor as well. So please do not worry about it. Have you been contacted by your GP practice yet? That might be the reason why then. What they are doing are, they are doing almost like a wave of individuals, so you are probably not in that wave at the moment, so that is the reason why. Please be reassured that it is going to be rolled out. What they are having to do is get the stock in and then they have to do certain waves at certain points, and that is the process that we take forwards.

21. STRATEGY INTO ACTION

Ingrid Slade presented the Strategy into Action.

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

- Three Actions Groups were being established, each of which aligned with one of the three key priorities of the Wokingham Wellbeing Strategy; creating physically active communities, reducing social isolation and loneliness, and narrowing health inequalities. The aim of each group was to develop a stronger understanding of the performance and successes of work being carried out both inside and outside the Council, to help with future planning.
- The Physically Active Communities Group would be co-chaired by Sports and Leisure. The first meeting of the group would take place in the first week of November.
- The Reducing Isolation Group would be co-chaired by Phil Cook of Involve. Discussions would take place regarding available evidence to assess the level of need in the Borough. The Group would hopefully meet before the end of the year.
- The Health Inequalities Group would work closely with Children's Services. It would hopefully meet for the first time in early December.
- Draft terms of reference had been drawn up and would be agreed by the individual Groups.
- The Groups would have a standard reporting mechanism into the Wellbeing Board.

- Councillor Margetts suggested that Jake Morrison from the voluntary sector be invited to be involved with the Reducing Social Isolation and Loneliness Group. Covid would have a huge impact on the work of this. Ingrid Slade re-emphasised that the voluntary sector would be heavily involved in this group. Phil Cook commented that he was co chairing as part of the Friendship Alliance (Age UK Berkshire, LINK visiting scheme and Wokingham Volunteer Centre) which had been very involved in the Covid response. There was a Voluntary Sector Action Group meeting every Monday.
- Martin Sloan added that part of the reason for establishing the Friendship Alliance was to tackle social isolation. Funding had been put in place to tackle social isolation. Martin Sloan suggested that a presentation on the progress being made in tackling social isolation be provided to a future meeting.
- Katie Summers commented that many of the long-term success markers for the Reducing Social Isolation and Loneliness Group, related to children. She questioned how the education support services would be involved in this. Ingrid Slade and Carol Cammiss agreed to take this forwards. They were also to have involvement of care leavers or representatives of care leavers.
- With regards to the Narrowing Health Inequalities Group, Katie Summers indicated that the NHS had been set an action plan on reducing health inequalities and had eight impact changes that had to be delivered by December next year, including; to protect the most vulnerable from Covid, restoring NHS services inclusively, digital inclusion, proactive engagement and prevention, mental health, leadership, completing timely data sets, and collaborative local plan and delivery. Increasing the accuracy and availability of data was vital. Katie Summers offered to work with Ingrid Slade to help tie these eight priorities into the work of the Reducing Health Inequalities Group.
- The Board were informed that there had been some changes to the GP contract and that each GP practice had to increase the coding of ethnicity in their patients as it was now mandated within their contract.

RESOLVED: That

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

2) the co-chairs, key stakeholders/membership, Action Group objectives, proposed terms of reference, meeting agendas and frequency of meetings and deliverables, be noted.

3) input from Board members on these Action Groups and progress to date be invited.

4) the summary of progress captured to end of September 2020 be noted. These short summary reports will remain in place and until formal reporting is implemented (Appendix B).

22. DESIGNING OUR NEIGHBOURHOODS UPDATE

Martin Sloan provided an update in Designing our Neighbourhoods.

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

- Martin Sloan advised the Board that the workshop would put back until later, due to other priorities around Covid. However, work was still ongoing at neighbourhood level.
- Katie Summers referred to the successful focus on mental health. With the support of the Citizens Advice Bureau, the 'One front door' service was being rolled out. Some motivational interview training had also been carried out and 30% of attendees had been from the Council.

RESOLVED: That the update be noted.

23. COVID SITUATION REPORT

Ingrid Slade provided an update on the Covid situation.

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

- The national and local picture was of a rise in Covid cases. Wokingham had had 820 cases since the beginning of the outbreak, a rate of 479 per 100,000. This was well below the England average of 827 per 100,000.
- The increase in cases represented an increase in community transition. There had been a rise in cases across the Borough.
- Wokingham Borough continued to have no excess mortality due to Covid at present.

RESOLVED: That the Covid situation update be noted.

24. FORWARD PROGRAMME

The Board considered the forward programme.

Councillor Margetts advised the Board of prioritisation sessions regarding the Joint Berkshire West Health and Wellbeing Strategy on 5 November 2-3.30pm and 10 November 2-3.30pm.

RESOLVED: That the forward programme be noted.

TITLE	**Strategy into Action**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 10th December 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Ingrid Slade, Head of Public Health, Wokingham Borough Council Matt Pope, Director of Adult Social Services

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	• Progress update on the establishment of three Action Groups, as outlined in the accompanying presentation (Appendix A), to deliver on the Wellbeing Board objectives. • To invite input from Board members on these Action Groups and progress to date. • To note the summary of progress captured to end of November 2020, these short summary reports will remain in place and until formal reporting is implemented through the Wellbeing Board Action Groups (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

- 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 invite further input from Board members on these Action Groups and progress to date.

- To note the summary of progress captured to end of November 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 measurable 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 (Appendix A) outlines the progress that has been made to date on the forming of partnerships to establish three Action Groups. Despite COVID-19 progress has been made and remains within the original timescales for each of the three priority areas. To ensure the Board have oversight on the progress, the Board members are specifically asked to:

- To review the progress to date for each of the three Action Groups, as outlined in the accompanying presentation (Appendix A) and the next steps.
- To invite input from Board members on these actions groups and progress to date.
- To note the summary of progress captured to end of November 2020, these short summary reports will remain in place and until formal reporting through the Wellbeing Board Action Groups is implemented (Appendix B).

Despite COVID-19 and the unexpected national lockdown which occurred since the Board last met - progress has been achieved on the delivery of shared objectives as evidenced in Appendix B. There are some services, particularly local leisure services, who have had to focus on implementing changes in accordance with Governance guidance and therefore some objectives are on hold. Preparations are being made to resume services in line with guidance for local authorities in tier 2.

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 Group Development Progress Appendix B – Key Priority Areas Summary of Actions Update December 2020

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

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Action Groups
WBC Wellbeing Board

Progress Report
December 2020

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

Wellbeing Board Priorities

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

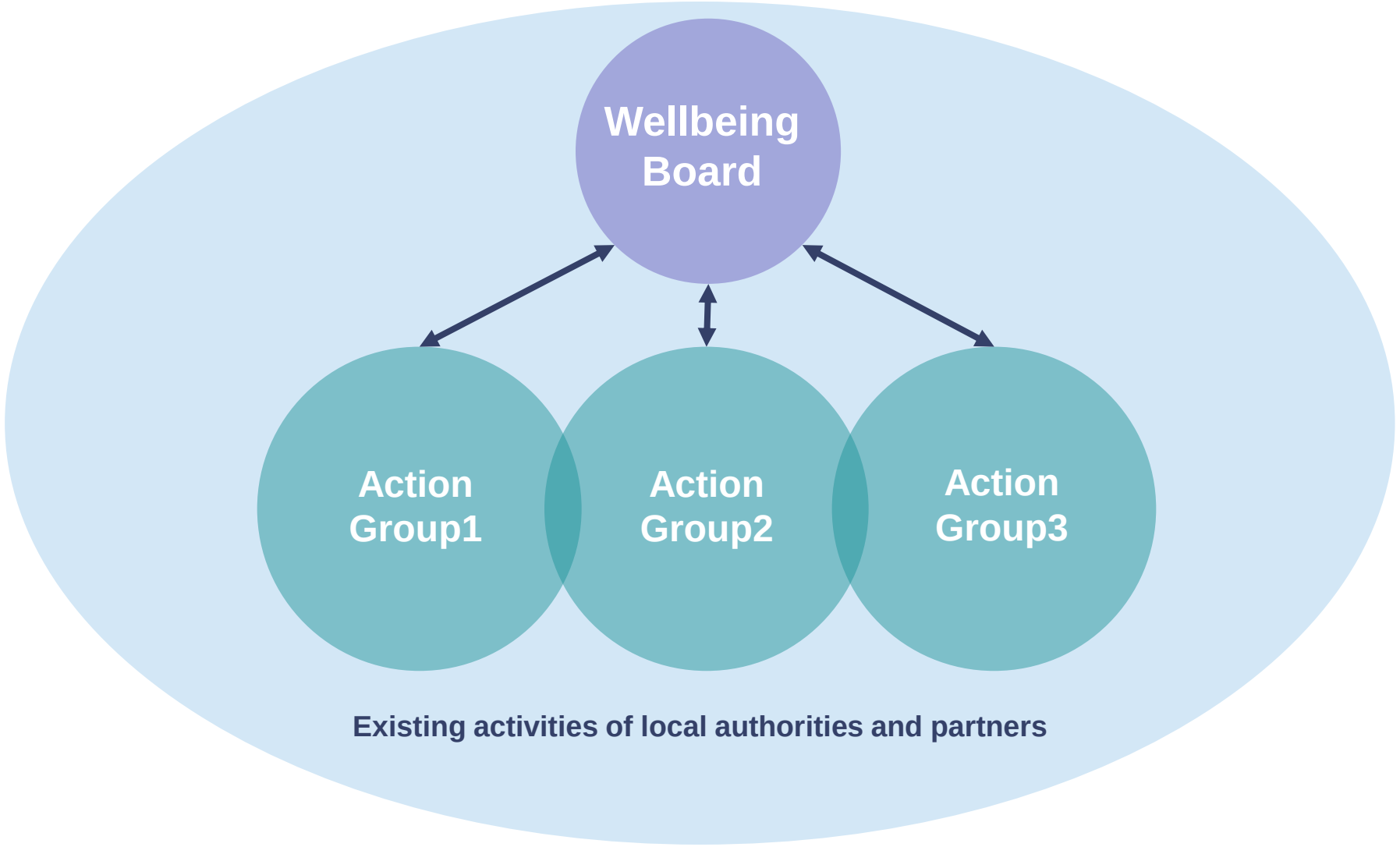
Narrowing health inequalities

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.

Network of stakeholders

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



Progress to date

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Priority 1: Physically Active Communities Timeline

Stage	Detail	Timeframe
Review and define	Current system & partners Model of approach to development, design of working groups Key stakeholders & partners involved in being physical active Existing and emerging strategies and action plans across systems and partners e.g. WBC Leisure Strategy	**Ongoing**
Engage	Partner engagement Identify existing Partnerships/ Boards and relationship e.g. Wokingham's Integration Partnership & Leadership Board	**Ongoing**
Develop	Establish local action group for delivery of creating physically active communities to: • Agree terms of reference, aims and objectives • Confirm Leadership/Co-leadership of group • Start to consider quality assured short term priorities, targets and timescales • Discuss establishing reporting/monitoring process mapped to public health outcomes	**1st Action Group meeting date confirmed** **All partners accepted**
Deliver	Co-production of regular reporting to Health & Wellbeing Board partners Evaluation of impact against public health outcomes framework	**To be agreed at the December meeting**

Priority 1: Physically Active Communities progress to date

Update on Action Group Progress

- Sports & Leisure Services agreed as Chair and Public Health as Co-chair of Priority 1 Action Group and scoping discussions have commenced.
- Confirmed draft membership (see next slide) this will be discussed at the first action group meeting in December.
- First Action Group meeting scheduled for 8th December 2020
- Draft agenda prepared
- Example Terms of Reference collated for use with all three action groups.
- Some reporting mechanisms (long-term) have already been established and are being used to inform reporting to HWB.

Next Steps

- Produce a brief overview of objectives for the group together with current long term measures for Wokingham and share with the Action Group for review and discussion
- Capture and share output from first Action Group meeting to support wider engagement with key groups/partners;
- Book monthly action group meetings from January 2021.
- All members are identifying deputies to ensure action group meetings continue and keep work on track.

WOKINGHAM BOROUGH COUNCIL

Membership of the Physical Activity Action Group

Creating Physically Active Communities

Chair:
- WBC Sports & Leisure

Co-chair
- Public Health

Members
- WBC Sports & Leisure
- Public Health
- Get Berkshire Active
- Places Leisure
- Countryside
- Parks and Recreation Teams
- My Journey Team
- Modeshift STARS travel planning team
- Schools Games Coordinator

Priority 2: Reducing Social Isolation - Timeline

Stage	Detail	Timeframe
Review and define	Current system & partners Model of approach to development, design of working groups Key stakeholders & partners involved in reducing social isolation and loneliness – across all ages	Ongoing
Engage	Partner engagement Identify existing Partnerships/ Boards and relationship	Ongoing
Develop	Establish local action group for delivery of creating physically active communities to: • 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	First Action group meeting confirmed – December 2020
Deliver	Co-production of regular reporting to Health & Wellbeing Board partners Evaluation of impact against public health outcomes framework	By February 2021

Priority 2: Reducing Social Isolation - Progress

Update on Actions

- Phil Cook from Wokingham Involve (Liaison for Wokingham's voluntary and Community Sector) has agreed to chair the action groups alongside WBC's public health team.
- Preliminary membership has been confirmed (see next slide) and all members have been contacted individually – to brief them on the action group and expectations.
- First Action Group meeting scheduled for Tuesday 8th December 2020.
- Interim reports (on service activity, current challenges and risks to service provision) are being collated and will continue to be fed back to the wellbeing board until formal reporting has been setup within the action group.

Next Steps

- Agree and cascade Agenda and for action group meeting (Co-chairs to cascade 1 in advance of meeting).
- Produce a brief overview of current long and short term measures for Wokingham and share with Action Group for review and discussion (Co-chair/s - before first meeting 2020)
- Capture and share outputs from first Action Group meeting to support wider engagement with key groups/partners;

Priority 2: Reducing Social Isolation – Current Membership

Reducing Social isolation and Loneliness

Co-Chair

- Involve - Liaison for Voluntary and Community sector across Wokingham
- WBC Public Health team

Members

- **WBC Adult and Community Learning Team** [Jon White, WBC Adult Community Learning Team Coordinator]
- **WBC Libraries Service** [Richard Alexander, WBC Libraries Manager]
- **Optalis Supported Employment Service** [Donna Morgans, Head of Supported Employment Services]
- **WBC Community Engagement Team** [Deana Humphries, WBC Community Engagement Lead]
- **WBC Emotional Wellbeing lead for children and young people** [Kim Wilkins, WBC Strategy & Commissioning]
- **WBC Sports and Leisure Team** [Beverley Thompson, WBC Sports & Leisure Service Manager]

Priority 3: Narrowing Health Inequalities Timeframes

Stage	Detail	Timeframe
Review and define	Current system & partners Model of approach to development, design of working groups Key stakeholders & partners Existing and emerging strategies and action plans across systems and partners e.g. Children & Young People's Prevention & Early Intervention Strategy, WBC Leisure Strategy	Underway
Engage	Partner engagement Identify existing Partnerships/ Boards and relationship e.g. Children & Young People's Board, Youth Offending Board, Community Safety Partnership Board	Underway
Develop	Establish local action group for delivery of narrowing health inequalities • 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	Co-production of regular reporting to Health & Wellbeing Board partners Evaluation of impact against public health outcomes framework	By March 2021

Priority 3: Narrowing Health Inequalities progress to date

Update on Actions

- Children's Services/Public Health agreed co-chairing of Inequalities action group
- Confirmed representation from CVS and CCG
- First co-chair meeting set 26th November – to agree pre-engagement strategy for key partners
- Example Terms of Reference collated
- Key partner/s contacts established and hold dates for first action group meeting sent (dates for January 2021)

Next Steps

- Agree and prepare agenda and engagement/action plan for working group (Co-chairs – December 2020);
- Mapping of partner/s key strategies; (Public Health – December 2020)
- Produce a brief overview of inequalities in Wokingham/Berkshire West (Shared Public Health – December 2020)
- Action Group to review long and short term measures for Wokingham HWB (January 2021)

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 October 2020?

- There was a strong return of use of the local leisure centres by local residents however there was the expected reduction in numbers going through services due to the capacity restrictions imposed on Leisure Providers by Government;
- All WBC Leisure Services responded quickly to national lockdown measures with members and residents being kept up to date on the impact.
- Specialist Sports & Leisure programmes such as SHINE, GP Referral Scheme, Long Term Health, Mental Health, Steady Steps and Cardiac Rehabilitation were all restarted in Q3 (noting that recent lockdown has impacted on this);
- The Long Term Health Programme Lead along with Public Health Team have established links with the local Cancer Rehabilitation Team at Royal Berkshire Hospital and it is planned to work together on ensuring there is promotion of local offers to people undergoing or post-cancer treatment and that possible pathways are established.
- A Workplace Health Initiative was launched for Wokingham Borough Council [WBC] staff – with a key focus of keeping physically active. There were 45 attendees at early stages and there are some very popular sessions.
- Bike-ability courses which are run by WBC's My Journey Team have continued to run – with 3 schools having training in November and a further 1 school is booked to have training in December.
- Winter Wheelers will be taking place again this year. As with last year, it will be an adult 'advent calendar' with participants having a chance to win a different prize every day between the 1st and 24th of December.
- Specialist Sports & Leisure Programmes local referral pathways from GPs – contact between the Lead for the programmes and Berkshire West CCG was established however it is on hold due to current lockdown – this will be resumed as soon as is appropriate. .
- Work on commissioning a local tier 2 weight management provision for adults and children and young people has commenced.

- Get Berkshire Active have been offered free training for health professionals to enhance skills and confidents in having conversations with patients about promoting physical activity. There are also other opportunities to link this training to other local offers within the community and voluntary sectors is also underway and this work is also being linked up with the local *Making Every Contact Count*.

What are the opportunities to improve or progress?

- Continue to work to 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 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 both Tier 2 children and young people and adult weight management though work is underway to have an evidenced based local offer in place for 2021 and to follow this with a full procurement process for provision in 2022.
- There is currently a gap in Tier 3 Adult weight management services across Berkshire West – there is an opportunity for partners to jointly review this.
- Programme/s of work or opportunities for improving childhood health e.g. targeting children for improving physical activity/reducing weight requires further scoping.
- 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**
First Priority One HWB Action Group Meeting	2nd December 2020	Sports & Leisure/Public Health
Review pathways into local walking & cycling training programmes – specifically from health-based settings i.e. GPs, Social Prescribers.	Commenced September 2020 – no deadline set but is currently on hold due to COVID restrictions	WBC Sports & Leisure Team/ Berkshire West CCG
Tier 2 Children and young people and Adult Weight Management service WBC offer – work is underway to procure a local offer for 2021 which will link to and compliment national Better Health Campaign. This will be followed by a full procurement for a local offer in 2022	December 2020	Public Health & WBC Sports & Leisure Services

Ongoing expansion of programmes within the new Bulmershe facility	On hold due to COVID restrictions	WBC Sports & Leisure Team
Promotion of additional/new physical activity programmes across all venues with a view of increasing referrals and usage numbers	On hold due to COVID restrictions	WBC Sports & Leisure Team
Implementation of 'Escape Pain' programme	On hold due to COVID restrictions	WBC Sports & Leisure Team
Joint working with local leisure provider to identify ways of reaching specific target groups within WBC communities	December 2020 – there is planning happening around reopening of services.	WBC Sports & Leisure Team
Scoping of school based initiative/programmes which aims to increase physical activity for school age children.	Due to commence 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 October 2020?

- WBC Adult and Community Learning Services continue to deliver all of their courses online (since wave 1 of the pandemic) and have been able to adapt to the challenges of teaching various classes remotely to clients with varying levels of computer literacy. Prior to lockdown, some of the courses were able to cater to adults with learning difficulties. However since the March 2020, this group has been difficult to engage due to difficulties with this cohort being able to participate in online classes. Certain classes have 'sold out' quite quickly – such as a class to help parents manage their children's anxiety. The team suspects that this increase in demand is due to a rising tide of children and young people struggling with the social isolation of lockdown.

- Many of the community outreach services which are run by Wokingham library have been paused since the start of lockdown 1 (back in March 2020). This was due to both lockdown restrictions and also many library staff members being deployed to other roles in response to the COVID outbreak. In Wokingham, only 2 of the 11 libraries have remained open since March (Woodley and Wokingham). The home library service – which greatly helps to tackle social isolation and loneliness will be starting up once again in December.

- The Optalis Supported Employment service have been managing the demand for employment support. Over the last month they have supported many individuals who have needed extra guidance 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. This service is expecting to see an increase in demand when we draw closer to the end of furlough (end of December).

- The link visiting scheme continues to offer a suite of online training for volunteers and clients: Psychological First Aid, Diploma in Mental Health, and Emotional Support for families bereaved by COVID deaths and Digital Wellbeing.

What are the opportunities to improve or progress?

- Current Adult community learning and Library services are solely delivered online and require users to be computer literate. There is a need to support disadvantaged residents who are digitally excluded. A digital exclusion action group is being setup to support and combat these challenges.

- The Council's Drug and Alcohol service (SMART) continues to see an increase in Alcohol related referrals. 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). Anxieties caused by lockdown, loss of employment, bereavement, debt & financial instability.

- Wokingham Borough Council's Sports & Leisure Team continue to target 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.	Ongoing	WBC Digital exclusion team which is being headed by Nicholas Spencer (Digital Delivery PMO Manager)
Increase uptake (among social care users) into the following specific activities which help to tackle social isolation and loneliness: - Home Library Service - Alzheimer's Cafes - Reminiscence Groups meetings - Art Journaling Sessions	Ongoing	WBC Libraries Service
Ensure local VCS deliver adequate befriending support to vulnerable residents in need of social interaction as a result of government restrictions, 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.	Ongoing	WBC Sports and Leisure Team
Increase number of younger 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.	Ongoing	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.	Ongoing	WBC Wokingham Schools Hub And WBC Emotional Wellbeing leads

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 & WBC Adult & Community Learning Team.
Increase capacity for delivering community-based drug and alcohol treatment for adults and young people in Wokingham.	Ongoing	SMART Wokingham (Provider)

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 has been achieved since October 2020?

- There continues to be ongoing contact with Citizen Advice Bureau and WBC and demand for the service continues to be high. Formal reporting on numbers and activity will be provided after the next quarterly contract monitoring meeting.
- Local Public Health and RBH Maternity Services continue to contribute to work and actions being overseen through BOB LMS Prevention Work stream. WBC supported the *#Planning for Pregnancy* Campaigns as did other partners. Recruitment for a Prevention Lead Post was agreed and commenced and, RBH Maternity Services continue to scope options for use of funding secured to address excess weight gain in pregnancy.
- The Breastfeeding Network (BfN) have continued to successfully maintain their 6 weekly support sessions during COVID-19. They have successful recruited new

volunteers and they have started their training. This would usually be face to face but has been adapted to run online using a combination of group video calls combined with group work on an online discussion forum. 11 trainees are registered on the course and these are all on track to complete the course. The technology is working well including breakout rooms to allow some pair/ group work. There has been some impact due to Covid, e.g. children home from school isolating, but extra support is being offered to help trainees stay up-to-date with training.

- The School Nursing and Health Visiting Services (0-19(25)) are beginning to recover. The School Nursing advice and support line was '*relaunched*' to parents and young people in September through the use of a film made by School Nursing to young people themselves via social media and newsletters. Enuresis clinics were anticipated to revert to being face to face and/ or video dependent on clinical judgement, parental choice and government restrictions at the time. Medical conditions training – will mostly continue via cluster training virtually. However, government guidance allowing, some visits will be made face to face in schools to train regarding administration of emergency medication for seizures if this is felt necessary/ appropriate. CiC reviews – there is felt to be an increase of CiC, however, accurate numbers are required from LAs to get the full picture. If there is an increase, consideration has to be given to what the impact is on PH nursing service in terms of capacity.
- 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. There is no planned catch up on those missed, in line with government guidance. Programme will restart in January 2021 with support from the Immunisation Team as per the reciprocal arrangement.
- 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. Whilst there is contact with Caterlink, there are plans to establish regular meetings between key partners to support data gathering, recording updates and achievements. There is willingness from providers and commissioners to support this and it will help identify local opportunities around School Meals.
- 113 residents accessed the local *Smokefreelife Berkshire* service in Q2 (Jul, Aug, Sept) and set a quit date. Outcomes of these quit attempts will be known in the New Year (due to way smoking quits occur).
- The Smokefreelife Berkshire team have allowed free access to their app, Quit with Bella, for all Berkshire West residents. From April to September, 118 WBC residents had downloaded and registered to use the app to help support a quit.
- Over 400 Berkshire West residents/health professionals responded to the community engagement survey on building a new stop smoking service for Berkshire West. Results have been used to inform the service specification for new service being commissioned in 2021.

- There was good market engagement from providers of stop smoking services with local commissioners to help inform and shape the service specification of the service.
- Wokingham Borough Council, Berkshire West CCG and Berkshire Healthcare Foundation Trust Communications Team supported Stoptober Campaign, promoting the local service to residents.
- Wokingham Borough Public Health Team have supported the Cancer Rehab service with accessing resources for local stop smoking services; Links have been established with the team and there is planned work on the rehab team linking in with local physical activity programmes (Cancer Rehab/Exercise Referral Scheme) once services start to resume;
- National Stop Smoking Service Resources designed to support midwives/maternity services have been shared with key providers. National guidelines have just been announced allowing services to resume CO Monitoring – Public Health are supporting and working with providers to resume the implementation of this.
- Wokingham Borough Council Public Health have established connections with the local Thames Valley Cancer Alliance [TVCA] – particularly around early identification/signs & symptoms but also on smoking. The TVCA are particularly concerned and keen to focus on support local residents to seek support early for signs and symptoms.
- Tobacco Control Alliance partners have reviewed the local Berkshire West Tobacco Control Alliance Plan and have started to scope work on a project around smoking in social housing. Potential project partners have been identified and early engagement has commenced. The useful Smoke Free Homes resources is also being reviewed and updated.
- Public Protection Partnership – Trading Standards, delivered a responsible retailer to those in local Community Alcohol Partnership [CAP] areas in Reading, Wokingham and West Berkshire. Very good learning and discussions around age restricted products and good practice.
- Public Protection Partnership is also involved in providing a podcast on alcohol – this initiative is being supported by BHFT Mental Health service, SMART (substance misuse provider). There are also two resources available for schools.
- Work has commenced to reaching out to local GP on contraception (LARC) and NHS Health Checks – COVID and flu season still is a primary focus of local healthcare services.
- Royal Berkshire Hospital's Midwives Team have developed an Action Plan to help them deliver on the Saving Babies Lives Care Bundle – this includes actions around smoking and CO monitoring for local pregnant smokers. Progress is monitoring through the local maternity service provision.
- Progress has been made on setting up the first HWB Inequalities Action Group with the Co-Chairs first meeting 26th November.
- 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 in November postponed due to sickness of West Berks colleagues. West Berks are sharing their training and resources at no cost to support consistency across Berks West. Representatives from other WBC teams are able to attend (e.g. education colleagues – school improvement) to work in partnership and support the development of the programme.

What are the opportunities to improve or progress?

- The Wokingham Children & Young People's Partnership Board's strategy and action plan 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. This along with other key strategies and plan will be used to inform the Inequalities Action Working Group which is being established.
- Sexual Health Services – a national e-sexual and reproductive healthcare framework has been developed. The framework offers customers a way of conveniently, efficiently and effect way of contracts with providers who specifically offer e-sexual and reproductive health services. There is a Berkshire West opportunity to review this to identify if it could support any gaps in the local system.
- There is an opportunity for Personal Social and Health Education (PSHE) network to be formally created so as to further support schools to deliver consistent and quality PSHE - this has been done in other areas such as West Berkshire. Schools priority remains focused on the safe and smooth running of their schools. In the meantime Public Health continue to share resources, webinars and updates from the C&YP network via PSHE leads and Education News.

Priority 3: ACTIONS		
ACTION	**BY WHEN**	**OWNER**
Smokefreelife Berkshire - review referral and pathways from GPs	January 2020	Berkshire West CCG and Smokefreelife Berkshire
Scoping Smoke-free Homes project in collaboration with housing partners	November-December 2020	Tobacco Control Alliance, Public Health, Tenant Services, local Housing Associations
BfN training sessions are in progress – 11 volunteers are registered and on track to complete the training	8th October – 28th January 2021	BfN/Public Health
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 audit of local LARC and other contraception's services	November/December 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 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	In Progress – final dates pending national guidance	Berkshire West CCG/RBH Midwifery Services
Healthy Schools implementation	January- March 2021	Primary & Secondary Schools/Education with support from WBC Public Health
Regular Personal Social and Health Education (PSHE) networks meetings to be created for both secondary and primary schools.	January- March 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

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TITLE	**Wokingham Integrated Partnership Update**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday 10th December 2020
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality and Matt Pope, Director of Adult Services, Wokingham Borough Council

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

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

RECOMMENDATION
That the Board notes the update provided

SUMMARY OF REPORT
As Health and Social Care, colleagues have been hard at work following Wave 1 and are currently engaged in supporting Wave 2, Winter Pressures and COVID-19 Winter Plan.

The partners are reasonably assured we can manage through the winter, fulfil our Care Act obligations and the requirements of the Winter Plan. Our success is co-dependent on the performance of all of the partners.

This year has been challenging for the whole country, especially the health and social care system. The upcoming Winter has required the local authorities and our partners to develop several winter plans. As a system, we have developed the Better Care Fund Winter Pressures Fund and the COVID-19 Adult Social Care Winter Plan.

The COVID-19 Adult Social Care Winter plan has been submitted to the Department of Health and Social Care, on time. The plan was developed as a system, with support from Berkshire West Clinical Commissioning Group, Berkshire Healthcare Foundation Trust, the voluntary sector, our Primary Care Networks and neighbouring local authorities. Following this process, the system partners feel that, generally, we are prepared and organised to meet all of the key areas of the plan.

These plans have resulted in extra services being worked developed and teams around the Health and Social Care System expanded. Below is a summary of the work which is being done to support Customers in Wokingham over the Winter.

- **VCS Mental Health Pilot (Wokingham Borough Council, Citizens Advice)**

Using a Population Health Management approach, it has been noted that there has been an increase in the number of people in the borough who are reporting that they have issues with their mental health (increasingly, there have been reports of anxiety and depression).

A pilot has started, with Citizens Advice offering support to people to deal with some of the causes of there Mental Health Issues (for instance, debt, housing and benefits advice) and offering onward referral to other voluntary sector organisations, specialist mental health voluntary sector organisation (due to be commissioned shortly using Better Care Funding) and on to the specialist Mental Health services should they be required.

- **PHM Analyst**

Many of our most useful insights during the pandemic have been gleaned from the work of analysts around the system, putting together data from multiple partners. This Population Health Management approach has been used to guide our approach locally and has been shared as best practise with other systems.

In an effort to support better integration of data, and proliferate the use of the Population Heath Management, the Partners have decided to fund a full-time analyst. This analyst will support with these key tasks (amongst others):

- Cohorting of our Multi-Disciplinary Team Meeting
- Support for all the projects within the BCF programme to be led by a PHM approach
- Prepare Health Inequalities profiles for each PCN

Alongside several other tasks. This post will be recurring.

- **Primary Care Network Social Workers (Wokingham Borough Council)**

The council will hire 2.5 FTE social workers to support an increase in the frequency of MDT meetings. Increased social work presence will allow PCN leaders to have a ‘go-to’ person for support with social care, allow for regular meetings with social prescribers and the voluntary sector and Primary Care Network leaders. This will support the Wokingham Integrated Partnership Programme to achieve its priority of Primary Care Network development and Integrated Care Network development. These will be recurring posts

- **Increased Geriatrician Support (Berkshire Health Foundation Trust)**

The Wokingham Integrated Partnership has agreed to fund an enhanced medical capacity in the Consultant Geriatrician team: from 0.2 FTE to 0.8 FTE, providing 4 day's cover per week to support Wokingham Rapid Response into care homes. The 2nd Wave of COVID has already had a huge impact on the need for geriatrician support for hospital type treatments, including O_2 and Dexamethasone, which allow COVID positive patients with compromised respiratory function to remain in their place of residence. The additional hours will also enable Multi-Disciplinary Teams to have access to Geriatrician advice on complex or challenging cases.

- **Medication Only Calls (Wokingham Borough Council)**

There are a small number of occasions when people are delayed in being discharged from hospital, or end up becoming a Non-Elective Admission, as they need extra support with medication only calls. Better Care Fund Winter Pressures finances have been made available to fund these calls.

- **Cancer Champions (Involve)**

Involve has developed a holistic model that provided a framework to support people affected by cancer, that included those with the disease and their carers who often feel overlooked. It includes people with all types of cancers. Their delivery model has 4 elements of support these are:

- Monthly meet-ups
- Peer-to-Peer Support
- Online Support
- Signposting

- **Increased Staffing at the council- Including Discharge to Assess (Wokingham Borough Council)**

Better Care Fund Winter Pressures funding, as well as COVID-19 funding has seen an increase in the number of staff which will be available to the council to support hospital discharge and also to support a reduction in Non-Elective Admissions. Extra Occupational Therapists and Social Workers are being hired currently to fulfil these roles.

