



## **WOKINGHAM BOROUGH COUNCIL**

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held Virtually on **THURSDAY 11 MARCH 2021 AT 5.00 PM**

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

Susan Parsonage  
Chief Executive  
Published on 3 March 2021

**Note:** The Council has made arrangements under the Coronavirus Act 2020 to hold the meeting virtually via Team Meetings, the meeting can be watched live at the following link: <https://youtu.be/nEBYlqw4Fz4>

Please note that other people may film, record, tweet or blog from this meeting. The use of these images or recordings is not under the Council's control.

## Creating Healthy & Resilient Communities

## Key Priorities



**WOKINGHAM**  
BOROUGH COUNCIL

## MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director, Children's Services
Chris Traill	Director Place and Growth
UllaKarin Clark	Wokingham Borough Council
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Susan Parsonage	Chief Executive
Meradin Peachey	Director Public Health – Berkshire West
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

ITEM NO.	WARD	SUBJECT	PAGE NO.
38.		<b>APOLOGIES</b> To receive any apologies for absence	
39.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 10 December 2020.	7 - 16
40.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
41.		<b>PUBLIC QUESTION TIME</b> 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 <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
42.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
42.1	None Specific	Rachel Bishop-Firth has 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?

#### **42.2 None Specific**

Gary Cowan has asked the Chairman of the Wokingham Borough Wellbeing Board the following question.

### **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?

#### **43. None Specific**

### **HEALTHWATCH REPORTS**

To receive review reports from Healthwatch.

<b>44.</b>	None Specific	<b>WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2019-20</b> To receive the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2019-20.	<b>79 - 90</b>
<b>45.</b>	None Specific	<b>STRATEGY INTO ACTION</b> To receive an update on the Strategy into Action.	<b>91 - 120</b>
<b>46.</b>	None Specific	<b>UPDATE ON THE HEALTH AND WELLBEING STRATEGY</b> To receive an update on the Health and Wellbeing Strategy.	<b>121 - 136</b>
<b>47.</b>	None Specific	<b>WOKINGHAM BOROUGH WELLBEING BOARD - TERMS OF REFERENCE</b> To receive a report regarding the Wokingham Borough Wellbeing Board Terms of Reference.	<b>137 - 140</b>
<b>48.</b>	None Specific	<b>FORWARD PROGRAMME</b> To consider the Board's work programme for the remainder of the municipal year.	<b>141 - 142</b>

**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

This page is intentionally left blank

**MINUTES OF A MEETING OF THE  
WOKINGHAM BOROUGH WELLBEING BOARD  
HELD ON 10 DECEMBER 2020 FROM 5.00 PM TO 6.25 PM**

**Present**

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director, Children's Services
Chris Traill	Director Place and Growth
UllaKarin Clark	Wokingham Borough Council
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
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

**Also Present:**

Madeleine Shopland	Democratic and Electoral Services Specialist
Ingrid Slade	Consultant in Public Health
Martin Sloan	Assistant Director ASC Transformation and Integration
Lewis Willing	Head of Health and Social Care Integration

**25. APOLOGIES**

Apologies for absence were submitted from Philip Cook and Graham Ebers.

**26. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 8 October 2020 were confirmed as a correct record and will be signed by the Chairman at a future date.

**27. DECLARATION OF INTEREST**

There were no declarations of interest.

**28. PUBLIC QUESTION TIME**

In accordance with the agreed procedure the Chairman invited members of the public to submit questions to the appropriate Member.

**28.1 Ann Dally asked the Chairman of the Wokingham Borough Wellbeing Board the following question which was answered by the Vice Chairman:**

**Question**

We welcome the founding of a Recovery College in Wokingham and the Council's farsightedness in thus providing such a wide range of support and information to those recovering from poor mental health; and would like to know how the council plans to inform

as many residents as possible that they are eligible to attend courses at the Recovery College?

We look forward to your confirmation of the arrangements in due course

**Answer**

The Recovery College is available for Wokingham residents over the age of 18 years. The courses are currently online until it is safe to use community venues to deliver courses face to face.

In terms of advertising the courses and promoting the Recovery College we've made contact and shared information with several local individuals and organisations including Citizen's Advice, Sports in Mind, Unlock your Wellbeing, Berkshire West Your Way, TuVida, Compass (Reading RC), Depression Xpression (peer support group), Optalis Supported Employment Service, Healthwatch and the CCG.

The Recovery College team has worked with the Communication Team for Wokingham Borough Council. There has been a news release on the Recovery College and this is being followed up by a social media post. The team are also working on a case study of a student who has used the college to share their experience.

The service was promoted in a CCG newsletter, the project was also promoted in newsletters by Involve and TuVida. If residents use Google to search for the Recovery College it now comes up first. There is a new prospectus available shortly listing the courses and this will appear under the mental health section on Wokingham Borough Council's website.

**Supplementary Question:**

Are there any plans for partnership working with say the CMHT, in the future, and Community Navigators? Maybe direct referrals with patients' consent to the Recovery College?

**Supplementary Answer:**

I can answer from the health side of things. So, certainly with the social prescribers, they work really closely with the voluntary services to know what is out there, so they are a great resource of diverting people to these courses directly. There is also a pilot happening in Wokingham West Plus, which is covering the Brookside, Chalfont, Lower Earley area, where the unitaries are working with the GP practices to refer these patients into these services as well. CMHT are really good about looking at these resources and using the voluntary sector, and education in every way possible. I like to think that we have got it covered.

**29. MEMBER QUESTION TIME**

There were no Member questions.

**30. COVID UPDATE**

Ingrid Slade provided the Board with an update on Covid.

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

- There had been 39 new cases in the Borough that day (as at 7 December). This represented a rise up to 142 per 100,000.



- Information showed that cases were increasing as lockdown had been announced and had then decreased and plateaued during lockdown. Following the lifting of lockdown, cases had begun to rise. Wokingham Borough was echoing the picture of the South East. The South East rate had now exceeded that of the national rate.
- It was expected that the daily case rate would continue to rise and then hopefully plateau.

**RESOLVED:** That the Covid update be noted.

### **31. STRATEGY INTO ACTION**

The Board considered the Strategy into Action.

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

- Ingrid Slade updated on the three action groups created around the health and wellbeing strategy priorities. The Groups were trying to capture activity that was currently not being reported in their respective areas and encouraging collaboration with partners.
- With regards to the Physically Active Communities Group, its work was very much on track. The group had met for the first time that week and was co-chaired by Sports and Leisure and Public Health. Information had already come out of the meeting such as the fact that Dinton Pastures had taken part in a national evaluation of the effect of sailing on children's educational attainment. The meeting had helped to identify where the gaps in knowledge about partners' work were, and also where there was potential overlap and collaboration opportunities.
- The reporting outcomes for the Reducing Social Isolation group were less clear than others. This was co-chaired by Public Health and Phil Cook, Involve. The group had met for the first time that week and had identified areas of overlap and potential gaps. The group had perhaps the largest work to do in terms of identifying the current landscape of social isolation and loneliness, and where most progress could be made. The group was next due to meet in January.
- The third group, Narrowing Health Inequalities, was co-chaired by Public Health and Children's Services and was due to meet for the first time in January.
- Good progress was being made. Further discussions would be had about how best to establish a reporting system for reporting into the Board and to other partners.
- Councillor Hare asked whether LINK had been included in the Reducing Social Isolation Group as they had a valuable contribution to make. Martin Sloan commented that Phil Cook chaired the Friendship Alliance which included the LINK, and their focus was tackling social isolation.
- Dr Milligan asked whether the social prescribers working in Primary Care were being linked in to the Reducing Social Isolation Group. She also asked whether the Clinical Commissioning Group and Berkshire Healthcare Foundation Trust would be involved in the Narrowing Health Inequalities Group. Ingrid Slade confirmed that this was the case.
- Councillor Halsall commented that a lot of work was being carried out regarding social isolation.

**RESOLVED:** That

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

- 2) further input from Board members on these Action Groups and progress to date, be invited;
- 3) it be noted that the summary of the progress captured to the end of November. These short summary reports will remain in place until formal reporting is implemented.

## **32. WOKINGHAM INTEGRATED PARTNERSHIPS UPDATE**

Lewis Willing provided the Wokingham Partnerships Update.

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

- The coming winter had required the Council and its partners to develop several winter plans, including the Better Care Winter Pressures Plan, and the Covid Adult Social Care Plan. Plans had been submitted on time to the Department of Health and Social Care. System partners felt that generally the Partnership was well prepared and organised to meet all the key areas of the plans.
- The plans had resulted in extra services being developed, with teams around the health and social care system to be expanded as required.
- A Voluntary Community Sector mental health pilot had recently begun. Using a Population Health Management approach, it had been noted that there was an increase in the number of people reporting issues with their mental health as a result of Covid. The pilot had begun with the Citizens Advice Bureau, offering support in dealing with some of the causes of mental health problems, such as debt advice, and offering onward referral to other voluntary mental health organisations.
- The Population Health Management approach was used to help direct local projects and was best practice. A Population Health Management Analyst would be employed to support work.
- There would be an increase in Primary Care social workers to support an increase in the frequency of Multi Disciplinary Team meetings. Increased social work presence would allow Primary Care Network leaders to have a 'go-to' person for support with social care and allow for regular meetings with social prescribers and the voluntary sector and Primary Care Network leaders.
- The Wokingham Integrated Partnership had also agreed to fund an enhanced medical capacity in the Consultant Geriatrician team. The second wave of the pandemic had already had a huge impact on the need for geriatrician support for hospital type treatments, including O2 and Dexamethasone, which allowed Covid positive patients with compromised respiratory function to remain in their place of residence. The additional hours would also enable Multi-Disciplinary Teams to have access to Geriatrician advice on complex or challenging cases.
- There were a small number of occasions when people were delayed in being discharged from hospital, or ended up becoming a Non-Elective Admission, as they needed extra support with medication only calls. Better Care Fund Winter Pressures finances had been made available to fund these calls.
- The Cancer Champion scheme developed by Involve would continue to be supported.
- The Home from Hospital service would be increased and would now be available 7 days. The number of hours that the service was in operation and the duration of the support offer would also be increased.
- Following the first wave of Covid 19, it had been established that care providers in the community (in both care homes and home care) would benefit from further

infection control nursing support. This was being put in place across Berkshire West.

- Councillor Hare commented that he had seen an advert in Oxfordshire Mind, for the position of Primary Care Wellbeing Project Manager for Wokingham. He questioned whether they would support those with stress and anxiety. Lewis Willing stated that they would and that it was a new post.
- Martin Sloan indicated that there was the mental health pilot in the Earley plus area. In addition, a tender had been put out to fund a Voluntary Community Sector partner with mental health expertise. Oxfordshire Mind had been appointed and it was hoped that a team would be in place by February.
- Dr Milligan commented that a huge amount of work had been undertaken and that it was good to talk about mental health in equivalent terms to physical health.
- Katie Summers agreed that it was good to see successful partnership working and commented that the message of 'One team' needed to be celebrated. She was pleased that the benefits of the Population Health Management methodology were being seen. She felt that there needed to be a greater focus on children and young people going forwards. Katie Summers would be working closely with Nicky Cartwright, the Director of Joint Commissioning and invited the Director of Children's Services to work with them to share the learning that had been undertaken in the adult's forum and to begin to replicate it for children and young people. Carol Cammiss welcomed this. Katie Summers commented that she wanted to be able to talk about the 'household approach' rather than adults and children and young people, separately.

**RESOLVED:** That the update be noted.

### **33. CCG OPERATING PLAN**

The Board considered the CCG Operating Plan.

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

- Katie Summers indicated that the Plan had been created in March and sent to NHS England in May.
- The landscape had changed significantly as a result of Covid. Katie Summers commented that she wanted to provide assurance that whilst some of the work programmes had had to be reprioritised, priorities were still being delivered albeit at a slower pace than initially anticipated.

**RESOLVED:** That the CCG Operating Plan be noted.

### **34. JOINT HEALTH AND WELLBEING STRATEGY UPDATE**

Meradin Peachey introduced the Joint Health and Wellbeing Strategy update:

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

- It had been over a year since it had been agreed that a joint Berkshire West Strategy would be developed.
- The Strategy had changed as a result of the dealing with and recovery from Covid. Also, the NHS was changing – the Integrated Care Partnership, the 'Place' at Berkshire West level was becoming more important. The Strategy needed to be seen in the context of driving the work of the Integrated Care Partnership as well as

the work of the Wellbeing Boards and as a reference for organisations such as the Police for driving improvements.

- Meradin Peachey felt that it should not be called a Joint Health Wellbeing Strategy and that 'Happier, healthier Berkshire was more appropriate, and reflected the partnership.
- It was anticipated that there would be 3-5 overarching strategy statements and that each agency and Wellbeing Board would then develop their own priorities.
- Matt Pope suggested that an informal Wellbeing Board be held in January to discuss local prioritisation and how the priorities could be shaped for Wokingham. Dr Milligan suggested that the Primary Care Network Clinical Directors be invited to participate in this.
- Katie Summers suggested that Reading and West Berkshire be involved later in the process. John Halsall commented that Wokingham had struggled with resources and that he did not want the work being done to be watered down. There were different authorities with very different demographics. Resources needed to be used in the best possible way. Dr Milligan emphasised that whilst there would be a steer from the Berkshire West group it would need to work for Wokingham.
- Katie Summers suggested that James Kent, ICS Lead & Accountable Officer for BOB CCGs be invited to a future meeting.
- Meradin Peachey emphasised that there was a clear direction for the Berkshire West system.
- Sarah Rayfield indicated that possible priorities had been identified through talking to stakeholders across Berkshire West, and by reviewing data by population need.
- Last week a public engagement piece had begun which would help to refine the priorities, which had been produced by a number of partners including Healthwatch Wokingham, Involve and the Wokingham Public Health team. There was an online survey and also focus groups that were targeted at more vulnerable individuals including adults with learning disabilities and carers. There would be 3 virtual public meetings in January which would be open to all. The Chairs of voluntary organisations and also Town and Parish Councils, had also been contacted. It was recognised that the runup to Christmas was a potentially difficult time to engage with people, however the voluntary sector needed adequate time to engage.
- It was intended that the Strategy would have around 3 priorities and that a draft would be produced for March.
- The Strategy would reflect the population need for Wokingham although there would be some shared actions across Berkshire West, where there was merit to do so.

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

### **35. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP WEST BERKSHIRE, WOKINGHAM AND READING**

Carole Cammiss provided a presentation on the Berkshire West Safeguarding Children Partnership: West Berkshire, Wokingham and Reading.

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

- Alan Wood had been commissioned by the Department for Education to lead a review of the effective of Local Safeguarding Children's Boards on the outcomes for children. This took place between January and March 2016 and concluded that most Safeguarding Children Board arrangements had difficulty demonstrating their value in improving outcomes for children.

- Working Together 2018 guidance replaced Local Safeguarding Boards (LSCBs) with flexible equitable safeguarding partnership being designed by the Local Authority, Police and Clinical Commissioning Groups.
- The three LSCBs in Berkshire West merged in July 2018.
- The 'new' multi-agency partnership arrangements were agreed in March 2019 and implemented in June 2019. They were now known as the Berkshire West Safeguarding Children Partnership (BWSCP)
- Carol Cammiss outlined some of the things that were different under the new arrangements:
  - new role of Independent Scrutineer as there was no longer an Independent Chair;
  - Statutory Safeguarding Partners met as an Executive Group 3 times per year but had contact in between the meetings to ensure any significant Berkshire West issues could be discussed and resolved;
  - 2/3 Children's Leaders Forums per year, wider partnership meetings, to share learning and good practice and the experience of children and practitioners across the Berkshire West partnership;
  - Education Safeguarding Engagement Group in each area to ensure school leaders could directly feed into safeguarding discussions;
  - responsibility for safeguarding sits with all of us and not with a separate body or Independent Chair.
- Carol Cammiss went on to highlight some of the similarities that remained including continuing to share key safeguarding responsibilities across Berkshire.
- Carol Cammiss emphasised some of the positive elements of the new arrangements such as a good level of attendance and support from partners. It was noted that Sir Alan Wood had been impressed with the arrangements and that the Partnership would feature as a 'good' model in a future report.
- The Board noted some of the key achievements of the partnership, including the locally devised and produced 'Be Brave – Speak up' online campaign which had reached 81,824 (with a total number of impressions being 522,445 being watched an average 6.3 times) and been shared 207 times on Facebook.
- Councillor Hare asked about the effects of Covid. Carol Cammiss indicated that there had been an increased in non-accidental injuries in babies and toddlers. The overall effect of Covid on children's mental health and development would not be known for some time. Children's Services was working with Public Health to think about how those who had been impacted by Covid could be supported.
- Dr Milligan emphasised that as a clinician, learning from case reviews was vital. She questioned whether the 'Speak up – Be Brave' campaign should be run again.

**RESOLVED:** That the presentation on the Berkshire West Safeguarding Children Partnership: West Berkshire, Wokingham and Reading, be noted.

### **36. DIRECTOR PUBLIC HEALTH ANNUAL REPORT**

The Board considered the Director Public Health Annual Report.

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

- The report focused on recovery as a result of Covid and its impact on society. Public health had looked at disasters around the world such as the Ebola outbreak in Africa, the Grenfell fire and the Australian bush fires, and how the recovery from those might help deal with some of the problems that were likely to be encountered, and some of the solutions.

- Meradin Peachey hoped that the document would be a reference document that would be used to develop health and wellbeing priorities.
- Meradin Peachey highlighted a number of problems that were likely to be faced following the pandemic such as increased morbidity and mental health problems.
- It was highlighted that the accommodation and food industry in Berkshire had had the largest number of staff furloughed.
- The last few chapters of the report dealt with resilience and social cohesion and what were the community assets that could be used to help aid recovery and to assist communities to support themselves.
- The last chapter discussed how change could be measured.
- Katie Summers asked whether the report would be presented to the Integrated Care Partnership Unified Executive and the CCG Governing Body. Meradin Peachey indicated that she would be happy to take the report there bearing in mind the current focus on vaccination.
- Dr Milligan commented that the report was easy to read and thanked Tessa Lindfield for her work.
- In response to a question from Susan Parsonage, Meradin Peachey stated that there were a lot of community asset type family indicators that could be used to measure how healthy the community was.
- Katie Summers questioned whether information could be broken down by ward level for children's services. Carol Cammiss indicated that she had had initial discussions with Public Health and the Digital Team about how to access data and to make it meaningful and usable for service design and delivery.

**RESOLVED:** That the Director of Public Health Annual Report be noted.

### **37. FORWARD PROGRAMME**

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

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

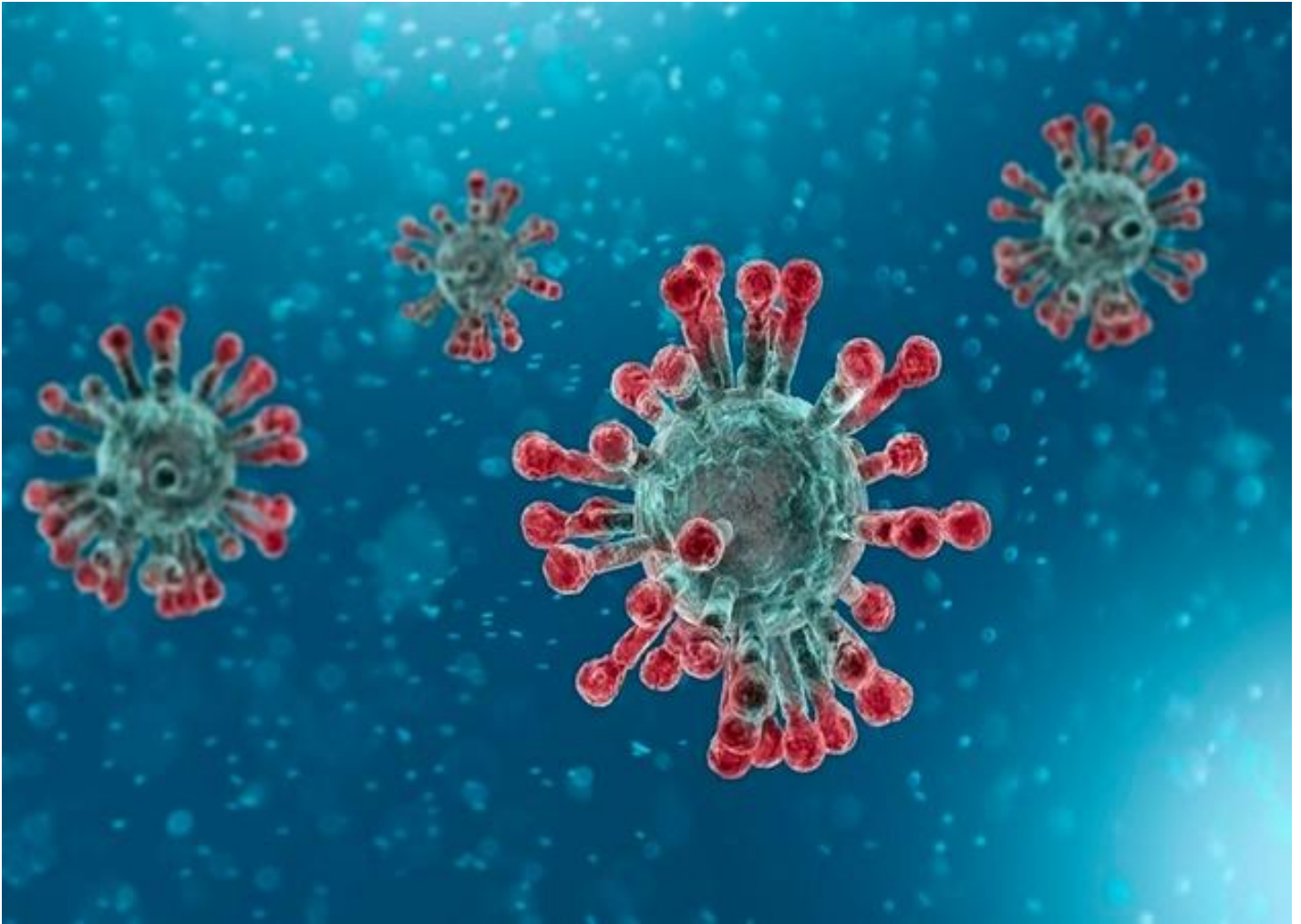
- There were no changes made to the forward programme.
- Dr Milligan and Katie Summers gave an update on the Covid vaccination programme.
- Dr Milligan indicated that she had undertaken a site visit to one of the vaccination sites that morning, and that it was nearly ready to go. She thanked Katie Summers and her team for their work to ensure that the relevant IT was in place.
- Practices were contacting their patients who were over 80 for the vaccination. Two doses were required 21 days apart. Appointments for both doses were being booked. She advised that the date of appointments was currently provisional until the vaccination was physically received at the practice.
- It was hoped that the first wave of vaccinations would begin next week. Staff from various practices would go to the vaccination centre to help vaccinate patients.
- Dr Milligan would be undertaking site visits for vaccination sites in the other areas of the Borough.
- There was strict national guidance and over 80's who were physically able to get to a practice would be vaccinated first. The public were asked not to phone the surgeries to ask when they would receive the vaccine as it would potentially overwhelm phonelines. Patients would be contacted by the surgeries when appropriate.
- As different vaccines came on board processes might change.

- Katie Summers advised that there were three main delivery channels that would be utilised:
  - Primary care
  - Providers – Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust would look to vaccinate their own staff.
  - Working with the local authorities to establish a small number of possible mass vaccination sites.
- There were ten Primary care Network sites across Berkshire West, five of which were in the Borough.
- Councillor Hare commented that the Pfizer vaccine was too volatile to be taken to care homes, so they were not appropriate vaccination sites at the moment. Dr Milligan commented that if care home residents could travel to the vaccination site, they would still be able to receive the vaccination. Carers would be vaccinated before healthcare workers.
- It was noted that those having the vaccination would be expected to wait 15 minutes after they had received their vaccination, to ensure that they did not have an allergic reaction. Each practice would deal with this differently.
- In response to a question from Councillor Hare, Dr Milligan confirmed that those who had epi-pens should not be invited to have the vaccination. Katie Summers commented that the prescribing team would send a list out to all of the practices to flag up which patients had epi-pens.
- Patients would receive a text advising them when they could make an appointment to visit a vaccination site. It would be a long process.
- Martin Sloan indicated that the local authority was working with the Clinical Directors to see whether volunteers could be provided to the vaccine sites. Wokingham Volunteer Centre were looking to actively recruit volunteers to help marshal patients in and out of the buildings. Councillor Halsall indicated that an extraordinary Executive had been scheduled to agree the funding for this exercise.
- Katie Summers emphasised the importance of making every contact count. Dr Milligan commented that physical contact needed to be reduced as large numbers of patients would be dealt with. Martin Sloan indicated that there was a need to be practical about what could be achieved through the support with marshalling.

**RESOLVED:** That the forward programme be noted.

This page is intentionally left blank





# **COVID-19 Survey**

**Peoples Experiences of Health and Care  
Services and Accessing Information**

# Contents

	Page
Aims Of The Survey	3
Summary And Key Findings	3
Shielding And Covid	3
Using NHS Or Social Care Services	4
Video Consultation	5
Mental Health	6
Information and Advice	7
Recommendations	8
Appendix A - Responses - Examples Of Where Services Worked Particularly Well	9
Appendix B - Responses - Where Services Could Have Worked Better	11
Appendix C – Responses - Thank You to Health and Care Workers	12
Appendix D – Demographic Information	14

## Aims of the survey

The coronavirus pandemic has meant that health and social care providers have had to change the services they offer, and the way their services are delivered. The aim of the survey was to collect the views of residents in Wokingham Borough, in order to find out their experiences of changed services and whether they have been able to access the information and support they need during the pandemic.

To understand residents' experiences Healthwatch Wokingham ran a survey between May and July 2020. We received 173 responses from people across the Borough.

## Summary and Key Findings

From the comments and experiences shared with us, it is clear that people are hugely grateful to the NHS and social care and their dedication during the pandemic to take care of people.

