



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held Virtually on **THURSDAY 8 APRIL 2021 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage
Chief Executive
Published on 29 March 2021

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/wGTe_hMTn1o

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MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Bell	Voluntary Sector
Carol Cammiss	Director, Children's Services
UllaKarin Clark	Wokingham Borough Council
Graham Ebers	Deputy Chief Executive
Nick Fellows	Voluntary Sector
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.
49.		APOLOGIES To receive any apologies for absence	
50.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 11 March 2021.	5 - 14
51.		DECLARATION OF INTEREST To receive any declarations of interest	
52.		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	
53.		MEMBER QUESTION TIME	

To answer any member questions

- | | | | |
|------------|---------------|--|----------------|
| 54. | None Specific | STRATEGY INTO ACTION
To consider the Strategy into Action. | 15 - 44 |
| 55. | None Specific | ANNUAL REPORT WOKINGHAM BOROUGH
WELLBEING BOARD 2020-21
To receive the Annual Report of the Wokingham
Borough Wellbeing Board 2020-21. | 45 - 68 |
| 56. | None Specific | WOKINGHAM INTEGRATED PARTNERSHIP
PRIORITIES AND PLANS 2021-22
To receive a presentation on the Wokingham
Integrated Partnership Priorities and Plans 2021-22. | 69 - 78 |

Any other items which the Chairman decides are urgent

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

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 11 MARCH 2021 FROM 5.00 PM TO 6.10 PM**

Present

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director, Children's Services
UllaKarin Clark	Wokingham Borough Council
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Meradin Peachey	Director Public Health – Berkshire West
Matt Pope	Director, Adult Social Care & Health
Jim Stockley	Healthwatch
Philip Bell	Voluntary Sector

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Simon Broad	Assistant Director Adult Social Care
Ingrid Slade	Public Health
Martin Sloan	Assistant Director ASC Transformation & Integration
Nick Durman	Healthwatch Wokingham Borough
Rachel Bishop-Firth	
Sarah Rayfield	Public Health
Hannes Hagson	Public Health
Lorna Pearce	Strategic Safeguarding Service Manager
Teresa Bell	
	Chairman, West of Berkshire Safeguarding Adults Partnership
Jo Dixon	Healthwatch Wokingham Borough

38. APOLOGIES

Apologies for absence were submitted from Graham Ebers, Katie Summers and Chris Trill.

39. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 10 December 2020 were confirmed as a correct record and will be signed by the Chairman at the next available opportunity.

40. DECLARATION OF INTEREST

There were no declarations of interest.

41. PUBLIC QUESTION TIME

There were no public questions.

42. MEMBER QUESTION TIME

In accordance with the agreed procedure the Chairman invited Members to submit questions to the appropriate Members.

42.1 Rachel Bishop-Firth asked the Chairman of the Wokingham Borough Wellbeing Board the following question.

Question

The British Medical Association resolved in September that more needed to be done to ensure equality of medical treatment for BAME and for transgender people in the UK.

16.4% of WBC residents are BAME, and government estimates suggest we can expect somewhere between 500–1,300 of our residents to be transgender. Failing to appropriately meet healthcare needs of minority populations can have serious effects on both physical and mental health, as we've seen recently with the much higher death rates of BAME people during the Covid pandemic.

I am hearing that BAME and transgender residents are experiencing issues as their healthcare needs are not always well understood by healthcare professionals leading to problems with them getting the healthcare that they need.

With this in mind, how do we in Wokingham Borough plan to respond to this BMA resolution – by, for example, consulting with these communities on how we can improve the way that their physical and mental healthcare needs are met; by bringing our healthcare professionals into this dialogue; and by continuing as a Council to monitor how well these residents are supported?

Answer

Thank you for your question. The answer has come partly from WBC and obviously partly from members of the CCG, so is partly a healthcare response. The response is broken down as follows:

1. how the Council will consult
2. how the Council will bring in healthcare professionals
3. and how the Council will monitor resident support.

With respect to (1), organisations across the Berkshire West Integrated Care Partnership (ICP) are engaging with various protected characteristics groups, and we are looking to identify and share this intelligence across partners as part of our ongoing approach to tackling health inequalities. This includes work with the Voluntary & Community Sector Organisations and with various faith groups. We are particularly looking to engage with BAMER (Black, Asian and Minority Ethnic & Refugees) communities, given the disproportionate impact of Covid-19 on these communities.

With respect to (2), which relates to how the Council will bring in healthcare professionals, we can assist in facilitating the involvement of relevant healthcare professionals, whether from providers or from commissioners. We have a great diverse workforce with BAME across the ICP, the Berkshire West Integrated Care Partnership, to contribute and support delivery.

With respect to (3), which is how the Council will monitor residents support, both the Royal Berkshire and Berkshire Healthcare NHS Foundation Trusts are currently considering how to better understand differences in access and outcomes for different patient groups. In addition, Berkshire Healthcare are also co-producing priorities for improving the experience of the trans service users.

Working with system partners, we are now building on how we engage with various communities, and looking to co-produce improvements, as can be seen in our early work with respect to Covid-19 vaccine take-up. Recently, the CCG secured 2020/21 winter pressures funding specifically aimed at supporting the mental health of people from BAME communities over the winter. The CCG is currently considering how best to ensure health inequalities feed in and are a priority for the ICP in 2021/22.

Supplementary Question:

One of the most critical issues in the UK healthcare right now is of course tackling the reluctance of some groups to take the Covid 19 vaccine, and this is a particular issue in some of our BAME communities. I was really pleased to hear at the Executive in February that the Council and local GPs are taking steps to address vaccine hesitancy through communication and through working with community groups. There was a suggestion however that we could certainly be doing more if we can get more data from the Clinical Commissioning Groups, and that caveat worried me a bit because that further and better data may or may not be forthcoming. Councils around the country are involved in some great initiatives including virtual events to dispel myths and circulating guidance in a variety of different languages. Will Wokingham Borough Council commit regardless of whether or not we get more data, to look at what the best practice is for all parts of our communities, and adopting those which are going to be of most benefit to our residents?

Supplementary Answer which was provided by Dr Milligan:

We have gone ahead with this. Katie Summers is heading up the health inequalities particularly over Covid, and having weekly meetings. As you said our unitary authority colleagues, voluntary groups and the community support workers have been absolutely fantastic about giving us that on the ground intelligence of what actually is being said, rather than what we hear in the news or what we think is being said and working with those groups. Hopefully, the intelligence is coming. The CCG, in particular Andrew Price, were using the GP data, which is 4 days out of date, but he is able to cut it and give you some intelligence down to Ward level of the uptake and things like that. We are heavily working with your community groups to have the local intelligence so if I can speak on behalf of the unitary, you are already doing it.

I think also building on your first question, it has really opened everyone's eyes about how different groups portray the Government, the health service and their concerns about everything really. I like to think that we continue to work differently with all these groups going forward, given what we have learnt in this Covid outbreak.

Councillor Margetts:

What I would add to that Rachel to fill in a bit from WBC on top is that myself and it is either Matt or Martin, we meet the PCN's at least once a week and have discussions basically about what they need to support vaccine delivery. I think some of them, Amit, one of the PCN leaders, has done several videos targeted at the BAME community because there is a consciousness of the need to send out the right messages. We as the Council are trying to push and support these messages as well, so there is a dialogue between us and the CCG, trying to make sure that these things get nailed.

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

Question

With respect to agenda item 43, can I add my thanks and also the thanks from the residents of Arborfield to the agenda item on page 26 Appendix A - Responses - Examples Of Where Services Worked Particularly Well, page 10

My question is with respect to agenda page 27 Appendix B - Responses - Where Services Could Have Worked Better, page 11; is there a formal action plan designed to look at how these issues can be improved?

Answer

The survey that fed into the report was carried out during the first wave of the pandemic when a lot of change were happening very quickly, and services had to adapt. The report was shared with the Clinical Commissioning Group and Wokingham Borough Council. The list of 'Where services could have worked better' was a summary of all the responses we received in our survey, primarily because the majority of the responses fell into the following categories.

1. The primary issue related to service providers communication, information and advice. This included timeliness, clarity, difficulties finding information and advice. Survey results and other feedback highlighted Hospital, GPs and Dentists although other service providers were mentioned.
2. There were issues relating to service changes and access e.g., phlebotomy, dentistry.
3. Issues relating to pharmacies and prescriptions.

Healthwatch Wokingham Borough made some recommendations in the report one of which related to the primary issue of communication and information.

Based on the feedback, Healthwatch Wokingham Borough did the following:

1. With our colleagues from Healthwatch Reading and West Berkshire we had regular discussions during the pandemic with CCG and Royal Berkshire Hospital comms teams. We raised the issues we had been hearing about the difficulty residents had in getting easy to find, clear, timely information from the hospital website. Issues relating to finding 'easy read' information for those with a learning disability and information in different languages. We also gave examples of websites that worked well e.g., Berkshire Healthcare Foundation Trust.
2. Additionally, we gave examples where we thought service providers regular bulletins for patients, residents worked well, namely Frimley Health Covid Response Weekly Update and Wokingham Borough Council Weekly Situation Report. Royal Berkshire Hospital Trust informed us that there were plans to rebuild their website and that those plans would be brought forward. We have been given the opportunity to feed our comments into that project, have met with the team and will be meeting them this month for an update. We have been receiving more regular communications from the Hospital Trust and regular bulletins and press releases.
3. Based on survey results and other feedback we instigated two projects.
 - a. One to look at the information on GP surgery websites in Wokingham and one to look at information on dental websites in Wokingham. The GP surgery website report was shared with the CCG, they agreed to implement all six recommendations we made on all GP surgery websites across West Berkshire.

- b. The dental report and recommendations were shared with the local Dental Council. We received the following response "Alas I have no jurisdiction over the websites of the individual dental practices.... but I will highlight the problem. I did do some research of my own across various random practices and found that the information was variable and sometimes difficult to find.

What I will do is highlight it with the practices and nudge them in the direction of keeping their sites up to date". Access to NHS dental treatment is a big issue nationally, we have fed our local intelligence into Healthwatch England who have just released a report on the national situation and are in dialogue with NHS England.

4. With regard to the issues around pharmacies and prescriptions, we discussed this with the Thames Valley Local Pharmaceutical Committee and the issues early on in the pandemic appear to have been resolved.

43. HEALTHWATCH REPORTS

The Board received a number of Healthwatch Wokingham Borough review reports.

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

- Nick Durman indicated that the Covid 19 survey had been replicated across the Reading and West Berkshire Healthwatches and in total there had been nearly 700 responses. The three reports would be pooled together. Several issues had been identified including people's difficulties in accessing information during the pandemic such as around GP and dental services. A mystery shop supported by CLASP had been undertaken. Six recommendations had come out of this which the CCG had indicated that they would take on board. During the Carers Survey that was currently being undertaken it had been noted that some carers had found it difficult to find information on how to register. A piece of work would be undertaken on the consistency of carers' information on the GP websites. In addition, a mystery shop of dental websites had been carried out, again supported by CLASP. Disappointingly the Local Dental Council had indicated that they had no authority to ask the dental practices to amend their websites.
- Councillor Margetts thanked Healthwatch for their reports, which he felt brought out the views of service users and clients.
- With regards to the perinatal mental health report, Dr Milligan expressed disappointment and commented that it was not the level of care that she saw in her own practice. She expressed concern regarding the comment that there was no obligation to ask about mental health. This was not the case.
- Dr Milligan commented that there was now a real focus on mental health in pregnant patients. It was noted that there had been an increase in non-accidental injuries to babies during the first lock down. Mental health was a key issue throughout pregnancy as well as after.
- Dr Milligan suggested that Healthwatch liaise with the Poppy team to get a better picture of mental health issues in the under 18's and under 20's.
- Dr Milligan expressed disappointment that some mothers had felt that they had not had sufficient time at the 6 week post-natal check-up. She felt that more time had been spent with these patients during lock down.

