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WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in the Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 10 JUNE 2021** AT **5.00 PM**

Susan Parsonage
Chief Executive
Published on 2 June 2021

Note: Although non-Committee Members and members of the public are entitled to attend the meeting in person, space is very limited due to the ongoing Coronavirus pandemic. You can however participate in this meeting virtually, in line with the Council's Constitution. If you wish to participate either in person or virtually via Microsoft Teams, please contact Democratic Services. The meeting can also be watched live using the following link: https://youtu.be/T82zoXuMUpo

Creating Healthy & Resilient Communities

Key Priorities

WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Bell	Voluntary Sector
Carol Cammiss	Director, Children's Services
Graham Ebers	Deputy Chief Executive
Nick Fellows	Voluntary Sector
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Graham Howe	Wokingham Borough Council
Nikki Luffingham	NHS England
Steve Moore	Director, Place and Growth
Susan Parsonage	Chief Executive
Meradin Peachey	Director Public Health – Berkshire West
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

1. None Specific **ELECTION OF CHAIRMAN**
To elect a Chairman for the 2021-2022 municipal year.

2. None Specific **APPOINTMENT OF VICE CHAIRMAN**
To appoint a Vice Chairman for the 2021-22 municipal year.

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

4. **MINUTES OF PREVIOUS MEETING** **5 - 14**
To confirm the Minutes of the Meeting held on 11 March 2021.

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

6. **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	
7.		**MEMBER QUESTION TIME** To answer any member questions	
8.	None Specific	**STRATEGY INTO ACTION** To consider the Strategy into Action.	**15 - 120**
9.	None Specific	**WOKINGHAM INTEGRATED PARTNERSHIP UPDATE AND END OF YEAR BCF REPORTING** To receive a presentation on the Wokingham Integrated Partnership Update and end of year BCF reporting.	**121 - 128**
10.	None Specific	**DRAFT WOKINGHAM COMMUNITY SAFETY STRATEGY 2021-2024** To consider the Draft Wokingham Community Safety Strategy 2021-2024	**129 - 136**
11.	None Specific	**ANNUAL REPORT WOKINGHAM BOROUGH WELLBEING BOARD 2020-2021** To receive the Annual Report Wokingham Borough Wellbeing Board 2020-2021.	**137 - 160**
12.	None Specific	**FORWARD PROGRAMME** To consider the Board's work programme for the remainder of the municipal year.	**161 - 164**

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

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

Present

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

Also Present:

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

38. APOLOGIES
Apologies for absence were submitted from Graham Ebers, Katie Summers and Chris Traill.

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

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

41. PUBLIC QUESTION TIME
There were no public questions.

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

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

Question

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

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

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

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

Answer

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

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

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

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

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

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

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

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

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

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

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

Question

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

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

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

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

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

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

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

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

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

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

43. HEALTHWATCH REPORTS

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

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

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

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

RESOLVED: That the Healthwatch reports be noted.

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

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

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

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

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

45. STRATEGY INTO ACTION

Ingrid Slade presented the Strategy into Action update.

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

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

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

RESOLVED: That

1) the progress updates from three established Strategy into Action Groups: outlined in the accompanying presentation (Appendix A), setup to deliver on Wellbeing Board objectives be reviewed.

2) further input, queries and comments from Board members on Action group progress to date be invited.

3) the summary of progress captured during December 2020 (and first weeks of Jan 2021), these short summary reports (Appendix B) will remain in place and until formal reporting is implemented, be noted.

46. UPDATE ON THE HEALTH AND WELLBEING STRATEGY

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

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

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

Joint Strategy priorities to become those of Wokingham's or others could be selected. There could be a focus on local need in relation to each of the priorities.

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

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

47. WOKINGHAM BOROUGH WELLBEING BOARD - TERMS OF REFERENCE

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

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

RESOLVED: That

1) two representatives in total be appointed to the Wokingham Borough Wellbeing Board from the Voluntary Sector.

2) it be recommended that Council note the decision by the Wokingham Borough Wellbeing Board to amend its membership and agree to the amendment of paragraph 4.4.23 of the Constitution.

48. FORWARD PROGRAMME

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

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

RESOLVED: That the forward programme be noted.

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TITLE	**Strategy into Action**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 10th June 2021
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Ingrid Slade, Head of Public Health, Wokingham Borough Council Matt Pope, Director of Adult Social Services

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

Reason for consideration by Wokingham Borough Wellbeing Board	• For the Board to review the current draft version of the overarching Berkshire West Health and Wellbeing Strategy • For the Board to be updated on the development and timeline of the local Wokingham Strategy into Action Plan, which will form part of our Health and Wellbeing Strategy • To invite input from Board members on this development plan • To note the summary of progress and planned methods of reporting of the Health and Wellbeing Strategy to the Board •
What (if any) public engagement has been carried out?	Public engagement was carried out in the development of the Berkshire West Health and Wellbeing Strategy
State the financial implications of the decision	None

RECOMMENDATION

1) To review and approve the development plan for the Strategy into Action section of the Berkshire West Health and Wellbeing Strategy.

2) To invite further input from Board members on this development plan.

3) To invite board members to participate in the workshops as part of the development of the Strategy into Action.

4) To note the plan of reporting against the Wellbeing Board Strategic priorities

5) To note the current draft of the Berkshire West Health and Wellbeing Strategy

SUMMARY OF REPORT

Background

The development of the new Health and Wellbeing Strategy for Berkshire West started in March 2020. It has been led by a core group with members from the three local authorities, supported by a steering group with representatives from each local authority, the CCG and RBHFT.

The first phase of strategy development consisted of an evaluation of the current Health and Wellbeing strategy of each Local Authority and mapping other relevant strategies and public consultations related to health and wellbeing in each of the three Boroughs making up Berkshire West. Local population need was analysed by reviewing local data as well as system-wide stakeholder and partner engagement. From this emerged a long list of potential priorities to be considered for inclusion in the new strategy. This list of priorities was shortened through a series of workshops with partners, as well as a prioritisation process taking into account system working and Covid-19 recovery.

In the second phase a Task and Finish group co-produced and delivered an extensive piece of public engagement to review and narrow down the potential priorities. The T&F group consisted of public health, Healthwatch, the voluntary sector, engagement officers and the CCG. Public engagement was carried out through an online survey with almost 4000 responses, as well as 18 focus groups. Covid-19 impacted the public engagement by forcing it to take place virtually, in light of which the period of engagement was extended in order to capture as many views as possible.

From the public engagement five key priorities were identified from the potential priorities as most relevant to local residents. Under these priorities strategic objectives were developed and a draft strategy has been completed. The latest draft is attached to this report as Appendix A.

The Berkshire West Health and Wellbeing Strategy is a high level document and needs to be made locally relevant through a ‘Strategy into Action Plan’. The Wokingham Strategy into Action plan will identify specific local need and key areas of work/focus under each strategic priority and detail the action to be taken locally and the way in which progress will be reported to the Board. The development plan is attached here as Appendix B. Key to the delivery of the Wokingham Strategy into Action plan will be the governance and reporting on each of the priorities. Ownership of each area of work will primarily sit with the Wellbeing Board Action Groups and Partnership Boards (Wokingham Integrated Partnership Board, Community Safety Partnership Board, Children and Young People Partnership Board. Examples of this type of reporting can be seen in the current, developing Wellbeing Board Action Group dashboards (Appendix C). The final overarching Health and Wellbeing Strategy including the Wokingham Strategy into Action plan will be presented to the Board in September for approval.

Analysis of Issues, including any financial implications
There are no financial implications to the report presented here.

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

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix A – Berkshire West Health and Wellbeing Strategy Draft Appendix B – Strategy into Action Development Plan Slides Appendix C – Action Group Reporting Dashboards

Contact Ingrid Slade	**Service** Public Health
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BERKSHIRE WEST HEALTH AND WELLBEING STRATEGY (HWBS)

2021- 2030

Reading Borough Council
Working better with you

West Berkshire Council

Wokingham Borough Council

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OUR VISION

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Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Priority 3: Help families and children in early years

Priority 4: Promote good mental health and wellbeing for all children and young people

Priority 5: Promote good mental health and wellbeing for all adults

NEXT STEPS

APPENDIX

INTRODUCTION

Health and wellbeing are fundamental for individuals and communities to be happy and healthy; provding the foundations to prosperous societies. Wellbeing has been defined as a state in which every individual can realise their own potential, can cope with the normal stresses of life[1], can work productively and fruitfully and is able to make a contribution to their economy.

Reading, West Berkshire and Wokingham Health and Wellbeing Boards (HWBs) bring together local leaders from the health and social care system, along with voluntary and community organisations, in shared work to improve the health and wellbeing of their local residents.

Each Health and Wellbeing Board has a statutory duty to produce a Health and Wellbeing Strategy, providing a commitment to improving health and wellbeing by setting out priorities for where members of the Board will work together in planning and delivering local services.

The three HWBs come together with the Berkshire West Integrated Care Partnership (ICP) to promote integrated working and strive to secure improvements in population health.

In 2019, the HWBs for Reading, West Berkshire and Wokingham took the decision to develop a shared Health and Wellbeing Strategy with the ICP to make even more improvements in health.

Although each individual Health and Wellbeing Board of Reading, West Berkshire and Wokingham are responsible for their own residents, all three boards have populations in common, with people living, working, socialising and being educated across the three local authorities.

This Strategy has been developed by working closely with local partners from health, social care, local authorities and the voluntary sector along with residents of the three areas. Our Strategy is ambitious, it identifies five key areas in which we will make a difference to people's lives. It takes a ten-year view, understanding that we need a long-term perspective in order to drive real change on the underlying causes of poor health and wellbeing. It seeks to bring together individuals and communities along with professionals in a shared direction, targeting work and resources where they are needed and where we know we can have an impact.

With closing health inequalities and recovery from Covid-19 at its very heart, the Berkshire West Health and Wellbeing Strategy 2021 – 2030 establishes our priorities for the system, it aims to enable all residents of Reading, West Berkshire and Wokingham to live happier and healthier lives.

INTRODUCTION

Reading, West Berkshire and Wokingham make up Berkshire West – an area stretching from rural communities and local, vibrant market towns in West Berkshire and Wokingham, to the commercial urban hubs located in Reading.

The three localities of Berkshire West hold a population of over 500,000 people. It is an area of great diversity and rich culture, representing all age demographics, religious affiliations and ethnicities.

Across the three localities, people travel to work, go to school, socialise and engage with activities and attractions, and as neighbouring local authorities, the residents of Reading, West Berkshire and Wokingham share many services in common including the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust.

East Illsley Volunteer group

READING

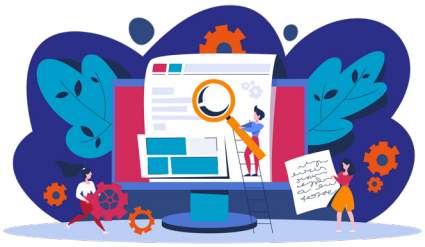
161,780
Total Resident Population

100%
Urban population

12.5%
Population aged 65+

25.3%
Ethnically diverse population

69%
Children achieving a good level of development at early years



7,090
Total number of businesses

9.6%
Full time students age 18+

Unemployment rate
3.6%

7.9%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

50.2%
People with very good health

Data collected from mulitple sources.
Sources found in Appendix A.

WEST BERKSHIRE

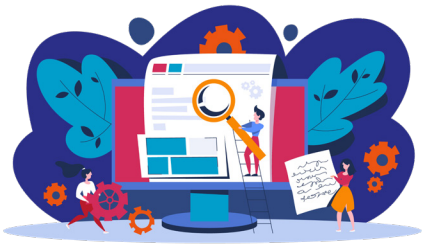
63%
Urban population

158,450
Total Resident Population

75%
Children achieving a good level of development at early years

19.3%
Population aged 65+

5.2%
Ethnically diverse population



8,800
Total number of businesses

2.1%
Full time students age 18+

Unemployment rate
2.4%

9.3%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)

51.6%
People with very good health

Data collected from mulitple sources.
Sources found in the Appendix A.

WOKINGHAM

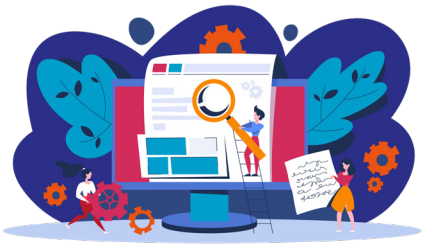
83%
Urban population

171,119
Total Resident Population

77%
Children achieving a good level of development at early years

17.6%
Population aged 65+

11.6%
Ethnically diverse population

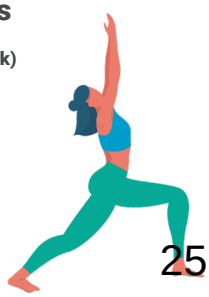


9,005
Total number of businesses

3.2%
Full time students age 18+

Unemployment rate
2.35%

9.0%
Percentage of unpaid carers
(1-50+ hours of unpaid care per week)



54.3%
People with very good health

Data collected from mulitple sources.
Sources found in Appendix A.

WORKING TOGETHER: OUR LOCAL SYSTEM

The three Health and Wellbeing Boards for Reading, West Berkshire and Wokingham work both alongside and within the Berkshire West Integrated Care Partnership (BWICP), allowing collaboration between health and social care organisations to improve all services for the local residents.

Established in April 2019, the BWICP brings together seven public sector organisations that are responsible for the health and social care of Reading, West Berkshire and Wokingham residents, providing joined up and better coordinated care in the process.

The BWICP comprises of the Berkshire West Clinical Commissioning Group (BWCCG), Reading Borough Council, West Berkshire Council, Wokingham Borough Council, Berkshire Healthcare Foundation Trust, Royal Berkshire Foundation Trust and South-Central Ambulance Foundation Trust. This integrated system ensures people can smoothly access care across a number of different settings, moving between institutions and support settings as needed.

This shared strategy will serve to ensure greater collaboration between these organisations, empowering and supporting people to take care of their own health and wellbeing and also making sure that all services meet the diverse health and care needs of our residents.

Newbury Rugby Club delivering food parcels during the pandemic (2020)

OUR CHALLENGES

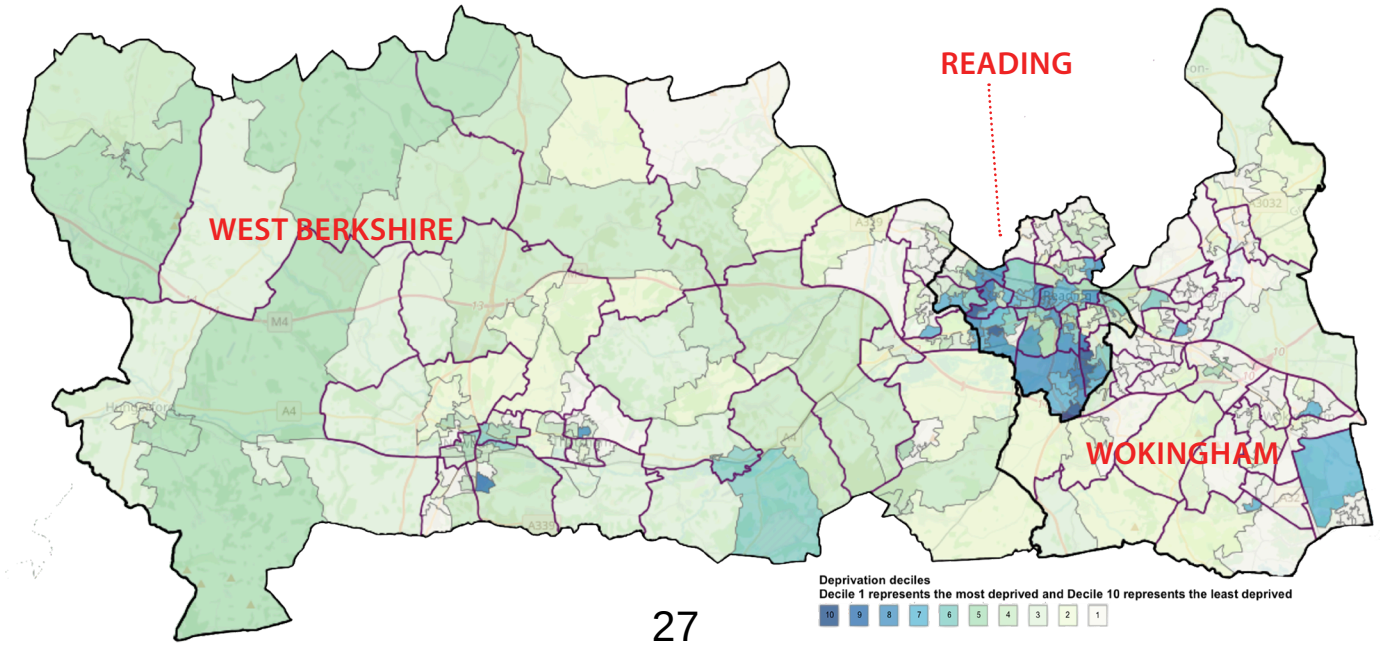
The three areas that make up Berkshire West have a lot to celebrate and be proud of. However, as people live longer with more complex health conditions; combined with the impact of Covid-19 and ongoing financial challenges, we must find new ways to deliver health and social care, strengthen partnerships and put all of our resources together to use in the best way possible. The growing population (with over 10,000 new houses across all three areas to be built by 2026) gives uncertainty of who will make up our diverse and vibrant local population in the future and what their needs may be. This will also mean new families too, giving us opportunities to focus on ensuring every child gets a good start to life.

The three areas already have a growing older population of people aged 65 years and older. As this continues, it is likely to place more pressure on health and social care; with more people living with long term conditions or Dementia. People over 65 across Berkshire West are culturally and socially engaged; making up a large part of voluntary and community sectors, and so their life experience and knowledge adds enormous value to our communities. However, the way people need care and support is changing – we want to empower older people to manage their conditions, through encouraging and supporting healthy lifestyles.

Although the Berkshire West population is generally affluent and healthy, there are pockets of deprivation across the three areas where health outcomes tend to be worse. Health is not just about medicine and accessing health services, but also about the wider social and environmental factors that can influence a person's health and wellbeing. Studies have shown that health services only contribute 10% toward a person's premature death[2] – meaning that housing, employment and education plays a bigger, and sometimes more important role.