There were a lot of examples of where services worked well. However, there are things that can be learnt:

**Information and Advice** – Some people found it difficult to find information about services, service change and how to access services. Some information was hard to find. Information wasn't always provided in a timely way and sometimes information wasn't updated during the pandemic and therefore signposted people incorrectly. Not all information was produced to help the disadvantaged for example easy read information for learning disabled or for those whose first language isn't English.

**Accessing Services** – There were problems accessing certain services, especially dental care and phlebotomy

**Video Consultation** – The majority of those people who used video consultations were satisfied with the service and the majority would be happy to use it again.

**Not Using NHS Services** – It was a concern that some of those who didn't use services, didn't do so because they didn't want to bother the services or thought their problem could wait

**Mental Health Impact** – Unsurprisingly, a majority of people who responded to the survey experienced an impact on their mental health to one degree or another

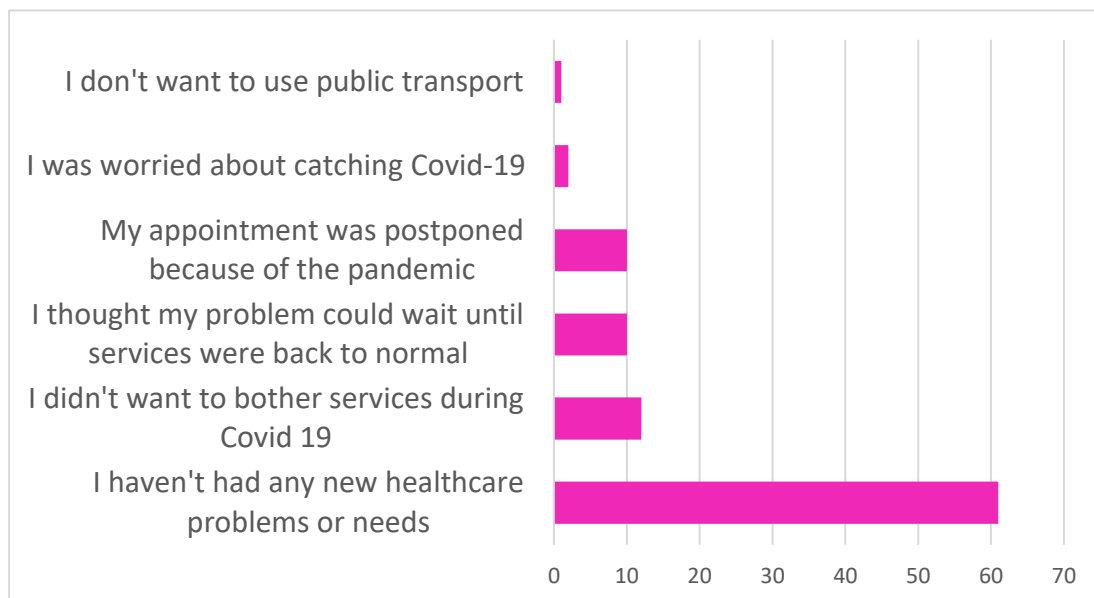
## Shielding and Covid

We asked people if they were shielding and whether they'd had Covid19. 14% of respondents had received a letter from the government asking them to shield. Most people did not believe they'd had Covid19, only 1 person had received a positive test and a further 10 people had been advised by NHS 111 that they probably had it based on their symptoms.

## Using NHS or Social Care services

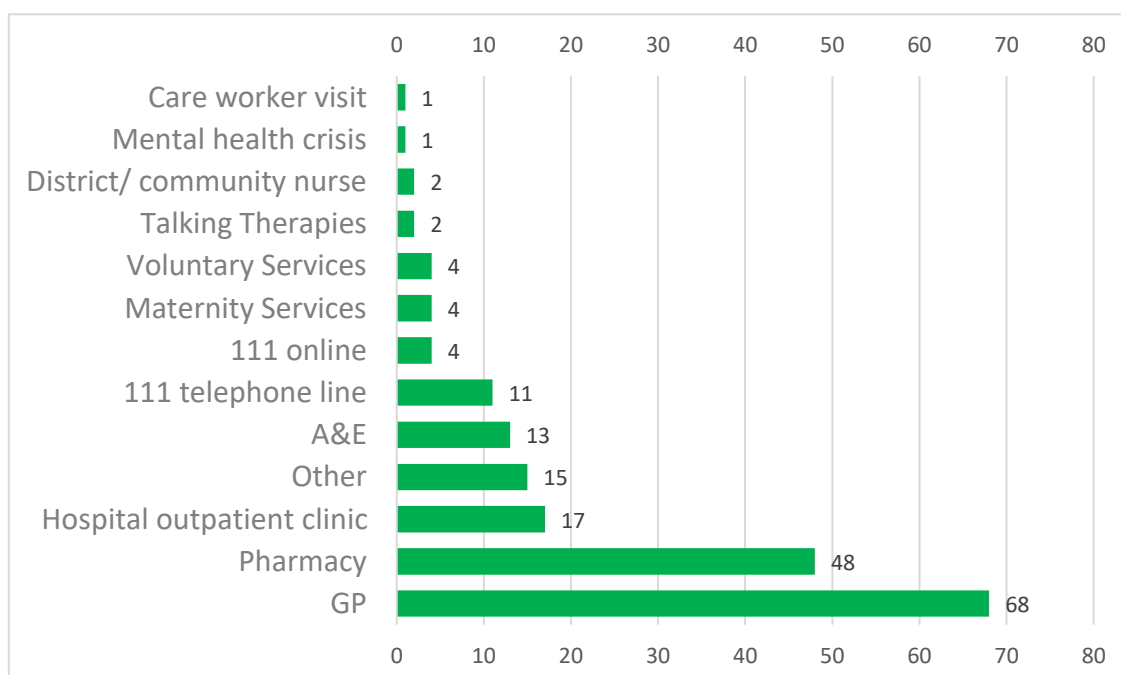
We asked people if they had used NHS or social care services since March 23<sup>rd</sup> (when lockdown began). 51% of people had used services, 49% hadn't used services.

For those that hadn't accessed services we asked why not. The reasons given were:



Back in April the NHS launched a [campaign](#) to encourage the public to continue to use NHS services as soon as they are needed. It is a concern that some of the 42% of people who said they hadn't used services felt they couldn't or didn't want to.

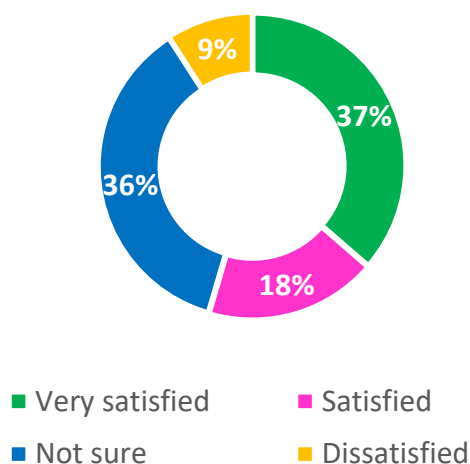
We also asked what services people had used from May-July. The majority focussed on GP and Pharmacy.



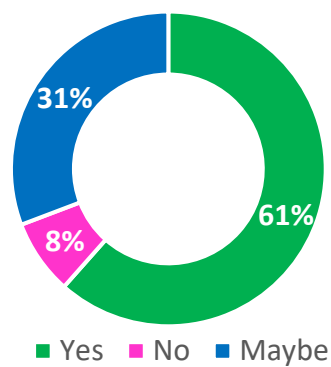
## Video Consultation

We asked people if they had used video or phone consultations. 15% of people who had used services had been offered a video consultation and we asked them more about this. 55% were either very satisfied or satisfied. 36% seem undecided while only 9% were dissatisfied. Of those who had used video consultation, 61% would be happy to have a video consultation again. 31% were undecided and only 8% would not want to use video consultation again.

How satisfied were you with your video consultation?



Would you be happy to have a video appointment again in the future?



I felt safe and able to show the GP a rash on the screen

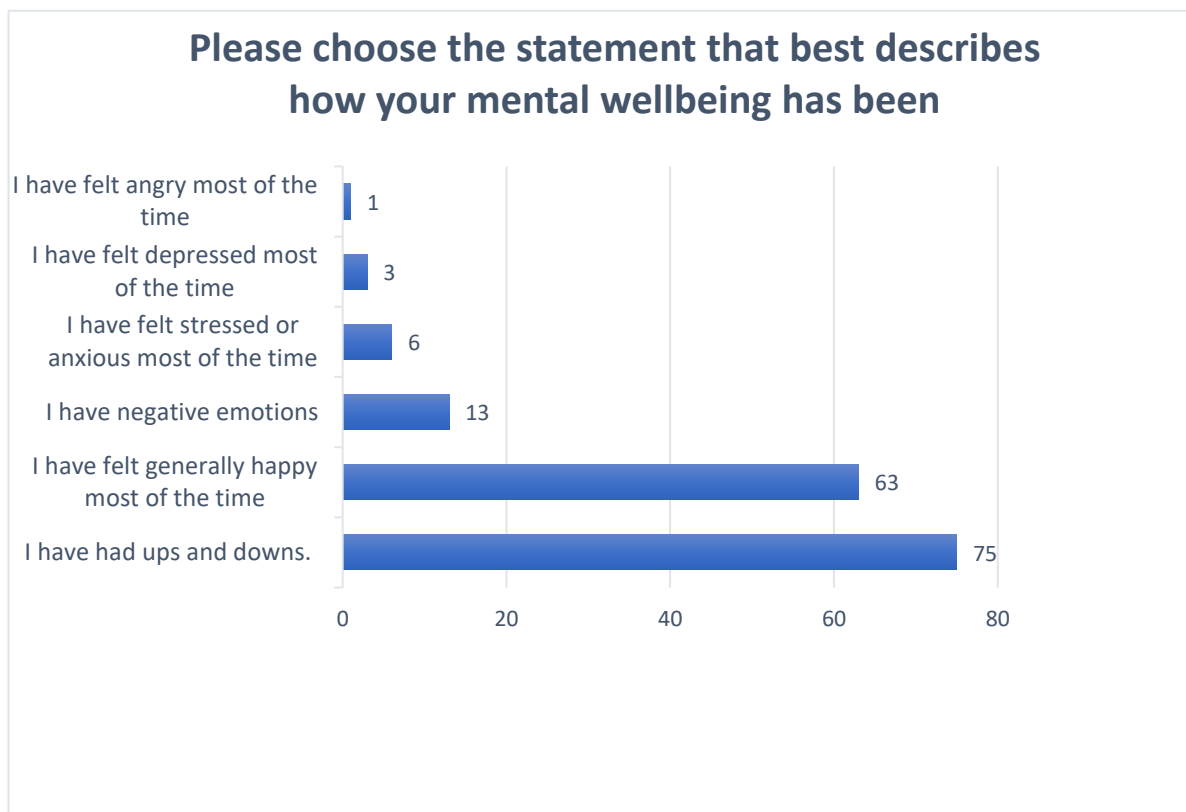
I live on my own and couldn't physically reach around my back to show the doctor

I used push doctor it was fast and efficient

The audio was bad so I had to revert to a normal phone call

## Mental Health

We asked people about the state of their mental health during coronavirus. Of those who responded, 61% indicated they experienced an impact on their mental health to one degree or another. However, 39% reported feeling generally happy most of the time.



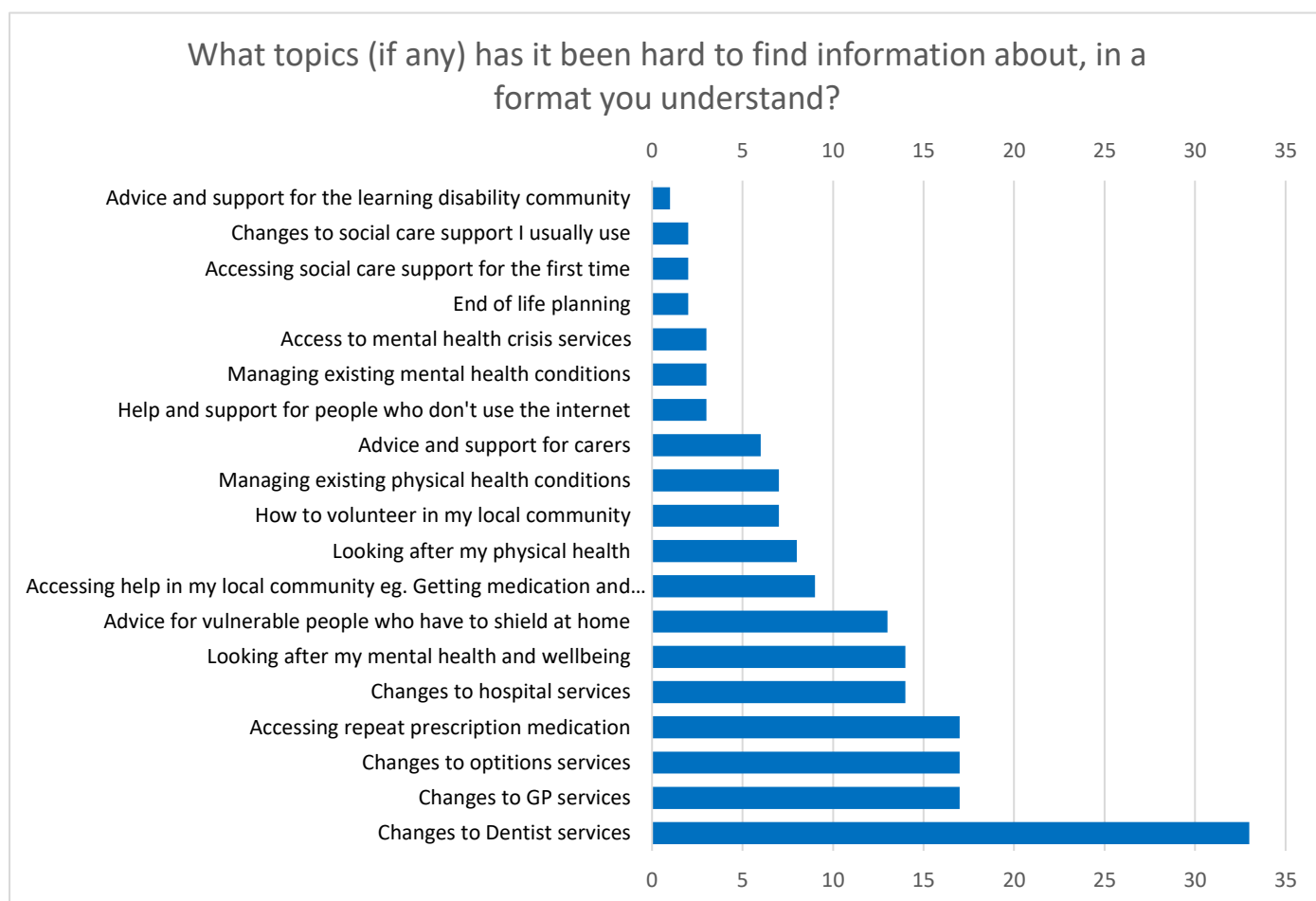
- Living alone in lockdown (well over 70) not good. Son and daughter in law are caring for me - my son phones every day for a chat and to check on me. But I've not been out since lockdown - it's hard.
- Used to living on my own so it has affected me minimally.
- Stressed because of increased work commitments and challenges caused by working online which were exhausting to get used to.
- I have been fine but really emotional.

## Information and Advice

Healthwatch Wokingham had been hearing from people throughout the pandemic who were finding it difficult to find up to date and timely information about some services. In the survey we asked people which services it was hard to find information about. People reported that they couldn't always find the information they wanted about a range of services. The top 5 services that people had difficulty finding information were: Dental, GP, Opticians, Pharmacy and Hospital.

Healthwatch Wokingham had fed back to the Royal Berkshire Hospital that it was difficult to navigate their website and find clear information. In response have begun a project to build a new website and we have fed in our comments, based on discussion with local VCSe groups.

In addition, based on comments from the public and the results of this survey question, we have carried out a review of all Wokingham Borough GP surgery and Dentists web sites, with the help of CLASP (adult learning disability group,) to see how clear and accurate their information is.



# Recommendations

## Information and Advice

All health and care services need to Provide timely up to date information about any changes to services and how they are delivered. This is important for everyone but particularly to disadvantaged individuals. People need up to date information that is easy to find in order to know if services are open and if so how are they accessed. It is important that people are well informed particularly if they are currently undergoing treatment.

Services need to provide information that is easy to find and presented in formats for those who are disadvantaged or don't have English as a first language or are learning disabled and need easy read documentation. This needs to be done in parallel with the original information source and not afterwards.

Dental service providers need to provide more information on their websites about their services, how to access the service, if the service isn't open what alternative services are in place and what to do out of hours.

## Video Consultation

Whilst responses regarding GP and hospital video consultation were very positive in general, there were some issues and service providers need to ensure they continue to offer a choice for those who can't use the technology or don't want to use the technology.

## Not Using NHS Services

Some people didn't use NHS services because they felt fearful of accessing services. Service providers need to provide clear, consistent messaging to people in a way that makes people less anxious about visiting services and understand what to expect when they access the service. This might make use of photos/videos to explain, this is particularly helpful for those who might find it difficult to read information.

## Mental Health Services

Commissioners to make timely provision for any increase in need for mental health services as a result of the mental health impact of coronavirus on the local population.





### Responses - Examples Of Where Services Worked Particularly Well



- The staff on Loddon ward were very good with calling me with daily updates.
- Covid test centre was very efficient.
- Brookside surgery worked very well.
- I had contact from WBC which was very positive and helpful.
- Telephone consultation from the surgery was excellent.
- Wokingham cpe very fast to triage mental health crisis.
- Staff at Royal Berks were incredibly reassuring, especially as I had to attend the scans alone.
- Wokingham One Front Door - Food delivery very helpful as we have not been out since March
- Wokingham One Front Door - Made it possible for me to receive my essential medications on time
- Wokingham One Front Door - Out of this world all fine. wonderful wonderful service
- Wokingham One Front Door - service was second to none I did not know where to turn it was wonderful
- Wokingham One Front Door - It was like Christmas a wonderful - lovely fresh food
- Wokingham One Front Door - Sorted food & medicine and provided advice on will
- Wokingham One Front Door - Got some food in the house without having to break shielding
- Wokingham One Front Door - Just a huge relief to know that there is someone we could call on to get our meds. wonderful service
- Wokingham One Front Door - I can not go out with COPD and depression and anxiety. I needed this help a lot
- Wokingham One Front Door - Somewhere to turn to, as I was hitting dead ends
- Wokingham One Front Door - Relieved. Service brought a tear to my eyes, as I was very impressed.
- My GP surgery was efficient and kind. They kept non-COVID patients separate.
- RBH was particularly impressive. Although the condition turned out to be minor, the breast team reassured me that I had done the right thing.
- Talking therapies have been amazingly quick and supportive.
- Doctor provided a thorough consultation on phone to discuss a medical problem my daughter was having.

- Very quick service at outpatients.
- Outpatient dermatology was very efficient.
- Brilliant telephone support from The Nursing Practitioner at Woosehill surgery.
- Excellent safe service at Brants Bridge.
- My wifes discharge went quite well and the barriers were up in the car park so it cost nothing to park.
- WBC in conjunction with CAB very helpful. Volunteer rang every week to see if I needed help.
- Regular phone call from social care to check all was well. Much appreciated.
- RBH phone consultation from pain clinic for husband was excellent, GP video call service worked really well.
- Telephone consultations are much easier and quicker than going into the doctors surgery.

## APPENDIX B

### Responses - Where Services Could Have Worked Better

- Better communication generally from RBH departments except Loddon Ward.
- Having to go from Reading to Bracknell for a Blood Test. Why is it closed at the RBH in a town this size.
- Problems from outset regarding shielding letter and seemed to be lack of interest by GPs practice and even more so by the specialist team at RBH who were not interested.
- Communication from RBH maternity services has been confusing. Told one thing on the phone by a midwife and then receive a letter that says another. They are still sending out standard letters saying you can bring someone with you to scan when this is not the case.
- I was not forewarned by the doctor's receptionist when arranging to give a blood sample to wear a mask/scarf when attending.
- Clarification from RBH of what I should be doing would have been nice, while I waited for treatment.
- CAMHS have not been particularly organised and clear at times about services and appointments.
- speak to a nurse for a very important yearly screening who was unable to fully grasp my situation leaving me very despondent.
- Had to make a number of calls and several emails to surgery to get a shielding letter.
- No letter or text confirmation of outpatient appointment just a phone call.
- Pharmacies have been a nightmare, don't always have all your medication, complete lack of customer communication and car.
- 111 service. I called and was on hold. Got cut off. Happened 10 times before I gave up.
- Was sent to rbh for xray when got there told I should have gone to Bracknell.
- DId not get feed back from RBH Dawn system from Haematology dept without me making phone calls to them. Felt a bit abandoned by the system.
- Eye casualty had removed their emergency phone number which caused hassle. Felt abandoned.
- I couldn't find the information I needed about dentistry services during covid-19.
- It is difficult to find information about dentists and impossible to find a local NHS dentist.

## APPENDIX C



### Thank You to Health and Care Workers



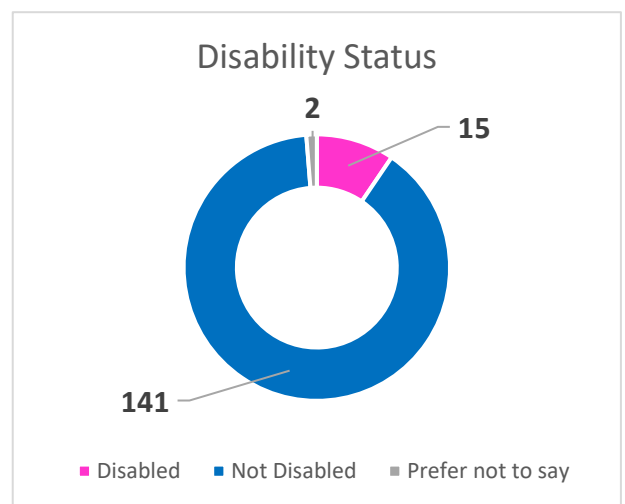
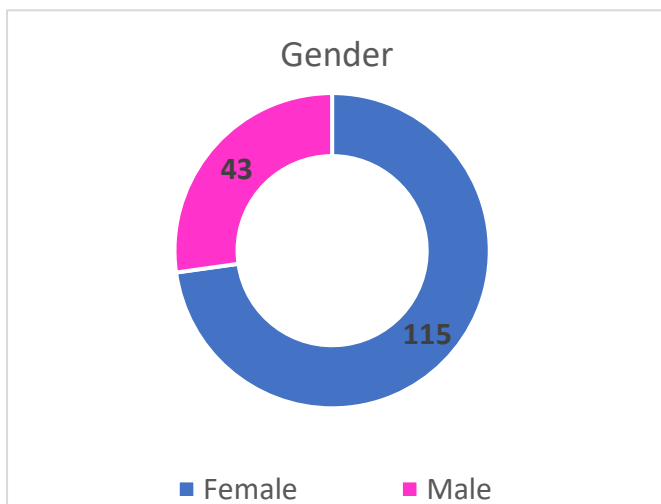
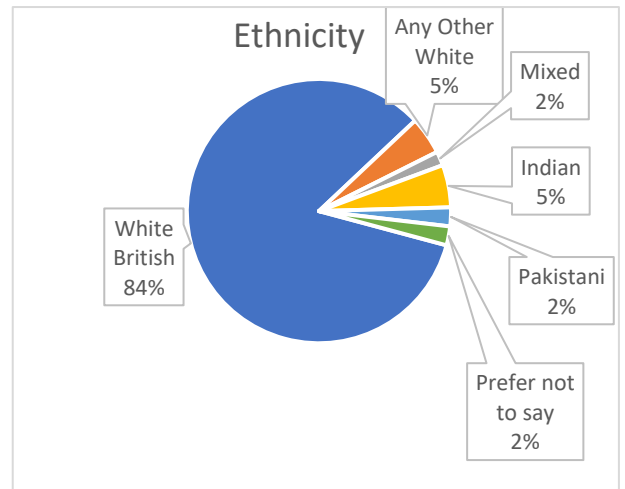
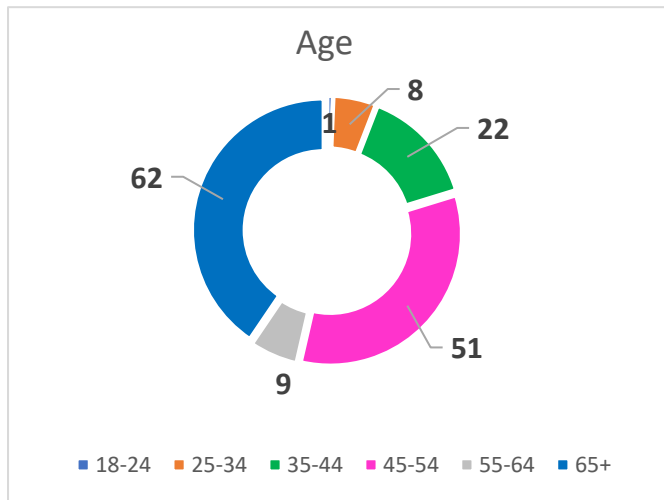
In our survey we gave people the opportunity to give words of thanks to health, care and other keyworkers. Those responses have been captured below:

- Thanks to Ambulance, A&E and AMU staff who cared for me.
- I have tremendous admiration of the NHS and all their support staff for their dedicated and committed work ethics.
- Woodley centre surgery I think all the services are going a great job, including bin men, retail workers and post people - I feel they are overlooked with everything focusing on NHS.
- NHS/postie/bins/cop/fire/local shops. Well done all!
- Wokingham Medical Centre and Boots Pharmacy have been very helpful.
- Thank you to everyone helping to keep us safe and providing deliveries and shopping facilities.
- Jay at Jats Pharmacy for persistently trying to get my out of stock medication!
- The NHS are doing a fantastic job and deserve all the praise they can get.
- Twyford surgery and Fields pharmacy for their sympathetic and positive help with questions and help.
- Thank you to all key workers as I am one myself, I know what you are all going through.
- Thank you to all staff and teams on frontline and behind the scenes.
- Thank you to Dr Fairey and all the staff at Woosehill Medical Centre who are working really hard under great pressure. Everything you are all doing is appreciated. Keep well.
- Thank you to ALL those working hard to keep us all safe - we should never take them for granted
- Thank you to all who are still working hard in ways you didn't think possible, even when you were worried about your own health.
- I would like to extend my thanks to Dr Gordon at RBH for her excellent care and communication when my son's follow up appointment was switched to a telephone call. It was actually easier for my son than going into the hospital.
- Thanks to GP and Royal Berks for sorting pain in varicose veins.
- Thank you to all key workers, post office, council, teaching staff, supermarket staff, medical staff and anyone else. Thank you to every parent who has managed to support their children through lock down.