- Jo Dixon clarified that the evidence gathering had been undertaken pre Covid lockdown, finishing in February 2020. She commented that it would be interesting to undertake the exercise again and to ascertain what impact had been made.
- Councillor Hare thanked Healthwatch for the reports produced and the honest picture provided.
- Councillor Margetts asked how actions would be taken forward. Jo Dixon commented that there was a lot of work that could be done going forwards.

RESOLVED: That the Healthwatch reports be noted.

44. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2019-20

Teresa Bell, the independent Chair of the West of Berkshire Safeguarding Adults Partnership presented the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2019-20.

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

- The Board was unusual in that it covered three Council areas.
- Wokingham had worked hard to raise the profile of adult safeguarding and had implemented a new way of working, the Adult Safeguarding Hub. This helped to ensure that safeguarding practice was consistent and understood across teams.
- The Board provided an opportunity to share good practice and to constructively challenge.
- Teresa Bell highlighted that Wokingham had undertaken a lot of good work during the pandemic. She met separately with Healthwatch and the Voluntary Sector as a way of triangulating information. From this it had come out that the support offered to carers in the Borough, particularly during the early phases of the pandemic, had been welcome. Efforts had been made to make contact with informal, unpaid carers to ensure that they were getting the support that they needed.
- The Covid Taskforce had been established which had helped to support care homes and to ensure that quality standards and safety standards were maintained.
- Councillor Hare asked when it was likely that the impact of lockdown would be understood. Teresa Bell commented that nationally a piece of work had been undertaken around the changes in referral rates. Berkshire West was consistent with the national picture and initially referrals had dropped and then levelled out. It was likely that over the coming months a better picture of what had taken place over lockdown would emerge.
- Susan Parsonage thanked the Partnership for the detailed report and highlighting the good work undertaken.

RESOLVED: That the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2019-20 be noted.

45. STRATEGY INTO ACTION

Ingrid Slade presented the Strategy into Action update.

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

- The Action groups continued to work well and had all met at least twice.
- The way of reporting in which the Action Groups reported to the Wellbeing Board would be changing.

- The Groups were working across partnerships around each of the main priorities to identify the key priorities within these in order to focus areas that they were going to work towards and report against in terms of existing services and where gaps may be identified.
- The Creating Physically Active Communities group was the slightly more advanced and would have a dashboard at its next meeting. The other two groups were currently at the evidence gathering stage to help focus their work.
- Being in lockdown had influenced the activity that could be undertaken. Around Creating Physically Active Communities there had been an increased online and promotion of online activity content, particularly for children. The Group would consider whether there was a role for this online activity and teaching to continue beyond lockdown scenarios.
- There had been an increase in alcohol and substance related referrals to Wokingham's Drug and Alcohol Services over the last year of around 50%. This was in line with the national picture and would be a priority for Public Health work going forwards.
- With regards to the Health Inequalities Group, Public Health was working with Children's Services on the reprocurement of the Children's Health Visitor and School Nurse service. Board members were encouraged to respond to the consultation on this. The feedback from the Healthwatch perinatal services review would be fed into the service development.
- Councillor Hare asked about voluntary sector involvement in the Social Isolation and Loneliness Group, as the membership seemed to be primarily from the Council. He questioned whether groups such as LINK were involved. Philip Bell indicated that he co-chaired the Group and that the LINK visiting scheme were now a part of the subgroup and that there was also a wider representation from the Friendship Alliance.
- Dr Milligan commented that the social prescribers working in Primary Care were undertaking valuable work and could be integrated into the work around social isolation and loneliness.
- With regards to online activity, Dr Milligan emphasised that many children preferred to undertake physical activity outside of the home. Ingrid Slade commented that some adults preferred to exercise within the home, without the social element, and that this also needed to be catered to.
- Dr Milligan stated that the increased referrals to the Drug and Alcohol service could be considered a positive as more people were seeking help.
- Martin Sloan stated that with regards to the physically active communities workstream, many elderly and vulnerable people had had to shield as a result of Covid, and were now struggling to leave their homes again. He informed the Board of the Moving with Confidence project, under which Sports and Leisure staff went into people's homes to do one to one training sessions.
- Through the Integration Board the Friendship Alliance was being funded to undertake further work on social isolation.
- The Inequalities Group were undertaking a lot of work with regards to mental health issues, particularly as a result of Covid. A pilot had been signed off and was showing good results in helping people to manage their wellbeing.
- Councillor Margetts commented that there was a significant amount of work going on in the different areas. He questioned how and when other Members and the public could be informed. Ingrid Slade suggested that by early summer.

RESOLVED: That

- 1) the progress updates from three established Strategy into Action Groups: outlined in the accompanying presentation (Appendix A), setup to deliver on Wellbeing Board objectives be reviewed.
- 2) further input, queries and comments from Board members on Action group progress to date be invited.
- 3) the summary of progress captured during December 2020 (and first weeks of Jan 2021), these short summary reports (Appendix B) will remain in place and until formal reporting is implemented, be noted.

46. UPDATE ON THE HEALTH AND WELLBEING STRATEGY

Sarah Rayfield, Public Health, provided an updated on the development of the Health and Wellbeing Strategy.

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

- The public engagement had come to an end and the survey had closed on 28 February. The final development stage of the strategy was being moved in to.
- A number of themes had been identified in the process; empowerment and self care, digital and enablement, integration, prevention and recovery from Covid 19.
- The public engagement had been quite extensive. A Task and Finish Group had met weekly with representation from each of the Berkshire West authorities, the three Healthwatches and community organisations, the Voluntary Sector and the CCG.
- The public engagement had included an online survey and responses had been received from a range of people and organisations including the Voluntary Sector and Town and Parish Councils. It had been promoted via social media and also sent to residents via newsletters and publicised via the internal staff bulletin. Social media had been used to specifically target areas to boost responses and a weekly download of responses received so far had been carried out.
- A number of focus groups had been held across the three local authorities. National lockdown had impacted the ability to hold focus groups and to engage, which had necessitated the extension of the public consultation.
- There had been less engagement with young people than had been hoped for.
- Just under 4000 responses had been received to the survey, 1566 of which had come from Wokingham Borough. A higher proportion of females than males had responded. The Board noted the age distribution of those who had responded.
- In terms of potential priorities those responding to the survey had been asked to rank the importance of eleven possible priorities. It was hoped to refine this to three to five priorities. There had been close alignment across the areas with regards to responses. The top four priorities were; support vulnerable people to live healthy lives, help families and young children in early years, reduce the differences in health in different groups of people, and good mental health and wellbeing for all children and young people.
- Those completing the survey had been asked how important each priority was to them. A similar picture had been seen across the area.
- The Board noted suggested areas where change was required.
- Susan Parsonage asked how the work around the Joint Health and Wellbeing Strategy related to the work around the local Wellbeing Strategy. Sarah Rayfield commented that there was likely to be some overlap. Ingrid Slade stated that the Wokingham Strategy was set to end in 2021 and that there was potential for the

- Joint Strategy priorities to become those of Wokingham's or others could be selected. There could be a focus on local need in relation to each of the priorities.
- Councillor Halsall commented that the focus was on Wokingham rather than across Berkshire West and that there were limited resources to direct to priorities. Meradin Peachey stated that having a Berkshire West Strategy gave an opportunity to hold the rest of the system to account for the same priorities. Wokingham and other organisations would have their own plan based on the priorities.
 - Matt Pope suggested that a workshop session be held to look at the potential priorities and the priorities for Wokingham. Sarah Rayfield requested that this take place in April.

RESOLVED: That the update on the Health and Wellbeing Strategy be noted.

47. WOKINGHAM BOROUGH WELLBEING BOARD - TERMS OF REFERENCE

The Board considered a report proposing increased representation from the Voluntary Sector on the Wellbeing Board.

Due to the important role that the Voluntary Sector played in progressing the work and priorities of the Wokingham Borough Wellbeing Board, it was proposed to increase the representation of the Voluntary Sector on the Board from one to two members.

RESOLVED: That

- 1) two representatives in total be appointed to the Wokingham Borough Wellbeing Board from the Voluntary Sector.
- 2) it be recommended that Council note the decision by the Wokingham Borough Wellbeing Board to amend its membership and agree to the amendment of paragraph 4.4.23 of the Constitution.

48. FORWARD PROGRAMME

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

It was agreed to have a discussion around the potential implications of the 'Integration and Innovation: working together to improve health and social care for all' White Paper at the Board's next meeting.

RESOLVED: That the forward programme be noted.

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Agenda Item 54.

TITLE	Strategy into Action
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 8 th April 2021
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 report addresses priorities in the Wellbeing Strategy relating to: <ul style="list-style-type: none"> • Creating Physically Active Communities
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • Improved physical health of residents • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	<ul style="list-style-type: none"> • Progress updates from the Creating Physically Active Communities Strategy into Action Group: outlined in the accompanying presentation (Appendix A), to deliver on Wellbeing Board objectives. • To invite input, queries and comments from Board members on this Action Group and progress to date. • To note the summary of progress captured for the period January – March 2021
What (if any) public engagement has been carried out?	Public Health has continued to engage with local partners and identified short term measures to deliver on the Board's priorities.
State the financial implications of the decision	None

RECOMMENDATIONS

That

- 1) The Wellbeing Board review the progress update from the Creating Physically Active Communities **Strategy into Action Group**: outlined in the accompanying presentation (Appendix A), setup to deliver on Wellbeing Board objectives.
- 2) further input, queries and comments from Board members on progress to date and the development of the new style reporting developed by the Action group, be invited.
- 3) the summary of progress captured during January - March 2021 be noted.

SUMMARY OF REPORT

Background

The Wokingham Wellbeing Strategy was developed in 2018 with three clear priorities to create healthier and more 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 Wellbeing Board in August 2020 and the Public Health team have continued to work with key stakeholders; an update of progress to date can be found in Appendix A.

Since the board last met the country continues in the third national lockdown however, progress has been achieved on the delivery of shared objectives as evidenced in Appendix A.

This report focuses on the progress of the Creating Physically Active Communities group to gain feedback from the board on the new reporting style which will be embraced by all action groups in the future.

There are many of the action group's providers who have had to pause face-to-face support in accordance with Government guidance. However positive work continues to engage and promote people to be physically active e.g. a wide range of online physical activity offers developed and promoted by the sports and leisure team, ongoing engagement to support schools with activity offers and the successful pilot Movement with Confidence aiming to reduce falls and hospital admissions. Preparations are now being made to resume service delivery in line with expected local restrictions applied via the government's COVID tier system.

The accompanying presentation to this paper (Appendix A) outlines the progress that has been made to date on the establishment of the Creating Physically Active Communities Group. Despite COVID-19 progress has been made and remains within the original timescales for this 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 the Creating Physically Active Communities Action Group, 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 during December 2020 (and first weeks of Jan 2021).

