



WOKINGHAM BOROUGH COUNCIL

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

Susan Parsonage
Chief Executive
Published on 2 September 2020

Note: The Council has made arrangements under the Coronavirus Act 2020 to hold the meeting virtually via Team Meetings, the meeting can be watched live at the following link: <https://youtu.be/Z2T7XnIMsfl>

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MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

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

6. APOLOGIES
To receive any apologies for absence

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

8. DECLARATION OF INTEREST
To receive any declarations of interest

9. PUBLIC QUESTION TIME
To answer any public questions

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

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

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

10. MEMBER QUESTION TIME
To answer any member questions

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| 11. | None Specific | WOKINGHAM WELLBEING STRATEGY PROGRESS REPORT To receive the Wokingham Wellbeing Strategy Progress Report. <i>(25 mins)</i> | 17 - 48 |
| 12. | None Specific | DESIGNING OUR NEIGHBOURHOOD To receive a report on Designing our Neighbourhood. <i>(15 minutes)</i> | 49 - 56 |
| 13. | None Specific | JOINT HEALTH AND WELLBEING STRATEGY FOR BERKSHIRE WEST To receive an update regarding a Joint Health and Wellbeing Strategy for Berkshire West. <i>(15 mins)</i> | 57 - 74 |
| 14. | None Specific | INTEGRATION UPDATE To receive the Integration Update. <i>(10 mins)</i> | 75 - 78 |
| 15. | None Specific | FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year. <i>(5 mins)</i> | 79 - 82 |

Any other items which the Chairman decides are urgent

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

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

Present

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

Also Present:

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

63. APOLOGIES

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

64. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 13 February 2020 were confirmed as a correct record.

65. DECLARATION OF INTEREST

There were no declarations of interest.

66. PUBLIC QUESTION TIME

There were no public questions.

67. MEMBER QUESTION TIME

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

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

Question

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

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

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

Answer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED: That the update be noted.

69. DESIGN OUR NEIGHBOURHOODS UPDATE

The Board received the Design our Neighbourhoods Update.

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

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

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

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

70. STRATEGY INTO ACTION

The Board considered the Strategy into Action update.

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

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

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

RESOLVED: That

- 1) the proposed actions where indicators have not improved, be reviewed;
- 2) short term measures as a way of measuring interim progress including qualitative views from the residents, be added;
- 3) actions to reduce inequalities in health as a result of the Pandemic, be reviewed.

71. CORONAVIRUS IN WOKINGHAM

Meradin Peachey presented an update on coronavirus in Wokingham Borough.

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

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

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

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

72. INTEGRATION UPDATE

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

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

- The Wokingham Health and Social care system met virtually every fortnight to discuss the Covid 19 situation and response. Participants included Berkshire Healthcare Foundation Trust, Royal Berkshire NHS Trust, Berkshire West Clinical Commissioning Group, the Voluntary Sector and Adult Social Care.
- Approximately 5750 calls had been made to the community to undertake welfare checks. The focus was now on those who were considered non-shielded but still vulnerable.
- It was noted that there had been an increase in the number of safeguarding referrals for babies that had been shaken during the current restrictions. This had been noted by the Berkshire Health Foundation Trust. As a result, they had restarted delivering a Health Visiting service, to support new parents. The Primary Care Networks, as a response, had also run a virtual consultation for new mothers, which had been very well attended.
- The Board was informed that the Primary Care Network directors had fed back on matters such as plans to develop social distancing within GP surgeries.
- The Better Care Fund return for Q4 had a delayed submission date of July.
- Lewis Willing updated the Board on the four Better Care Fund targets.
- Non Elective Admissions were considered to be on track. Whilst the year to date performance was 13,359 compared to a target of 13,044 and the full year forecast was now 16,031 compared to a target of 15,643, the Wokingham Integration Partnership operated a tolerance of 5% tolerance for variance.
- Reablement and Residential Admissions were also considered to be on track.
- Delayed Transfers to Care (DToC) were not on track. The DToC action plan and Winter Pressures funding had been targeted to support reducing delays in hospital, with the main issue in 2019/20 being an increase in the duration of extended delays due to the complex needs of this group of patients and the lack of specialist provision in the community for those with complex needs. This needed to be addressed at national rather than local level.
- The Board was updated on the high impact change model which offered a practical approach to manage transfers of care. It was noted that whilst the west of Berkshire had been graded as Mature in Enhancing Health in Care Homes, work was still being undertaken in response to the Covid 19 outbreak. A plan was being developed to further support the care homes.
- The Board welcomed Lewis Willing to the Council.

RESOLVED: That the updates be noted.

73. WELLBEING BOARD OVERVIEW REPORT JUNE 2020

The Board considered the Wellbeing Board Overview Report June 2020.

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

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

RESOLVED: That

- 1) the Wellbeing Overview Report be noted;
- 2) the Board note the requirement to establish a Member led engagement Board around track and trace.

74. WELLBEING BOARD ANNUAL REPORT

The Board considered the Wellbeing Board Annual Report.

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

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

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

75. FORWARD PROGRAMME

The Board discussed the forward programme.

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

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

RESOLVED: That the forward programme be noted.