- A big thank you to all the volunteers of course. But often overlooked and taken for granted, our refuse collection operators provide an excellent service and continue through the pandemic - a big thank you to them.
- I have thanks for all the people who have gone above and beyond the line of duty during this pandemic.
- Thank you to my brilliant neighbours who regularly get my shopping.
- Funeral staff - they have said nothing and yet they must be overwhelmed by the changes to the service they offer loved ones and their families.
- Twyford surgery deserve recognition for their Facebook outreach. Lots of useful information and some light-hearted humour. Made them feel very approachable.
- Thank you to Caroline Jennings. Neuropsychologist within community neuro rehab team Wokingham.
- Wokingham Volunteer pharmacy delivery was excellent.
- Twyford Surgery have been friendly calm and reassuring as if mine was the only call they handled: which I know wasn't true!
- Big thank you to Finchampstead Surgery: Reception, doctors, the organisation and the pharmacy too. Use of telephone consultation to sort problems out fast is excellent.
- Totally respect them all, especially putting lives of family on the line.
- Appreciate the phone calls from Wokingham Social Services to check on our current situation. So far have not had to use them.
- Thank you to the fracture clinic at West Berkshire Hospital Thatcham.
- The CAB/Wokingham council group provided me with essential foodstuffs, free of charge, before I could get a vulnerable supermarket slot. I have expressed my thanks whenever possible and put funds to cover into the charity named. Many thanks again. It was a lifesaver.
- Thanks to the volunteers for food and prescription collection and delivery help especially Sherrie Foo and Alistair. To our neighbour Sandy and to Apex Care Services especially Beverley for weekly support for my wife.
- The SCAS staff who took my wife to the RBH and thence to the JR were magnificent and there was one particular nurse at the JR who was also very good.
- The Citizens Advice, were really helpful. A big thank you to them.
- Thanks to WBC, CAB and Volunteer service.
- Think WBC and volunteer hub have been great. And dustbin men etc.
- Excellent service from Finchampstead Surgery. Wokingham Volunteer service very helpful with collection of prescriptions. Jats Pharmacy very supportive.
- Parkside Family Practice in Woodley have been great.
- Loddon Surgery, thank you for the fantastic support and care given to me.

## APPENDIX D

### Demographic Information



## Contact us

**Postal Address:** c/o Town Hall, Market Place, Wokingham, Berkshire RG40 1AP

**Contact number:** 0118 418 1418

**Website:** [www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)

**Email address:** [enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)

**Facebook:** [facebook.com/HealthwatchWokingham](https://facebook.com/HealthwatchWokingham)

**Twitter:** @HWWokingham

**Instagram:** [healthwatchwokingham](https://www.instagram.com/healthwatchwokingham)

This page is intentionally left blank



# Dental Website Review

## July 2020






In May 2020 Healthwatch Wokingham launched a survey to understand more about how people in the Borough were experiencing the changes in health and social care due to the Covid-19 pandemic. Early analysis showed that access to information about dental care was proving difficult for 22% of respondents.

To find out more we reviewed 25 dental websites spread across the Borough in July 2020 following the resumption of dental services on 8<sup>th</sup> June 2020, with the aim of providing public information and sharing best practice. A mystery shopping approach was taken and included members of CLASP a local learning disability charity to ensure that the information provided was accessible.

The findings of our review indicate inconsistencies in the quality and reliability of the information provided by high street dentists. This included information related to service changes due to Covid-19 and important information regarding charges, access to emergency care and NHS status. This could make it difficult for members of the public to access the dental treatment they need.

This report will be shared with the public, service providers and commissioners and we hope it will be useful for the on-going Covid-19 response and when planning for similar events in the future.

## Top Findings

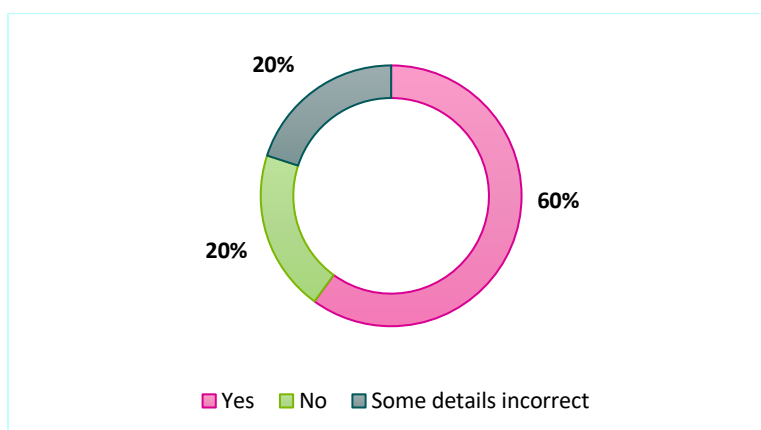
-  At the time we conducted our review 29% of dental websites still did not give up to date information about the changes to services due to Covid-19.
-  One of the most common dental issues people approach Healthwatch with is help with finding an NHS dentist. 43% of websites did not clearly display this information.
-  There were some examples of excellent information that was accessible to our volunteers with learning disabilities. However, there was little consistency between dental practices.

## Mystery Shop Results

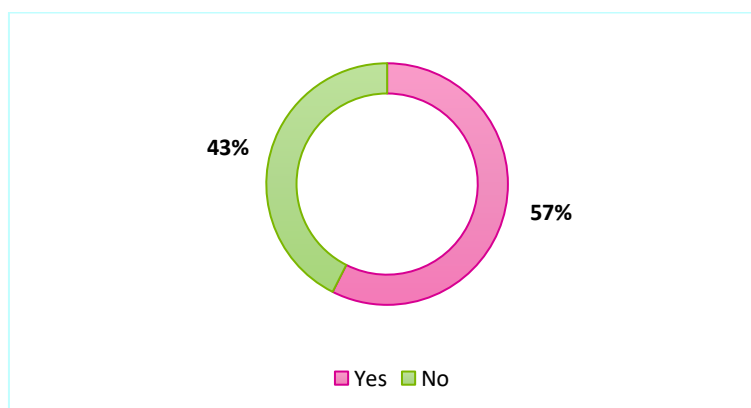
Is this Practice listed and up to date on NHS find a dentist website?

<https://www.nhs.uk/service-search/find-a-dentist>

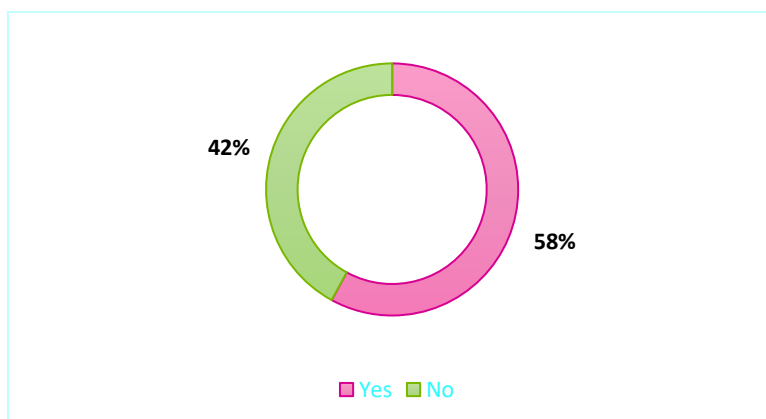
We reviewed NHS and private dental websites, so we have only included practices that offer NHS services in this data.



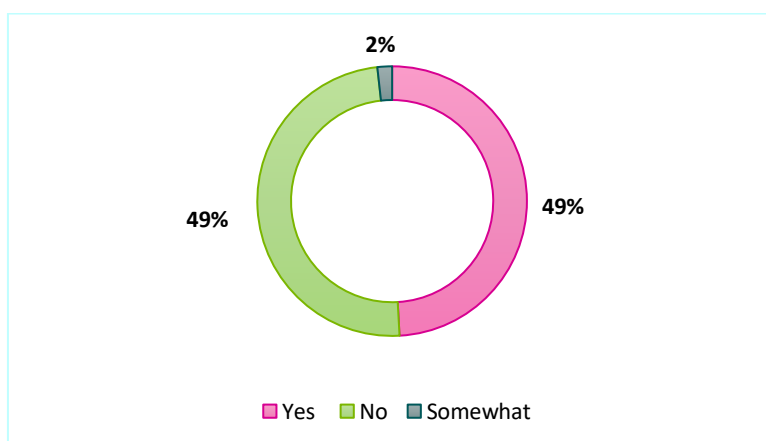
Does the website clearly display whether they offer NHS treatment or not?



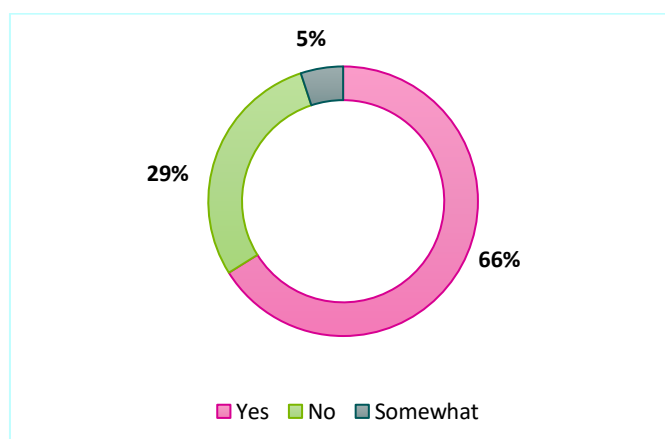
Website clearly displays any charge and it is easy to find.



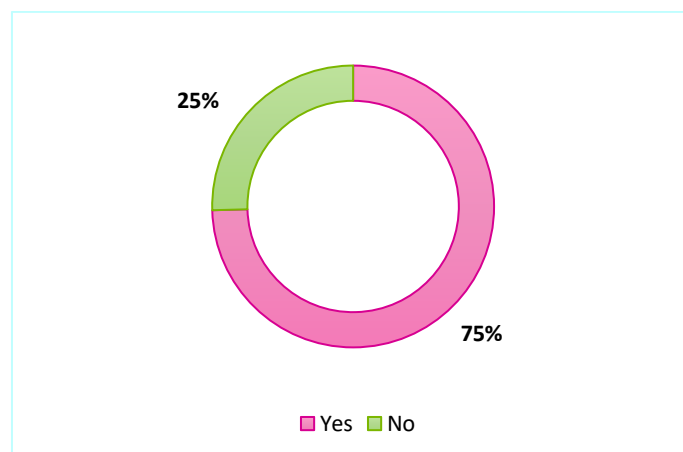
Website gives clear guidance about what people should do if they have a dental emergency



Website has up to date information about service changes due to Covid-19



The information given is factually correct and easy to understand



## Conclusions

The COVID-19 pandemic has had a huge impact on health and care services. Rapidly changing government guidance has affected the public and service providers alongside difficulties with the practical aspects of providing routine and emergency dental care such as PPE and staggering appointment times.

Providing quality, timely information in digital form has never been more important. This looks set to continue as we navigate the continuing response to the pandemic as well as preparing for possible future outbreaks.

We are committed to continuing to hear the voices of those people who have found it difficult to access dental information especially where they are from a disadvantaged community. We hope that recommendations from this report will be considered by commissioners and service providers in the NHS and private sectors when planning their digital strategy.

## Recommendations

Service providers should regularly review the quality of the information on their website and ensure that it is updated as soon as changes are made.

Dentists that provide NHS services should

- Clearly display the NHS logo.
- Provide accessible information on NHS charges and exemptions.
- Provide clear information about additional private services and charges.
- Provide contact details for dental emergency treatment and 111.
- Accessible information about changes to procedures and safety measures in place. (such as wearing masks or waiting outside until called in)

This page is intentionally left blank

# GP Websites

## How easy is it to find information?



**An observational review by Healthwatch Wokingham of information provided by GP websites in Wokingham Borough.**

## Introduction

In Wokingham Borough there are 13 GP practices, under 4 primary care networks. (North, South, East and West) GP contracts are managed by NHS Berkshire West Clinical Commissioning Group.

In May 2020 Healthwatch Wokingham launched a survey to understand more about how people in the Borough were experiencing the changes in health and social care due to the COVID-19 pandemic. Early analysis showed that access to information about GP services was difficult for 11% of people who responded. 14% of people had delayed seeking treatment for the following reasons: they were worried about catching coronavirus, didn't want to bother the health service or they thought their problem could wait until after the pandemic.

Accessible information that helps the public to understand the necessary changes to services is key to managing the COVID-19 response. GP websites are an important communication tool and play a wider role in linking the public to other support in their community.

The most recent [patient survey results](#) from Berkshire West CCG show that Wokingham surgeries had varied feedback about their websites. Patients were asked 'How easy is it to use your GP practice's website to look for information or access services?' The results ranged from 58% to 87% satisfaction.

To find out more we reviewed the websites of the 13 GP practices, with the aim of providing public information and sharing best practice. A mystery shopping approach was taken and included members of CLASP a local learning disability charity to ensure that the information provided was accessible to this group.

This report will be shared with the public, service providers and commissioners and we hope it will be useful for the on-going COVID-19 response and when planning for similar events in the future.

---

## What we did

Every website was reviewed by 2 staff members and a selection of volunteers from CLASP adult learning disability group.

The websites were reviewed between 27<sup>th</sup> July 2020 and 18<sup>th</sup> August 2020. The information we found was a snapshot of the information held on the sites in the given time period.

Where a result is indicated as 'unclear' it means some reviewers could find the information they were looking for while others could not find the information.

The questions we asked were based on a previous survey undertaken by Healthwatch Portsmouth.





## Key Findings



The majority of websites did not contain information about what to expect if a patient needed to visit the practice, including wearing a mask, social distancing and whether you could be accompanied.



Only 15% of websites provided clear information about how to book a telephone consultation and 8% for E-consultation. E-consultations could include video consultations or messaging services depending on the practice.



Information on making a complaint or providing feedback was difficult to find in some cases.



Patient surveys were not made available by any of the practices.



The information regarding patient registration needs to be clearer in terms of your rights to register and rights concerning proof of ID if asked.

---

## Recommendations

Websites to be regularly reviewed by members of Patient Participation Groups, including those with accessibility issues. As of 23<sup>rd</sup> September 2020, all GP websites will need to meet [accessibility standards for public sector organisations](#). During our review there were issues with finding read aloud and language translation tools on the websites. The following link may also be helpful <https://www.gov.uk/government/publications/doing-a-basic-accessibility-check-if-you-cant-do-a-detailed-one>

Information about the environment in the surgery and safety measures should be easily available to re-assure and prepare people for their appointment. As guidance continues to change, often with short notice, this will become more important.

Consider alternative ways of presenting information such as a video tour of waiting areas, precautions taken in treatment rooms, PPE and hand sanitisers.

Sharing of best practice within the Clinical Commissioning Group and Primary Care Network should be undertaken. Some websites were easier to navigate and shared more useful information.

None of the websites signposted to the latest patient survey results. We have raised this with the CCG, and while we understand this is not a statutory requirement, it would provide useful information for the public

Sharing a full range of options for people to provide feedback and complaints and labelling them appropriately.

Some websites guided the public towards contacting the surgery directly if the feedback was negative and sharing publicly if it was positive. It is understandable that the practice wants to resolve issues, but the individual should be able to make an informed choice about which route is best for them. Only one practice mentioned Healthwatch which as the independent champion for people using health and care services in our area.

Options for providing feedback should include; Contacting the surgery directly, Healthwatch, SEAP (advocacy) and Care Opinion website.

Clearer information needs to be provided about the new patient registration process in terms of patients rights and more information about individuals rights when asked for proof of ID. Some of the web sites mentioned that new patients will have to provide ID when registering. The following NHS website <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

states: You should not be refused registration or appointments because you do not have a proof of address or personal identification at hand.

It's not considered a reasonable ground to refuse registration.

This also applies if you're an asylum seeker, refugee, homeless patient or overseas visitor, whether lawfully in the UK or not.

---

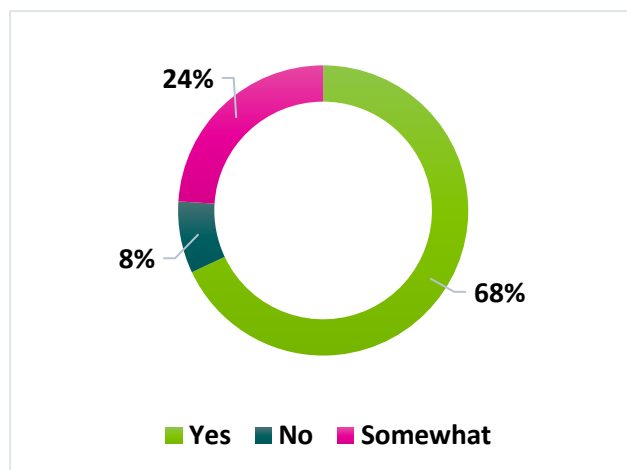
## Detailed Findings

### Does the Practice have a website?

All 13 practices had a website, and all were based on the same template. This should encourage consistency between surgeries.

The websites all provided basic contact information including, address, phone number, opening hours and email address.

## Does the website have GP staff profiles?



Some surgeries only provided very basic information such as name and qualifications.

Others had photographs and a biography for each GP and nurse. There was disparity about which staff were profiled, some practices just focused on GPs while others included nursing and auxiliary staff.

**We Liked:** New Wokingham Road Surgery were highlighted as having excellent information about their staff.

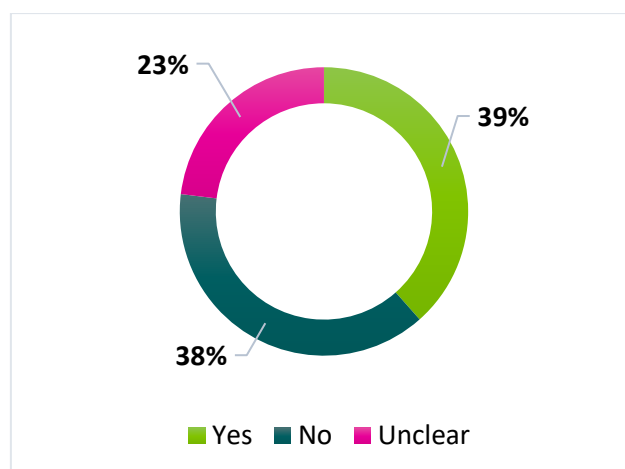
## Registration

### Could you find information about how to register?

All but one surgery provided easily accessible information about how to register.

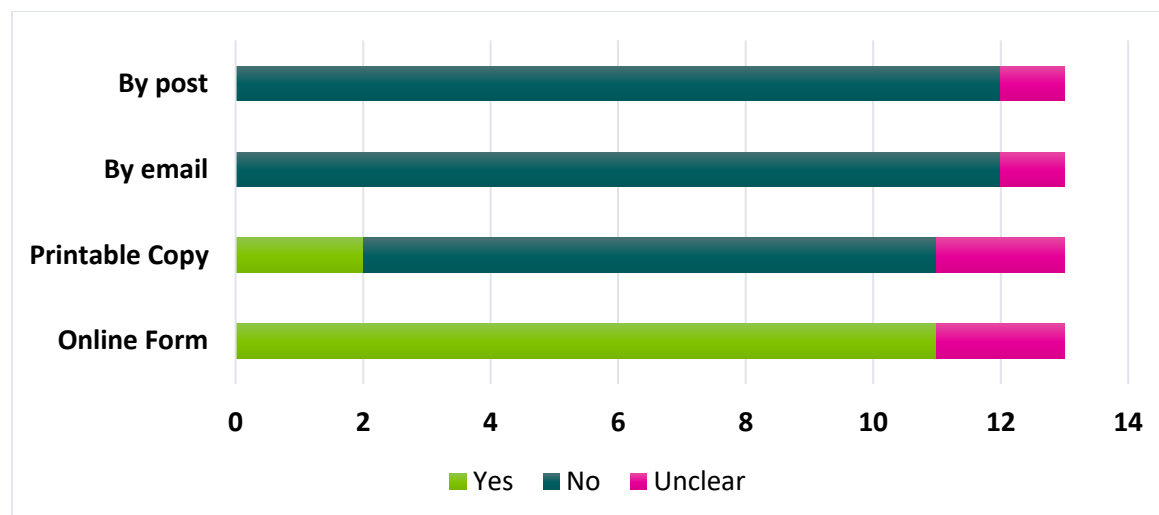
There needs to be clearer information about your rights when registering as a new patient and your rights if asked to provide ID which you are unable to do. More information in line with the information provided on the following NHS website would help inform new patients. <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

## Does the surgery request or suggest that ID would be required in order to register?



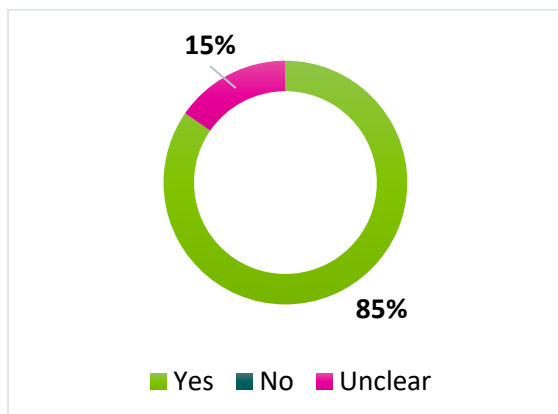
There needs to be clearer information about your rights when registering as a new patient and your rights if asked to provide ID which you are unable to do. More information in line with the information provided on the following NHS website would help inform new patients. <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

Registration is possible via:



Providing clear information about what is required, and different methods of registration help those who need extra support and reduce calls to the surgery reception.

### **Is there information on how to access medical assistance when the practice is closed (Out of Hours)?**



In one case this information was out of date, directing people towards Reading walk in clinic where service has been suspended due to COVID-19.

### **Was there an option for information to be translated into other languages?**

Some of the reviewers could not find this option on the websites although it is present.

### **Was there a Read Aloud tool on website?**

Again, some reviewers could not find the tool which links to 'My Web, My Way' or an accessibility link. The information was often in small print and located towards the bottom of the screen.

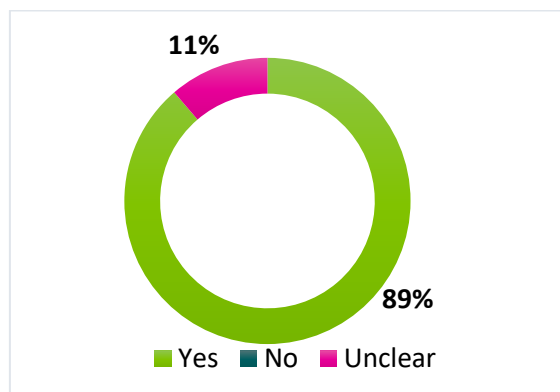
### **Were links and/or contact details of external specialist services and other service providers listed?**

All the websites provided links.



## Giving feedback or making a complaint

### Does the website tell you how to give feedback?



### Does the website tell you how to make a complaint?

All the websites provided information on this, however in some cases this was not easy to find. While most surgeries called it 'complaints' one had labelled it 'feedback and comments' which could be confusing.

The methods for giving complaints were different too with some practices offering online methods and others advising the patient to visit the surgery. One surgery only gave the option of contacting the practice manager so there was no method for giving anonymous feedback. This practice also had no information about other methods of making a complaint such as independent advocacy.

Overall the quality and breadth of information provided here was variable. Some surgeries seemed more transparent in their processes than others.

### Does the website tell you how you can join the patient participation group?

All the websites provided information on this.

### Does the website display the surgery Care Quality Commission (CQC) report?

All the websites provided clear information on this.

### Does the website display the patient survey results?

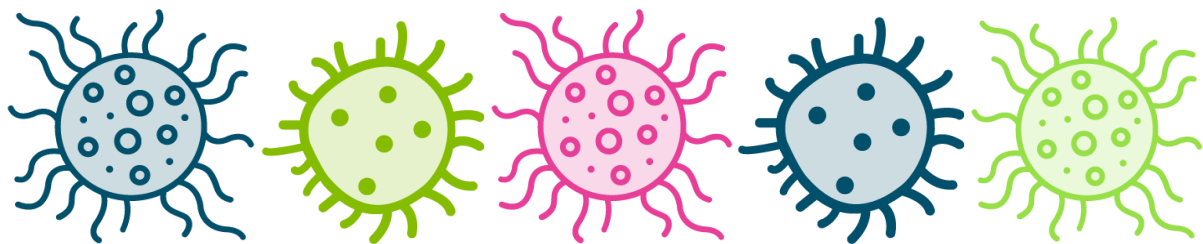
None of the websites included this information. We have contacted NHS Berkshire West CCG who confirmed that this is not a requirement nevertheless, it would be useful information for the public.