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 2020 - 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 Group 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 Creating Physically Active Communities Action Group Development Progress and reporting Key Priority Areas Summary of Actions Update January – March 2021

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

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HWB Physical Activity Action Group

Progress update
Dashboard and Reporting Draft
March 2021

Section 1

Progress of the action group since January 2020



Review pathways into local walking & cycling training programmes

NHS England Better Health campaign created opportunity for partners to come together to plan how this campaign can be supported and localised

Programme/s of work targeting children for improving physical activity/reducing weight need further scoping

To undertake 6 month follow up surveys on participants of local programmes to help measure the impact of initiatives

Expand resources to prevent schemes specifically targeting children on waiting lists

To promote and engage internal offers for WBC staff to support a healthy workforce

To develop a reporting system to capture monthly local progress and achievements

Objectives of the HWB Physical Activity group

Opportunities to improve on progress

Priority Groups identified by group

- **Children, Young People & Families**
- **Ethnic Minority Groups**
- **Covid-19 Recovery**
 - **Older people & Long term conditions**

Long-term Success Measures

Percentage of adults walking for travel at least three days per week

Percentage of adults cycling for travel at least three days a week

Percentage of physically active adults

Percentage of activity levels for children and young people

Percentage of adults physically inactive

Percentage of adults (aged 18+) classified as overweight or obese

Prevalence of overweight (including obesity) Reception (4 - 5 years and Year 6)

Actions achieved January – March

Confirmed HWB group membership

Confirmed extended membership

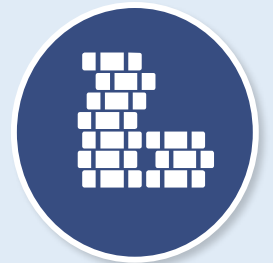
Accepted Terms of Reference for the group

Confirmed objectives (adding a focus on WBC staff)

Agreed 3 Priority Groups

Reviewed data reported identified gaps & where innovation can be applied

Group members are now working to finalise medium and short term success measures



Section 1

Highlights and Key Achievements

January – March 2021



92% of people referred to the Sports & Leisure GP Referral scheme are continuing to be physical active having completed the programme



Increased online offers promoted locally to get people active throughout lockdown



Schools remain engaged with the local Eco Travel, My Journey and School games teams throughout lockdown



2 New schools committed to Eco Travel Air Quality project



1 School achieved Platinum accreditation for Mode shift Stars school travel



After a successful pilot by sports and leisure funding is agreed to continue the Movement with confidence offer to decrease falls & prevent hospital admission



Berkshire West NHS Integrated Care Partnerships Group approved Physical Activity as a Prevention Priority for 2021 offering funded activities for Wokingham



Buddyboost launches April 2021 to encourage WBC staff to get active and feel better.

WBC are currently 3rd in the Berkshire West active workplace leader board



Material decision ongoing to pilot healthy weight innovation for children and young people



Procurement underway to procure a tier 2 adult weight management offer for 2021



QR Walk launches March 30th 2021

Section 2

Local Partnership Reporting

Section 2

1st Draft of local reporting using a dashboard style approach

Updates

Local Sports and Leisure Teams

Where are we now

Lockdown continues meaning all local leisure services & centres are closed.

Data for the year is understandably lower than usual but **positive messages are still being seen**

Wokingham GP referral Scheme
2020 saw 72 referrals
Of which 92% kept active after the 24 week programme

Due to the National lockdown, Focus remains on promoting online offers

In the last quarter local online offers have increased from 18 to 29 easy access activity videos for all

127 referrals have been received for the Post Covid-19 re-enablement offer

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

Quarter 4 Data 2020
6632 people registered for SHINE with 60 new members

SHINE

Facebook Videos
Roughly 1,500 unique residents who have seen our posts during March 2020
Wokingham Active Kids Videos
392 views to date



YouTube Videos

Most viewed video on council page:
Basic Tai Chi - 16, 287 views since the beginning of the pandemic
4719 views over the last quarter

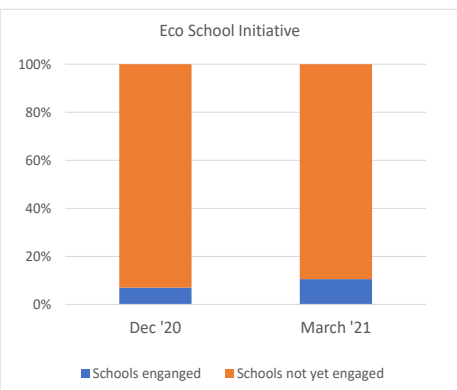


Twitter
Roughly 1,400 views from posts made in January 2020—
An increase of 402 views since December



Eco Travel and Air Quality Team

Where are we now



10% of Wokingham Primary Schools are now engaged with the Air Quality Initiative

Numbers **increased** even during lockdown

Modeshift Stars Travel Accreditation

Covid -19 is affecting school participation and take up, however since **December - Evedons** is aiming for a **Platinum** accreditation **Hawthorns Primary** have completed **Green** and **Bronze** accreditations

Role of Honour

Hawthorns Primary took part in a Air quality banner competition asking drivers to stop Idling, 106 entries were received.

A competition asking schools to build bee houses had 36 entries from 11 schools

A school Eco Activity Book for KS1 + KS2 i encouraging active travel and nature is developed and awaiting sign off

An introduction lesson is ready to be piloted in local schools



This will be supported by a video on how to create an Eco Travel group at school

A QR code walk has been developed in partnership with the Active Travel Officer to encourage families to be active

Section 2

1st Draft of local reporting using a dashboard style approach

Updates

My Journey Team

Where are we now



Lockdown resulted in significant challenges to the delivery of our Bikeability / Scooter training sessions.

However Bikeability was delivered to 150 children.



"Hunt for the Hound" trails were offered between December and January at Cali CP and January and Feb at Buckhurst Meadows



The Team have been developing walking trails which will be live at the end of March

Updates

Eco Travel is part of the My Journey Team and they are launching the Air Quality QR Trail on Tuesday, 30th March and run until Sunday, 18th April.



Air Quality Hero Story Competition launches 30th March but this will run until Friday, 30th April.

Local School Games Co-ordinator

Where are we now

Lockdown has meant strict timetables throughout

Quarter 3 and 4 for school bubbles to prevent bubbles from mixing or being outside at the same time as another

Many schools didn't achieve the 60 minutes activity a day

A positive observation has been that fewer children were outside at lunch and break time, there was more room for children to run around and undertake active play

However some schools brought in a fitness activity or gave classes extra break time supporting increased physical activity

Some schools thought creatively and interpreted the activity guidelines differently, occasionally offering a shorter period of more intense activity

rather than a longer period of less intense activity

School Games Competitions



Two school competition were undertaken and saw **35** participants

Work is underway with schools to identify support needed for the school games and face to face events in the summer term

Section 2

Updates

Physical Activity Offers for WBC Staff

Where are we now

Staff sports and leisure offers are on hold due to lockdown

However the Berkshire West NHS Integrated Care Partnerships Group approved Physical Activity as a Prevention Priority for 2021

The first offer Buddyboost launches **April 2021** with Berkshire West Challenge

Buddyboost: free easy-access app

Encourages staff to buddy up virtually in groups of up to 6 to complete 26 minutes of activity for 26 days

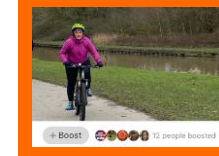
26 is important, because if you do 26 minutes of exercise a day you'll hit the target set by the Chief Medical officer

Buddies are important because they are a great way to keep you supported and motivated throughout the challenge.

Post-lockdown aims



"Lunchtime walks is a great way to get your 26 minutes in" (Sheetal, buddybooster)



"I'm the one who normally makes excuses, so having buddies has kept me at it...super-pleased with myself" (Nic, buddybooster)

Get Berkshire Active (GBA)

What's happening at the moment?

Get Berkshire Active are offering free training for health professionals to enhance skills and confidants 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.

Numbers attending Physical Activity training sessions

Total for Buckinghamshire, Oxfordshire and Berkshire (see right for Berkshire):

373 participants have benefited from training in physical activity

Numbers accessing were ~ equal across counties

Total for Berkshire

Healthcare staff *: 62

Social prescribers or Community Connectors: 18

Charity Sector or Council staff (non-clinical) 37

*Incl. Nurses, Dietitians, Doctors, Midwives, Pharmacists, Radiographers and others
**Including. Involve, Age UK Reading, Age UK Berkshire, Citizens Advice, Enrych (disability) and others
Roles incl. befrienders, support staff, home podiatry, cancer champions etc

Section 2

1st Draft of local reporting using a dashboard style approach

Updates

Local Countryside Team

Where are we now

Lockdown saw activities closed but the team kept going and still achieved some good annual data

Row Labels	Sum of Number of Attendees
Adult Activities	46
Boat Hire	15178
Days Out	1893
Instructor Courses	33
Pool	1654
Taster Sessions	60
Youth Activities	1760
Grand Total	20624



Post-lockdown aims

The aim post lockdown is to focus on: 'regular participation' - turning activity into a habit



'Education' – educating children via schools and re-educating the community via other resources about healthy lifestyles, how, why, opportunities within the borough



Heathy Weight

What's happening at the moment?

The advert for the pilot went live on March 12th, 2021
The aim is to award a 12-month contract by April 2021

Progress on procurement and KPIs will be reported quarterly

New Data to be reported from July 2021 (subject to successful procurement)

Adults

Data to be considered for future reporting–

Numbers attending Physical Activity training sessions

GP Practice data Numbers accessing information re healthy weight support e.g. brief intervention

Referrals to GP Referral Scheme

School-meal uptake/ Free-school meal uptake

Work continues on a material decision to pilot innovation for tier 2 weight management for children and young people

The aim is for a pilot to be underway in 2021

Children and Young People

Section 2

Progress of the action group since January 2020

Identifying gaps in the data collected and improving future reporting

Sports and Leisure have started to identify new more informative comparative data to start to report on in the future
To Identify and report who is not accessing local offers – so gaps can be addressed

27
Numbers referred to sports and leisure and PFP leisure offerings data reported as usual

NEW Number who take up the referral

NEW Number of people who complete the programme

NEW Number who report keeping active after the referral

Programme(s) delivered by sports and leisure data reported as usual

NEW Numbers within targeted groups attending e.g. obesity, Ethnic minority groups etc.

NEW Numbers reported by ward

NEW Reablement - To investigate capturing data regarding # NOF and falls admissions

Sports and Leisure membership: Number of adults registering and those attending – usual reporting

NEW Number who take up the referral

NEW Number of people who complete the programme

NEW Number who report keeping active after the referral

Sports and Leisure membership: Number of children and young people attending programmes– usual reporting

New Number of junior memberships joining & attendance

New Frequency attending

New Numbers accessing swimming & active play

New Numbers FSM children accessing free swim

To investigate if we can access numbers of people using Google maps to report on analytics

Remaining members of the Health and Wellbeing group will be identifying new data in their area to report on

Section 3
Annual reports since the last
Health and Wellbeing Board

TACKLING INEQUALITIES FUND (TIF)

In 2020 GBA administered £90k on behalf of Sport England to 29 projects across Berkshire to support community groups that have been adversely affected as a result of COVID-19 helping these audiences to keep active:

- Lower socio-economic groups
- Ethnically diverse communities
- Disabled people
- People with long-term health conditions

Parent feedback about their daughter attending Me2 Club inclusive sessions, funded by TIF:

"The dance classes have increased her activity level. She gets very excited when she has a session, it's been a lifeline."