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**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 9 JULY 2020 FROM 5.00 PM TO 5.10 PM**

Present

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

Also Present:

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

1. ELECTION OF CHAIRMAN FOR 2020-21 MUNICIPAL YEAR

RESOLVED: That Councillor Charles Margetts be elected Chairman for the 2020-21 municipal year.

2. APPOINTMENT OF VICE CHAIRMAN FOR 2020-21 MUNICIPAL YEAR

RESOLVED: That Dr Debbie Milligan be appointed as Vice Chairman for the 2020-21 municipal year.

3. APOLOGIES

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

4. DECLARATION OF INTEREST

There were no declarations of interest.

5. LOCAL OUTBREAK ENGAGEMENT BOARD

The Board received a report on establishing a Local Outbreak Engagement Board (LOEB).

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

RESOLVED: That

- 1) it be agreed to establish a subcommittee, the Local Outbreak Engagement Board (LOEB) and its terms of reference be agreed (Appendix 1 of the report) subject to the inclusion of the Chief Executive within the LOEB membership;
- 2) the monitoring and support of Covid19 outbreak management and communications be delegated to the Local Outbreak Engagement Board.
- 3) the Chief Executive be included in the Wokingham Borough Wellbeing Board membership and it be recommended to Council via the Constitution Review Working Group that the terms of reference be updated accordingly.

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| TITLE | Strategy into Action |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on Thursday, 10 September 2020 |
| WARD | None Specific; |
| DIRECTOR/ KEY OFFICER | Ingrid Slade, Head of Public Health, Wokingham Borough Council Matt Pope, Director of Adult Social Services Suzie Watt, Senior Public Health Programme Officer, Wokingham Borough Council |

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| Health and Wellbeing Strategy priority/priorities most progressed through the report | This meets all three priorities in the Wellbeing Strategy: <ul style="list-style-type: none"> • Creating Physically Active Communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap • |
| Key outcomes achieved against the Strategy priority/priorities | <ul style="list-style-type: none"> • Improved physical health of residents • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources |

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| Reason for consideration by Wokingham Borough Wellbeing Board | Reviewing progress and considering proposals for actions groups focused on each of the strategy priorities. |
| What (if any) public engagement has been carried out? | Public Health has reviewed the long term indicators and has commenced reviewing and defining systems and partners, some engagement with LA colleagues has started in order to identify short term measures to provide updates on – this will be ongoing. |
| State the financial implications of the decision | None |

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| <p>RECOMMENDATION</p> <ol style="list-style-type: none"> 1. To note the stages, detail of action and timeframes for the development of the action groups to progress the priorities and provide regular, efficient and effective reporting to Health & Wellbeing Board partners (Appendix A). 2. To agree key stakeholders and partners who are required to co-lead or be involved in each priority. 3. To note the summary of progress captured to August 2020 and note the short terms actions to be monitored until formal reporting is implemented (Appendix B) 4. To agree to incorporate inequalities measures that have been identified through the Covid-19 pandemic, that is obesity (healthy weight) and BAME as a priority group, to the Health and Wellbeing Board priorities. |
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5. To note that there are known gaps in demographic data available from services/programmes – particularly around target groups such as BAME. This has emerged following work completed to produce Appendix B.
6. To consider how wider public engagement could be incorporated in the development stage and the future performance monitoring of the strategy and link with the neighbourhoods plan.

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

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

Discussion points

Despite COVID-19 there have been some good achievements in relations to physical activity/inactivity in the borough. There is a need to work collectively across partners to look at how to support recently reinstated referrals into programmes and services and to target those most in need/at risk. Work is already underway to look at how this can be achieved through having referrals added to GP systems. Going forward, this work should involve primary care, social prescribers, community services and the voluntary sector. Bulmershe has successfully opened and there this is likely to provide an opportunity to expand programmes.

The numbers of pregnant women who smoke accessing stop-smoking services is not reflective of the need and midwives training has been affected during the pandemic. There are plan to reschedule when guidance and capacity allows.

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

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

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

Background

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

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

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

Analysis of Issues, including any financial implications

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

| |
|-----------------------------|
| Partner Implications |
| N/A |

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| Reasons for considering the report in Part 2 |
| N/A |

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| List of Background Papers |
| Appendix A – Stages, Action and Timeframes |
| Appendix B – Key Priority Areas Summary of Progress to August 2020 |
| Appendix C – Healthy Weight Briefing August 2020 |

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|-----------------------------|--|
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Priority 1

Creating physical active communities

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

Draft key stakeholders & partners

Sports & Leisure Services

Get Berkshire Active

Primary Care Network Leads

National Diabetes Prevention Provider

Public Health Wokingham

PSHE Leads (Schools)