---

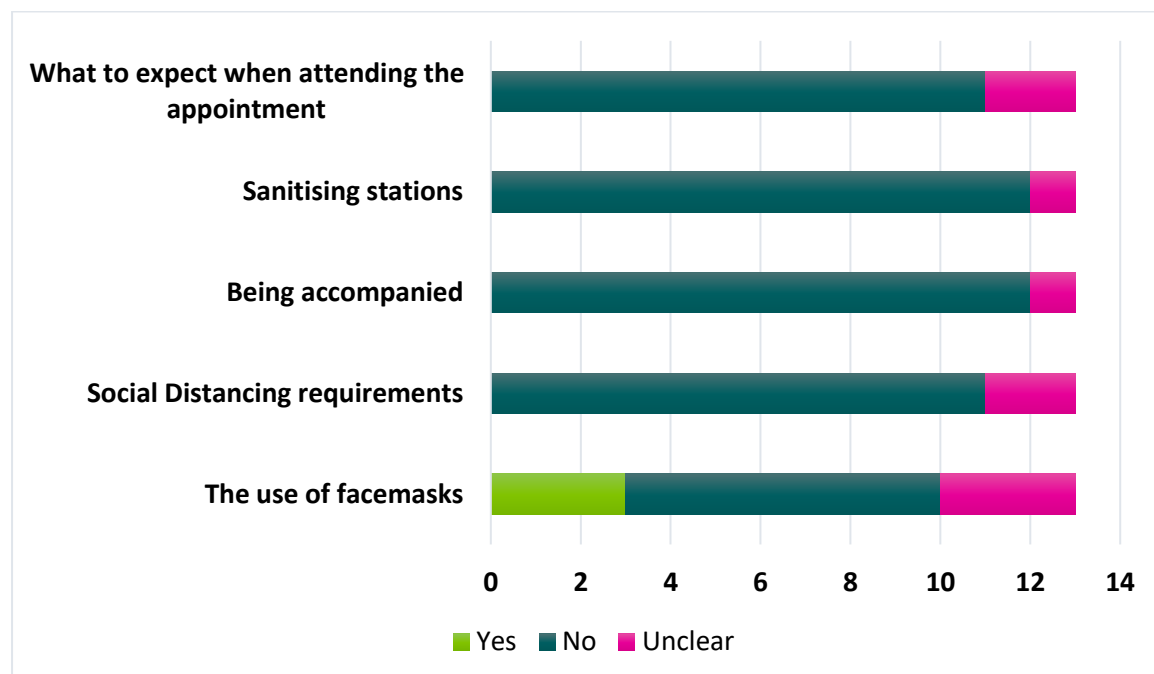
## COVID-19 Information

### Was updated COVID-19 information displayed on the front page of the website?

Yes, all surgeries used the same information box.



### Did the website give information on the following (for face to face appointments)?



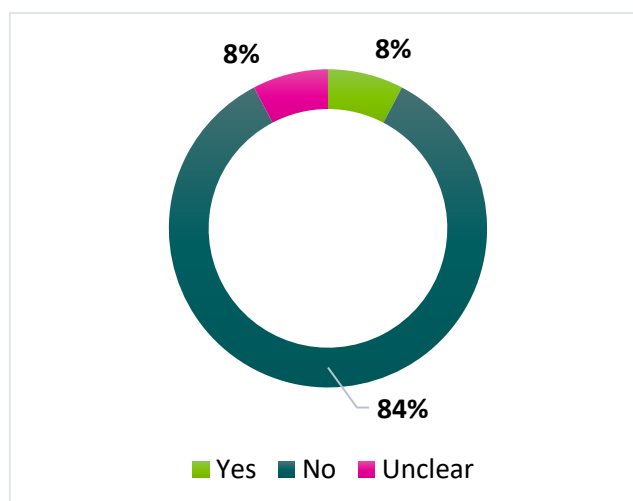
The information provided was lacking. The way it was given was also inconsistent. One surgery provided a 'news article' which was detailed but wasn't obvious on the website so only one reviewer found it.

In our Covid-19 survey (linked here) 14% of people in Wokingham told us they had delayed seeking treatment and would wait until after the pandemic before seeking help. Providing up to date information about safety precautions and re-assurance that GP practices are open for business would encourage people to seek the care they need.

### Did the website display information about COVID-19 symptoms and did this include what to do if you have symptoms?

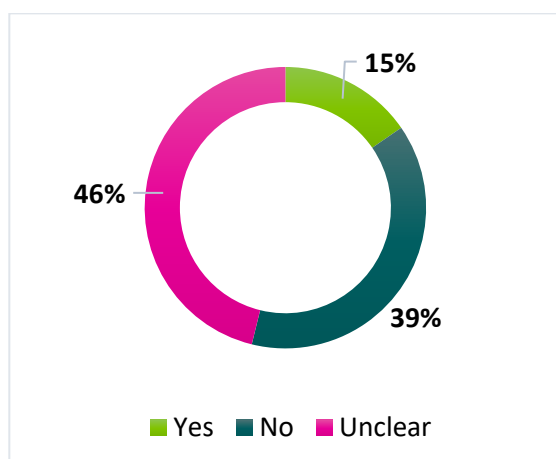
All websites gave this information on a pop-up on the front page. However, there was no way to navigate back to this once the pop up had been dismissed.

### Could you find information on changes to prescription services during the pandemic?

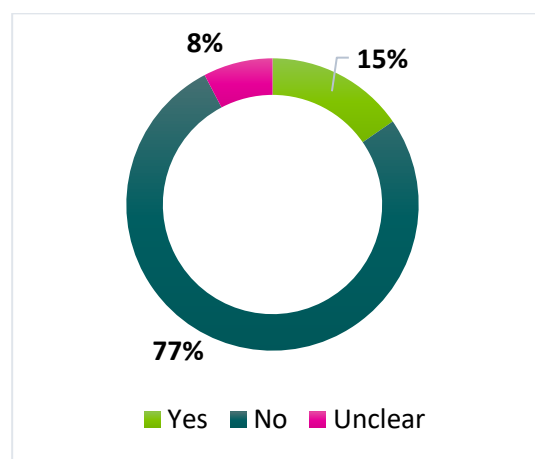


## Booking a virtual appointment during the pandemic

### Was there information about booking a telephone consultation?



### Was there information about booking an E-consultation?

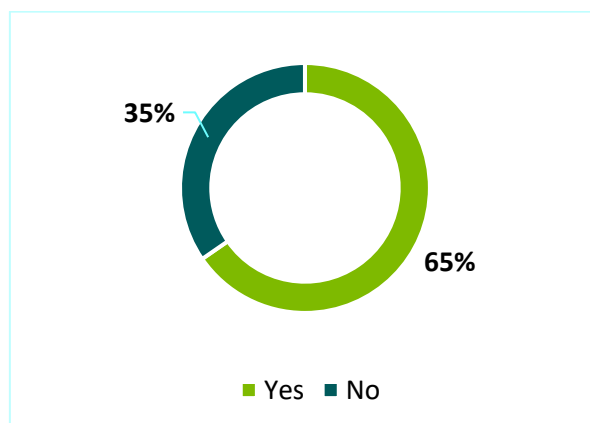


Only one surgery mentioned using an App called 'Patient Access' for E-consultations. It would be useful to let patients know what technology they need to have in order to use



video consultation. In our COVID-19 survey 55% of patients were very satisfied or satisfied with their video consultation, 36% undecided and 9% dis-satisfied. ([linked here](#))

**Overall given the information provided did you feel informed and confident about accessing medical help?**



**Not enough information relating to how the system works under COVID and the process for having an appointment if you have to visit the surgery.**

**More information needed on how it works during COVID, video/telephone appointments, what to expect and details about face masks, hand sanitisers.**

## Response From Berkshire West CCG

Healthwatch Wokingham Borough has reviewed the web sites of the 13 general practices in Wokingham. The report makes six main recommendations covering web site review, guidance on visiting practices, the sharing of good practice, signposting Patient Survey results, information about feedback, and information about patient registration.

The CCG and practices across Berkshire West have made significant progress in migrating to a new web platform, bringing a common format to practice websites for the first time. This has taken considerable effort, and only now are we able to put sufficient focus on “benefits realisation,” taking advantage common functionality, and the opportunity to deliver system-wide communication to patients. This will take the form of a partnership approach between the CCG, practices and the web site platform. It will form an integrated part of the development of PCN/practice communication strategy, alongside other media and channels.

As such, the publication of the Healthwatch Wokingham Borough report *GP Web Sites How easy is it to find information?* Is both timely and relevant. The CCG will incorporate the report’s recommendations into its wider benefits realisation work stream.

This page is intentionally left blank

# **Experiences of Perinatal Mental Health Support in Wokingham Borough**

**What are mother's  
mental health needs in  
the time before and  
after having a baby?**

**How can services meet  
those needs?**

# Contents

	Page
<b>Contents</b>	<b>2</b>
<b>Introduction</b>	<b>3</b>
<b>Background</b>	<b>4</b>
<b>Current Local Provision</b>	<b>5</b>
<b>What We Did</b>	<b>7</b>
<b>What We Found</b>	<b>8</b>
<b>Survey Results</b>	<b>9</b>
<b>Support From The Community</b>	<b>22</b>
<b>Conclusions and Recommendations</b>	<b>23</b>
<b>Responses from the organisations involved</b>	<b>25</b>

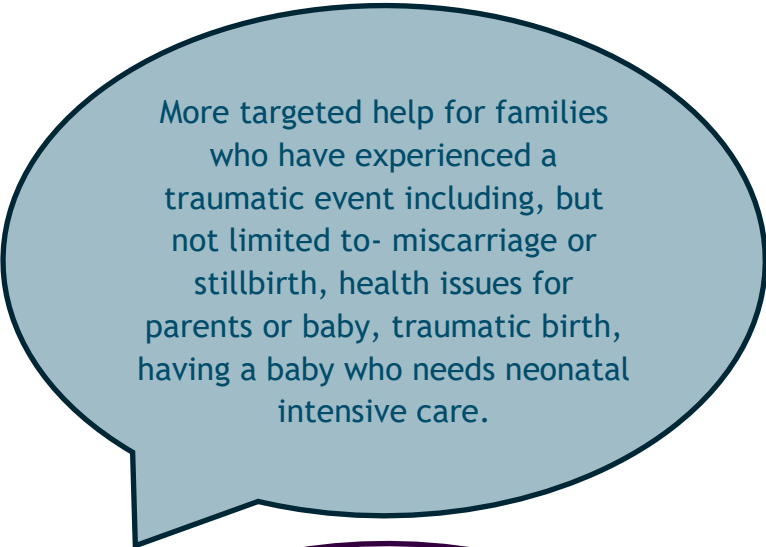
# Introduction

When a baby is born it is usually a joyful event. However a national survey by the [National Childbirth Trust](#) showed that 50% of new mothers felt they had a mental or emotional health problem and 42% of those did not seek help from a health professional.


Estimates of the incidence of postnatal depression in the general population are 10-15 for every 100 women who have a baby. ([Royal College of Psychiatrists 2020](#))

Through previous community engagement the Healthwatch Wokingham team were aware that mental health support for new parents does not always meet the needs of the local population. We went into the community to gather experiences and provide an insight into the current provision and understand more about how having a baby can affect parent's mental health.


Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.




More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs neonatal intensive care.



Facilitated mental health peer support groups based in different areas of the Borough



Increased availability of quality breastfeeding support.



Provision of face to face counselling and access to the perinatal mental health team for more women.

# Background

The effect of un-supported and un-diagnosed mental health conditions can be felt down the generations. **Healthwatch England's 2019 report** highlighted the importance of developing a strong bond between Mother and Child. This will support the mental health of the next generation. **Local CAHMS transformation plans** recommend prioritising maternal mental health as a way of safeguarding the future of children.

The most recent **MBRRACE report (2018)** also emphasised the importance of raising awareness of maternal mental health as maternal suicide is still the leading cause of death in the first year after childbirth. As part of the long term plan, following on from the 5 Year Forward View for Mental Health, the NHS are investing money into providing better mental health support for Mothers. We wanted to know what people in Wokingham have experienced and what they feel could be improved.

In our survey 42% of people who had been diagnosed with a mental health issue had anxiety, compared to 31% with postnatal depression. This is interesting as there is a greater awareness of postnatal depression which could affect parent's desire to seek help.

The perinatal period is the time during pregnancy, birth and up to a year postpartum. During this time women and their partners will meet services who play a part in emotional as well as physical care and can diagnose and refer to mental health professionals. There are a range of treatment options available depending on the severity of the mental health issue. This can lead to a confusing landscape both for parents and professionals.

# Current local provision



**Midwives** - Women will see a community midwife during their pregnancy. Wokingham midwives operate within different teams and each team has a caseload of women. Midwives should ask about previous and current mental health problems during pregnancy. If a mental health need is identified midwives should draw up a personalised care plan with the woman. During labour women in Wokingham may go to Frimley or Royal Berkshire hospitals or choose to have their baby at home. This will affect the midwife care they receive in pregnancy, for example women who are booked for a homebirth through Royal Berkshire Hospital will have their antenatal appointments at home rather than at a GP practice or children's centre and be looked after by the same midwife during pregnancy, labour and postnatal period.

**Health Visitors** - They work in partnership with families to maintain the health of young children up to the age of 5. Only 37% of mothers received a first face-to-face antenatal contact with a health visitor, which is lower than the national value. ([JSNA](#)) Due to routine appointments at 2 weeks and 6/8 weeks after birth, health visitors could play a key role in identifying issues and supporting mothers.

**GP** - Women will see their GP for routine appointments during pregnancy. Although there is no obligation to discuss mental health during these appointments many GPs do. The 6-week postnatal check provides an opportunity to review wellbeing and mental health, however these appointments can be short and the GP will need to assess Mum and baby's physical health too.

**Talking Therapies** - People can self-refer to Talking Therapies or be referred by a health professional. There is usually a waiting time before starting treatment. They could offer phone or web-based support including cognitive behavioural therapy.

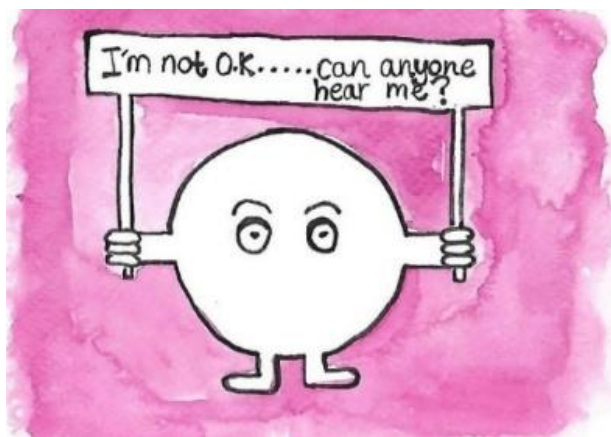
**SHaRON (Support, Hope and Recovery Online Network)** - Mums need to be referred by a health professional. They can then access an online forum to make connections with peers.

**Perinatal Mental Health Team** - Women who are at risk of severe mental health difficulties will be referred to the perinatal mental health team by their GP or Midwife. The team will make an assessment and decide the best treatment or signpost to other support including Children, Young People and Families Service to address bonding issues.

**Children's centre staff** - Wokingham [children's centres](#) are placed at key locations within the borough (Norreys, Finchampstead, Twyford, Winnersh, Woodley and Shinfield.) They provide events and activities that can promote positive mental health. Early intervention teams are based at children's centres, parents could be referred to them if mental health issues are making it hard for them to care for their children.

**Charities and Voluntary Sector Organisations** - such as [PANDAS](#), [Maternal Mental Health Alliance](#) and [MIND](#) provide online and telephone support. [National Childbirth Trust](#), [BIBS](#), church groups and community groups run social groups. Although these don't have a specific mental health focus, they can help reduce social isolation.

It should be noted that there are no statutory checks for Dads or female (non-birthing) partners during or after pregnancy. Some partners will attend antenatal or postnatal appointments, but the focus will be on Mum and baby. Some [research](#) has shown that partner's mental health can be affected by parenthood, particularly if the Mother is also struggling.

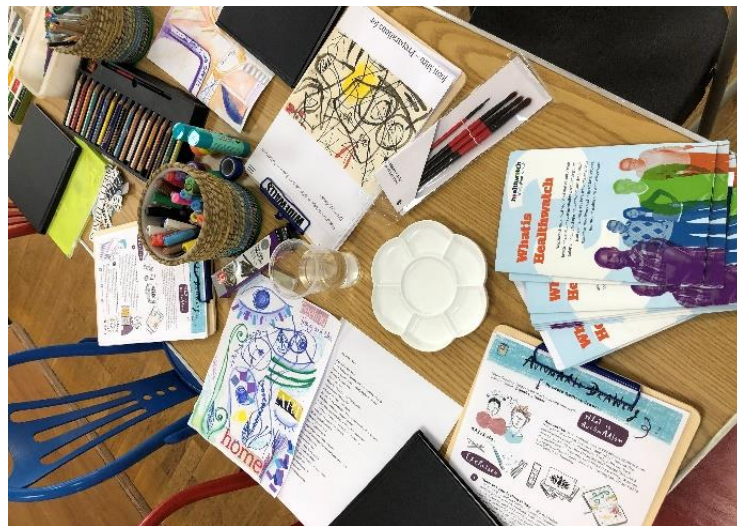




# What we did

**Designed and circulated a survey** using social media and community-based partners and received 67 responses.

**We visited messy play groups at Starlings and Rainbow Park children's centres.** We hoped that by accessing children's centres in areas of economic deprivation we would reach parents in more vulnerable groups.



**We ran creative journaling workshops for Mumzone**, a group set up as a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Wokingham. We facilitated 4 sessions over a 3 Month period in 2 locations.

**We visited a support group for parents who have had a baby in special care at Royal Berkshire Hospital** run by BIBS charity. We used visual images depicting different types of support to facilitate group discussion.

# Highlights of what we found

**72% of people reported that their mental health had deteriorated in the perinatal period.**

**37% felt worried or anxious a lot of the time.**

**42% of people were not able to manage their mental health problems using NHS services available to them.**

**30% experienced low mood or were not able to enjoy life.**

**People identified traumatic events during their pregnancy, birth or early parenthood and described how these affected their mental health.**

**Mothers often felt they could not ask for help and did not feel that a conversation about mental health was genuinely wanted when health professionals initiated it.**

Our full analysis asks questions about why this is and what improvements service users would like to see.

We used the data from our survey alongside qualitative information from our face to face engagement events to look for themes using thematic analysis. We have illustrated the main themes found with quotes and comments collected by Healthwatch staff and volunteers during our free form discussions or survey responses.

# Survey results

The survey questions were discussed and checked with a group of new Mothers attending a Wokingham breastfeeding support group. Some changes were made based on their feedback to ensure the questions were easy to understand and elicited useful responses. We then tested the survey design with a focus group of 5 Mothers before going live.

Of the 67 surveys we received 5 people live outside of Wokingham Borough in RG7 and RG42. We decided to include these responses to provide additional insight but have highlighted where a comment was from someone in this set.

The remaining responses showed a good spread across the Borough including Earley, University area, Wokingham town, Finchampstead, Woosehill, Barkham, Sindlesham, Winnersh, Hurst, Twyford, Wargrave, Woodley and Arborfield.

The mix of ethnicity was representative of the local demographic.

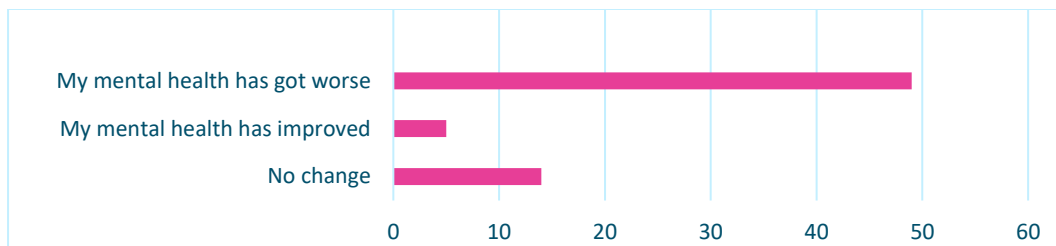
## Limitations of the report

We began the project with the aim of hearing from all parents, but our survey data told us that 94% of respondents were Mothers. The number of Fathers engaged with was too small to analyse as a separate group, so their data has been included alongside the Mothers.

The average age of survey respondents was slightly higher than the typical childbearing age for the Borough. We did not hear from anyone aged under 20 and although this makes up a small percentage of the population (Only 0.9% of Wokingham mothers are under the age of 18) this group are known to experience mental health challenges. In the future we would like to engage with people in this demographic.

## Question 1

**Regarding your mental health, have you noticed any changes since before you or your partner were pregnant?**



### Could you tell us more about this?

We used thematic analysis to code the 39 responses in this section. The most common responses were:

**Increased anxiety.** More people told us that they were struggling with anxiety since becoming a parent than any other response. 36% of responses mentioned increased anxiety.

- 👉 I am more anxious as a lot of the time, I worry something bad could happen to my daughter.”
- 👉 During my last pregnancy my anxiety was very high, general day to day tasks at times were a challenge.”

**Miscarriage, baby loss and birth trauma.** Women who have had a previous stillbirth, miscarriage or baby loss are more likely to suffer from poor mental health in future pregnancies. (Nynas et al 2015) (Tavoli et al 2018) (Gravensteen et al 2018) It is estimated that up to 1/3 of women experience birth trauma. (Reed 2017) Their birth partners could also suffer from poor mental health as a result of witnessing a traumatic birth.

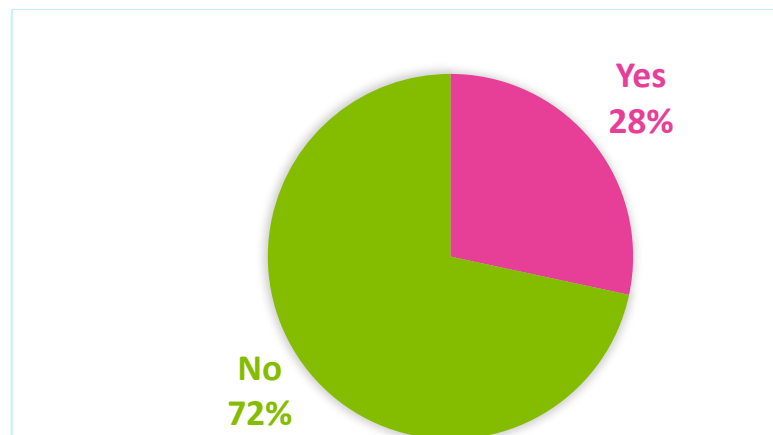
- 👉 I had lost a previous pregnancy at almost 12 weeks and had similar symptoms with my second, which I think was a contributing factor in being diagnosed with anxiety at 10 weeks. Over 5 years on, I am still undergoing treatment.”

**Tiredness.** Tiredness is common due to increased night waking with the baby but can also be a symptom of anxiety or depression. 10% of our survey respondents felt tiredness contributed to poor mental health.

**Healing previous mental health issues/ time is a healer.** We also heard from parents whose positive experiences of birth or parenting helped them with their mental health.

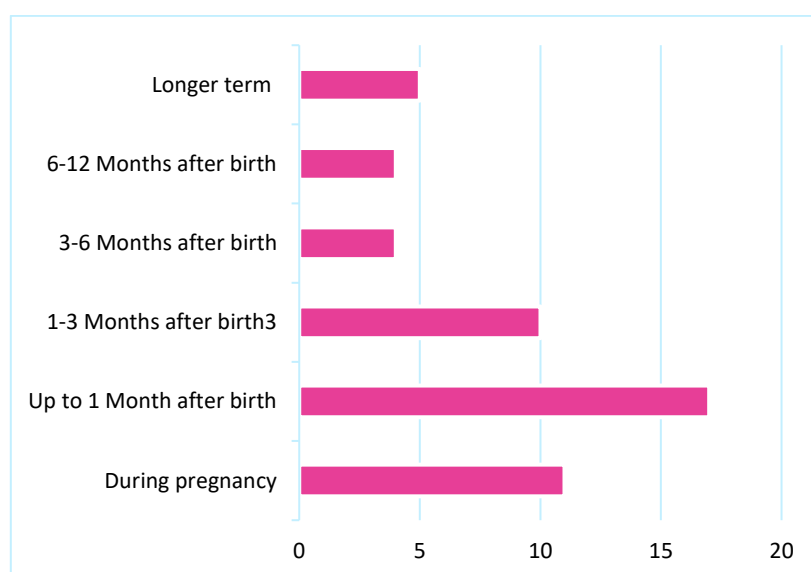
## Question 2

**Did you have a mental health issue before pregnancy or your partner's pregnancy?**



## Question 3

**If you feel your mental health has declined, at what point did you realise something wasn't quite right?**



## Question 4

### Who first noticed the change?

- Myself-75%
- My Partner 10%
- Midwife, Health visitor or GP- 11%
- Others (including, friends/ family) 4%



## Question 5

### What did you/ they notice?

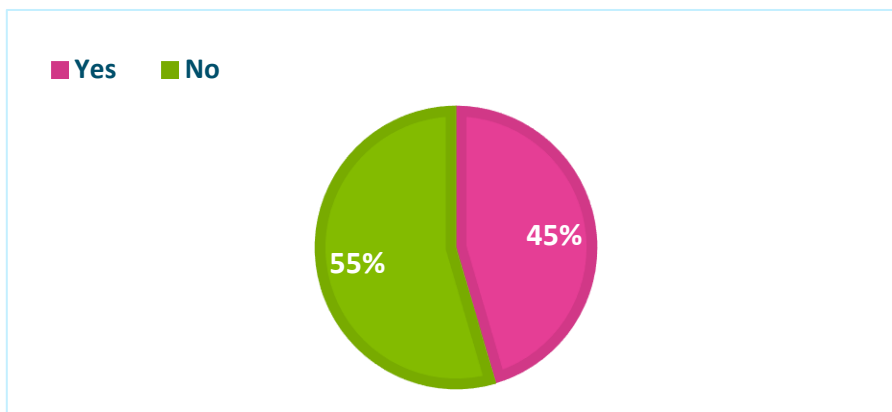
- 37% of people felt anxious or worried
- 19% of people were angry or irritable
- 30% people felt low mood or that they were not enjoying life
- 14% Lack of confidence
- 11% were worried about their relationship with the baby

During my Son's 12-week injections he started crying. I commented that he didn't seem to like me very much and the nurse picked up that it was an unusual thing to say.

I was feeling anxious, heart racing. Not wanting to be away from my baby at all (even to go to the toilet) and not wanting to go out when I am usually very sociable.