LOCAL SUPPORT OF NATIONAL CAMPAIGNS



LEADING PHYSICAL ACTIVITY CHALLENGES IN BERKSHIRE



GBA supported the Mayathon challenge in May & October

84% activity rate for GBA team in October



30,000 REDers nationally



GBA supported Berkshire residents with helpful resources on physical activity since the first lockdown in March 2020. Ideas have been included on how to be ACTIVE AT HOME specifically for older adults, women and girls, families with children, postnatal women, people with long-term health conditions and disabilities, as well as resources supporting mental wellbeing.

Over 3,300 unique visits to ACTIVE AT HOME resources

GBA Impact 2020



PARTNER FORUMS



Safeguarding Adults – 25 attendees

'Very informative and worthwhile'

Crime prevention – 92 attendees

Inclusion Forum – 45 attendees



Virtual Physical Activity Conference for Primary Schools – 60 schools attended

'Useful insight into how other schools approach PE'



GBA AWARDS FEBRUARY 2020



[#Berkshire Heroes gallery](#)

[Awards photo gallery](#)



37 individuals and organisations shortlisted
£1,300 raised for 2 charities

Mike Diaper, Sport England:

"I was very impressed by the quality of the nominations and winners. They really showcased the difference sport and physical activity can make."

30

ACTIVE MEDICINE



140

healthcare staff have attended Public Health England Physical Activity in Clinical Care Training



45

non-clinical staff and volunteers attended training to feel more confident to have conversations about PA

An online GBA Motivational Interviewing and Physical Activity course was delivered to a team of employment advisors in Berkshire

215

unique visits to the brand new Healthcare Professional Portal

"Your presentation and your delivery was absolutely excellent, I feel much better informed now. It was just perfect!"

GP in Buckinghamshire, November 2020

#MoveWithUsBerkshire

The local campaign (started in September) aimed to increase engagement across local Berkshire communities, organisations and individuals and encourage physical activity in residents

10+ organisations and individuals contributed with blogs



More than 100K impressions and 10K social media users reach weekly



GBA Impact 2020



"They helped me to start to feel like me again. These free sessions are a lifeline at this time" online attendee

213 attendees of online sessions



39 new mums were involved in 2019-20 intervention

31 Physical activity increased



Depressive symptoms decreased



Further funding secured for 2021 in Slough

EMPLOYABILITY COURSES: 'More Active More Skills'

The programme is funded by Elevate for 14-25 year olds and by Groundwork ESFA for older people 50+. An adapted online programme for 2020 helped people to develop confidence, mental resilience, motivation and soft skills for the workplace.

Elevate 24 participants
Groundworks 15 participants

"Really enjoyed it. The leader is patient and non-judgmental, a space to express yourself. It's helped me create a structure and be proactive." Employability course feedback

PHYSICAL ACTIVITY SURVEY

GBA undertook two online surveys to understand the impact of Covid-19 on physical activity

807

respondents in Spring survey



177

respondents in Autumn survey



Explore the full results

SATELLITE CLUBS & CLUB SUPPORT

From October 19-March 2020, 271 participants attended 19 clubs. Due to Covid-19 our focus since Spring has been on providing online club support – the pages were visited 854 times. We engaged with 31 Berkshire clubs to find out what short and long term support was needed. We delivered 5 bespoke club development workshops in response as well as 7 training sessions/workshops.

GBA Impact 2020



BERKSHIRE SCHOOL GAMES



Due to the pandemic, the usual events (Winter and Spring festivals) have been replaced by virtual inclusive events



101 schools and 47,963 participated in 2020 Virtual School Games



ACTIVATE BRITWELL

By March 2020, **127** young people were signed up to regular boxing, rugby and BMX sessions. We moved online due to Covid-19; online boxing started in 2020 and Tik Tok tutorials, freestyle football skills and workshops in mental health and leadership will start online in 2021.

Feedback from parent:

"My son has special needs and doesn't seem to fit in most places as his social understanding is impaired, however the instructor has found some way of making my son WANT to do as he's told and get involved"



EVER ACTIVE WEST BERKSHIRE

During the pandemic a lot of our usual delivery was put on hold **1800** copies of 'Fall Proof' resources have been distributed to digitally excluded carers and vulnerable isolated older adults

Active at Home exercise videos for older adults has been viewed by **470** users since March 2020



26 participants



5 new activities

ONLINE TRAINING COURSES

- 5 Safeguarding and Protecting Children
- 4 Club Matters workshops
- 1 Berkshire Clubs Forum
- 1 Mental Health Awareness Training
- 1 Adverse Childhood Experiences and trauma informed practice

106 attendees

Safeguarding and Protecting Children workshop feedback:

"very interesting and informative"
"excellent well delivered course"
"it was taught amazingly well"

Section 4

National reporting

Public Health Outcomes Framework Indicators

Child weight indicators

This data is taken from the 2019/ 20 National child Measurement Programme.

- Indicator CO9a Reception year
- 4-5 year olds are measured in school and data shows the prevalence of overweight and obesity
- Indicator CO9 Year 6
- 10-11 year olds are measured in school and data shows the prevalence of overweight and obesity

N.B 20/21 data is not available as the programme was halted due to Covid-19

Indicator CO9a Reception year (4-5 years old) Prevalence of overweight and obesity

Compared with England



* a note is attached to the value, hover over to see more details ^

Recent trends: — Could not be calculated, → No significant change, ↑ Increasing & getting worse, ↑ Increasing & getting better, ↓ Decreasing & getting worse, ↓ Decreasing & getting better

Areas **All in South East region** All in England

Display **Table** Table and chart

Export table as image

Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	91,723	23.0	22.8	23.1
South East region	↑	14,485	21.9	21.6	22.2
Isle of Wight	→	225	25.6*	22.7	28.5
Medway	↑	650	25.5	23.9	27.3
Kent	↑	4,155	25.2	24.5	25.9
Southampton	→	390	24.1*	22.0	26.1
Portsmouth	→	420	23.8	21.8	25.8
Slough	→	515	23.0	21.4	24.9
East Sussex	→	815	23.0*	21.6	24.4
Brighton and Hove	→	275	22.6*	20.4	25.2
Hampshire	→	2,300	21.9*	21.1	22.7
Reading	→	190	21.7*	19.2	24.6
Wokingham	→	165	21.2*	18.2	23.9
Milton Keynes	→	580	21.2*	19.8	22.8
West Berkshire	→	190	19.9*	17.3	22.3
Bracknell Forest	→	105	19.4*	16.6	23.3
West Sussex	→	900	19.2*	18.1	20.3
Oxfordshire	→	820	18.6*	17.5	19.8
Buckinghamshire UA	→	835	18.2	17.1	19.3
Surrey	→	865	16.7*	15.7	17.8
Windsor and Maidenhead	→	80	16.2*	13.6	20.1

35

Source: NHS Digital, National Child Measurement Programme

Indicator CO9b Year 6 (10-11 year old) Prevalence of overweight and obesity

36

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	172,831	35.2		35.1	35.3
South East region	→	27,355	31.7		31.4	32.0
Slough	→	975	40.8		38.9	42.8
Portsmouth	→	800	38.1		36.0	40.2
Southampton	→	560	37.6*		35.3	40.2
Medway	→	1,240	36.9		35.3	38.6
Reading	→	680	36.4		34.3	38.6
Kent	→	5,790	34.5		33.8	35.3
Milton Keynes	→	1,075	33.2		31.5	34.8
Bracknell Forest	→	445	32.7		30.5	35.5
East Sussex	→	990	32.0*		30.4	33.7
Isle of Wight	→	270	31.6*		28.6	34.8
Buckinghamshire UA	↑	1,550	31.1		29.8	32.3
Hampshire	→	4,280	30.6		29.9	31.4
Oxfordshire	→	1,240	29.4*		28.0	30.8
Wokingham	→	565	29.2		27.3	31.3
West Berkshire	→	475	29.1		26.9	31.3
Windsor and Maidenhead	→	425	29.0		26.9	31.6
West Sussex	→	2,450	28.8		27.9	29.8
Brighton and Hove	→	660	28.3		26.5	30.2
Surrey	→	2,880	26.9		26.1	27.8

Source: NHS Digital, National Child Measurement Programme

Public Health Outcomes Framework Indicators

Adult weight indicator

This source of the data is 2018/19 Active Lives survey, Sport England

- Indicator C16 % Adults (18years +) classified as overweight and or obese

Indicator C16 % Adults (18years +) classified as overweight and or obese

38

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	–	-	62.3		62.1	62.6
South East region	–	-	60.9		60.4	61.5
Medway	–	-	69.6		65.1	74.2
Slough	–	-	67.5		62.6	72.2
Portsmouth	–	-	66.5		62.0	71.0
Kent	–	-	64.2		62.9	65.5
Southampton	–	-	63.7		59.1	68.2
Isle of Wight	–	-	63.1		58.4	67.7
East Sussex	–	-	62.5		60.5	64.5
Hampshire	–	-	62.1		60.7	63.5
West Sussex	–	-	62.0		60.3	63.9
Milton Keynes	–	-	61.9		57.1	66.7
Buckinghamshire UA	–	-	61.1*		58.7	63.5
Bracknell Forest	–	-	60.7		56.2	65.1
Wokingham	–	-	60.2		55.6	64.8
Reading	–	-	58.6		53.7	63.4
Surrey	–	-	57.6		56.2	59.0
Oxfordshire	–	-	55.2		53.3	57.2
Windsor and Maidenhead	–	-	54.3		49.5	58.8
West Berkshire	–	-	53.7		48.9	58.4
Brighton and Hove	–	-	50.5		45.6	55.4

Source: Public Health England (based on Active Lives survey, Sport England)

Public Health Outcomes Framework Indicators

Physical Activity indicators

The source of this data is: 2018/19 Public Health England based on the Active Lives Adult Survey, Sport England

39

- Indicator C10a % Physically Active Children and young People
- Indicator C17b % Physically **Inactive** Adults
- Indicator C17a % Physically Active Adults
-