- **Home from Hospital increased service (Age UK)**

The Home from Hospital service, which settles people at home following a visit to the hospital. This service will also support the person with onward links into the community and other voluntary sector organisations.

Better Care Fund Winter Pressures funding has been awarded to this service to increase the number of days that the service is available (now 7 days), increase the number of hours that the service is in operation and also increase the duration of the support offer.

- **Discharge to Assess block bed booking and block home care booking (Wokingham Borough Council)**

To support pressures in the system, it has been agreed by the system that it is appropriate to block book beds and home care hours to support discharge from hospital. The Home

Care block is up and running. Our commissioning team are currently assessing options for the residential and nursing block beds.

- **Infection Control Nurse (Berkshire Health Foundation Trust)**

Following the first wave of COVID-19, it was established that care providers in the community (in both care homes and home care) would benefit from further infection control nursing support. To enable the West of Berkshire care providers to receive this support, it was agreed that all three local authorities would fund further infection control nursing from our partners at Berkshire Health Foundation Trust. In Wokingham, the Better Care Fund is being used to fund this support.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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Berkshire West
Clinical Commissioning Group

Berkshire West CCG – Operational plan 2020-2021

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1. Executive Summary

Berkshire West CCG is a high performing organisation which commissions health care services to a population of approximately 550,000 residents. The CCG plays a key role in working across Buckinghamshire and Oxfordshire as part of the Integrated Care System (ICS) as well as more locally through the Berkshire West Integrated Care Partnership (ICP). The CCG has an excellent history of collaboration and integration and we are seeking to build on this in order to realise a stretching set of aspirations for our population.

The purpose of the Berkshire West Operating plan is to respond specifically to the ask of the CCGs and other NHS organisations as set out in the operational guidance released by NHSE/I in January 2020 and therefore does not seek to replicate the Buckinghamshire, Oxfordshire and Berkshire West Long Term Plan (LTP) submission.

Financial sustainability is one of the key aims of the Berkshire West CCG. In 2020/1 the CCG has a forecast gap of £20m between what it has been allocated and what it is projected to spend. To mitigate this, we have identified £6m of efficiency improvements which will not reduce the range or quality of services which our patients are able to access. This leaves a gap of £14m for which further schemes are being currently developed through the Berkshire West Integrated Care Partnership (ICP) and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS). Due to the current COVID-19 pandemic the financial regime for this year may be subject to change and at the time of writing the CCG are awaiting further guidance nationally on this.

Delivery of more joined up care for the population served by Berkshire West is golden thread of the plan. Our approach to Population Health Management (PHM) will ensure we are better placed to understand the needs of the local population as a whole with specific improvement actions identified through which we can improve both clinical and financial outcomes.

Delivery in 2020/1 will focus on seven key clinical areas of transformation, underpinned by PHM and delivery of financial sustainability; these packages of work were defined during the financial year 2019/20 and have been developed for implementation during this financial year and beyond, including:

- A new Urgent & Emergency Care delivery model
- Development of our Primary Care Networks
- Transforming how and where we deliver outpatient services
- Implementing an Integrated MSK service
- Improved detection of Respiratory and Cardio vascular conditions
- A Mental Health crisis pathway and a new model of support in primary care.
- Embedding a preventative approach to all our work

This plan is supplemented by the Activity, Finance and Performance submissions made to NHSE/I in March 2020 which outline our commitment to deliver the constitutional (RTT, cancer, diagnostics), access, and other standards within the system (acute, primary care and community) alongside the finance and activity trajectories.

It should be noted that at the time of writing this plan the NHS is experiencing its biggest peacetime challenge as it responds to the global spread of COVID 19 and therefore as more

unfolds during the first quarter of this year some of the plans articulated here may be subject to change.

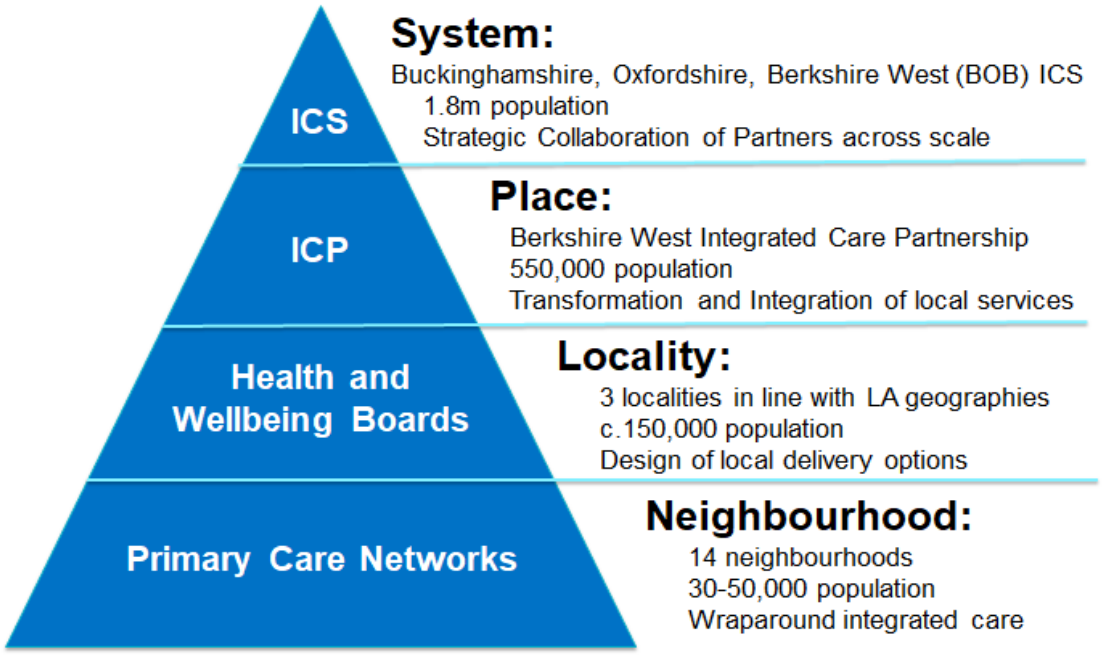
2. Introduction

This operational plan sets out our transformation plans for 2020/21 to meet the needs of our local population and drive improvements in health and wellbeing, quality and care and the efficiency of local NHS services to ensure sustainable services for the people of Berkshire West. Our plan sets out how we intend to deliver our statutory responsibilities and our vision for healthcare services in Berkshire West over the next year. It outlines our strategy for local services, within the framework of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System and our Berkshire West Integrated Care Partnership (ICP).

It is a public document which aims to provide assurance to our Governing Body, and to inform our local stakeholders of our current position, our plans and next steps in the commissioning and delivery of health care in Berkshire West. This plan sits alongside the BOB strategic delivery plan (not yet published) for implementing the requirements of the NHS Long term plan as well as a Berkshire West ICP plan which sets out the health and social care priorities to deliver locally (under development).

Delivering high quality health and social care within the resources available has never been a greater challenge for the NHS and its local authority colleagues and this financial pressure is significant in 2020/1.

Figure 1: How our system fits together



3. About us

Berkshire west CCG serves a population of approximately 550,000 residents working alongside six other public sector organisations including**:**

- Three local authorities – Reading, Wokingham and West Berkshire
- Berkshire Healthcare Foundation Trust
- Royal Berkshire Foundation Trust
- South Central Ambulance Foundation Trust

There are also 47 GP practices and 14 Primary Care Networks (PCNs) that operate across the geography that are a core part of the healthcare landscape.

Figure 2: Berkshire West geography

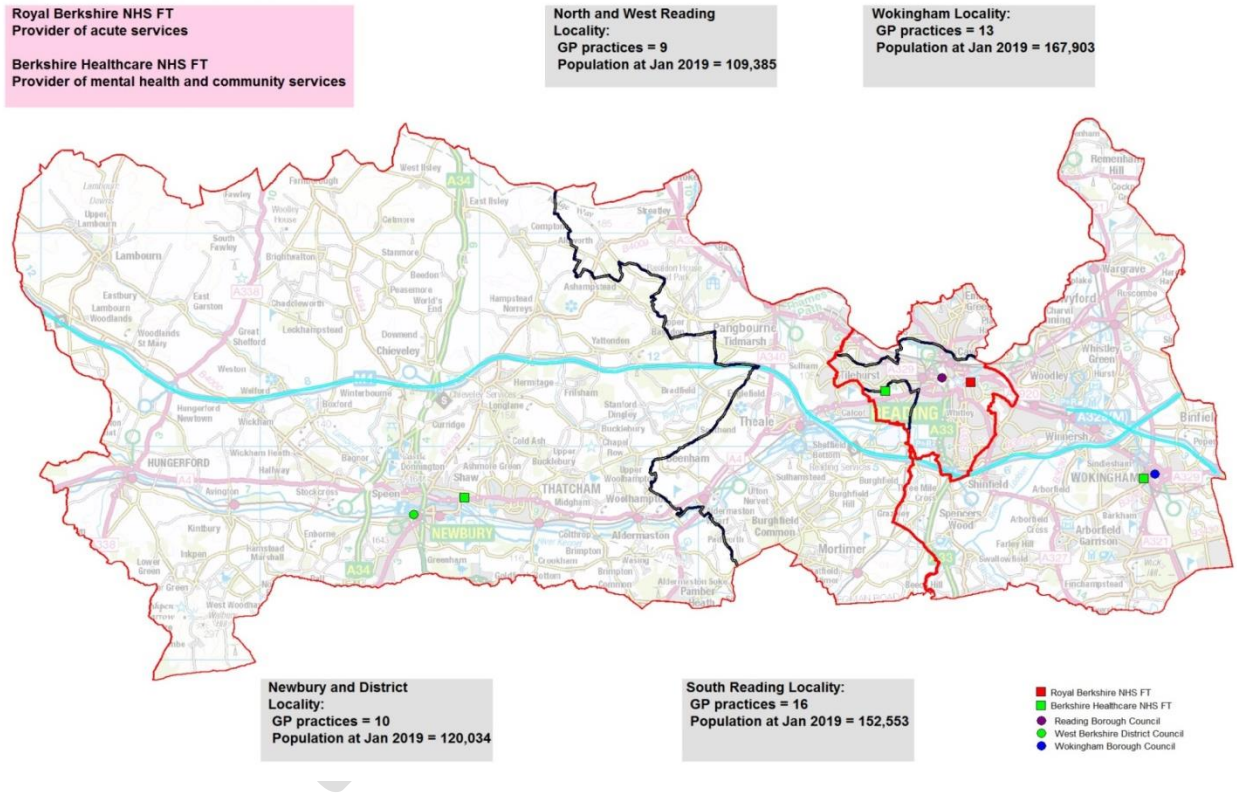
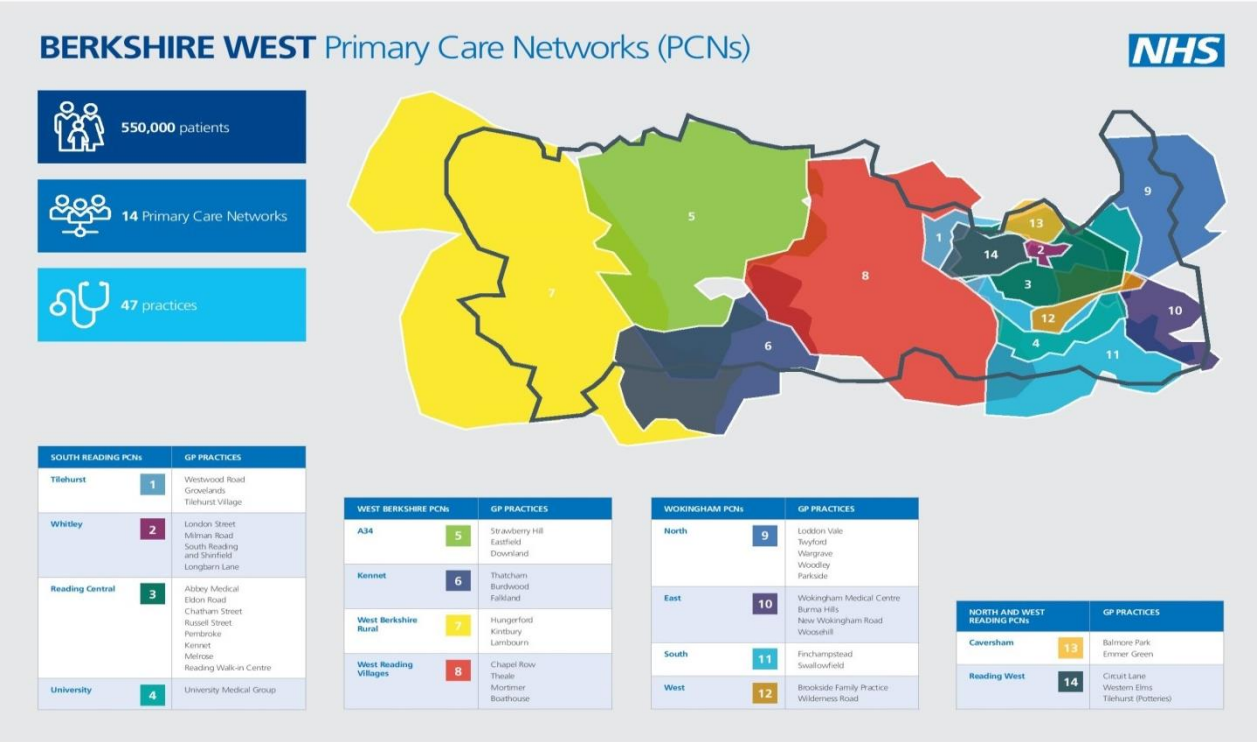


Figure 3 Berkshire West Primary Care Networks



The three local authority areas have some notable differences in terms of their demographic and health profiles. Reading has a much younger population with typical characteristics of an inner city diverse population, Wokingham is suburban with rapid housing expansion under way, whilst West Berkshire has an older population and significant rurality.

Generally, the health of residents of Berkshire West is good; however, there are some clear differences between the populations in each of the local authority areas and this is reflected in the differing health needs. This corresponds with recent analysis of population segmentation for Berkshire West residents (figure 4).

Figure 4 Berkshire West Population Segmentation insights

Segment	Percentage of Population	Percentage of Total Cost
Frailty Risk	3%	19%
Organ Failure	3%	11%
Cancer	3%	8%
Disability	4%	6%
Multi-Morbidity	14%	21%
Single LTC	20%	15%
Maternity	1%	3%
Children	17%	6%
Mostly Healthy	35%	12%

4. NHS long term plan commitments – 2020/1

In response to the NHS Long Term Plan (LTP) BOB ICS has been developing its five year plan. The five year, one system plan aims to describe how partners within the ICS will work together and with people in their communities, to deliver the ambitions of the NHS LTP and address the specific priorities, opportunities and challenges within the BOB ICS area. The plan sets out how we will work together to deliver joined up health and care, support people to live longer, healthier lives, make best use of public investment to secure the best outcomes, focus locally unless there are benefits to working across the ICS and/or with our partners across the Thames Valley.

The aims of BOB ICS include:

- To work together to deliver joined up health and care services based on the needs of individuals and shaped by the circumstances and priorities of local communities
- To support people to live longer, healthier lives and treat avoidable illness early on
- To make the best use of available public funds and resources so that, together, we can secure the best outcomes
- To make our focus local unless it is more efficient and effective for us to pool our expertise and resources to work together as an integrated health and care system across Buckinghamshire, Oxfordshire and Berkshire West (BOB).
- To reach out, where appropriate, beyond our borders and work in partnership with others – for example, across the wider Thames Valley region on specialist cancer services.

The challenge for BOB as an ICS is translate and deliver the ambitions of the NHS Long Term Plan into an ICS strategy that provides 21st century care supported by a data-driven model of care planning. The challenge in addressing the NHS LTP 5 year plan priorities will be to:

- Integrate and prioritise the strategic initiatives to build the plan and deliver our vision;
- Ensure the strategic initiatives are coordinated and effective;
- Plan and manage the management and resource capacity effectively.

Services will need to be provided in an increasingly integrative manner, using population health information to inform priorities, improving digital capability and ensuring we have the workforce to support the needs of our population.

The BOB ICS has agreed a set of principles for how it will operate that prioritises delivering care as close to the patient as possible but where there are outcome or efficiency benefits to operating at scale, we will do so. BOB ICS has a place-based focus, recognising that system working at a county level is a key driver of much of the transformation across the BOB footprint. Figure 3 below sets put the BOB ICS strategic priorities and their relationship with place based delivery

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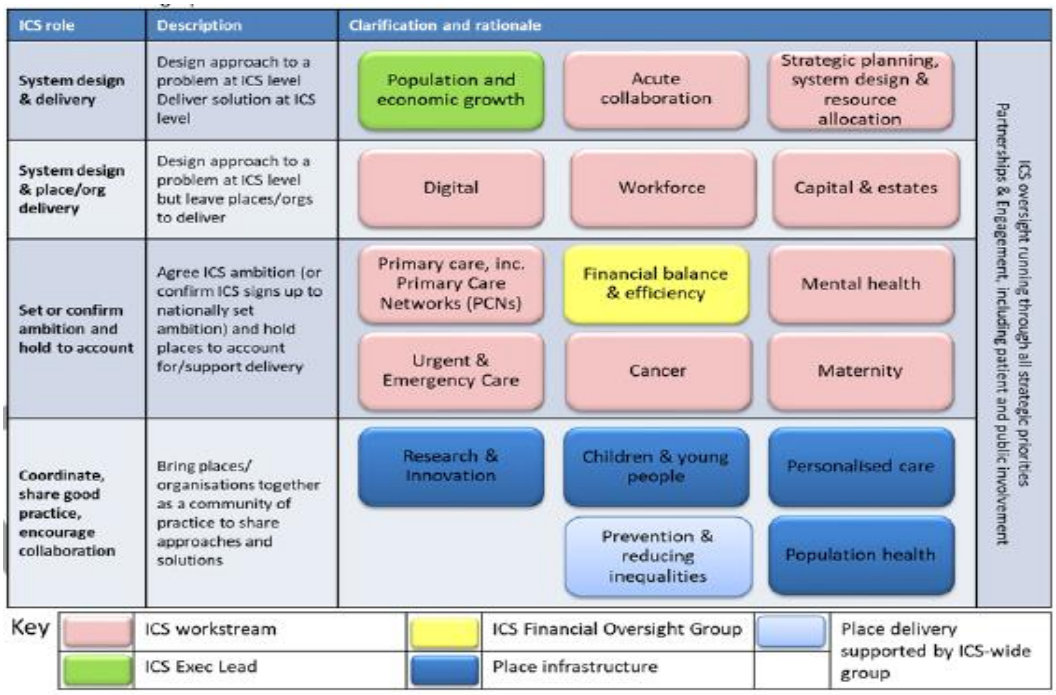
Figure 3: BOB ICS Strategic priorities



Alongside the specific operating guidance requirements set out for the NHS in 2020/21 Berkshire CCG will also continue to work with colleagues across the BOB ICS to deliver the ongoing requirements of the NHS Long Term Plan (LTP). These include the following key areas of focus:

- Integrated Care, with particular work streams on primary care, urgent and emergency care and population health
- Prevention and Health Inequalities
- Care Quality & Outcomes, with particular work streams on Maternity, Mental Health, Cancer and Acute Care Collaboration
- Workforce
- Digital transformation – a shared priority including our Local Health and Care Record Exemplar programme but with work undertaken and coordinated at place-level within our ICS
- Efficiency and Productivity, including capital requirements
- Engagement and Partnerships

The governance structure at BOB to support the delivery of the above priorities can be found in Appendix 1. The draft BOB LTP submission can be found below – this outlines in more detail how each of the areas highlighted in the bullet points above will be delivered.
https://www.bobstp.org.uk/media/1752/ics-ltp-1st-draft-submission-v10-2.pdf

The purpose of the Berkshire West Operating plan is to respond specifically to the ask of the CCGs and other NHS organisations as set out in the guidance released by NHSE/I in January 2020 and therefore does not seek to replicate the BOB LTP submission.

5. Berkshire West Strategic Priorities and transformation programme

In light of the NHS LTP and the challenges faced by the local health and care system Berkshire West ICS has identified 9 strategic priorities for the year ahead (2020/1). Services will need to be provided in an increasingly integrative manner, using population health information to inform priorities, improving digital capability and ensuring we have the workforce to support the needs of our population.

Our priorities for 2020/21 are set out below and build on the work undertaken in previous years:

- Development and implementation of a new Urgent & Emergency Care delivery model
- Development of our Primary Care Networks (or Neighbourhoods), with a wraparound model of care.
- Transforming how and where we deliver outpatient services
- Development and implementation of an Integrated MSK service
- Improved detection and management of people with respiratory and cardio vascular conditions in primary care.
- Development and implementation of a Mental Health crisis pathway as well as a new model of support in primary care.
- To work with public health colleagues to embed a preventative approach to all our work
- Implement and embed our approach to Population Health Management and Digital transformation
- Implement the ICP financial recovery plan

As part of the COVID recovery process there may also be areas of learning that we can capitalise on, for example our use of digital technology, which will enable us to identify further transformation priorities for the CCG and our ICP.

6. Berkshire West Integrated Care Partnership

At a local level, ICPs will design strong systems (using a set of common strategic objectives) to plan and commission care for their local populations. This will take place under joint system leadership bringing together NHS providers, commissioners and local authorities to work together in partnership to improve health and care in their areas.

In July 2018 the Berkshire West ICP was established. We have developed our ICP as a place based alliance of NHS providers (including PCNs), commissioners, local authorities and stakeholders that will work by collaboration not competition responsible for:

- A joint approach to Population Health Management (PHM);
- Development of joint plans to meet the needs of residents
- Management of commissioning budgets;
- An open book approach through a cost based, system I&E approach to managing the cost of care;
- Joint working with Local Authorities and having a shared responsibility for statutory duties (e.g. safeguarding);
- Ensuring a coordinated, multidisciplinary clinical input into local decision making;
- Ensuring a coordinated, multi -focussed approach to public engagement;

- ICP performance & assurance

The ICP is where we work together using a population health management approach to ensure resources are targeted to the most appropriate need and we are working towards being aligned by a single Health & Wellbeing Strategy.

The work programme is driven by the strategic objectives of the ICP which ensures projects are aligned to the overall vision and are focussed on what are known as local issues for all partners.

The ICP strategic objectives are as follows:

Berkshire West ICP has identified four priorities or 'flagship' programmes of work in 2020/1 and beyond (to be reviewed post-COVID), these include:

- Delivery of the Berkshire West Urgent and Emergency care strategy
- Prevention
- Joint commissioning
- Neighbourhoods (including multi-disciplinary team working and social prescribing)

Work to define these programmes of work and their constituent projects is under way with outline project briefs that clearly identify the objectives, deliverables benefits and impact for the individual projects of each key priority area.

7. Our approach – Population health

Delivery of more joined up care for the population served by Berkshire West is golden thread of the plan. PHM will be integral to create a single source of truth, identify the priority opportunities to proactively target the right care for specific populations and shape the culture of Berkshire West. Population Segmentation and risk stratification are two concepts used to help understand the needs of the population so that services can be better planned and delivered. Segmentation is grouping the local population by what kind of care they need as well as how often they might need it. The CCG is currently using Bridge to Health concept of

segmentation, but are looking beyond this to seek to use predictive analysis and actuarial science to support future service planning.

8. Financial sustainability and performance

Berkshire West CCG has reported an in year financial deficit in 2019-20 of £9m, against a planned breakeven position. When set against the CCG's carried forward cumulative surplus of £9.48m, this has left the CCG with a surplus balance of £0.48m to carry forward into 2020-21. The financial planning process for 2020-21 which the CCG and its partner organisations were completing during March 2020, was frozen before completion of either the contracting cycle or its associating setting of financial budgets for the period.

The draft operating plan for 2020-21 which the CCG submitted before the freezing of the process had the CCG forecasting a deficit in the year of £5.1m. This was after assumed efficiency savings of £20.3m had been achieved. The make-up of these assumed savings includes £5.8m to be delivered at a BOB ICS system level, which the CCG considered to be undeveloped at the point the plan was drafted, these together with the achievement risk already included in the other savings, lead to the CCG including a figure within the plan of £15m as an estimate of unmitigated risk.

These plans were not however developed further, due to the Coronavirus pandemic. In order to enable the NHS to focus fully on the pandemic, a simplified financial regime was introduced in mid-March, and will last until at least the end of October 2020. This regime ensures sufficient cash is held by NHS providers, for it not to be a barrier to fighting the pandemic, and non NHS providers have been directly contracted by NHSE to refocus their capacity in coordination with local NHS providers. Additional funds directly related to the additional costs of the pandemic are claimed by NHS organisations on a monthly basis. Details of how the regime will work in the remainder of the year are still being worked through centrally by NHSE.

This plan is also supplemented by Finance, Activity and Performance submissions made to NHSE/I in March 2020. The overarching aim of the 20-21 operating plan is to support delivery of the 20-21 long term plan commitments made by the CCG. This includes a commitment to deliver the constitutional (RTT, cancer, diagnostics), access, and other performance standards within the system (acute, primary care and community) whilst delivering the finance and activity trajectories. It should be noted that whilst this commitment remains, it is likely that the COVID-19 pandemic may impact on these trajectories. Berkshire West is actively working through a recovery planning process to ensure any issues are identified and managed appropriately.

9. Sustainable Development

The CCG continues to develop plans to assess risks, enhance our performance and reduce our impact, including against carbon reduction, waste management and climate change adaptation objectives. This includes establishing mechanisms to embed social and environmental sustainability across policy development, business planning and in commissioning. The CCG is developing a sustainability strategy.

The CCG has increased its use of teleconferences and has promoted the use of public transport, cycling and/or walking to work to reduce the negative impact of transport on the environment and promote a healthy lifestyle. The CCG has also been rolling out laptops to

primary care colleagues to enable remote working and in response to the COVID19 incident has used technology to enable staff to work from home. 56,615 business miles were claimed during the year compared with 52,281 in 2019/20. This is a reflection of the growth in the CCG's workforce following the in-housing of support functions from the Commissioning Support Unit.

The CCG operates an effective recycling system as part of its approach to waste management and has increased the use of mobile technology to reduce its use of paper, ink and electricity.

All NHS organisations including CCGs are being asked to remove single-use catering plastics from their offices which could help reduce NHS waste by over 100 million plastic items by 2021. The CCG has signed up to the pledge to support NHSE&I in eliminating avoidable single-use plastics so by April 2021:

- the CCG no longer purchased single-use plastic stirrers and straws
- the CCG no longer purchased single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics

The CCG hopes to go beyond these commitments in reducing single-use plastic cups for beverages. The CCG does not use covers and lids for cups.

Matters on environmental issues are raised and discussed at the CCG's Staff Partnership Forum meetings, where initiatives such as these can be taken forward.

We will ensure the clinical commissioning group complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

Prescribing

The CCG has also looked at its prescribing practices to understand the impact of items such as Metered Dose Inhalers (MDI). The CCG are committed to reducing this impact by:

- Reviewing ways the use of dry powder devices can be safely promoted and where appropriate. Dry Powder Inhalers (DPI) are now being considered as the first line choice for new patients. DPIs have been included in our recent guidance for Asthma and COPD to ensure the patient has the option to choose the best device for them in terms of compliance and environment. The latest COPD guidance makes reference to DPIs having less of a carbon footprint.
- Ensuring patients are on the correct therapy so as to reduce the number of doses/inhalers a patient is requiring to keep them controlled. Pharmacists will review patients who appear uncontrolled and thus reduce the number of inhalers dispensed.
- Exploration of the Glaxo recycling scheme and promoting the return of empty inhalers to pharmacies for green disposal.

10. Operational requirements – 2020/1

The table below sets out the response to the Operating plan guidance released in January 2020, with a focus on how the CCG will deliver against these throughout 2020/1 both a system level (ICS) and as an organisation working with our partners in Berkshire West. It should be note that the content of these plans may be subject to change due to the current COVID-19 pandemic and resulting impact on NHS services.

9.1 Primary care and community health	
Operating plan requirements	**System – BOB Delivery**
The three main priorities for PCN development support in 2020/21 are: (i) supporting workforce redesign and team development, (ii) improve patient access and practice waiting times, and (iii) building operational relationships with community providers (including pharmacies) to support integrated care. **Deliverables:** • Work with PCNs to maximise recruitment under the Additional Roles Reimbursement Scheme, developing a plan to spend available funding. • Support the recruitment and retention of extra doctors working in general practice practices with long waits for routine appointments. CCGs must provide monthly data to each PCN showing the number and cost of A&E	The BOB primary care strategy – now part of the Long Term Plan - sets out the actions that will be taken across the three Integrated Care Partnerships to invest the new resource identified to deliver a transformed model of primary care. Much of this work is already in train, with Primary Care Networks already set up, with 100% coverage across the BOB ICS area. Clinical Directors have now all been appointed and are in the early stages of forming the development plans necessary to provide structure to the ambitions set out at a local level. As a system, a wide range of support mechanisms are in place to ensure these plans and structures are robust, sustainable, and in line with the Long Term Plan vision and principles. **Workforce** GP Mentorship Scheme – The GP Mentoring scheme gives all GPs working in the BOB area the opportunity to access mentoring support free of charge. We have developed an online web platform which enables mentees to define their issue of concern, choose a mentor who they believe can help them resolve it, communicate directly with them and facilitate their one to one meetings. BW so far has 5 mentors and 5 mentees, less than the other places, and we would like to expand this. GP Locum Chambers Scheme – BOB Locum Chambers has been developed to offer local GP locums the opportunity to work together as small independent groups under a shared administrative and clinical governance structure, to better support NHS GP practices across our area. In BW, one of the South Reading PCN Practice Managers has agreed to support the project delivery to practices.

attendances by that PCN's patient population. Ensure full delivery of online consultation systems to general practices where these are not already in place; learn from the work of the digital first primary care accelerator project; and ensure full delivery of direct booking from 111 to in hours appointments (as per the 2019/20 GP contract). • Lead the transition to the new GPIT Futures Digital Care Services Framework arrangements. CCGs should work collaboratively with their constituent GP Practices and PCNs to develop plans to re-procure the GP systems. • Work with PCNs to deliver national service requirements from 2020/21, details of which will be set out in the final version of the forthcoming GP contract and Network Contract Direct Enhanced Service (DES). Funding invested by CCGs during 2019/20 in local service provision which will be duplicated through delivery of the new service requirements in the Primary Care Network Contract DES in 2020/21 should be reinvested within primary medical care. • Provide CCG support to implement the NHS's comprehensive model of personalised care and meet 2020/21 system trajectories for personalised care and support planning, Personal Health Budgets and social prescribing.	GP Careers Support – The GP Careers Support Scheme will improve access to comprehensive GP career development information. The scheme will provide curated training and development opportunities as well as individually tailored careers advice for GPs working in the BOB area. The development of this scheme is at an early stage, but it is scheduled to accelerate, with a clinical lead recently recruited. International GP Recruitment – The IGPR project is a national scheme that has been rolled out across the country based on greatest need. The scheme aims to identify International GPs who are able to integrate into the existing NHS workforce. Berkshire West has been relatively successful in this scheme, with one GP already placed, one GP waiting to start an agreed placement and another GP looking for a practice in the Wokingham area. New to practice fellowship scheme – This new scheme was announced as part of the GP contract update. The scheme is a 2 year programme of support for newly qualified GPs and nurses recruited into General Practice. The opportunity is open to anyone about to take up a post or already working in a practice. **Place – Berkshire West Delivery** **Primary Care Network (PCN) Development** Within Berkshire West, we will continue to work to support our fourteen Primary Care Networks to develop and mature in order to ensure the sustainability of the sector and promote integrated working within neighbourhoods. We will support PCNs to work with community teams and others to build the capacity and capability of Multi-Disciplinary Teams to undertake care planning and support delivery of the national PCN service specification for Enhanced Support to Care Homes. We will also work with PCNs to further embed social prescribing as a key component of care and to support them to use PHM methodologies to better target proactive care which meets the specific health needs of the population they serve. **Access** During 2020/21 access to appointments outside of core general practice hours will be commissioned through PCNs, thereby offering increased flexibility for patients looking to utilise appointments at these times. We will continue to work to identify and share best practice access models and to support practices to proactively manage capacity and demand and to utilise new technologies and other means of providing care e.g. through group consultations and digital triage. We will also look to improve

integration with community pharmacy, ensuring that new arrangements to direct patients to pharmacies are used to best effect to improve overall access to care.

Workforce

The Berkshire West CCG primary care team will work with PCNs on further workforce development through the ARRS funding allocation in 2020/1, as set out in the Network DES Guidance.