## Question 6

**Did the 6-week check-up with your GP provide an opportunity to discuss your mental health needs?**



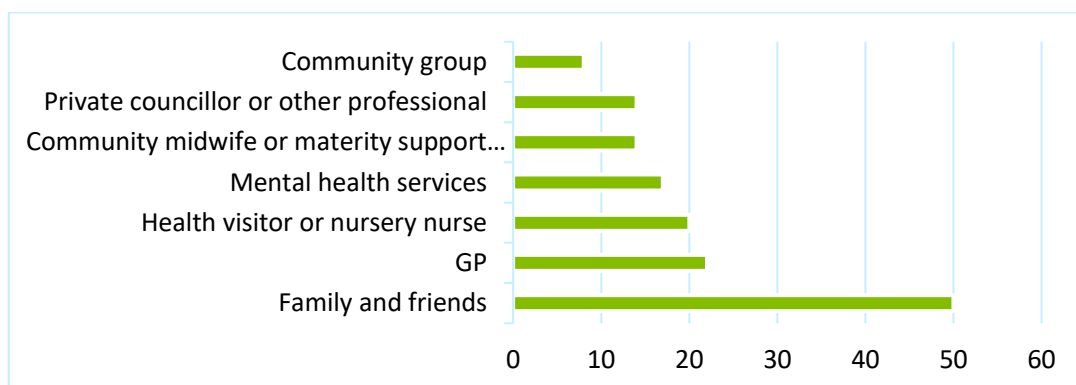
## Question 7

**How long was your 6-week check?**

31 people could remember the details of the appointment. Of those 41% had an appointment of 10 minutes or less, 35% had a 15-minute appointment, 10% saw their GP for 20 minutes and 13% had longer than 20 minutes.

## Question 8

**Who did you receive help from? Please choose all that apply.**



## Question 9

### Can you tell us more about the help you received?

Although most of the Mothers received help from their family and friends those who didn't told us they feel vulnerable as they either don't have them nearby, or they don't feel able to open-up to them.

I have found it really difficult to get the help I need. My partner has been very good but, in my culture, we don't really talk about our feelings so my family have found it very hard.

I didn't say how anxious I was feeling and covered it up. There wasn't really the opportunity to say how anxious I felt, and as I did feel very happy just being with my baby it felt no reason to say anything, but there was an underlying anxiety all the time, and I felt panicked if I had to leave the house.

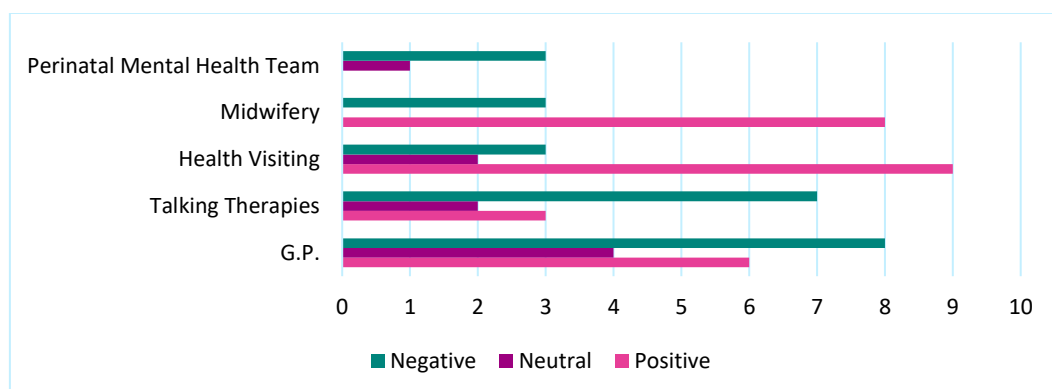
I think there is too much focus on the baby, people forget about the Mum. I want to have an honest conversation about how I am feeling but don't think I can unless I am telling them that I have postnatal depression. I just think I am finding things a bit hard at the moment.

Those who have strong social support were often able to cope with their mental health difficulties.

My family provided all the help I feel I needed at the time. I do however feel I could have or still can go to my GP should I need too. Though I am still anxious I feel discussing this with family members usually helps.

My Mum came to stay with me and gave me a lot of help. I didn't feel I needed any help from elsewhere."

We received varied comments about all the support services.





Although some people had a positive experience this was not universal, and some Mothers felt let down by the support they received. Those who told us they had good support often mentioned the relationship they established with their Midwife, health visitor or therapist. Key themes were:

#### **Feeling unsupported by healthcare professionals**

“At my 6-week appointment the GP kept repeating he was asking questions from a standardised survey, didn’t seem interested in my answers.”

“First of all: Talking Therapies but found their approach very judgemental to my symptoms- I did not fit neatly into their "box".

#### **Lack of opportunity to discuss mental health or they didn’t feel a conversation was wanted**

“My midwife asked how I was feeling but not in depth you know.”

“I went to my GP and felt they focused more on the issues with my baby rather than my mental health.”

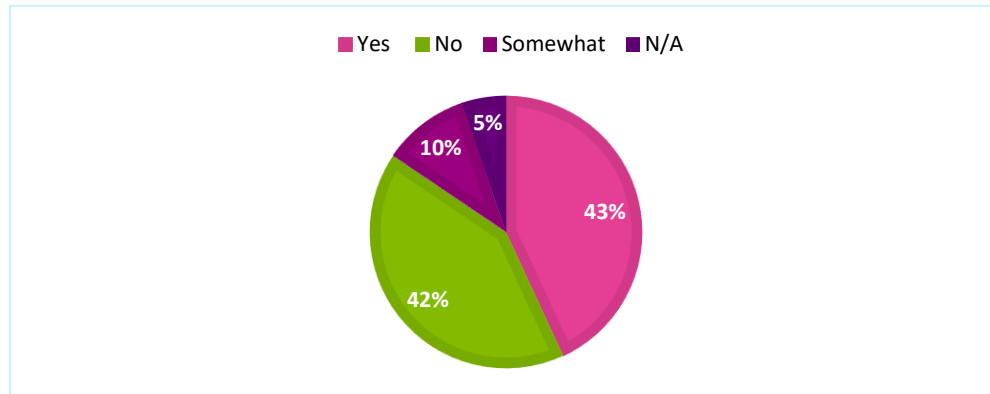
#### **That the type of support they were offered was not enough for their needs**

“When my daughter was 19 months, I was admitted into a private mental health hospital. Whilst I had lots of checks prior to this through my GP and health visitor the support wasn’t robust, and it was only a matter of time before I would have ended up in an NHS hospital which luckily we could avoid due to having private health insurance.”

“After the baby was born my doctor recommended, I contact talking therapies, but I didn’t want to. I think I need intensive psychological help not a phone call. I paid for counselling myself but have had to stop as I can’t afford it long term.”

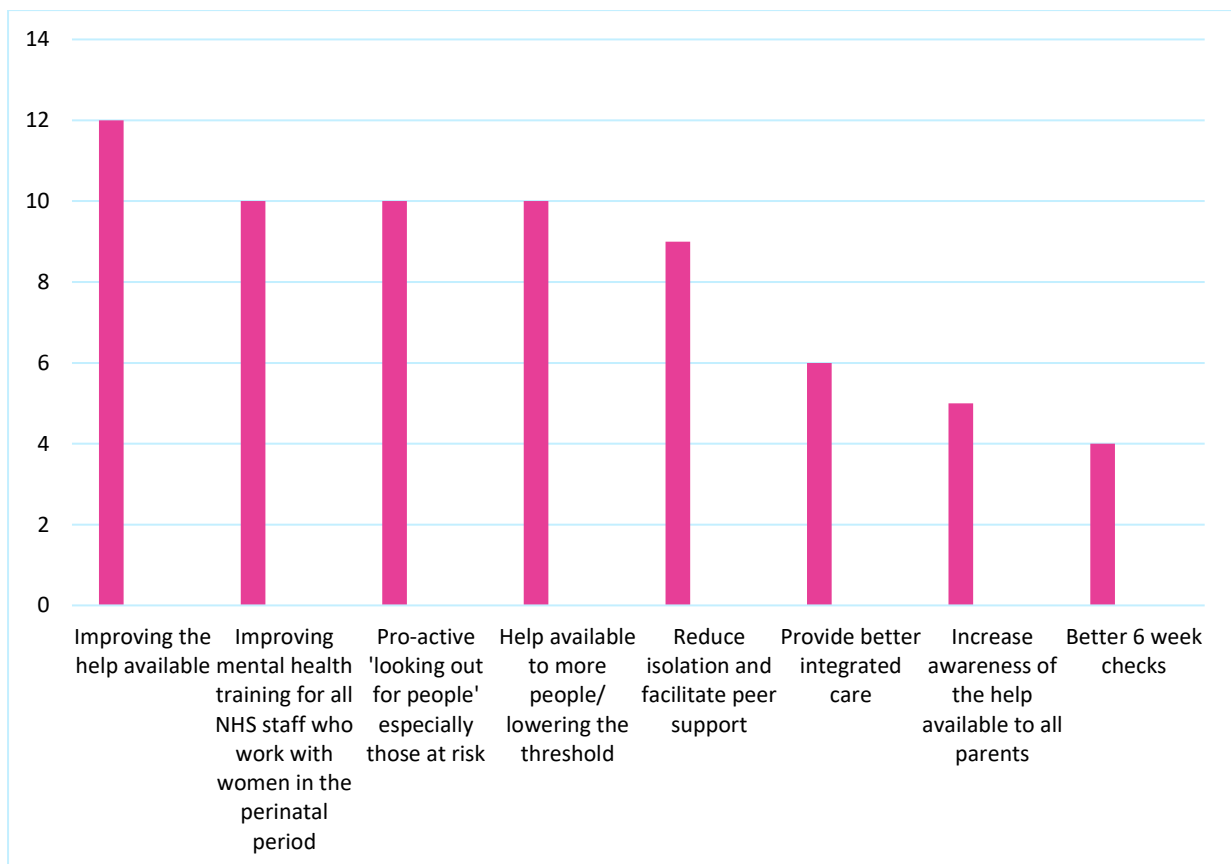
## Question 10.

**Would you say you were able to manage your mental health problems using the NHS mental health services available to you?**



## Question 11

**How could your experience of NHS mental health services be improved? What would you like to see changed?**



## Question 12

### **Were there any circumstances around pregnancy, birth or the early days with your baby where you felt NHS services contributed positively or negatively to your mental health?**

While mental health is a complex issue and there are often multiple triggers, many women were able to pin-point specific incidents that had a positive or negative affect on their wellbeing. We have given a summary of the freeform comments received.

#### **Care during pregnancy**

Women reported that their mental health was affected by physical health difficulties in pregnancy. A theme emerged, where women who were not presented with a choice or were coerced into a course of action that did not represent their wishes struggled to reconcile events leading to mental health issues.

There is body of evidence which suggests that women's experience of pregnancy and labour (not just the outcome) has an impact on their ability to bond with their baby and long-term mental health. ([Cooke and Loomis 2012](#))

Therefore, it is recommended that steps are taken to provide choice and autonomy for women. Alongside this, where physical health difficulties have presented in the perinatal period extra care should be taken to refer women for further mental health support if needed.

#### **Care during labour**

When women reported positive experiences of care in labour, they commonly mentioned the support of midwives, the outcome of the birth or that their choices were respected.

By contrast care that had a negative effect on Mother's mental health was said to lack respect or choice. Birth trauma is common affecting around a third of Mothers, it is estimated that about 5-8% of women go on to develop PTSD. ([Birth Trauma Association 2018](#)) Difficult births or poor outcomes are also a risk factor for postnatal depression. We heard from women who had experienced trauma caused by unexpected interventions, mistakes made by healthcare workers or lack of listening.

Where Post Traumatic Stress Disorder is diagnosed or suspected access to evidence-based therapy is essential. ([NICE 2014](#))

## **Postnatal care in hospital**

Following a difficult birth Women are likely to need an extended stay in hospital therefore most of the comments received were from Mothers who were recovering physically and psychologically.

Kindness or lack of kindness was the primary theme here. Midwives were sometimes seen as being task orientated and not prioritising the mental and emotional wellbeing of the Mother.

## **Postnatal care in the community**

National Institute of Clinical Excellence (NICE) guidance tells us that postnatal care should be a continuation of care offered in pregnancy and birth. A postnatal care plan should be developed in pregnancy or as soon as possible after birth. This should include the mental wellbeing of the Mother and can help to improve continuity of care.

Again, many women felt they could not ask for the help they needed. Therefore, using the postnatal care plan would help postnatal workers to understand the previous and current circumstances of the family and offer increased support accordingly.

## **Feeding issues**

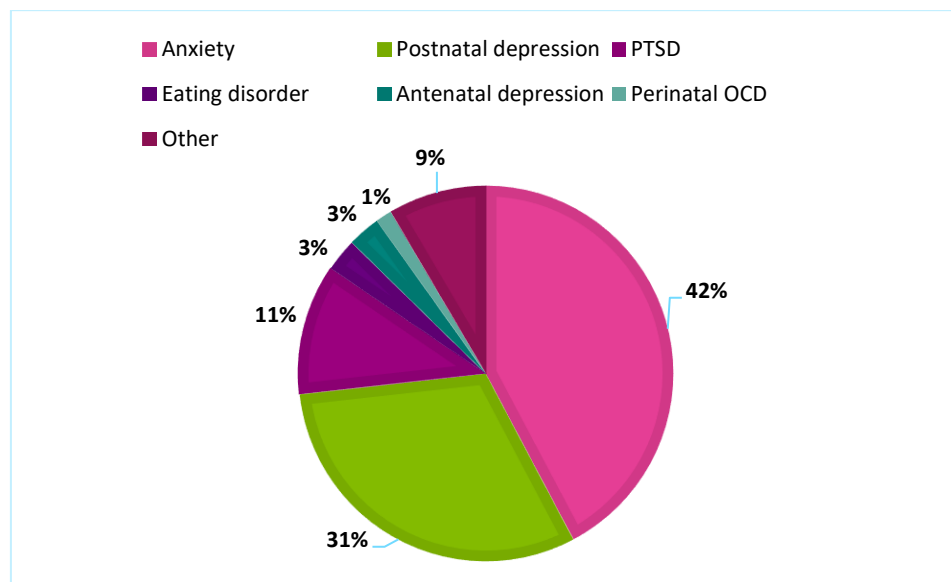
We heard that breastfeeding really matters to women and those who did receive good support felt that it benefitted their mental health.

Those who did not receive the support they needed to initiate or continue breastfeeding described lack of empathy or understanding of their breastfeeding relationship. There is debate about the link between breastfeeding and maternal mental health, but it was clear that for many Mothers we spoke to, the treatment they received as well as the breastfeeding outcome itself was significant.

In Wokingham breastfeeding support is provided by midwives or maternity support workers in hospital and the immediate postnatal period. Royal Berkshire Hospital has a feeding clinic that women can be referred to. There are also Breastfeeding peer supporters who work from children's centres or social groups.

We recommend raising awareness of the support available and ensuring that women in all areas are able access good quality support on a regular basis. Increasing the frequency and geographical spread across the Borough of groups would allow more people to access help.

**Question 13. If you have a perinatal mental illness, what did/do you have? Please choose as many as necessary**





## Support from the community

Whilst undertaking this piece of research it became apparent that support provided by community groups was critical in supporting mental health and wellbeing.

Healthwatch visited a variety of community groups in the process of this project including Children's Centre sessions, National Childbirth Trust bump and baby groups, Mumzone and BIBS support group. Without exception they were seen positively by the people who used them. Women felt that having a space to engage with other Mothers and participate in an activity that had a positive effect on their wellbeing helped them to cope with mental health challenges.

Provision of peer support could play a key role in future mental health provision and has benefits for both parents and NHS. There are several possible ways to approach this and there are already projects running in other areas of the country including the 'Parents in Mind' program run by the National Childbirth Trust and Sutton Perinatal Mental Health Peer Support Group.

The Maternal Mental Health Alliance has developed a set of 5 principles about what makes a good peer support program, available [here](#). These principles echo the thoughts of the Mothers we spoke to.

- 1) Good perinatal support is safe and nurturing.
- 2) Good perinatal peer support is accessible and inclusive.
- 3) Good perinatal peer support compliments, rather than replicates the work of clinical mental health services.
- 4) Good perinatal peer support provides opportunities for meaningful involvement of people with lived experience and peer leadership.

- 5) Good perinatal peer support benefits everyone involved, including peer supporters.

## Mumzone Group

Mumszone was a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Slough and Wokingham. The weekly programme provided physical activity in the form of yoga and support through informal workshops to encourage behavioural change. Steering groups have been established in both areas made up of 15 local experts in the areas of peri-natal health and wellbeing and the intervention was shaped by local mums. Intervention aims:

- 1) Improve mental health and physical wellbeing.
- 2) Provide messaging and signposting.
- 3) Offer an opportunity for mums to get together in a comfortable setting.
- 4) Aid social networking and peer support.



The project has now reached a conclusion with some positive results.

Healthwatch Wokingham facilitated 4 creative journaling sessions at Mumzone. This was welcomed by the participants who felt that journaling and the resulting discussion helped their wellbeing.

Each session had a theme such as 'My Journey' and involved creating a journal entry, discussion of mental health support and sharing the pages created. The group participants supported each other to open up about their experiences and share the joys and challenges of a new baby.

## BIBS Family Support Group

Babies in Buscot Support Group (BIBS) is a Monthly group run by a trained facilitator for parents whose babies have spent time in Buscot special care ward at Royal Berkshire Hospital. We were interested to hear from parents who have experienced a difficult start and understand more about the support they needed.

We used some hand painted images showing different interpretations of support or lack of support and discussed the experiences of parents in the group.







# Conclusions and recommendations

Listening to women's stories highlighted the different journeys that families take through the perinatal period. The challenge for care providers is to work together to give individualised care that benefits the mental health and wellbeing of the entire family.

We would like to thank all the parents who took the time to contribute their experience to this report. As services re-start post Covid-19 it is hoped that the findings and recommendations from this report are considered.

The NHS Long Term Plan committed to helping an extra 24,000 people by 2023/24 to prioritise Mother's mental health and therefore facilitate strong attachment with their baby. Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.

## These are our recommendations for providers and commissioners



**Provision of face to face counselling and access to the perinatal mental health team for more women.** The threshold for accessing the perinatal mental health team prevents some Mothers who are experiencing psychological distress from getting treatment other than Talking Therapies. We heard that this is not suitable for everyone and women wanted other options.



**More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs NICU support.** People told us they need more opportunities to discuss their mental wellbeing with health professionals. This is especially important when there is a pre-existing mental health issue, traumatic birth or pregnancy or lack of social support for the family.

Despite more conversation and acceptance of mental health issues women still felt there was stigma about asking for help.



**Increased availability of quality breastfeeding support.** Women told us that being able to access the help they needed to breastfeed their babies for as long as they chose was important for positive mental wellbeing.



**Facilitated mental health peer support groups based in different areas of the Borough.** Provision of peer support can play a key role in raising awareness about maternal mental health and wellbeing. This could be especially important for those who are isolated and lacking in family support. We heard how much women valued all the groups we visited; they voiced the need for more facilitation with a focus on mental wellbeing.



**More collaborative working between health professionals resulting in better integrated care.** During pregnancy, birth and the postnatal period women will encounter a range of people including, GP, midwives, health visitors, antenatal educators, breastfeeding supporters, children's centre workers and volunteers. We heard that continuity and consistency are key.



**Maternal mental health training for all health professionals working with families during the perinatal period.** Although we heard from women who were well supported there were some who felt let down by the people who cared for them. Fear of judgement prevented Mothers from talking openly about their mental health.



**Comprehensive 6-week checks that include mental health offered to all Mothers.** Following the engagement for this report, funding was made available in the new GP contract to include the physical and mental health of the Mother in the 6-8-week postnatal check. This will be a key opportunity to discuss Mother's mental health and support families to access treatment. We look forward to seeing this being offered by all GP practices in Wokingham.

This was a small sample and we would recommend that a larger piece of work takes place to engage with both Mothers and Fathers, including young parents and others in vulnerable groups.

# Response received from Berkshire Healthcare NHS Trust

Thank you for opportunity to review and comment on your findings.

In response to page 5 (Health Visitors):

Wokingham Public Health commission face to face ante-natal contacts for mothers with identified needs, e.g. previous history of mental health; child protection; previous still birth which means that unmet needs around mental health in the family are not identified. For other ante-natal parents they are sent a letter about the HV service with a link to a number of resources about preparation for a new baby, details of how to contact HV. Health Visitors rely on information being passed from midwifery, and the information flow is not straightforward. The midwifery service offer different service levels depending on the hospital of choice / type of delivery which contributes to fragmentation of service for mothers and inequity e.g. those who have home births receive care from 1 midwife, not a team. The Health Visiting service are working with RBH midwifery partners to improve communication between services.

The Health Visiting service is commissioned to provide face to face individual appointments in the home for the new birth visit between 10-14 days, when a Family Health Needs assessment is undertaken. It is quite common for partners to be present, and they are included in the conversations about transition to parenthood. It is important to note that the Family Health Needs Assessment (FHNA) is a holistic assessment of the family unit. Families are diverse, and may include single parents or same sex parents.



The FHNA covers adults experience of being parented, and both parents are encouraged to be present at new birth visit, and are welcome at subsequent contacts. If issues are identified, either or both parents can be signposted to self-help, talking therapies or Perinatal MH, dependent on identified needs.

The Healthy Child Programme (2009) recommends that the post-natal check is undertaken by a Health Visitor. The currently commissioned model in Wokingham is that contact with parents on a universal caseload is undertaken by members of the skill mix team who have undertaken additional training in a clinic setting (currently online due to Covid); whilst we work to enable provision for parents to share their concerns about mental health at these clinics the model does not provide an optimum opportunity for that. It is only for targeted families (as described above) that the 6-week check would be undertaken by the Health Visitor in the home.

Health Visitors work closely with parents and can refer mothers for peri-natal mental health support should a need be identified. There is no mention in the report of the 6-8-week Health Visiting service appointment; this appointment has a strong focus on maternal mental health and that of the family / partner. However, it is not uncommon for this appointment to be attended by the mother only, as often the father/partner has returned to work by this time.

We have noted that there is a common theme that mothers do not feel they are able to ask for help – we will explore this further and we agree that the provision of mental health needs to be increased and more joined up working between services would improve access for parents and allow them to discuss their wellbeing more freely.

It would be helpful to understand if parents were asked about their post-natal appointment with the Health Visitor service and whether questions were asked regarding the mother's mood and wellbeing. We feel this is important as the general post-natal check is focused on infant and maternal health and includes a feeding assessment.

In response to page 20 (Feeding issues):

Wokingham is the only locality in the West of Berkshire to have the Breast-Feeding Network (BFN) commissioned and they offer 3rd sector support alongside and separate to the HV service for breast feeding.

There are breastfeeding champions within the Health Visiting Team and there is a Health Visitor who is a lactation consultant and acts as a resource for professionals as well as being able to offer direct support to families. The service also runs a daily Health Visiting telephone advice line, which parents are made aware of at every contact. Consultation through this, can, if needed result in further support. It is important that there is close liaison with the RBH around infant feeding with robust pathways which ensure if a mother and her baby require specialist

support for a more complex feeding issue, that this is carried out via a referral process on behalf of the mother. This ensures that there is continuity in who provides the additional support, less stress on arranging appointments, travelling to appointments and that each referral is specific to that mother, with a thorough assessment and observation being carried out beforehand. The role of the Baby Friendly Champions ensure that they are the first point of contact for additional complex feeding issues and to ensure that information staff are providing is evidence based.

In response to page 20 (Talking Therapies -IAPT):

Since 2014 Talking Therapies have prioritised all parents (and parents to be) who are pregnant or have a child up to one year of age for initial assessment and treatment. Individuals are usually assessed within one week of referral and those in the perinatal period are identified and prioritised for psychological therapy.

Talking Therapies offers face to face, telephone and web-based treatment for a variety of common mental health problems. Evidence based psychological therapies that are provided include Cognitive Behavioural Therapy, Counselling and EMDR. We would encourage those accessing the Talking Therapies service to discuss with their assessing clinician, the variety of treatment options that are available to them and how these may best meet their needs.

In response to page 19 (Care during pregnancy):

The Berkshire Perinatal Service offers assessment, support and treatment for women who are experiencing or are at risk of moderate to severe mental health difficulties, where there is an additional impact on daily functioning, bonding to baby and / or risks relating to the mental health issue(s). The Service works alongside many other health and social care professionals as well as third sector organisations. Contrary to the detail of this report, the Perinatal Service do not make referrals to other services to address bonding issues as the 3 service offers a wide range of targeted interventions to support mothers with bonding and attachment.

We are recognised on a national level for the service we provide regarding Birth Trauma and Fear of Childbirth within Berkshire. We offer a specialist Birth Trauma Pathway to offer psychological therapy for those who are experiencing symptoms of Post-Traumatic Stress Disorder from their childbirth experience. We work alongside the Birth Reflections practitioners within maternity hospitals to offer joined up care and identification of mental health difficulties, where appropriate.

In Berkshire, women may be referred by health and social care professionals to SHaRON, which is a peer-led, online support network. Our Peer Support Worker is actively involved in the development of the service and groups, such as our relapse prevention group called WINGS.

The NHS Long Term Plan is aiming for the continued development of Perinatal Mental Health care, which includes: increased access and support for women who have experienced loss, have a fear of childbirth and / or birth trauma. The Long-Term Plan also aims to ensure that partners/carers are more involved and receive support or advice where appropriate. We are pleased to say that work is currently being undertaken to achieve these objectives moving forwards.

Across the county, we provide regular, monthly Perinatal teaching sessions to our maternity colleagues and quarterly teaching sessions to our Health Visiting and Mental Health colleagues. We offer yearly training to our GP colleagues. Nominated clinicians within the service attend monthly meetings with maternity hospitals to identify and pro-actively support those women who may be at increased risk of their mental health becoming affected during the perinatal period. We also hold fortnightly joint maternity and mental health clinics with the Royal Berkshire Hospital.

**We approached Berkshire West Clinical Commissioning Group, North East Hampshire and Farnham Clinical Commissioning Group and Wokingham Borough Council for comment but did not receive a response from these organisations.**

**Healthwatch  
Wokingham**

**c/o Town Hall,  
Market Place  
Wokingham RG40 1AS**

**0118 418 1418**

**[enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)**

**[www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)**



## West of Berkshire Safeguarding Adults Partnership Board

---

### Annual Report 2019-20

If you would like this document in a different format or require any of the appendices as a word document, contact [Lynne.Mason@Reading.gov.uk](mailto:Lynne.Mason@Reading.gov.uk)

## Message from the Independent Chair

---

I am pleased to present the West of Berkshire SAB Annual Report for 2019 – 2020. This report summarises what the Board achieved throughout the year on behalf of West of Berkshire residents, together as a partnership as well as through the work of individual partner organisations.