These differences mean that the life expectancy of our population varies depending on where people live[3]; those living in the poorest parts of West Berkshire and Wokingham, will live seven years less of healthy life, compared with those people living in the richest areas. In Reading, the healthy life expectancy of those living in the poorest areas is 13 years lower for men and 14 years for women when compared to those living in the richest areas.

The map below shows the Index of Multiple Deprivation (IMD) of Reading, West Berkshire and Wokingham in 2019[4]. This is the official measure of relative deprivation, with bluer areas showing the most deprived and green areas showing the least deprived areas.



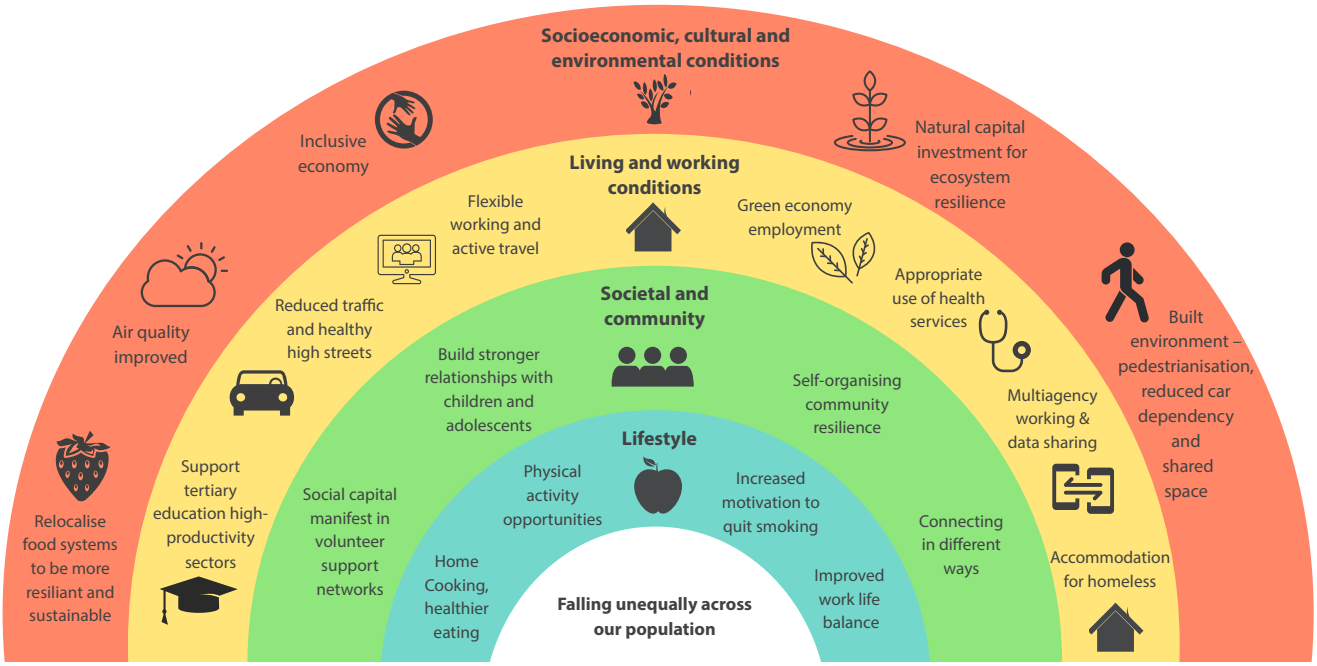
OUR CHALLENGES: THE IMPACT OF COVID-19

Covid-19 has had a powerful impact across the three areas; businesses have had to shut and health services have been stretched - sometimes to their limit. Covid-19 has affected segments of the local population differently; exacerbating existing inequalities.

Yet, in times of adversity there has been ingenuity and wider digitisation in how we deliver health services and work together across the different areas. Additionally, Reading, West Berkshire and Wokingham residents have benefitted from cleaner air, returning nature, and reduced greenhouse emissions during this time.

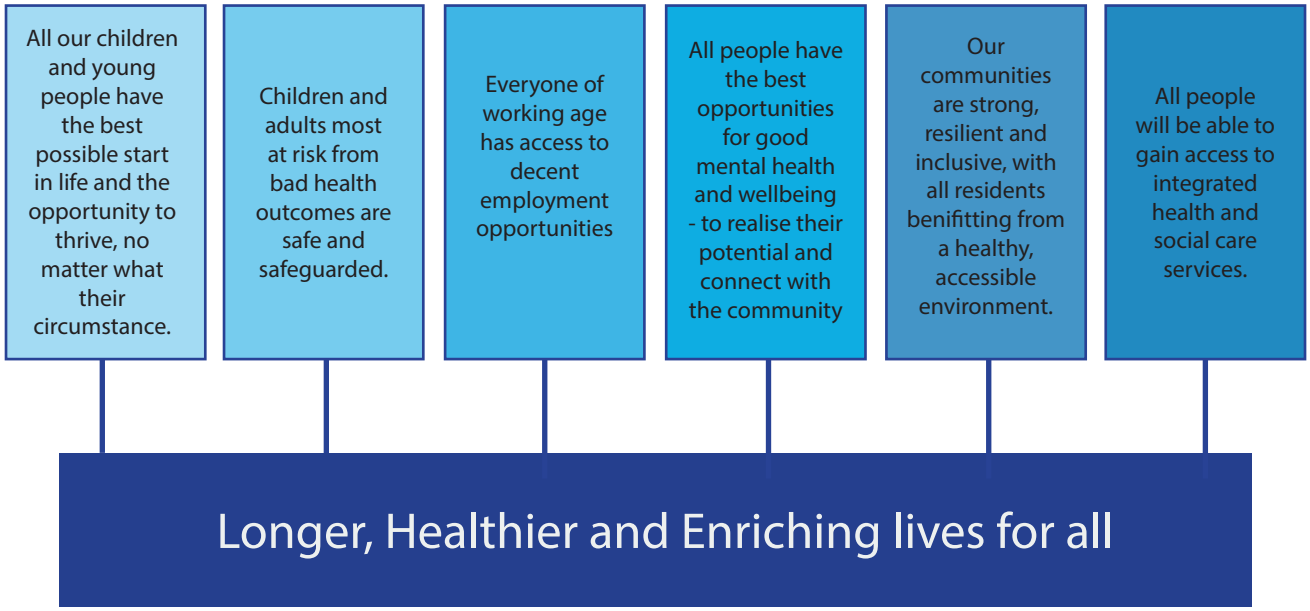
This pandemic has made it all too clear how intertwined the nation's economic health is with its physical health – better social and economic conditions had led to better health outcomes and vice versa. Covid-19 has also shown us the importance of social cohesion, giving us opportunities to build community resilience and collectively win the fight against the virus.

It is important that Reading, West Berkshire and Wokingham reflect on this episode— the good and the bad — in order to take these lessons forward with a long-term view to "build back better" from Covid-19[5] . Enhanced integration and efforts to empower citizens to have everyday resilience, including emergency preparedness, and adaption to other long-term threats such as climate risk, are here to stay[6]; with the diagram below depicting the growing opportunities and how they should be actioned to rebuild from this pandemic and move forward together.



OUR VISION

Our vision for Reading, West Berkshire and Wokingham over the next ten years is that all people will live longer, healthier and more enriched lives. This involves reducing gaps in the differences of health outcomes between the richest and poorest parts of Berkshire West. This vision encompasses our mission statements, all shown below.



Achieving this vision will need strong partnerships between individuals, local communities and statutory and voluntary sectors. We welcome the aspirations of the NHS White Paper[7] that promotes this greater integration. Integrated care means that care will focus not only on treating specific conditions, but will aim to prioritise healthy behaviours, prevention and supporting people to live more independent lives for longer. Developing this more joined up model of care will also enable the NHS, local government, voluntary sector and other partners in Berkshire West to work together to respond to the needs, priorities and challenges facing our local communities during post-pandemic recovery.

OUR PRINCIPLES

RECOVERY FROM COVID-19

The Covid-19 pandemic has presented an unprecedented challenge to Berkshire West's health and care services and the way residents live lives on a daily basis. As we move towards a recovery phase, we now have an opportunity to "Build Back Better"[8], taking account of the widening health inequalities that have been highlighted by Covid-19 and working together to ensure that equity is at the heart of Reading, West Berkshire and Wokingham's local decision-making to create healthier lives for all.

ENGAGEMENT

Public engagement has been at the core of the development of this Strategy and will be essential to how it is delivered. Reading, West Berkshire and Wokingham will work towards creating more permanent engagement structures and processes to ensure residents' voices are heard as we roll out this plan over the next ten years. This may include the creation of citizen panels, specialist groups and committed champions in our communities who can lead with both their specialist knowledge and local commitment.

PREVENTION AND EARLY INTERVENTION

Prevention and intervening early are key to reducing long term poor health and wellbeing. By shifting our approach away from treating ill-health to preventing it from happening in the first place, we can contribute significantly to reducing physical and mental ill-health.

EMPOWERMENT AND SELF-CARE

We want to support our local people to become more actively involved in their own care and to feel empowered and informed enough to make decisions about their own lives, helping them to be happy, healthy and to achieve their potential in the process.

DIGITAL ENABLEMENT

The Covid-19 pandemic has led to many opportunities in digital transformation for health, social care, both at work and at home. But for those who are unable to participate in online services, it has resulted in greater social isolation and exclusion. We want to embrace the opportunities that digital enablement presents; whilst ensuring that we improve digital literacy and access across the whole of Berkshire West.

OUR PRINCIPLES

SOCIAL COHESION

The diversity of our areas is an asset that we will aim to develop and leverage going forwards. There is already a wealth of community activity taking place across each region and we will work collaboratively with community members, service providers and statutory bodies to help eliminate community-specific health inequalities.

INTEGRATION

Whole systems integrated care is about ensuring every person in Berkshire West can have their needs placed at the centre – this is done through joining up the range of health, social care services and relevant community partners. The aim is to increase access to quality and timely care, supporting people to be more independent in managing their conditions and becoming less likely to require emergency care. To achieve this, we also need to build on existing relationships in the broader Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)*, linking policies, strategies and programmes with those at the ICS level.

CONTINUOUS LEARNING

The actions that will be delivered through this strategy in Berkshire West should be reviewed and adapted in a timely manner as the world around us changes. We need to accumulate experience, share best practices and learn from one another.

** An Integrated Care System (ICS) is one in which local NHS organisations choose to take on clear collective responsibility for resources and population health, providing joined up, better co-ordinated care. The Berkshire West ICS works closely with South Central Ambulance Trust and the three local authorities in Reading, West Berkshire and Wokingham to drive integration between health and social care. The Berkshire West ICS partnership includes: Berkshire West Clinical Commissioning Group (CCG), Royal Berkshire Hospital Foundation Trust - An acute hospital, Berkshire Healthcare Foundation Trust - A community / mental health Foundation Trust, GP services in Berkshire West which are grouping themselves into four locality / neighbourhood aligned 'alliances'.*

HOW THE STRATEGY WAS DEVELOPED

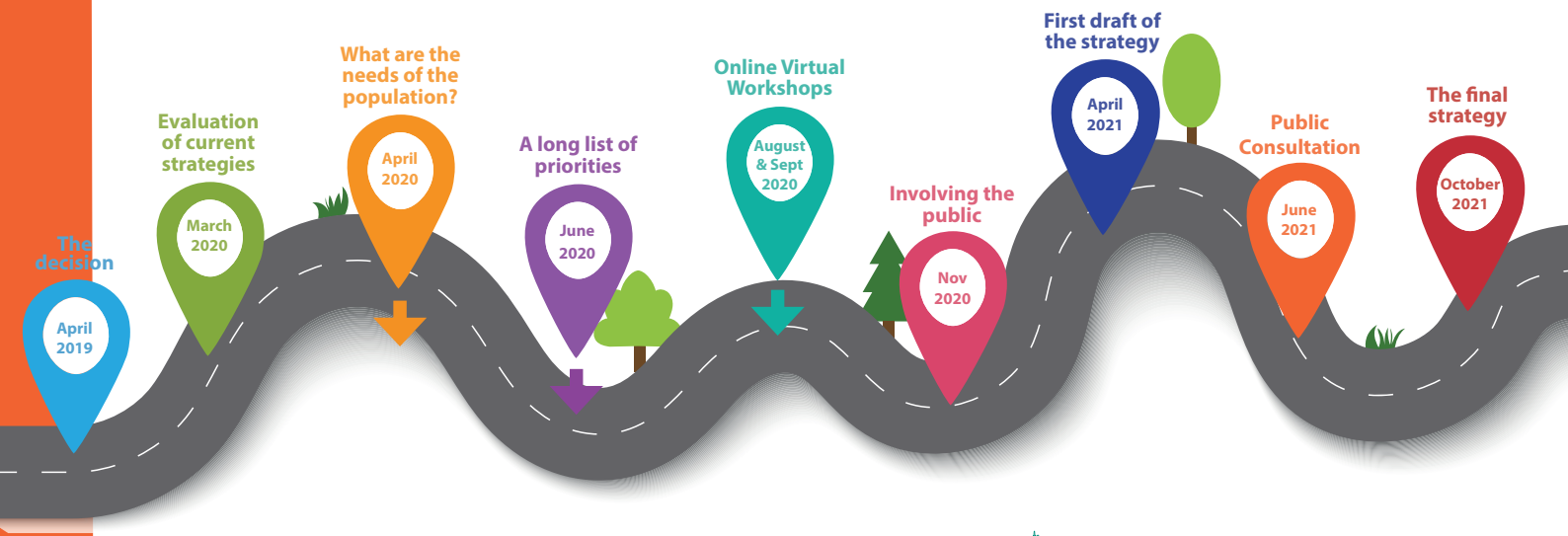
The roadmap illustrates how we developed our priorities for the Health and Wellbeing Strategy for Berkshire West.

Public engagement has been at the very heart of this process. A dedicated Consultation & Engagement Task and Finish Group* was created to lead community consultation and engagement efforts.

The membership of this group spans the three local authority areas and includes staff from Healthwatch and Voluntary Sector Umbrella organisations as well as representatives from local communities themselves (focusing upon typically underrepresented groups).

Collectively, this team co-produced and delivered the public engagement Strategy that was crucial to the creation of the HWBS.

A more detailed report on how the Strategy was developed and the outcomes of the public engagement can be found in the Berkshire West Engagement Report.



The engagement task and finish group include: Healthwatch Reading, Healthwatch Wokingham, Healthwatch West Berkshire, Berkshire West CCG, Reading Voluntary Action, Involve Wokingham, West Berkshire Volunteer Centre, Community United West Berkshire, Berkshire Healthcare Foundation Trust, representatives from the public health teams in each of the three local authorities.

OUR PRIORITIES

FIVE HEALTH AND WELLBEING PRIORITIES

The jointly agreed five priorities over the lifespan of this Strategy which we believe will bring the most positive impact to our health and wellbeing are as follows:

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.

2 SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.

3 HELP CHILDREN AND FAMILIES IN EARLY YEARS.

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

These priorities are interrelated and interdependent, with the number one priority of "reducing health inequalities" acting as a pillar and the eight principles driving all implementation plans that fall under the other four priorities.

Our number one priority is to reduce health inequalities. This is the unfair differences in people's lives, often shaped by influences beyond medicine and access to health services.

This includes factors that are primarily social – the conditions in which people are born, grow, live, work, and age, meaning that economic, environmental and social inequalities can all determine people's risk of getting ill. For this reason, reducing health inequality will act as a pillar, underpinning all that is done for the four other priority areas.

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHY IS IT IMPORTANT?

Health inequities are a matter of fairness and social justice[11]. It is the unfair and avoidable differences in people's health across social groups and between different population groups, often expressed as the "social gradient in health". In England, there are still significant unfair and avoidable inequities in their health and in access to and experiences of NHS services[8].

Many people in our area experience health inequities. This may include groups who are economically disadvantaged, isolated young people, refugees and asylum seekers and people with physical disabilities or those who may find it harder to communicate. The relationship between a person, their widerenvironment and their health is shown in the Dahlgren and Whitehead model[9] on the right– health is influenced not only by choices that a person makes (such as smoking, or eating a healthy diet), but also by their living and working conditions and the community that surrounds them.

We know that people who experience health inequalities may often be those who are at high risk of bad health outcomes and so there is overlap between the groups identified above within this priority, and those who are also identified within Priority 2 of this Strategy: *Support Individuals at High Risk of Bad Health Outcomes to Live Healthy Lives*

Local efforts to reduce health inequalities means focussing on reducing gaps in healthy life expectancy amongst those who have the worst outcomes. Building fairer areas will ensure everyone has the best opportunity to live a long life in good health.

There are 3 key issues:

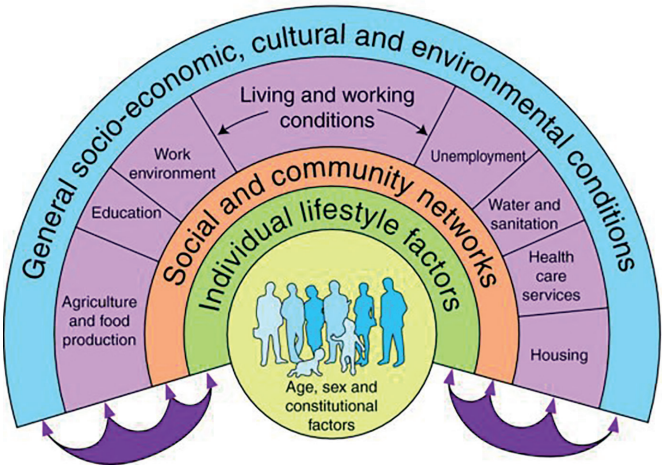
i. Inequities in opportunity and / or outcome: some people don't get a good start in life, have fewer social opportunities, live shorter lives or have longer periods of ill health;
ii. Inequities and lack of access – some people cannot access services, don't know about them or can't use them;
iii. Covid-19 – its impact has exacerbated existing health inequities

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

"Lack of income should not mean poor health

"Make (health and social care) services available to everyone"



Model of social determinants of health [9]

REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE

WHAT ARE WE ALREADY DOING?