The new GP Contract update included a strong focus on workforce, and the expansion of the Additional Roles Reimbursement Scheme (ARRS). The contract also provided guidance for the role that the ICS/CCGs would be expected to support. Some of the work that is already underway includes:

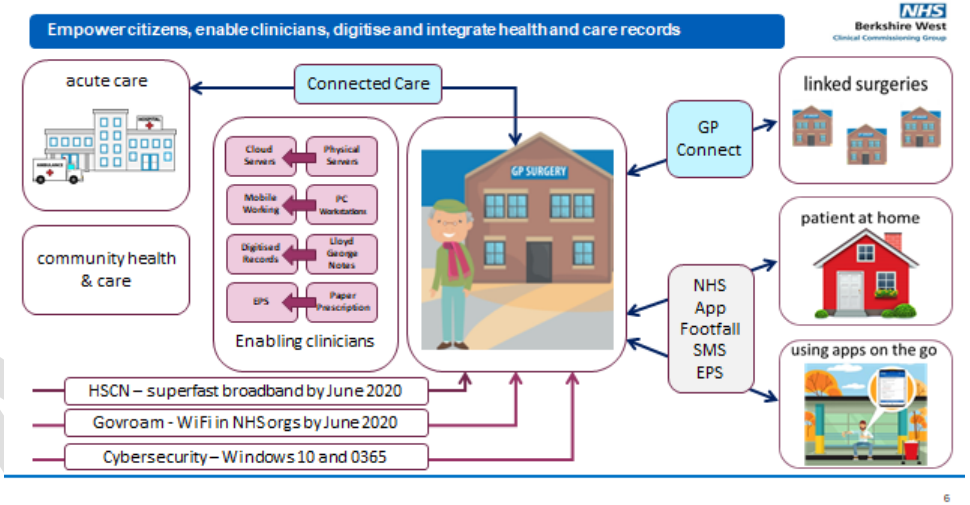
- CCGs to work with PCNs to understand PCNs' future recruitment intentions – To support this, the BOB PC Workforce Group have developed a workforce planning tool that can help PCNs understand how they can configure their workforce within the funding envelope available to them through the ARRS. The data can be complied to help shape the training pipeline for the new workforce types. This is complemented by the latest iteration of the Wessex Workforce Audit Tool, which Practices and PCNs can use to help them understand how the new workforce can support the workload of their existing staff. This work will be supported by a payment of £500 per practice to complete the data collection exercise.

- CCGs to help PCNs recruit staff – There are a number of initiatives underway to explore how recruitment to the new roles can be made easier and quicker for PCNs. BWPCNs are in talks with RBFT about a rotational workplace scheme for Physicians Associates. The Training Hub is involved in discussions with SCAS about rotational recruitment for Community Paramedics. Finally, the CCG (through the Medicines Optimisation Team) are working with the RBFT pharmacy to examine the potential for rotational posts for Clinical Pharmacists and Pharmacy Technicians.

Digital First

The CCG ambition is to provide and commission digital services and solutions that ultimately result in more effective and efficient healthcare for our population, improving health outcomes and driving down costs. To do this, the CCG Primary Care IT strategy will be employed to: empower citizens, enable clinicians, digitise and integrate health and care records, and make intelligent use of information. Our approach will be 'digital first' so that digital opportunities are always considered, and digital services and

solutions are good enough, that people prefer to use them. In addition we will continually work to source new and innovative solutions to serve this agenda.



During 2020/21, the CCG GPIT Committee, will overseeing the programme of digital first and agreed a digital first approach to ensuring practices and PCNs are fully supported. Some of the work to be includes

- By June 2020, all GP Practice will be upgrade on the broadband connectivity, with superfast broadband to support HSCN.
- Adoption of mobile working workforces, replacing desktops with laptops for all PCN and GP staff to allow flexibility
- Promotion of Online Consultation, currently 98% of practices offer online consultation, but by Q2 all practices will provide this service. The CCG will also work with local Healthwatch to promote this facility and hold promotion event for online consultation in each of the localities.
- Roll out GP Connect, across all practice site to all sharing of practice booking systems and also share clinical systems. The CCG will support practices with this new way of working with support from the Primary Care Team and Locality Teams.

9.2 Mental health	
Operating plan requirements	**System – BOB Delivery**
Delivery of Mental Health Implementation Plan: • IAPT roll out • Number of inappropriate OAP bed days for adults by quarter four of each year that are either 'internal' or 'external' to the sending provider • Number of inappropriate OAP bed days for adults by quarter four of each year that are 'external' to the sending provider. • People with severe mental illness receiving a full annual physical health check and follow up interventions • Perinatal Mental Health: Number of women accessing specialist perinatal mental health service • Mental Health Liaison services within general hospitals meeting the "core 24" service standard • Number of people accessing Individual Placement and Support (IPS) • EIP Services achieving Level 3 NICE concordance • Number of people receiving care from new models of integrated primary and community care for adults and older adults with severe mental illness • Coverage of 24/7 crisis provision for children and young people (CYP) that combine crisis	<u>Children and Young People</u> We will work to increase the number of children and young people accessing services, employ additional staff to achieve this and also make greater use of online service delivery, partnerships with schools and community and third sector organisations to address workforce shortages. We will fully use transformation funding to develop MH Support Teams in schools across the BOB area, seeking recurrent funding to support increased activity required in CAMHS while reducing waiting times <u>Crisis response and interventions</u> We will develop crisis home treatment services to ensure coverage across the BOB area. We will develop alternative to admission services , (such as Safe Havens and services for high intensity users of services) and strengthen our community MH services and workforce, to reduce bed occupancy, average length of stay and delayed transfers of care from inpatient services to reduce inappropriate out of area placements. Our Urgent Care services will include effective responses to people with MH needs delivered in partnership between 111, Urgent Treatment Centres, Emergency Departments, Inpatient services and Thames Valley Police, (including street triage). We will improve the access to a range of community based MH and wellbeing support and services through a single point of access. Third sector workers and outreach from secondary care community MH teams will be closely integrated with general practice and PCNs. <u>Understanding need</u> We will use our developing Population Health Management capability to better understand the mental health needs of our population, how people are using our services and how best to use our collective resources to achieve good outcomes for people with MH problems. Greater service user involvement in our planning processes will ensure that services are increasingly co-produced. <u>Prevention & Intervention</u> The improvement of CAMHS and perinatal services is focused on preventing long term mental health issues. We will work in partnership with developing Primary Care Networks to provide prompt support for people with common mental health disorders We will continue to expand IAPT Services subject to recurrent funding, providing prompt access to evidence based psychological therapies and employment based support for adults and older adults. We will increase the number accessing services, train/employ

assessment, brief response and intensive home treatment functions. • Improve access to Children and Young People's Mental Health Services (CYPMH) • We will provide physical health checks for people with severe mental illness, learning disability and autism • IAPT (Talking Therapies) services for people with long term physical health problems will be expanded with availability of recurrent funding • Develop crisis home treatment services to ensure coverage across the BOB area. • Urgent Care services will include effective responses to people with MH needs delivered in partnership between 111,Urgent Treatment Centres, Emergency Departments, Inpatient services and Thames Valley Police, (including street triage) • Care closer to home: Crisis, home treatment and alternatives to hospital admission will be improved, and community mental health teams strengthened to enable more people to be treated at or near home, reducing the need for out of area placements • Prevention: strengthened prevention of mental ill health, mental health promotion and reduced stigma linked to mental ill health • Holistic treatment and care: improved physical health for people with severe mental health problems, improved health and wellbeing of people with a learning disability and autism	additional staff and make greater use of digital treatments. Our Suicide Prevention Intervention Network will continue to work in inpatient and community settings to reduce suicide and self-harm, and support those bereaved by suicide. <u>Holistic treatment and care</u> We will provide physical health checks for people with severe mental illness, learning disability and autism aiming to reduce health inequalities, and continue our focus on smoking cessation. We will expand IAPT (Talking Therapies) services for people with long term physical health problems reaching more people with a wider range of LTCs, subject to recurrent funding. We will increase the number of older people accessing IAPT and work to improve the mental wellbeing of people with a learning disability and those with autism. <u>Finance</u> Five key elements of revenue funding are supporting delivery of our plan, recognising the required scale of increased access, delivery of new service models and effective response to growth: • Funding in response to agreed demand growth assumptions in mental health is a key priority and is subject to decision-making between commissioners and providers at "place" level in Buckinghamshire, Oxfordshire and Berkshire West. • Five Year Forward View and LTP Funding which has previously been committed to nationally has been assumed as ongoing. • Uplift to CCG budgets to support delivery of mental health aspects of the LTP has been included in our planning in line with national assumptions. • Specified time-limited Transformation Funding is also linked to the delivery of LTP targets. Our ability to achieve these on an ongoing basis is contingent on availability of recurrent CCG funding. • Efficiency savings will continue to be required at organisational level – recognising that a significant effort is required to minimise waiting times as we increase access to services. Our NHS Provider Trusts already benchmark well for efficiency, adding to the challenge of finding additional efficiency opportunities. Analysis of the above sources of investment across the 5 years of the plan is currently being undertaken in Bucks, Oxon and Berkshire West, to ensure delivery of locally agreed priorities. This may mean LTP targets are phased over a longer period than national trajectories.

	Place – Berkshire West Delivery
	2020/1 priorities Continue to meet the Mental Health Investment Standard – a clear plan of investment(s) in place. <u>Children and Young people</u> Continued investment and all provider reporting to meet the access target of 34% Comprehensive offer for CYP aged 0-25 started with a clear needs assessment and analysis Continue with mental health support team roll out to meet the 33% coverage target Eating Disorder Services continued investment to meet 95% access standard. Implement the crisis review recommendations for CYP: - Development of a new Crisis Line available 24/7 for all ages (BHFT Crisis Team) *note – already in place in response to Covid-19* - Development of specialist access for CYP : An improved CYP Crisis model offering crisis assessment in the community within 24-48hour of a referral Adults <u>Perinatal Mental Health</u> Continue to develop services to meet the access target of 7.7% this year. Developing & strengthening the offer by extending treatment offer to 2 years; broadening the psychology offer, a birth trauma offer; extending maternity outreach clinics; digital offer (skype and Dad pad) <u>IAPT</u> Increase the Talking Therapies offer to meet the access target of 25%, whilst maintaining recovery rate above 50%. Continue to expand the workforce with 9 new trainees. <u>Crisis care</u> – implement the 14 recommendation's agreed in the MH Crisis review, in particular: Ongoing investment to meet the Core 24 offer at RBFT Develop single point of access for adults and children and 24/7 response to support through 111. Development of a pilot Crisis Café <u>Adult and Older Community MH services</u> Community Mental Health in Primary care through PCN development. Continue work in relation to developing and agreeing PCMH model - agree pilot site/s with PC colleagues.

Physical health for people with serious mental health in primary care
Continue to develop the IPS offer to meet target of 150 patients

Early intervention in Psychosis
Invest to Maintain 60% EIP Access Standard and 70% Level 3 NICE concordance. Prepare for expansion of service in following 3 years.

Dementia and Frailty
Exploring models to support people with dementia in their own home to prevent crisis.
Improving the management of patients with dementia in the community and in their home
Maintaining dementia diagnosis to meet the target rate of 66%
Improving integrating physical and dementia care interventions in the community to prevent admission to acute hospital

Suicide prevention
Establish standardised psychosocial assessments in general hospitals across the ICS
Enhanced Bereavement Support

OAP placements

The following numbers are the trajectory target for Berkshire West for the year 2020-2021. There is expected to be a surge in demand for Mental Health services which may have a knock on effect for inpatient beds.

Trajectory targets for each quarter in the year 2020-2021

	Target
Q1 2020/21	116
Q2 2020/21	76
Q3 2020/21	36
Q4 2020/21	0

9.3 Learning disabilities and Autism

Operating plan requirements	System – BOB Delivery
• A reduction in reliance on inpatient care for people with a learning disability, autism or both to meet the NHS Long Term Plan commitments so that by 2023/24 there will be no more than 30 adults with a learning disability, autism or both per million adults in an inpatient setting and no more than 12-15 children and young people per million children in an inpatient setting. • Local areas will align their plans for children and young people across special educational needs and disability, mental health, health and justice and learning disability and autism to ensure that children and young people have a better start. • Engagement with emerging provider collaboratives (from April 2020) which will develop discharge pathways and community alternatives to inpatient provision. • Development of community services that can provide robust and person centred alternatives to hospital admission. • Making full use of Care (Education) and Treatment Reviews (CTRS and CETRS) and independently chaired C(E)TRs to ensure that all those involved in a person's care and treatment are acting to ensure that the person can be discharged from hospital (using the 12 Point Discharge Plan) as soon as they are well enough to leave.	LD & Autism has been incorporated into the governance arrangements of the Mental Health workstream. Feeding into this are place based Transforming Care Boards and Autism Partnership Boards. Programme infrastructure, and a BOB-wide dashboard (to manage and monitor reductions variations and work towards reducing inconsistency of outcomes for both formal collaborations and informal sharing of good practice) will be developed over the early years of the ICS plan. Establishment of these will mitigate risks such as coordinated use of resources. **Place – Berkshire West Delivery** <u>2020/21</u> Berkshire –wide Programme Board to continue and to be reviewed after 6 months. Additional investment in key posts to ensure continued delivery of 6 and 8 week visits to out of area placements; robust and consistent approach to CTR's and CETRs and consistent discharge planning Embed Host Commissioner arrangements Bids will be submitted to NHSE to support proposals detailed below: 1) Development of community placements through capital investments 2) Purpose-designed supported housing established with skilled support staff. 3) Intensive support & adapted therapies for people with autism, specialist autism expertise available across all ages. 4) Pilot a project to reduce admissions for 18 to 24 year olds. 5) Children & Young People Transition pilot. 6) PBS and therapy-based, holistic, family-centred multi-disciplinary support for children with autism or LD & challenging behaviours 7) Robust Child and Adolescent Mental Health Services (CAMHS) pathway for mental health support for children with Learning Disability (LD) or Autism 8) System-wide Positive Behavioural Support (PBS) training and consistent approach embedded 9) Setting up dynamic risk register to manage escalation

• 8 week visits for all adults and 6 week visits for all children and young people in inpatient settings out of area. • Establishing arrangements for 'host commissioner' oversight of local inpatient facilities. • At least 75% of people aged 14 and over with a learning disability on GP learning disability register should have had an annual health check within the last twelve months, and CCGs should also work with PCNs to increase flu vaccinations rates for people with a learning disability. A robust CCG plan in place to ensure that Learning Disability Mortality Reviews (LeDeR) are allocated within 3 months and completed within 6 months of the notification of death to the local area. CCGs are expected to be a member of a 'Learning from LeDeR' steering group and have a named person with lead responsibility. An annual report will be submitted to the appropriate board/ committee for all statutory partners demonstrating action taken and outcomes from LeDeR reviews.	In addition, ICP focus on: • Work with partners to promote reasonable adjustments for people with learning disabilities to improve access to healthcare services and peoples reported experience of these services • Work with primary care to support upskilling and confidence in the promotion of health and well-being and early identification of deterioration of physical health of people with a learning disability • Continue emphasis on annual health checks in Primary Care • Continued engagement and support to LeDeR steering group in BWCCG
9.4 Urgent and Emergency Care (UEC)	
Operating plan requirements	**System – BOB Delivery**
• Deliver material improvement against A&E performance benchmark • Reduce general and acute bed occupancy levels to a maximum of 92%	At ICS level the three places coordinate through the ICS UEC Committee and regional expertise such as the Clinical Senate, to ensure that patients across BOB can access timely and specialist care no matter where they experience an event. The following priorities have been identified as work at ICS level over the next 5 years for UEC: • Review of primary care streaming at Emergency Departments and development of an enhanced model of care

• Increase the proportion of patients seen and treated in the same day (or within 12 hours if this spans midnight) to a level agreed regionally • Ensure the SDEC activity is recorded on the Emergency Care Data Set or Admitted Patient Care to allow activity to be counted • Ambulance services should ensure they meet the ambulance response time constitutional standards	• Modelling of acute and community bedded care capacity and assessment of future need. • Management of stranded patients and improvements to Delayed Transfers of Care • Implementation of the new Urgent & Emergency Care standards, when published • Completion of Urgent Treatment Centre designation and the coordination of same day illness and injury provision Supported by development of a workforce strategy that includes a coordinated response to the domiciliary care market and coordination of staffing. **Priorities for delivery at supra-ICS level** The development of ambulance services and Integrated Urgent Care (IUC) is undertaken jointly with partners across Frimley. Across BOB & Frimley, the following services will be developed during the life of this plan: ***IUC*** • Increasing clinical capacity within Integrated Urgent Care. • Providing access to rapid community response and reablement. • Implementing MiDOS (an enhanced Directory of Services). • Increasing direct booking into GP practices from 111. ***Ambulance*** • Implement a single Clinical Assessment Service across 999 and 111. • Developing paramedic rotational posts within Primary and Community Care. • Improving Technology and Digital enablement for 999 crews. • Developing a Total Health and Social Care Transport solution. • Enhancing the ability of crews on scene to manage patients in the community and avoid a clinically unnecessary conveyance to ED.

	Place – Berkshire West Delivery
	Deliver material improvement against A&E performance benchmark A&E performance is a barometer of flow through the UEC pathway and the following are key developments to support improved flow; • NHS 111 increasingly becoming the single point of access to urgent care services ensuring only those needing ED are directed to the service • Rapid assessment and management in frailty and ambulatory care settings to support safe and effective return home the same day where clinically appropriate • Maintain multi-disciplinary management of delayed patients and those with a long length of stay, including regular Executive focus and support to help patients home safely • Further develop 7 day working, improving discharge levels at weekends to reduce the potential for patients to remain in hospital with a long length of stay • Improved co-ordination with the third sector to provide additional non-medical support to patients and their families in hospital and at home. The system is also preparing to deliver the new urgent & emergency clinical standards for care, including stroke, trauma, sepsis and heart attack. We will ensure that patients requiring critical care receive assessment within 15 minutes and treatment in an hour, providing responsive, safe care across all pathways. **Reduce general and acute bed occupancy levels to a maximum of 92%** We will work with our community services and ambulance provider to ensure that only patients who really need hospital based care come into hospital. New pathways of care will ensure that more patients will be treated without an overnight stay and for those that need admission length of stay will be minimised. Capacity and responsiveness in community health urgent response services will be increased to provide support to those that need it most with flexible teams working across primary and community care providing recovery, reablement and rehabilitation support.

	Health and social care working in a more integrated way to ensure that following a hospital stay patients can return to their own home with any support that they require with 2 hour support for discharge and 2 day access to reablement. The Rapid Community Discharge principles adopted during the Covid-19 response will be embedded within normal working arrangements. **Ensure the SDEC activity is recorded on the Emergency Care Data Set or Admitted Patient Care to allow activity to be counted** Ensuing compliance with national reporting requirements. **Ambulance services should ensure they meet the ambulance response time constitutional standards** Key initiatives for SCAS, our local ambulance provider include; • Implementation of MiDOS, a tool which supports crews to manage by providing information about local services and pathways • Using technology to provide more proactive care and support welfare calls to those at risk of deterioration • Providing proactive and rapid response of patients at risk of falling or who have fallen • Improve support to palliative care patients to avoid unnecessary conveyance at end of life • Enhancing the ability of crews on scene to manage patients in the community and avoid a clinically unnecessary conveyance to ED. **Priorities for delivery - BW ICP** As part of delivery of the BOB Strategic Delivery Plan the BW ICP UEC Programme Board will oversee delivery of the following at place; • Developing a coordinated Out of Hours specification and alignment of services within IUC • Implementation of the Emergency Care dataset across relevant services • Implementation of the SAFER bundle and multi-disciplinary review of patients daily • Increasing joint working across health and social care including therapy and social work teams at the beginning of the acute hospital pathway • Development of support to High Intensity Users, frail patients and those at risk of falls

	The Board will also oversee delivery of the Berkshire West Urgent & Emergency Care strategy developed during 2019-20 that describes a suite of 14 improvement opportunities that we wish to deliver over the next five years. The improvement opportunities cover the following areas; • Wellbeing, prevention and self-care • Voluntary sector services • Integrated Urgent Care (NHS 111) • Person centred coordinated care • Same day urgent Primary Care • Same day urgent community services • Clinician access to same day specialist opinion • Mobile treatment services delivered by ambulance services, • Same Day Emergency Care (SDEC) • Optimising the Emergency Department • Optimising Mental Health crisis response • Optimising patient flow through RBH beds • Optimum use of community beds and home first as first choice. Each improvement opportunity has an associated set of key actions which will be delivered over the forthcoming months and years and work is underway to map the baseline position so we can measure improvement and benefits.
9.5 Referral to Treatment Time (RTT)	
Operating plan requirements	**System – BOB Delivery**
The waiting lists for elective care should reduce in 2020/1. Waits of 52 weeks or more for treatment should be eradicated. Systems should plan to use	The BOB ICS has formed a working group called the Acute Collaboration Workstream to provide an integrated approach on system pressures in planned care. The ACW is one of 9 work streams identified within the BOB ICS Strategy to focus on driving efficiency, increasing productivity, reducing waiting times, reducing pressure of demand and releasing capacity across the whole system for planned care. • Streamlining outpatients services through adoption of digital tools that support activities such as virtual consultations to increase access and a reduction in face to face consultations, over a five year period.

capacity flexibly across their systems to reduce long waits Introduction of supplementary choice at 26 weeks with reference to the 26 week Choice Rules and Guidance	This is based on the patient being seen in the right place first time and seeing the right healthcare professional. • Implement targeted improvement programmes in challenged services such as Ophthalmology, ENT and Musculoskeletal (MSK) and gynaecology to deliver an increase in planned surgical productivity that reduces waiting times of over 52 weeks by end of Mar 2020. • Implement the national 'Choice' programme, on a specialty by specialty basis and based on an assessment of affordability delivered via a placed based approach. • By 2023/24 provide access to First Contact Practitioners (FCP) plus online digital support for all patients with MSK conditions across ICS via ICPs. • In line with the reduction in waits reducing the size of the overall waiting list to within the March 2018 out turn levels over a five year period.
	Place – Berkshire West Delivery
	The CCG RTT performance has deteriorated in 2019-20 as compared to 2018-19. This is due to a number of factors; national shortage of dermatology consultant which has impacted RBFT capacity in the year as mentioned above. In addition to this ENT and ophthalmology performance has remained challenging in both our acute and out of area providers leading to a drop in performance. It is to be noted that RBFT has achieved the national standard throughout 2019-20. There were twenty patients waiting over 52 weeks at the end of March at RBFT. As part of a deep dive review of the current ENT and Plastics booking processes a few referrals were identified as waiting over 52 weeks. Urgent clinical review is currently taking place for these patients. In addition to this in March due to COVID-19, routine appointments have been deferred until the crisis is resolved. These patients however will continue to be monitored on the PTL and dealt with on a priority basis when routine appointments at RBFT will be resumed. As the NHS moves through the COVID-19 pandemic in the first quarter of 2020/1 it is likely that RTT will be impacted on fairly significantly during this period. Recovery plans are now under development to review how services can be re-established safely with a view to capitalising on rapid transformation work that has taken place as a response to COVID.

9.6 Outpatient transformation	
Operating plan requirements	**System – BOB Delivery**
• Systems should ensure that advice and guidance arrangements/agreements are in place between secondary and primary care providers and in line with the 2020/21 national specification • For 2020/21, systems should begin the implementation of video consultation in major outpatient specialties so that all patients can access outpatient care without travelling to hospital. • Accelerate patient-initiated follow up in outpatient specialties and to be able to demonstrate progress against their 2018/19 position. • Engage with the development and mobilisation of elective High Impact Interventions which will be developed during 2020/21. • Continue to embed First Contact Practitioner (FCP) services, participate in the national evaluation process, and roll out FCP services more widely. By March 2023, FCP services will be available to the whole adult England	In June 2019 the BOB ICS (wave 3) had support approved for input from the NHSEI Elective Care Delivery Team for a pan system approach to improvement of its outpatient services which includes using digitisation as an enabler to improve access and efficiency. The key ambitions for the programme have been developed in line with delivery of the Long Term Plan (LTP) principles and includes: • Development of a clinically led and locally owned plan for a system wide reduction in a third of all face to face outpatient consultations with alternative models of delivery or a reduction in demand • Development of a work force plan that harnesses alternative delivery methods incorporating first line therapist interventions such as direct referral for GP's to specialist physiotherapists in gynaecology, increased utilisation of the nurse consultant and specialist nurse model as first contact practitioner and undertaking diagnostics • Establishment of a system wide best practice model for outpatient services that utilises digitisation and other technologies to maximum effect including Advice and Guidance and Patient Initiated Follow ups. • A review of clinical pathways in specific high demand services such as ophthalmology to streamline delivery, reduce unwarranted variation, improve access and improve the service user experience • Utilisation of the estate to maximum effect relocating outpatient activity outside of the acute sector and into localities • Develop and implement, through collaboration with our population, a system wide education and support programme that introduces new technologies and prepares users for its implementation. These aims will be achieved over a five year period, with an agreed implementation plan with support and coordination provided through the ICS structure. They will be implemented as part of place based improvement programmes.

population. In 2020/21 coverage will increase to 50%, with planned rises to 75% in 2021/22 and 100% in 2022/23. • Ensure that all hospital eye services can report compliance with the Portfolio of Indicators for Eye Health and Care follow-up performance standard.	**Place – Berkshire West Delivery** **Berkshire West transformation programme priorities include:** • Developing standardised process for running telephone and video clinics including process maps and SOPs, consistent recording of activity, payment. • Clear process to moving clinics off site including use development of online booking tool and clinic utilisation data to highlight opportunities for change. • Greater central input into room allocation and staffing decisions in OP estate. • Phased roll-out of best practice menu of evidence based new models for outpatient delivery; • Collection and monitoring of implementation plans by specialty; • Start piloting of interventions in BHFT – beginning with Patient Initiated Follow-ups. • Focused review of pathways in Ophthalmology, Dermatology, Cardiology, ENT, MSK and Dementia to consider what activity can be moved into the community as part of service redesign; • Programme of education and process improvement to reduce unnecessary referrals and improve the quality of remaining referrals. Development of options and business cases for three areas – Berkshire Cancer Centre, Adult ENT and Audiology and Therapies – to move the large proportion of outpatient activity to another RBH site. RBFT eye services are reporting compliance with the identified indicators, these are monitored regularly within the service and annual audits are also carried out.

9.7 Cancer

Operating plan requirements	System – BOB Delivery
Improvement against the 62 standard and delivery of 28 day faster diagnosis standard (FDS) – meeting the DS at the initial threshold of at least 70%. All trusts within the alliance to have in place processes and capacity for supporting patients to navigate cancer pathways and robust PTL management	Our approach forms part of the Thames Valley Cancer Alliance's (TVCA) 5-year strategy for cancer developed in response to the long term plan for cancer with a focus on our achievements to date, our challenges now and for the future and how we plan to address them. **Thames Valley Cancer Alliance** In response to "Achieving World Class Cancer Outcomes: Taking the Strategy Forward" and the NHS Long Term Plan, TVCA have published a 5-year Cancer Strategy (September 2019). This will continue to implement the key recommendations of the national strategy and those of the Long Term Plan in Thames Valley by 2024.

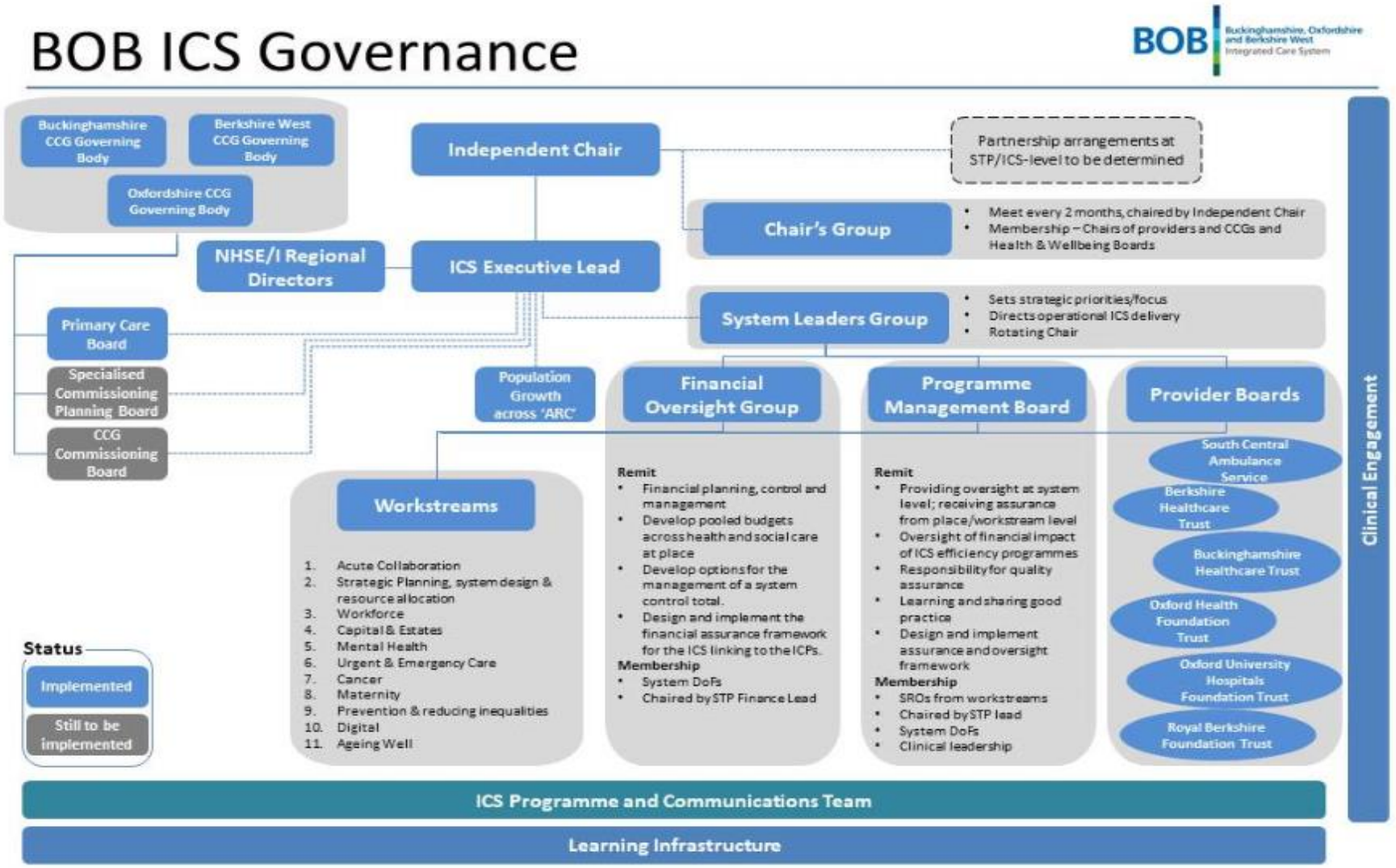
Implementing optimal timed pathways and identifying challenged pathways and prioritising these for improvement. Support the implementation of Faecal Immunochemical Test (FIT) in bowel screening with a demonstrable reduction in colonoscopies Implementation of personalised stratified follow up pathways for colorectal and prostate cancer by April 2021 and ensure at least two thirds of breast cancer patients benefit from stratified follow up. Improve the recruitment and retention of Clinical Nurse Specialists and cancer support workers and implement local plans to recruit additional clinical and diagnostics staff by 2021. Support improved uptake and performance in other cancer screening programmes, including cervical and breast.	**Place – Berkshire West Delivery** **Berkshire West** At a local level our Berkshire West ICP cancer ambitions reflect the national and Thames Valley priorities. It also takes into account the local needs of our Berkshire West patients. The strategic objectives include: 1. Promote healthy lifestyle choices to reduce cases of preventable cancers 2. Deliver all nine Cancer Waiting Time Standards 3. Increase number of cancers diagnosed at stages 1 & 2 and improve 1 year survival rates by improving access to diagnostics 4. Increase uptake of Bowel, Breast and Cervical Screening, especially targeting screening inequalities 5. Implement Vague Symptoms Pathway and RDC at RBFT 6. Ensure all newly diagnosed cancer patients have access to appropriate Personalised Support as part of the Recovery Package 7. Ensure RBFT have protocols in place for open access (risk stratified) follow up of Breast, Prostate and Colorectal patients 8. Increase number of patients supported to die in their place of choice (led by BWCCG Long Term Conditions Programme Board) The Berkshire West ICP Cancer Framework 2019-2024 will continue to drive the work locally to respond to operating requirements as well as locally defined challenges.
9.8 Maternity	
Maternity Services E.Q.1 – Reduction in stillbirth rate E.Q.2 – Reduction in neonatal mortality rate E.Q.3 – Increase in proportion of women placed on a continuity of care pathway E.Q.4 – Reduction in brain injury rate	The local maternity system was established across BOB in March 2017 in line with the Better Births Report: National Maternity Review published in June 2016. However, this development builds on a history of co-production working across the Thames Valley. The BOB Local Maternity System Delivery Plan for 2017-2021 was published in February 2019 and all organisations continue to work together to deliver the activities specified in that plan. Key activities for the year ahead will be a continuing focus on the delivery of the specified priorities namely: • Workforce; particularly the focus on midwifery requirements at each Provider Trust • Digital; including the aspiration to ensure that women have a maternity digital handheld record • Better Births / Long Term Plan; working collectively to achieve the KLOEs required • Personalisation; over the year ahead a continued focus on ensuring all women have a PCP

	• Continuity of Carer (as above) • Saving Babies Lives; ensuring that each provider is working towards compliance with v2 • Perinatal mental health; continuing the development of work in this area • Infant feeding; continuing to improve provision in provider and community settings • Preventing smoking in pregnancy; working collaboratively to improve assessment and actions • Access to postnatal physiotherapy; reducing variation between our providers in this area In the year ahead, there is specific risk associated with the delivery of E.Q.3, the number of women placed on a continuity of care (CoC) pathway. The BOB LMS has made slow progress on delivering the national targets to increase the proportion of women placed on a continuity of carer pathway. Progress was impacted by a low starting point of only 8% across BOB, due to midwifery teams not set up to deliver services in this way and proposals to deliver the COC ask in Bucks (who were on 0%), requiring large scale staff consultation. Good progress is now being made, with BOB LMS achieving 20% of women on a continuity of carer pathway by April 2020 and robust plans reviewed and approved by the BOB LMS to deliver 35% by April 2021. Continuity of carer teams have been established or are due to go live imminently in the most deprived wards, with high BAME populations to ensure mothers that have been identified nationally as having the poorest outcomes are being targeted to receive continuity of carer as a priority. All 3 Trusts delivering midwifery services across BOB are now working hard to develop their plans to deliver the 51% target by April 2021, but this is a risk area for BOB, that has been highlighted to NHSE. Bucks have been partnered with Dorset as part of the NHSE 'Buddy programme' and NHSE are currently looking for potential buddies for Berkshire West and Oxford to try and support our progress in delivering this challenging target.