C10 - Percentage of physically active children and young people

New data

Proportion - %



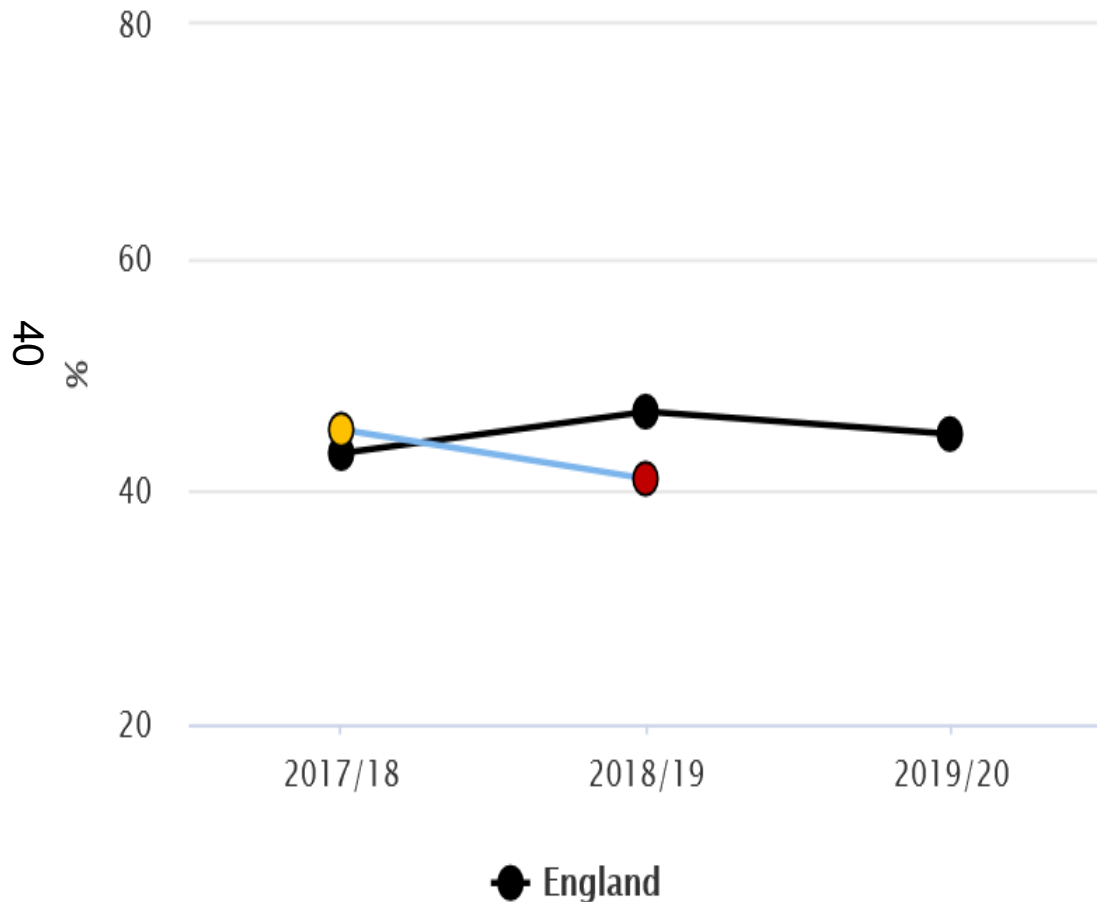
Export chart as image

Show confidence intervals

Show 99.8% CI values



Export table as CSV file



Recent trend: Could not be calculated

Period	Wokingham				South East	England
	Count	Value	95% Lower CI	95% Upper CI		
2017/18	-	45.3%	39.8%	50.8%	43.7%	43.3%
2018/19	-	41.1%	36.4%	45.9%	47.8%	46.8%
2019/20	-	*	-	-	47.5%	44.9%

Source: Public Health England (based on Active Lives Children and Young People Survey, Sport England)

Indicator C17b % Physically **Inactive** Adults

41

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	21.4		21.2	21.6
South East region	-	-	18.7		18.3	19.2
Slough	-	-	31.9		27.8	36.3
West Berkshire	-	-	24.4		21.2	28.1
Reading	-	-	23.1		19.6	27.1
Medway	-	-	22.9		19.4	26.9
Southampton	-	-	21.8		18.4	25.6
Portsmouth	-	-	21.8		18.3	25.6
Kent	-	-	20.6		19.6	21.7
East Sussex	-	-	20.6		19.0	22.2
Milton Keynes	-	-	20.2		16.9	23.9
Hampshire	-	-	18.7		17.6	19.7
Windsor and Maidenhead	-	-	17.7		14.6	21.3
Bracknell Forest	-	-	17.0		14.1	20.5
Isle of Wight	-	-	17.0		13.8	20.7
Surrey	-	-	16.9		16.0	18.0
West Sussex	-	-	16.9		15.6	18.2
Buckinghamshire UA	-	-	16.5*		14.9	18.2
Oxfordshire	-	-	15.2		13.9	16.6
Brighton and Hove	-	-	14.6		11.7	18.2
Wokingham	-	-	13.9		11.3	17.2

Source: Public Health England (based on the Active Lives Adult Survey, Sport England)

Indicator C17a % Physically Active Adults

42

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	-	-	67.2		67.0	67.4
South East region	-	-	70.2		69.7	70.7
Brighton and Hove	-	-	75.9		71.8	79.5
Wokingham	-	-	75.3		71.3	78.9
Oxfordshire	-	-	73.6		71.9	75.2
West Sussex	-	-	73.1		71.6	74.6
Surrey	-	-	72.7		71.5	73.9
Windsor and Maidenhead	-	-	72.3		68.2	76.0
Bracknell Forest	-	-	71.8		67.7	75.6
Buckinghamshire UA	-	-	71.0*		69.0	72.9
Isle of Wight	-	-	70.6		66.3	74.5
Hampshire	-	-	69.4		68.2	70.7
Kent	-	-	69.0		67.8	70.2
Milton Keynes	-	-	68.1		63.9	72.0
East Sussex	-	-	67.8		65.9	69.6
Medway	-	-	66.7		62.4	70.9
Portsmouth	-	-	66.6		62.3	70.6
West Berkshire	-	-	65.7		61.6	69.5
Southampton	-	-	65.1		60.9	69.2
Reading	-	-	63.9		59.5	68.0
Slough	-	-	55.8		51.2	60.3

Source: Public Health England (based on the Active Lives Adult Survey, Sport England)

Section 5
**Key Reports since the last Health
and Wellbeing Board**

Section 5

Highlights from influential national reports

Public Health England launched the Reduce Inequalities in Physical Activity Report March 2021

Key Messages

Three major themes have been identified for commissioners to consider as actions to reduce inequalities in physical activity:

1

Enablers, barriers and identifying opportunity

2

Community consultation, engagement, and partnership

3

Holistic approach for protected characteristics and intersectionality

Solutions should be sought in partnership with communities so that individuals can take ownership of what is being delivered

Diversity training which challenges own bias should be mandatory for all workforces

Opportunities for role models and peer to peer influencing, is important to foster autonomy and empowerment for all communities

Key Points for Consideration

1

Include discussions of inequalities in physical activity in health and wellbeing boards'

2

Ensure the workforce reflects the diverse community

3

Consider the training needs of the local workforce in diversity

4

Encourage high-level, executive staff to act as 'equality and diversity in physical activity' leads

5

Work to ensure equality in physical activity is actively promoted prominently within commissioned healthcare services

Agenda Item 55.

TITLE	Wokingham Borough Wellbeing Board Report 20/21
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board 8 th April 2021
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Ingrid Slade, Head of Public Health, Matt Pope, Director of Adult Social Services Wokingham Borough Council

<p>Health and Wellbeing Strategy priority/priorities most progressed through the report</p>	<p>This report outlines key work carried out by Wellbeing Board partners during 2020/21 year including references to the response to Covid19.</p> <p>The three Wellbeing Board priorities are:</p> <ul style="list-style-type: none"> • Creating physically active communities • Reducing Social Isolation • Narrowing the health inequalities gap
<p>Key outcomes achieved against the Strategy priority/priorities</p>	<ul style="list-style-type: none"> • Strengthened partnership working across the system during the COVID19 pandemic • Innovative ways to deliver services have been developed and implemented e.g. digital platforms such as Wokingham Active Kids (WAK) Videos & online course delivery by WBC Adult and Community Learning Services • Task & Finish groups have worked towards the delivery of CYPP priorities • Development of the Community Safety Partnership strategic themes & aims • WIP has worked to oversee the partnership response to Covid19
<p>Reason for consideration by Wokingham Borough Wellbeing Board</p>	<ul style="list-style-type: none"> • Progress updates from partners delivering on Wellbeing Board priorities. • To invite input, queries and comments from Board members on the achievements outlined in the annual report • To note the summary of achievements and progress captured in 20/21 across the partnership • To note the impacts and implications of Covid19 on areas of work discussed in the report and the collaboration and innovation in the local response
<p>What (if any) public engagement has been carried out?</p>	<p>The annual report has been co-produced with local authority and health partners but reflects the achievements across Wellbeing Board partners captured regularly throughout the 2020/21 year.</p>

State the financial implications of the decision	None
--	------

RECOMMENDATIONS

- 1) To review the annual Wellbeing Board report and achievements for 2020/21
- 2) To note the establishment of the three Wellbeing Board Action Groups who will be support the Board to identify the ongoing priorities for 2021/22.
- 3) To recommend the report to Council, to note.

SUMMARY OF REPORT

Background

The Wokingham Wellbeing Strategy was developed in 2018 with three clear priorities to create healthier and resilient communities. In the last year, 'business as usual' activity conducted by Wellbeing Board partners has had to be delivered through the lens of Covid-19 which has influenced activity and changed the way we work. Covid-19 has highlighted health inequalities and has dominated the lives of Wokingham residents, our partners and Wokingham Borough Council.

Despite this and associated pressures, progress has been made bringing together partners with a focus on solidifying the great work already established within the Borough, identifying further opportunity for collaborative projects to address recognised need and to develop a regular reporting process for the Wellbeing Board.

The accompanying report to this paper (Appendix A) outlines the work and achievements for the 2020/21 year. Updates in the following areas have been addressed within the report:

1. Health and Wellbeing Context Across 2020/2021 – Local Outbreak Engagement Board
2. Wellbeing strategy 2018-2021
3. Strategy into Action
4. Design our neighbourhood
5. Wokingham JSNA
6. Children and adolescent mental health services
 - a. Wokingham Mental Health Support Teams
 - b. Local Transformation Plan
7. Better care fund update
8. Berkshire west integrated care system operating plan
9. NHS Berkshire- Annual Public Health Report 2020
10. Voluntary sector engagement
11. Health and Wellbeing strategy for Wokingham and Berkshire West
12. Partnerships
 - a. Children and Young People Partnership
 - b. Community Safety Partnership
 - c. Wokingham Integrated Partnership

13. Work Programme 21/22

Analysis of Issues, including any financial implications

There are no financial implications to the report presented here.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix A – The annual report

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WOKINGHAM BOROUGH WELLBEING BOARD

ANNUAL REPORT

2020-21



**WOKINGHAM
BOROUGH COUNCIL**



Berkshire West

Clinical Commissioning Group



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Introduction

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

The membership of the Wokingham Borough Wellbeing Board for 2020-21 was as follows:

- Councillor Charles Margetts (Chairman, Executive Member for Health, Wellbeing and Adult Services, WBC)
- Councillor John Halsall (Leader of the Council, WBC)
- Councillor UllaKarin Clark (Executive Member for Children's Services, WBC)
- Councillor David Hare (Opposition Councillor, WBC)
- Matt Pope (Director Adult Services, WBC)
- Susan Parsonage (Chief Executive, WBC) (from July 2020)
- Dr Debbie Milligan (Vice-Chairman) (NHS Berkshire West Clinical Commissioning Group)
- Sam Burrows (NHS Berkshire West Clinical Commissioning Group) (until October 2020)
- Katie Summers (NHS Berkshire West Clinical Commissioning Group)
- Tessa Lindfield (Director of Public Health for Berkshire) (until October 2020)
- Meradin Peachey, Director Public Health – Berkshire West (from October 2020)
- Carol Cammiss (Director Children's Services, WBC)
- Chris Traill (Director Place and Growth, WBC) (until March 2021)
- Graham Ebers (Deputy Chief Executive and Director Resources and Assets, WBC)
- Jim Stockley (Healthwatch Wokingham Borough)
- Phil Cook (Voluntary Sector) (until February 2021)

The key functions of the Wokingham Borough Wellbeing Board are:

- To lead the production of a Joint Strategic Needs Assessment, which gives an overview of the Borough's current and probable future wellbeing needs;
- Based on evidence detailed within the Joint Strategic Needs Assessment, produce a Joint Wellbeing Strategy, which details how needs identified will be met;
- To create and publish a Pharmaceutical Needs Assessment, an overview of local pharmaceutical needs, services and any gaps in provision;
- To encourage integrated working between commissioners of health services, Public Health and social care services, for the purposes of advancing the health and wellbeing of the people in its area. The Wokingham Borough Wellbeing Board works through exercising strategic leadership of public, private and community services in the promotion of healthy communities.