Reading, West Berkshire and Wokingham HWBs have all made significant efforts to reduce health inequalities. All three areas have worked with their residents, statutory organisations and voluntary groups to make sure that residents are empowered to decide where actions should be taken and in what manner to achieve fairness in their community. The three areas have also begun to use a Population Health Management approach; this makes use of rich local population health data to complement and inform these discussions and actions.

SPOTLIGHT

The Alliance for Cohesion and Racial Equality (ACRE)[14] in Reading, is a voluntary organisation that hosts an annual health inequalities conference.

They work to promote equality across nine strands including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, all in order to build an increased sense of community in Reading.

Alafia, the ACRE Family Support Team, also works to support families caring for a child or young people between the age of 0-25 from diverse backgrounds.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- Take a Health in All Policies approach[15] that embeds health across policies and various services. We need to encourage closer working relationships between statutory bodies and the voluntary and community sectors. For example, joining up Berkshire West's community-based and NHS mental health and social services to schools and employment services may simultaneously achieve the goals of widening participation in higher education and increasing economic opportunities for everyone.
- Address the challenge of funding in all areas and ensure that decisions on changing services do not adversely affect people with poorer health outcomes.
- Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.
- Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers and self-help groups that sit within Reading, West Berkshire and Wokingham.
- Ensure fairer access to services and support for those in most need through effective signposting, targeted health education and promoting digital inclusion, all in a way that empowers communities to take ownership of their own health.
- Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. We have to ensure access to these services are available to all during Covid-19 recovery. We need to prepare a delivery plan with a defined timeline to mitigate the long-term impact of Covid-19 on existing health and social inequities.

2

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHY IS IT IMPORTANT?

Differences in health status between groups of people can be due to a number of factors[13], such as income, geography (e.g. urban or rural) and disabilities. The health needs of those groups at high-risk for bad health outcomes could place heavy and unpredictable demands on health services[17,] and must therefore proactively be identified and addressed. The broad issues impacting groups at high risk are:

i. Barriers to accessing GPs and primary health services;
ii. Lack of easy access to healthy activities and food;
iii. Limited availability of information about health and wellbeing services;
iv. Increased loneliness and isolation (exacerbated by COVID-19).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between groups with existing health inequities, it is important to adopt a "proportionate universalism" approach[15]. This means allowing some form of effective targeting or tailoring of services to different groups that are at greater risk of bad health. This should take place within a broader universal framework, i.e. where the general services or provision is already available for all.

WHAT YOU TOLD US:

Residents across Reading, West Berkshire and Wokingham considered reducing the differences in health to be an "extremely important" issue.

Supporting people facing higher risk to live healthy lives is a very important priority across Reading, West Berkshire and Wokingham. 35% of all survey respondents agreed that significant change is required within this priority area.

People facing higher risk of bad health outcomes[16] were identified as having a continuing or new need for support (including before and during Covid-19). Focus groups and survey responses the identified the following groups:

- Those living with dementia
- Rough sleepers
- Unpaid carers
- People who have experienced domestic abuse
- People with learning disabilities

During the life of our Strategy, we will actively engage with our communities, continuously learning to ensure we are focussing on the groups that are at higher risk, understanding that they may change over the next ten years.

SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES

WHAT ARE WE ALREADY DOING?

Although different groups may be targeted in Reading, West Berkshire and Wokingham, considerable steps have been taken in each area to ensure nobody falls between the cracks through ways that are most suited to local needs as well as joint working to meet common needs.

SPOTLIGHT

In Wokingham, provisions are in place to identify and effectively support those with Special Education Needs and Disabilities (SEND); a co-produced 2020-2023 SEND strategy is being executed to support CYP aged 0-25 years, their parents and carers. SEND Voices Wokingham is an example of a successful parent-carer forum which promotes participation and co-production in local governance by regularly representing or advocating for service users to service planners, commissioners and providers to design and deliver better services.

West Berkshire has recently refreshed its Domestic Abuse Strategy (2020-2023) to provide high-quality, evidence-based interventions for survivors of abuse and their families as well as training for local practitioners and communities to support those currently at risk. A2Dominion is the local Domestic Abuse Service provider that offers emotional and practical support through phone helplines, places of safety and independent domestic violence advisor support.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We need to raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre-diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.
- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.
- We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.
- Prevent, promote awareness and provide support to victims of domestic abuse in line with proposals outlined in the Domestic Abuse Bill.
- Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.
- We need to increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith based organisations linked to health and social care services.

3 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHY IS IT IMPORTANT?

Prevention and early actions are key to positive health outcomes. Setting the foundations for health and wellbeing for families and children in early years is crucial to ensure the best start in life for every child[22]. The first 1001 days[23] - from pregnancy to the first two years of a child's life - are critical ages for development. This sensitive window sets the foundations for virtually every aspect of human development – physical, intellectual and emotional[24].

Key improvements need to be made in:
i. Supporting new parents, including single parents, in the transition to parenthood;
ii. Ensuring access to effective interventions throughout the first 2 years of a child's life[25];
iii. Guaranteeing affordability and timeliness of services during and after COVID-19.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

In order to close the gap between Inequities in child health and development starts early; it exists at pregnancy, birth and during the early years. Not all children and families have the support they need for their children to be physically healthy, emotionally secure and ready to learn[26]. Reasons for this are often social, including income and poor housing quality[27], and these factors can often accumulate over the lifecourse[28], having long term consequences on not only health, but also social outcomes such as educational attainment and employment. This is why it is so important to ensure we support families to provide as best a start as possible for their young ones to avoid reproducing health and social inequalities in the next generations, setting ourselves up for a more equal society in the future.

WHAT YOU TOLD US:

Around 40% of all survey respondents across the three areas consider this priority to be an "extremely important" issue.

"I would like to have help with childcare".

"It's unclear what support is available."

WHAT ARE WE ALREADY DOING?

It is evident that children and young people (CYP) are our asset and a very cherished part of Berkshire West from the sheer number of partnerships, actions and advocacy at different levels surrounding this demographic locally. It shows that we are all in it together to improve the lives of CYP and their families.

In addition to the spotlight below, the three areas have committed to align the delivery of local health visiting and school nursing services (Healthy Child Programme), promoting a whole systems approach* to make it easier for children, young people and families to receive the care and advice they need.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

SPOTLIGHT

West Berkshire Children Delivery Group and the ONE Reading CYP Partnership are working towards system change in their respective areas. This includes coordinating the contribution of partner agencies to shared visions, principles and priorities, promoting shared workforce development and information sharing. These organisations have also pushed to embed trauma-informed approaches* to CYP services and in school education programmes.

At the community level, different groups have also been providing training sessions and guidance to help practitioners to meet the diverse, complex needs of families. Areas of work which harness the expertise of voluntary groups range from mentoring to the provision of essential needs. The increase in voluntary sector capacity has increased community resilience and has helped to reduce pressures on specialist services.

* This approach assumes that an individual is more likely than not to have a history of trauma. It recognises the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life. A trauma-informed approach aims to provide an environment where a person who has experienced trauma feels safe and can develop trust.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will need to explore a more integrated, universal approach that combines children's centres, midwifery, health visiting and school nursing, as outlined in the Start For Life report[29]. This will aim to improve the health, wellbeing, developmental and educational outcomes of children in Berkshire West.
- We will work to provide evidence-based support for mothers, fathers and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and the early years.
- We will increase the number of two-year olds (who experience disadvantage) accessing nursery places across Reading, West Berkshire and Wokingham.
- We will ensure that early years settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families properly.
- We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE

WHY IS IT IMPORTANT?

The mental and emotional health of CYP[30] is as important as their physical health and wellbeing. Mental health problems are a leading cause of disability in children and young people, and can have long-lasting effects; 50% of those with lifetime mental illness experiencing symptoms by age 14[26]. The three key issues affecting the mental and emotional welfare for local CYP are:[31 32]

i. Limited resources, service cuts and the closure of the community hub and cut in the services and community hub as a result of the lockdown;
ii. Limited access to mental health education and services to support children and young people and prevention services;
iii. The waiting time to access child and adolescent mental health services (CAMHS).

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas[33]. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity[34]. Inequalities in the rates of mental illness observed across ethnicities and sexual orientations of CYP also warrant urgent attention[35]. As stated, we know that mental health conditions that start at a young age often persist into later life and limit CYP's opportunities to thrive in both education and in the job market.[31] Closing the gap in CYP mental health and wellbeing in Wokingham, Reading and West Berkshire will therefore be key to ensuring all CYP have the best chance of making the most of the opportunities available to them and fulfilling their potential.

40

WHAT YOU TOLD US:

Over 70% of people 45 years or younger and about 50% of all survey respondents considered good mental health and wellbeing for all children and young people an extremely important issue.

"Not enough support in schools (for mental health)."

"Many families struggle to support their children (with mental health issues)".

WHAT ARE WE ALREADY DOING?

The Berkshire West Future in Mind Plan, a Local Transformation Plan for CYP Mental Health and Wellbeing in Reading, West Berkshire and Wokingham. Its priorities are to:

- Raise awareness amongst children and young people, families / carers and services to improve confidence in providing informal emotional wellbeing support, as well as better identification and early intervention for children and young people needing additional support for their mental wellbeing.
- Improve waiting times and access to support, including developing support to bridge the gap for those on waiting lists for a mental health assessment or intervention.
- Recognise the diversity of the youth population across Berkshire West and improve both equality of access across all services and reduce stigma attached to mental health.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG

- Develop a systematic approach to hearing the voices of children and young people.
- Strengthen joint working to plan, commission, deliver and promote services which focus on the priority issues for children and young people across Berkshire West.
- Build Berkshire West 0–25-year-old comprehensive mental health offer and review transition arrangements for services offered.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will adopt universal approaches that are supported by evidence[36] for interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health. We will recognise the diversity of the youth population across Reading, West Berkshire and Wokingham and improve the equality of access across all services.
- We will support a Whole School Approach to Mental Health[37] which goes beyond the PSHE curriculum, to embed wellbeing as a priority across the school environment. This requires a genuine engagement across staff, students, parents, the community, and mental health support teams. Introducing a school-based evidence informed interventions[38] for emotional health and wellbeing is supported by the local school nursing service and voluntary organisations.
- We will expand our trauma-informed approach among formal and informal service providers, including charities and voluntary organisations, supporting recovery and resilience in our children and young people.
- We will aim for early identification of young people across Reading, West Berkshire and Wokingham in greatest need or at risk of developing a mental health condition, who will be supported by effective early intervention to build self-confidence and change behaviours.
- We will aim to enable our young people to thrive by helping them to build their resilience, recognise fluctuations in their emotional state, have the skills to overcome normal life challenges and stresses without long term harm and provide additional support when and where it is needed.
- We will use Corporate Parenting principles to how services are delivered in relation to looked-after children and care leavers[39]; adopt behaviours and attitudes when acting as any good parent would do by supporting, encouraging and guiding their children to lead healthy, holistic, fulfilled lives across Berkshire West.

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

WHY IS IT IMPORTANT?

Mental health problems in adults represent the largest single cause of disability in the UK[40]. Adults could be affected by mental health issues at any time-point. It impacts all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society, since it could affect their role functioning as parents, employees and so on. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain[41]. The key issues are[42]:

i. Lack of early identification of and intervention with mental health problems;
ii. Limited social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of death with evidence that adequate social relationships can help improve life expectancy;
iii. Improving the access, quality and efficiency of current services, including post COVID-19 mental health support.

HOW DOES THIS IMPACT HEALTH INEQUITIES?

Inequalities also exist in adult mental ill-health across protected characteristics, including sexual orientation, sex, ethnicity, and whether they belong in socially excluded groups (e.g. people experiencing homelessness, asylum and refugees)[43]. People with severe mental illness (SMI), such as psychosis and bipolar disorder, have a life expectancy of up to 20 years shorter than the general population[44].

Much like inequalities in physical health, mental illness is also closely linked to broader social inequalities which are complex and interrelated, such as unemployment, discrimination and social exclusion. Therefore, tackling mental health inequalities also requires addressing these broader social inequalities.

WHAT YOU TOLD US:

Over 70% of people of 35 years of age or older and about 50% of all survey respondents considered good mental health and wellbeing for all adults an "extremely important" issue, while more than 40% believe that significant further change is required.

"Ethnically diverse communities find it difficult to access mental health resources".

"(physical health is) linked to mental health"

WHAT ARE WE ALREADY DOING?

In times of a global pandemic, the lockdown social distancing and shielding measures meant that people had less opportunity to spend time with loved ones as before. Understanding their impact on mental health and wellbeing, voluntary and service sectors alike have prioritised combating loneliness and social isolation and expanded efforts to address mental health crises and suicide prevention as part of the COVID-19 response.

Across Berkshire West, during this time, our local services have proactively reached out to existing users for wellbeing checks. There has been an overwhelming and heartening response from volunteers in expanding the capacity of charities for befriending support. As we move forward, partner organisations of the three HWBs will remain vigilant and provide enhanced mental health and suicide prevention support around areas of heightened risk.

PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS

SPOTLIGHT

Wokingham's Link Visiting Scheme is a charity dedicated to reducing loneliness through enabling friendships. Thanks to the immense support from local communities, the charity has seen an 80% spike in growth and has managed to respond to the quadrupled demand in services during the pandemic. From one-to-one phone calls that match volunteers to older people based on personality and interests, to online Friendship Cafes and craft sessions, the charity has seen many friendships blossom during the pandemic.

West Berkshire have signed up to the Prevention Concordat for Better Mental Health, working with different organisations to take a prevention focused approach to public mental health. A new Surviving to Thriving fund has also been set up in partnership with Greenham Trust to support projects that will help to reduce the impact of covid on mental health.

WHAT DO WE NEED TO DO TO MAKE A DIFFERENCE?

- We will tackle the social factors that create risks to mental health and wellbeing[45], such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness, especially among the elderly.
- We will work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture. We will continue to recognise the importance of community links, greenspaces and understanding of different cultural contexts in order to inform the improvement of access to services.
- We will improve community cohesion applying the lessons of lockdown in recognising the health benefits of social connection as part of COVID-19 Recovery plans. Increase 'social prescribing'[46] by promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.
- We will work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health, and ensure both are treated equally.
- We will improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.
- We will improve service offerings for everyone: Better, seamless access, quality and efficiency, especially virtual, to accommodate the elderly, ethnically diverse communities or those who are not comfortable face-to-face in all three areas.

NEXT STEPS

THE ROAD AHEAD

As we transition into the post-pandemic era, there is a lot of work to do ahead of us in terms of the recovery of population health, rebuilding livelihoods and adapting to a new normal, whilst levelling health inequities across Reading, West Berkshire and Wokingham. In order to do this, each Health and Wellbeing Board will develop their own local delivery plans to implement this Strategy. These plans will be specific to each area, understanding how the five priorities fit in their communities and what local actions need to be taken. This will include the governance and accountability arrangements that will oversee the work.

This Strategy will actively engage with stakeholders to refresh itself on a cycle during its ten-year lifespan. This will ensure that the Strategy is able to meet the needs of our communities as they grow and change during this time.

STRENGTHENING PARTNERSHIPS AND COMMUNITY ENGAGEMENT AS A PLACE-BASED APPROACH

Improving the health and wellbeing of Reading, West Berkshire and Wokingham will always rely on local assets; it is not a task that can be achieved by the Health and Wellbeing Board alone. Faced with these challenges before us, now more than ever is the time to come together to work towards our common goals and recover from the pandemic. We want to strengthen existing partnerships, increase collective action, coordinate the management of common resources, share data and best practices and stimulate innovation at the local level.

We also want to build upon the many conversations we have had with local people and continue directly engaging and involving residents as a way of empowering communities to have a say, take control of their health, find solutions that work for everyone and support one another in this time of crisis. By adopting this place-based approach to health, we can maximise our resources, skills and expertise to increase the pace and scale of change required.

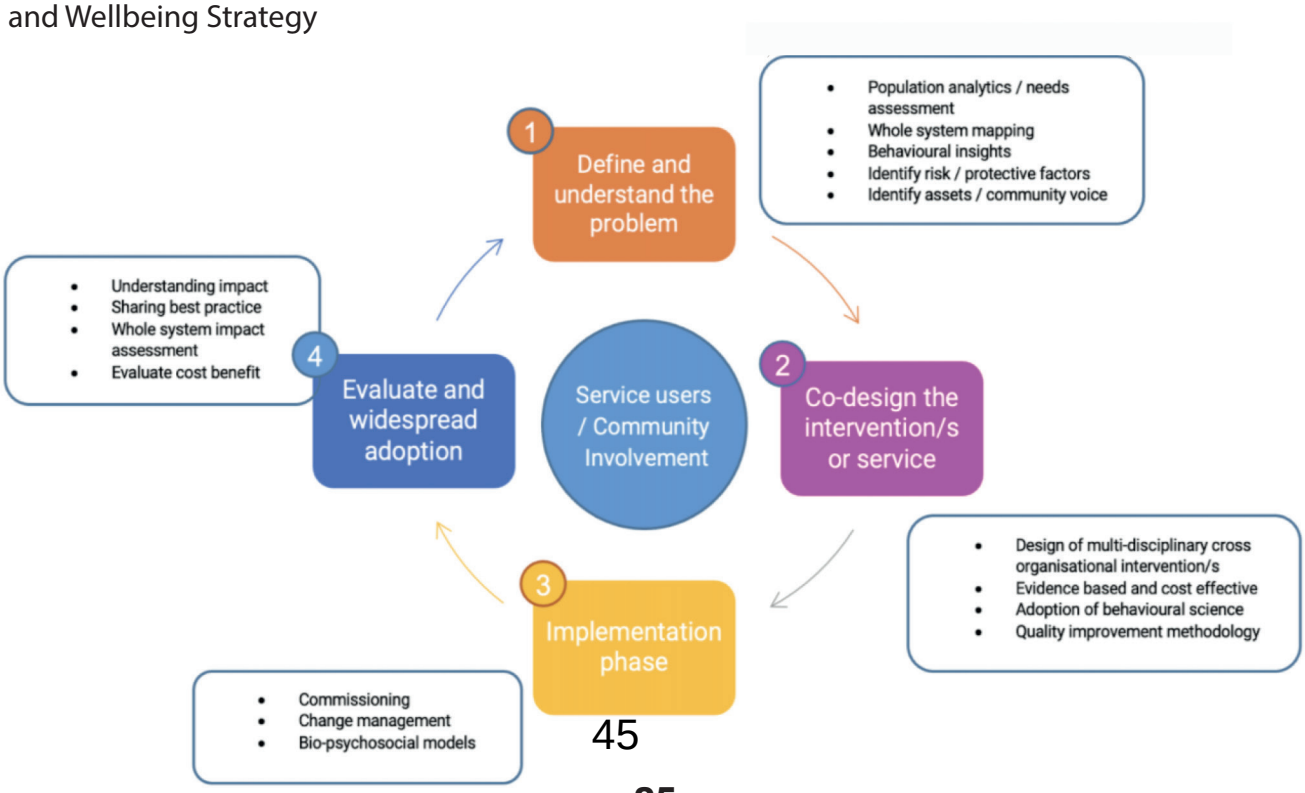
NEXT STEPS

HEALTH AND WELLBEING BOARD COMMITMENTS

Each Health and Wellbeing Board will work towards the five priorities in different approaches to adapt to their local context and reflect on local issues and concerns. Whilst there are specific priorities contained within this Strategy, our ambition is to embed prevention in all that we do. We will achieve this by adopting a public health approach, for each of the five identified priorities, the three HWBs will:

- Assess the current provision and gaps in services compared to national guidance or best practices ensuring that this Strategy coordinates with other strategies across the system and is complementary to those, rather than a duplication of them.
- Define how success may be measured by developing a robust outcomes and indicators framework. This will be presented as outcomes when measuring progress (includng the direction of travel and targets), to enable sharper focus and opportunities for the three Boards to discuss progress in their local areas.
- Review the evidence on what works to get us to where we want to be.
- Identify opportunities for improvement.
- Consult the stakeholders for input on the draft implementation plan.
- Mobilise resources for implementation.
- Coordinate actions at the whole systems level in Berkshire West.