9.9 NHS public health functions and prevention	
Operating plan requirements	**System – BOB Delivery**
Support an additional 25,000 people lose weight and reduce their risk of diabetes through the Diabetes prevention programme and pilot low calorie diets at scale to support people with existing Type 2 diabetes achieve remission. NHS population cancer screening, non-cancer screening and national immunisation programmes are delivered optimally to the population. Expand alcohol care teams and roll out smoking cessation support for inpatients and maternity services.	Each of the Integrated Care Partnerships (ICPs) within the BOB ICS has developed plans for tackling the incidence and impact of Long Term Conditions (LTCs) in place. Plans to date and specifically those that have focussed on Cardiovascular Disease, Stroke, Diabetes, Respiratory Disease and Obesity include prevention, identification of those patients at high risk of developing LTCs and optimal management, all underpinned by empowerment of patients through supported self-care. The National Programmes in disease categories such as Diabetes are long established and are realising benefits. We will review and streamline pathways to remove some of the artificial barriers between primary, secondary, mental health and community care so that services and support is wrapped around the patient. We will provide a programme of education and training across all LTCs that supports professionals and patients involvement in development of new models of care that will include: • Prevention – A key pillar of the ICS LTCs programme including primary interventions (preventing the illness) secondary (reducing the impact) or tertiary (delaying the impact). • Personalised care – We will personalise care for the individual and their families to provide care closer to their homes and support them with digital tools and education to empower patients to better manage their conditions. We have a strong foundation on which to build rolling out work undertaken in Diabetes • Integrated Care – linking care and access to care records across primary care, primary care networks , secondary and tertiary care and the broader ICS where care for patients with LTCs crosses boundaries particularly where there are multiple comorbidities to be managed • Digitisation of pathway elements • Improved awareness of health and wellbeing - people with LTCs are more at risk of depression and anxiety • Streamlining of the whole disease pathway that enables timely care and shortens waiting times for planned aspects of care.
	Place – Berkshire West Delivery
	Berkshire West has a multifaceted approach to support individuals to manage their health effectively and prevent diabetes. The CCG is working to develop a Diabetes Dashboard using real time data to enable primary care to work more productively with those with diabetes and at risk of developing the condition. As

	the dashboard is integrated into practice as part of everyday working, there will be support given to encourage practices to use the dashboard to identify those at risk of diabetes through a locally developed diabetes toolkit. Practices will be supported to complete a self-assessment against specific quality markers aiming to increase referrals to the NDPP programme for those identified at risk of developing diabetes. This work will be further supported by visits from the Diabetes Clinical leads to all the Berkshire West Practices. The current pre-diabetes CES ensures that the most appropriate patients are referred to NDPP depending on their HBA1c levels and the NDPP referral criteria. Berkshire West is working with Thames Valley Cancer Alliance (TVCA) to improve local cancer screening rates in Primary Care. This is to ensure that we deliver against the key cancer ambitions of the NHS Long Term Plan – namely, to improve five year cancer survival and increase early stage cancer diagnosis. Using transformational funding from TVCA, Berkshire West CCG are rolling out two initiatives in Primary Care – the Quality Improvement Scheme (for all GP surgeries) and the Cancer Quality Award Scheme (for one PCN pilot site). Both projects require the local practices to look at their current screening rates & then to carry out QI activities in order to encourage further screening uptake. Within both schemes there is a strong element of looking at ways to increase screening in traditionally low uptake screening groups, which is another key theme across the NHS Long Term Plan. In addition, Berkshire West CCG work with Rushmoor Healthy Living and Macmillan to support the local Cancer Champions in South Reading. These Champions raise cancer awareness in the local population, including the BAME and LGBTQ+ communities. This gives these communities, which are often low uptake screening groups, a better understanding of cancer and the importance of screening. The Cancer Champions also work with local PPGs to raise screening awareness amongst patients and the community. The Cancer Champions were recruited as part of the Macmillan South Reading Project (in 2017), looking to increase screening in low uptake groups and therefore improve cancer survival. This project will now be extended across the Berkshire West CCG patch for 2020/21, with the CCG working closely with Macmillan, the Royal Berkshire NHS FT and Rushmoor Health Living. For 2020/21, the CCG will also support any national cancer awareness campaigns, e.g. Stoptober, by disseminating promotional information to GP Practices and members of the public. One of the key aims of these campaigns is to increase screening in the local population.

Appendix 1 – BOB ICS Governance



A Happier and Healthier Berkshire

Reading West Berkshire Wokingham

Berkshire West
Joint Health and Wellbeing Strategy

Wokingham Borough Wellbeing Board

10th December 2020

The Programme Plan

Phase	Detail	Timeframe
Defining the current state	Reviewing strategic documents Determining population health need Stakeholder engagement and consultation	March – July 2020
Prioritisation process	Production of a long list of priorities Prioritisation process: criteria to review the priorities against to produce a shorter list	August - September 2020
Public Engagement	Planning for public engagement – task and finish group Consultation and engagement with the public to refine final list of priorities	October 2020 - January 2021
Production of Joint Health and Wellbeing Strategy	Production of draft Joint Health and Wellbeing strategy Publication of final Strategy with outcomes framework	January – March 2021

Progress so far

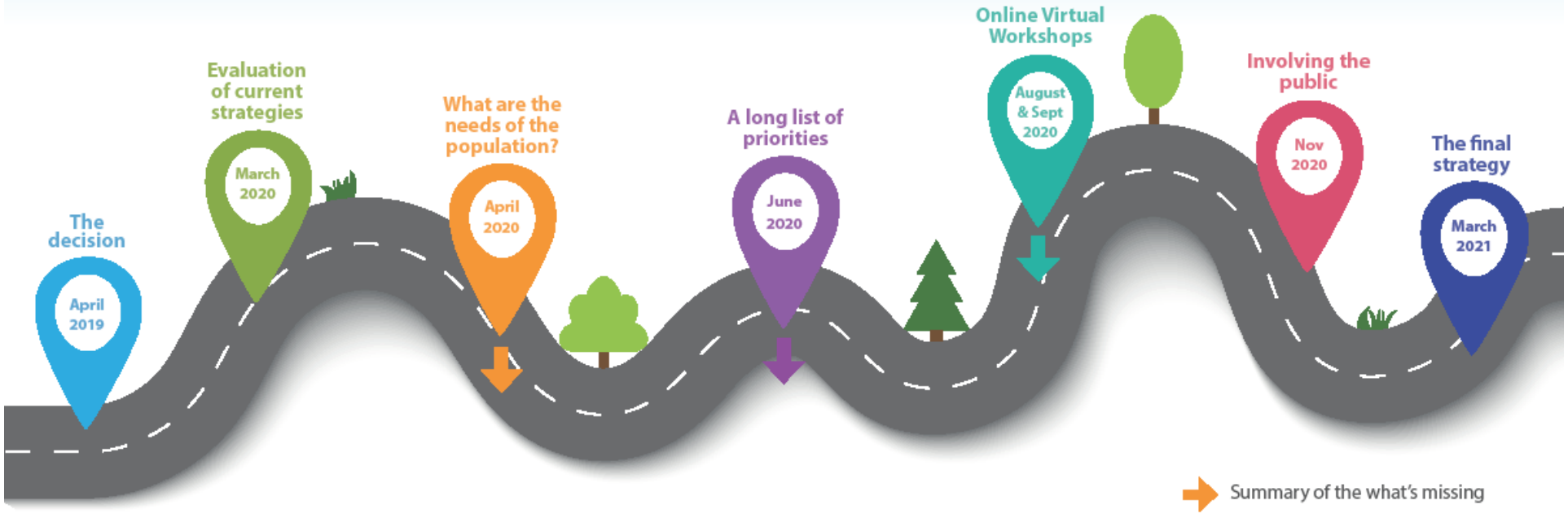
Aim	Progress so far
Evaluation of each of the existing JHWB Strategies	Mapping exercise of existing strategies Desktop review of data to evidence impact (PHE Fingertips) Local data and intelligence from Public Health teams and other LA teams Review of delivery reports to HWBs
Creating a long list of potential priorities	Priorities discussion with Public Health teams, Adults services, children's services, Place directorate Alignment with recovery groups Data review to identify population need (PHE fingertips) Small survey of "hard to reach" communities, vulnerable groups and ethnic diverse communities Engagement with Healthwatch and the Voluntary sector
Prioritisation process	Two workshops were held in August and a further two in September. These refined the list of priorities using the following hurdles: • System working and whether the potential priority can be addressed by health and social care organisations working in partnership • Would this priority reduce duplication, does it aid recovery from covid-19 and does it align to the whole system's vision
Public engagement	A Task and Finish group has co-produced plans for public engagement This will happen from November 2020 to end of January 2021 The aim is to use the public engagement to refine the 11 potential priorities to the final 3-5 priorities

Interactive Roadmap for the Berkshire West Joint Health and Wellbeing Strategy

A Happier and Healthier Berkshire
Reading West Berkshire Wokingham

Who is working together to produce the Berkshire West Joint Health and Wellbeing Strategy:

- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council
- Berkshire West CCG
- Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham
- Reading Voluntary Action
- Volunteer Centre West Berkshire
- Involve Wokingham
- Representatives from the Royal Berkshire Hospital Foundation Trust
- Berkshire Healthcare Foundation Trust



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Data identified	Date/Timeline	Reading	West Berkshire	Wokingham	Possible priority
A and E attendances in Under 5s (Crude rate per 1000)	2013/14-15/16	32	34.7	37.1	The Early Years
C24m - Newborn Hearing Screening - Coverage	2018/19	1321.6	873.6	865.4	The Early Years
Stillbirth rate	2015-17	0.8	1.1	0.8	The Early Years
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	2018/19	70.6	75.8	60.5	The Early Years
Proportion of children receving a 12-month review	2017/18	6.7	4.6	4.6	The Early Years
Population vaccination coverage - MMR for one dose (2 years old)	2018/19	32	34.7	37.1	Measles Elimination
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	2018/19	71.1	57	60.1	Educational attainment for children on Free School Meals
GCSE achieved 5A*-C including English & Maths with free school meal status	2014/15	64.8	69.2	60.9	Educational attainment for children on Free School Meals
Children in need: Rate per 10,000 children aged <18	2017/18	102.5	113	105.1	Education and health outcomes for children in care
Looked after children aged<5 Rate per 10,000 population aged<5	2017/18	89.4	93.8	94.5	Education and health outcomes for children in care
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2018/19	855.8	441.8	497.2	Mental health and wellbeing of children and young people
Reception: Prevalence of overweight (including obesity)	2018/19	53.4	86.9	46.9	Tackling childhood obesity
Year 6: Prevalence of overweight (including obesity)	2018/19	27.1	30.1	22.6	Tackling childhood obesity
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2018/19	780	527	360	Tackling childhood obesity
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2018	5.1	1.9	1.5	Not in Education, Employment or Training (NEET)
Adults with a learning disability who live in stable and appropriate accommodation	2018/19	40.2	49.9	41.1	Supporting vulnerable groups
First time entrants to the youth justice system	2018	15.9	8.9	9.7	Supporting vulnerable groups
Under 75 mortality rate from liver disease	2016-18	47.1	43.8	42.1	Long term conditions
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2018/19	11	94.7	89.2	Long term conditions
E07b - Under 75 mortality rate from respiratory disease considered preventable	2016-2018	204.7	148.5	125.3	Long term conditions
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	2018/19	25812	11335	12580	Long term conditions
Mortality rate from causes considered preventable	2016-18	71.1	61.5	68	Long term conditions
Statutory homelessness: rate per 1,000 housholds	2017/18	56.5	41.4	50.7	Homelessness
Long term claimants of Jobseekers Allowance	2018	37.8	53.3	25.6	Worklessness
Percentage of people aged 16-64 in employment	2018/19	7.4	2.8	(no data)	Worklessness

Data identified	Date/Timeline	Reading	West Berkshire	Wokingham	Possible priority
Emergency hospital admissions for stroke	2013/14-17/18	3.5	3.8	3.4	Cardiovascular disease
Under 75 mortality rate from cardiovascular diseases	2016-18	7066.2	5745.8	5872.2	Cardiovascular disease
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable	2016-2018	56.5	64.1	65.9	Cardiovascular disease
C24e - Abdominal Aortic Aneurysm Screening - Coverage	2018/19	73.9	78.4	79.6	Cardiovascular disease
Incidence of prostate cancer (SIR/per 100)	2012-16	76.8	81.2	81.9	Cancer
Under 75 mortality rate from cancer	2016-18	66.4	64.7	62.3	Cancer
E05b - Under 75 mortality rate from cancer considered preventable	2016-2018	17.8	4.2	6	Cancer
Percentage of adults walking for travel at least three days per week	2017/18	261.5	212.1	194.9	Physical activity
Percentage of physically inactive adults	2018/19	204.7	148.5	125.3	Physical activity
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2018/19	72	80	83	Social isolation
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	2018/19	23.9	13.9	9.1	Social isolation
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	2016-2018	79.1	88.2	87.7	Staff health and wellbeing
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2018/19	272	88	102	Substance misuse and drug related deaths
c18 - Smoking Prevalence in adults (18+) - current smokers (APS)	2018	1137	449	494	Smoking cessation
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	2018/19	25.7	15.5	11	Adult mental health and wellbeing
C28c - Self-reported wellbeing - people with a low happiness score	2018/19	90	91.4	79.8	Adult mental health and wellbeing
E10 - Suicide rate	2016-2018	70.1	76.6	79.9	Suicide prevention
Percentage of adults (aged 18+) classified as overweight or obese	2018/19	3.7	0.2	1.4	Prevention
Under 18s conception rate/1000	2017	23.8	33.3	34.4	Sexual Health
Under 18s conceptions leading to abortion (%)	2018	30.6	14.7	18.3	Sexual Health
Chlamydia detection rate/100,000 agef 15-24 <1900 1900 to <2300≥2300	2018	2113	1367	1267	Sexual health
STI testing rate (exc chlamydia aged <25)/100,000	2018	71.1	57	60.1	Sexual health
D07 - HIV late diagnosis (%)	2016-2018	7.5	1.7	4.5	Sexual health

Step by Step reduction in the list of potential priorities

The Early years (1001 days)

Improving Dental care.

Adverse childhood experiences.

Mental health and wellbeing of children and young people.

Education attainment of children on free school meals.

Education and health outcomes for children in care.

Tackling childhood obesity.

Measles elimination.

Safeguarding.

Not in Education, Employment or Training (NEET).

Empowerment and self-care.

Supporting vulnerable groups

Health inequalities.

Worklessness.

Homelessness.

Sexual Health.

Substance misuse and drug related deaths.

TB.

Smoking cessation.

Social isolation.

Adult mental health and wellbeing suicide prevention.

Community resilience and

Q1

Supporting vulnerable people to achieve and live healthier lives.

Supporting children to live healthier lives (the first 1001 days).

Support specific groups to become smoke free.

Reduce the harm and impact of alcohol and drug misuse.

Support every employer to become healthier workplaces.

Supporting our communities to look after their own sexual health.

Support communities to be physically active.

Supporting our older population by reducing falls.

Taking a holistic approach to cancer prevention and support for early diagnosis.

Improving quality of life for people with long term conditions.

Taking a whole system approach to reducing childhood obesity.

Protecting our communities from infectious disease.

Taking a trauma informed approach to both prevent Adverse Childhood experiences and reduce their impact.

Q2

Reduce differences in health between different groups of people.

Support vulnerable to people live healthy lives.

Help families and children in early years.

Reduce the harm caused by addiction to substances (smoking, alcohol or drugs).

Good health and wellbeing at work.

Physically active communities.

Help households with significant health needs.

Extra support for anyone who has been affected by mental or physical trauma in childhood.

Build strong, resilient and socially connected communities.

Good mental health and wellbeing

Q1: Can this issue be addressed by health and/or social care partners; Does it affect more than one area across Berkshire West

Q2: Is this being delivered elsewhere? Would it help our recovery from Covid-19?

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Vision Goals

- For all children and young people to be helped to grow up well
- Where everyone is encouraged to look after their physical health
- Where all residents are able to thrive in a community that supports their mental health and wellbeing
- Where wellbeing at work is prioritised
- Where people live longer and healthier lives, no matter what their background or economic circumstances are

JHWBS: The potential priorities

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- Reduce differences in health between different groups of people
- Support vulnerable people to live healthy lives
- Help families and young children in early years
- Reduce the harm caused by addiction to substances (smoking, alcohol or drugs)
- Good health and wellbeing at work
- Physically active communities
- Help households with significant health needs
- Extra support for anyone who has been affected by mental or physical trauma in childhood
- Build strong, resilient and socially connected communities
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

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Themes throughout the strategy

- Empowerment and self care
- Digital enablement
- Integration
- Prevention
- Recovery from Covid-19

Public engagement and consultation

What	How	When	Working with
Engagement with hard to reach communities and vulnerable groups: as part of developing the long list of priorities	Focus groups Individual survey completion (community engagement champions	August 2020	Community engagement champions Voluntary sector organisations CCG Engagement
Raise public awareness of the strategy	Information on public facing webpages	September October 2020	ICP Engagement team Voluntary sector HealthWatch
Public engagement to refine the short list of priorities into a final list	See next slide	November – January 2021	ICP Engagement team LA comms teams Town & Parish Councils Community Support hubs Healthwatch Voluntary sector LA engagement leads
Consultation on the final draft strategy	Consultation portals for each LA	March 2021	All involved

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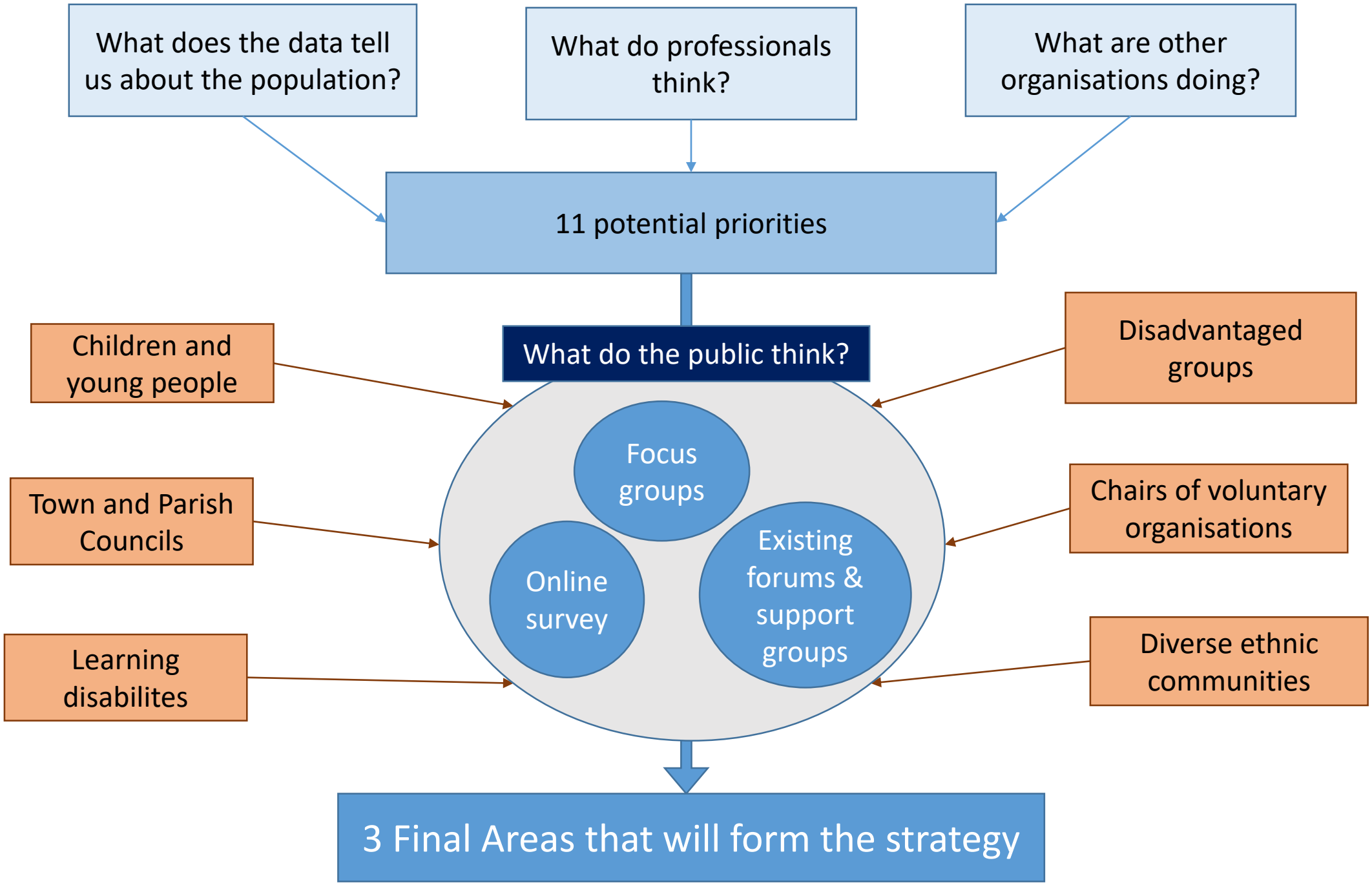
Plans for public engagement

- Online public survey: hosted by West Berkshire Council
- Facebook and twitter pages: sponsored social media posts to promote the survey and public focus groups
- Generic inbox to receive comments
- Call to action to Chairs of voluntary organisations
- Engagement with children and young people: Young carers, children in care, peer mentoring networks, youth councils (where available)
- Healthwatch to support running focus groups aimed at specific groups
- Focus groups as part of existing community groups and meetings
- Virtual engagement sessions for staff at each local authority and the CCG
- Deliberative event drawing together all that has been heard


What does the data tell us about the population?
What do professionals think?
What are other organisations doing?
11 potential priorities
What do the public think?
Children and young people
Disadvantaged groups
Town and Parish Councils
Chairs of voluntary organisations
Learning disabilites
Diverse ethnic communities
Focus groups
Online survey
Existing forums & support groups
3 Final Areas that will form the strategy

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Hearing Wokingham voices

- Healthwatch focus groups (People with Learning disabilities, Carers)
- Children and young people: Children's centres, Young Carers (Tuvida)
- Town and Parish Councils
- Call to action to chairs of voluntary organisations
- Engagement event with staff at Wokingham Borough Council (TBC)
- Faith groups; BME forum; Gypsy, Roma and Traveller community
- Incorporating what has already been heard from Wokingham residents
  - Children in care survey, SEND strategy, Leisure centre strategy survey, Carer strategy survey

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How can we retain a local flair?

- We will use public engagement to understand what is important for residents in each of the three local authorities
- This will be incorporated with data identifying population needs

- Possible options for the final strategy:
  - 3 shared overarching priorities but different areas of focus within them and individual local action plans
  - 3 priorities for Berkshire West with shared focus (although individual specific action plans) but with an additional 1-2 priorities per local authority
  - 3 shared overarching priorities: Shared objectives for each of them with additional individual specific deliverables for each LA

Challenges

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- Limited capacity

- The impact of coronavirus working environment

- Public Engagement
  - Public engagement has been challenging in the current environment
  - We are working on ways to engage with those who are digitally excluded – using community representatives

- Developing a ten year strategy during covid-19
  - Plans to include a review milestone 1-2 years after implementation to ensure that it is still fit for purpose

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Next steps

- Public engagement
- Continue to use data to understand the population need as we move into developing delivery plans to sit underneath the priorities
- Refine the priorities based on what is heard by the public
  - The final priorities will be developed so they can sit across Berkshire West but also retain a “local flair” for each local authority
- Consolidate the final strategy and public consultation for the final draft
- Feedback to those who supported the public engagement – informing of the results and how they impacted the final strategy

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Berkshire West Safeguarding Children Partnership

West Berkshire, Wokingham and Reading

November 2020

Background

Alan Wood was commissioned by the DfE to lead a review of the effective of LSCBs on the outcomes for children. This review took place between January and March 2016.

The review concluded that most Safeguarding Children Board arrangements had difficulty demonstrating their value in improving outcomes for children.

Working Together 2018 guidance replaced LSCBs with flexible equitable safeguarding partnership being designed by the Local Authority, Police and Clinical Commissioning Groups (CCGs).

Our local history

Wokingham, Reading and West Berks LSCB's had operated as 3 separate Boards since 2004, but with a shared Independent Chair.

Many discussions had taken place about the benefits of merging the 3 LSCBs in order to:

- Maximise resources in terms of duplication of work and the attendance to multiple Boards by some partner agencies
- Share themes and learning which are common to all areas
- Support and challenge each other on a wider footprint to maximise outcomes for children
- Strengthen partnerships

Our new arrangements

- The 3 LSCB's merged in July 2018
- The 'new' multi-agency partnership arrangements were agreed in March 2019 – now known as the Berkshire West Safeguarding Children Partnership (BWSCP)
- The new arrangements were published on 30th March 2019 and implemented on 30th June 2019.
- The new arrangements are led by the statutory partners who have equitable responsibility – with commitment from the wider partnership.
- The published arrangement document can be found here: https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/about-the-bwscp.

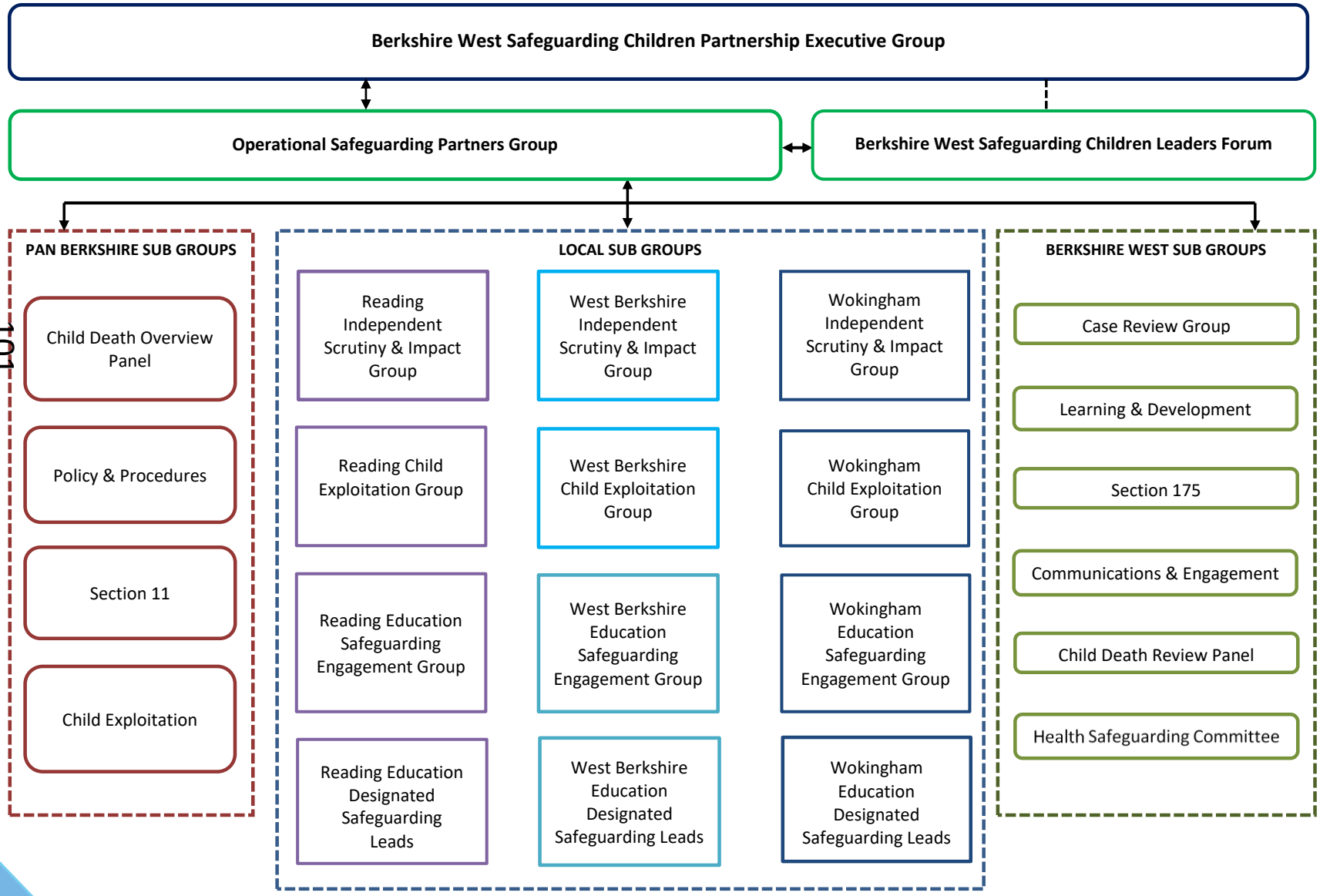
What is different?

- There is a new role of Independent Scrutineer as we no longer have an Independent Chair
- There is no 'Board'. The Statutory Safeguarding Partners meet as an Executive Group 3 times per year but have contact in between the meetings to ensure any significant Berkshire West issues can be discussed and resolved. Multi-agency partnership discussions for each locality will now take place at the Independent Scrutiny and Impact Group (ISIG)
- There will be 2/3 Children's Leaders Forums per year, these are the wider partnership meetings to share learning and good practice and the experience of children and practitioners across the Berkshire West partnership.
- There is an Education Safeguarding Engagement Group in each area to ensure school leaders have a chance to directly feed into safeguarding discussions.
- The responsibility for safeguarding sits with all of us and not with a separate body or Independent Chair.

What is the same?

- We still share key safeguarding responsibilities, such as Child Protection Policy and procedures and the Child Death Review process, across Berkshire.
- We can still 'think local' within Wokingham based subgroups and concentrate on those issues specific to our area. However we are now able to share learning and good practice across Berkshire West, as well as discuss themes and issues that are wider than our local boarders.
- The partnership remains passionate about improving lives for our local children, but with a partnership structure that we can make work for us.

BWSCP Structure



Review after Year 1

There are many very positive elements of the new arrangements:

- There has been excellent attendance and support from a wide range of partners at all sub groups, including 3rd sector, with a rich and sophisticated level of skill and knowledge, which comes together to promote challenge in a safe way
- Willingness to think differently has been a strength, even when partners have felt anxious deviating from the old familiar format
- The statutory partners are cohesive in their approach to making the arrangements work and driving forward change to improve outcomes for children
- The Partnership Support Team has emerged as a real strength in helping to steer the partnership on its new journey and supporting the core business held in the subgroup structure

Review after Year 1: Challenge and Change

- Our partnership is committed to scrutinizing our effectiveness and changing the arrangements if improvements are required. The year one review led to the following changes:
  - An Operational Leaders Group has been established at a Berkshire West level to drive forward progress in cross cutting themes. This group can add the context of how services work together and to facilitate planning of the work required by the partnership and another level of scrutiny and impact
  - The Independent Scrutiny function has been revised to provide a more flexible approach by a colleague who understands the local dynamics, whilst still allowing us to commission external scrutiny to demonstrate complete impartiality on specific pieces of work, e.g. large multi-agency audits, peer review.