We have continued to look at information about safeguarding activity to inform our priorities for improvement, as well as cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. During 2019 - 2020, the SAR Panel have been working on 10 SARs of which 2 were endorsed by the SAB in this reporting year. We plan to publish the other safeguarding adult's reviews in 2020/21. Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2020/21

2020 has of course seen unprecedented demands on local services as a result of Covid 19. The pandemic has and will continue to have an effect on all of us, impacting on the lives of service users and staff across the partnership. West of Berkshire SAB's priorities for 2020-21 are heavily based on our response to the current crisis and to do our utmost to ensure safeguarding adults at risk remains at the forefront of our work.

**Teresa Bell**

**Independent Chair, West of Berkshire Safeguarding Adults Board**

### Concerned about an adult?

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives:

- Reading – call 0118 937 3747 or email [safeguarding.adults@reading.gov.uk](mailto:safeguarding.adults@reading.gov.uk) or complete an online [form](#)
- West Berkshire – call 01635 519056 or email [safeguardingadults@westberks.gov.uk](mailto:safeguardingadults@westberks.gov.uk) or complete an online [form](#)
- Wokingham – call 0118 974 6371 or email [Adultsafeguardinghub@wokingham.gov.uk](mailto:Adultsafeguardinghub@wokingham.gov.uk) or complete a online [form](#)

For help out of normal working hours contact the **Emergency Duty Team** on 01344 786 543 or email [edt@bracknell-forest.gov.uk](mailto:edt@bracknell-forest.gov.uk)

For more information visit the SAB's website: <http://www.sabberkshirewest.co.uk/>



## **Introduction**

### **Our vision**

Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect.

Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion

### **What is safeguarding adults?**

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs. There are many different forms of abuse, including but not exclusively: Physical, Domestic, Sexual, Psychological or Emotional, Financial or Material, Modern Slavery, Discriminatory, Organisational or Institutional, Neglect or Acts of Omission, Self-neglect.

### **What is the Safeguarding Adults Board?**

The West of Berkshire Safeguarding Adults Board (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. From April 2015 mandatory partners on the SAB are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the SAB such as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. *A full list of partners is given in [Appendix A](#).*

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

### **Who do we support?**

Under the Care Act, safeguarding duties apply to an adult who:

- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

### **Safeguarding Adults Policy and Procedures**

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: <https://www.berkshiresafeguardingadults.co.uk/>

## Number of safeguarding adult concerns 2019-20

---

- Compared with 2018-19 there has been an 8% increase in the number of safeguarding concerns.
- The increase is less than the national trend which saw an increase of 15%.
- The SAB has identified that there have been inconsistencies in recording safeguarding concerns which has meant that the number of concerns received in the West of Berkshire has been under reported.
- West Berkshire Council and Wokingham Borough Council have reviewed and implemented changes to their recording process which has resulted in increases of 15% and 21% when comparing 19/20 with 18/19.
- There has been a decrease of 14% at Reading Borough Council when comparing 19/20 with 18/19, this however is due to under reporting, and work is in progress to address this.
- The pandemic has not impacted on this data as the data collection period ends on the 31<sup>st</sup> March 2020.
- Number of safeguarding concerns continues to be monitored quarterly through the SAB dashboard.

## Trends across the area in 2019/20

---

- 57% of enquires were in relation to women, this is a decrease from 2018/19 where the outturn was 61%.
- 62% of enquiries relate to people over 65 years in age, a slight decrease when compared with 2018/19 where it was 67%.
- 33% of enquires were for individuals whose ethnicity is not White, this is a 4% higher when compared with 18/19.
- There has been an 18% rise in referrals for individuals whose ethnicity is Black when compared with 18/19.
- For 14% of referrals made, the individual's ethnicity was recorded as not known, this is an increase from the previous 2 years where the outturn was 11%.
- As in previous years the most common type of abuse for concluded enquires were for neglect and acts of omission. This was followed by physical, psychological or emotional abuse and financial abuse. There has been a 2% increase in Domestic Abuse (149 enquiries in 19/20 compared with 113 in 18/19).
- For the majority of cases (44%), the primary support reason was physical support. This was followed by no support reason, which increased from 16% to 18% when compared with 18/19.
- The majority of cases with no support reason are attributed to West Berkshire Council at 98%. This was discussed at the SAB Performance and Quality subgroup who concluded this difference was due to West Berkshire Council opening a safeguarding enquiry for all individuals who are receiving services from a provider that is being investigated under organisational safeguarding. Reading and Wokingham Borough Councils do not open Safeguarding enquiries for all service users when service is being investigated under organisational safeguarding unless a specific safeguarding concern has

been identified for that individual, therefore the figure for no support reason is significantly lower in these authorities.

- The most common locations where the alleged abuse took place was the person's own home (57% down from 61% in 18/19) and care home (26% up from 21% in 18/19, this can be attributed to West Berkshire District Council recording processes in regard to organisational safeguarding).
- The SAB had agreed to carry out an independent audit into the safeguarding recording process across each Local Authority in 20/21. In order to identify the inconsistencies in recording across the partnership and for the SAB to agree to an approach to address these inconsistencies. This will include an investigation into the appropriate recording of organisational safeguarding concerns. The audit has been deferred to 21/22 due to the pressures around capacity as a result of the pandemic.

## Risks and Mitigations

---

Challenges or areas of risk that have arisen during the year are recorded on our risk register, along with actions to mitigate the risks. These are some of the potential risks that we have addressed:

- The implementation of a user engagement strategy began in 19/20 and will continue to be implemented in 20/21 in order to ensure that people who experience the safeguarding adults process as adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the SAB. SAB meeting agendas have time allocated at the start of the meeting to ensure that the voice of the service user is heard, this can be through Safeguarding Adult Reviews (SARs) or presentations from partners with specific emphasis on individuals experience.
- An additional subgroup was created with members of the Voluntary Care Sector and Healthwatch's across each Local Authority area in order for the SAB to better understand the issues facing these sectors in regard to safeguarding.
- It is important to the SAB that people who raise safeguarding concerns receive feedback, local authorities have adapted their recording processes so performance in this area can be reported to the SAB from 20/21 onwards.
- The use of advocacy continues to be monitored by the SAB, through the dashboard and audits. In 20/21 95% of individuals, who were part of a safeguarding intervention, who were assessed as lacking capacity were recorded as having an advocate, this is a slight increase from 18/19 where it was 94%. Performance is much higher than the national average which was recorded as 84% in 18/19.
- The SAB accepts that understanding and implementation of the Mental Capacity Act across the partnership will be an ongoing challenge as learning from SARs and audits evidences. The principles

of the Mental Capacity Act and the roles of responsibilities of professionals across the partnership continues to be promoted through learning provided by the SAB.

- The SAB understands that there are capacity issues within the supervisory bodies to obtain timely Deprivation of Liberties (DoLs) assessments and provide appropriate authorisation. Performance in this area is monitored by the SAB who accept further work is required in this area. The impact of the pandemic has impacted on the way in which DoLs assessments have been conducted the SAB is awaiting data to understand this impact.
- As in 18/19 in order to ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements continues to be presented to the SAB on a six monthly basis.
- Business plan priorities for 19/20 were set to support the SAB to mitigate the following risks:
  - Mechanisms and pathways in place across the locality to support people who self-neglect are not widely or fully understood.
  - Local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are not fully understood.
- The partnership saw a 25% reduction in safeguarding concern from 18/19 when compared with 17/18, which is different to national trends where there has been a year on year increase. The SAB agreed to commission an independent audit in 20/21 to understand the reasons behind this. The audit has been deferred to 21/22 a due to the pressures around capacity as a result of the pandemic and assurance from Local Authorities that they are addressing issues in regards to under reporting.
- Assurance was sought from partners to ensure that plans were in place in the event of a no deal Brexit.

Further safeguarding information is presented in the annual reports by partner agencies in **Appendix E**.

## **Achievements through working together**

---

Our 18/21 Strategy outlines what the SAB aims to achieve in the next three years. The SAB identifies strategic priorities that shape its work. These are reviewed each year and revised to reflect findings from performance information and case reviews.

Our priorities for **19/20** and outcomes to those priorities were:

### **Priority 1: We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect.**

- A Service User involvement strategy was approved, and part implemented, further implementation of this strategy has been added to the 20/21 Business Plan.

- The Pan Berkshire Policies and Procedures in regard to Self-Neglect were reviewed and launched in July 2020.
- A review of safeguarding training across the partnership was completed and recommendations to improve training were approved by the SAB. The SAB will look to implement these recommendations in 21/22 if there is capacity to do so.
- A best practice document has been created to support the partnership to understand the function of the Safeguarding Adults Manager (SAM) in the safeguarding process. Launch of this document is planned for 20/21.
- A review of the quality of Tissue Viability Management training across the partnership was completed and will go to the SAB for endorsement in September 2020.
- A partnership wide risk assessment tool named MARM<sup>1</sup> (Multi-agency Risk Management Framework) was created and launched in July 2020. A review of its effectiveness is planned in 21/22.
- Two Bitesize learning events on Royal Berkshire Fire & Rescue Service - Threat of Arson Safe and Well Processes were held. Feedback from these events was positive.

**Priority 2: The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.**

- The SAB are working with Local Safeguarding Child Boards and Community Safety Partnerships to support them in their priorities regarding Domestic Abuse.
- There is SAB representation at the Thames Valley Domestic Abuse coordinators meetings, where there were plans to host a Thames Valley wide conference on Domestic Abuse, these plans were unfortunately put on hold due to the pandemic.
- A bitesize learning event in conjunction with the Reading Domestic Abuse Forum, on Learning from Domestic Homicide Reviews took place.
- Pan Berkshire Policies and Procedures in relation to Domestic Abuse were reviewed and updated, these were launched in June 2020.

**Priority 3: We will understand the main risks to our local population in regards to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.**

- September 2019 SAB meeting focused on targeted exploitation with a number of speakers at the meeting.
- A modern slavery pathway was created and published.
- A research report to identify who is most at risk from Targeted Exploitation was completed by the Performance and Quality Subgroup and will be presented to the SAB in September 2020.
- Two bitesize learning events were scheduled in March 2020 on What do I do if I suspect Financial Abuse – the roles and responsibilities of agencies. Unfortunately, these sessions had to be postponed due to the pandemic, work is underway to rearrange these sessions virtually.

**Priority 4 – The SAB will understand from key stakeholders, why there has been an increase in organisational safeguarding and seek assurance from commissioners, that there are adequate preventative measures in place that is consistent across the partnership where practical.**

- January 2020 SAB meeting focused on organisational safeguarding, where the Care Quality Commission were represented.

---

<sup>1</sup> <http://www.sabberkshirewest.co.uk/practitioners/supporting-individuals-to-manage-risk-and-multi-agency-framework-marm/>

- A survey was completed with care providers for the SAB to understand the issues the provider market is facing and how this impacts on safeguarding. The findings of this survey were presented to the SAB and recommendations added to the SABs Learning from Safeguarding Adult Reviews/Audit Implementation Plan.
- A meeting took place with the Care Quality Commission, Local Authorities and the Clinical Commissioning Group to discuss the increase in organisational safeguarding issues and to ensure that partners were working effectively together to address the issues being identified.
- The recommendations from the Devon Safeguarding Adults Partnership, Safeguarding Adult Review, Atlas Care Homes were considered by the SAB.
- The SAB are alerted to organisations that are subject to organisational safeguarding.
- A detailed questionnaire on commissioning and quality monitoring arrangements for external providers to the local authorities and clinical commissioning group in January 2020, findings of these questionnaire were to be considered by the SAB in order for the SAB to agree a suitable approach issues identified. Due to the pandemic not all questionnaire responses were received, and all responses will require reviewing due to the impact of the pandemic has had on commissioning and quality monitoring arrangements. This will be revisited in 20/21.

In November 2019, an extraordinary meeting of the SAB statutory partners was called to discuss the obstacles regarding communication and information across the partnership which had been identified at a SAB meeting in September 2019. The meeting was arranged to provide partners with an opportunity to have a frank and open discussion to identify the barriers regarding communication and information sharing, and to agree appropriate actions in order to better safeguard people. As an outcome of this meeting an action plan was agreed, and actions monitored through the SAB Learning from SAR/Audit Implementation Plan.

More information on how we have delivered these priorities can be found in the following:

- Additional achievements by partner agencies are presented in [Appendix B](#).
- The completed Business Plan 2019-20 is provided in [Appendix C](#).

## Safeguarding Adults Reviews

---

The SAB has a legal duty to carry out a Safeguarding Adults Review (SAR) when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died, and abuse or neglect is suspected to be a factor in their death; or when an adult has not died but suffered serious abuse or neglect. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The SAB has a SAR Panel that oversees this work.

During the reporting year, the SAR Panel have worked on 10 SARs of which 2 were endorsed by the SAB and one was published along with a practice learning note. The practice learning note is a two-page document that summarises the case, key learning and pulls seven key learning points from the SAR and summarising best practice in these areas. The practice learning notes have been well received across the partnership and are used to highlight SAR learning in team meeting and training sessions.

The SAB plans to publish the other nine safeguarding adult's reviews in 2020/21. Valuable learning has emerged from the all SARs and has fed into the SABs priorities and Business Plan for 2020/21. There was delays in publication of SARs due to the pandemic resulting in the March 2020 SAB being cancelled. The

SAB introduced virtual SAB sign offs in May 2020 to overcome this backlog. The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The case summaries and the learning from the 2 SARs that have been endorsed are as follows:

### **Daniel**

Daniel is a man in his 70's, who owned his own home. Daniel has cognitive difficulties and significant physical disabilities. Daniel is estranged from his immediate family, but had support from a lady called Ellen, who referred to herself as a family member and Daniel's next of kin. No checks were made around Ellen's claims. Professionals supporting Daniel were made aware on seven occasions, that Ellen was not who she said she was, and they did not investigate this further. When concerns were discussed with Daniel these were discussed with Ellen present. 14 Safeguarding concerns were raised from numerous agencies, over a five-year period, about the possible financial abuse of Daniel by Ellen. The Local Authority did not comply with Section 42 of the Care Act or the Mental Capacity Act 2005, and as a result Daniel was failed by the agencies that were supporting him.

### **Lessons Learnt**

- The importance of independent advocacy to support a person lacking capacity.
- A significant lack of professional curiosity, professionals did not have the confidence to challenge a person, who at the time did not appear to be acting in the vulnerable persons best interests.
- Information taken at face value, there was no additional verification by professionals involved. Reallocation of support workers in such complex cases should be kept at a minimum.
- A more consistent approach to Care Management will help to identify any contradictory information.
- Professionals did not listen to Daniel; Making Safeguarding Personal principles were not followed.
- There is a lack of confidence across the workforce in dealing with complex financial situations.
- The workforce needs to be equipped to challenge and ensure that service user's best interests is key to any decision being made.
- There was a lack of management oversight in this case

## Ben

Ben, moved to a Nursing Home in August 2014, after a stay in hospital. Ben had a diagnosis of Vascular Dementia and multiple co-morbidities. Ben lacked capacity to consent to the care and support provided to him, a Best Interests Meeting decided that it would be in Ben's best interests to move into a Nursing Home.

A Nursing Home had been identified by the Local Authority. Ben's family however expressed concerns about the cleanliness of the home and requested that a placement be made closer to his family. As Ben had been in hospital for over 3 months it was decided at a further Best Interests Meeting that it was in Ben's best interests to move into the Nursing Home on an interim basis pending a six-week review. The six-week review concluded that the placement appeared to be working well for Ben and Ben's case was transferred over for a 12-month review.

Ben was admitted to hospital in July 2015, and the hospital immediately raised a safeguarding concern under the category of Suspected Acts of Omission and Neglect by the Nursing Home. As Ben was noted to have 12 pressure ulcers and bruises over his body. The police were also notified. As a result of this safeguarding concern the Nursing Home was investigated under the Provider Concerns Framework and a police investigation was opened.

Ben did not return to the Nursing Home and passed away in August 2015. It was noted that Ben had several pressure ulcers at the time of his death. A criminal prosecution against the provider did not take place, due to lack of evidence. The Care Quality Commission (CQC) considered action under their regulatory powers but concluded there was not enough evidence to progress.

The Care Quality Commission, Thames Valley Police, Clinical Commissioning Group, GP, District Nurses, Podiatry, Tissue Viability Nurses, Royal Berkshire Hospital, Wokingham Borough Council, South Central Ambulance and an independent Nursing Home. All supported Ben during the period of review and contributed to this SAR.

### Lessons Learnt

- The Nursing Home had no pressure care prevention plan in place for Ben, despite Ben's needs resulting in him being at high risk of pressure damage. This was not identified as an issue at the six-week review.
- The Mental Capacity Act was adhered to throughout Adult Social Care's involvement with Ben. Best Interest Meetings were held in regards to decisions regarding Ben's care and support.
- A Deprivation of Liberty (DoLs) assessment took place following an application by the Nursing Home, which was in line with policies and procedures.
- Concerns raised about the Nursing Home by Ben's family by the Best Interests Assessor were not shared with the commissioning Local Authority.
- There was no safeguarding concern raised by a Nurse who visited Ben and noted that Ben had unexplained bruising. An assumption was made that the bruising was due to a general decline in Ben's health.
- There were delays in supporting Ben with his pressure care needs due to confusion around the referral process.
- Once initiated the Provider Concerns Framework was a success and a cross agency coordinated response supported the Nursing Home to improve.
- Previous safeguarding concerns raised about other residents at the Nursing Home, did not lead to further investigation, which may have identified the failings in the home sooner.
- The workforce within the SAB Partnership are not clear on the SAR process or the functions of the SAB.



The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked. From the two SAR endorsed the SAB have identified improvement action required in the following areas, *description of action has or is being taken is in italics*:

- **Safeguarding processes** – *a best practice guide for the Safeguarding Adults Management (SAM) function is in the final stages of development.*
- **Professional Curiosity** – *changes to the delivery of safeguarding training across the partnership has been agreed, which will be implemented in 20/21. Professional curiosity will be a theme throughout training. Professional curiosity has been identified as a future SAB Bitesize learning topic.*
- **Financial Abuse** – *learning evidenced that workers are not confident in dealing with complex financial situations. A bitesize learning event on ‘What do I do if I suspect Financial Abuse – the roles and responsibilities of agencies’ with speakers from: Local Authority, Trading Standards, Thames Valley Police and the Office of the Public Guardian was arranged for March 2020 but was postponed due to the pandemic. Work is underway to rearrange the session for 20-21. The SAB had a focused meeting on targeted exploitation and each Local Authority provided a presentation on how they have responded to the learning from this SAR. Targeted exploitation was a priority for the SAB in 19/20 and continues to be in 20/21.*
- **Advocacy** – *the SAB continue to monitor through its Dashboard the use of advocacy and has seen an improvement in performance that is above the national average.*
- **Organisational Safeguarding** – *is a priority for the SAB in 19/20 and continues to be in 20/21.*
- **Tissue Viability** – *Specific action on the SAB Business Plan to look at the suitability and effectiveness of training in regard to pressure care, report will go to the SAB in 20-21.*

The SAB are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.

There is a dedicated page on the SAB’s website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

## Key priorities for 2020/2021

---

We understand that priorities will change and as we learn from partner agencies both locally and nationally and that the priorities must be achievable. The priorities for 2020/21 are:

- **Priority 1 - We will continue to work on outstanding actions from the 2019/20 from the following priorities:**
  - Priority 1 2019-20, We will provide the partnership with the tools and framework to work effectively with people who Self-Neglect
  - Priority 2 2019 -20, The SAB will work collaboratively with Local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards to provide the workforce with the frameworks and tools to work with Vulnerable Adults who are at risk of Domestic Abuse.
  - Priority 3 2019-20, We will understand the main risks to our local population in regard to Targeted Exploitation and agree how best to equip the partnership to Safeguard vulnerable people against these risks.
- **Priority 2 – The SAB will seek to understand the impact the pandemic has had on Adult Safeguarding locally.**

- **Priority 3 – The SAB will continue to carry out the business as usual tasks in order to comply with its statutory obligations.**

The Business Plan for 2020-21 is attached as [Appendix D](#).

## **Appendices**

---

**Appendix A -** [Board Member Organisations](#)

**Appendix B -** [Achievements by partner agencies](#)

**Appendix C -** [Completed 2019-20 Business Plan](#)

**Appendix D -** [2020-21 Business Plan](#)

**Appendix E - Partners' Safeguarding Performance Annual Reports:**

- [Berkshire Healthcare Foundation Trust](#)
- [West Berkshire Council](#)
- [Wokingham Borough Council](#)
- [Royal Berkshire Foundation Trust](#)

<b>TITLE</b>	<b>Strategy into Action</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on 11 <sup>th</sup> February 2021
<b>WARD</b>	None Specific;
<b>DIRECTOR/ KEY OFFICER</b>	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	<p>This report addresses all three priorities in the Wellbeing Strategy:</p> <ul style="list-style-type: none"> <li>• Creating Physically Active Communities</li> <li>• Reducing social isolation and loneliness</li> <li>• Narrowing the health inequalities gap</li> </ul>
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> <li>• Improved physical health of residents</li> <li>• Creating healthy and resilient communities</li> <li>• Support and collaboration of partners</li> <li>• Those most deprived will enjoy more years in good health</li> <li>• Greater access to health promoting resources</li> </ul>

Reason for consideration by Wokingham Borough Wellbeing Board	<ul style="list-style-type: none"> <li>• Progress updates from three established <b>Strategy into Action Groups</b>: outlined in the accompanying presentation (Appendix A), to deliver on Wellbeing Board objectives.</li> <li>• To invite input, queries and comments from Board members on these Action Groups and progress to date.</li> <li>• To note the summary of progress captured to end of December 2020 (and first weeks of Jan 2021), these short summary reports (Appendix B) will remain in place and until formal reporting is implemented.</li> </ul>
What (if any) public engagement has been carried out?	Public Health has engaged with local partners and identified short term measures to deliver on the Board's priorities.
State the financial implications of the decision	None

## RECOMMENDATIONS

- 1) Wellbeing Board to review progress updates from three established **Strategy into Action Groups**: outlined in the accompanying presentation (Appendix A), setup to deliver on Wellbeing Board objectives.
- 2) To invite further input, queries and comments from Board members on Action group progress to date.
- 3) To note 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.

## SUMMARY OF REPORT

### Background

The Wokingham Wellbeing Strategy was developed in 2018 with three clear priorities to create healthier and more resilient communities. The overarching indicators are mostly based on the Public Health Outcomes Framework, social care and health indicators that are measured regularly. Short term measurable were presented to the Wellbeing Board in August 2020 and the Public Health team have continued to work with key stakeholders; an update of progress to date can be found in Appendix B.

Since the board last met in December the country has entered a third national lockdown, more prolonged than that in November. However, progress has been achieved on the delivery of shared objectives as evidenced in Appendix B.

There are some providers, particularly local leisure services, who have had to pause face-to-face support in accordance with Government guidance. Preparations are being made to resume service delivery in line with expected local restrictions applied via the government's COVID tier system.

The accompanying presentation to this paper (Appendix A) outlines the progress that has been made to date on the establishment of three Action Groups. Despite COVID-19 progress has been made and remains within the original timescales for each of the three priority areas.

To ensure the Board have oversight on the progress, the Board members are specifically asked to:

- 4) To review the progress to date for each of the three Action Groups, as outlined in the accompanying presentation (Appendix A) and the next steps.
- 5) To invite input from Board members on these actions groups and progress to date.
- 6) To note 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.

## Analysis of Issues, including any financial implications

There are no financial implications to the report presented here, however this builds upon the papers presented in August 2020 - outlining how the tier 2 healthy weight programme will be incorporated into the broader work of the physically active communities Action group. This financial commitment for Tier 2 weight management services is a planned cost accounted for in the Public Health budget.

<b>Partner Implications</b>
-----------------------------

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

<b>Reasons for considering the report in Part 2</b>
---

N/A
-----

<b>List of Background Papers</b>
----------------------------------

Appendix A – Wellbeing Board Action Group Development Progress
--

Appendix B – Key Priority Areas Summary of Actions Update December 2020
---

<b>Contact</b> Ingrid Slade	<b>Service</b> Public Health
-----------------------------	------------------------------

<b>Telephone No</b>	<b>Email</b> Ingrid.Slade@wokingham.gov.uk
---------------------	--

This page is intentionally left blank

# 95 **Action Groups** **WBC Wellbeing Board**

---

**Progress Report**  
**January 2021**

Public Health Team  
Wokingham Borough Council  
[Public.Health@Wokingham.gov.uk](mailto:Public.Health@Wokingham.gov.uk)

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

1

## Creating **Physically Active** Communities

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

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

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

2

## Reducing **Social isolation** and Loneliness

Connecting vulnerable residents with quality-assured services and activities.