The diagram below represents a framework that will guide the work in delivering the Health and Wellbeing Strategy



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APPENDIX

APPENDIX A

MEASURE	SOURCE
Total Resident Population	Office for National Statistics (2019)
Urban Population: *The percentage of people living in an urban area, based on the Rural-Urban Classification. The Classification defines areas as rural if they are outside settlements with more than 10,000 resident population, and as urban if inside such settlements.*	Department for Environment, Food and Rural Affairs (2011) https:¬/¬/www.gov.uk¬/government¬/collections-/rural-urban-classification Data
Population Aged 65+	Office for National Statistics (2019)
Ethnically Diverse Population	Office for National Statistics, Census (2011)
Children achieving a good level of development at early years	Department for Education (2019)- Statistics: Early Years Foundation Stage Profile https:¬/¬/www.gov.uk¬/government¬/collections-/statistics-early-years-foundation-stage-profile
Full time students age 18+	Office for National Statistics, Census (2011)
Total number of businesses	Office for National Statistics (2019)
Unemployment Rate	Office for National Statistics (2019)
Percentage of unpaid carers (1-50+ hours of unpaid care per week)	Office for National Statistics, Census (2011)
People with very good health	Office for National Statistics, Census (2011)

Berkshire West Health and Wellbeing Strategy

Local action plan development for Wokingham

Strategy in Action Document

- Introduction (background of Berks West strategy development)
- Survey consultation results (Wokingham)
- Wokingham need (priority specific)
- For each priority:
- Current work within the borough related to priority
- Specific local priorities under the overarching strategic priority
- Identification of the key partners
- Governance and ownership under HWB

Development plan

4 INFORMAL WBB WORKSHOPS FOR EACH PRIORITY – JULY (1ST, 8TH, 15TH) & AUGUST (12TH)

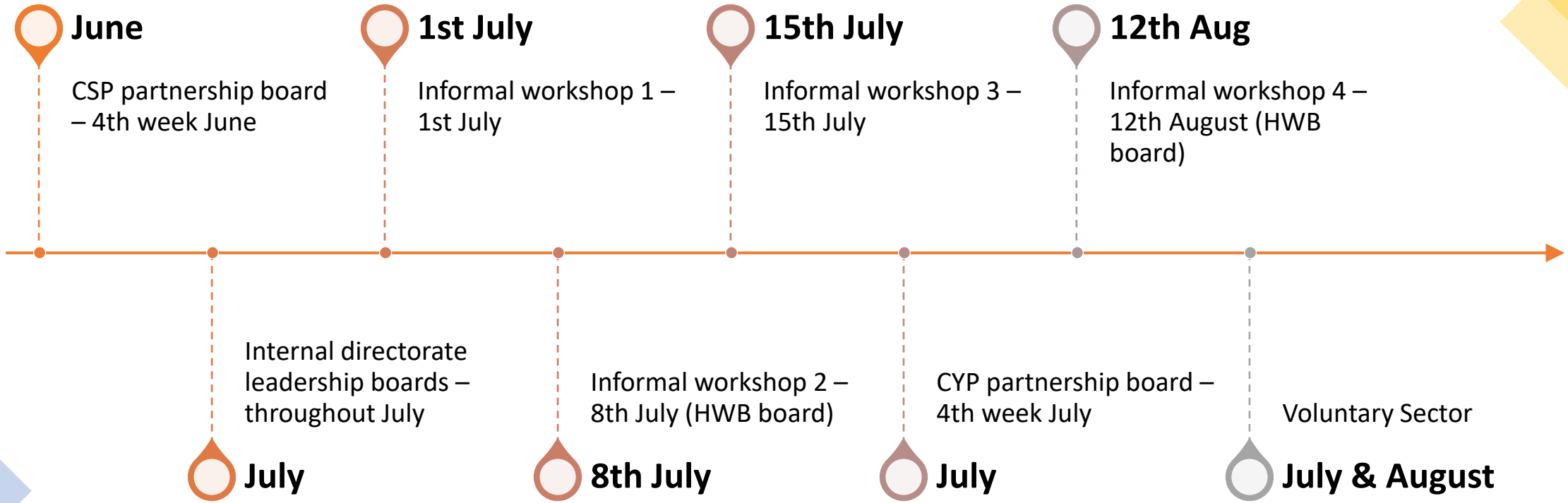
ENGAGEMENT WITH KEY STAKEHOLDERS –JUNE/JULY/AUGUST

CREATING THE DOCUMENT – CONTINUOUS

CIRCULATING DRAFT FOR COMMENT BEGINNING AUGUST + REWORK AND FINALISATION ACROSS AUGUST

JHWBS BERKS WEST AND LOCAL ACTION PLAN FOR APPROVAL HWB 9TH SEPT (PAPERS DUE FRIDAY 27TH AUGUST)

Timeline of consultations



Priorities

- **Priority 1: Reduce the differences in health between different groups of people**
- **Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives**
- **Priority 3: Help children and families in early years**
- **Priority 4: Good mental health and wellbeing for all children and young people**
- **Priority 5: Good mental health and wellbeing for all adults**

Governance

HWB Partnerships:

- Children and Young People's Partnership Board

- Community Safety Partnership

- Wokingham Integrated Partnership

HWB Action Groups:

- Health Inequalities

- Physical Activity

- Loneliness and Social Isolation (Mental Health?)

Ownership

Partnerships and groups	Priorities
CYPP Board	Children and families in early years (and children's mental health)
CSP Board	Vulnerable people
WIP	Cross-cutting
Action Groups:	
Health Inequalities	Health inequalities/vulnerable people
Physical Activity	Cross-cutting
Loneliness and Social Isolation (Mental Health)	Mental health and wellbeing (children and adults)

Expectations of HWB for Partnerships / AGs

To take ownership of the delivery of the strategic priorities

To report to the HWB on their progress bi-monthly (see example dashboards from the 3 action groups)

To ensure all relevant stakeholders are involved in the delivery of the priorities

What makes an effective HWB?

- shared vision for the place
- understanding population needs and the resources in an area
- committed shared leadership
- investing time in developing relationships
- working across different planning, commissioning and delivery footprints
- clarity of role for the parts of the system and how they fit together
- ability to demonstrate impact

What makes an effective HWB?

"Effective health and wellbeing boards are true partnerships"

"A combination of public meetings and development sessions in private are invaluable to build effective relationships…"

"JHWSs provide the overall strategic vision and priorities for health care and wellbeing. They are often described as the glue that joins the partnership together."

"Nonetheless, they (HWBs) counsel against underestimating the difficulties of developing integration across NHS organisations and councils, which have very different cultures, governance and accountability."

Data Dashboard

Monthly Update from Action Group
Physical Activity Action Group

June 2021

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

WOKINGHAM BOROUGH COUNCIL

Section 1
Progress of Action Group

60

Progress of the action group

WOKINGHAM BOROUGH COUNCIL

Priorities

Children, Young People & Families

Ethnic Minority Groups

Covid-19 Recovery

Actions Achieved (Jan – March)

- Confirmed HWB group membership
- Confirmed extended membership
- Confirmed objectives (adding a focus on WBC staff)
- Accepted Terms of Reference for the group
- Reviewed data reported identified gaps & where innovation can be applied
- Agreed 3 Priority Groups

Objectives

1. Review pathways into local walking & cycling training programmes
2. NHS England Better Health campaign created opportunity for partners to come together to plan how this campaign can be supported and localised
3. Programme/s of work targeting children for improving physical activity/reducing weight need further scoping
4. To undertake 6 month follow up surveys on participants of local programmes to help measure the impact of initiatives
5. Expand resources to prevent schemes specifically targeting children on waiting lists
6. To promote and engage internal offers for WBC staff to support a healthy workforce
7. To develop a reporting system to capture monthly local progress and achievements

Long-term Success Measures

Increase

- Percentage of adults walking for travel at least three days per week
- Percentage of adults cycling for travel at least three days a week
- Percentage of physically active adults
- Percentage of activity levels for children and young people

Decrease

- Percentage of adults physically inactive
- Percentage of adults (aged 18+) classified as overweight or obese
- Prevalence of overweight (including obesity) Reception (4 - 5 years and Year 6)

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

WOKINGHAM BOROUGH COUNCIL

Key Achievements

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

Increased online offers promoted locally to get people active throughout lockdown

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

2 New schools committed to Eco Travel Air Quality project

1 School achieved Platinum accreditation for Mode shift Stars school travel

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

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

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

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

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

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

QR Walk launches March 30th 2021

WOKINGHAM BOROUGH COUNCIL

Section 2
Reporting

WOKINGHAM BOROUGH COUNCIL

Local Sports and Leisure Teams

Where are we now

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

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

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

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

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

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

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

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

SHINE

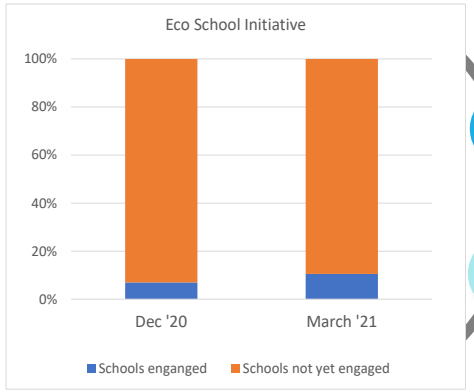
Facebook Videos
Roughly 1,500 unique residents who have seen our posts during March 2020
Wokingham Active Kids Videos
392 views to date

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

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

Eco Travel and Air Quality Team

Where are we now



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

Numbers **increased** even during lockdown

Modeshift Stars Travel Accreditation

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

Role of Honour
Hawthorns Primary took part in a Air quality banner competition asking drivers to stop Idling, 106 entries were received.
A competition asking schools to build bee houses had 36 entries from 11 schools

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

An introduction lesson is ready to be piloted in local schools

COMING SOON!

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

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

Updates

WOKINGHAM BOROUGH COUNCIL

My Journey Team

65

Where are we now

Lockdown resulted in significant challenges to the delivery of our Bikeability / Scooter training sessions.
However Bikeability was delivered to 150 children.

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

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

Updates

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

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

Local School Games Co-ordinator

Where are we now

Lockdown has meant strict timetables throughout
Quarter 3 and 4 for school bubbles to prevent bubbles from mixing or being outside at the same time as another

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

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

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

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

rather than a longer period of less intense activity

School games competition

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

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

WOKINGHAM BOROUGH COUNCIL

Physical Activity Offers for WBC Staff

Where are we now

Staff sports and leisure offers are on hold due to lockdown

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

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

Buddyboost: free easy-access app

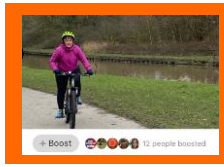
Encourages staff to buddy up virtually in groups of up to 6 to complete 26 minutes if activity for 26 days

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

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

Post-lockdown aims

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



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

Get Berkshire Active (GBA)

Where are we now

Get Berkshire Active are offering free training for health professionals to enhance skills and confidents in having conversations with patients about promoting physical activity.

There are also other opportunities to link this training to other local offers within the community and voluntary sectors is also underway and this work is also being linked up with the local Making Every Contact Count.

Numbers attending Physical Activity training sessions

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

373 participants have benefited from training in physical activity

Numbers accessing were ~ equal across counties

Total for Berkshire

Healthcare staff *: 62

Social prescribers or Community Connectors: 18

Charity Sector or Council staff (non-clinical) 37

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

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Local Country Side Team

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Where are we now

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

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

Post-lockdown aims

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

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

Healthy Weight

Where are we now

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

Progress on procurement and KPIs will be reported quarterly
New Data to be reported from July 2021 (subject to successful procurement)

Adults

Data to be considered for future reporting

Numbers attending Physical Activity training sessions

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

Referrals to GP Referral Scheme

School-meal uptake/ Free-school meal uptake

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

The aim is for a pilot to be underway in 2021

Children and Young People

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Identifying gaps in the data collected and improving future reporting

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

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

NEW Number who take up the referral

NEW Number of people who complete the programme

NEW Number who report keeping active after the referral

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

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

NEW Numbers reported by ward

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

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

NEW Number who take up the referral

NEW Number of people who complete the programme

NEW Number who report keeping active after the referral

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

New Number of junior memberships joining & attendance

New Frequency attending

New Numbers accessing swimming & active play

New Numbers FSM children accessing free swim

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

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

Section 3

Annual reports since the last Health and Wellbeing Board

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GBA Impact 2020

Get Berkshire Active

TACKLING INEQUALITIES FUND (TIF)

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

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

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

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

LOCAL SUPPORT OF NATIONAL CAMPAIGNS

WE ARE UNDEFEATABLE

Better Health NHS LET'S DO THIS

join the movement #StayInWorkOut

THIS GIRL CAN

LEADING PHYSICAL ACTIVITY CHALLENGES IN BERKSHIRE

mayathon

GBA supported the Mayathon challenge in May & October

84% activity rate for GBA team in October

RED JANUARY

30,000 REDers nationally

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

Over 3,300 unique visits to ACTIVE AT HOME resources

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GBA Impact 2020

Get Berkshire Active

PARTNER FORUMS

Safeguarding Adults – 25 attendees

'Very informative and worthwhile'

Crime prevention - 92 attendees

Inclusion Forum – 45 attendees

Virtual Physical Activity Conference for Primary Schools – 60 schools attended

'Useful insight into how other schools approach PE '

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GBA AWARDS FEBRUARY 2020

#Berkshire Heroes gallery

Awards photo gallery

37 individuals and organisations shortlisted

£1,300 raised for 2 charities

Mike Diaper, Sport England:

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

ACTIVE MEDICINE

Get Berkshire Active | Leap | Active Oxfordshire

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

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

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

215 unique visits to the brand new Healthcare Professional Portal

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

GP in Buckinghamshire, November 2020

#MoveWithUsBerkshire

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

10+ organisations and individuals contributed with blogs

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

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GBA Impact 2020

Get Berkshire Active

Mums' Zone
Happy Mums Happy Babies

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

213 attendees of online sessions

39 new mums were involved in 2019-20 intervention

Physical activity increased

Depressive symptoms decreased

Further funding secured for 2021 in Slough

EMPLOYABILITY COURSES: 'More Active More Skills'

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

Elevate 24 participants
Groundworks 15 participants

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

PHYSICAL ACTIVITY SURVEY

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

807 respondents in Spring survey

177 respondents in Autumn survey

Explore the full results

SATELLITE CLUBS & CLUB SUPPORT

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

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GBA Impact 2020

Get Berkshire Active

BERKSHIRE SCHOOL GAMES

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

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

ACTIVATE BRITWELL

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

Feedback from parent:

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

EVER ACTIVE WEST BERKHIRE

During the pandemic a lot of our usual delivery was put on hold

1800 copies of 'Fall Proof' resources have been distributed to digitally excluded carers and vulnerable isolated older adults

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

26 participants

5 new activities

ONLINE TRAINING COURSES

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

106 attendees

Safeguarding and Protecting Children workshop feedback:

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

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Section 4

National Reporting and Public Health Framework Indicators

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Child Weight Indicators

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

Indicator CO9a

Children in Reception (4-5 year olds) are measured in school and data shows the prevalence of overweight and obesity

Indicator CO9

Children in Year 6 (10-11 year olds) are measured in school and data shows the prevalence of overweight and obesity

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

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NCMP Annual Data 2019/20

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

Compared with England | Better 95% | Similar | Worse 95% | Not compared

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

Recent trends: — Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Areas All in South East region | All in England **Display** Table | Table and chart | Export table as image | Export table as CSV file

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

Source: NHS Digital, National Child Measurement Programme

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NCMP Annual Data 2019/20

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

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

Source: NHS Digital, National Child Measurement Programme

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Adult Weight Indicator

This data is taken from the 2018/19 Active Lives Survey, Sport England

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Indicator C16

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

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NCMP Annual Data 2019/20

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

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

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

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Physical Activity Indicators