Review after Year 1: Key Achievements

In our first year there are some significant achievements. This includes:

- A clear and effective Rapid Review process that provides detailed and comprehensive learning for cases at an early stage, which has been recognised by the national Child Safeguarding Practice Review Panel as best practice.
- A new website for Berkshire West Safeguarding Children Partnership that brings together all the key information from the previous LSCB websites and makes the location of information for practitioners and families clearer and easier to access.
- A committed Strategic Partnership ensured the best plans were in place to identify and respond to risk to help protect vulnerable children and support practitioners during the Covid-19 pandemic.

Review after Year 1: Key Achievements

- The locally devised and produced ‘Be Brave – Speak up’ online campaign which reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and shared 207 times on Facebook.
- A free to access online Universal Safeguarding course has been created locally and made available on the BWSCP website for all our partners to access – this had been particularly welcomed by our Education community.
- Local learning and key information from 5 Serious Case Reviews was delivered to 167 practitioners as an opportunity to participate in multi-agency safeguarding discussions.

Review after Year 1: Key Achievements

- A review of Threshold and Levels of Need documentation across Wokingham, West Berkshire and Reading has led to the revision and production of new aligned Threshold Guidance in each area. There is still a Wokingham document, reflecting local processes, but the three new documents use similar language and have a similar approach, look and feel. This is a huge step forward in supporting all our practitioners to understand when and how to make a referral to our Children's Services. This has just been agreed and will be launched soon.

Further information about our first year can be found here, in our annual report:

https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/about-the-scp/berkshire-west-annual-reports

Contact Details:

Berkshire West Safeguarding Children Partnership Website
https://www.berkshirewestsafeguardingchildrenpartnership.org.uk

Follow us on Facebook and Twitter
Facebook: https://www.facebook.com/BWSafeguardingChildrenPartnership/
Twitter: https://twitter.com/BWSCP1

The partnership support team:

- Esther Blake – Strategic Partnership Manager, Brighter Futures for Children
- Sherrie Newell – Operational Partnership Manager, Wokingham Council
- Donna Gray – Senior Coordinator, Brighter Futures for Children
- Vacant – Coordinator

BWSCP@brighterfuturesforchildren.org or BWSCP@wokingham.gov.uk

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Working together for health and wellbeing

Public Health for Berkshire

Looking Forward to Recovery: 10 things to consider for COVID-19 recovery planning in Berkshire

Annual Public Health Report 2020

Contents

Foreword

This year's Annual Public Health Report had to be about COVID-19. You just can't ignore this public health emergency and the reverberations it has caused in all areas of our lives.

COVID-19 has shone a light on our society - bringing inequalities into sharp relief and teaching us that there really are different ways to live, learn, work and play. As we put systems in place to better prevent and treat the disease, we are starting to look to the future. We can see the opportunity to rebuild better and make sure our response and recovery closes the gaps between communities, rather than increases them.

COVID-19 has had a direct and devastating impact on some people; we probably all know someone who has lost a loved one or who has been ill themselves. But the longer term impact on the way we all live and work, our towns and villages, our businesses and our economy are only just becoming apparent.

For COVID-19, unlike other emergencies, the boundary between response and recovery is blurred. The response is going to take some time, and how we respond now will influence how well we as a society and community recover and thrive in the future.

This report is intended to inform our conversations and debates about recovery from COVID-19. Not just what we do but how we do it. To help us think through how we can tackle unfair inequalities, how we can take the disruption COVID-19 has caused and how we learn the lessons it has taught us. So we need to recover better for a renewed, more inclusive, healthy and prosperous Berkshire.

Tessa Lindfield MSc FFPH
Strategic Director of Public Health for Berkshire

Acknowledgements

Production of this report has been a team effort, I owe a big thank you to the following people, who conducted the research, drafted the content and designed the report.

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Rebecca Muir
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Paul Trinder

We are also grateful for the work across the South East of England coordinated by Sallie Bacon on behalf of Public Health England on the evidence base for recovery post COVID-19.

Executive Summary

The Annual Public Health report this year suggests 10 areas to consider in our response to and recovery from COVID-19.

Setting the scene:

	Key message	Why is this important?
Inequalities	COVID-19 has shone a fresh light on existing health inequalities. As it progresses, it is likely these health inequalities will widen further.	Emerging evidence has found some groups are at greater risk of being infected with and being harmed by COVID-19.

Impact on communities:

	Key message	Why is this important?
Employment	There are early signs that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers.	Employment is a key determinant of health. By July 2020, the number of employees in the UK on payrolls was down around 730,000 compared, with March 2020.
Children and Young People	Children and young people may be the hardest hit by social distancing and other control measures for COVID-19.	More time at home with family may be a positive experience for many, but for others it may be a difficult time involving loneliness, bereavement, financial hardship, neglect or abuse.
Safeguarding	Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse.	Evidence from previous disasters, all indicate that heightened levels of domestic abuse continue long after the event.

Mental Health	There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake.	There's evidence to indicate the rate of mental health conditions will increase as a result of both the pandemic itself and the measures put in place to control the spread of the virus.
Environmental Impact	A 17% fall in CO2 emissions during April 2020 provides proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies.	Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer.

What will help?

	Key message	Why is this important?
Engaging Communities	Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems.	Engagement with communities affected by SARS and Ebola pandemics, by asking what matters most to them, saw successful responses to the changing needs of the population.
Resilience and Social Cohesion	Community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery.	Socially cohesive communities tend to feel a sense of belonging and community and either share values or a tolerance for one another's differences.

How will we know it's working?

	Key message	Why is this important?
Building on Assets and Reshaping Society	We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire.	Establishing a new "normal" is the long-term goal for recovery from COVID-19 and it is crucial that we re-build a fairer, safer and stronger community.
Measuring Progress	Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community.	The measurement of our recovery from COVID-19 will be vital to ensure that we are going in the right direction – towards a healthier, fairer and sustainable society.

Introduction

In early 2020, life for the people of Berkshire changed. The COVID-19 pandemic and the lockdown measures put in place to control the spread of the virus changed our lives in unforeseen ways. We have mounted an unprecedented response to COVID-19 that will continue for some time. This report identifies strategies that we can use to support our long-term recovery in Berkshire. We have an opportunity to build on our response to COVID-19 to emerge from the pandemic healthier, fairer and more sustainable.

We have identified ten key topics to consider for Berkshire's recovery. These topics have been selected through learning from other recovery efforts in environmental disasters, severe or traumatic events and from evidence emerging from the current pandemic. These take us through three key themes – 1) impact on communities, 2) strategies that will help and 3) how we might know whether recovery is working.

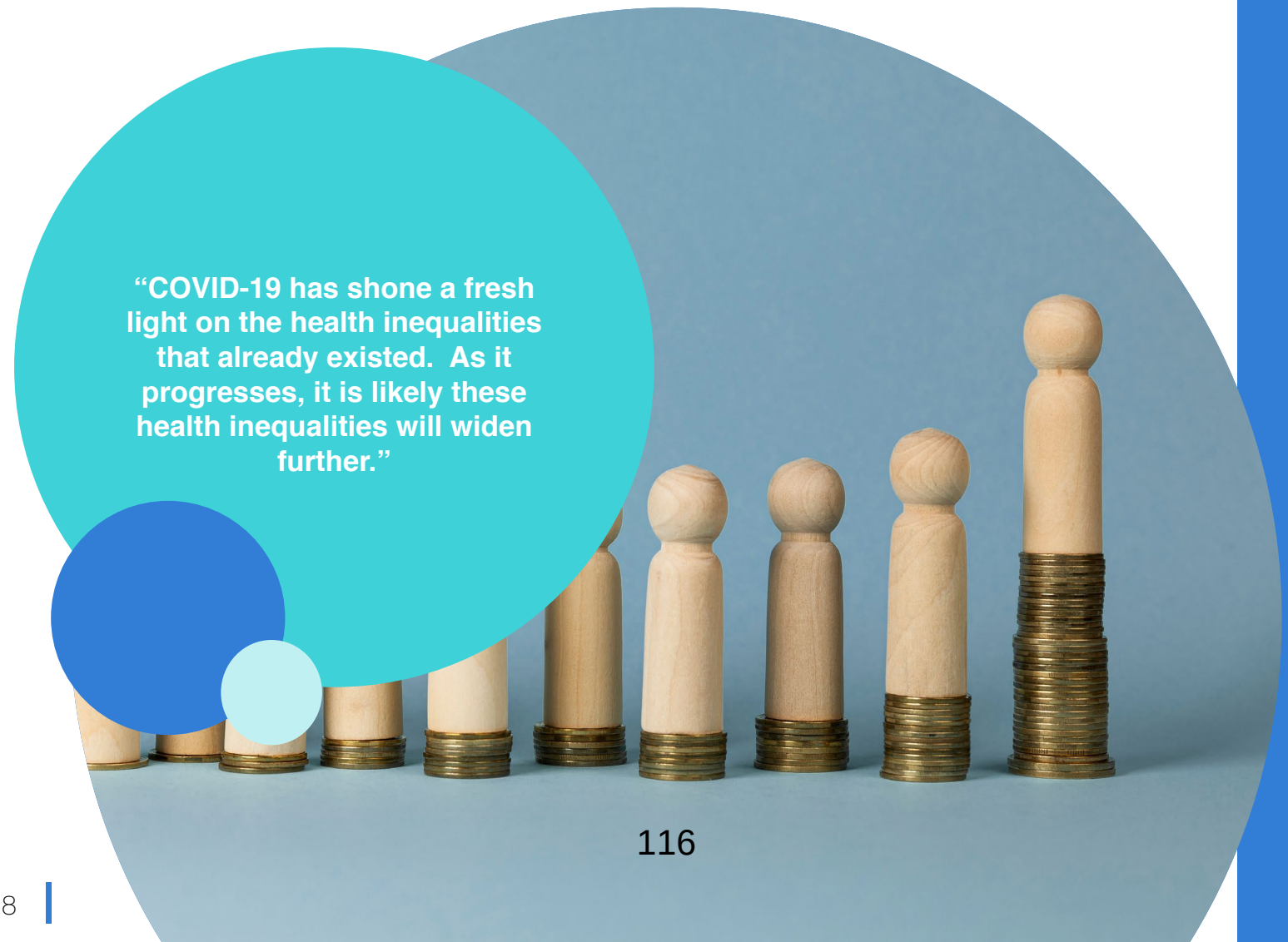
The way that we respond now, will determine how well we emerge and recover from COVID-19 as individuals, families and communities.

Inequalities

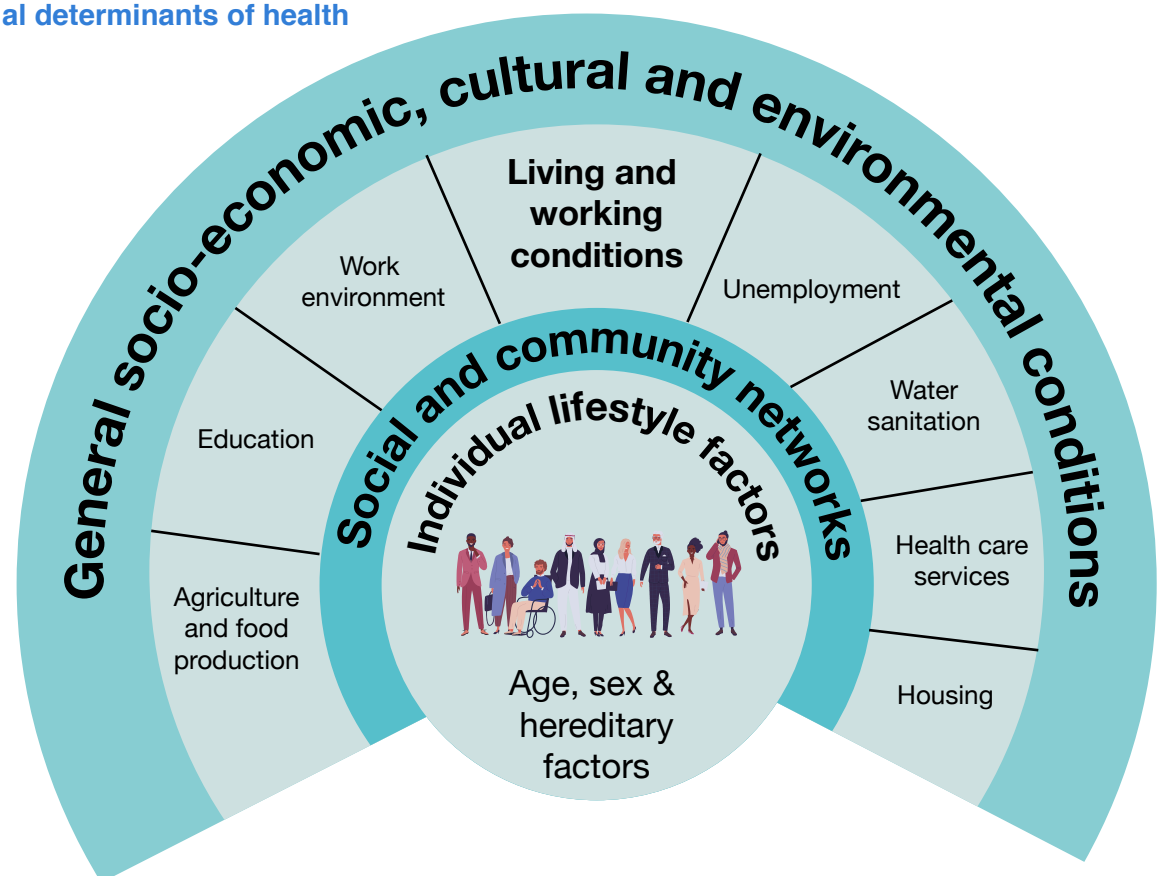
What are health inequalities?

Health inequalities refer to unfair differences in people's health and wellbeing that result from differences in the everyday conditions in which they are born, grow, live, work and age (**Marmot, 2010**). These determinants of health include education, housing, employment and access to healthcare services and affordable food, as illustrated in the diagram on page 9. Health inequalities are preventable and unjust, resulting in millions of people experiencing poorer health and shorter lives.

"COVID-19 has shone a fresh light on the health inequalities that already existed. As it progresses, it is likely these health inequalities will widen further."



Social determinants of health



Dahlgren and Whitehead, 1991

Why is this important in recovery after COVID-19?

Health and wellbeing are important to recovery in Berkshire. The impacts of COVID-19 will be experienced by young and old in different ways in the immediate and longer term, as set out in the table on page 10, and those who are already disadvantaged may be the most vulnerable to its effects.

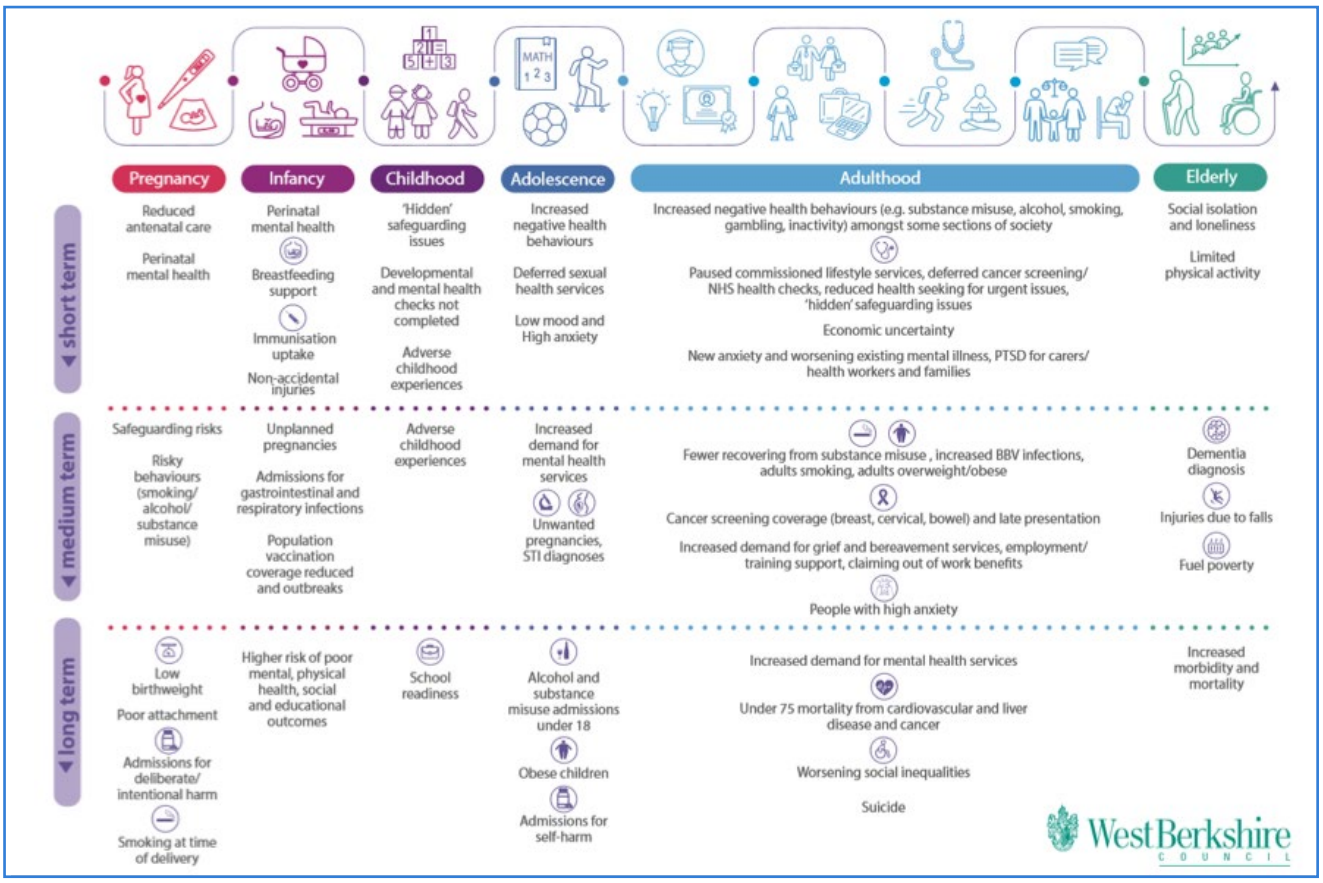
Some groups appear to be at greater risk of being infected by and dying from COVID-19 (**PHE, 2020**)

These include:

- Older people
- Men
- People living in deprived neighbourhoods
- People from Black, Asian and minority ethnic (BAME) groups
- People working in keyworker roles, such as caring and nursing professionals, taxi drivers, security guards
- Care home residents
- People with certain long-term conditions such as hypertension and diabetes.

COVID-19 has shone a fresh light on the health inequalities that already existed. As it progresses, it is likely these health inequalities will widen further.

Impacts of the COVID-19 pandemic across the lifecourse

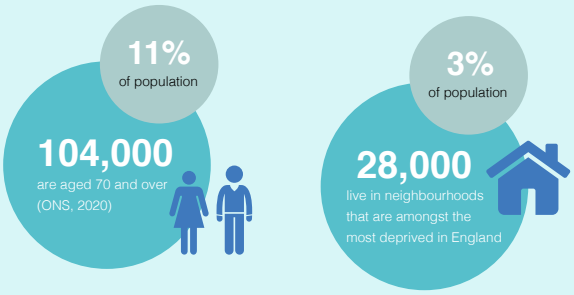


West Berkshire Council, 2020

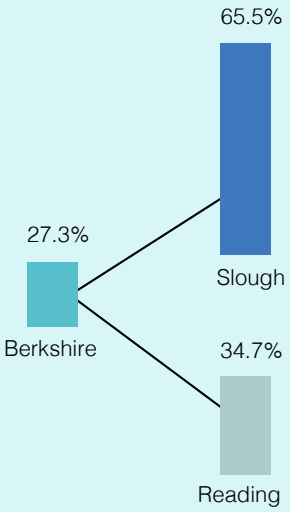
Why is this important in Berkshire?

Inequalities are evident across our county while many people in Berkshire live in areas among the most affluent in England, there are also areas of high deprivation (**Ministry of Housing, Community and Local Government, 2019**). There is an association between deprivation and poorer health and wellbeing.

In Berkshire...



Ministry of Housing, Community and Local Government, 2019

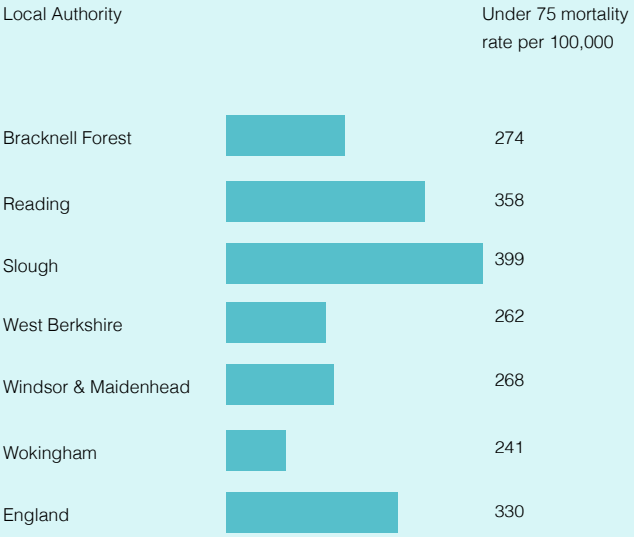


27.3% of the Berkshire population are from BAME groups (Census, 2011) – 65.5% in Slough and 34.7% in Reading

Census, 2011

People residing in Wokingham live an average of three years longer than people who live in Slough and Reading, and one year longer than people living in West Berkshire, Windsor and Maidenhead and Bracknell Forest. They spend around 12 years in better health than people living in Slough (**PHE, via Berkshire Observatory**).

Rates of premature mortality (people dying when they are 75 years old or younger) are higher than the England average in Slough and Reading, but lower than average elsewhere in Berkshire.



(**PHE, Mortality Profile**)

Differences in health outcomes between local authority areas tell us something about the experiences of residents, but they can obscure differences that exist between neighbourhoods and streets within local authority areas. Residents of the most affluent areas of each local authority can spend between 7 and 13 years longer in good health than those in the most deprived neighbourhoods in the same local authority (**PHE, Public Health Outcomes Framework**)

What has worked elsewhere?

In his review of health inequalities, Michael Marmot (**2010**) recommended that action to reduce health inequalities should start before birth and continue through to old age. He made recommendations across six domains to help address inequalities:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention.

The NHS Long Term Plan outlined a range of key strategies and interventions aimed at tackling health inequalities (**NHS, 2019**). Local examples of addressing health inequalities include:

- Promoting good quality jobs
- Reducing social isolation
- Improving health literacy
- Reducing variation in access to or quality of health services
- Engaging local staff in national and local healthcare interventions
- Engaging communities in service design and redesign.

(**PHE, 2020**, **NHS England, 2020**)

Consideration of the impact on inequalities of decisions taken to drive recovery will be crucial. We must adapt our decisions and programmes to close the gaps between communities and not widen them further.

How can we measure this?

- **The Indices of Multiple Deprivation (2019)** use measures across seven domains to provide a relative deprivation score for small neighbourhood areas, helping to identify the most deprived

- Public Health England (PHE)'s **Fingertips** data tools provide access to a range of data on inequalities and wider determinants of health for local authority or CCG populations to examine outcomes and inputs across inequalities groups

- **Data tools** developed by PHE in collaboration with the Local Government Association (LGA) and the Association of Directors of Public Health bring together indicators that help to determine which groups in local areas may be most at risk.

Employment

Why is this important in recovery from COVID-19?

The measures that have been introduced to reduce the spread of COVID-19 will continue to affect our national and local economies for many years to come. Loss of jobs and reduction of household income seem likely to intensify existing inequalities in income and wealth distribution between communities.

More than nine and a half million jobs in the UK had been furloughed and more than two and a half million claims had been made to the self-employed income support scheme in August 2020 (**HM revenue and customs, August 2020**). Despite these measures, by July 2020 the number of employees in the UK on payrolls was down around 730,000 compared with March 2020 (**ONS, August 2020**). These figures include cuts by some of the UK's largest employers, and further redundancies and closures of businesses are predicted.

Ways of working have changed for those continuing to work, with thousands working entirely from home. In most cases, the change has been embraced by employees, with most wishing to continue to work at home in the longer term. The benefits of increased flexibility of homeworking (**CIPD, 2018**) have been particularly valuable as some share space with other adults and other aspects of family life, including school work and care for relatives (IFS, 2020, **IES, 2020**).

"There are early signs that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers."

Why is this important for minimising inequalities?

There are early signs that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers. Young people will also be disproportionately affected, with businesses focusing on survival rather than training new employees.

The type of occupation is behind some of the starkest differences that have emerged during the pandemic. Women and people in BAME groups were found to be more likely to be employed in jobs that bring them into frequent contact with people and more likely to be employed in keyworker jobs and in roles that involve frequent contact with others (**PHE, 2020**, **PHE, 2020a**). Women and young people were also more likely to be furloughed and are more likely to face financial difficulties as recovery progresses (**Women's Budget Group, 2020, IFS, 2020, IFS 2020a**).

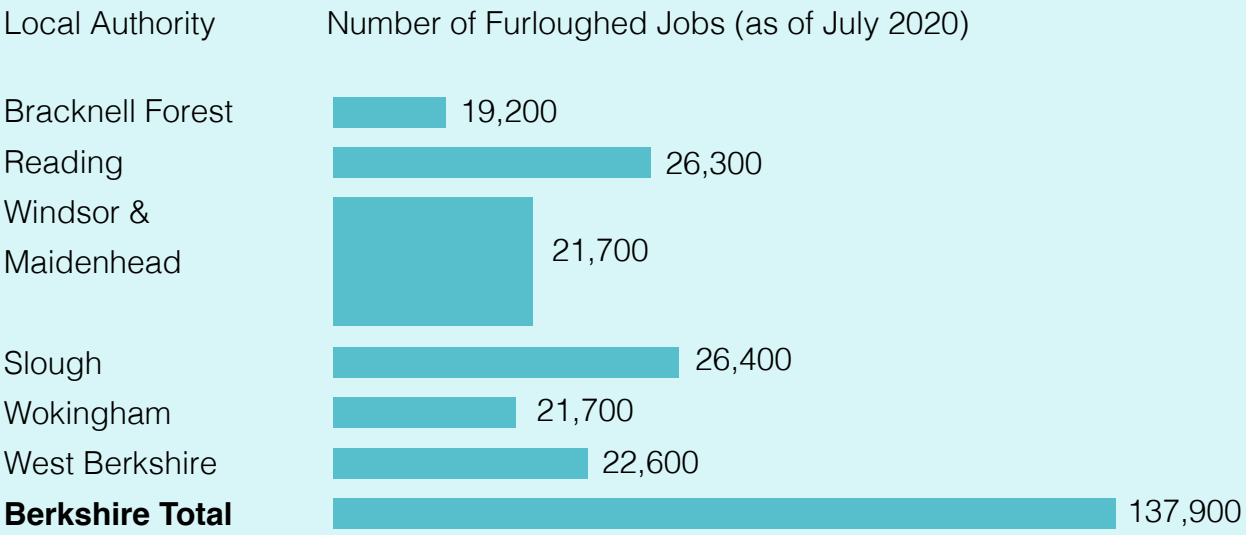
In the lowest earning 10% of employees, 80% are employed in a sector that was shut down or are not able to work from home, compared to 25% in the highest earning 10% (**IFS**) - (*Note this excludes key workers).

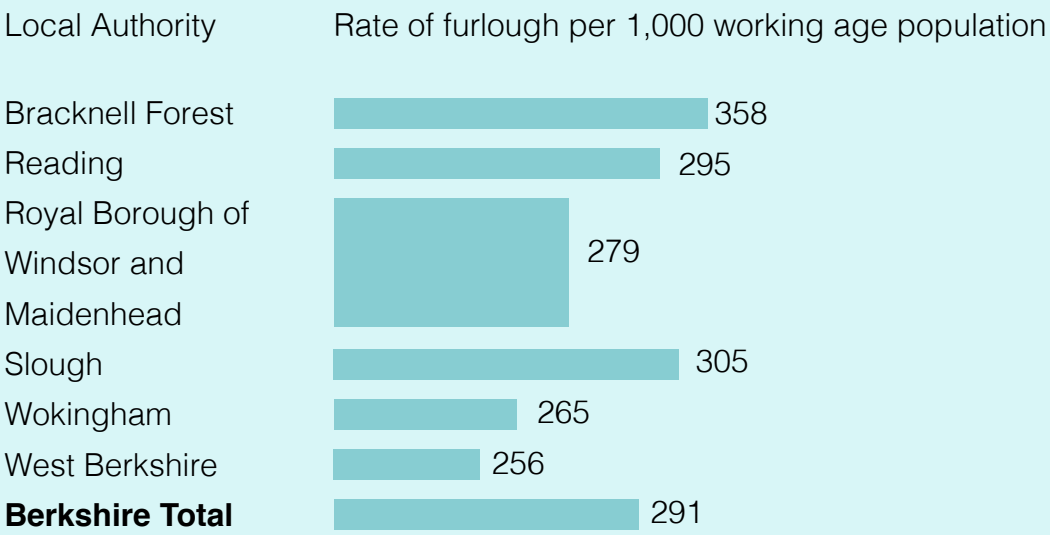
Sectors with highest number of jobs furloughed (July 2020)

Employment				
Sector	Employment furloughed	Eligible employments	Take-up rate	Value of claims made (£million)
Agriculture, foresty & fishing	36,600	180,500	20%	96
Mining, Quarrying & utilities	14,800	52,400	28%	77
Manufacturing	1,021,500	2,436,200	42%	3,840
Energy Production	20,800	132,800	16%	85
Waste and Recycling	43,700	175,100	25%	168
Construction	769,300	1,281,800	60%	2,931
Wholesale and retail; repair of motor vehicles	1,906,100	4,525,800	42%	6,071
Transport & storage (inc postal)	424,100	1,321,100	32%	1,680
Accommodation & food services	1,693,600	2,191,400	77%	4,773
Information & communication	227,500	1,244,800	18%	843
Finance & Insurance	76,800	1,105,000	7%	276
Property	157,800	432,200	37%	543
Professional, scientific & technical	632,900	2,208,900	29%	2,203
Business administration and support services	890,500	2,759,300	32%	2,806
Public administration & defence	20,400	1,351,700	2%	65
Education	341,700	3,341,900	10%	864
Health	423,200	4,092,900	10%	1,065
Arts, entertainment, recreation & other services	474,300	675,000	70%	1,339
Trade union, religious, political and repair	315,000	573,800	55%	893
Domestic employers	10,100	129,800	8%	30
Unknown and other	101,300	140,800	*	239
Total	9,601,700	30,353,200	32%	30,886

HM Revenue and Customs, August 2020

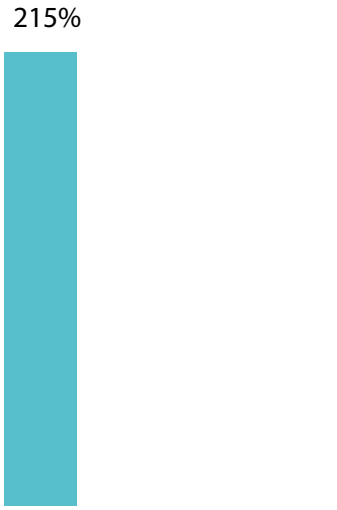
Why is this important in Berkshire?





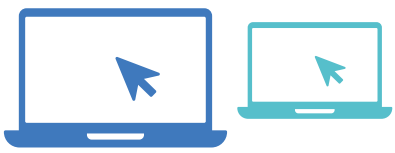
Source (2011 census and HM Revenue and Customs, August 2020)

Rate of take up for the furlough scheme is highest in Slough and The Royal Borough of Windsor and Maidenhead, (34% and 30% respectively, compared to 29% for all Berkshire and 32% in England).
This may reflect the proportion of residents employed in transport, hospitality and tourism, especially in the vicinity of London Heathrow airport. National patterns of furlough in each sector are reflected in Berkshire and those who are already most vulnerable are most likely to be affected by job losses and financial hardship.

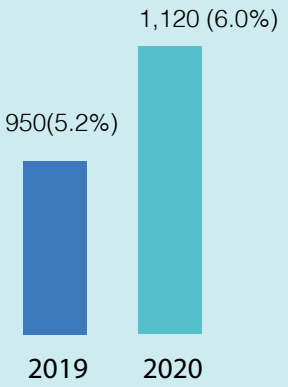


increase in those claiming unemployment across Berkshire compared with May 2019

increase on average across the UK (**Thames Valley Berkshire Local Enterprise Partnership, July 2020**)



ICT/digital comprises 14.3% employment in Berkshire with a total of 34.2% in business services. These industries are more resilient to the impact of COVID-19 and more likely to grow in the future (**Thames Valley Berkshire Local Enterprise Partnership, July 2020**).