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

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

3

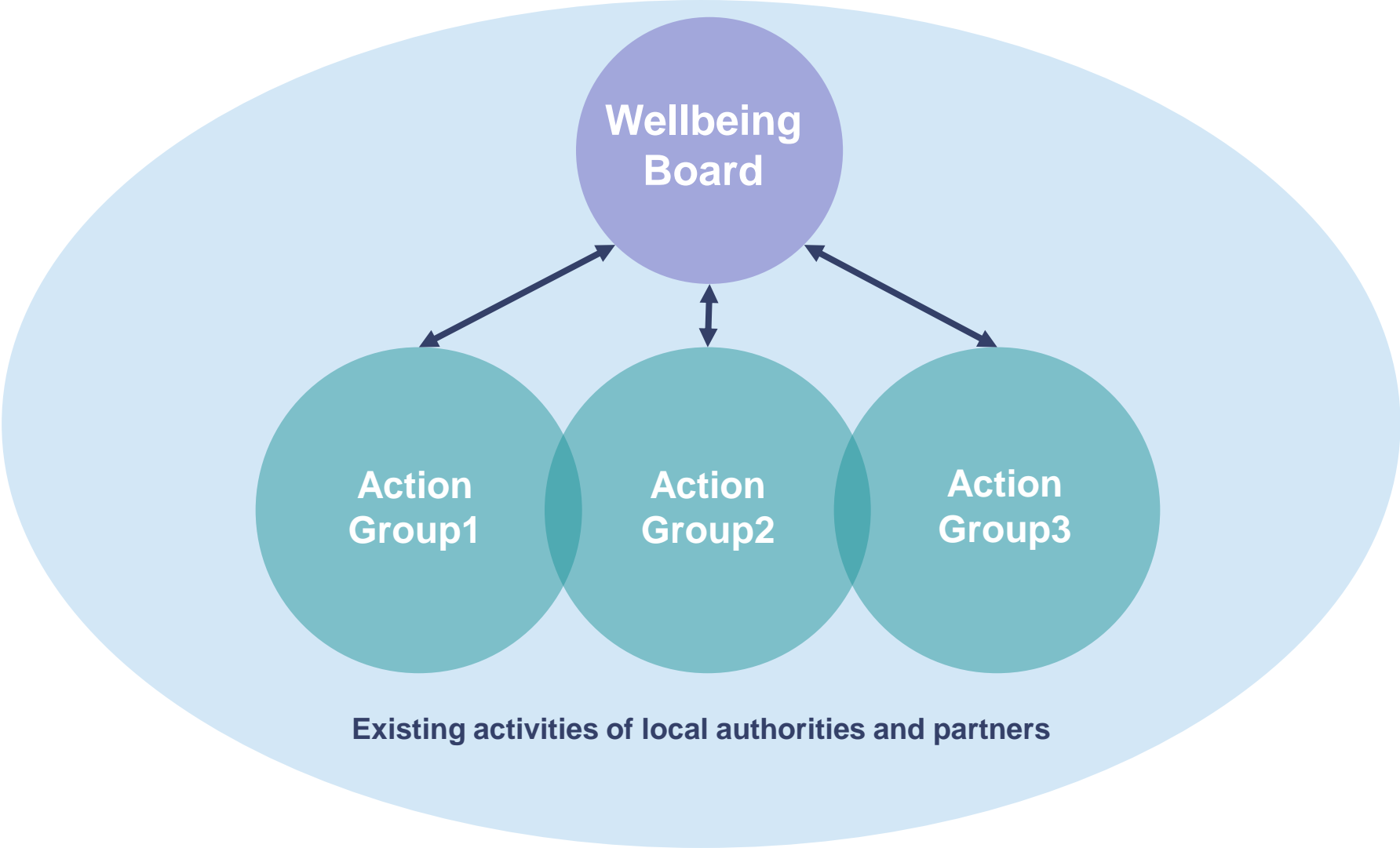
## Narrowing **health inequalities**

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

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



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



# Progress to date

66

Stage	Detail	Timeframe
Review and define	Current system & partners Model of approach to development, design of working groups Key stakeholders & partners involved in being physical active Existing and emerging strategies and action plans across systems and partners e.g. WBC Leisure Strategy	<b>Ongoing</b>  <b>Identified</b>
Engage	Partner engagement Identify existing Partnerships/ Boards and relationship e.g. Wokingham's Integration Partnership & Leadership Board	<b>Engaged</b>
Develop	Establish local action group for delivery of creating physically active communities to: <ul style="list-style-type: none"> <li>• Agree terms of reference, aims and objectives</li> <li>• Confirm Leadership/Co-leadership of group</li> <li>• Start to consider quality assured short term priorities, targets and timescales</li> <li>• To agree and establish reporting/monitoring process mapped to public health outcomes</li> </ul>	<b>1<sup>st</sup> Action Group undertaken in Dec 2020.</b> <b>Date of next meeting is February 11<sup>th</sup> 2021</b>
Deliver	Co-production of regular reporting to Health & Wellbeing Board partners Evaluation of impact against public health outcomes framework	<b>March 2021</b>

## Update on Action Group Progress

- Sports & Leisure Services agreed to act as Chair and Public Health as Co-chair of Priority 1 Action Group and scoping discussions have commenced.
- Membership confirmed (see next slide)
- First Action Group meeting completed and next scheduled for 11<sup>th</sup> February 2021
- Example Terms of Reference collated for use with all three action groups.
- Reporting mechanisms (long-term) have already been established and are being used to inform reporting
- Additional objective added to develop a reporting system to capture monthly local progress and achievements
- Mapping of partner/s key work, physical activity offers, reporting and data has commenced

## Next Steps

- Confirm objectives for the group together with current long and short term measures for Wokingham and share with the Action Group for review and discussion
- Capture and share output from Action Group meetings to support wider engagement with key groups/partners;
- To map exist data and reporting/governance (related to physical activity local priorities
- Book monthly action group meetings from February 2021. All members are identifying deputies to ensure action group meetings continue and keep work on track.

### Membership of the Physical Activity Action Group

#### Creating **Physically Active** Communities

##### Chair:

- WBC Sports & Leisure

##### Co-chair

- Public Health

##### Members

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

**Members also agreed to also include and consult with the local BME, Community engagement and VCS leads as appropriate**

Stage	Detail	Timeframe
Review and define	Current system & partners Model of approach to development, design of working groups Key stakeholders & partners involved in reducing social isolation and loneliness – across all ages	<b>Ongoing</b>  <b>Identified</b>
Engage	Partner engagement Identify existing Partnerships/ Boards and relationship	<b>Engaged</b>
Develop	Establish local action group for delivery of creating physically active communities to: <ul style="list-style-type: none"> <li>• Agree terms of reference, aims and objectives</li> <li>• Agree Leadership/Co-leadership of group</li> <li>• Agree quality assured short term priorities, targets and timescales</li> <li>• Establish reporting/monitoring process mapped to public health outcomes</li> </ul>	<b>1st Action Group undertaken in Dec 2020.</b> <b>Date of next meeting is February 16<sup>th</sup> 2021</b>
Deliver	Co-production of regular reporting to Health & Wellbeing Board partners Evaluation of impact against public health outcomes framework	<b>March 2021</b>

### Update on Actions

- The First Action Group for Social Isolation & Loneliness took place on Tuesday 8<sup>th</sup> December 2020.
- Wokingham Involve (Liaison for Wokingham's voluntary and Community Sector) agreed to chair the action groups alongside WBC's public health team.
- Membership confirmed (See next slide)
- Draft Terms of reference shared with all action group members for review and comment ahead of next action group meeting.
- Current reporting mechanisms (among action group services) have been identified.

### Next Steps

- Capture and share outputs from first Action Group meeting to support wider engagement with key groups/partners; produce a map of key partners and services.
- Key item for next agenda: do we know what social isolation looks like in Wokingham and how many residents are affected and who those residents are (in terms of demographics)?
- Based on the above answers to the above question, produce a brief overview of current long and short term measures for Wokingham and share with Action Group for review and discussion

### Reducing **Social isolation** and Loneliness

#### Co-Chair

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

#### Members

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



## Priority 3: Narrowing Health Inequalities Timeframes

105

Stage	Detail	Timeframe
Review and define	<p>Current system &amp; partners</p> <p>Model of approach to development, design of working groups</p> <p>Key stakeholders &amp; partners</p> <p>Existing and emerging strategies and action plans across systems and partners e.g. Children &amp; Young People's Prevention &amp; Early Intervention Strategy, WBC Leisure Strategy</p>	<p>Ongoing</p> <p>Identified</p>
Engage	<p>Partner engagement</p> <p>Identify existing Partnerships/ Boards and relationship e.g. Children &amp; Young People's Board, Youth Offending Board, Community Safety Partnership Board</p>	Engaged
Develop	<p>Establish local action group for delivery of narrowing health inequalities</p> <ul style="list-style-type: none"> <li>• Agree terms of reference, aims and objectives</li> <li>• Agree Leadership/Co-leadership of group</li> <li>• Agree quality assured short term priorities, targets and timescales</li> <li>• Establish reporting/monitoring process mapped to public health outcomes</li> </ul>	<p>1<sup>st</sup> Action Group was held 13/01/21</p> <p>Next Action Group due to be held 24/02/21</p>
Deliver	<p>Co-production of regular reporting to Health &amp; Wellbeing Board partners</p> <p>Evaluation of impact against public health outcomes framework</p>	March 2021

### Update on Actions

- First Action Group Meeting held 13<sup>th</sup> January 2021;
- Next action group meeting booked 24<sup>th</sup> February 2021;
- Terms of Reference circulated for comment;
- Mapping of partner/s strategies has commenced;
- Scoping of data started to help inform next meeting discussion on local inequalities and priorities;

### Next Steps

- Mapping of partner/s key strategies and 121 discussion about organisation priorities; (Public Health/Berkshire West CCG – January/February 2020)
- Produce a brief overview of inequalities in Wokingham/Berkshire West (Wokingham Public Health/ Berkshire West CCG and Shared Public Health – January/February 2020)
- Review long and short term measures for Wokingham HWB and put forward recommendations to Wellbeing Board (All - February 2021)
- To map exist reporting/governance (related to inequalities work/priorities) and identify best route into Wellbeing Board; (All –February 2021)

## KEY PRIORITY AREAS SUMMARY OF PROGRESS FOR WOKINGHAM

### Priority 1

### Creating physical active communities

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

- ❖ To reduce the % of physically inactive adults
- ❖ To reduce the prevalence of overweight (including obesity) children in reception (4-5 years)
- ❖ To reduce the prevalence of overweight (including obesity) children in Year 6.
- ❖ To improve the % of activity level for children and young people
- ❖ To improve the % of physical active adults
- ❖ To increase the % of adults walking for travel at least 3 days per week
- ❖ To increase the % of adults cycling for travel at least 3 days per week
- ❖ To reduce the % of adults (aged 18+ years) classified as overweight or obese
- ❖ To engage and support Wokingham Borough Council staff to get physically active

### What has been achieved since December 2020?

- ❖ The first Health and Wellbeing Action group took place and was well attended, membership confirmed having been extended to include virtual links with the local BME, Community engagement and VCS leads as appropriate. An additional objective was added to support and engage staff to be physically active. The second meeting is booked for February 11<sup>th</sup> 2021 and will focus on reporting mechanisms and short term outcomes.
- ❖ National lockdown has now been in place since before Christmas meaning all local leisure services and centres are closed as per national guidance. Locally the team continue to promote online content and this also continues to be developed to engage and support residents to be able to be physically active and to exercise at home.

#### Home Workout Videos -SHINE

There are 18 exercise videos on YouTube ranging from Tai chi to Zumba + an additional 11 recordings that were made in December.

These are available and suitable for all residents, not just Shine members

Also available on SHINE website

#### Wokingham Active Kids (WAK) Videos

1<sup>st</sup> WAK recording going on Social Media weekend 30<sup>th</sup> January 2021.

Aim is to promote 2 – 3 clips / week on social media.

Currently in the planning stages of providing schools with support for PE lessons.

- ❖ Specialist Sports & Leisure Programmes local referral pathways from GPs – contact between the Lead for the programmes and Berkshire West CCG continue to be on hold due to current lockdown – this will be resumed as soon as is appropriate following national guidance.
- ❖ **Workplace health**  
Restarted 2<sup>nd</sup> week of October (paused during Lockdown 2.0)  
Offered Circuits (inside), Bootcamp (outside), Swimming, Spinning and Pilates
- ❖ Berkshire West NHS Integrated Care Partnerships as the Executive Group have approved Physical Activity as a Prevention Priority for 2021. Emphasis is on

supporting ICP staff health and wellness and to specifically help staff to become more physically. These include a management platform to support BW ICP organisations to develop a more strategic staff healthy movement programme including a simple online support tool for benchmarking, staff surveys and useable template documents. (Available immediately), a month-long workplace challenge to encourage staff across the BW ICP to become more active and a customised staff health and wellness portal. Longer term work will be looking to map the local network in order to work on whole systems change to enhance provision of physical activity to the general public but are starting with staff. The three activity and wellbeing programmes are:

- Workplace Movement <https://www.workplacemovement.co.uk/>
- Buddyboost
- Road to Health <https://www.roadtohealthgroup.com/healthy-days-video>
- ❖ The Long Term Health Programme Lead along with Public Health Team have established links with the local Cancer Rehabilitation Team at Royal Berkshire Hospital and it is planned to work together on ensuring there is promotion of local offers to people undergoing or post-cancer treatment and that possible pathways are established.
- ❖ My Journey work October to December 2020 has been continuing to offer Road Safety shows aimed at KS1 and KS2 to 653 children and Road Rangers Shows to pre-schools to 112 children.
- ❖ My Journey has been continuing to train new cyclists across the borough having adapted the course to ensure social distancing. 417 children were trained on Bikeability Courses (aged 9 years+), 38 Children (aged 4-8 years) attended Bikeability Learn to Ride sessions and 60 children attended Balance Bike Club, (aged 2-4) in this period despite limited access to schools and smaller groups due to COVID. In addition, 328 children from seven schools received scooter training.
- ❖ 26 Adults received adult cycle training, however lockdown three has prevented further adult cycle training session from taking place.
- ❖ This year 171 residents took part in Love to Ride's Winter Wheelers campaign (1<sup>st</sup> December to 25<sup>th</sup> December 2020), compared to 104 in 2019. A combined 14,934 miles were cycled during this campaign and a total 828lbs of CO<sub>2</sub> was saved if the equivalent mileage had been undertaken in an average car.
- ❖ Wokingham's Air Quality Project launched in October 2020, recent work during lockdown is engaging local KS1 and KS2 children in a competition to build their own bee house to support air quality and a healthy environment. Stakeholder meetings continue.
- ❖ Work continues on commissioning a local tier 2 weight management provision for adults and children and young people.
- ❖ Get Berkshire Active have been offered free training for health professionals to enhance skills and confidence 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*. Work is ongoing to link this to local programmes and training offers.

### What are the opportunities to improve or progress?

- ❖ The ICP priority and funded opportunities offers an opportunity to engage local staff in activity and to gather local data regarding activity and health and wellbeing that can inform future work and commissioning.
- ❖ Continue to work to review pathways into local walking & cycling training programmes – specifically from health-based settings i.e. GPs, Social Prescribers.
- ❖ NHS England launch of the Better Health campaign created an opportunity for local partners to come together to plan how this national campaign can be both supported and localised. Work is ongoing to communicate and promote national messages and local activity offers that support these messages in line with national guidance through lockdown.
- ❖ There is currently a gap in both Tier 2 children and young people and adult weight management though work continues to have an evidenced based local offer in place for 2021 and to follow this with a full procurement process for provision in 2022.
- ❖ There continues to be a gap in Tier 3 Adult weight management services across Berkshire West – this is an opportunity for partners to jointly review this.
- ❖ Programme/s of work or opportunities for improving childhood health e.g. targeting children for improving physical activity/reducing weight requires further scoping.
- ❖ Develop work programme to identify how best to increase target group participation across programmes and services, including specifically looking at falls risk in older resident and targeting of school camps.
- ❖ To undertake 6 month follow up surveys on participants of local programmes to help measure the impact of initiatives;
- ❖ Expand resources to prevent schemes specifically targeting children from holding waiting lists – note waiting list for My Journey initiatives.

Priority 1: ACTIONS		
ACTION	BY WHEN	OWNER
HWB Action Group Meetings continue	February 11 <sup>th</sup> 2021	Sports & Leisure/Public Health
Review pathways into local walking & cycling training programmes – specifically from health-based settings i.e. GPs, Social Prescribers.	Commenced September 2020 – no deadline set but remains on hold due to National lockdown and COVID restrictions	WBC Sports & Leisure Team/ Berkshire West CCG
Tier 2 Children and young people and Adult Weight Management service WBC offer – work is underway to procure a local offer for 2021 which will link to and compliment national Better Health Campaign. This will be followed by a full procurement for a local offer in 2022	Ongoing work is underway to develop a specification to meet local needs	Public Health & WBC Sports & Leisure Services
Ongoing expansion of programmes within the new Bulmershe facility	Continue to be on hold due to National lockdown and COVID restrictions	WBC Sports & Leisure Team
Promotion of additional/new physical activity programmes across all venues with a view of increasing referrals and usage numbers	Continue to be on hold due to National lockdown and COVID restrictions	WBC Sports & Leisure Team
Implementation of ‘Escape Pain’ programme	Continue to be on hold due to National lockdown and COVID restrictions	WBC Sports & Leisure Team
Joint working with local leisure provider to identify ways of reaching specific target groups within WBC communities	On hold due to National lockdown and COVID restrictions.	WBC Sports & Leisure Team
Scoping of school based initiative/programmes which aims to increase physical activity for school age children.  The team are currently in the planning stages of providing schools with support for PE lessons during National lockdown	On hold due to National lockdown and COVID restrictions	WBC Sports & Leisure Team, Public Health & Education

To support ICT work to support staff health and wellness and to specifically help staff to become more physically. Priority is to promote and implement three funded activity and wellbeing offers	Ongoing	WBC Sports & Leisure Team, Public Health
Continue to offer Bikeability training in a few schools, for the children of keyworkers. My Journey will continue to offer community walking and cycling activities. There are two bike trails programmed for the February half term and the team are planning more in Earley/Woodley/Shinfield. Scooter training is booked in February at 4 schools, to train 81 keyworker children	January to March 2021	MY Journey Team

Priority 2	Reduce social isolation and loneliness
To reduce Social isolation and improve outcomes for children and young people, older people, people with mental health problems and Carers.	<ol style="list-style-type: none"> <li>1) Increase the % of adult social care users who have as much social contact as they would like (18+years)</li> <li>2) Increase the % of adult carers who have as much social contact as they would like</li> <li>3) Reduce the % of 16-17 year olds not in education, employment or training (NEET) or whose activity is unknown</li> <li>4) To reduce the rate of children in need due to family stress or dysfunction or absent parenting</li> <li>5) To increase employment of people with mental illness or learning disability</li> <li>6) Reduce hospital admissions due to substance misuse</li> <li>7) Reduce hospital admissions as result of self-harm (15-19 year olds)</li> </ol>

### What are the key updates for December?

- ❖ WBC Adult and Community Learning Services continue to deliver all of their courses online since April 2020, and have been able to adapt to the challenges of teaching various classes remotely for students with varying levels of computer literacy. Prior to the pandemic, some of the courses were able to cater to adults with learning difficulties. However since the commencement of online tuition, the service continues to face challenges with engaging adults with learning difficulties (due to limitations of video conferencing. Certain classes remain popular – such as a class to help parents manage their children’s anxiety. The team suspects that this increase in demand is due to a rising tide of children and young people struggling with the social isolation of the third lockdown.
- ❖ Many community outreach services which are run by Wokingham’s libraries have been paused. This is due to both lockdown restrictions and also many library staff members being redeployed to other council roles in response to the pandemic. In Wokingham, only 3 of the borough’s 11 libraries are currently running a click on collection service (Woodley- , Wokingham-, and Lower Earley Libraries). Both the home library service and books on prescription services – which greatly help to tackle social isolation and loneliness have resumed as of January 2021.
- ❖ The Optalis Supported Employment service have been managing the demand for employment support. Over the last month they have supported many individuals who have needed extra guidance to remain stimulated and motivated whilst remaining at home, ensured individuals who are still looking for work continue to move closer to the employment market by undertaking remote training, interview practice and applications where appropriate. The team has also continued to provide employment support to those who have been deemed as key workers to ensure they are able to work within the guidelines laid out by the government and remain safe at work. This service is continuing to see an increase in demand as a result of employment pressures caused by the third lockdown.



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

### Opportunities to improve or progress

- ❖ The Council's Drug and Alcohol service (SMART) continues to see an increase in Alcohol related referrals. Service managers are suspecting the reason for this to be linked with anxieties caused by unemployment, financial instability and further anxieties caused by lockdown, loss of employment, bereavement, debt & financial instability.
- ❖ Wokingham Borough Council's Sports & Leisure Team have paused all of their face-to-face services, due to lockdown restrictions. One such service involves providing physical activities for residents with mild-moderate mental illness (at risk of loneliness and social isolation). Engaging this particular cohort with online content (Online workout videos), continues to present challenges to the nature of mental health difficulties that are being managed by the clients and their carers. The team are preparing to enhance their provision for this group once lockdown restrictions ease.
- ❖ Current Adult community learning and Library services are solely delivered online and require users to be computer literate. There is still a need to support disadvantaged residents who are digitally excluded. A digital exclusion action group has been recently setup to support and combat these challenges. This council initiative is being headed by Nicholas Spencer (Digital Delivery PMO Manager)

Priority 2: ACTIONS		
ACTION	BY WHEN	OWNER
Ensure more residents in the borough (including social care users) are connected through improving technology skills; Deliver Basic IT courses for residents who want to learn how to connect safely and productively using social media.	Ongoing	WBC Digital inclusion team which is being headed by Nicholas Spencer (Digital Delivery PMO Manager)
<p>Increase uptake (among social care users) into the following specific activities which help to tackle social isolation and loneliness:</p> <ul style="list-style-type: none"> <li>- Home Library Service</li> <li>- Alzheimer's Cafes</li> <li>- Reminiscence Groups meetings</li> <li>- Art Journaling Sessions</li> </ul>	Ongoing	WBC Libraries Service
Ensure local VCS deliver adequate befriending support to vulnerable residents in need of social interaction as a result of government restrictions, COVID bereavement, disability or any other long-term illness.	Ongoing	Wokingham Involve - Local Support Organisation for Voluntary, Community and faith groups in Wokingham.
Increase uptake of carers (and cared for) to use leisure activities at reduced rates.	Ongoing	WBC Sports and Leisure Team
Increase number of younger people (16-24) enrolling onto online courses and working alongside local learning-provider partners to equip young people with skills to gain long term employment.	Ongoing	WBC Adult and Community Learning Team
Education Welfare Officers to identify children in need through school attendance problems. Deliver tailored support to parents - helping them to understand how to protect the wellbeing of their children.	Ongoing	WBC Wokingham Schools Hub And WBC Emotional Wellbeing leads

Increase capacity for delivering tailored support to residents (with learning difficulties and mental illness) so that they can obtain and maintain employment through Supported Employment Pathway or Individual Placement and Support.	Ongoing	Optalis Supported Employment Service & WBC Adult & Community Learning Team.
Increase capacity for delivering community-based drug and alcohol treatment for adults and young people in Wokingham.	Ongoing	SMART Wokingham (Provider)

Priority 3	Narrowing health inequalities
<p>To reduce the gap between a child born in the most and least deprived area will experience over their life time</p>	<ol style="list-style-type: none"> <li>1) Reduce the gap in employment rate between those in contact with secondary mental health service and overall employment rate (Persons, 18-69 years)</li> <li>2) Reduce the number of children living in low income families (all dependent children under age 20)</li> <li>3) Reduce infant mortality (Persons, &lt;1 year)</li> <li>4) To improve school readiness: % of children with free school meals status achieving a good level of development at the end of Reception (Persons, 5 years ;)</li> <li>5) Improve Free School Meal % uptake amongst all pupils (school age)</li> <li>6) Improve average attainment 8 score among children eligible for Free School Meals.</li> <li>7) Reduce primary school fix period exclusion: rate per 100</li> <li>8) Reduce secondary school fixed period exclusion: rate per 100</li> <li>9) Decrease the prevalence of women smoking at time of delivery (all ages)</li> <li>10) Decrease the prevalence of smoking in routine and manual workers, current smokers (18-64 years);</li> </ol>

### What has been achieved since December 2020?

- ❖ First meeting of the Wellbeing Board's Inequalities Action Group convened January 13<sup>th</sup>. Next meeting is booked for February.
- ❖ Work has commenced on mapping of key strategies across Wellbeing Board partners, including priorities of each partner.
- ❖ Local Public Health and RBH Maternity Services have continued to contribute to work and actions being overseen through BOB LMS Prevention Work stream. WBC have continued to support key messages for the BOB *#ReadyforPregnancy* Campaign. Recruitment for a Prevention Lead Post is underway.
- ❖ Referrals, caseloads and job outcomes for the Individual Placement and Support (IPS) Employment Service started to increase during the latter part of Q2, although August was quiet. The Team continue to maintain positive engagement with all clients they support, despite COVID-19 and remote working. The economic climate for unemployed clients continues to be challenging.
- ❖ Out of the 405 Wokingham residents engaged with the Individual Placement and Support (IPS) Employment Service, 227 reported as either being in employment or participating in meaningful activity – this is approximately 56% of people, which is higher than the local target of 50% and also the highest across Berkshire.
- ❖ The Council's Executive have approved the joint tendering of 0-19's (health visitors and school nursing services) with Reading Borough Council and West Berkshire Council – with whom we share a common existing provider. Public Health and Children and Young People are working together to review the service and will also be seeking input from internal and external partners on what works well and what could change/improve within a new service provision.
- ❖ The Breastfeeding Network (BfN) have continued to successfully maintain their 6 weekly support sessions during COVID-19. 10 trainees are registered on the course

and these are all on track to complete the course. The technology is working well including breakout rooms to allow some pair/ group work. There has been some impact due to Covid, e.g. children home from school isolating, but extra support is being offered to help trainees stay up-to-date with training. A virtual breastfeeding group started in December with the additional aim of reducing social isolation by giving local mums opportunity to 'meet' other local mums in the area. This group aims to complement the 1-2-1 breastfeeding support BfN deliver

- ❖ The School Nursing and Health Visiting Services (0-19) have continued to respond the changes for schools and COVID. They are still working on a slow, gradual return to face to face for all services. The School Nursing advice and support line was '*relaunched*' to parents and young people in September through the use of a film made by School Nursing to young people themselves via social media and newsletters. Enuresis clinics were anticipated to revert to being face to face and/ or video dependent on clinical judgement, parental choice and government restrictions at the time. Medical conditions training – will mostly continue via cluster training virtually. However, government guidance allowing, some visits will be made face to face in schools to train regarding administration of emergency medication for seizures if this is felt necessary/ appropriate. Every child that missed the 2 – 2 ½ year check (ASQ) has been offered an appointment slot, even if they are now approaching 3. Targeted families who did not attend are followed up. CiC reviews – there is felt to be an increase of CiC, however, accurate numbers are required from LAs to get the full picture. If there is an increase, consideration has to be given to what the impact is on PH nursing service in terms of capacity.
- ❖ The reciprocal arrangement with School Nursing and the Immunisation Team remains active but the ability for each to support each other has been impacted on by school closures and national lockdown. This has affected the planned flu vaccinations and could have a knock on effect to other planned vaccination schedules. Discussions about the NCMP continue between the Department of Health & Social Care and the Secretary of State. We understand announcements are likely to be linked with Government announcement about the wider Obesity agenda, within the context of COVID recovery.
- ❖ Wokingham Borough Council currently holds the school catering contact for 34 of the 50 schools. The WBC contract is with Caterlink and positive work is being undertaken to increase these figures. A meeting with the local provider is set for March 2021.
- ❖ 113 residents accessed the local *Smokefreelife Berkshire* service in Q2 (Jul, Aug, Sept) and set a quit date and 76 successfully quit, and 48 of quitters came from local target groups, including 3 pregnant women and 25 who work in routine and manual roles. A further 107 residents set a quit date (October, November and December) – outcome of these quits will be known in April.
- ❖ The Smokefreelife Berkshire service continue to allow free access to their app, Quit with Bella, for all Berkshire West residents.
- ❖ Wokingham Public Health, Involve, Thames Valley Cancer Alliance and RBH Cancer Rehabilitation Service have created links and are providing mutual promotional support to broaden the reach of support and advice available for people living with cancer, particularly during the pandemic.