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

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

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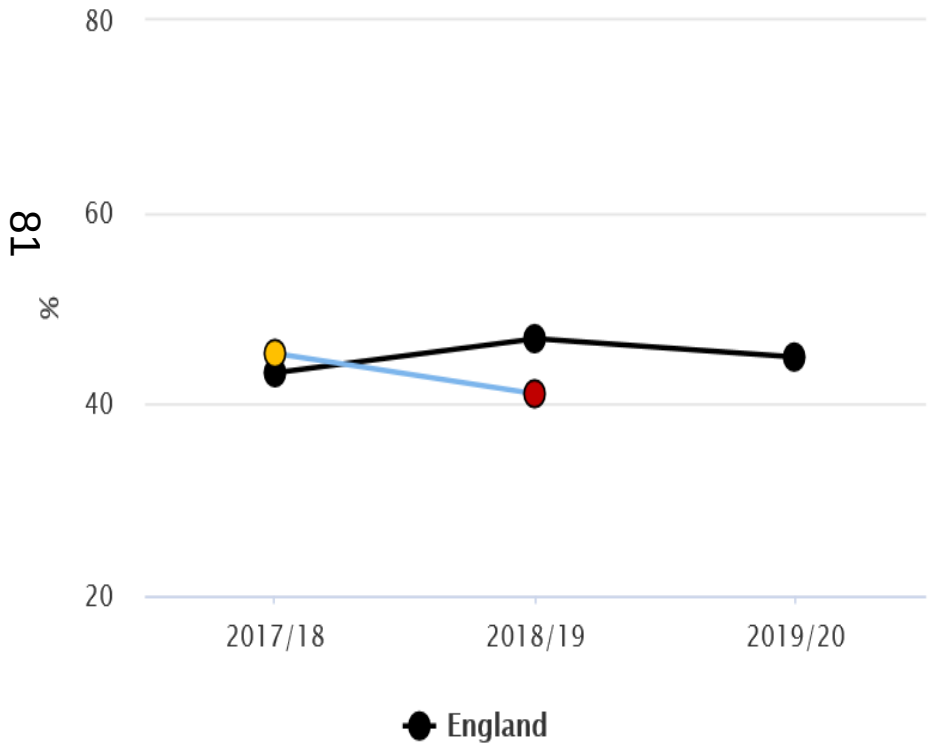
C10 - Percentage of physically active children and young people

New data

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: Could not be calculated

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

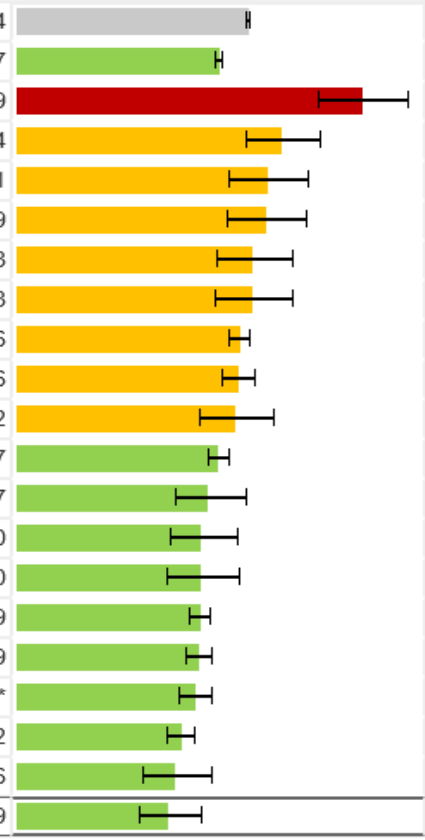
Source: Public Health England (based on Active Lives Children and Young People Survey, Sport England)

WOKINGHAM BOROUGH COUNCIL

NCMP Annual Data 2019/20

Indicator C17b % Physically Inactive Adults

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



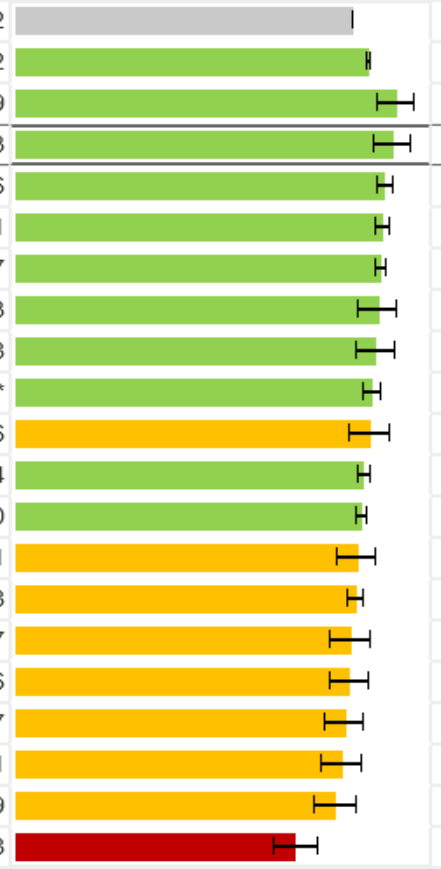
Source: Public Health England (based on the Active Lives Adult Survey, Sport England)

WOKINGHAM BOROUGH COUNCIL

NCMP Annual Data 2019/20

Indicator C17a % Physically Active Adults

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



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

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Section 5

Key reports since the last Health and Wellbeing Board

WOKINGHAM BOROUGH COUNCIL

Section 5
Highlights from influential national reports
Public Health England launched the Reduce Inequalities in Physical Activity Report March 2021

Key Messages

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

1. Enablers, barriers and identifying opportunity
2. Community consultation, engagement, and partnership
3. Holistic approach for protected characteristics and intersectionality

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

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

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

Key Points for Consideration

1. Include discussions of inequalities in physical activity in health and wellbeing boards'
2. Ensure the workforce reflects the diverse community
3. Consider the training needs of the local workforce in diversity
4. Encourage high-level, executive staff to act as 'equality and diversity in physical activity' leads
5. Work to ensure equality in physical activity is actively promoted prominently within commissioned healthcare services

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Action Group Dashboard

Tackling Loneliness and Social isolation.

June 2021

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

Contents

- **Section 1: What's the current scale of the problem?**
  - Data & Insights: Understanding and identifying at-risk groups
  - Literature Review: Findings from recent national research
  - Living document: Community groups at risk of loneliness and social isolation

- **Section 2: What are we doing to address these problems?**
  - Updates from local services supporting vulnerable residents
  - Updates from council initiatives to combat loneliness & social isolation

- **Section 3: What are the challenges faced by local services?**
  - Issues currently faced by local services
  - Specific work being implement to address these challenges

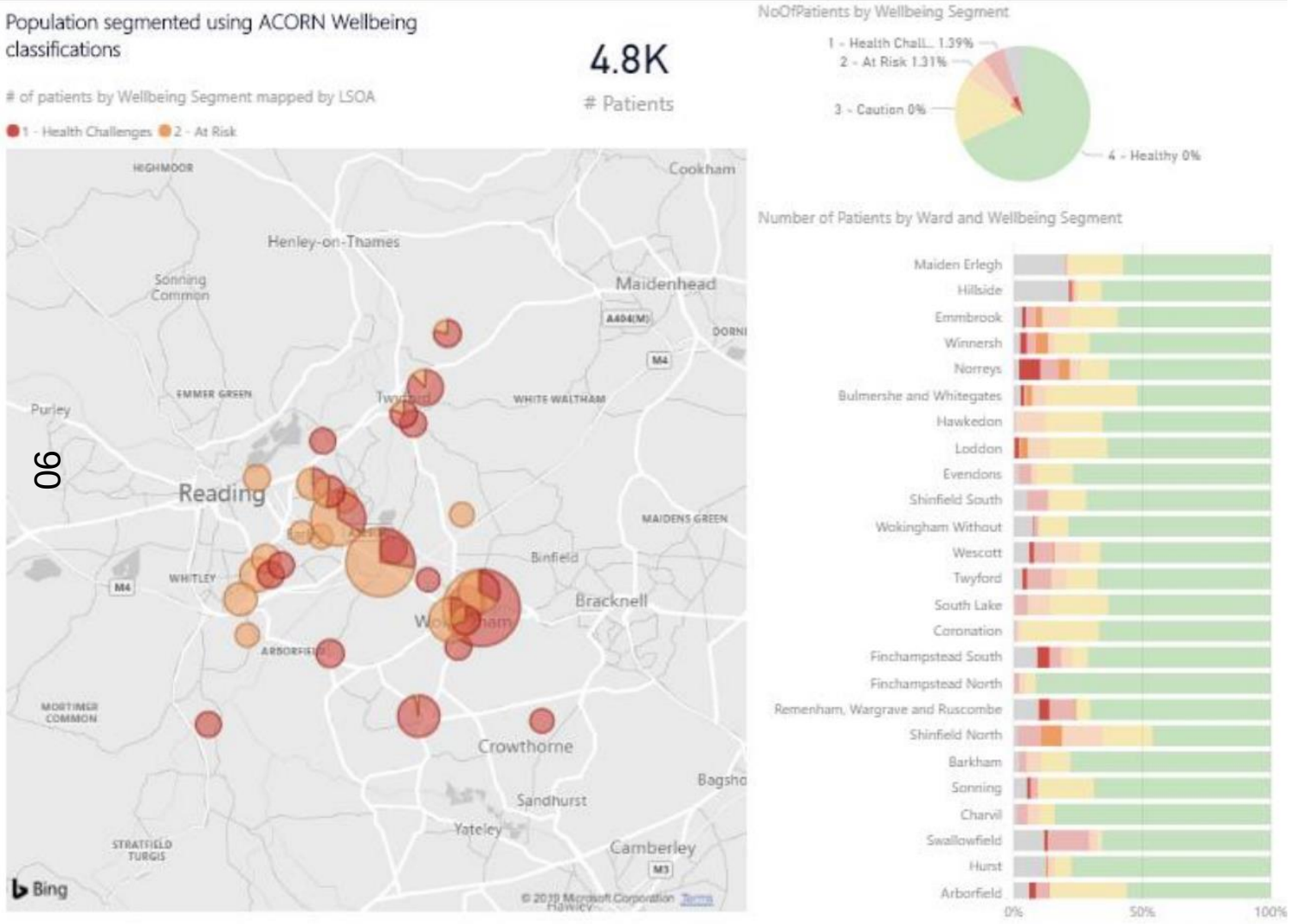
- **Appendices**
  - Appendix 1: Mapping Analysis
  - Appendix 2: Action Group membership

Section 1

Understanding & identifying risk groups in Wokingham

Estimated distribution of need – Loneliness & Social Isolation

Map showing distribution of communities at greatest risk of loneliness and social isolation in Wokingham.



About this Analysis

- This analysis was developed by Frimley ICS in collaboration with the Berkshire Shared Public Health Data Team.
- Details on the methodology for this analysis can be found in **Appendix 1** of this slide pack.

Key findings

- The size of each circles on the map are relative to the number of residents at risk of loneliness & social isolation.
- Large numbers of at risk groups were clustered around the following wards: **Norreys**, **Embrook**, **Winnersh**, **Loddon**.
- This analysis is hosted on an online dashboard and will be refreshed monthly.

Ongoing literature review - Summary of findings

Below are the findings from recent academic research from peer-reviewed journals and government publications.

Queens University Belfast – Loneliness in the UK during Covid
Year of publication: 2020

1/3 (91)

Just under 1/3 of respondents reported loneliness as a result of lockdown

Young adults (18-24) reported high levels of loneliness in addition to older adults (65+)

Being separated or divorced increased the likelihood of loneliness

University College London – Who is lonely during lockdown?
Year of publication: 2020

Study compared sociodemographic predictors of loneliness before and during the pandemic

Analysis showed: risk factors for loneliness were identical before and during the pandemic

Following groups were identified at risk of loneliness [see right]:

Young adults (18-29)

People with lower education or income

Unemployed

Glasgow University – Loneliness among deprived communities
Year of publication: 2015

Among deprived communities, the risk factors for loneliness were [see right]:

- **Unemployed**
- **Living with mild-moderate mental illness**
- **Those living with physical disabilities**

Highlighted the positive role the neighbourhood can play in preventing loneliness

Gov. White Paper – Strategies for tackling loneliness
Year of publication: 2018

3 recommendations to combat loneliness

1. A commitment to play our part in improving the evidence base so we better understand the prevalence of loneliness
2. To embed loneliness as a consideration throughout all service policies, recognizing the wide range of factors that can exacerbate feelings
3. To build a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma

Community groups at risk of loneliness and social isolation

- This slide highlights all risk groups identified from the data and literature review.
- This is a living document: The action group will continue to refine and edit this list as we collectively learn more about social isolation/loneliness (and wider determinants) over the coming months.

Personal Circumstances
- Living alone
- Being single, divorced, never married
- Income deprivation
- Living in residential care
- Being homeless
- Asylum seekers
- Single parents
- Being bullied
- Pregnancy and maternity
- Not in education employment or training

Transitions:
- Bereavement
- Becoming a carer
- Becoming a parent
- Retirement
- Moving to live in a new area/environment
- Losing your job

Personal characteristics:
- English is a foreign language
- Being Male (stigma of talking about mental illness)
- Older adults: 75+
- Young adults: 18-25
- Children & young people with low level anxiety
- From an ethnic minority community
- LGBTQ

Health and disability:
- Living with long term physical health condition
- Mild-moderate mental illness (stress, anxiety, depression)
- Immobility
- Cognitive impairment
- Sensory impairment
- All social care users
- Dual sensory impairment
- People with multiple complex needs

Geography
- Living in remote environment/setting
- Living in an area with limited access to community facilities.

Crime:
- Being a victim of crime
- Being convicted of a crime
- Victims of domestic abuse

Communities affected by COVID
- People who are digitally excluded
- CEV who have been shielding
- People who live alone and have been working from home for prolonged period of time

Risk Factors among children & young people
- Young carers
- Being bullied at school
- Children carrying childhood trauma:
  - Neglect
  - Abandonment
  - Physical abuse
  - Foster care system
  - Witnessing abuse if sibling/parent
- Having a mentally ill family member
- Negative impact of social media on self esteem
- Transitioning to new setting/circumstance
  - Changing school
  - Transitioning to college
  - Care leavers

The groups highlighted in yellow were identified as current priority groups to support within Wokingham (based on feedback from local service leads)

Long term indicators: PHE

- These long term indicators are collated government statistics (relevant to loneliness and social isolation) published on a PHE data website known as fingertips.
- Most of these statistics have a 1-2 year delay (due to government agencies processing the data across multiple localities)
- At present, the statistics below precede the pandemic but in future, they will serve as long term indicators of the progress we are making as an action group.

Indicator	Period	England	South East region	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2018/19	32.5	31.4	32.5	36.3	23.1	34.2	28.6	32.7	27.3	25.1	36.9	27.1	38.8	32.0	25.9	22.2	22.4	34.7	35.9	41.2	37.1
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2019/20	45.9	45.5	44.8	42.8	39.3	52.4	43.5	51.6	*	48.1	46.4	44.1	46.0	48.6	42.8	38.1	47.3	45.7	48.0	35.2	*
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons, 16-17 yrs)	2019	5.5	6.4	4.6	5.0	10.2	5.6	3.7	2.4	7.7	12.0	5.7	3.7	5.0	14.9	4.2	6.3	3.8	2.5	12.0	6.3	4.5
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years (Persons, <18 yrs)	2018	181.4	125.3	144.3	197.5	127.1	131.3	61.3	179.2	86.5	200.6	100.7	123.3	258.0	245.9	175.4	363.0	121.1	94.7	139.1	85.3	91.0
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability (Persons, 16-64 yrs)	2018 Q4	48.0*	56.5*	86.1*	63.1*	-	43.2*	60.6*	42.9*	53.2*	56.3*	36.8*	77.6*	44.2*	52.2*	51.2*	60.4*	56.6*	64.8*	57.4*	47.1*	84.8*
Hospital admissions as a result of self-harm (Persons, 15-19 yrs)	2017/18	648.6	738.0	803.0	926.8	529.3	774.5	927.4	731.9	509.8	806.4	632.5	713.1	1026.0	829.8	760.3	1038.3	685.1	840.5	795.2	571.5	823.9

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Section 2

Updates from local services and council initiatives

What is currently happening to address loneliness & social isolation

Below are visual summaries of local service-level updates that cover the time between April – May 2021.

Adult Education Service

We deliver adult education courses (19+) in:

Health and wellbeing

Work prep and skills

Personal Development

Community engagement/ volunteering

Recently, some of our accredited courses (ESOL, English and Maths) and Wellbeing courses have returned to classroom delivery

Community Engagement

Signed up to Moving with Confidence system

Re-opened community houses and flats in Finchampstead and Shinfield. 1-1 drop in

Easter activity packs for all families on Pupil Premium (HAF Programme)

Friendship Alliance Service

12

Averaging 12 residents/ week attending our online Friendship Cafe

Use of breakout rooms allows people to meet different residents, and develop communication skills

Arranged 2 upcoming group walks. In addition to improving mobility, this will develop our member's confidence and build group resilience

Libraries

*Excluding events delivered to school classrooms etc)

91

Attendees at events for adults in March

96

Attendees at events for children in March

LINK Visiting Scheme

We have begun our Link to Nature Project

Connecting older people and volunteers to their gardens and nature

Providing coaching and support and tablet devices to those who feel digitally excluded

NEET Prevention Service

We have reintroduced home visits

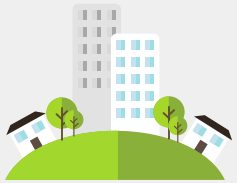
We visit the homes of young people with whom we have lost contact to check on NEET status and offer support

Section 3

Summary of recent challenges & what we're doing to address these

Current challenges faced by service providers

WOKINGHAM BOROUGH COUNCIL

Adult Education Service	Community Engagement	Friendship Alliance Service	Libraries	LINK Visiting Scheme	NEET Prevention Service
Struggling to engage with residents who are digitally excluded	100% of our activities in the communities and sheltered schemes have stopped	Residents who are not digitally literature have not been able to attend online sessions	Until 12th April, our sites were closed. As a result less residents are able to access our services	Many of our clients express a reduction in confidence, mobility, memory and low mood	Remote working has proven to be a challenge for clients who do not have access to IT at home
"As most of our services are delivered online, our clients who struggle to access the internet often lose out"	"Time of staff on site is limited + unable to bring in outside services to bring people together"	"It has not been possible to further our Friendship Tables due to COVID restrictions on indoor seating at cafes"	"Whilst these are well used, we know we are not reaching the normal volume of residents we would normally"	"Our challenge is how to reengage our clients in restarting our face to face programme"	"This has resulted in difficulty completing activities such as online job application forms"
					

What are we doing to tackle inequalities?