Increase in number of 16-17 year olds in Berkshire who are not in education, employment or training (NEET) (compared to 5.5% in England in 2020). (Department for Education, via **Berkshire Observatory**).

Compared to the UK average, 16 to 25 year olds make up a greater proportion of the workforce in Berkshire. (Annual Population survey, via **Berkshire Observatory**).

Berkshire also has a lower provision of apprenticeships than the national average which may compound the challenges for young people who have not opted to pursue higher education. (Department for Education, 2020).

What has worked elsewhere?

1. **Training and education that meets demands of local employers,** by developing and utilising local partnerships, may help to maximise employment levels locally. The Sheffield City Region City Deal and Greater Manchester Working Well pilot, which offered payments-by-results for outcomes linked to the local jobs market, involved local employers in the development of apprenticeship frameworks (**UKCES, 2015**). Systems such as these aim to anticipate the skills that are likely to be needed in the local labour market and incentivise providers to support people into sustainable work. University Technical Colleges (UTCs) are designed to provide better partnerships between education and local employers. An evaluation published in 2019 (**NFER**) included recommendations to strengthen links between UTC staff and employers and deepen understanding of employment markets.

2. **Improving basic skills and quality of work** – High quality work (jobs that are paid fairly, allow a healthy work-life balance, provide supportive working relationships and give employees the opportunity to make choices about their work (**CIPD**)) is more valuable to the local economy than low quality work (**Joseph Rowntree Foundation, 2020**). Targeting key employers to improve the quality of the jobs they provide may help to increase local productivity.

3. **Green economic recovery measures** A survey of financial organisations and experts recommend ensuring economic recovery measures are designed to support environmental and climate goals and capitalise on behaviour changes already seen during the lockdown period. Green fiscal projects, such as insulation retrofits and clean energy infrastructure in existing council stock, are predicted to stimulate strong economic activity compared to initial investment (**SSEE, 2020**).

How can we measure this?

- Statistical information about the proportion of working age adults in employment and the numbers of people claiming benefits in the local authority areas in Berkshire provide information about the effects of the economic downturn and recovery on employment. PHE provides statistical information on work and the labour market in its **Fingertips data tool**.

- Wider measures about income and deprivation, such as the **Indices of Multiple Deprivation (IMD)**, help to understand effects of unemployment and low paid work and patterns throughout Berkshire and its local authority areas.

- **The number and rate of young people not in education, employment or training** provides an indication of whether young people are facing additional barriers to employment.

Children and young people

Why is this important in recovery from COVID-19?

Emerging evidence suggests that children and young people will be the hardest hit by social distancing and lockdown measures, so a focus on their recovery is vital to ensure that this does not negatively impact their future (**Health and Equity in Recovery Working Group 2020**).

For some children, the opportunity to spend more time at home with their family will have been a positive experience; but for others it will have been a difficult time that could have involved loneliness, bereavement, financial hardship, neglect and abuse. This will be particularly true for children and young people whose home was already not a safe place.

"Children and young people will be the hardest hit by social distancing and lockdown measures."

Impact by age group

Babies and
early years (under 5 years)

- Less support for new parents and babies
- Reduced uptake of childhood immunisations - MMR vaccinations reduced by 20%
- 60% of families considered cancelling or postponing immunisations
- Limited access to early years settings during lockdown - 75% reduction in attendance at nurseries, childminders, preschools and reception classes.

Saxena in BMJ 2020, Department for Education

Young People (16 to 24 years)

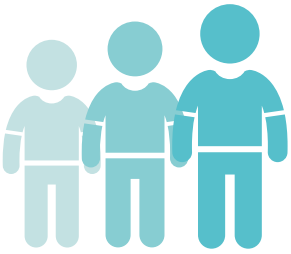
- More likely to have lost their job, been furloughed or had hours reduced
- Uncertainty and anxiety linked to GCSE and A-level examinations
- Higher levels of boredom, loneliness and frustration than in other age groups
- Impact on relationships - 35% concerned about the impact of lockdown on their relationships
- Changes limited access to face-to-face sexual health services

IPSOS MORI 2020, ONS 2020, BASHH 2020

School children (5 to 16 years)

- Over 95% of school children did not attend school during lockdown
- Learning - Nearly 30% of parents did not feel that their children were continuing to learn through homeschooling
- Wellbeing - 42% of parents said homeschooling had a negative effect on their child's wellbeing.

Department for Education, ONS 2020



Children of all ages

- Restricted access to outdoor space - 20% of households with children do not have access to a garden
- 36% of parents felt that their child's physical activity levels had reduced
- Reduced contact with health services – Children's visits to A&E fell by over 90%.
- Fewer opportunities to identify risks – less contact with Health Visitors and health care services, schools and other agencies may increase risk to vulnerable children.

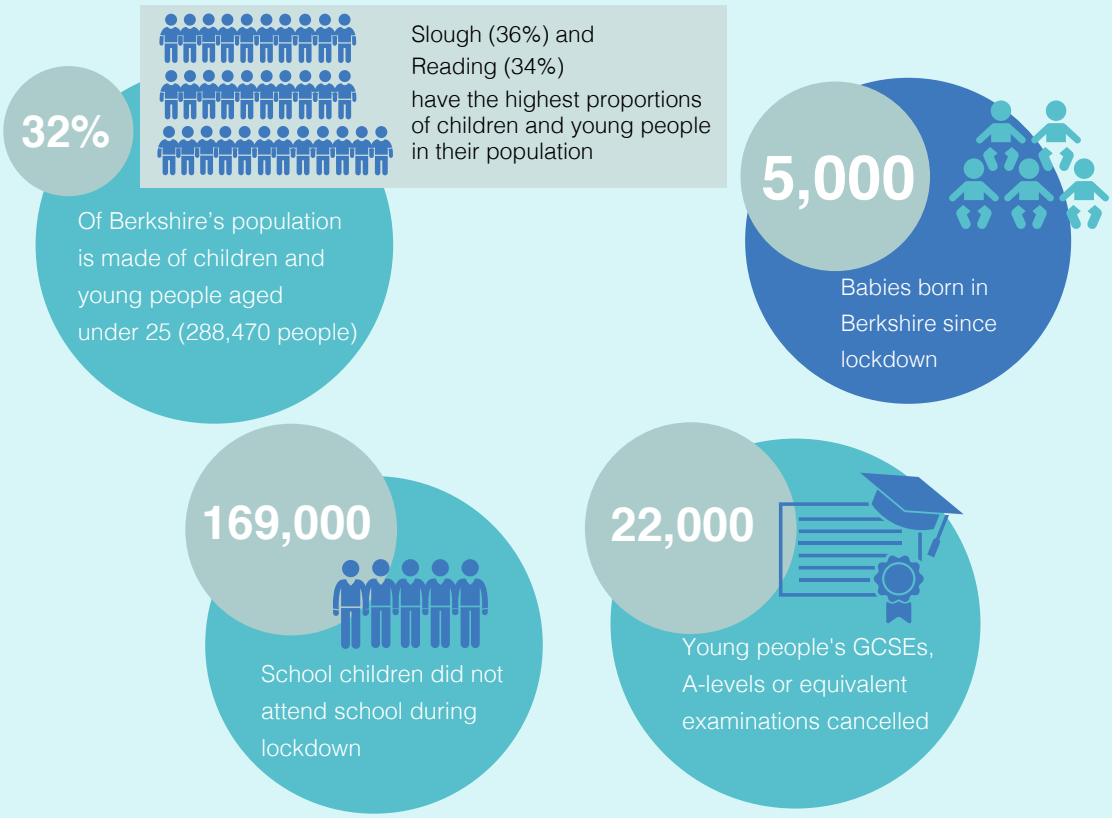
Natural England, Sport England, PHE 2020

Why is this important for minimising inequalities?

Lockdown measures have restricted availability of support for the most vulnerable children and young people, exacerbating and intensifying existing inequalities.

- **Vulnerable children** – Many of the usual mechanisms for identifying and supporting children at risk, including schools, were not fully in place for most during lockdown (**The Children's Commissioner 2020**, **Department of Education 2020**). The full impact of the lockdown on vulnerable children may therefore not be fully known for some time.
- **Disadvantaged children** - School closures could lead to an increase in the gap in attainment between disadvantaged children and their peers (**Education Endowment Fund 2020**). 16% of all children in England are classified as 'disadvantaged' (eligible for free school meals or looked after by children's social care).
- **Children with health conditions** - Those who are part of a shielded group were confined to their homes for over four months and may have had interruptions to their treatment or support (**Sinha et al 2020**).
- **Children with learning disabilities and autistic spectrum disorders** – These children will have been particularly affected by the disruption to their daily routine and restrictions on use of playgrounds and outdoor space and may have received less support (**Social Care Institute for Excellence 2020, NSPCC 2020**).
- **Children with mental health conditions** – Lockdown may have increased feelings of anxiety, loneliness and depression at a time when support was reduced or not available. An estimated 13% of children have a mental health condition (**NHS Digital 2018**) (**The Children's Society 2020**).

Why is this important in Berkshire?



Vulnerable children and young people in Berkshire

12,680
Children (aged under 18) eligible for Free School Meals (including 6,269 in Reading and Slough)

11,400
Children (aged under 18) living in overcrowded accommodation)

34,000
Children (aged under 18) living in households with a parent suffering domestic abuse, severe mental health or a substance misuse problems

23,500
Children with an identified Special Education Need or Disability

1,100
Children in care (including 273 in Reading)

900
Children with an active child protection plan

19,000
Children (aged 5 to 16) have a mental health disorder

Over **3,000**
16 and 17 year olds not in education, employment or training (including 450 in Reading)

What has worked elsewhere?

1. **Supporting strong family relationships** - Evidence from the Christchurch earthquake and Grenfell Tower fire demonstrate that family relationships are the most important factor in recovery for children and young people who have experienced a disaster (**Freeman et al 2015**, **Strelitz et al 2018**). Examples from other disasters emphasise the importance of identifying those families who are most in need and focusing resources on them. Clear signposting to advice and support for all families is also vital and online networks can be invaluable to reach a wide audience.

2. **Supporting trusted professionals to care for children and young people** - Teacher-delivered interventions have been found to significantly improve students' wellbeing and recovery after traumatic events (**Wolmer et al 2016**). The way these interventions are delivered can vary from structured group programmes to individual sessions between a pupil and a trusted teacher. **The Trauma Sensitive Schools'** movement emphasises the importance of all adults working with children being sensitive and supportive to the impacts of trauma. To achieve this, professionals need to receive high quality training and resources to enable them to support young people effectively.

3. **Catching-up with missed immunisations and other development checks** - Although GP Practices have continued to offer vaccinations during the pandemic, many children have missed their routine vaccinations and school-aged children have missed immunisations delivered in school for Years 8 and 9. An immunisation catch-up programme will be needed to ensure that children continue to be protected from infectious diseases and maximising uptake of the enhanced flu vaccination programme for school age children will also be important. Vaccine uptake is highest when parents feel safe and receive supportive and informative communication from health professionals (**Leask et al 2012**). It will therefore be vital for local healthcare systems to proactively communicate with parents and communities about the importance of vaccination and use both reassurance and innovative approaches that support social distancing (**Hussain 2020**). Similar approaches will need to be considered for other developmental checks that babies and children routinely receive.

4. **Providing virtual and digital support** - There are many examples of inventive use of virtual and digital activities to reach children and young people and the continued use of virtual and digital support activities can be a cost-effective way to allow children and their families to access services that may not otherwise be available. The Aneurin Bevan University Health Board expanded their existing virtual CAMHS programme during lockdown and feedback from young people and their families showed that they valued the convenience and security of having their appointment in a comfortable and familiar setting (**The Health Foundation 2020**). However digital poverty, or a lack of access to electronic devices or funds to support their use, can be a barrier for some families and evidence on the effectiveness of virtual support in reaching vulnerable children and young people is currently limited (**Institute of Health Visiting**, **Youth Endowment Fund**). Social media is also not a substitute for personal interaction – even for the younger generation (Ipsos MORI 2020).

5. **Ensuring children and young people are active participants in recovery** - Children and young people are best placed to say how the pandemic has affected them and what needs to be considered in their recovery. Research into recovery following the Christchurch earthquake in New Zealand highlighted a "strong resilience of spirit" amongst young people, noting the value of the positive commitment of its children and young people to repair and rebuild (**Freeman et al 2015**). Studies compiled by **The Royal College of Paediatrics and Child Health** explore children and young people's experiences during the pandemic and recommend that these are considered alongside scientific and medical datasets. Taking steps to ensure that children and young people can be supported to actively participate in local decision-making, through formal consultation or through existing networks, can help to ensure that steps towards recovery meet their needs. The pandemic provides a unique opportunity to convert the experiences of children and young people into a legacy of prevention, preparedness and learning. This will only happen if their voices are heard and are acted on (**The University of Manchester Alliance**).

How can we measure this?

- A wide range of factors can have a significant impact on a child or young person's overall wellbeing and measurement of recovery from the COVID-19 pandemic needs to include aspects from many different domains, including home life, relationships, health, school and money (**The Children's Society 2019**).
- Local intelligence from families, teachers, health visitors, school nurses, health and social care professionals and providers of services will also form an important part of the measurement of recovery. Most importantly, feedback from children and young people will help to identify where recovery effort should be focussed and whether this has had an impact.
- Measurements of demand for children and young people's health services and their activity may be a useful way to determine whether needs have increased and are being met, but it will be important to consider how the suspension and restriction of services may obscure the needs of some children.

Safeguarding

Why is this important in recovery from COVID-19?

Natural disasters and catastrophic events increase the risk and opportunities for abuse (**Campbell 2020**). The COVID-19 lockdown and ongoing restrictions have created a unique set of factors that have made some forms of abuse harder to see and safeguard against. Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse.

"Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse. "

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- **Domestic abuse:** The 'Stay at Home and Stay Safe' message will have left many victims feeling isolated and frightened with home, perhaps, the most dangerous place (**SafeLives 2020**). Evidence from other disasters, such as Hurricane Katrina, the 2009 Australian Bushfires and the 2010 Haiti Earthquake, all indicate that heightened levels of domestic abuse continue long after the event (**Campbell 2020**)

Increase in calls to UK National Domestic Abuse Helpline (June 2020)

Refuge 2020

Incidents described as becoming more complex and serious with higher levels of physical violence and coercive control

Home Affairs Select Committee 2020

At least 14 women and 2 children were killed in suspected domestic abuse incidents in the first three weeks of lockdown – double the average rate

Home Affairs Select Committee 2020

- **Child Protection:** In contrast, referrals to children's social care services have fallen by more than half in many areas of England since lockdown (**Children's Commissioner 2020**). Unfortunately this will be as a result of fewer opportunities to detect abuse, through the closure of schools, children's centres and other protective community settings, rather than an actual decrease in the numbers of children abused or neglected. It is expected that the number of referrals to children's social care will increase significantly when children return to school in September 2020 (**Willis Palmer 2020**)
- **Criminal exploitation and gangs:** The **National Youth Agency** explains that although lockdown initially led to a reduction in gang-related activity, gangs will have found new ways to operate and exploit children, grooming new recruits who are less visible to statutory services. There have been reports of increased violence between gangs who are competing for young people to carry and sell their drugs, including in the Thames Valley
- **Helpful Strangers and Scams:** One positive aspect of the COVID-19 lockdown has been the increase in people who have volunteered to help others in their community. However, the **Social Care Institute for Excellence** explains this has also given opportunity for people to exploit those who are vulnerable, and those that have had to shield being most affected. An increase in scams has also been reported since lockdown and the Chartered Trading Standards Institute warning the public not to engage with bogus healthcare workers claiming to offer COVID-19 home-testing kits or sanitation equipment.

Why is this important for minimising inequalities

Some people are more at risk:

- Living in a household affected by one of the “toxic trio” of addiction, mental health problems and domestic abuse
- Living in areas of deprivation and low income households
- Persistent absentees from education, young people not in education, employment or training (NEET), adults who are unemployed
- Children with special educational needs, disabilities and/or long-term health conditions
- Children in care
- Vulnerable adults with care and support needs
- Older People – particularly those with dementia
- People who are socially isolated and/or lonely
- People who are homeless or in temporary accommodation
- Migrants and refugees – particularly women and children
- Women and girls – men can also be victims of abuse, however the reported incidence of abuse for women is significantly higher
- Certain forms of abuse are more common in some communities than others - for example honour-based violence, forced marriage and female genital mutilation have a higher prevalence in BAME communities.

Why is this important in Berkshire?

How many people are affected by abuse in Berkshire?

21%

Nearly 35,000 children (under 18) are living in households with at least one of the "toxic trio" of addiction, mental health problems and domestic abuse.

6%

of people aged 16 to 74 will have suffered from domestic abuse in 2018/19.

11,000

Approximately 11,000 domestic abuse incidents and crimes reported to Police in Berkshire (2018/19).

11

domestic homicides in the Thames Valley (2018/19).

35,000

Nearly 35,000 children (under 18) are living in households with at least one of the "toxic trio" of addiction, mental health problems and domestic abuse.

900

Over 900 children in Berkshire have an active child protection plan.

6,000

Nearly 6,000 concerns of abuse were raised for vulnerable adults in 2018/19. These led to 2,270 safeguarding enquiries.

4,500

Over 4,500 enquiries received by Berkshire LAs with child protection concerns during 2018/19.

70

In 2018/19, 70 women and girls in Berkshire were identified as having had a Female Genital Mutilation procedure performed.

What has worked elsewhere?

1. **Training professionals to identify abuse and support victims**
   The IRIS (Identification and Referral to Improve Safety) support and training programme was implemented in London, training the whole primary care team to identify signs of abuse in their patients which has seen a 30 fold increase in referrals from GP practices over a 4 year period. (**BMC Medicine 2020**) The Social Enterprise IRIS have been supporting GP Practices to respond to domestic abuse during the COVID-19 lockdown by releasing **guidance** on how to apply the principles of the IRIS training during telephone and video consultations with their patients. Similar training could be implemented locally with health care professionals to support the detection and support to victims of abuse. Guidance and training has also been published by the **Social Care Institute for Excellence** for social care practitioners to detect and protect victims of abuse as the lockdown restrictions are lifted.
2. **Encouraging communities to identify and report abuse**
   With more people being based at home, their interactions with neighbours and specific occupations may have increased, and while types of abuse, such as animal welfare concerns or anti-social behaviour, are commonly reported by others, reports of domestic abuse are primarily made by the victim of abuse (**Campbell 2020**).The general public need to be made aware of the signs of domestic abuse or child neglect and encouraged to report their concerns to the proper authorities. There are Helpline and Government resources to help that can be found **here** and **here**.
3. **Finding innovative ways to enable victims of abuse to seek help**
   A number of organisations have implemented more flexible and safer ways to access their services, which incorporate the benefits of mobile technology and social media platforms to combat difficulties in contacting support organisations and authorities during the lockdown.
   - Women's Aid Online Support: The **Live Chat** service supports victims and survivors by providing an instant-messaging service, where telephone support is not safe
   - **Hestia Bright Sky App**: The free mobile app provides support and information to people in abusive relationships. The secure MyJournal tool enables people to record incidents of abuse via text, audio, video or in photo form without saving the content onto their device
   - **Silent Solution**: The Silent Solution allows people to be connected to the Police through the 999 system without needing to speak. By pressing '55' when the 999 call is connected, the caller can then engage with the police using minimal noise.

How can we measure this?

A reduction in safeguarding activity does not automatically suggest that the level of harm in a community is decreasing. This can also be a sign that people who need help have become more hidden and have less access to support systems. This will need to be considered as safeguarding activity is monitored during recovery.

Key measures:

- Child protection referrals
- Adult Safeguarding referrals
- A&E attendances and hospital admissions for injury
- Domestic abuse incidents reported to Police
- Domestic abuse helpline activity
- Feedback from victims on access to help.

Mental Health

Why is this important in recovery from COVID-19?

There is strong evidence to indicate that mental health conditions will be more common as a result of both the pandemic itself and the measures that have been put in place to control the spread of the virus. Several groups are at increased risk of developing a mental health condition.

"There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake."

- **COVID-19 survivors and their family members** - NHS England guidance suggests an expected increased prevalence of anxiety, depression and post-traumatic stress disorder (PTSD) amongst acute COVID-19 survivors and their family members (NHS England, 2020, **Bienvenu et al, 2016**, **British Psychological Society, 2020**).
- **People who have suffered bereavements and significant material and financial losses as a result of the pandemic or social distancing measures** - Evidence from disasters suggests that prevalence rates were higher amongst those who were bereaved, lost their homes or suffered financial or job loss as a result of crises (**Warsini, 2014**, **Lock et al, 2012**).
- **Frontline health workers** – People working in health services may experience overwhelming workloads, risk of contagion, stigma and lack of support or equipment and resources. As a result they are likely to experience a high psychological burden during the pandemic **Greenberg et al (BMJ) 2020**; **Lai et al, 2020**. This has potential to affect delivery of **health services** (Mitchell, 2020).
- **People who have self-isolated** - A review of the impact of quarantine has highlighted increased risks of stress, depression, anxiety and PTSD on those asked or compelled to self-isolate, with particular risks arising from impact on professional activities, finances and stigma (**Brooks et al, 2020**).

Some have also highlighted the potential impact of widespread school closures on children and young people, especially those with existing mental health problems (**Lee, 2020**, **Young Minds, 2020**). Emerging research into the effects of social distancing suggests even more widespread experiences of depression and anxiety throughout the wider population (**Venkatesh, 2020** (letter to the editor, BMJ), **Williams et al, 2020**).

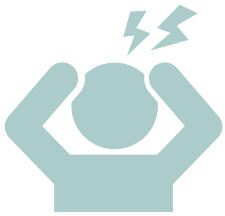
Why is this important for minimising inequalities?

There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake.

Factors linked with having at least one mental health condition include:

Living in insecure accommodation or being at risk of homelessness

Growing up in poverty



Experiences of trauma or abuse

People with severe mental health conditions, such as bipolar disorder and personality disorders, are more likely to develop physical health conditions and have a life expectancy of 20 years less than the rest of the population (**PHE, 2018**).

The additional burden of mental health conditions related to COVID-19 is more likely to affect those already disadvantaged by social and structural inequalities, including people who:

have an existing mental health condition

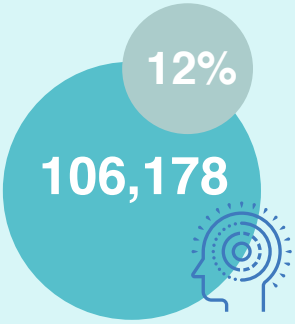
live in deprived neighbourhoods

have a serious physical health condition

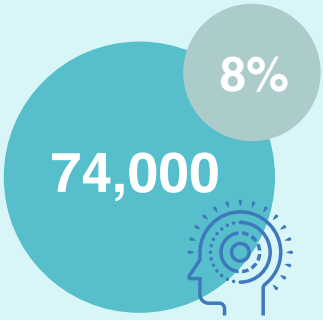
are from BAME groups

(**PHE, 2020**).

Why is this important in Berkshire?



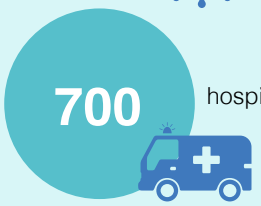
106,178 (12% of the population) have an existing common mental health condition (APMS, via PHE Common Mental Health Disorders Profile, 2017)



74,000 (8% of the population) have a recorded diagnosis of depression (QOF via PHE Common Mental Health Disorders Profile)

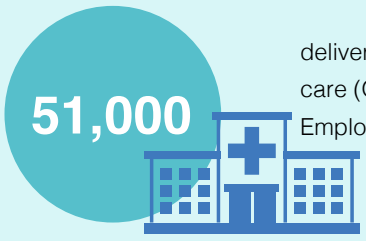
Around

have been diagnosed with COVID-19



hospitalised (NHS England)

furloughed (employment section)



delivering health services and social care (ONS Business Register and Employment Survey, via NOMIS).

What has worked elsewhere?

1. **Screening Programmes.** Although most people recover independently from PTSD and other mental health conditions linked to traumatic incidents, evidence suggests there is a risk that people who develop mental health treatment needs following the COVID-19 pandemic will not seek treatment (**Greenberg and Wessely, 2017**, **Brewin et al, 2010**, **NICE, 2018**).

    - Central and North West London (CNWL) NHS Foundation Trust used an outreach 'screen and treat' approach to reach those at greatest risk after the Grenfell Tower Fire, providing initial assessments for PTSD, anxiety and depression in community settings and referral into clinical treatment (**West London Clinical Commissioning Group**)
    - Easily accessible and well-publicised screening available in community settings, online or using postal questionnaires after an appropriate period of time, may help to ensure that those with developing mental health needs are identified and can be signposted and supported to access treatment.

2. **Access to support and evidence-based mental health treatment for those who need it**. PTSD and other common mental health problems are widely and successfully treated with evidence-based psychological treatments, including trauma-focussed treatments for PTSD (**RCP, 2016**, **NICE, 2018**).

    - **The Manchester Resilience Hub**, set up after the 2017 Manchester Arena attacks, coordinates access to psychological treatments for private individuals and health professionals affected by the incident
    - The 2019-20 Australian Bushfires saw the Australian government remove requirements for GP referrals to mental health treatment, allowing anyone affected by the bushfires, to self-refer directly for appropriate psychological support (**Australian Government**).

How can we measure this?

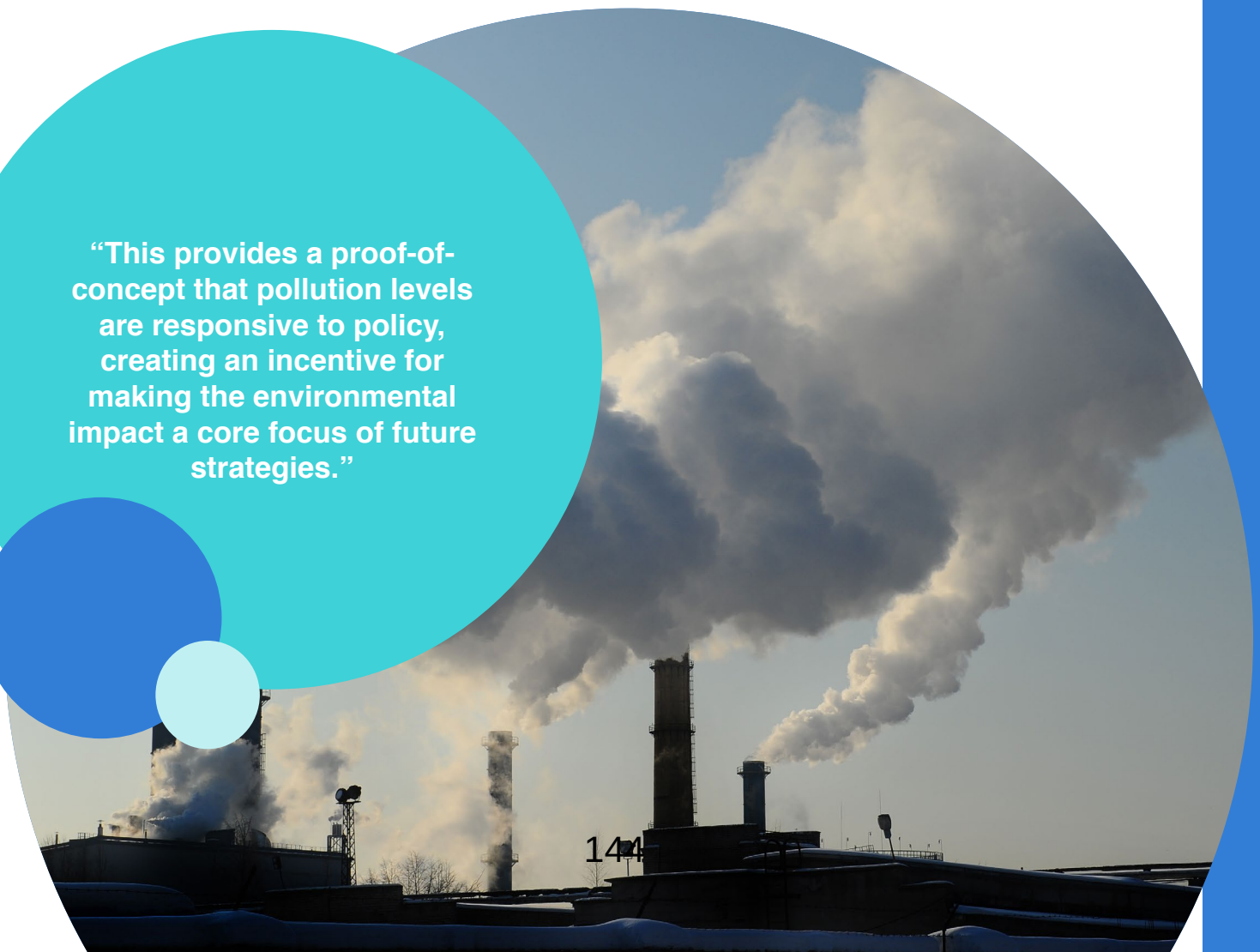
- Prevalence of mental health conditions, available through surveys such as the Adult Psychiatry Morbidity Survey (APMS), (**NHS Digital**), ONS weekly estimates of average anxiety scores, GP Patient Survey or local surveys, such as Healthwatch Bracknell Forest's survey (May 2020), and diagnoses routinely recorded by GPs (**QOF**)
- Local data sources may include information on referrals or numbers receiving treatment through mental health services, especially where this is recorded and processed in normal routine monitoring processes. However, utilising monitoring data presents challenges for strategic teams and organisations providing treatment services. Cleansing and processing data can be time-consuming, and organisations need to take care to avoid the risk of mishandling personal data.

Environmental Impact

Why is this important in recovery from COVID-19?

Transport disruptions and different ways of working, without an automatic loss of productivity during COVID-19, contributed to a 17% fall in CO2 emissions during April 2020 compared with one year ago, illustrated by changing patterns of behaviour enforced by lockdown. This provides a proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies (**Le Quéré et al., 2020**).

“This provides a proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies.”



Transport use during lockdown period as percentage of an equivalent week (Department for Transport)

Date	Transport type			
	Cars	National Rail	Bus (exclu. London)	Cycling
23rd March 2020 (1st day of lockdown)	64%	25%	27%	87%
Tuesday 31st March	32%	5%	12%	98%
Tuesday 28th March	37%	4%	11%	50%
Tuesday 27th May	59%	7%	14%	229%
Tuesday 30th June	73%	17%	26%	127%
Tuesday 21st July	83%	25%	34%	135%

Changes to air travel during COVID-19

- In April 2020, 92% fewer flights departed the UK compared to 2019
- This included an 83% decrease in flights from London Heathrow
- Flight deficit of over 1.2 million across Europe in March and April 2020.

Transport patterns have clearly been transformed during the pandemic, however, previous decreases in emissions have been short term.

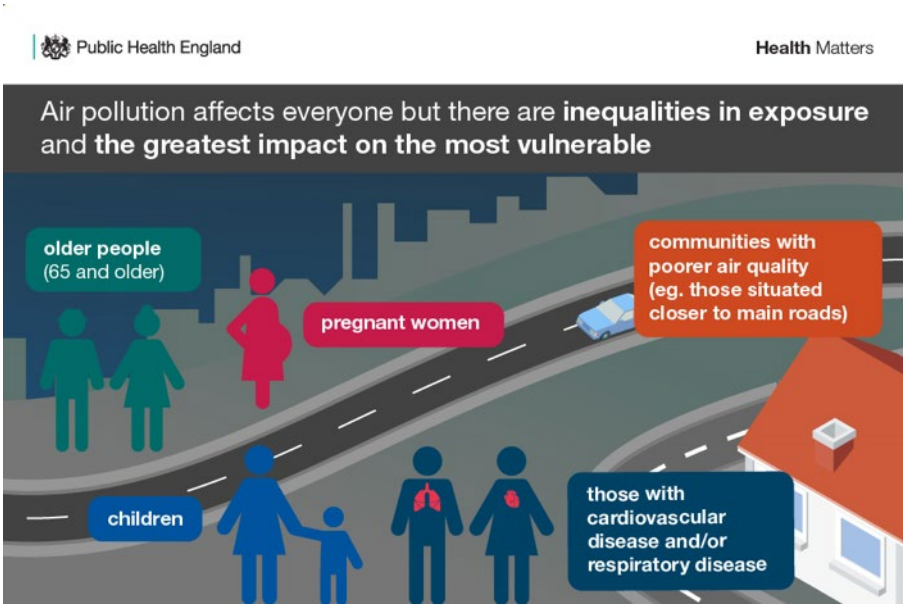
- Global CO2 emissions declined by 1.4% during the 2008/09 recession followed by a 5% growth in emissions in 2010 (**Peters, 2011**).