- To consider how resources can be shared effectively between partners and where appropriate, to pool budgets;
- The local Clinical Commissioning Groups must involve the Wellbeing Board in the preparation or revision of their commissioning plans.

Health and Wellbeing Context across 2020/2021 – Local Outbreak Engagement Board

This Annual Report covers a year in which the COVID-19 public health emergency dominated all areas of the lives of Wokingham's residents, our partners and our own Wokingham Borough Council workforce. The COVID-19 pandemic and the lockdown measures put in place to control the spread of the virus across 2020-2021 changed our lives in unforeseen ways. COVID-19 has had a direct and devastating impact for some of our residents. But, the longer-term impact on our health and wellbeing, our healthcare services, on the way we all live and work, our communities, our businesses and our economy are only just becoming apparent.

We have mounted an unprecedented response to COVID-19 that will need to continue for some time to come. For COVID-19, unlike other emergencies, the boundary between response and recovery is blurred. How we manage COVID-19 now and going forward will influence how well we, as individuals, families and communities, recover and thrive in the future.

We have responded to local people and government policies and now provide local leadership of test, trace and isolate in liaison with our residents. Partners have worked together across the system to protect the health of our residents and support their emotional and physical health and wellbeing at a time of fear, uncertainty and vulnerability. Over the past year the Local Authority response to COVID-19 has included the setup of Adult Social Care and Children's Services Task Forces dedicated to dealing directly with Covid related situations and queries; an extensive response to support our clinically vulnerable residents including individual calls and working with our partners in the voluntary sector to provide support to residents through 'one front door'; setting up a Case Contact Tracing operation working alongside the national NHS Test and Trace system; setting up and running an isolation call system contacting every newly diagnosed COVID-19 resident to offer advice and support enabling self-isolation; co-ordinating a network of community champions; establishing COVID-19 marshals across the Borough working alongside our Public Protection Partnership team.

It is important to note that all of this work continues and is underpinned by a Covid Data Cell which carries out the work necessary to ensure a data and evidence driven response to COVID-19 within Wokingham and a comprehensive, adaptable communications operation which aims to inform residents of local and national messages around Covid. More recently extensive work was undertaken to set up and maintain three community Lateral Flow Testing Sites and two mobile testing sites to provide asymptomatic testing to residents to try and stop the chain of transmission within our Borough as we move into 2021.

The Local Authority plays a pivotal role within the vaccination roll-out in collaboration with our NHS partners. The NHS leads the vaccination programme. The vaccination

programme will continue across 2021 and Wokingham Borough Council's role will remain vital, as nuanced knowledge of local communities will be required to continually drive uptake of the vaccine.

The establishment of the Local Outbreak Engagement Board (LOEB), a sub-group of the Well Being Board formed in July 2020 has enabled dialogue with residents. The LOEB formed part of the governance structure for the Local Outbreak Management Plan, which drove much of the COVID-19 response across 2020/2021.

As these services and operations are being implemented nationally and locally to better prevent and treat the disease, we must recognise that COVID-19 has brought inequalities into sharp focus. In addition, 2020 has shown us all that there are alternative ways to live, learn, work and belong to communities. We have an opportunity to refocus on the health and wellbeing of our residents and to make sure our work closes the gaps between communities, rather than increases them, to emerge from the pandemic healthier, fairer and more sustainable.

Wellbeing Strategy 2018-2021

The Wokingham Joint Health and Wellbeing Strategy 2018-2021 was approved in November 2018 with three clear priorities to create healthier and more resilient communities. The Strategy has three key priorities which have helped to shape and underpin the work of the Board and its partnerships:

- Creating physically active communities
- Reducing Social Isolation
- Narrowing the health inequalities gap

Strategy into Action

The overarching indicators within the Wokingham Joint Health and Wellbeing Strategy 2018-2021 are mostly based on the Public Health Outcomes Framework, social care and health indicators that are measured regularly. Short term measurable outcomes were presented to the August Board and the Public Health team have continued to work with key stakeholders to achieve these aims.

The Public Health team within Wokingham have been playing a leading role in the response to the COVID-19 pandemic. Most of this work, as with colleagues and partners, has been carried out in addition or alongside 'business as usual' public health service work. In addition, national restrictions across 2020/2021 have had a significant impact on the ability to deliver health and wellbeing services across the Borough for example when leisure services and centres were closed or children's centres closed according to national guidance. In many instances, where possible this challenge was met through novel ways of working for example via digital platforms such as Wokingham Active Kids (WAK) Videos or WBC Adult and Community Learning Services delivering all their courses online. In other ways the COVID-19 pandemic catalysed partnership working for the benefit of our communities for example the exemplary way in which the Voluntary sector organisations came together to work with WBC to cater for the health and wellbeing needs of residents during the most difficult times during the national restrictions.

The COVID-19 pandemic has also itself highlighted health and wellbeing issues including the sharp focus on health inequalities, the new government obesity strategy released as a direct result of the link between obesity and increased risk of COVID-19, an increase in children and family safeguarding issues across the course of the pandemic, an increase in mental health and wellbeing issues being reported across the life course and a reduction in presentation for routine screening and immunisation. There have also been positive changes including an increase in people presenting to smoking cessation services, an increase in use of outdoor green spaces and associated physical activity and a considerable reduction in air pollution across 2020 (nationally). However, the full extent of the effect of the COVID-19 pandemic on the health and wellbeing of our communities is not yet apparent.

Work will continue throughout 2021 to determine areas of greatest need within our communities, how those have changed as a result of the pandemic and how this need can be met through the continued work towards the Wokingham Health and Wellbeing Strategy priorities. In the second half of 2020 three Strategy into Action Groups were established to focus on each of the three priority areas. In spite of COVID-19 and associated pressures, progress has been made which can be seen in the in the regular reporting to the Wellbeing Board.

Design Our Neighbourhood

Due to Covid-19, we have not been able to run the Design our Neighbourhood event. However, the philosophy of 'Design our Neighbourhood' was adopted. Whilst the event has not occurred, the design our neighbourhood effort has not been forgotten, with Population Health Management approaches used during COVID-19, along with good inter-organisational and Multi-Disciplinary Team working to support the people of Wokingham. Further work will be required this year to push on and engage with the community more, alongside the organisational work.

The Design Our Neighbourhoods philosophy was used to underpin all of our project activities in the Wokingham Integrated Partnership. Our aim is to:

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

A 3-stage plan was developed, as well as the key partners to agree for the event. There are currently plans to run an event this year, and potentially to run these events every year (once it is safe and appropriate to do so).

Wokingham JSNA

Over the year 2020/2021 the Berkshire Public Health shared team and in particular the public health analysts, have necessarily been focused on the COVID-19 response. As a result, the JSNA has made limited progress across 2020/2021.

To supplement the JSNA we have completed the following local needs assessments to inform our work and our service delivery across 2020/2021:

- Children's emotional health & wellbeing health needs assessment
- Smoking needs assessment
- Children and young people health needs assessment
- Substance abuse health needs assessment
- Healthy weight needs assessment was updated
- Pharmaceutical needs assessment (delayed by 12 months)

Children & Adolescent Mental Health Services

Wokingham Mental Health Support Teams

In 2017, the Government published its Green Paper for Transforming children and young people's mental health, which detailed proposals for expanding access to mental health care for children and young people, building on the national NHS transformation programme already underway. In July 2018, the Government response to the Green Paper consultation set out a commitment to implement three core proposals immediately. These proposals are being delivered through a joint and collaborative programme led by the Department for Education, Department of Health and Social Care, Health Education England and NHS England:

- New Mental Health Support Teams (MHSTs) in schools and colleges
- Support and comprehensive training for senior mental health leads in schools and colleges
- Pilots for a four-week waiting time for children and young people's mental health Services.

In July 2019, Wokingham was successful in securing funding to set up one MHST. MHSTs are a new service designed to help meet the mental health needs of children and young people in primary, secondary and further education (ages 5 to 18), by providing mental health support in schools, colleges and other education settings. MHST teams are designed to work with schools to improve mental health and wellbeing among pupils as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. MHSTs will support the school and college to build resilience and wellbeing, support earlier intervention, enable appropriate signposting and deliver evidence-based support, care and intervention.

MHST teams will also work alongside and integrate with the mental health and wellbeing support that already exists locally, such as counselling, educational psychology and school nursing. Teams will also provide a key link with local children and young people's specialist mental health services (CAMHS).

Locally our MHST team will provide brief interventions to 12 schools (primary and secondary) to support children and young people with mild to moderate mental health difficulties. Each team is expected to cover a population of around 8,000 children.

The Wokingham MHST team will focus on:

- Providing support for cases of mild to moderate mental health issues, basing their approach on evidence of what works best for children, young people and their parents (or other carers). This may be, for example, brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship difficulties and behavioural difficulties.
- Supporting and working with the senior mental health lead in each education setting to introduce or develop and co-design their whole-school or college approach. This will include identifying what support is already available and what is missing as well as providing targeted help by agreement, such as training parents, other carers and staff, or monitoring wellbeing.
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.
- The service will take referrals from Participating Schools, GP's, Self-referrals, Parents/carers and other professionals.

In Wokingham, as in other MHSTs, newly-trained Education Mental Health Practitioners (EMHPs) will form part of the MHST team. The EMHPs are a brand-new addition to the Children and Young People's Mental Health workforce. The graduate level training programme for these new practitioners began in early 2019. Locally, Reading University is one of the Universities providing the graduate level training programme and four EMHPs are undertaking training in order to support participating schools in the Borough to identify and manage issues relating to mental health and wellbeing, as well as deliver interventions for mild and moderate needs. The EMHPs will be supported in the Wokingham MHST Team by a Senior Educational Psychologist and senior Child and Adolescent Mental Health (CAMHS) workers. We are currently in the mobilisation phase of setting up Wokingham's MHST, and the team plan to 'go live' in January 2021.

An ambitious programme of work has been underway over the last year to ensure the team is ready, which includes:

- Recruitment of staff for the MHST: As of October 2020, the following roles are in post: Senior Educational Psychologist; Outreach Worker; four Education Mental Health Practitioners (EMHPs) and an Administrator. Recruitment is underway for two CAMHS worker posts.
- Service model and specification development: The team has consulted on a service model and a service specification.

- Putting arrangements in place to ensure that the local authority is able to flow data to NHS England in line with reporting requirements and adhering to a robust monitoring and reporting schedule as a condition of the funding: A new data capture system will enable data to flow to NHS England, in line with local and national requirements.
- Further communication and engagement activity with relevant partners, colleagues and schools. The service model and service specification has been consulted on with schools, colleagues and relevant partners. Service specific communication materials, including web based and paper based resources, are out for consultation. Monthly project board meetings review the mobilisation status of the project.

Local Transformation Plan

The Local Transformation Plan aims to ensure that promoting resilience and good mental health and wellbeing is a priority across all partners, with a commitment to helping every child and young person experience positive mental health and wellbeing by using the right help, when and where needed.

Our 2019/20 Local Transformation plan identified 7 priorities to focus and act as a way to galvanise the partnership to collectively achieve improvement and change.

These priorities are:

Priority 1 – Ensure that we embed and expand the Mental Health Support Teams in Berkshire West

Priority 2 – continue to focus on meeting the emotional and mental health needs of the most vulnerable CYP – particular attention to Children in Care

Priority 3: Continue to build a 24/7 Urgent care/ Crisis support offer for Children and Young People (CYP)

Priority 4: Continue to build a timely and responsive Eating Disorder offer

Priority 5: Improve the Waiting times & Access to support, with particular this year on access to ASD/ ADHD assessments and support.