VCS Leads

Planning

Places Leisure

Transport & Highways

Social Prescribers

My Journey Wokingham

Workplace Health Leads

Community Engagement Leads

Priority 2

Reducing social isolation and loneliness

| Stage | Detail | Timeframe |
|-------------------|---|------------------|
| Review and define | <p>Current system & partners</p> <p>Model of approach to development, design of working groups</p> <p>Key stakeholders & partners involved in reducing social isolation and loneliness – across all ages</p> <p>Existing and emerging strategies and action plans across systems and partners e.g. Suicide Prevention Strategy</p> | By October 2020 |
| Engage | <p>Partner engagement</p> <p>Identify existing Partnerships/ Boards and relationship</p> | By October 2020 |
| Develop 22 | <p>Establish local action group for delivery of creating physically active communities to:</p> <ul style="list-style-type: none"> • Agree terms of reference, aims and objectives • Agree Leadership/Co-leadership of group • Agree quality assured short term priorities, targets and timescales • Establish reporting/monitoring process mapped to public health outcomes | By January 2020 |
| Deliver | <p>Co-production of regular reporting to Health & Wellbeing Board partners</p> <p>Evaluation of impact against public health outcomes framework</p> | By February 2021 |

Draft key stakeholders & partners

VCS Leads
Berkshire West CCG Commissioners
Housing

Public Health Wokingham
Sports & Leisure
Substance Misuse Services

Community Engagement Leads
Leads Social Prescribers
Rep from frontline services e.g. ASC, C&YP

Community Mental Health Team
Planning
Patient Participation Group Rep

Priority 3

Narrowing health inequalities

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

Draft key stakeholders & partners

Public Health Wokingham
 Maternity Services
 Community Mental Health Team

Berkshire West CCG Commissioners
 VCS Leads
 Substance Misuse Providers

Children & Young People - Leads
 Primary Care Network Leads
 Tobacco Control Alliance

School Nursing/Health Visitors
 Breastfeeding Network

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KEY PRIORITY AREAS SUMMARY OF PROGRESS FOR WOKINGHAM

Priority 1

Creating physical active communities

To increase physical activity and reduce inequalities in health and wellbeing of people with long term conditions

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

What have we recently achieved?

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

What are the opportunities to improve or progress?

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

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

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

Priority 2

Reduce social isolation and loneliness

To reduce Social isolation and improve outcomes for children and young people, older people, people with mental health problems and Carers.

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

What have we recently achieved?

- ❖ WBC Adult and Community Learning Services have been able to adapt to lockdown measures and are delivering all education courses online to a variety of students including those who are social care users. They are leveraging functionality of webtools such as ZOOM to allow students to foster social networks.
- ❖ Certain parts of the Voluntary and Community Sector have maintain a good level of provision for vulnerable social care service users; with the link visiting scheme offering many of its support programmes remotely.
- ❖ The Optalis Employment Supported Employment service have adapted well to issues emerging from the pandemic. They have been working well with individuals who have been furloughed or lost employment and as a result have become socially isolated and lonely. They have delivered remote training on transferrable skills, interview practice and applications advice. For vulnerable clients at greater risk of social isolation (those with mental illness) bespoke employment workbooks have been devised.

What are the opportunities to improve or progress?

- ❖ Many of the council's library activities have been put on hold over the COVID period. But now that libraries have started to reopen (beginning of August) social activities have started to resume and more effort needs to made increase uptake.
- ❖ Sports and Leisure team services have been significantly affected by COVID – with many local sports sites being closed over the last 4 months. There is a great opportunity to improve access to outdoor activities and online services to connect vulnerable residents who are shielding as well as their carers.
- ❖ The Council's Drug and Alcohol service has seen a recent increase in Alcohol related referrals from the community mental health team. Substance misuse is another key risk factor for social isolation and loneliness so addressing this issue will bring multiple benefits to the community.

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

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

Priority 3

Narrowing health inequalities

To reduce the gap between a child born in the most and least deprived area will experience over their life time

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

What have we recently achieved?

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

for, successful grant applications, and in providing support for debt repayments. This is more than the £100k year-end target the service has.

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

What are the opportunities to improve or progress?

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

Officers that will maximise the effectiveness of cross team working in supporting our residents.

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

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

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

DESCRIPTION OF KEY SERVICES, PROGRAMMES OR WORK FOR WOKINGHAM

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

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

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

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

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

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

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

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

Health Visitors deliver the 0-5 element of the Healthy Child Programme. The service is universal, providing an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The Programme aims to:

- help parents develop and sustain a strong bond with children
- support parents in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- focus on the health needs of children and young people ensuring they are school ready (SEND Code of Practice 0 – 25 years, 2017)
- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five.

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

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

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

Optalis Supported Employment Service:

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

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

SMART Wokingham:

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

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

WBC Adult and Community Learning Service

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

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

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

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

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

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

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

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

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

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

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

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

Adults with additional needs - activities for those with additional needs

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

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

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

Tennis courts, coaching and holiday camps

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

Children with additional needs - trampolining for children with additional needs

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

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

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

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

Wokingham CAMHS Service (Child and adolescent mental health services):

This is a specialist service delivered by Berkshire Healthcare NHS Foundation Trust. They provide tailored support for children, young people and their families who are experiencing emotional, behavioural or mental health difficulties.

Wokingham Borough Libraries Activities

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

Wokingham Outreach Carers Service

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

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Wokingham Health & Wellbeing Board - Healthy Weight Briefing

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

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

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

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

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

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

The government outlined key priority actions to tackle obesity -

- Being committed through the NHS Long Term Plan to make weight management services available from 2021 to those most at risk and to ensure that these services are also available for people living with obesity
- Accelerating the expansion of the NHS Diabetes Prevention Programme to support people most at risk, providing access to high-impact weight loss services for those that need it the most.