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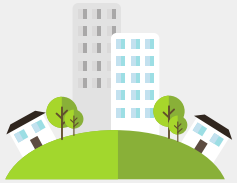
Adult Education Service	Community Engagement	Friendship Alliance Service	Libraries	LINK Visiting Scheme	NEET Prevention Service
1-1 Support sessions	**1726** Made and delivered food parcels	Tackling digital and social isolation	**3** Re-opened 3 largest sites	**GP** Appointments	Leaving Care Team
Offered 1-1 sessions over the phone to support potential learners who have few or little digital skills	**243** Vaccinated at local Mosque*	LINK Visiting Scheme rolling out Digital Inclusion project as part of the FA Service, reducing digital and social isolation.	Ordered a supply of tablets to lend to digitally excluded residents to help reduce social isolation	We have made a number of GP appointments on behalf of our clients	Over the last month we have worked closely with the Leaving care team to plan coordinated support for care leavers who are NEET
Allows digitally excluded individuals to get online to join our UK-Online weekly drop-in sessions to support with basic IT skills	Delivery of Easter HAF activities and food packs	People wishing to join us online are talked through process of using Zoom along with a trial session to increase confidence	Optional equality data forms allowing us to build improved picture of protected characteristics of those joining the service	This is because many have expressed difficulty in doing this themselves	This has helped build and develop confidence and resilience across the community
					

*Last month

Additional service level updates to combat challenges

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PLACEHOLDER: to add updates from the following services:

- Citizens Advice - One front door service
- Wokingham Recovery College
- Total social prescribing referrals made using the project Joy platform

APPENDICES

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Appendix 1: Mapping Analysis

A two-stage process was used to identify groups of residents in Wokingham at risk of Loneliness and Social Isolation.

STAGE 1

A composite score for Loneliness & Social Isolation was developed and assigned to each post code in Wokingham using a commercial dataset: ACORN Wellbeing profiles.

ACORN wellbeing profiles incorporates separate datasets from numerous public- and commercial sources: ONS, Electoral Register, Internet Service Providers, NHS, PHE, NOMIS and more. Specific ACORN indicators were selected for their relevance to Loneliness/Social isolation using findings from literature reviews. Selected ACORN indicators were related to the following domains: Health, Housing, Social Capital, Isolation and Support from Family and Friends.

Page 101

STAGE 2

Composite ACORN scores were assigned to patient records using the Connected Care dataset (integrated digital records for people registered with a GP in Wokingham). Matching this data enabled insights based on clusters of residents within each postcode in Wokingham.

The map was then created to show the distribution of postcodes with the greatest risk of Loneliness and Social isolation in Wokingham.

This analytical approach was adapted from methods used by the Kent Public Health Observatory.

Appendix 2: Action Group Membership

Name	Organisation	Role
Mustafa Kamara (Co-Chair)	Public Health Team Wokingham Council	Senior Public Health Programme Officer
Phil Bell (Co-Chair)	Involve Community Services	Chief Executive - Involve
Deana Humphries	Localities Team, Wokingham Borough Council	Community Engagement Lead
Donna Morgans	Optalis (Wokingham Borough Council)	Head of Supported Employment Services
Jane Streak	The Friendship Alliance	Programme Lead
Lorraine Barker	Adult Education Team Wokingham Borough Council	Adult Education Team and NEET Manager
Zaid Raja	Business Change Team, Wokingham Borough Council	National Graduate Management Trainee
Jennifer Gallacher	Public Health Team Wokingham Council	Management Support Officer
Richard Alexander	Localities Communities, Insight, and Change, WBC	Operational Resource Lead
Marjie Walker	The Link Visiting Scheme, Wokingham	Service Manager
Patrick Harding	The Joy Platform	Founder & Chief Executive - The Joy Platform

Health Inequalities Action Group Dashboard

Monthly Update from Action Group

June 2021

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

Section 1

Progress of action group

Highlights and Key Achievements

Progress, Highlights and Key Achievements

WOKINGHAM BOROUGH COUNCIL

Purpose of Group

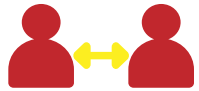
To reduce the avoidable differences in people's health across social groups, demographics, and geography.

To promote prevention and early intervention that is proportionate to the level of disadvantage.

Progress of Action Group Continued

Group formed

Membership confirmed



Priorities agreed [see below]

Identification of potential reporting structures and indicators commenced

Terms and references agreed

Objectives

105

1. To review the key strategies/plans/services across all partner organisation(s)
2. To identify work which contributes to reducing Wokingham's health inequalities
3. To map where existing reporting of work occurs and who is responsible for this
4. To agree process by which regular reporting can be centrally reported and collated for the Wellbeing Board's ongoing steering and governance
5. Identify gaps or risk and opportunities for mitigation
6. Identify opportunities for partnership working

Key Achievements

Group Priorities identified

Cardiovascular Disease

Covid Recovery

Children and Families

Health inequality reporting mechanisms identified

Section 2

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Priority 1: Cardiovascular Disease (CVD)

Why this priority?

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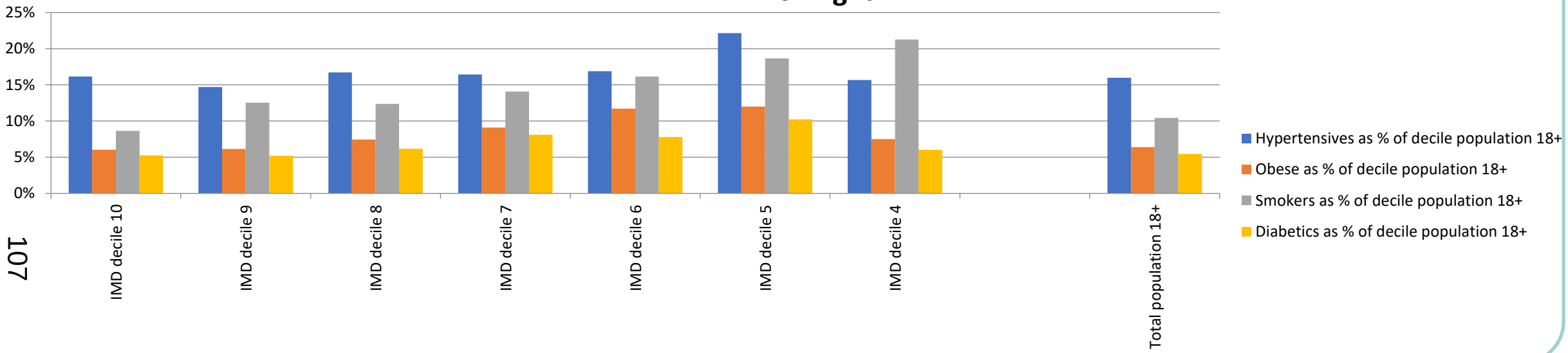
Percentage of people with certain condition by Index of Multiple Deprivation (IMD) decile in Wokingham



Life expectancy gap between most and least deprived areas in Wokingham

3.3 years ♀ ♂ **6.6 years**

Smoking prevalence in Wokingham

Adults	Adults in routine/ manual occupation
8.4%	**23.4%**

Cardiovascular Disease

WOKINGHAM BOROUGH COUNCIL

Local Reports

Health checks

People invited for NHS health check:

19/20	Q2 20/21
1,684	0

People receiving NHS health check:

19/20	Q2 20/21
1,087	0

Physical Activity

Awaiting data

VCS

Awaiting data

Smoking Cessation

No. of Successful 4 and 12 week quits by Target Group in Q3 2020/21

29	25	24	19	8	6
Routine & Manual workers-		Diagnosed LTC		BME	
4	3	4	4	1	1
Pregnant women		Never worked/ unemployed		>18	

No of clients who set a quit date and successful 4 and 12 week quits

	Quarter 3 2020/21	Year To Date
Set A Quit Date	39	105
4-week quits	25	61
12-week quits	21	41

National Reports

British Heart Foundation Report (2020)

7.4m

7.4 million people in the UK are living with heart and circulatory diseases

50%

50% of heart attacks and strokes in the UK are associated with high blood pressure

5m

Up to 5 million people in the UK are living with undiagnosed high blood pressure

Actions

- **Health Check service review paper**

Further Considerations

- **Need for data on inequalities and dietary habits of Wokingham residents**

Section 3

Priority 2: Covid Impact and Recovery

Why this priority?

Impacts of Covid-19 pandemic across the lifecourse

Symbol indicates PHOF indicator

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

Thanking Dr Holly Jenkins, West Berkshire Council

Why?

This is a priority for our group because:

COVID-19 has **highlighted** health inequalities and we want to make sure pandemic hasn't **exacerbated** those inequalities.

Covid Impact and Recovery

WOKINGHAM BOROUGH COUNCIL

Local Reports

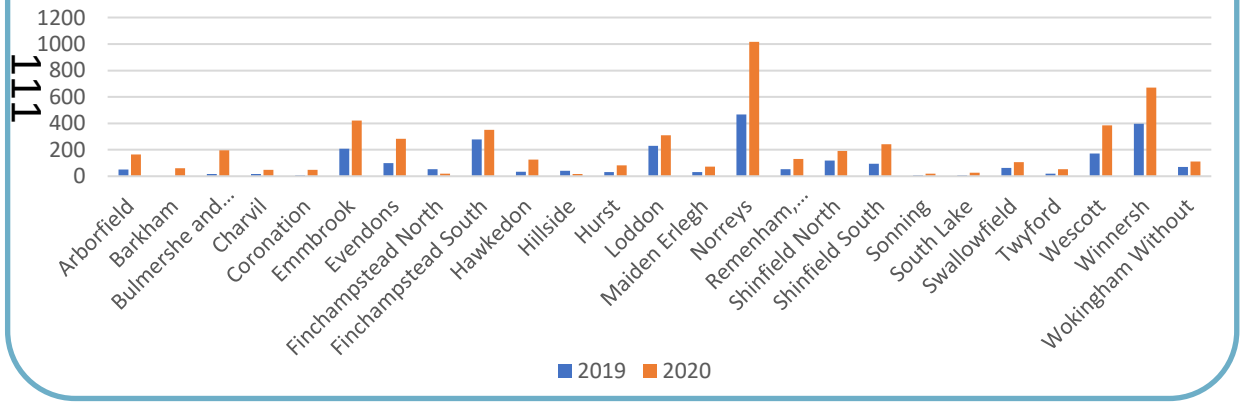
Foodbank Usage

Data obtained from Wokingham Foodbank

51% Increase between April 2019 – March 2020 and April 2020 – March 2021

64% Cause of crisis (low income) increased by 64%

Appendix 1: Total Number of Foodbank Clients: A Comparison between April 2019 - March 2020 and April 2020 - March 2021



Covid Grants

414 Applied and received support via WBC

Cancer referrals

Cancer referral numbers decreased during first lockdown similar to national report [See next slide for local data]

National Reports

Trussell Trust Report (May 2021)

51% → 72%

Increase of prevalence of poor mental health in people referred to a foodbank in the TT network

6x

People reporting **poor health** were 6x more likely to be food insecure than people reporting **'excellent' health**

Macmillan Cancer report (May 2021)

42,000

Missing' diagnoses in England. (Oct 2020)

11%

Urgent referrals still 11% behind 2019 levels in August 2020

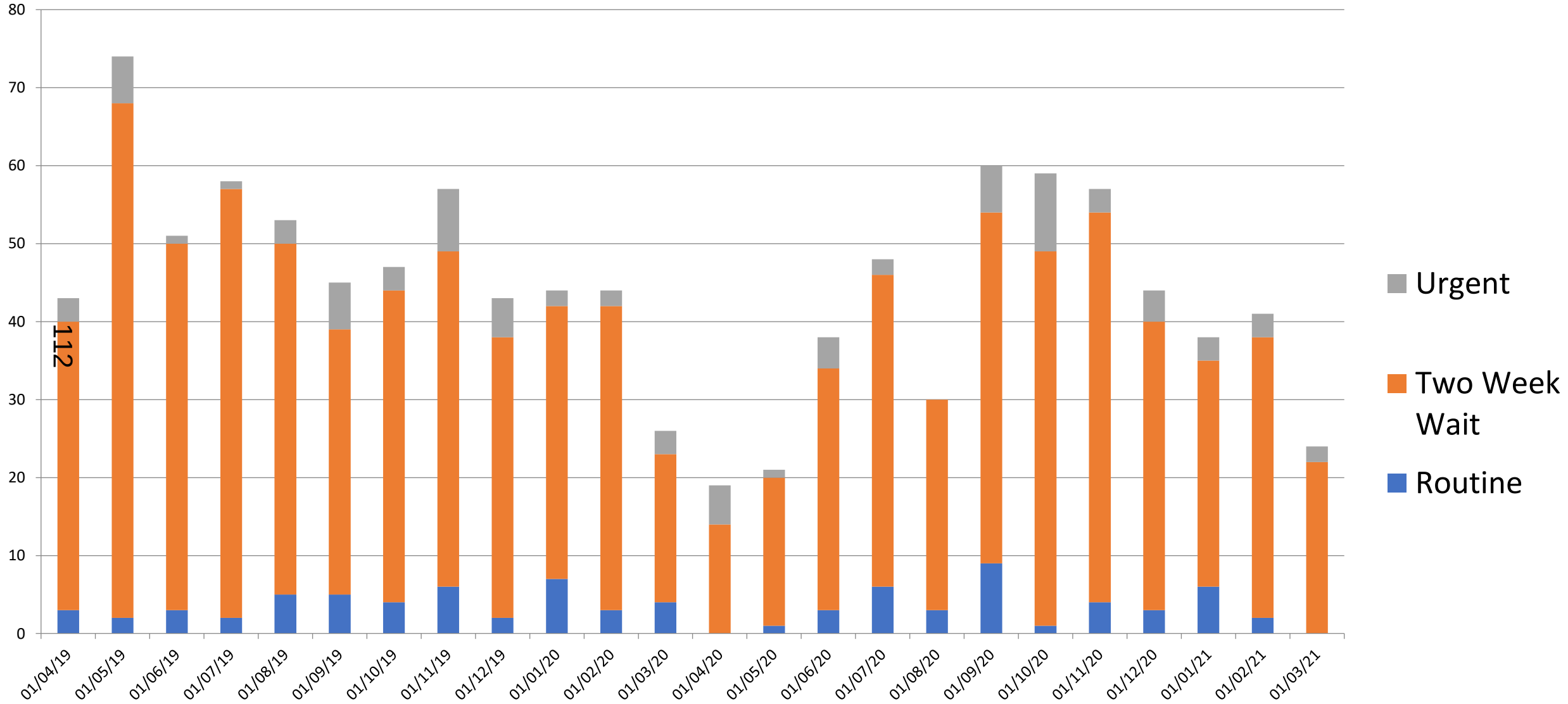
20 months

It would take 20 months to work through this diagnosis backlog if activity was increased to 10% above pre-pandemic levels and sustained.

Actions

1. **Summer 2021: Campaign for prostate cancer and cervical screening**
2. **Ascertaining health services data**

Cancer referrals each month by referral priority in Wokingham



Section 4

Priority 3: Children and Families

Why this priority?

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Long-term

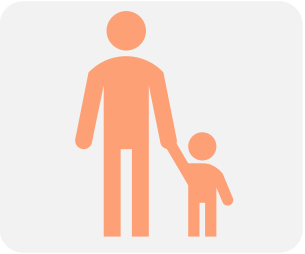
Childhood circumstances, behaviours, and environment will have an effect on health and quality of life throughout an individual's lifespan.

Wider impact

Tackling health inequalities in early years will have an effect in limiting inequalities throughout life, including the wider determinants of health.

Symbiotic nature

Improving the health of parents also improves the health of children and vice-versa.



Children and Families

WOKINGHAM BOROUGH COUNCIL

Local Reports

Developmental Outcomes/ School Readiness

% of Foundation Stage children who receive FSM achieving a good level of development:

51%	55%	57%
Wokingham	South East	England

% of Foundation Stage children who do not receive FSM achieving a good level of development:

79%	77%	74%
Wokingham	South East	England

Free School Meals

2,328

children in Wokingham are receiving benefits-related FSM (8% of all children) (January 2021)

Ward Disparity

3%	20%
Finchampstead North	Shinfield North

Childhood Obesity

30%

Of children in Year 6 are overweight or obese (2020)

21%

Of children in reception are overweight or obese (2020)

School Nursing/ Health Visiting

Awaiting Data

National Reports

NCMD Report (May 2021)

1/12

Child deaths related to at least one factor of deprivation

10%

Increase in risk of death between each decile of increasing deprivation

1/5

Child deaths might avoided if children living in the most deprived areas had the same mortality risk as those living in least deprived

Actions

1. Holiday Activities and Food (HAF) Program – provides enrichment activities and breakfast or lunch for children in receipt of FSM during Easter, Summer, and Christmas holidays

2. WBC offers medical support to children in care, including:
   - A health assessment of physical, emotional and mental health needs carried out by a registered medical practitioner
   - A health plan, part of the child's overall care plan
   - A review of the health plan at least once every six months until a child is 5 years old, and at least every 12 months after that

Section 5

Public Health Outcome Framework Indicators

The Public Health Outcomes Framework sets out a vision for public health to “improve and protect the nation’s health and improve the health of the poorest the fastest.” Public Health England publish a number of indicators that reflect the progress of four main outcomes:

1. Wider Determinants
2. Health Improvement
3. Health Protection
4. Healthcare and Premature Mortality

Public Health Outcome Framework Indicators

Compared with England | Better 95% | Similar | Worse 95% | Not compared | Quintiles: Best | | | | Worst

Health Inequalities (general indicators)	Period	Wokingham	SE Region	England
Gaps in the employment rate between those in contact with secondary mental health services and overall employment rate (Persons, 18-69 years)	2019/20	57.2	70.6	67.2
Cardiovascular Disease				
Estimated diabetes diagnosis rate	2018	67.7	75.2	78.0
Under 75 mortality rate from cardiovascular disease considered preventable (2019 definition)	2017-19	17.0	22.2	28.2
Smoking Prevalence in Routine & Manual Workers current smokers (18-64)	2018-19	23.4	23.7	23.2
COVID Impact and Recovery				
Under 75 mortality rate from cancer considered preventable (2019 definition)	2017-19	37.4	47.7	54.1
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2015-17	492.4	499.6	355.1
Children and Families				
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	44.1	39.5	37.4
Percentage of children in low-income families (all dependent children under 20)	2016	6.3	12.7	17
Infant Mortality rate (Persons, <1 year);	2017-19	3.6	3.7	3.9
Free School Meals: % uptake among all pupils (school age)	2018	5.3	9.4	13.5
Average Attainment 8 score of children in care	2019	25.8	17.2	19.2
Primary School fixed period exclusions: rate per 100 pupils	2016-17	0.7	1.66	1.37
Secondary school fixed period exclusions: rate per 100 pupils	2016-17	4.2	7.9	9.4
Smoking status at time of delivery (all ages)	2018-19	5.0	11.3	12.8

Appendix

Group Membership

- Co-Chairs
  - Viki Elliot-King, Assistant Director, Children's Services (WBC)
  - Hannes Hagson, Public Health Registrar (WBC)
  - Ana Thompson, Population Health Management and Health Inequalities Officer (WBC)
- Martin Sloan, Assistant Director ASC Transformation and Integration (WBC)
- Ingrid Slade, Consultant in Public Health (WBC)
- Carol Cammiss, Director of Children's Services (WBC)
- Mark Robson, Integrated Development Network Lead (WBC)
- Katie Summers, Operations Director, Wokingham and Digital Lead (NHS Berkshire West CCG)
- Andrew Price, Wokingham Locality Manager & Population Health Intelligence Lead (NHS Berkshire West CCG)
- Dr. Rupa Joshi, Clinical Director for Wokingham North PCN, GP based at Woodley Practice
- Philip Bell, Interim CEO (Involve Community Service)
- Lisa Evans, Head of Service, Brokerage & Support Team, Adult Social Care (WBC)
- Deana Humphries, Community Engagement Lead (WBC)
- Yvonne Mhlanga, Head of Mental Health Commissioning (NHS Berkshire West CCG)
- Sarita Rakhra, Lead Commissioning Manager (NHS Berkshire West CCG)
- Will Roper, Customer Insight and Performance Manager (WBC)
- Public Health Team (WBC)

Special thanks to Zaid Raja for his help in putting together this Dashboard.