Priority 6: To improve the Equalities, Diversity and Inclusion offer and access for Children and Young People in Berkshire West

Priority 7: Building a Berkshire West 0 – 25 year old comprehensive mental health offer

Better Care Fund Update

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

In 2020/21 the Better Care Fund (BCF) has worked well in Wokingham. The pooled budget resources have been used to deliver the integration of adult health and social care services, since its inception in 2014. The schemes operating locally are:

- Voluntary Sector Partnership and Social Prescription,
- Complex Case Management,
- Maximising Independence (reablement services)
- Facilitated and Supported Discharges

The Better Care Fund also funded these Berkshire West wide schemes:

- Care Homes (Community Support) Project - incorporating RRaT (Rapid Response and Treatment);
- Connected Care;
- Integrated Discharge Team (IDT) and Trusted Assessment;
- Street Triage – Mental Health;
- Falls and Frailty.

Despite the pandemic, we are pleased to note that the number of non-elected admissions in over 65's has reduced.

As part of the Better Care Fund the Board considered a report on the Better Care Fund Submission 2020/21. Where it was advised that the submission had been signed off by the Chairman and submitted by the NHS England. The Wokingham submission was aligned with those of Reading and West Berkshire and it was noted that the total pooled fund for Wokingham had increased from £10.78m to £11.36m.

The Board will continue to receive quarterly updates on the programme performance and will continue to receive and review these in 2021/22.

[Berkshire West Integrated Care System Operating Plan](#)

The ICS has continued to work on building partnerships and introducing joint working across the health economy and with its local authorities. The system continues to perform well in delivering the 5 Year Forward View and is looking to build on these achievements now the Long Term Plan has been published. A key part of the Long Term Plan is the development of Primary Care Networks which are embedding well in the borough and are delivering services closer to home for patients. The 4 Primary Care Networks have been invaluable in the COVID response, setting up vaccination sites, and delivering vaccine to residents in the borough.

Joint working across the ICS has been key during the pandemic, with the partnership supporting to care homes, care providers and infection control being guided in as a joint response.

Vaccination has also been supported via this joint approach, with the Clinical Commissioning Group supporting out primary care networks. There has been support from the voluntary sector and Berkshire Healthcare Foundation Trust to ensure that the roll out has been successful for the first 4 cohorts.

A Joint Health and Wellbeing Strategy sets out where professionals across health and social care will work together to improve the health of the population. This year, for the first time, the Health and Wellbeing Boards in Reading, West Berkshire and

Wokingham have joined together to produce a new 10-year plan to improve the health and wellbeing of people who live across Berkshire West.

The new strategy will be the focus for health and social care working in partnership across all three areas to improve your health and wellbeing. It is a declaration of where we all think it is important to work together to make a difference, and so will affect decisions about where money is spent and where resources are put over the next 10 years.

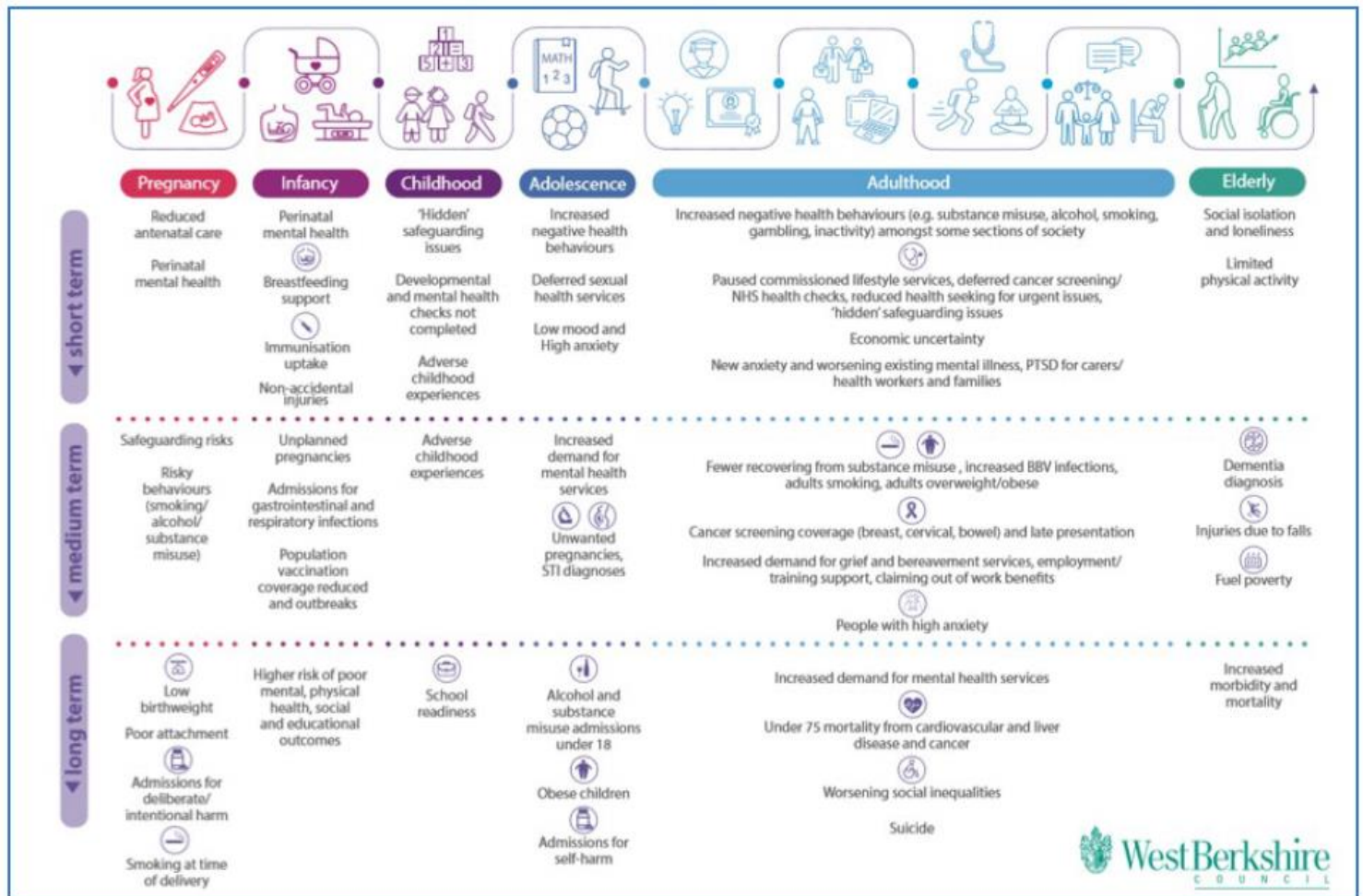
[NHS Berkshire- Annual Public Health Report 2020](#)

The Director of Public health's annual report has focused on the impacts and implications of the pandemic and highlighted 10 areas of consideration for response and recovery from Covid-19.

1) 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; the life course diagram below illustrates the short, medium and long term impacts of Covid on different age groups.

Impacts of the COVID-19 pandemic across the lifecourse



2) Employment

Employment is a key determinant of health and 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.

3) Children & 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.

4) 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

5) 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.

6) 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.

7) 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. 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.

8) 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.

9) Building on assets and reshaping society

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 to reshape the future.

10) 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.

Voluntary Sector Engagement

Wokingham Borough Council approved a new Voluntary and Community Sector Strategy in the summer of 2020. The Council recognised the significant contribution of the VCS in supporting the residents of Wokingham to live healthy and happy lives. There are hundreds of charities and community groups operating across the Wokingham Borough offering a vast array of services, activities, projects and opportunities for local people and communities.

Joint working between the VCS and WBC increased significantly since March 2020 and we have met at least twice a week during the whole year to plan and support the

Wokingham Borough Community Response to COVID. This partnership has really shown the value of how the Council and the VCS can work together, and with other health and social care partners, to support our residents.

Health and Wellbeing Strategy for Wokingham and Berkshire West

The development of the new Health and Wellbeing strategy started in March 2020. It has been led by a core team, supported by a monthly Steering group with representatives from each local authority, the CCG and RBHFT.

Development of the strategy has been in four phases. It started with defining the current state, evaluating the existing Health and Wellbeing strategy and by mapping other strategies and recent public consultations across the area. We determined population need through a review of local data and by engaging with stakeholders and partners across the system. This led to a long list of potential priorities to consider including. These were reduced through a series of workshops with partners and a prioritisation process encompassing hurdles such as system working and recovery from covid-19.

A task and finish group then co-produced and delivered an extensive piece of public engagement on the potential priorities. The group included public health, Healthwatch, the voluntary sector, engagement officers and the CCG. The public engagement included an online survey with almost 4000 responses and 18 focus groups. The impact of covid-19 has made the public engagement significantly more difficult than it would have been otherwise. In particular, as the engagement had to take place virtually, it limited the ability of some groups to take part. In view of this, we did extend the period of time for public engagement.

The findings from the public engagement are now being used to refine the potential priorities into the final 3-5 priorities that will make up the strategy. Further stakeholder engagement will be used to develop the strategic objectives for each priority. The first draft of the strategy is planned for early April. It will be presented to the Health and Wellbeing board in May 2021, following which it will go out for public consultation. It is anticipated that a revised draft will come to the Health and Wellbeing Board in September 2021 and the final Strategy will be available in October 2021.

Partnerships

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

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

Children and Young People Partnership Board Update – February 2021

The Children and Young People Partnership board (CYPP) met three times over the course of 2020 despite the outbreak of Covid-19 and the significantly increased partner workload and responsibilities all members have continued to be fully committed to driving forward the CYPP Plan.

Carol Cammiss, as Director of Children's Services and chair of the CYPP, has worked closely with key stakeholders, who are also members of the board, throughout this period to discuss emerging matters affecting the children, young people and families within the borough and to share updated policy and guidance. In January 2020 the Children and Young Peoples Plan 2020 – 2023 was formally agreed and signed off by the board. Our shared vision is:

'We will work collaboratively across partnerships to ensure that all children and young people in Wokingham are the best they can be whilst being happy, healthy and safe'

We also agreed the shared areas of focus and priorities, these are:

- **Early Intervention and Prevention**
- **Emotional Wellbeing**
- **Contextual Safeguarding**
- **Special Educational Needs and Disabilities**

In order to drive the four priorities forward, a number of task and finish group (workstreams) have been developed and are now operational which the CYPP Board has oversight and governance of.

A multi-agency co-production working group has been developed to ensure that effective, collaborative early intervention and preventative work is offered to the children, young people and families in Wokingham Borough.

A Serious Violence and Exploitation Strategic Board has been established under the auspices of the Community Safety Partnership - it will be jointly chaired by the Bracknell and Wokingham Police and Children's Social Care. The board has responsibility for setting the strategic direction and systems leadership oversight of violence reduction and exploitation (including sexual exploitation), ensuring that Wokingham has a local strategy and action plan to tackle and prevent serious violence and is compliant with the Serious Violence Duty, which will cover all public bodies from April 2022. The activity of the Wokingham Child Exploitation Strategy Group previously under the Berkshire West Children's Partnership is amalgamated into the Serious Violence and Exploitation Strategic Board. There will have active reporting lines to the CYPP and the Berkshire West Safeguarding Children's Partnership (BWSCP). A mapping exercise was undertaken on the 1 March 2021 with participants from across the partnership working together to develop a comprehensive understanding of the current and emerging drivers of violence, existing initiatives to prevent and reduce violence, identifying gaps and the need for increased capacity.