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

Obesity - The National Picture

Currently over half (62.3%) the population are classed as overweight and or obese. Obesity including severe obesity - 27% men and 30% women were classed as obese and 2% of men and 5% of women morbidly obese (defined as a BMI 40 and above). (Health Survey for England 2017). Models predict that obesity in Europe will continue to rise by with predictions for the UK indicating that 36% of men and 33% of women will be obese by 2030.

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

Obesity prevalence by level of deprivation

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

Obesity - The Local Picture for Wokingham

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

Obesity is also linked to a number of other strategic priorities within the Berkshire West CCG including Cancer, Cardiovascular Disease and diabetes. The local Strategic Transformation Partnership (STP) which includes Berkshire, Oxfordshire and Buckinghamshire (BOB) and the

Clinical Commissioning Group (CCG) have priorities that are clearly focused on reducing type 2 Diabetes due to UK rates. Local estimated diabetes diagnosis rates for Wokingham increased from 62.3% in 2015 to 67.7% in 2018.

Deprivation

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

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

Ethnicity

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

Local Policy Drivers

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

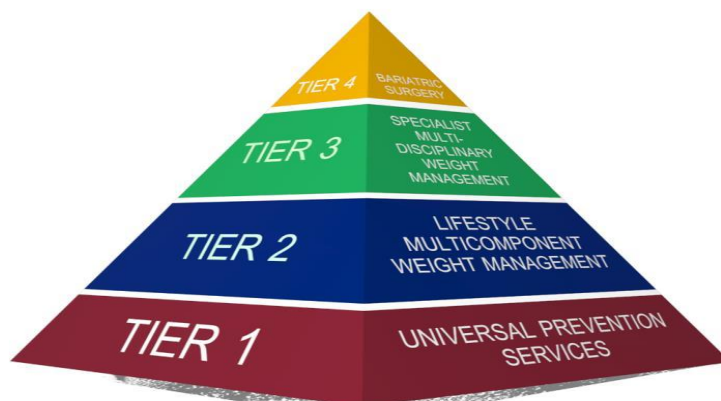
Wokingham has committed to the overarching Berkshire West Healthy Weight Strategy outlining priorities for healthy weight work. The strategy, dated 2018, is up to date and remains fit-for-purpose with the health and wellbeing boards of all three local authorities having previously signing up to this strategy and the recommendations. A health needs assessment undertaken in 2019 made recommendations for taking the healthy weight agenda forward - Appendix 1 including the need to work towards delivering the Berkshire West Healthy Weight Strategy to develop clear commissioning intentions for Tier 2 adult weight management services.

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

Commissioning

Current Provision - Tiers 1-2

Weight management services are most commonly delivered in a tiered approach, with four levels of multi-component treatment options and weight maintenance support and entry based on BMI.



PHE 2016

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

Commissioning responsibilities

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

Adults - Tier 1 offers

There are a range of universal prevention offers across Wokingham. Offers in place mainly focus on healthy eating and physical activity. The health needs assessment identified the need for consistent messages throughout Wokingham and the Better Health Campaign will help in focussing and communicating key healthy weight messages and will provide resources that can be used across the borough. A joint communication plan across partners could help with amplifying the national offer, whilst allowing organisation to target specific groups or community and also promote local resources/support.

Adult Tier 2 offers

There is currently a lack of tier 2 provision in Wokingham.

Previous tier 2 weight management provision was in place from 2013 -2019. The programme commissioned was Eat for Health (E4H) this was provided by Solutions for Health (S4H). Despite there being some good individual outcome, when the contract ended there was a decision not to re-commission. The offer was NOT targeted and did not allow self-referral. Wokingham commissioned 16 programmes annually. There were also issues with recruitment and retention an issue that is seen nationally.

Children and young people - Tier 1 offers

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

Children and young people - Tier 2 offers

Previous tier 2 weight management offers for children and young people were provided by Solutions for Health (S4H) who provided the Lets Get Going programme for children and young people of 7 – 12 years of age. Wokingham commissioned 3 programmes annually. Local offers struggled with recruitment and retention again a pattern that is seen nationally and this leads to poor overall outcomes and an offer that was not cost effective

Gap analysis

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

The way forward - Adults

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

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

Providers will need to be established and able to establish a local offer quickly and efficiently whilst not compromising quality. Consideration is needed in relation to Covid-19 recovery and providers will have planned ahead and adapted offers to provide safe effective support to the community whilst allowing support to continue in the event of a local or even national lockdown due to a second wave of Covid-19.

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

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

The way forward – Children and Young People

Initial priority is to commission a local Tier 2 adult weight management offer for Children and young people as there is currently a gap in provision and to work towards recommendations within the Berkshire West Healthy Weight Strategy.

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

The rationale being that local offers struggled with recruitment and retention a pattern that is seen nationally and this leads to poor overall outcomes and an offer that isn't cost effective.

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

References

Berkshire West Healthy Weight Strategy 2017-2020

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Kelly Y, Goisis A, and Sacker A, 2015 Why are poorer children at higher risk of obesity and overweight? A UK cohort study. The European Journal of Public Health

Public Health England Outcomes Framework

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000008/ati/202/are/E06000041/cid/4/page-options/ovw-do-0>

Tackling Obesity – policy paper published July 2020

<https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>

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

Appendix One

Recommendations from the 2019 health needs assessment.