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Wokingham Integrated Partnership Update and End of Year BCF Reporting

Lewis Willing

Head of Health and Social Care Integration

End of Year Better Care Fund Return (20/21)

The Annual Return for the Better Care Fund (20/21) was submitted.

It was a shortened return as this year did not have a formal, submitted, BCF plan submitted- However, we did have an agreed plan locally.

Key Points:

- A section 75 was completed to appropriately share the funds between the CCG and the Council
- The national conditions were met
- Income/Expenditure targets were matched
- The programme did not overspend

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BCF Year End Feedback

Statement	Response	Comment
The Overall Delivery of the BCF has improved Joint Working between Health and Social Care	**Strongly Agree**	The Integration Board and BCF gave the Wokingham System the infrastructure it needed to deal with the pandemic. Allowing key personnel to meet, plan and implement actions. These weekly meetings allowed for the best response to the pandemic. This process supported our PCN Clinical Directors to join and become key partners.
Our BCF Schemes were implemented as planned in 2020/21	**Disagree**	We set a programme plan, which we developed with partners. Our priorities were set via consultation with the wider system and public. The pandemic dominated H&SC, so we focused on projects to support response. PHM identified vulnerable people in the community, who were then supported with welfare calls, linked people to VCS, ensuring that basic needs were met. This was later shared as good practise and written up by WHO. We identified an issue with Mental Health. A H&SC training event a new MIND service was commissioned via BCF. Progress was made on all of our projects, although not all were finished, due to the pandemic.
The delivery of our BCF plan had a positive impact on Health and Social Care integration locally	**Strongly Agree**	BCF has enabled the Wokingham Integrated Partnership to develop into a mature partnership, which enables real and meaningful change to the people in the borough. Our partnership used the BCF plan to support both the pandemic response, as well as integration

BCF Year End Feedback

Outline two Key Challenges observed toward driving the enablers for integration	SCIE Logic Model Enablers	Response
Challenge One	**4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production**	During the pandemic, it has not always been possible to offer as full a choice to the people of the borough as we may have wished. For instance, restrictions on care provision have meant that the available choice has not always been as varied as in 'normal' times. Choice has always been given, but safety and capacity have also been noted as being important.
Challenge Two	**Other**	Whilst the pandemic has overall, enabled a greater level of joint working and integration between all the Wokingham Integrated Partners, it has also meant that some of our projects were not able to be implemented. This is due to the system being focussed on response, rather than a full slate of project work. Many of our projects pivoted to response, although this was not possible with all of our projects. These were only progressed slightly, and evolutions of these feature on our 21/22 plan.

Integration Board Highlights- Some of what we delivered in 20/21

- TTiPS Mental Health training event across the Health and Social Care System
- MIND wellbeing service commissioned
- Welfare Calls to the most vulnerable in the community
- MDT's took place using PHM Risk Stratification
- Social Prescribers are in post and integrated with VSC and Housing
- Leg Ulcer Pilot was started
- Friendship Alliance established and operational
- Embedded a Population Health Management approach to integration work
- Supported the PCN's to set up Vaccination centres (drawing together VSC, Council teams, GP's and the CCG)
- Administration and Steering Groups established which have been hugely valuable to guide and set priority
- Offering Project Management and Administration support to key teams on key responses across health and social care

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Integration Programme Highlights 21/22

- Project Groups are formed/forming
- Project Initiation Documentation is being developed
- Ongoing projects continue (JOY, Moving with Confidence, Friendship Alliance)
- Initial work on Dementia Alliance and Mental Health Alliance is underway
- MIND wellbeing service is now fully staffed and heading into full implementation

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WOKINGHAM BOROUGH COUNCIL
NHS Berkshire West Clinical Commissioning Group
involve
Berkshire Healthcare NHS Foundation Trust
healthwatch Wokingham Borough
NHS Wokingham Primary Care Networks
Royal Berkshire NHS Foundation Trust

Integration support to the COVID response

The Integration Team continue to support the Wokingham Integrated Partnership with the response to COVID-19. Some highlights from our work with partnership:

- A pilot to support the Council's Contract Tracers to contact people from Cohorts 1-9 that have not been vaccinated yet, has had some success (increasing uptake in this group by 26% for one GP practise)
- Support to organise vaccination pop-up events at the Aisha Mosque
- Liaising and supporting colleagues with setting up the Vaccination Bus, being commissioned by the CCG across BOB
- Supporting organisational teams to refocus Discharge to Assess support and schemes following the peak of the pandemic, to make it fit for the 'new normal'

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Draft Wokingham Community Safety Strategy 2021-2024

This draft strategy outlines the Wokingham Community Safety Partnership's priorities for 2021- 2024. It is based on an independent local Strategic Assessment of crime, disorder, anti-social behaviour, drug and alcohol misuse and other data. It is informed by national and local policies including the Wokingham Community Vision, the Corporate Delivery Plan 2020-2024 and the Police and Criminal Justice Plan 2012-2024 *(Thames Valley Crime and Police Commissioner)*

The Wokingham Community Safety Partnership (CSP) is made up of the following partner agencies:

- Wokingham Borough Council
- Thames Valley Police
- Berkshire Fire & Rescue Service
- Thames Valley Police and Crime Commissioner
- Berkshire West Clinical Commissioning Group
- Berkshire Healthcare Trust
- Wokingham Youth Offending Services
- National Probation Service

In addition to these members, the partnership works with other agencies that support the delivery of reducing crime and disorder locally such as Trading Standards, Housing Associations, third sector agencies including, Involve Community Services, Citizen Advice Bureau (CAB), Berkshire Women's Aid and Cranston Drug and Alcohol Service.

The Partnership operates in a complex network of boards and strategies to deliver a range of priorities that span several different but interconnected workstreams. This includes the Wokingham Wellbeing Board the Adult Safeguarding Board, West of Berkshire Safeguarding Children's Board, Wokingham Children and Young People's Partnership and the Thames Valley Criminal Justice Board.

It will continue to work closely with these boards, ensuring that the intricate relationships continue to compliment individual respective delivery plans and outcomes including reducing reoffending. The Partnership will also ensure that it uses every available opportunity to reduce crime and disorder in the design and delivery of public spaces, town planning and housing infrastructure.

The Community Safety Partnership recognises that Wokingham is a safe Borough to live and visit. When comparing recorded crime to other areas of the Thames Valley and its most similar family areas, it has some of the lowest levels of recorded crime. The partnerships vision is to **Build Safe and Strong Communities in Wokingham**, this underpins the focus and the priorities of our work.

As part of the process of setting out the draft priorities in this strategy the partnership has undertaken wide consultation, with both residents and key stakeholders. The

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results of the feedback have been analysed and informed the priorities set out in this 3 year plan. A summary of results can be found at the end of this strategy.

The Partnerships three strategic themes represent our overarching work, whilst the specific priorities are areas we will endeavour to concentrate on in more detail.

Proposed Draft Priorities 2021-2024

Strategic Themes

Listening to the needs and concerns of local residents and taking action – We will ensure that the partnership has a robust and clear approach to listening, monitoring and responding to issues and concerns at a local neighbourhood level. The partnership wants to ensure that we place communities and neighbourhoods at the heart of our approach. We understand that many issues of local concern require a multi-strand approach involving several partner agencies. We will therefore take a problem-solving approach to help communities and businesses to address behaviours and incidents and crimes. This includes burglary, vehicle crime and anti-social behaviour as well as other key issues that affect local communities including unauthorised encampments, and rural crime concerns. We will support Neighbourhood and Resident Action Groups (NAGS) to improve communication and engagement with residents.

Intervening early and preventing issues escalating – we will ensure all residents especially children and young adults have access to a range of support services and information. This will help to ensure that issues are dealt with at the earliest opportunity using a range of measures and interventions to stop them escalating. We know that intervening early can help us catch young people before they go down the wrong path, encouraging them to make positive choices. Therefore, we fully recognise the importance of early intervention to tackle the root causes and provide young people with the skills and resilience to lead productive lives free from being drawn into anti-social behaviour, substance misuse, crime and exploitation including serious violent and knife crime. We will provide targeted activity through the Supporting Families Initiative (formerly Troubled Families) working with partner agencies to support young people on the periphery of offending. This will include a diversionary activities and mentoring offer that will underpin the partnerships work and delivery of the governments Violence Reduction Strategy. Where there is a need, we will take adequate and proportionate action including enforcement steps to address issues and protect communities.

Working together to protect vulnerable residents – We will ensure that all victims and the vulnerable have the access to help, information, and advice they need. This includes victims experiencing domestic abuse, anti-social behaviour, hate crime, vulnerable residents at risk of being drawn into exploitation and racialisation, and residents targeted by specific crime times including fraud. Through the Integrated Early Help Service we will provide support to families, children, young people and their carers to protect them from and give them the skills to prevent them becoming victims.

As a partnership we will ensure that services and information reach all sections of the community, especially those that may have additional barriers to accessing help such as ethnic minority groups and residents with protected characteristics. We recognise

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the wider social and economic factors influencing criminality, including those linked to housing, education and health. Vulnerable people and how we provide a range of assistance for a cross section of communities is a priority for serval boards. Including, featuring as a priority for the refreshed Wokingham Wellbeing Board Strategy. The partnership will work in close alliance to compliment this workstream.

Furthermore, as a partnership we understand and recognise the benefits of physical and emotional wellbeing, especially those gained through health and leisure opportunities. Not only because they have a role to play in helping to keep residents healthy, but also in helping individuals make overall positive lifestyle choices. To assist some of the most vulnerable of our residents the Council's leisure services team has enabled access to leisure facilities including swimming and gym membership free of charge to a wide range of vulnerable groups. In addition, the leisure services team will continue to deliver targeted programmes that address social isolation and health inequalities for those facing additional barriers to access and participation. This includes ensuring the new 3G pitch at Cantley and state of the art Boxing Hub facility coming online during summer 2021, will be available to targeted young people in order bolster our diversionary activities offer.

Specific Aims

1) Work with communities to deal with crime and anti-social behaviour hotspots
Our aim is to:

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

We will achieve this by:

- exploring and investigating hotspots identified in the Strategic Assessment
- monitoring the number of cases referred and resolved by the partnership problem-solving groups.
- We will review enhanced policing, security presence and situational measures in hot-spots.
- We will review the toolkit of available enforcement interventions including Protection Orders (PSPOs)

2) Reduce the harm caused by domestic abuse
Our aim is to:

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

We will achieve this by:

- monitoring the number of victims referred to specialist services and responding to emerging issues.
- Working in partnership to promote opportunities for perpetrators to change their behaviour.
- continuing to deliver appropriate interventions and specialist support for children and young people affected by domestic abuse including development of a Healthy Relationships programme.
- increasing the number of practitioners trained to recognise domestic abuse and how to refer to support services.

- increase community awareness and messages through communications campaigns

3) Reduce incidents of serious violence and knife crime
Our aims are to:

- understand the risks around knife crime, reduce the harm it causes and reduce knife crime incidents, particularly those linked to public spaces, gangs and county lines drug dealing.
-

We will achieve this by:

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

4) Tackle exploitation of children, young people and vulnerable adults
Our aims are to:

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

We will achieve this by:

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

5) Reduce incidents of residential burglary and theft from vehicles
Our aim is to:

- make Wokingham Borough a hostile place for burglars and vehicle thieves to operate by encouraging community resilience and pursuing offenders

We will achieve this by:

- tackling organised criminals by working in partnership
- multi agency problem solve to reduce crimes
- reducing crimes of thefts from vehicles
- reducing crimes of residential burglary
- increasing the number of crime prevention messages to the community
- supporting residents through a range of schemes including; Neighbourhood Watch, Adopt a Street and Living Streets Audits

<u>How will we delivery our priorities?</u>

1. Work with communities to deal with crime and anti-social behaviour hotspots
The partnership will intervene at the earliest possible stage to reduce issues escalating. It will engage with community and neighbourhood groups, and encourage a growth in community resilience. We will listen to concerns of local residents and respond appropriately utilising the multi-agency problem solving and anti-social behaviour panel. We will use restorative justice and community/group activity where appropriate.

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To tackle some of the root causes of criminal behaviours the partnership will continue to work with different agencies including mental health, drug & alcohol and floating support services to implement a multi-agency and problem solving approach to tackle anti-social behaviour hotspots and help people maintain their accommodation where it may be at risk.

2. Reduce the harm caused by domestic abuse

The partnership will support those impacted by domestic abuse, tackling perpetrators, raising awareness and educating people around healthy relationships and personal safety. The partnership will continue to focus on Domestic Abuse (DA) as the request for assistance from victims has seen an increase in demand locally. The community safety team will develop a violence against women and girls (VAWG) strategy, which will ensure that the partnership has a co-ordinated response in implementing the Domestic Abuse Act 2021. We will support and contribute to Multi Agency Risk Assessment Conference (MARAC) - meetings to review serious cases and Multiagency Tasking and Co-ordination (MATAC) - focussing on repeat domestic abuse victims and perpetrators. High risk cases will continue to be referred to Independent Domestic Violence Advisors (IDVA's) for guidance and support. The council's team will work with the police and the Home Security Scheme to protect those at risk by target hardening.

The council will tackle perpetrators by taking possession action against council tenancies where appropriate and will liaise with the police to prosecute offenders to keep families safe. We will also ensure that access to help to address offending behaviour is available for perpetrators.

The council has appointed a Domestic Abuse Co-ordinator, to champion good practice locally. Training will be given to front line staff and to council contractors who deal council tenancies. Through the Early Help Hub we will offer `Reducing parental Conflict Training'.

The partnership will support DA awareness week in November 2021 and will continue to raise awareness locally as well as throughout the course of the year of the issue. Furthermore, we will ensure that we are ready for the implementation of the new Domestic Abuse Bill expected to become law in 2021. Work on a local housing-based support assessment is already underway to underpin a accommodation based support strategy. Further work will include the completion of the domestic abuse housing accreditation programme (DAHA). Which ensures that support linked to housing is consistent and in line with national good practice models and practice. The Partnership will implement a 'Healthy Relationships' course to Year 8 & 9 pupils for those schools who have requested it. It educates young people on the key elements of a healthy relationship and how to recognise a relationship which is toxic.

The partnership will continue to implement recommendations from Domestic Homicide Reviews (DHR).

3. Reduce incidents of serious violence and knife crime

The partnership will continue to support the work of the Thames Valley Violence Reduction Unit and implement a local response to the Serious Violence Strategy whose aims include the reduction in the number of people carrying and using knives, early intervention to stop people becoming involved in gangs, support for those already involved in serious violence and robust enforcement where necessary. Through the Youth Offending Service (YOS) we will run restorative justice workshops The Public Protection Partnership will be undertaking more test purchasing on knives and warning businesses that it is illegal to sell knives to anyone under the age of 18. We will deliver new knife crime workshops working with local young people who may be at risk of committing violent crime including identified specific young people who need support to stop them becoming involved in serious crime.

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

The partnership will continue to work together closely to safeguard vulnerable members of our community. We will ensure that education and awareness about exploitation and the signs are provided to communities, young people and professionals. We will ensure that individuals who are vulnerable to exploitation are provided with information, support and help. We will utilise the child missing and at risk of exploitation (EMRAC) process to protect and safeguard young people from exploitation. The partnership is keen to ensure that we are live to issues and concerns in relation to tackling exploitation, especially county drugs lines (CDL's). Cases can be complex and multi-faceted requiring a sensitive and joined up approach ranging from support to enforcement. However, where deemed necessary we will advocate the use of criminal and civil powers including community protection notices, premises closure orders, and injunctions to intervene. We will also work to ensure that practitioners and communities are equipped and trained to recognise and report issues of concern and who to refer individuals on to for support.

5. Reduce crimes of residential burglary and theft from vehicles

Thames Valley Police is the lead agency that has the duty to hold offenders to account and reduce burglaries and theft from motor vehicles. Other partners will complement their activities by working in partnership to provide effective community messaging to educate residents of how to better protect their property and prevent crime, and target harden hot spots. The partnership will work to target organised criminals when they are operating in the Wokingham Borough to commit burglaries and theft from vehicles by making the borough a hostile place or criminals to operate.

Covid19

The partnership recognises that Covid19 has produced an exceptional set of circumstances and challenges. It has also resulted in dramatically changing and unusual trends. Notable trends have included a fall in burglary and vehicle crime offences and a rise in domestic violence and anti-social behaviour in residential estates and parks and green spaces. Therefore, we will keep a watchful eye on emerging issues and remain flexible in our approach and respond accordingly.