Given emissions are predicted to reduce by only 8% this year, despite air traffic grinding to a halt and global economic collapse, more robust policies are required to achieve meaningful yet manageable reductions in carbon emissions over the long-term (**IEA 2020**).

Why is this important for minimising inequalities

- Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer
- Poor air quality is estimated to cause the equivalent of around 30,000 deaths a year in the UK
- The impacts of air pollution are likely to be felt by some of our most vulnerable community members
- Those on low incomes are more likely to live in environments affected by industrial areas or on busy roads, exacerbated by the fact they are more likely to have existing poor health or health conditions (**PHE, 2018, Royal College of Physicians, 2016**).

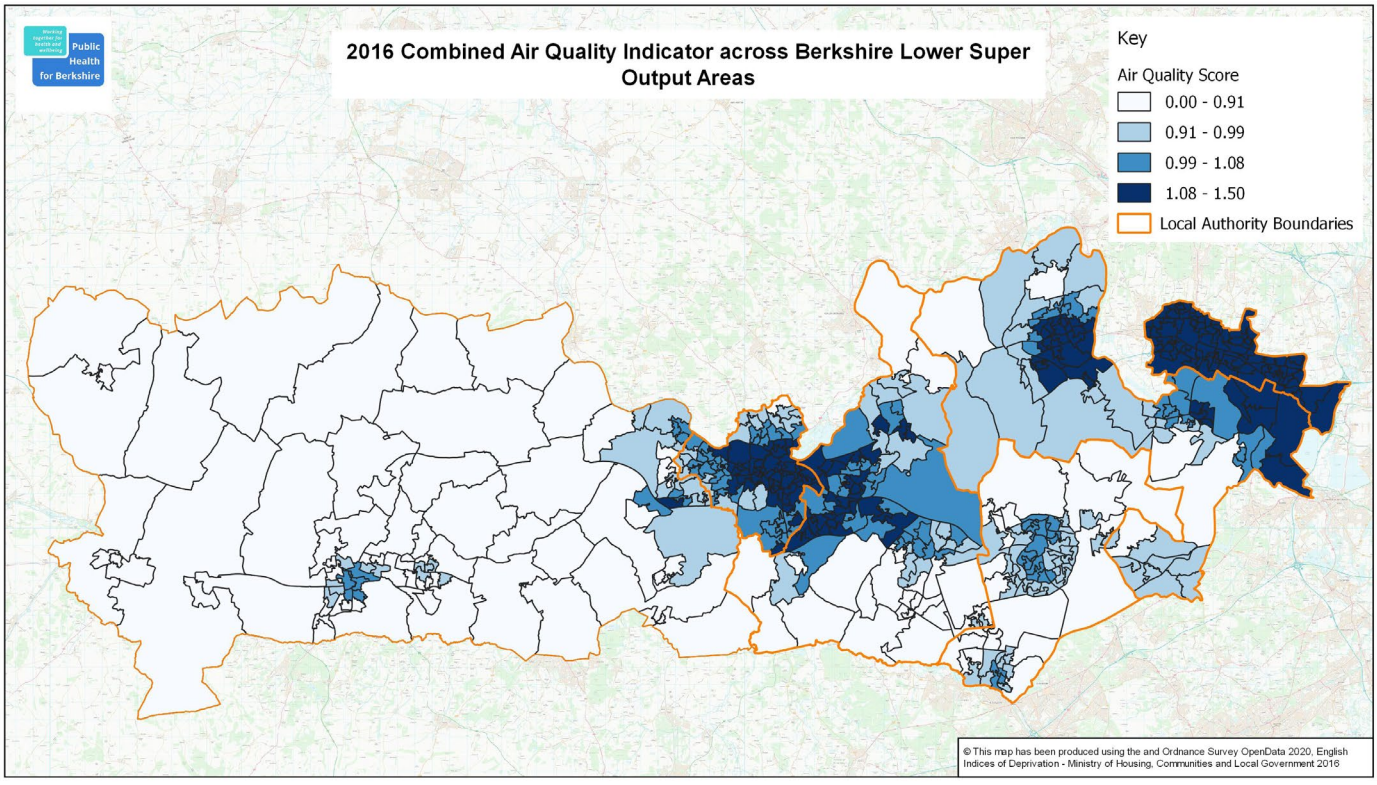
Find out more **here**.



Why is this important in Berkshire?

Berkshire includes some areas of congestion and poor air quality, including many areas where communities live and work. There are also opportunities with improved public transport infrastructure in development.

- Data from 2016 shows poor air quality is concentrated in central urban and industrial areas in Reading and Slough
- The estimated concentration of four air pollutants (nitrogen dioxide, benzene, sulphur dioxide and particulates) is based on data from the UK Air Information Resource
- A higher value indicates a higher level of deprivation.



Ministry for Housing, Communities and Local Government via Berkshire Observatory

What has worked elsewhere?

Public Health England (2019) recommends interventions to reduce road traffic, particularly the number of journeys by car, as the most effective way to prevent pollution and increase physical activity.

1. **Reducing private car use and changing driving behaviour** are among the most effective interventions to improve air quality and reduce congestion.
    - Air pollution and traffic counts were reduced during the 1996 Olympic Games in Atlanta by local businesses encouraged to use tele-conferencing, public transport provision temporarily increased and central downtown area closed to private cars (**Friedman et al, 2001**)
    - In 2006, London's congestion charge reduced traffic volume by 15% and overall congestion by 30%, with traffic levels continuing to decrease (**Transport for London, 2006**).

2. **Improving infrastructure for walking and cycling** can help to encourage use of active and sustainable travel, reducing car use for short journeys and increasing levels of physical activity.

3. **Public engagement and raising awareness** can have a small but incremental impact in encouraging people to change their behaviour, particularly those who are not yet considering or only just starting to think about changes (**PHE, 2019**). The **Clean Air Day** campaign reported people were more likely to walk or cycle to work or school and communities had opportunities to improve air quality through temporary pedestrianisation schemes and walking school buses.

How can we measure this?

- Survey data, such as Active Lives survey data, can tell us how often people travel using 'active travel' (walking or cycling) in each local authority area. Information from the Active Lives survey is available through PHE's Fingertips website or through the **Active Lives website**
- Department for Transport statistics provide a range of information on roads and transport use nationally, including on transport use during the COVID-19 pandemic
- The Department for Environment, Food and Rural Affairs (DEFRA) provides a daily forecast, pollution summary and a range of technical air quality monitoring, modelling and emissions data (**DEFRA, 2014**).

What will help?

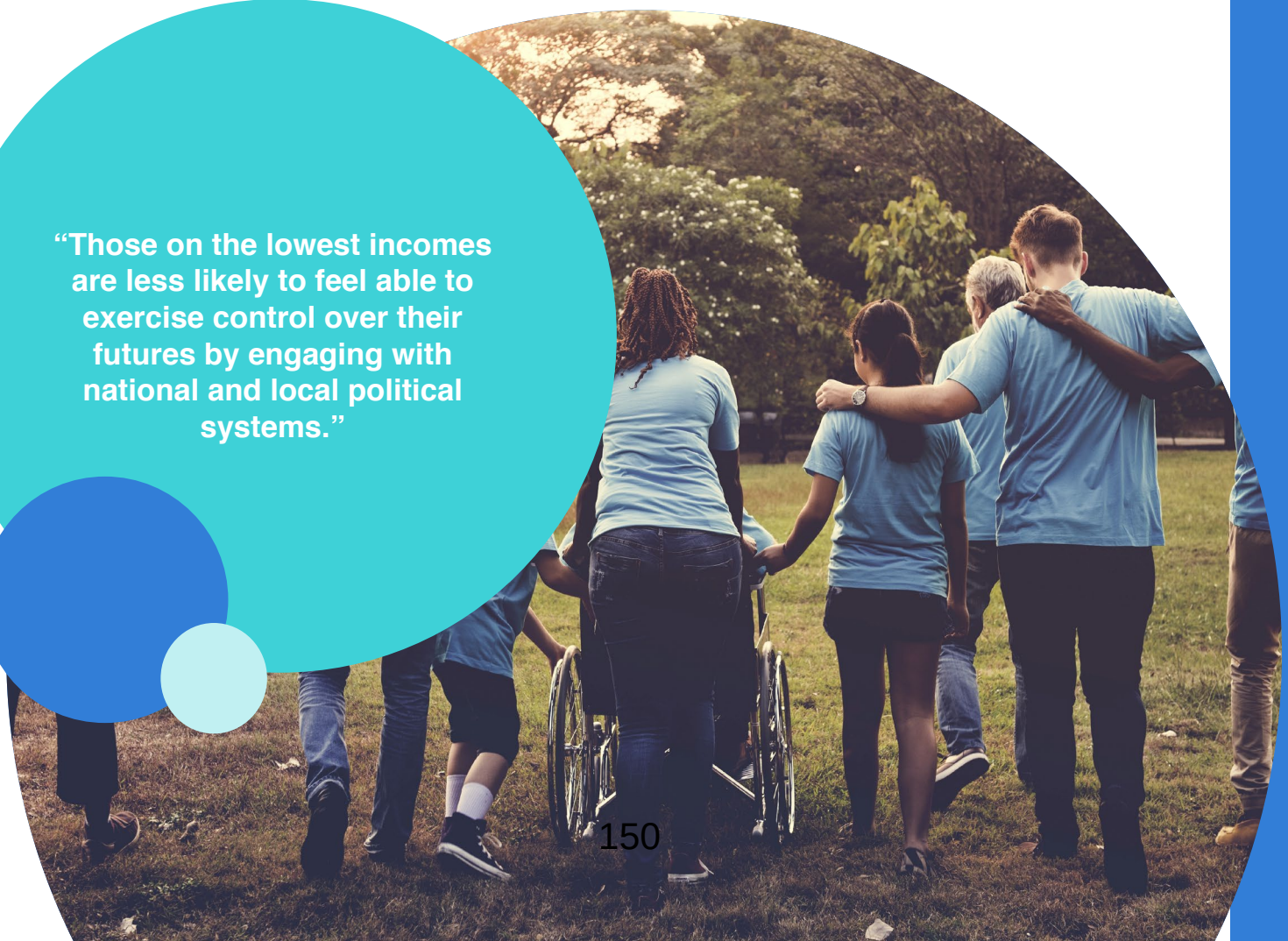
Engaging with communites

Why is this important in recovery from COVID-19?

Previous disasters have taught us that we must ask our communities what matters most to them. Fostering an understanding of local assets, concerns and barriers through discussion with stakeholders ensures the response meets the needs of the whole population (**HM Government, 2013**, **South, Jones, Stansfield and Bagnall, 2018**, **World Bank GFDRR, 2011**).

Engagement with communities affected by SARS and Ebola pandemics helped to ensure successful responses to the changing needs of the population. This also helped us to understand and influence behaviour, begin to dispel mistrust and misinformation and thus improve management of outbreaks (**WHO, 2014**, **SARS Expert Committee, 2003**).

"Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems."



Why is this important for inequalities?

If barriers to participation for those already disadvantaged are not addressed, there is a risk that our recovery plans will not reflect or meet their needs and could deepen and widen existing inequalities.

- Both the direct health impacts and the indirect impacts of an economic downturn are likely to affect poor and vulnerable communities to a greater extent
- Recent survey evidence suggests that those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems and also less likely to take part in political activities (**Taylor, Saunders and Toomse-Smith, 2017**, **Ainsley, 2018**)
- Young people (18-24) were the age group least likely to have participated in political activity in 2018 (**Uberoi and Johnston, 2019**).

As well as inequalities rooted in socioeconomic differences, the Equality and Human Rights Commission (EHRC) has highlighted that the following groups felt less able to influence local decisions (**EHRC, 2015**, **2016**):

- People with disabilities
- Ethnic minorities
- Older age groups (75+).

As well as entrenched existing barriers, change in the wake of the pandemic has been fast paced and is likely to have created additional barriers to engagement that will need to be considered. While there are opportunities to engage using cost-effective, digital and virtual methods, we risk excluding new groups who lack access or have low levels of digital literacy.

Social grade category	Feel getting involved is effective
Higher and intermediate managerial, administrative, professional occupations	38%
Supervisory, clerical & junior managerial administrative, professional occupations	35%
Skilled manual professions	21%
Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations	29%

Hansard Society, 2019

Age group	Has participated in political activities to influence decisions, laws or policies (at least one activity)
18-24	42%
25-34	55%
35-44	69%
45-54	59%
55-64	70%
65+	56%

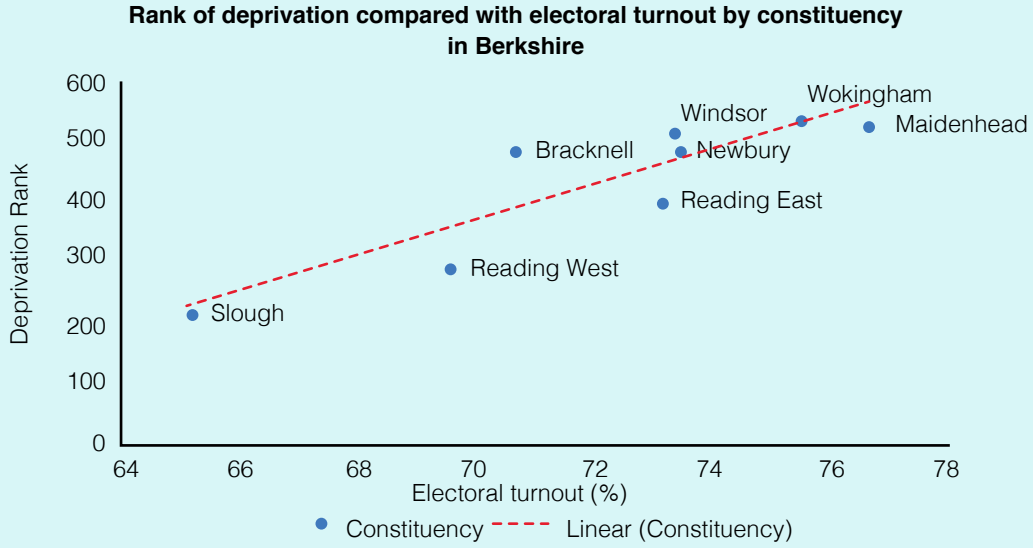
Uberoi and Johnston, 2019

Why is this important in Berkshire?

Despite average relative affluence across the region, some neighbourhoods in Berkshire experience high levels of deprivation. A successful recovery requires engagement of stakeholders across a broad spectrum and recovery leaders in Berkshire will need to engage with their communities, including those who are less often heard by organisations who make decisions.

Turnout by constituency in 2017 General Election and Constituency Deprivation Ranking 2019

Constituency	Electoral Turnout (%)	Nationwide Rank in Deprivation (Most Deprived=1; Least Deprived = 533)
Maidenhead	76.6	527
Wokingham	75.5	533
Newbury	73.4	487
Windsor	73.3	515
Reading East	73.1	399
Bracknell	70.6	479
Reading West	69.5	291
Slough	65.2	220



Election results Commons Library

What else has worked elsewhere?

1. **Finding out what's needed.** Community recovery needs can only be addressed when we understand local perspectives, including barriers to behaviours that build resilience and foster recovery (HM Government, 2019).
    - The Royal Borough of Kensington and Chelsea's Grenfell Recovery Strategy (**2018**) targeted specific community needs that were identified through workshops and drop-in session attended by local residents
    - The Local Government Association (**2017**) highlighted projects that recruit local people through "community communicators" to gain insights as individuals were more likely to trust and listen to messages from people they knew rather than from statutory organisations or the local press.
2. **Working through existing channels.** Maximising existing expertise and relationships, including those in the voluntary sector, helps avoid any risk of duplication by different organisations, potentially confusing and frustrating community members.
    - Leeds Neighbourhood Networks links people with 35 different local sector organisations and aims to increase contribution through local action (**Age UK, 2015**, **Ubido, Lewis and Timpson, 2018**)
    - Research into "Big Local" found that identifying "key allies" with capacity to work with the voluntary sector, outlining shared goals, and using common language were important (**Institute for Voluntary Action Research, 2016**).
3. **Including the vulnerable and socially excluded.** Links between social exclusion, deprivation and vulnerability means those less likely to participate in decision-making may correlate with those amongst the most vulnerable to harmful impacts of the COVID-19 pandemic and response measures.
    - In their suggestions for reducing health inequalities caused by COVID-19 Public Health England, the Local Government Association and the Association of Directors of Public Health (**2020**) highlight the importance of using community risk registers and identifying potential gaps in communication strategies
    - Involving those whose voices are seldom heard is key to engaging communities, effectively co-designing recovery and mitigating inequalities.

How can we measure this?

- There is currently no national data collection in place for routinely capturing whether people feel that they are involved in local decision-making and planning
- In 2008, the UK Place Survey was introduced to collect perception data from residents for 18 indicators in the National Indicator set (**Communities and Local Government, 2009**)
- Results suggested only 29% of respondents in all local authority areas in the UK felt that they could influence decisions in their area, a trend recapitulated in each of the Berkshire local authorities.

Resilience and Social Cohesion

Why is this important in recovery from COVID-19?

The concept of community resilience was originally associated with disasters caused by climate change. However, it is now more widely used to describe communities that face repeated adversity and their ability to adapt (**International Federation of Red Cross and Red Crescent Societies (IFRC), 2012**, Kais and Islam, 2016).

Socially cohesive communities tend to feel a sense of belonging and community and either share values or a tolerance for one another's differences. Research into recovery after disasters shows that community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery (**Mayer, 2019**).

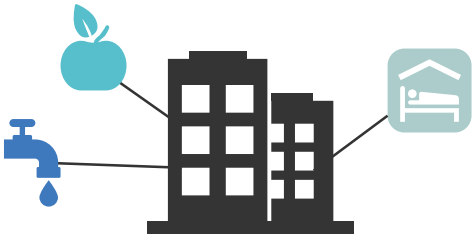
"Community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery."

A literature review by the **IFRC** identified five key characteristics. A resilient community is:

is knowledgeable and healthy. Its members know how to stay healthy and are prepared for shocks. They learn and build on past experiences.

is organised. It has groups and leaders that can bring community members together, identify problems and act to resolve them. Community members are willing to work cooperatively and help each other.

is connected. It has relationships with central or external organisations and individuals that can provide help and support.



has infrastructure and services. It has access to physical assets or external services that enable people to meet their basic needs of food and water, shelter and health.

has economic opportunities. It has a diverse range of employment opportunities and a flexible workforce that can adapt to uncertainty.

Why is this important for minimising inequalities

Communities that already experience disadvantage are less likely to be resilient, driven by discrepancies in levels of employment, income and education across society.

Social cohesion is a fundamental element of community resilience and patterns of social cohesion across different communities demonstrate important inequalities:

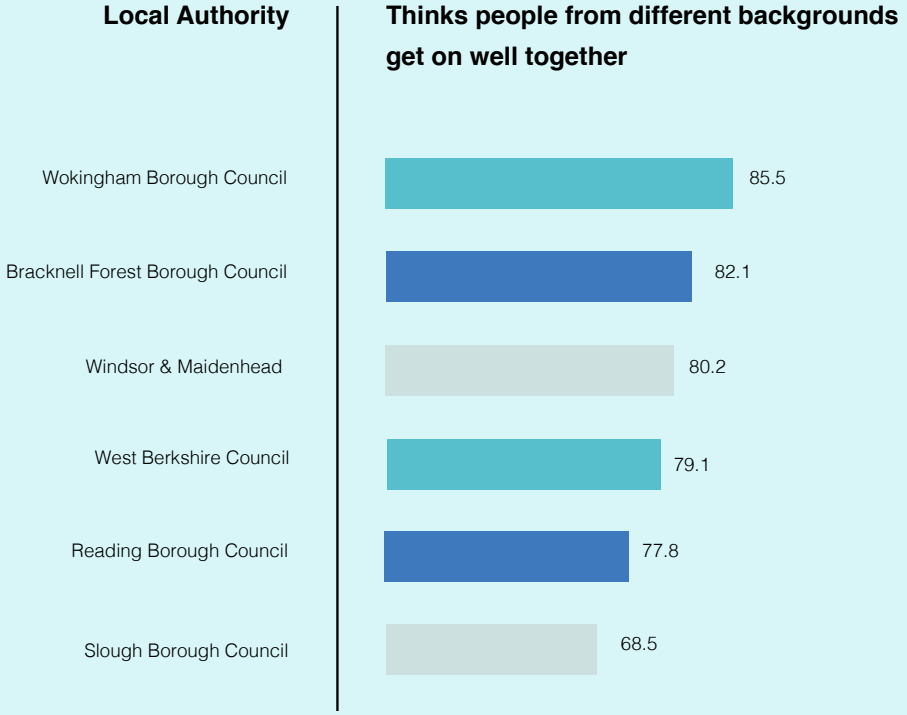
- In a 2018 study by NatCen, people living in neighbourhoods with higher incomes and levels of education were more likely to trust one another
- Meanwhile, those living in urban areas with higher deprivation and a higher proportion of non-white residents were less likely to do so (**Swales and Tipping, 2018**)
- **The 2016 Casey Review** similarly highlighted risks of mistrust, anxiety, prejudice, as well as low income, lack of opportunity and social mobility amongst some urban communities
- This is especially true where people with BAME backgrounds are concentrated in small areas within electoral wards and amongst poorer White British households.

Why is this important in Berkshire?

Whilst there are certainly significant differences in resilience and social cohesion across different areas of Berkshire, this is difficult to directly measure.

- Accessing support networks and information may be more challenging for those living in more deprived areas or for whom English is not a first language.
- Those living in more deprived areas, such as some areas of high deprivation in Reading and Slough, are less likely to benefit from socially cohesive communities, therefore also less likely to be resilient to the health, social and economic impact of COVID-19.

The National Place Survey, introduced to collect residents' views on the area in which they lived, indicated lower levels of social capital in Reading and Slough compared to elsewhere in Berkshire.



Communities and Local Government

What has worked elsewhere?

1. **Understanding strengths and challenges in communities.** Tools designed to help local areas evaluate their own levels of resilience and social capital, such as the Prevention Institute's Tool for Health and Resilience in Vulnerable Environments (THRIVE) emphasise understanding the strengths and assets as well as the vulnerabilities of communities (**Mguni and Bacon, 2010, Prevention Institute**).

   Northumberland County Council used an asset-based community development approach to identify what assets were important to residents and provide small (micro) development grants.

2. **Connecting people in communities with less advantages to good quality jobs and economic opportunity**

   - Leeds City Council's "More Jobs, Better Jobs" introduced employment and skills obligations targeted at deprived neighbourhoods into contracts, improved careers advice and guidance, and appointed a manager to work with businesses that have a strategic significance to the local economy (**Leeds City Council, 2017**, **JRF, 2016**)
   - West Midlands Combined Authority's Inclusive Growth Decision-Making Tool requires those working in the public sector to consider the impact of projects on accessibility of good quality jobs to the most vulnerable groups (**West Midlands Combined Authority**).

3. **Fostering local leadership and cooperation through place-based, community-led action**
   Street Associations bring together neighbours in very small areas to plan and organise community events with beneficiaries reporting more contact with their neighbours and feeling safer in their local area.

   Involving community organisations in managing and developing community assets, such as the **Storyhouse** arts centre in Chester and **Springfield park** in Cheltenham (LGA), focus on bringing community members together and creating community-focused public spaces.

How can we measure this?

- Although there is no single measure for evaluating community resilience, a range of tools have been developed that provide a framework for evaluation
- Each recommends using a range of metrics, some including both existing published data and data collected locally, to be used in combination with information from local stakeholders gathered using qualitative or participatory approaches (**Mguni and Bacon, 2010**, **Prevention Institute**, **Rockefeller Foundation**, **IFRC**, **John Hopkins**)
- Similarly, approaches for measuring community cohesion or social capital are likely to include a range of indicators covering residents' relationships with others, their perceptions of local area, English language proficiency, civic participation and trust in institutions (**LGA, 2019**, **OECD 2013**, **ONS, 2020**, **Casey, 2016**).

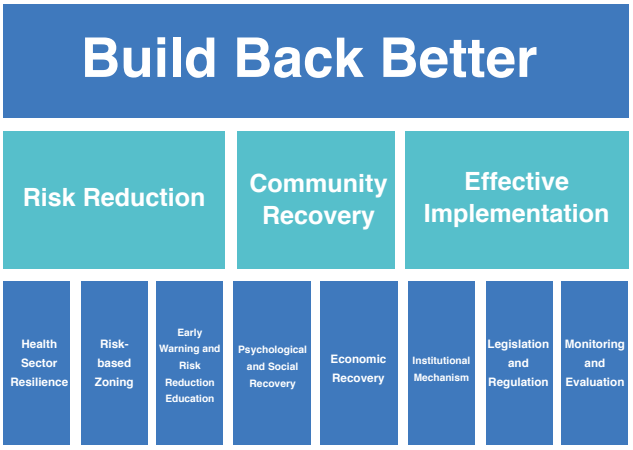
How will we know it's working?

Building on assets and reshaping society

Why is this important in recovery from COVID-19?

Establishing a new "normal" is the long-term goal for recovery from COVID-19 and it is crucial that we re-build a fairer, safer and stronger community. The seismic impact of the pandemic has enforced a dramatic change on how we go about our daily lives. The widespread disruption to communities has broken down barriers and provided a unique opportunity for us to reshape the future together.

The Build Back Better (BBB) concept, which emerged after the 2004 Indian Ocean tsunami, highlighted how the aftermath of a disaster provides the optimal time to drive societal change.



Source: **Mannakkara et al. (2014)**

"Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community."

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Since the beginning of COVID-19, changes to our daily routine have highlighted both positive and negative aspects of nationwide lockdown. Embracing the positives and addressing the negatives will undoubtedly help us reshape society in a way that is beneficial for all.

Social impact of COVID-19:

School closures
Disproportionate effect on vulnerable children, uncertainty over exam results, social isolation and mental health worsened

Reduced road traffic
Improved air quality, less road traffic accidents, more physical activity

Community cohesion
Volunteers helping with shopping for elderly, more community projects

Working from home
Sedentary lifestyle, social isolation, worsening of MSK conditions

Changes to alcohol and food consumption
Reduced violence, increased levels of drinking, fast food promoted

Why is this important for minimising inequalities

The COVID-19 pandemic has illuminated inequality within our society - lower socioeconomic and BAME groups are more likely to contract the virus and are also the hardest hit by the health, social and financial impact of lockdown measures. This disparity is not new or unique to the pandemic (**Public Health England 2020**). Minimising inequality is a fundamental cornerstone of any recovery plan, with the aim of building an inclusive and sustainable community where no-one is "left behind". Preventing gaps from widening is a challenge that we must embrace as we reshape society in the aftermath of the pandemic.

How can we address inequalities through our reshaping of society?

Risk of COVID infection and mortality

- Availability of PPE for key workers
- Reduce deprivation and prevalence of co-morbidities associated with worse outcomes from COVID-19 infection

Management of long-term health conditions

- Digital health solutions
- Improved access to healthcare in deprived areas

Job losses

- Build upon our robust economy
- Create future jobs

Mental wellbeing

- Widening access to green space
- Planting trees
- Financial security
- Widening access to mental health services in the community

Education

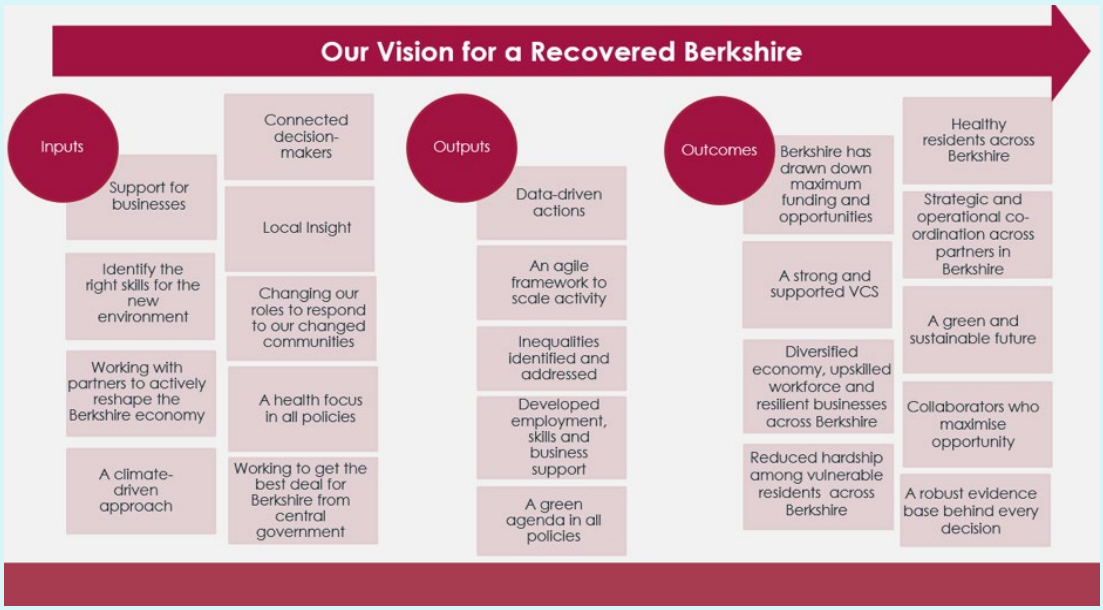
- Online teaching resources
- Outreach to those in deprived areas

Physical health and lifestyle

- Awareness of alcohol/substance misuse
- Smoking cessation
- Encourage sport and physical activity
- Community facilities

Why is this important in Berkshire?

Our strategy for Berkshire is to reinstate and transform services following COVID-19. We want to reset our priorities based on what we can learn from our new environment and build a resilient future. We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire.



Source: Berkshire Recovery Plan

In Berkshire we are fortunate to have many assets to rebuild from. The economy has been robust, reflected by Berkshire boasting one of the highest average earnings in the country in 2019 (**NOMIS**). We are also one of the 'healthier' areas in England with higher levels of healthy life expectancy than most parts of the country. However, addressing our inequalities remains vital with our ethnically diverse population, areas of rurality and spectrum of wealth and opportunity. Attempts to address this disparity have already begun in the context of COVID-19, where a project has been launched to reduce coronavirus risk amongst the BAME population in Slough through community awareness and engagement. Continuing to champion such solutions designed to mitigate healthcare inequality is an integral component of reshaping our society.

Sector	Reshaping Society
Health and Wellbeing	• Focus on mental health services to improve access • Maximising opportunities for active travel • Addressing BAME health impacts
Economic	• Enable, facilitate and maintain momentum for innovation • Supporting businesses through economic recovery • Regeneration, investment and development
Social	• Building community resilience and addressing the impact of inequalities • Focus on the environment • Regional education and skills programme

What has worked elsewhere?

1. **Stronger Society**
   The National Lottery distributes over £600m per year to support community projects across the UK. Throughout the COVID-19 pandemic, focus has shifted to prioritise those projects that have been most affected by the pandemic. Since lockdown began, more than £300m has been distributed to over 7,400 community organisations. Once such example is the John Holt Cancer Foundation in Warrington which provides advice and guidance to individuals affected by cancer. Funding such projects that are able to deliver much needed support through this crisis has set a fantastic example of how we can build a stronger society following the pandemic.

2. **Promoting A Greener Economy**
   Large corporations have required emergency funding following COVID-19 in order to continue operating and protect thousands of jobs, with the airline industry one of the worst affected. Air-France KLM were given a €10bn taxpayer-funded bailout backed by the French and Dutch governments. However, one of the conditions of this emergency funding is that flights under 2.5 hours for which there is a suitable train alternative must be scrapped in order to reduce carbon emissions. Such policies set an excellent example in how we can simultaneously get the economy back on track and promote a greener, more sustainable future.

3. **Digital Transformation**
   Digital solutions have been awaiting implementation and COVID-19 provided the stimulus required for many industries to adopt emerging technologies. In healthcare, video consultations have seen a surge in popularity as a result of lockdown measures and social distancing. Video services and other digital health solutions can significantly reduce the burden on healthcare services, allowing funding to be distributed to areas of greatest need in the future. However, we must ensure that the rise of technology does not create barriers to access for certain groups in society, notably the elderly and disabled, to whom digital health may either be inaccessible or unfit for their personal needs.

How can we measure this?

1. **Measuring inequalities** - The signs of a more equal and thriving society will be shown through the reduction of inequalities. A key indicator here will be closing the life expectancy gap between communities and reducing the number of years lived in poor health, particularly for women. Signs that we are on the right track include monitoring economic factors, lifestyle indicators (smoking, uptake of physical activity, obesity), levels of hospital admissions, prevalence of disease and premature mortality rates.