Recommendation One - Whole Systems Approach

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

Recommendation Two - Establish clear governance

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

Recommendation Three- Greater partnership working between NHS and LA's

There is a need to commission and develop effective children and adult weight management provision across all tiers of the pathway. Provision is current. In particular, there is a need for the CCG to commissioning Tier 3 and Tier 4 adult provision.

Recommendation Four – LA's to develop clear commissioning intentions for Tier 2 adult weight management services

Current Tier 2 adult weight management provision is inconsistent across the three local authorities. Local authorities should consider developing a consistent offer that provides clarity on the eligibility and referral criteria that takes into account the diabetes prevention programme and the local dietetics service.

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

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

Tier 1 - A health-promoting environment:

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

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

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

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

Tier 3

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

Recommendation Six – Greater emphasis on the built environment

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

Recommendation Seven - Training and communications

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

Recommendation Eight - Policy and development

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

Recommendation Nine - Monitoring and evaluation

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

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Agenda Item 12.

| | |
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| TITLE | Designing Our Neighbourhood |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on Thursday, 10 September 2020 |
| WARD | None Specific; |
| DIRECTOR/ KEY OFFICER | Matt Pope, Director Adult Services |

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

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

| |
|--|
| RECOMMENDATION That the proposal within the report be endorsed. |
| SUMMARY OF REPORT Designing our Neighbourhoods' is the philosophy which will be used to underpin all of our project activities in the Wokingham Integrated Partnership. We aim to: <ul style="list-style-type: none">• Use insight gained from as broad a base of data, to support data lead approach (Population Health Management)• Seek input from the community, as well as professionals about what we plan to do, with which cohorts of the community and how we plan to do it• Seek feedback from the community, as well as professionals to see that the interventions that are/have taken place continue to meet the needs of cohorts that they are supporting• Create a 'one team ethos' for our work with all of our partners, no matter our uniform or badge, we support the people of Wokingham. |

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

| |
|---|
| Reasons for considering the report in Part 2 |
| N/A |

| |
|----------------------------------|
| List of Background Papers |
| N/A |

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

Designing Our Neighbourhoods

Our Philosophy for Community Involvement

Peter Slade & Lewis Willing

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What is the Aim?

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

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



WOKINGHAM
BOROUGH COUNCIL



Berkshire West
Clinical Commissioning Group

involve
REALISING A NEW FUTURE FOR HEALTHCARE
— BRACKNELL FOREST & WOKINGHAM BOROUGH

Berkshire Healthcare
NHS Foundation Trust



healthwatch
Wokingham Borough



Wokingham
Primary Care Networks

Royal Berkshire
NHS Foundation Trust



How do we plan to do this?

Stage 1

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

Stage 2

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

Stage 3

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

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

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

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



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Berkshire Healthcare
NHS Foundation Trust



healthwatch
Wokingham Borough



Wokingham
Primary Care Networks

Royal Berkshire
NHS Foundation Trust



Things that need to be Considered/Unanswered Questions

- Duration

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

- Timing

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

- Location

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



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Primary Care Networks

Royal Berkshire
NHS Foundation Trust



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Development of a Joint Health and Wellbeing Strategy for Berkshire West

24th August 2020

Sarah Rayfield

1. Overall programme plan and key milestones

| | |
|--|--------------------|
| Defining the current state | March – July 2020 |
| Prioritisation process | August – Sept 2020 |
| Public Engagement | Oct – Nov 2020 |
| Production of the Joint Health and Wellbeing Strategy and outcomes framework | Dec – Feb 2021 |

2. Progress so far

2.1 Evaluation of the existing strategies

- Mapping exercise of the existing priorities in the three JHWBS
- Desktop review of data to evidence impact
- Local data and intelligence from public health teams and other teams within each of the three local authorities

2.2 Identification of potential future priorities

- Priorities discussions took pace with Public health teams, Adults services, Children's services, Place directorate, the CCG, the acute trust, engagement with Healthwatch and the voluntary sector
- We have tried to align these discussions with ongoing recovery work in each of the three local authorities
- A survey was undertaken, targeting vulnerable groups, hard to reach communities and the BAMER population.
- A data review exercise was performed to identify population need and any further priorities not captured by the above

3. Prioritisation process

- Two workshops in August included the steering group for the development of the strategy. In addition, all members of each of the three HWBs were invited to attend. The focus of these was whether the potential priorities could be addressed by the wider system working together and if value was added by tackling them on a bigger footprint
- A further two workshops are planned for September, focusing on evidence and covid recovery.

4. We have set up a Public engagement task and finish group which is working together to co-produce a wider piece of public engagement to take place in October. This will help to refine our eventual short list of priorities (approx. 10-12) into the final priorities to be included (aiming for approx. 5).