The CYPP has oversight of the progress of The SEND Improvement Board (SIB) which was established in October 2019 following the Area SEND Inspection (March 2019). The SIB has been effectively addressing the issues raised during the Area Inspection and the subsequent required 'Written Statement of Action'. The CYPP

receive updates on the progress of the SIB board and provides critical discussion and sign off where appropriate. The CYPP will continue to function in this manner and support the SIB through the course of the improvement journey.

Work is being undertaken to strengthen the Contextual Safeguarding approach across Children's Services. We have created capacity within the management structure of the Youth offending Service (YOS) through the creation of a new Team Manager post; the new manager commences employment on 12th April 2021. Whilst their primary function is as the manager of the YOS, they are also going to support the embedding of both the operational and strategic Contextual Safeguarding approach. This includes Exploitation and Missing Risk Assessment Conference (EMRAC) and Return Home Interview (RHI) development, as well as links to strategic activity being progressed via the merging of the VRU and Exploitation Boards.

In recognition that there are safeguarding issues that are extra-familial, which fall out of scope in terms of a traditional Child Protection responses, work is currently being undertaken to develop a Contextual Safeguarding meeting for individual children. The purpose of this approach is to shift the conversation away from harm caused in the home, to harm caused through associations and places, with a view to looking at how to disrupt activity and increase safety.

The CYPP meetings have standing items to ensure oversight of the action plan additional dedicated time has been set aside during board meetings for each partner organisation that make up the board membership to present in more detail the respective organisations' structure, governance, priorities and long term plans. This has not only strengthened the partnership understanding of key stakeholders but also allowed a more joined up approach in supporting the children and young people of Wokingham Borough.

Community Safety Partnership

The Community Safety Partnership is currently updating its strategic and priorities and is in the process of undertaking a public consulting with respect of its new priorities. The new draft priorities for 2021-2024 include three strategic themes and five specific aims:

Draft Priorities 2021-2024

Strategic Themes

Listening to the needs and concerns of local residents and taking action – We will ensure that the partnership has a robust and clear approach to listening, monitoring and responding to issues and concerns at a local neighbourhood level. We will take a problem-solving approach to help communities and businesses to address behaviours and incidents and crimes. This includes burglary, vehicle crime and anti-social behaviour as well as other key issues that affect local communities including unauthorised encampments, and rural crime concerns.

Intervening early and preventing issues escalating – we will ensure that children and young adults have access to a range of support including engagement through

diversionary activities. This will underpin the partnerships work and delivery of the Governments Violence Reduction Strategy. To prevent and reduce the likelihood of children and young adults being drawn into anti-social behaviour, substance misuse, crime and exploitation including serious violent and knife crime. The partnership will ensure that issues are dealt with at the earliest opportunity using a range of measures and interventions to stop them escalating. Where there is a need, we will take adequate and proportionate action including enforcement steps to address issues.

Working together to protect vulnerable residents – We will ensure that all local victims have the access to help, information and advice they need. This includes victims experiencing domestic abuse, anti-social behaviour, hate crime, vulnerable residents at risk of being drawn into exploitation and racialisation, and residents targeted by specific crime types including fraud. As a partnership we will ensure that services and information reach all sections of the community, especially those that may have additional barriers to accessing help such as ethnic minority groups and residents with protected characteristics.

Specific Aims

1) Work with communities to deal with crime and anti-social behaviour hotspots

Our aim is to:

- Listen to communities at a neighbourhood level to identify crime and disorder hotspots to improve safety in areas using a multi-agency problem solving approach.

We will achieve this by:

- Exploring and investigating hotspots identified in the Strategic Assessment
- Monitoring the number of cases referred and resolved by the partnership problem-solving groups.
- Strengthening our multi-agency group led jointly by Wokingham Borough Council Community Safety Team and Thames Valley Police to consider and to resolve the crime and disorder hotspots.

2) Reduce the harm caused by domestic abuse

Our aim is to:

- Prevent and intervene at the earliest stage possible.
- Reduce the risk of people becoming repeat victims of domestic abuse
- Reduce the harm caused to children and young people affected by domestic abuse

We will achieve this by:

- Monitoring the number of victims referred to specialist services and responding to emerging issues.
- Working in partnership to promote opportunities for perpetrators to change their behaviour.
- Continuing to deliver appropriate interventions and specialist support for children and young people affected by domestic abuse including development of a Healthy Relationships' Programme.
- Increasing the number of practitioners trained to recognise domestic abuse and how to refer to support services.
- Increase community awareness and messages through communications campaigns

3) Reduce incidents of serious violence and knife crime

Our aims are to:

- Understand the risks around knife crime, reduce the harm it causes and reduce knife crime incidents.

We will achieve this by:

- Educating young people and promoting awareness of violence prevention
- Reducing crimes of serious violence and knife crimes in the borough.
- Working with our partners to adopt a long term, preventative public health approach to serious violence and harm.

4) Tackle exploitation of children, young people and vulnerable adults

Our aims are to:

- Utilise the use of criminal and civil powers to protect victims
- Ensure that victims have the right level of information, help and support
- Ensure that communities are equipped to recognise and report issues of concern including exploitation

We will achieve this by:

- Monitoring the use of civil powers, for example, community protection notices, premises closure orders, and injunctions.
- Increasing the number of practitioners trained to recognise the signs of exploitation and how to refer for support

5) Reduce crimes of residential burglary and theft from vehicles

Our aim is to:

- Make Wokingham Borough a hostile place for burglars and vehicle thieves to operate by encouraging community resilience and pursuing offenders
- Reduce crimes of thefts from vehicles
- Reduce crimes of residential burglary
- Increase the number of crime prevention messages to the community

We will achieve this by:

- Tackling organised criminals by working in partnership multi agency problem-solve to reduce crimes

Wokingham Integration Partnership Update

There has been progress made against the 2020/21 integration work programme, although a number of projects have been delayed or re-prioritised because of Covid-19, and new projects have come to the fore to specifically address the impact of the pandemic. Work within the programme includes the implementation of the Winter Plan, the recruitment of additional social work, social prescribing and public health posts, and the development of a pilot leg ulcer clinic, which now has a provisional start date of June 2021.

Much of the focus of PCNs and general practice in 20/21 has been responding to Covid-19, maintaining business as usual, and delivering the vaccination programme. 2020/21 saw Wokingham partners respond with an integrated and coordinated approach to the Coronavirus pandemic. This approach provided social and medical

support to the shielded, isolated, and vulnerable populations across Wokingham borough. The joint response to the first wave of the pandemic included:

- The immediate establishment of a partnership team.
- The combination of health and care data sets into a combined database to support the response to the public health emergency.
- Adult social care undertaking welfare calls to local residents, with outcomes recorded and feedback given to general practice. This work integrated with the work of PCN Social Prescribing Link Workers. In total, around 19000 local residents were contacted.

Following the first wave of the pandemic, partners continued to work together to address many of the consequences of Covid-19 diagnosis, shielding, and lockdowns, including:

- Deconditioning (physical inactivity).
- Mental health (anxiety /acrophobia /depression/isolation).
- Inequalities (exacerbation of existing health inequalities).

Throughout the pandemic, WIP continued to meet to oversee the partnership response.

[2021/22 Work Programme:](#)

The Wellbeing Board's work programme for 2021/22 will continue to build on the working undertaken in 20/21.

The priorities of the CYPP include;

- 1) Early Intervention and Prevention
- 2) Emotional Wellbeing
- 3) Contextual Safeguarding
- 4) Special Educational Needs and Disabilities

The CSP priorities include:

- 1) Work with communities to deal with crime and anti-social behaviour hotspots
- 2) Reduce the harm caused by domestic abuse
- 3) Reduce incidents of serious violence and knife crime
- 4) Tackle exploitation of children, young people and vulnerable adults
- 5) Reduce crimes of residential burglary and theft from vehicles

The WIPP priorities for 21/22 include:

- 1) Mental Health & Social Inclusion
- 2) Deconditioning/Rehab/Physical Activity
- 3) Frailty Monitoring
- 4) Inequality and Poverty
- 5) Social Prescription (including Data & IT to support Integrative working)
- 6) Better Care Fund, Monitoring and Administration

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Wokingham Integrated Partnership Priorities and Plans 2021-22

Lewis Willing

Agenda Item 56.



High Level Priorities

Looking to complete last years plan, and what we have learned from COVID, discussions with the Leadership Board and Delivery Group. We have the following priorities:

- Mental Health & Social Inclusion
- Deconditioning/Rehab/Physical Activity
- Frailty Monitoring
- Inequality and Poverty
- Social Prescription (including Data & IT to support Integrative working)
- Better Care Fund, Monitoring and Administration

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Mental Health & Social Inclusion

We are Planning these projects:

- Mind Implementation/Mental Health Alliance
- Friendship Alliance

Deconditioning/Rehab/Physical Activity

We are Planning these projects:

- Reablement Review/Implementation
- Moving with Confidence (COVID deconditioning)
- Leg Ulcer Pilot
- Reducing Hospital Pressure with Bed based services (Step Up/Step Down & Oak Wing)

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Frailty Monitoring

We are Planning these projects:

- MDT pro active support for those becoming frail (PHM)
- Social Work Liaison Implementation

Inequality and Poverty

We are Planning this project:

Inequality and Poverty Analysis and Reporting (PHM approach)

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- Prepare MDT Cohorts
- Prepare Health Inequalities profiles for each PCN and action plans
- Support to deliver the JSNA & Ward Profiles, to enable them to be expert on each of the PCN in borough, with a specific focus on inequalities

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Social Prescription (including Data & IT to support Integrative working)

We are Planning these projects:

- Project Joy
- Connected Care Review
- Creating Healthy Communities
- Service User Experience
- Social Prescription and Community Navigation (including Pro Active Coaching)
- Virtual Group Clinics

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Better Care Fund, Monitoring and Administration

Our ongoing requirements for NHSE are,

- Annual plans
- Quarterly & Annual returns
- Finance Monitoring
- Reviewing and updating our Monthly Dashboard

Our Winter Pressure plan includes:

- Welfare Calls and Settling in programme
- Community Navigation
- 12 month increase in staffing

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Other Areas of interest, being supported by the Integration Team

- VCS Hub & Strategy
- Carers Strategy
- One Front Door Discussion
- Learning Difficulties agenda
- Digital inclusion
- COVID response

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Some Key Services that we are funding with the BCF Budget

- START (social care reablement service)
- Intermediate Care Team (health reablement service)
- Rapid Response and Treatment Service
- Care Home Support Team
- Multi Disciplinary Team Meeting Co-ordinators
- Community Navigators (VCS)
- Step Down Beds
- Falls and Frailty Service
- Street Triage
- Contributions to Hospital Liaison Team
- Community Geriatrician
- Connected Care
- The Health Hub (Referrals)
- Speech and Language Therapy
- Young People with Dementia support (VCS)
- Stroke Association (VCS)
- Oak Wing

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Overview

- There are 19 new projects, alongside our BAU and COVID responsibilities- This is a bold integration plan, especially in challenging times.
- Shared project management and sponsorship across multiple organisations, this shows the maturity of the Wokingham Integrated Partnership
- The delivery of this plan of works is based on the expectation that there is improvement in the COVID-19 environment and there is ongoing support available from operational staff from across the system to support the implementation of these projects

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