2. **Measuring opinion** – Continued feedback and engagement with Berkshire residents, employers and local providers will be vital. Inclusivity surveys and focus groups could be used throughout our rebuild to identify how people are feeling and highlight what isn't working.

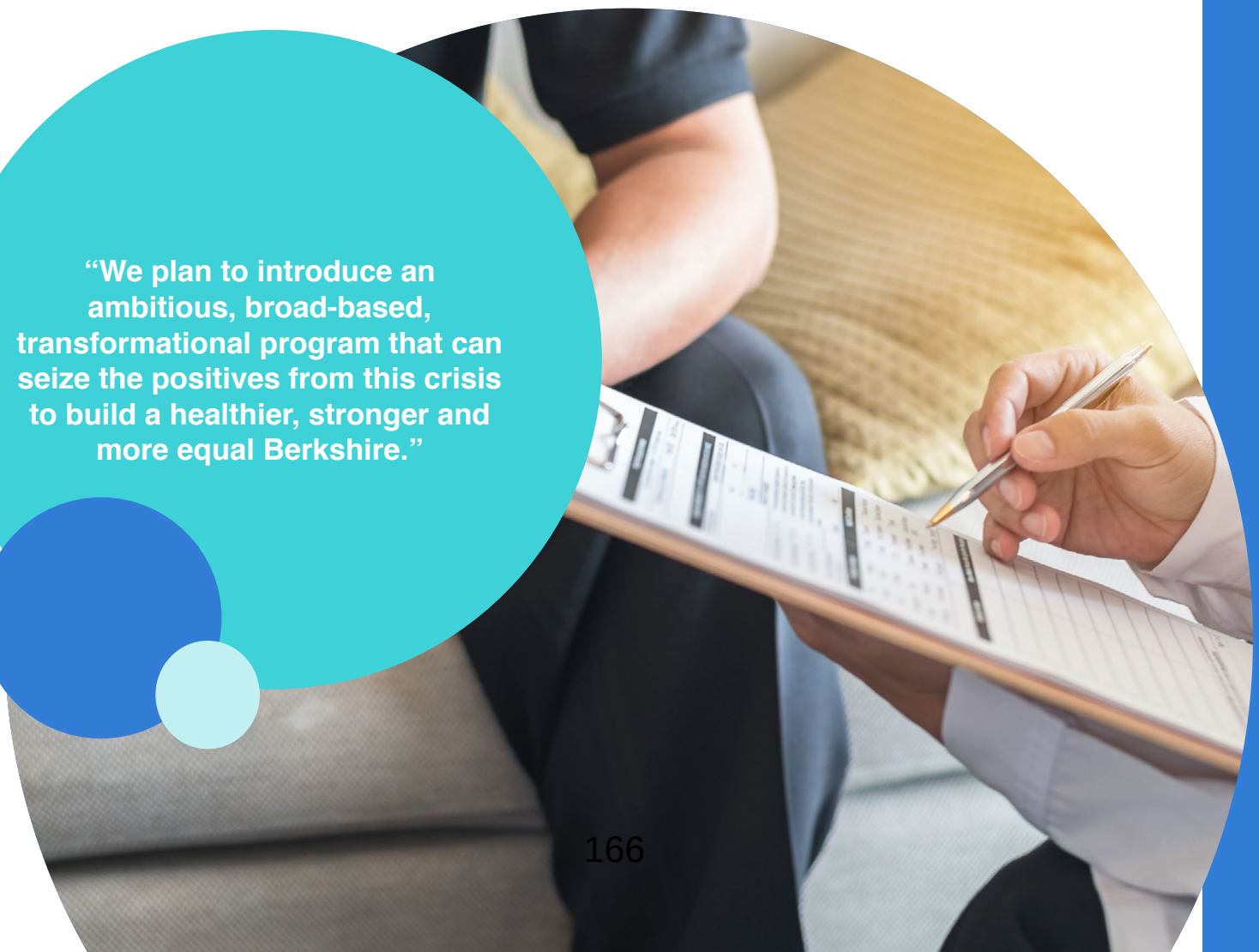
3. **Measuring everything!** - It is important to recognise that one indicator is not going to tell us if and when we have recovered from the impacts of the pandemic. Health, social, economic and environmental measures will need to be looked at collectively to ensure that our vision for the future is being realised. A useful set of indicators is included in the **Build Back Better** tool.

Measuring progress

Why is this important in recovery from COVID-19?

The measurement of our recovery from COVID-19 will be vital to ensure that we head in the right direction – towards a healthier, fairer and sustainable society. The impacts of COVID-19 have been far reaching and extend well beyond those immediate people who were infected by the virus. In helping communities in Berkshire to become better together and to recover from the COVID-19 pandemic, a host of cross-cutting measures exploring the impacts of COVID-19 need to be considered. Many of these have been highlighted in the individual chapters of this report. This chapter looks at the opportunities for bringing some of this together.

"We plan to introduce an ambitious, broad-based, transformational program that can seize the positives from this crisis to build a healthier, stronger and more equal Berkshire."



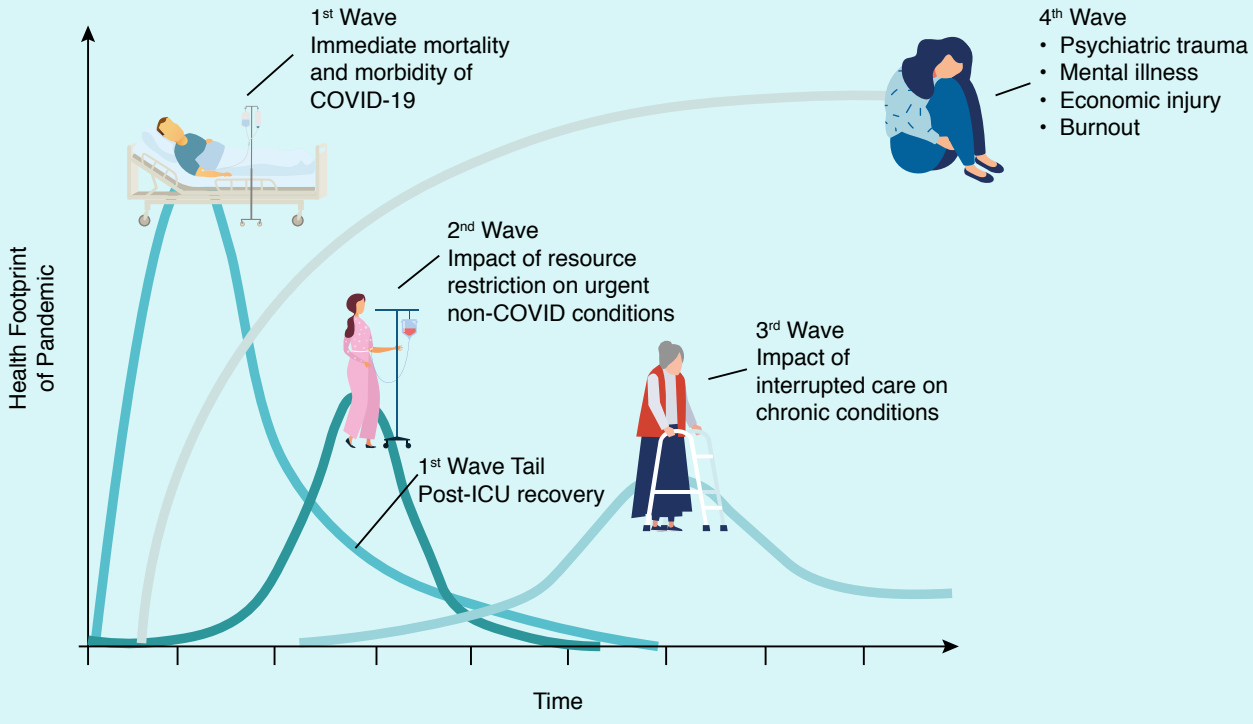
How can we measure this?

Our Health
Whatever the local health impacts may be on the health of people in Berkshire, it remains clear from the COVID-19 pandemic that these will be felt and experienced by young and old alike, both in the short, medium and long-term (see **Inequalities Chapter**). These impacts may not have been felt yet and will occur in overlapping waves.

- Wave 1 – immediate health impacts of COVID-19
- Wave 2 – impacts of service disruption on urgent non-COVID-19 conditions
- Wave 3 – impacts of service disruption on patients with chronic conditions
- Wave 4 – impacts of COVID-19 control measures on the wider determinants of health

It will be essential for us to measure the impact of these waves on people across Berkshire, rather than just focussing on the immediate effects of the pandemic. This will ensure action can be taken to prevent or minimise effects as much as possible and to target resources to those most in need.

Health footprint of the COVID-19 pandemic



Source: Victor Tseng (@VectorSting) via Twitter

Wider determinants

Liverpool John Moores University (LJMU) recently reviewed the direct and indirect impacts of COVID-19 on health and wellbeing. Five broad areas of concern were identified, which would underpin recovery:

- Social factors – impacts on friends, families and communities
- Economic factors – impacts on money, resources and education
- Environmental factors – impacts on our surroundings, transport and the food we eat
- Access to health and social care
- Individual health behaviours.

Each of these areas contain multiple indicators which could be used to measure progress in Berkshire, ranging from social isolation and loneliness, educational attainment, access to green space, care for long-term conditions, levels of drinking, smoking, physical activity and so on. It is important to look at these separate areas and indicators as a whole, rather than in isolation. We will need to think about how these interlink and where the experience of recovery differs for people across Berkshire. Understanding these experiences will be essential to address and narrow inequalities.

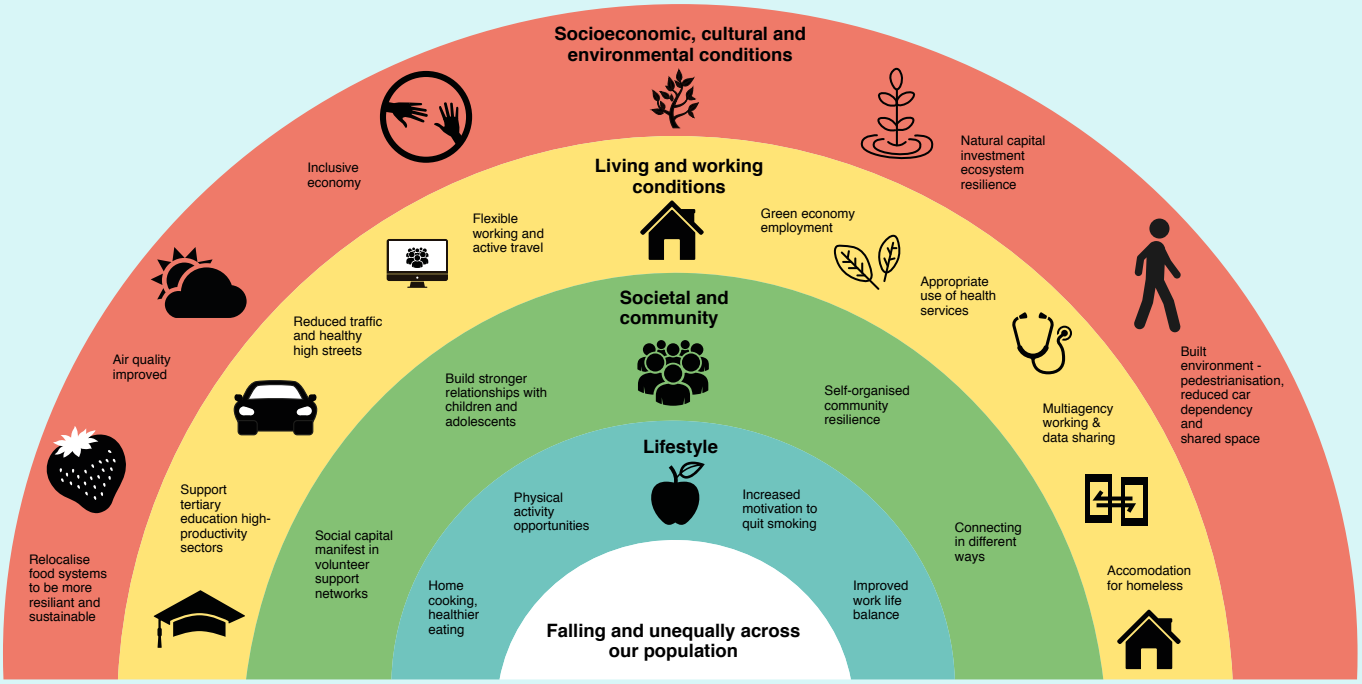
Alongside the work of LJMU, Public Health England recently published a tool which considers the indirect impacts of COVID-19 on health and wellbeing. This tool enables stakeholders to:

- Monitor changes over time
- Make timely informed decisions
- Intervene to reduce/mitigate against poor outcomes
- Understand the wider context of population health.

Positive progress

As Berkshire looks to become better together and recover from the COVID-19 pandemic, it will be equally important to measure some of the 'positive' impacts of the pandemic as well. Some examples of these are shown below and include reductions in smoking, increases in volunteering, building stronger communities, accommodation for the homeless, more cycle lanes and reduced car dependency.

COVID-19 pandemic – rebuilding and moving forward together



Source: West Berkshire Council 2020

How should we measure this?

Wider determinants
Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community. The level of community involvement and leadership is an indicator in its own right to evidence how we are progressing. The '**Engaging with Communities**' chapter suggests ways to encourage this shared approach and this needs to be one of the cornerstones to Berkshire's overall recovery.

Wider Impacts of COVID-19 on Health (WICH) monitoring Tool: The WICH tool looks at the indirect effects of the COVID-19 pandemic on the population's health and wellbeing

COVID-19 Public Monitor contains a collection of information about attitudes and opinions towards the COVID-19 pandemic

Public Health England North East: Frameworks for considering local action to support the design of recovery plans

C-WorKS Knowledge Hub: This COVID-19 Consequences hub is hosted by Public Health England (North East) and supports the collation and sharing of knowledge about the health impacts of COVID-19 on non-COVID-19 morbidity and mortality.

Public Health for Berkshire
Working together for health and wellbeing

Designed by Creative Services at Camden Borough Council - 020 7974 1985
4223.1, Annual Public Health Team Report 2020, 05/10/20

Working together for health and wellbeing

Public Health for Berkshire

Looking Forward to Recovery:

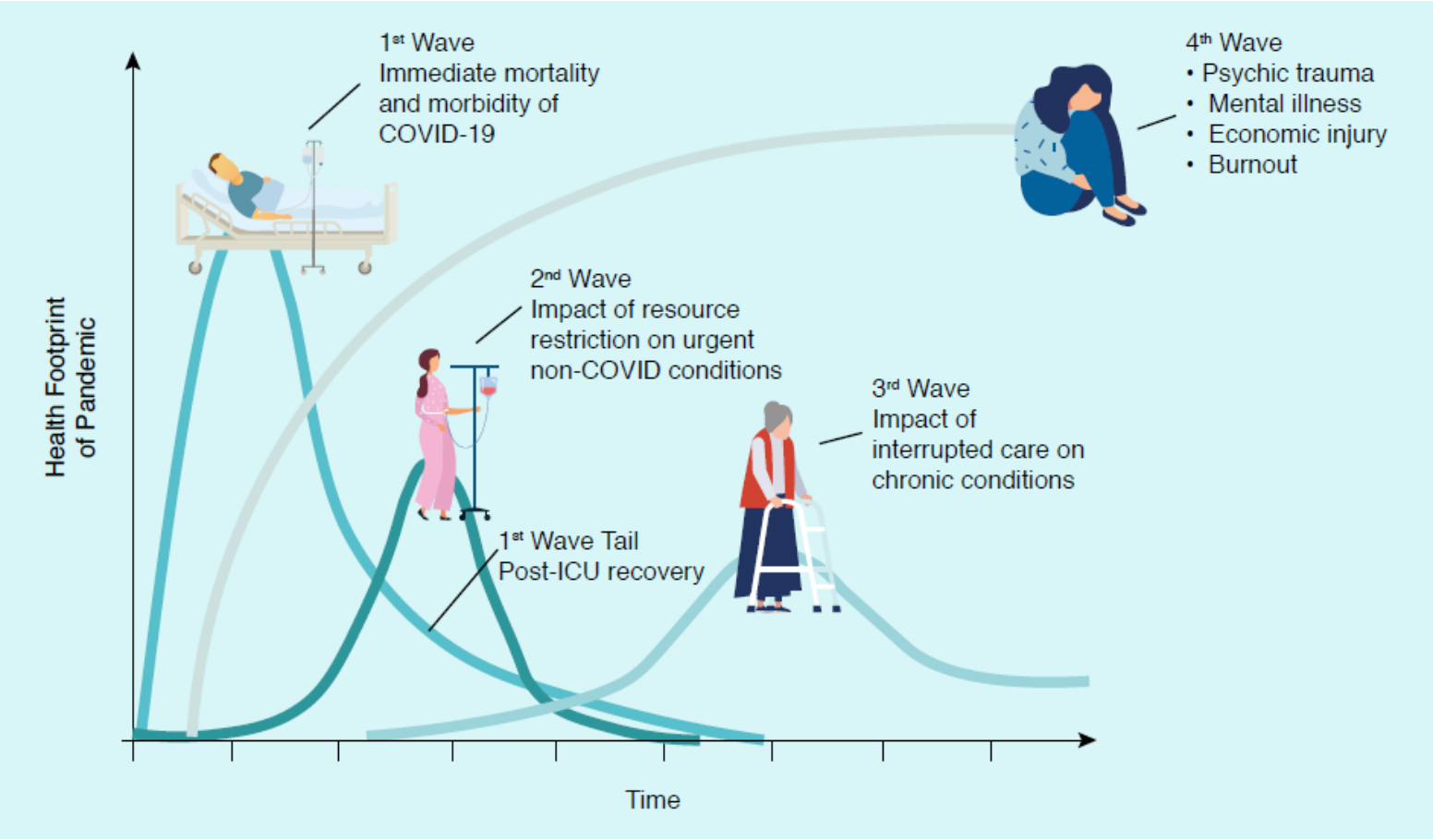
Ten things to consider for Covid-19 recovery planning in Berkshire

2020 Annual Public Health Report

Remembering the UK doctors who have died of covid-19

https://www.bmj.com/covid-memorial

Impact of Covid



Source: Victor Tseng (@VectorSting) viaTwitter

Impacts of Covid-19 pandemic across the lifecourse

Symbol indicates PHOF indicator

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

West Berkshire COUNCIL

Contents

3 Sections

- Impact on communities
- Strategies that will help
- How we will know recovery is working?

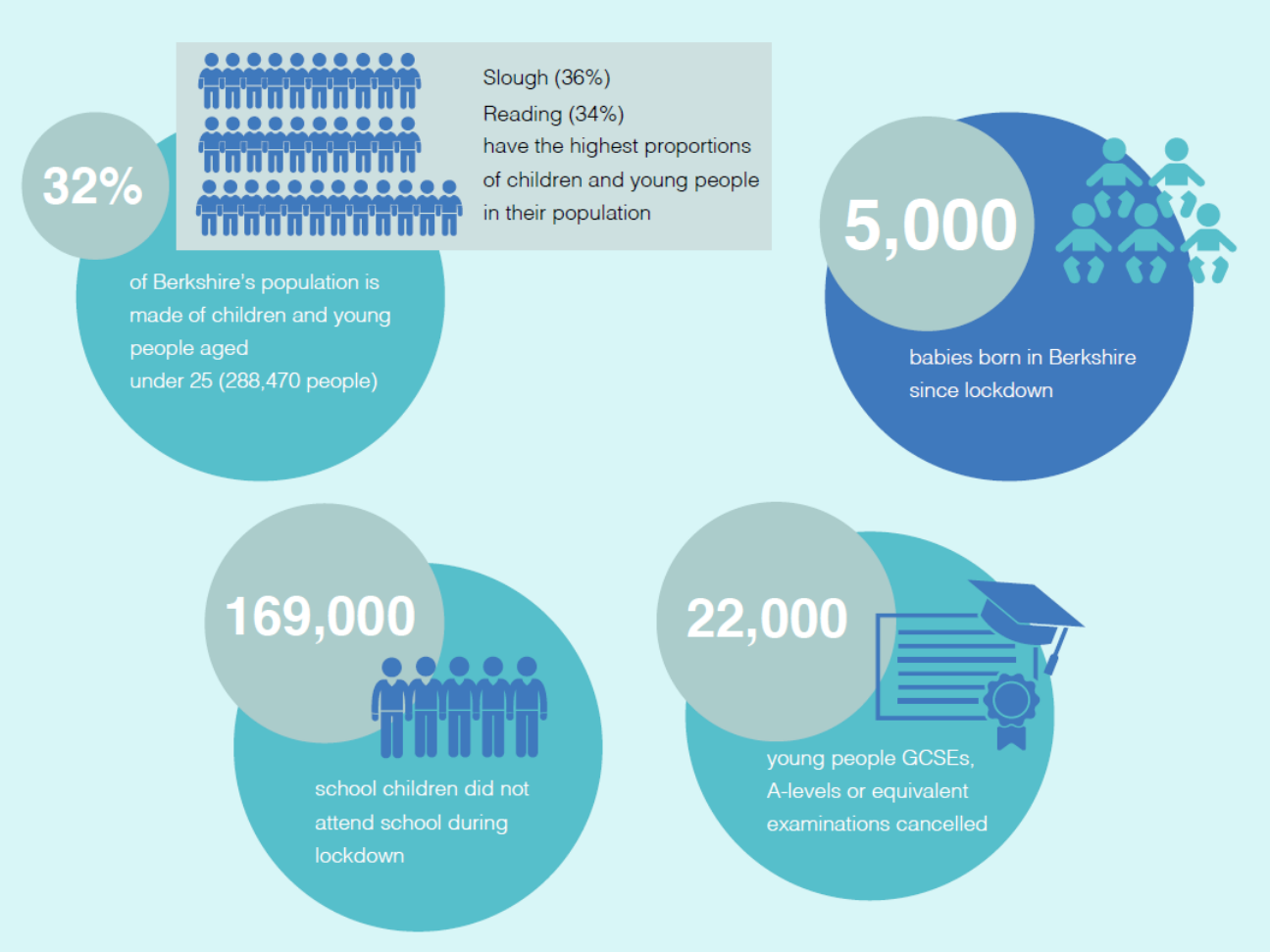
5 Questions

- Why is this important in recovery?
- Why is this important for minimising inequalities?
- Why is this important in Berkshire?
- What has worked elsewhere?
- How can we measure this?

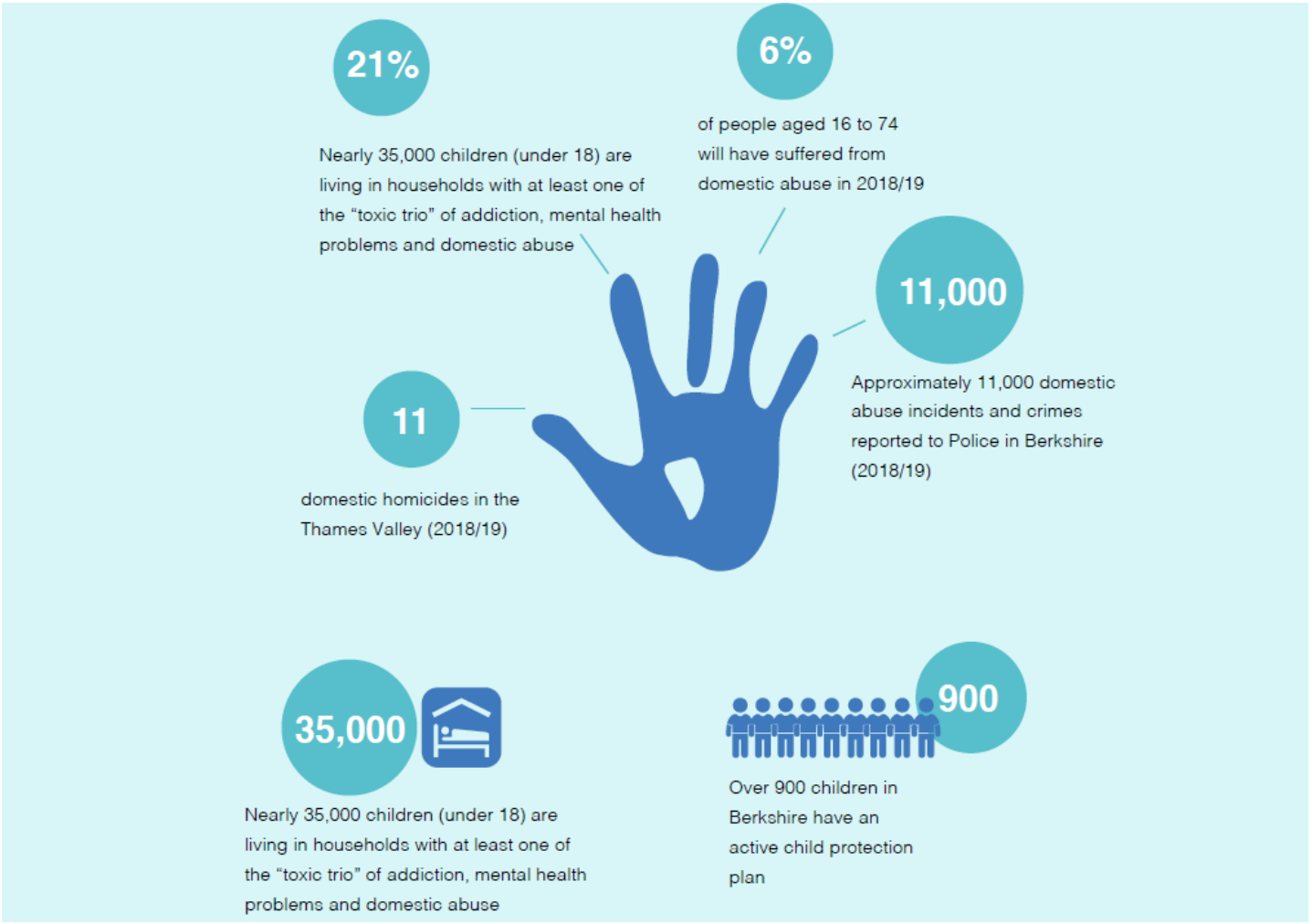
Employment

Local Authority	Jobs furloughed (no) - as of July 2020	Rate per 1,000 working age population
Slough	26,400	358
Bracknell Forest	19,200	295
Royal Borough of Windsor and Maidenhead	21,700	279
Reading	26,300	305
West Berkshire	22,600	265
Wokingham	21,700	256
Berkshire Total	**137,900**	**291**

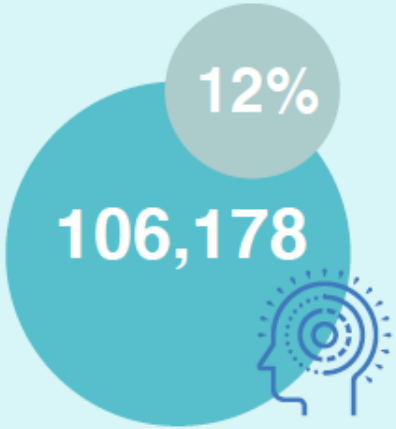
Children and Young People



Safeguarding



Mental Health



106,178 (12% of the population) have an existing common mental health condition (APMS, via PHE Common Mental Health Disorders Profile, 2017)

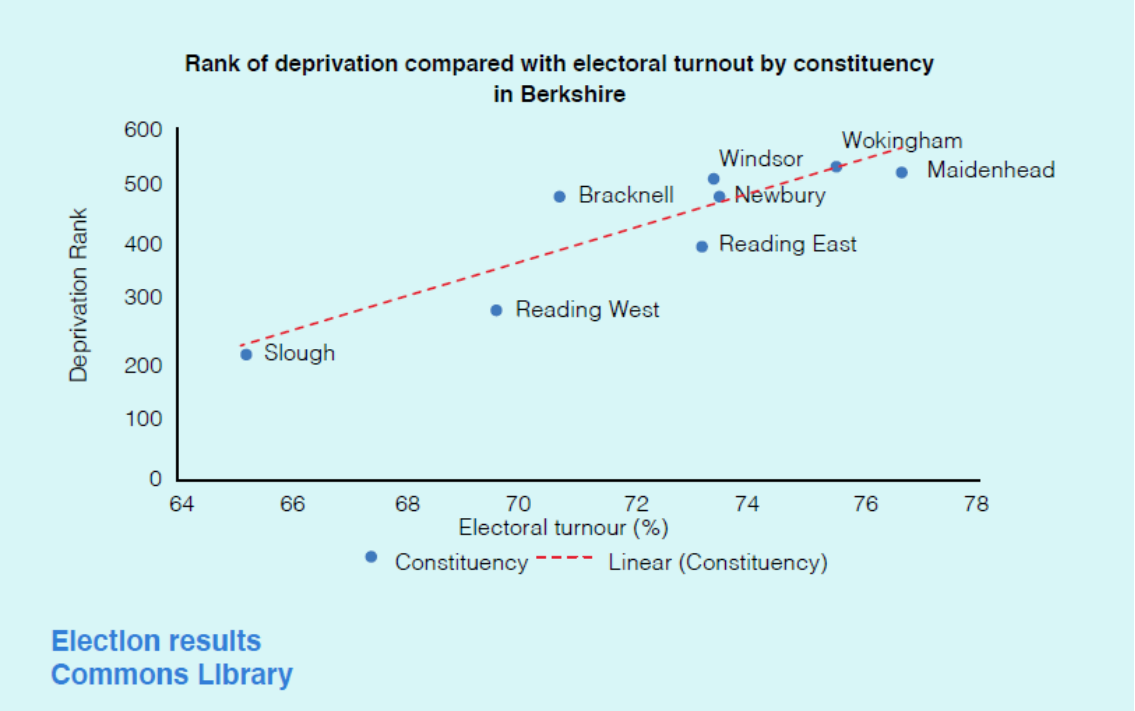
74,000 (8% of the population) have a recorded diagnosis of depression (QOF via PHE Common Mental Health Disorders Profile)

Environmental Impact

Date	Transport type			
	Cars	National Rail	Bus (exclu. London)	Cycling
23rd March 2020 (1st day of lockdown)	64%	25%	27%	87%
Tuesday 31st March	32%	5%	12%	98%
Tuesday 28th March	37%	4%	11%	50%
Tuesday 27th May	59%	7%	14%	229%
Tuesday 30th June	73%	17%	26%	127%
Tuesday 21st July	83%	25%	34%	135%

Transport use during lockdown period as percentage of an equivalent week (Department for Transport)

Engaging with Communities



Resilience and Social Cohesion

is knowledgeable and healthy. Its members know how to stay healthy and are prepared for shocks. They learn and build on past experiences.

is organised. It has groups and leaders that can bring community members together, identify problems and act to resolve them. Community members are willing to work cooperatively and help each other.

is connected. It has relationships with central or external organisations and individuals that can provide help and support.

has infrastructure and services. It has access to physical assets or external services that enable people to meet their basic needs of food and water, shelter and health.

has economic opportunities. It has a diverse range of employment opportunities and a flexible workforce that can adapt to uncertainty.

IFRC

Building on Assets and Reshaping Society

School closures

Isproportionate effect on vulnerable children, uncertainty over exam results, social isolation and mental health worsened

Reduced road traffic

Improved air quality, less road traffic accidents, more physical activity

Community cohesion

Volunteers helping with shopping for elderly, more community projects

Working from home

Sedentary lifestyle, social isolation, worsening of MSK conditions

Changes to alcohol and food consumption

Reduced violence, increased levels of drinking, fast food promoted

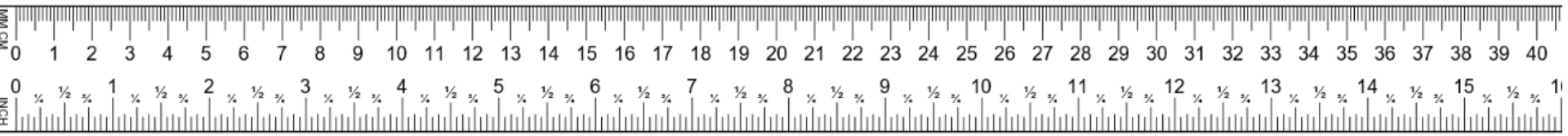
Measuring Progress

What we measure

- The things that are important
  - The gaps
  - The comparison
  - Social benefits

How we measure

- Comparative measures between groups
  - Ethnicity
  - Age
  - IMD



This report has been a team effort

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Matthew Green
Holly Jenkins
Benjamin Jones
Kim McCall
Rebecca Muir
Meradin Peachey
Paul Trinder

We are also grateful for the work across the South East of England coordinated by Sallie Bacon on behalf of Public health England on the evidence base for recovery post Covid.

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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
11 February 2021	**Designing our Neighbourhoods**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Review of sub committees and priorities			Wellbeing Board	
	Joint Health and Wellbeing Strategy update			Public Health	
	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
	Joint Health and Wellbeing Strategy update			Public Health	
	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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