5. Next steps

- Reviewing the current list of priorities to understand interdependencies between them, taking a patch quilt model approach
- Holding the two workshops at the end of September to help further refine into a short list
- To create a more visible online presence about the development of the strategy including information for the general public and ways they can be involved.
- Continue to develop and co-produce plans for public engagement in October. This will be far reaching and using a number of different methods such as online survey, focus groups within existing support groups, consultation groups help with the general public, use of parish councils and community support hubs.
- Production of the draft JHWB strategy and outcome framework
- Finalisation of the strategy and delivery plans.

6. Challenges

- Capacity of the wider system to engage with this process has been a challenge throughout but we have made a lot of progress with this
- We have struggled to engage with the communications teams at each of the three local authorities. We would like their help in order to make the strategy more visible and to support the public engagement in October.
- Resource and capacity within our core group.
- Public engagement and support to do this effectively has been very challenging. We are now making progress and although it is in its early stages, the engagement task and finish group looks to be very promising.

Berkshire West Joint Health and Wellbeing Strategy

59 Joint Health and Well-being Strategy Phase One Update Report

Update to the Wokingham Health and Wellbeing Board

10th September 2020

The Programme Plan

| Phase | Detail | Timeframe |
|---|--|-------------------------------|
| Defining the current state | <ul style="list-style-type: none"> Reviewing strategic documents Determining population health need Stakeholder engagement and consultation | March – July 2020 |
| Prioritisation process 8 | <ul style="list-style-type: none"> Production of a long list of priorities Prioritisation process: criteria to review the priorities against to produce a shorter list | August - September 2020 |
| Public Engagement | <ul style="list-style-type: none"> Review of Evidence Further consultation and engagement with the public to refine final list of priorities | October – November 2020 |
| Production of Joint Health and Wellbeing Strategy | <ul style="list-style-type: none"> Production of draft Joint Health and Wellbeing strategy Publication of final Strategy with outcomes framework | December 2020 – February 2021 |

Progress so far

| Aim | Progress so far |
|---|--|
| Evaluation of each of the existing HWB Strategies | Mapping exercise of existing strategies Desktop review of data to evidence impact (PHE Fingertips) Local data and intelligence from Public Health teams Local data and intelligence from other LA teams Review of delivery reports to HWBs |
| Identify future priorities from the local authorities | Public Health team meetings - priorities discussion Adult services - priorities discussion Children's services - priorities discussion Place directorate - priorities discussion Alignment with recovery groups |
| Engagement with voluntary groups | Chief exec for each overarching group invited to join priorities discussions and workshops |
| Engagement with CCG/RBH/BHFT | Meetings to discussion priorities and aligning with strategies |
| Public engagement to identify priorities | Review of existing public engagement consultations Survey to "hard to reach" communities, vulnerable groups and the BAMER community |
| Data review to identify population need | "What is missing" data exercise to identify areas of population need across Berkshire West |
| Creation of a long list of potential priorities | All of the above mapping and engagement led to a long list of approx 30 potential priorities |
| Prioritisation process | Two workshops were held in August and a further two are planned for September. |

Review of existing strategies in Wokingham (2)

| | | | | | |
|---|---|--|---|---|--|
| <p>Reducing social isolation</p> <p>63</p> | <p>Reduce social isolation - for older people</p> | <p>48.1% (2017/18) adult social care users who have as much social contact as they would like</p> | <p>42.1% (2018/19)</p> | <p>Martin sloan is looking at data on the number of people request bin collection and also report on there council tax that they live at home, it would be helpful to understand what % of wokingham this accounts for.</p> | |
| | <p>Reduce social isolation and loneliness for carers % of adult carers who had as much social contact as they wanted -Target 46% by 2021</p> <p>% adult social care users who had as much social contact as they wanted Target 48% by 2021</p> | <p>48.1% (2017/18) adult social care users had as much social contact as they wanted https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000041/pat/6/par/E12000008/ati/102/are/E06000041/iid/90280/age/1</p> | <p>42.1% (2018/19)</p> | <p>Presentation given by Martin to the population health and digital board - work engaging with vulnerable people (impact of social isolation priority)</p> <p>A Berkshire carers hub survey was carried out over the last 12-18 months which may give some more information</p> | <p>Percentage of adult social care users who have as much social contact as they would like (18+): current 48.1% (target for 2021: 49%)</p> <p>Percentage of adults carers who have as much social contact as they would like: current 34.5% (target 2021: 36%)</p> |
| | <p>Reduce social isolation - for people with mental illness</p> | <p>48.1% (2017/18) of adult social care users who have as much social contact as they would like https://fingertips.phe.org.uk/search/isolation#page/4/gid/1/pat/6/par/E12000008/ati/102/are/E06000041/iid/93570/age/246/sex/4/cid/4/tbm/1/pag</p> | <p>42.1% (2018/19)</p> | <p>I can get you the % of people with a mental illness though the IPA: Percentage of female adults (18+) with a psychosocial diagnosis - 23% Percentage of male adults (18+) with a psychosocial diagnosis: 15%</p> <p>Involve have done a big survey recently around community resilience in Wokingham - to be shared with Sarah</p> | <p>6-17 year olds not in education, employment or training (NEET) whose activity is not known: current 5.5% (target 2021: 5%)</p> <p>Children in need due to family stress or dysfunction or absent parenting (rate per 10,000 children aged under 18): current 32.1% (target for 2021: 31.6%)</p> |
| <p>Getting Physically active communities</p> | <p>Encourage children to get at least one hour of physical activity every day (currently 16%). Reduce % of teenagers with sedentary time of over 7 hours per day (63%) Target = 52% by 2021</p> | <p>45.3% (2017/18) physically active CYP https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000008/ati/102/are/E06000041/iid/93570/age/246/sex/4/cid/4/tbm/1/pag</p> | <p>41.1% (2018/19)</p> | <p>I don't understand this metric, and why this is RED Date from the Active lives survey (2018/19) - England figure is 46.8%</p> | <p>Prevalence of overweight (including obesity) - Reception (4-5 year olds) - 18.8% (target for 2021: 17%)</p> <p>Prevalence of overweight (including obesity) - 10-11 year olds: current 25.9% (target for 2021: 25%)</p> <p>Percentage of adults (18+) classified as overweight or obese: current 50.9% (target for 2021: 45%)</p> |
| | <p>Get people of all ages and abilities more physically active by getting more people out using green and blue spaces</p> <p>Promoting more active travel. % of adults physically inactive (completing less than 30 minutes of physical activity per week) target = 14% by 2021</p> | <p>15.4% (2017/18) physically inactive adults https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000008/ati/102/are/E06000041/iid/93015/age/298/sex/4/cid/4/tbm/1/page-options/ovw-tdo-0_car</p> | <p>No more recent data available</p> | <p>Percentage of adults (18+) classified as clinically obese: 2.3% (2869/127756)</p> <p>The leisure service are about to publish a strategy for Wokingham</p> <p>Wokingham have a transport plan in development currently</p> <p>In general physical activity is doing well in Wokingham. There is an upcoming initiative called 'my journey' - Chris to ask about this in the leadership meeting</p> | <p>Percentage of adults walking for travel at least three days per week current 19.5% (target for 2021: 21%)</p> |