Community Safety Partnership Governance & Delivery Groups

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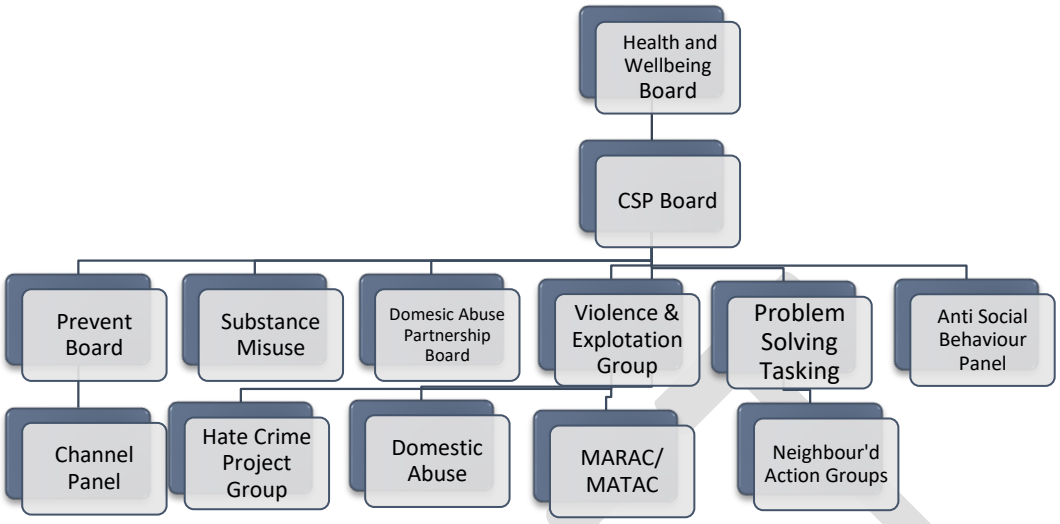
The work of the partnership is driven by a number of multi-agency groups the governance structure and delivery groups for the Wokingham Community Safety Partnership (CSP) are set out below.



Summary of Consultation Results

This strategy was widely consulted upon with residents and key stakeholders. The consultation process was undertaken though a web-based survey for a period of one month. Draft priorities were presented as part of the information with additional free text boxes provided for responders to articulate their suggestions and opinions at each stage. There were 134 respondents to the survey. The consultation results provide a strong endorsement of the draft priorities and as a result no significant changes are proposed.

In response to whether the Strategic and Specific aims addressed the most important issues 88% of respondents agreed or strongly agreed. The highest support for any aim was Anti-Social Behaviour (ASB) at 96% and the lowest was Exploitation at 85%. Other priorities suggested were speeding vehicles and noise nuisance. There was recognition and concern that resources to deliver were limited, reducing and likely to reduce further.

Respondents shared concerns about increasing crime levels, increasing anti-social behaviour (ASB), a reduction in visible policing and reporting mechanisms for communicating with residents. Anti-social behaviour was the highest concern relating mainly to gathering groups of young people in parks.

Bigshotte Park is mentioned most often as an area experiencing anti -social behaviour and specific suggestions to resolve this problem from respondents include a Public Space Protection Order and re-deployable CCTV. Other locations featured were Wokingham Town, Sindlesham, Baker Crescent and Sol Joel Skate Park.

Some respondents asked for a better dialogue on local concerns with a suggestion that Neighbourhood Action Groups should be re-introduced. There were also calls for

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better incident/crime reporting mechanisms and there was frustration that there was no feedback following a report.

Wokingham Community Safety Team

For more information contact the Wokingham Community Safety Team on https://www.wokingham.gov.uk/community-and-safety/community-safety/community-safety-partnership/

Last updated 11 05.2021v6
Review Date April 2022.

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TITLE	**Wokingham Borough Wellbeing Board Report 20/21**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board 10 June 2021
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Ingrid Slade, Head of Public Health, Matt Pope, Director of Adult Social Services Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report outlines key work carried out by Wellbeing Board partners during 2020/21 year including references to the response to Covid19. The three Wellbeing Board priorities are: • Creating physically active communities • Reducing Social Isolation • Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	• Strengthened partnership working across the system during the COVID19 pandemic • Innovative ways to deliver services have been developed and implemented e.g. digital platforms such as Wokingham Active Kids (WAK) Videos & online course delivery by WBC Adult and Community Learning Services • Task & Finish groups have worked towards the delivery of CYPP priorities • Development of the Community Safety Partnership strategic themes & aims • WIP has worked to oversee the partnership response to Covid19

Reason for consideration by Wokingham Borough Wellbeing Board	• Progress updates from partners delivering on Wellbeing Board priorities. • To invite input, queries and comments from Board members on the achievements outlined in the annual report • To note the summary of achievements and progress captured in 20/21 across the partnership • To note the impacts and implications of Covid19 on areas of work discussed in the report and the collaboration and innovation in the local response
What (if any) public engagement has been carried out?	The annual report has been co-produced with local authority and health partners but reflects the achievements across Wellbeing Board partners captured regularly throughout the 2020/21 year.

State the financial implications of the decision	None

RECOMMENDATIONS

1) To review the annual Wellbeing Board report and achievements for 2020/21

2) To note the establishment of the three Wellbeing Board Action Groups who will be support the Board to identify the ongoing priorities for 2021/22.

3) To recommend the report to Council, to note.

SUMMARY OF REPORT

Background

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

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

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

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

13. Work Programme 21/22

Analysis of Issues, including any financial implications

There are no financial implications to the report presented here.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix A – The annual report

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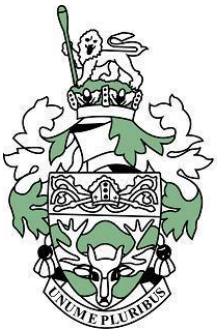
WOKINGHAM BOROUGH WELLBEING BOARD

ANNUAL REPORT

2020-21



WOKINGHAM
BOROUGH COUNCIL

NHS
Berkshire West
Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

healthwatch
Wokingham Borough

NHS England 70 YEARS OF THE NHS 1948 - 2018

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    c. Wokingham Integrated Partnership

14. Work Programme 21/22

Introduction

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

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

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

The key functions of the Wokingham Borough Wellbeing Board are:

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

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

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

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

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

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

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

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

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

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

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

Wellbeing Strategy 2018-2021

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

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

Strategy into Action

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

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

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

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

Design Our Neighbourhood

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

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

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

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

Wokingham JSNA

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

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

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

Children & Adolescent Mental Health Services

Wokingham Mental Health Support Teams

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

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

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

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

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

The Wokingham MHST team will focus on:

- Providing support for cases of mild to moderate mental health issues, basing their approach on evidence of what works best for children, young people and their parents (or other carers). This may be, for example, brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship difficulties and behavioural difficulties.

- Supporting and working with the senior mental health lead in each education setting to introduce or develop and co-design their whole-school or college approach. This will include identifying what support is already available and what is missing as well as providing targeted help by agreement, such as training parents, other carers and staff, or monitoring wellbeing.

- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

- The service will take referrals from Participating Schools, GP's, Self-referrals, Parents/carers and other professionals.

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

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

- Recruitment of staff for the MHST: As of October 2020, the following roles are in post: Senior Educational Psychologist; Outreach Worker; four Education Mental Health Practitioners (EMHPs) and an Administrator. Recruitment is underway for two CAMHS worker posts.

- Service model and specification development: The team has consulted on a service model and a service specification.

- Putting arrangements in place to ensure that the local authority is able to flow data to NHS England in line with reporting requirements and adhering to a robust monitoring and reporting schedule as a condition of the funding: A new data capture system will enable data to flow to NHS England, in line with local and national requirements.

- Further communication and engagement activity with relevant partners, colleagues and schools. The service model and service specification has been consulted on with schools, colleagues and relevant partners. Service specific communication materials, including web based and paper based resources, are out for consultation. Monthly project board meetings review the mobilisation status of the project.

Local Transformation Plan

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

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

These priorities are:

Priority 1 – Ensure that we embed and expand the Mental Health Support Teams in Berkshire West
Priority 2 – continue to focus on meeting the emotional and mental health needs of the most vulnerable CYP – particular attention to Children in Care
Priority 3: Continue to build a 24/7 Urgent care/ Crisis support offer for Children and Young People (CYP)
Priority 4: Continue to build a timely and responsive Eating Disorder offer
Priority 5: Improve the Waiting times & Access to support, with particular this year on access to ASD/ ADHD assessments and support.
Priority 6: To improve the Equalities, Diversity and Inclusion offer and access for Children and Young People in Berkshire West
Priority 7: Building a Berkshire West 0 – 25 year old comprehensive mental health offer

Better Care Fund Update

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

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

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

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

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

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

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

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

Berkshire West Integrated Care System Operating Plan

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

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

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

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

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

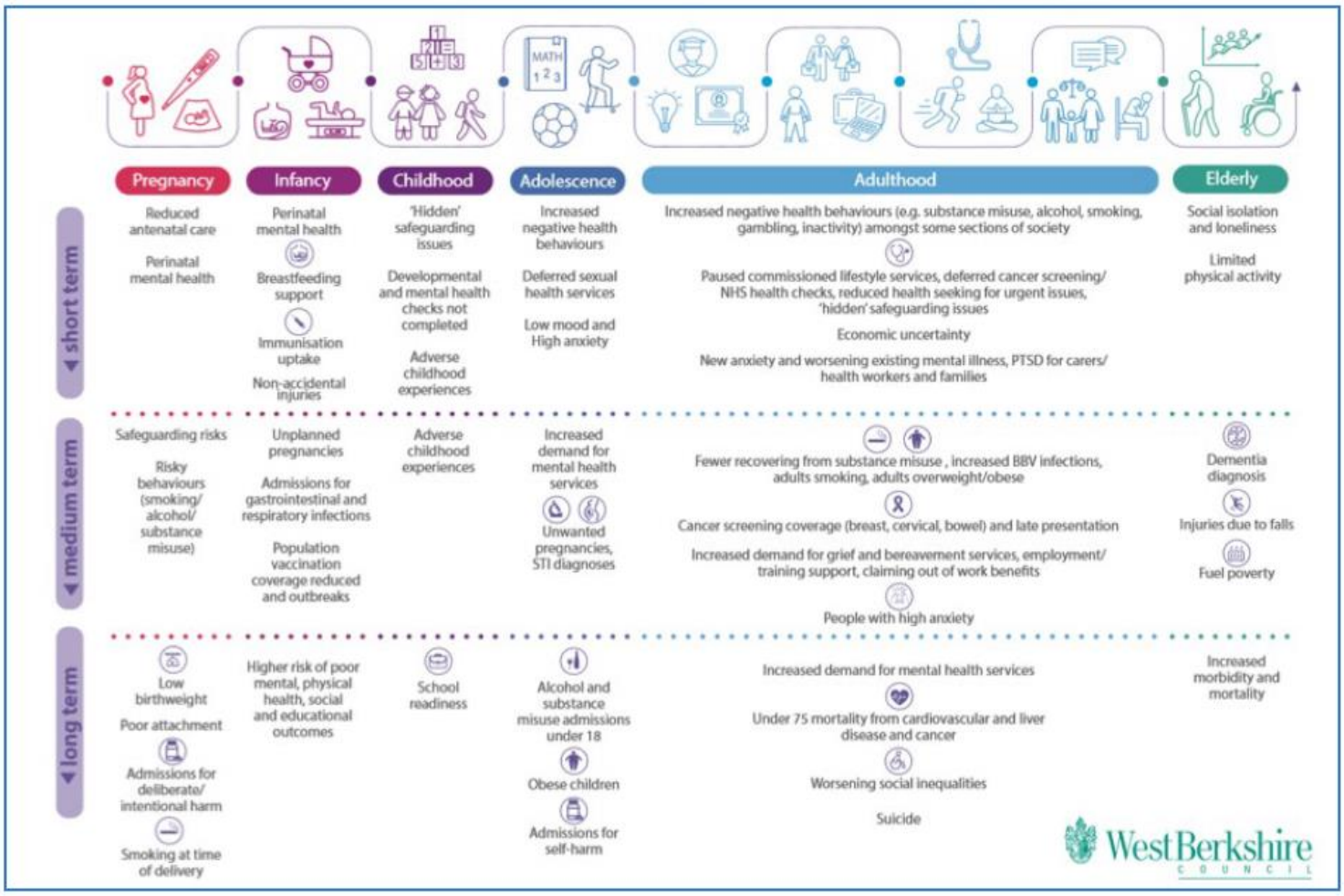
The new strategy will be the focus for health and social care working in partnership across all three areas to improve your health and wellbeing. It is a declaration of where we all think it is important to work together to make a difference, and so will affect decisions about where money is spent and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

NHS Berkshire- Annual Public Health Report 2020

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

1) **Inequalities**
   COVID-19 has shone a fresh light on existing health inequalities. As it progresses, it is likely these health inequalities will widen further. Emerging evidence has found some groups are at greater risk of being infected with and being harmed by COVID; the life course diagram below illustrates the short, medium and long term impacts of Covid on different age groups.

Impacts of the COVID-19 pandemic across the lifecourse



2) Employment

Employment is a key determinant of health and there are early signs that the harmful impact will be greater on some sectors than others, including those that employ some of the lowest paid workers.

3) Children & young people

Children and young people may be the hardest hit by social distancing and other control measures for COVID-19. More time at home with family may be a positive experience for many, but for others it may be a difficult time involving loneliness, bereavement, financial hardship, neglect or abuse.

4) Safeguarding

Our recovery from the COVID-19 lockdown restrictions will need to ensure that safeguards continue to be put in place to identify, support and protect victims of abuse. Evidence from previous disasters, all indicate that heightened levels of domestic abuse continue long after the event

5) Mental health
There were clear links between poor mental health and health inequalities before the onset of the COVID-19 pandemic and inequalities seem likely to widen further in its wake. There's evidence to indicate the rate of mental health conditions will increase as a result of both the pandemic itself and the measures put in place to control the spread of the virus.

6) Environmental impact
A 17% fall in CO2 emissions during April 2020 provides proof-of-concept that pollution levels are responsive to policy, creating an incentive for making the environmental impact a core focus of future strategies. Pollution is linked to lower life expectancy, particularly through its effects on cardiovascular and respiratory health and lung cancer.

7) Engaging communities
Those on the lowest incomes are less likely to feel able to exercise control over their futures by engaging with national and local political systems. If barriers to participation for those already disadvantaged are not addressed, there is a risk that our recovery plans will not reflect or meet their needs and could deepen and widen existing inequalities.

8) Resilience and social cohesion
Community resilience, including strong social cohesion and social capital, is linked with faster and more effective recovery. Socially cohesive communities tend to feel a sense of belonging and community and either share values or a tolerance for one another's differences.

9) Building on assets and reshaping society
The seismic impact of the pandemic has enforced a dramatic change on how we go about our daily lives. The widespread disruption to communities has broken down barriers and provided a unique opportunity to reshape the future.

10) Measuring progress
Learning from other disasters shows that the measurement of recovery needs to be defined, owned and shared by the community. The measurement of our recovery from COVID-19 will be vital to ensure that we are going in the right direction – towards a healthier, fairer and sustainable society.

Voluntary Sector Engagement

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

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

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

Health and Wellbeing Strategy for Wokingham and Berkshire West

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

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

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

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

Partnerships

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

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

Children and Young People Partnership Board Update – February 2021

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

Carol Cammiss, as Director of Children's Services and chair of the CYPP, has worked closely with key stakeholders, who are also members of the board, throughout this period to discuss emerging matters affecting the children, young people and families within the borough and to share updated policy and guidance. In January 2020 the Children and Young Peoples Plan 2020 – 2023 was formally agreed and signed off by the board. Our shared vision is:
'We will work collaboratively across partnerships to ensure that all children and young people in Wokingham are the best they can be whilst being happy, healthy and safe'

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

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

In order to drive the four priorities forward, a number of task and finish group (workstreams) have been developed and are now operational which the CYPP Board has oversight and governance of.
A multi-agency co-production working group has been developed to ensure that effective, collaborative early intervention and preventative work is offered to the children, young people and families in Wokingham Borough.

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

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

receive updates on the progress of the SIB board and provides critical discussion and sign off where appropriate. The CYPP will continue to function in this manner and support the SIB through the course of the improvement journey.
Work is being undertaken to strengthen the Contextual Safeguarding approach across Children's Services. We have created capacity within the management structure of the Youth offending Service (YOS) through the creation of a new Team Manager post; the new manager commences employment on 12th April 2021. Whilst their primary function is as the manager of the YOS, they are also going to support the embedding of both the operational and strategic Contextual Safeguarding approach. This includes Exploitation and Missing Risk Assessment Conference (EMRAC) and Return Home Interview (RHI) development, as well as links to strategic activity being progressed via the merging of the VRU and Exploitation Boards.

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

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

Community Safety Partnership

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

Draft Priorities 2021-2024

Strategic Themes

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

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

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

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

Specific Aims

1) Work with communities to deal with crime and anti-social behaviour hotspots
Our aim is to:

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

We will achieve this by:

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

2) Reduce the harm caused by domestic abuse
Our aim is to:

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

We will achieve this by:

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

3) Reduce incidents of serious violence and knife crime
Our aims are to:

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

We will achieve this by:

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

4) Tackle exploitation of children, young people and vulnerable adults
Our aims are to:

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

We will achieve this by:

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

5) Reduce crimes of residential burglary and theft from vehicles
Our aim is to:

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

We will achieve this by:

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

Wokingham Integration Partnership Update

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

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

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

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

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

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

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

2021/22 Work Programme:

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

The priorities of the CYPP include;

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

The CSP priorities include:

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

The WIPP priorities for 21/22 include:

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

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WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2021

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 2021/22

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
12 August 2021	**Designing our Neighbourhoods**	Update	Update		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
14 October 2021	**Designing our Neighbourhoods**	Update	Update		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
9 December 2021	**Designing our Neighbourhoods**	Update	Update		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
10 February 2022	**Designing our Neighbourhoods**	Update	Update		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
14 April 2022	**Designing our Neighbourhoods**	Update	Update		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**
- **Review of sub committees and priorities**