An example of “What’s missing”

| Key Issue | Included? | Date/Timeline | Reading | West Berkshire | Wokingham |
|---|-----------------------|---------------|----------------|----------------|----------------|
| Child E attendances in Under 5s (Crude rate per 1000) | No to all 3 | 2013/14-15/16 | 855.8 | 441.8 | 497.2 |
| Prevalence of breast cancer (SIR/per 100) | Reading only | 2012-16 | 102.5 | 113.0 | 105.1 |
| Prevalence of colorectal cancer (SIR/per 100) | Reading only | 2012-16 | 104.3 | 97.0 | 103.5 |
| Prevalence of prostate cancer (SIR/per 100) | No to all 3 | 2012-16 | 94.9 | 100.8 | 113.2 |
| Emergency hospital admissions for stroke | No to all 3 | 2013/14-17/18 | 11.0 | 94.7 | 89.2 |
| Pollution: Fine particulate matter | WB only | 2017 | 10.5 (Eng 8.9) | 9.2 (Eng 8.9) | 10.2 (Eng 8.9) |
| Affordability of home ownership | No to all 3 | 2018 | 9.3 (Eng 8.0) | 10.6 (Eng 8.0) | 10.5 (Eng 8.0) |
| Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) | Yes to all 3 | 2018/19 | 47.1 | 43.8 | 42.1 |
| Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) | Yes to all 3 | 2018/19 | 32.0 | 34.7 | 37.1 |
| School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception | WB only | 2018/19 | 56.5 | 41.4 | 50.7 |
| School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 | WB and Wokingham only | 2018/19 | 71.1 | 57.0 | 60.1 |
| GCSE achieved 5A*-C including English & Maths with free school meal status | WB and Wokingham only | 2014/15 | 23.8 | 33.3 | 34.4 |
| Over 75 mortality rate from liver disease | No to all 3 | 2016-18 | 25.7 | 15.5 | 11.0 |

Current list of potential priorities

- Early years: 1001 days
- Adverse Childhood Experiences (ACEs)
- CYP Mental Health and Wellbeing
- Education and health outcomes for vulnerable groups
- Tackling childhood obesity
- Control of infectious diseases
- Supporting vulnerable groups
- Health inequalities
- (Worklessness)
- Sexual health
- Substance misuse (alcohol, tobacco, drugs)
- Sexual health
- Substance misuse (alcohol, tobacco, drugs)
- Adult mental health and wellbeing
- Suicide prevention
- Community resilience and social isolation
- Falls prevention
- Physical activity
- Long term conditions
- Cancer
- Staff health and wellbeing

Future work on shaping the priorities

- Identifying inter-dependencies and ways in which we can tackle more than one area
- Some areas need more consideration and mapping out specific areas e.g supporting vulnerable groups and health inequalities
- Threads identified
 - Empowerment and self care
 - Digital enablement
 - Prevention

Current Challenges

- Limited capacity
 - Within our team
 - Within the system to engage with this process
 - Many new people in roles across the 3 LA's so reduced corporate memory
- ⁹The impact of coronavirus working environment
 - Methods of engaging with stakeholders – particularly as working across the three local authorities
- Public Engagement
 - Public engagement has been challenging in the current environment
 - We were unable to do what we originally planned.
 - We are now working with colleagues to co-produce a wider piece of engagement for further along the process

Public engagement and consultation

| What | How | When | Working with |
|--|---|----------------------|---|
| Raise public awareness of the strategy | Public Facing webpage | (July) September | ICP Engagement team Voluntary sector HealthWatch |
| Engagement with hard to reach communities and vulnerable groups: as part of developing the long list of priorities | Focus groups Individual survey completion using community engagement champions | August | Community engagement champions Voluntary sector organisations CCG Engagement |
| Public engagement to refine the short list of priorities into a final list | General public survey | October/ November | ICP Engagement team LA comms teams Town & Parish Councils Community Support hubs |

Interim results of the online survey

Most likely to be rated as “extremely important to me”

- Good access to health care services: GPs, Pharmacists, Community hospitals and A&Es (96%)
- Improving the mental health and wellbeing of adults (94%)
- Improving the mental health and wellbeing of children and young people (89%)
- Improving education development of children from poorer homes (85%)
- Having good employment options, accessible to everyone (85%)
- Ensuring that people feel safe where they live, for example working to reduce crime (85%)

| Theme | When thinking about health and wellbeing what 3 things do you think are most important and would you like to see included in the strategy? | | |
|--|--|--------------------------------|----------------|
| | My own health and wellbeing | Community health and wellbeing | Total mentions |
| Information and communication relating to medical services | 70 | 45 | 115 |
| Open space and infrastructure supporting increased Physical Activity | 41 | 34 | 75 |
| Mental Health and reducing suicide rates | 36 | 26 | 62 |
| Community Engagement and Resilience | 19 | 42 | 61 |
| Healthy Environment and reduced air pollution | 26 | 24 | 50 |
| Financial support and reducing poverty | 24 | 19 | 43 |
| Addressing health inequalities | 19 | 20 | 39 |
| Social Isolation and overcoming digital exclusion | 16 | 15 | 31 |
| Support and education to live a healthy lifestyle | 20 | 7 | 27 |
| Services and support for Children | 11 | 14 | 25 |

| Theme | Comments included mentions of: |
|--|--|
| Access and communication relating to medical services | Referral times, location, specialist referrals, vaccines, protection from COVID-19, GP access and digital delivery methods |
| Open space and infrastructure supporting increased Physical Activity | Physical Activity/Gyms/Open Spaces/Improved Cycling infrastructure/Swimming Pools |
| Mental Health and reducing suicide rates | Reducing stress/Reducing suicide rates/Reduced waiting lists to service |
| Community Engagement and Resilience | Community centres, support for CVS services, reduced racism, support community groups, community safety and crime rates |
| Healthy Environment and reduced air pollution | Reduced car use/air pollution/improved Public Transport links/safer roads |
| Financial support and reducing poverty | Affordable housing/Financial Support/Living wage and employment/Reducing poverty and Food Poverty/Reducing homelessness |
| Addressing health inequalities | Chronic conditions/disabilities/learning disabilities/cultural focus |
| Social Isolation and overcoming digital exclusion | Social Isolation/Social Interaction/Family/Faith and Religion/Digital exclusion |
| Sport and education to live a healthy lifestyle | Weight management, healthy eating, drinking less alcohol |
| Services and support for Children | Access to education, employment, training |

Next steps

- Final analysis of the online survey
- Further development of the potential priorities
- Complete Stage 3 Prioritisation Process:
 - Two workshops will be held in September - focus on aligning with the system and financial considerations
 - Outcome: A short list of approx. 10-12 priorities
- Co-Produce an engagement plan with stakeholders including Healthwatch and Vol Sector / BAME community
 - Undertake wide reaching public engagement process to help refine the short list into the final priorities

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Agenda Item 14.

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

| | |
|--|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | <ul style="list-style-type: none"> • Reducing social isolation and loneliness • Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | <ul style="list-style-type: none"> • Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources |

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

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

Background

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

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

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

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

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

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

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

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

| |
|-----------------------------|
| Partner Implications |
| N/A |

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| Reasons for considering the report in Part 2 |
| N/A |

| |
|----------------------------------|
| List of Background Papers |
| N/A |

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

WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2020

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2020/21

| DATE OF MEETING | ITEM | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER | CATEGORY |
|-----------------|--|-------------------|---|---------------------------------------|-------------|
| 8 October 2020 | Designing our Neighbourhoods | Update | Update | Deputy Chief Executive | Performance |
| | Strategy into Action | Update | Update | Wellbeing Board | Performance |
| | CCG Operating Plan | Required | Required | CCG | Performance |
| | CCG – how the NHS are using the life course in their Covid 19 recovery plans | Update | Update | CCG | Performance |
| | Berkshire West Health and Wellbeing Strategy update | Update | Update | | |
| | Forward Programme | Standing item. | Consider items for future consideration | Democratic Services | |

| DATE OF MEETING | ITEM | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER | CATEGORY |
|------------------|------------------------------|-------------------|---|---------------------------------------|-------------|
| 10 December 2020 | Designing our Neighbourhoods | Update | Update | Deputy Chief Executive | Performance |
| | Strategy into Action | Update | Update | Wellbeing Board | Performance |
| | Forward Programme | Standing item. | Consider items for future consideration | Democratic Services | |

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

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

To be scheduled:

- **BOB ICS Plan**
- **Children and Young people's partnership priorities**