- ❖ A Physical Health Checks for people with Serious Mental Illness [SMI] Working Group has started to work on looking at ways of improving (number and quality) health checks to eligible residents.
- ❖ NHSE/I are running two campaigns across the region #Quit4COVID and #KeepWarmKeepWell, GP information packs are currently available and local partners officers are identifying ways to support this.
- ❖ Smokefree home project work continues, the Smokefree Home Booklet is now available via the Public Protection Partnership website and local housing associations have been engaged to help support promoting this campaign. Results to date have been positive.

### What are the opportunities to improve or progress?

- ❖ Sexual Health Services – a national e-sexual and reproductive healthcare framework has been developed. The framework offers customers a way of conveniently, efficiently and effect way of contracting with providers who specifically offer e-sexual and reproductive health services. There is a Berkshire West opportunity to review this to identify if it could support any gaps in the local system. Long Acting Reversible Contraception access has also significantly reduced during COVID and there is a need to look at building local capacity so as to ensure women have access to their choice of contraception. The audit of local provision has been severely impacted on by local vaccination programme (see below)
- ❖ Referrals into Health Visitors from Maternity Service – there has been some progress made improving the referral (% and quality) to health visitors, there are further opportunities to look at ways this could be improved.
- ❖ A review is required on notifications procedures for when a child goes into care. Key partners such as Berkshire West CCG/GPs and School Nurses have a key role in supporting these children and there is anecdotal information/current view that there is a time-lag with these notifications – which needs further interrogation. Unsure if this is a local issue or this relates to out of area notification for children.
- ❖ Due to COVID, the opportunity to create a local Personal Social and Health Education (PSHE) network has been impacted on. Whilst some links have been made, further work is required for it to be formally created so as to further support schools to deliver consistent and quality PSHE.

Priority 3: ACTIONS		
ACTION	BY WHEN	OWNER
Smokefreelife Berkshire - review referral and pathways from GPs	January 2020	Berkshire West CCG and Smokefreelife Berkshire
BfN training sessions are in progress – 10 volunteers are registered and on track to complete the training	8 <sup>th</sup> October – 28 <sup>th</sup> January 2021	BfN/Public Health

Community Alcohol Partnership (CAP) are scoping Winnersh as a new CAP area.	Scoping work underway, start date TBC	Community Action Partnership, Public Protection Partnership, Community Safety Partnership
Recovery audit of local LARC and other contraception's services	January/February 2021	Public Health/Berkshire West CCG and local providers
12 Tobacco Awareness School session are planned.	End of March 2021	Tobacco Control Alliance Coordinator (PPP)/Public Health
The Tenancy Sustainment Officers are permanent members of staff who provide ongoing support for residents that is embedded as 'business as usual'.	Ongoing	Tenancy Sustainment Team (WBC Housing, Income and Assessment)
Training for local midwives around the smoking in pregnancy in line with the Saving Babies Lives Care Bundle	In Progress – final dates pending national guidance	Berkshire West CCG/RBH Midwifery Services
Regular Personal Social and Health Education (PSHE) networks meetings to be created for both secondary and primary schools.	January- March 2021 Consultation with schools is needed	Schools Leads with support from Public Health/Education
Healthy Schools Award offer to be delivered to schools in Spring 2021, training scheduled in November 2020	Training was delayed due to National local down and schools priorities. Training is being rescheduled and Launch Schools Autumn 2021	Wokingham Public Health, West Berks Public Health, School Improvement
Beat The Streets Campaign	Spring/Summer 2021	My Journey Team & Partners
Re-commissioning of new 0-19(25) Healthy Child Programme for Wokingham Borough Council	1 <sup>st</sup> April 2022	Berkshire West Local Authorities (Wokingham, Reading, West Berkshire)

This page is intentionally left blank





A Happier and  
Healthier Berkshire

Reading West Berkshire Wokingham

# Update on the Health and Wellbeing Strategy

Wokingham Health and Wellbeing Board

11<sup>th</sup> February 2021

# Our opportunity

- Wokingham, Reading and West Berkshire share one CCG and together form the Berkshire West Integrated Care Partnership
- We share a range of NHS delivery services: Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust
- We have populations in common – having a shared strategy will enable a setting based approach, taking health improvement to where people are
- Working together in partnership across the whole geography gives potential for a greater influence on behaviour change
- A shared strategy gives us an opportunity to influence the work of the ICP and CCG – putting a greater focus on prevention and communities

# Interactive Roadmap for the Berkshire West Joint Health and Wellbeing Strategy

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

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

  
**A Happier and Healthier Berkshire**  
Reading West Berkshire Wokingham

**We are here**



  
**A Happier and Healthier Berkshire**  
Reading West Berkshire Wokingham

Snapshot of the interactive road map – currently on the Berkshire West CCG website

# Themes identified by stakeholders

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

# Public Engagement so far

- Online survey
  - Wokingham Borough Council Facebook, Twitter and LinkedIn
  - Promoted in general newsletter and internal staff bulletin
  - Promoted via email to contacts as detailed in the Engagement Plan
  - Social media posts – specific targeting to Wokingham residents to boost responses
- Every Town and Parish Council has been invited to engage
- Voluntary sector organisations: invited to respond
- 2 public meetings held (a 3<sup>rd</sup> planned): residents from each local authority
- Targeted Focus groups facilitated by the three HealthWatch organisations (open to residents from all areas)
  - Wokingham: Learning disabilities, Carers
  - Reading: Diverse ethnic communities, young people
  - West Berkshire: Maternity, Young people
- A wide variety of steering groups and partnership boards have been attended to raise awareness of the strategy and engagement

# Challenges

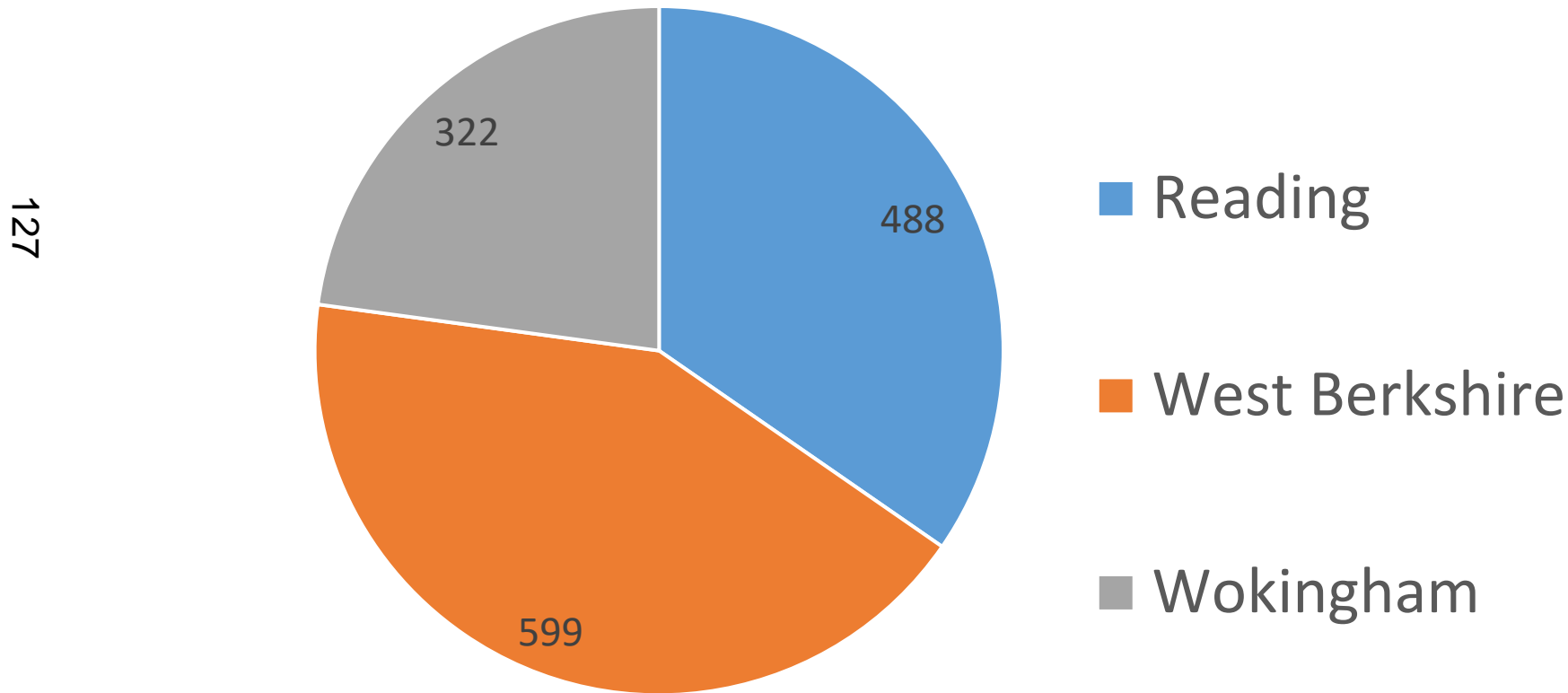
- National Lockdown has impacted on focus groups and ability of the wider public to engage
- Covid-19 communications are taking priority
- There have been fewer responses to the survey among Wokingham residents, despite our increased efforts

126

In view of the challenges faced, we are recommending that the public engagement be extended by a month (to finish at the end of February). This will delay the completion of the strategy

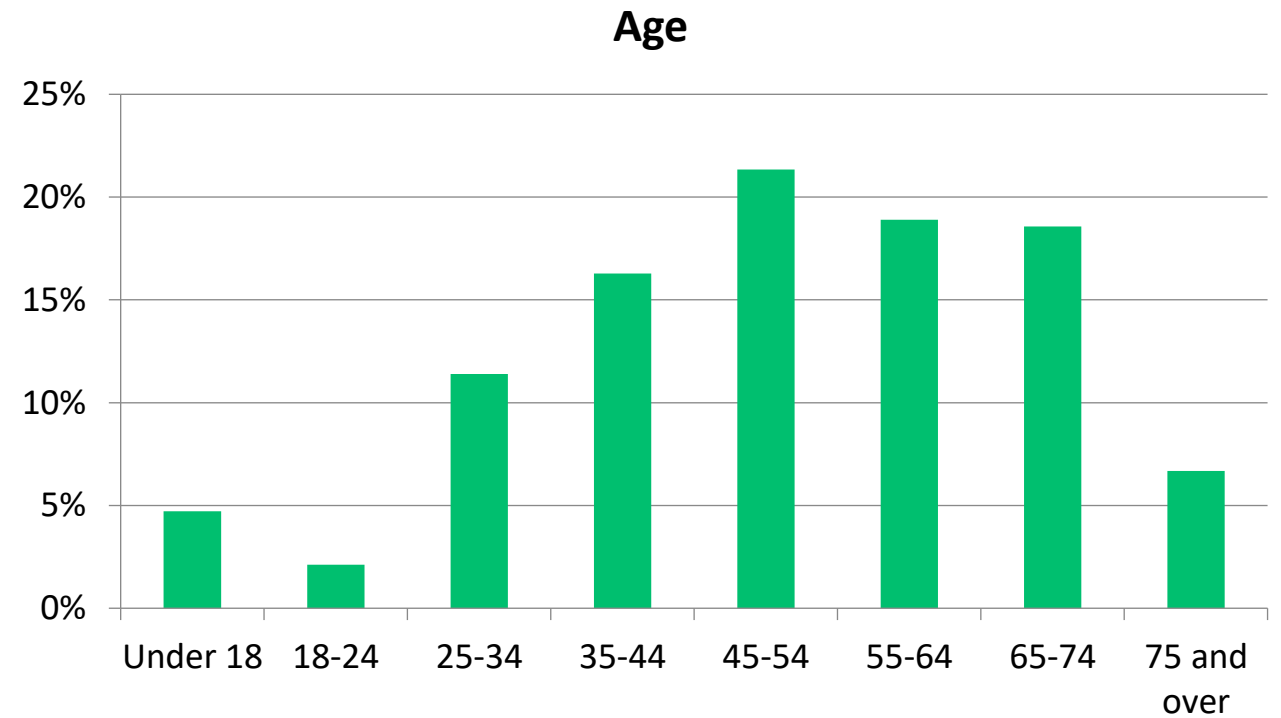
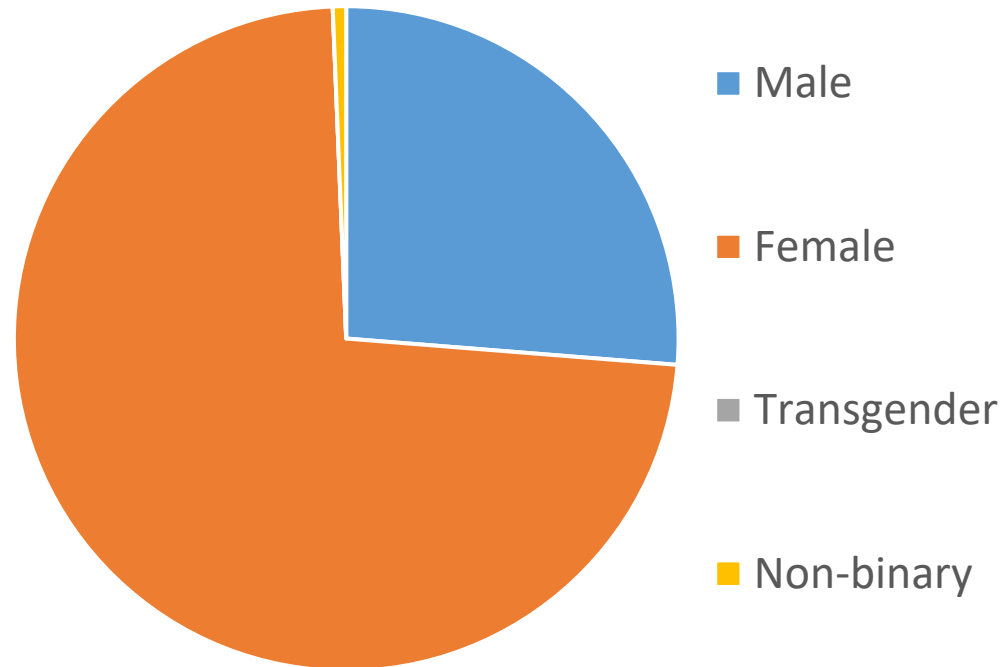
# Early results of the survey (20<sup>th</sup> Jan)

Proportion of responses from each Local Authority



# Demographics

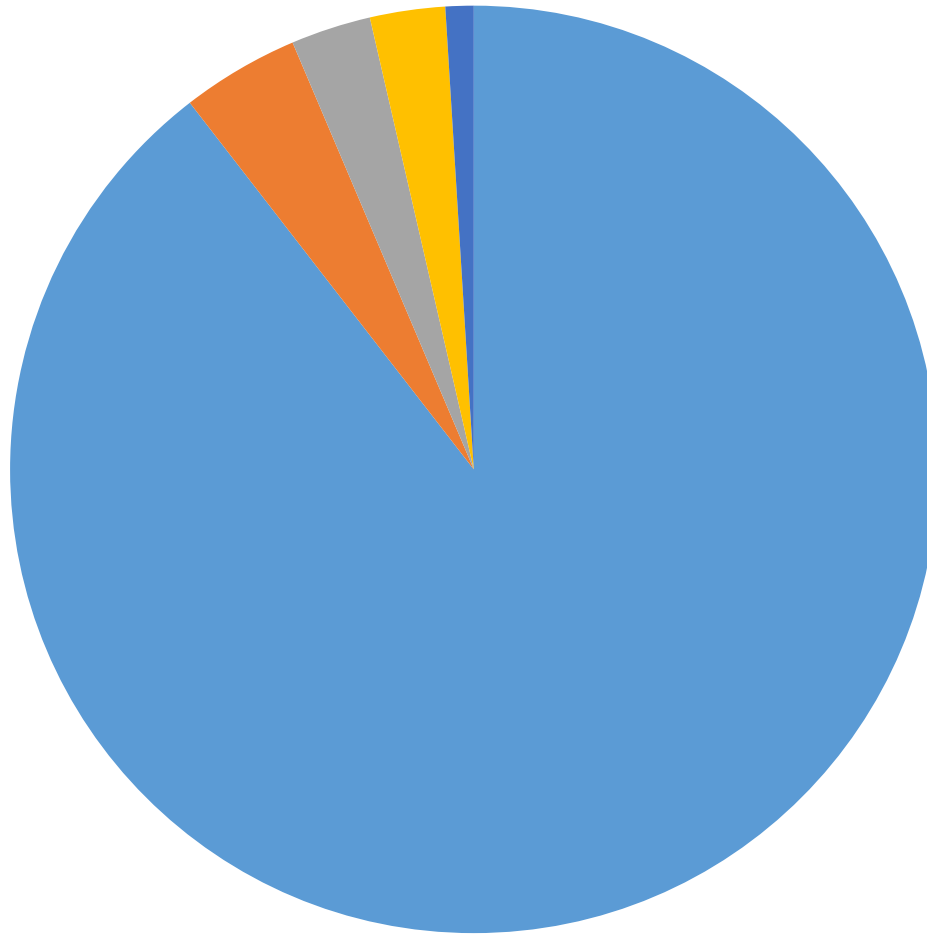
128





# Ethnicity of respondents

129



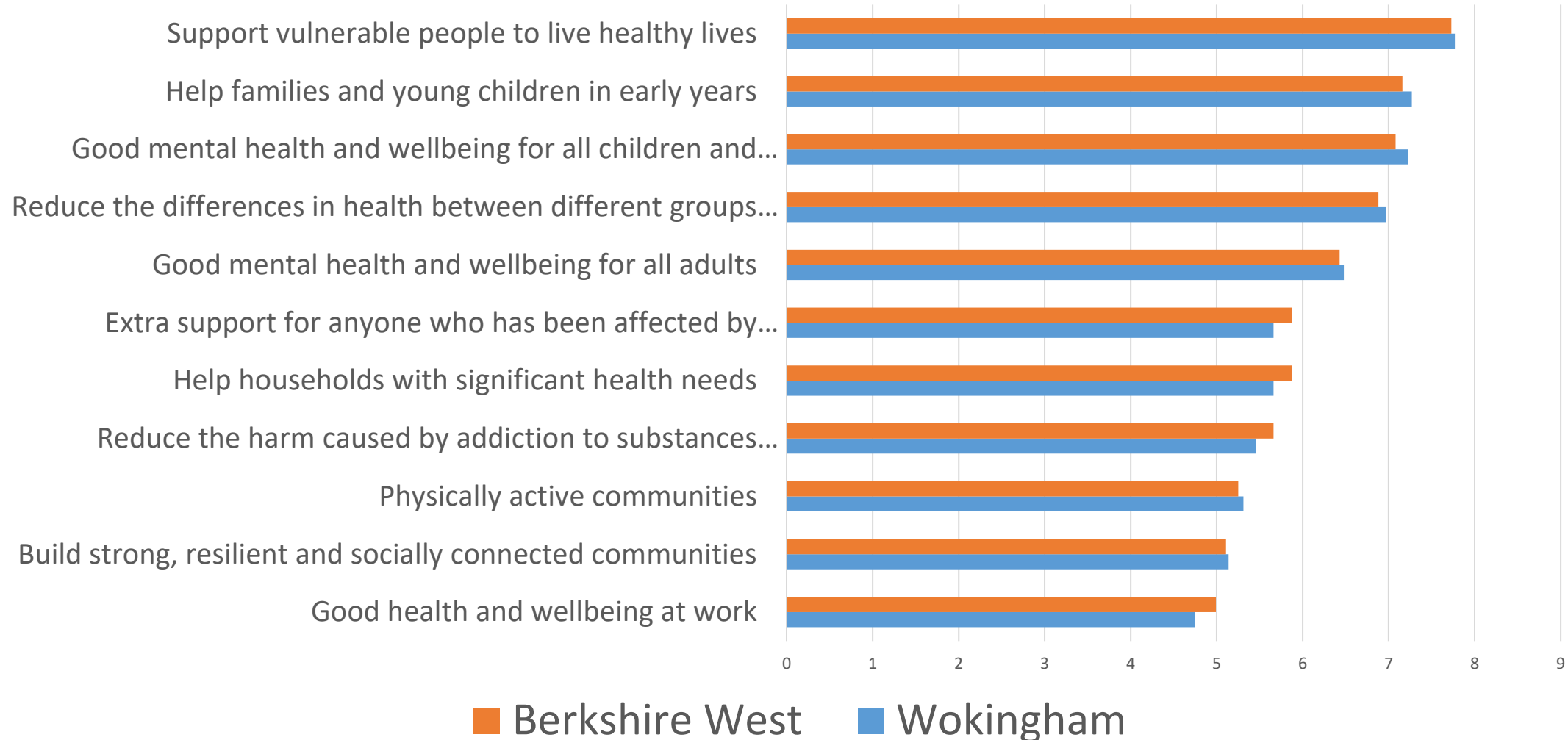
- White or White British
- Asian or Asian British
- Other ethnic group – please specify
- Mixed or multiple ethnic group
- Black or Black British
- Gypsy, Traveller or Irish Traveller

# Organisations who have responded in Wokingham

- Ruscombe Parish Council
- Wokingham Without Parish Council
- Finchampstead Parish Council
- Alzheimer's society
- Promise Inclusion Ltd
- Wade
- Flexible care solutions Ltd
- The Link visiting scheme
- ASD family help

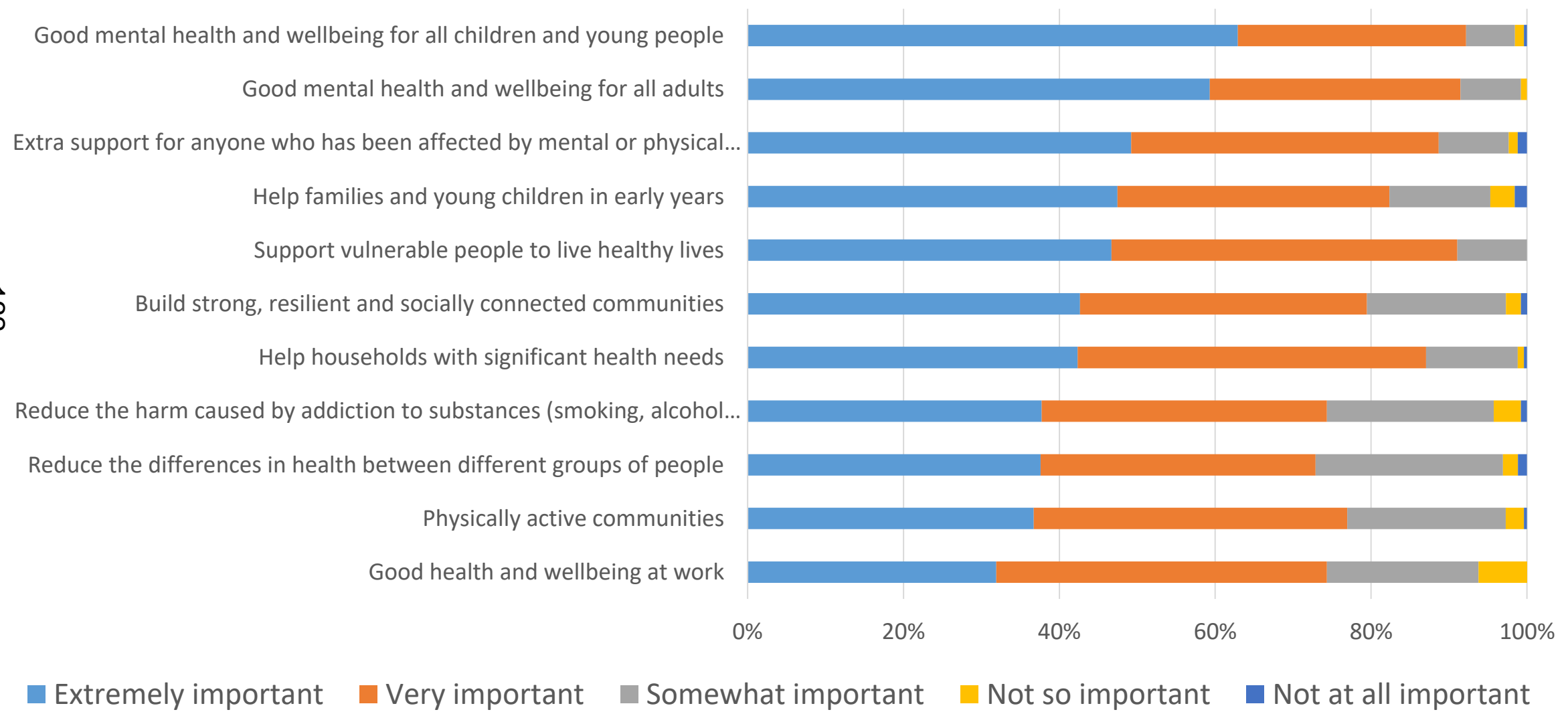
# How the potential priorities have ranked

131



# “How important is each priority to you?”

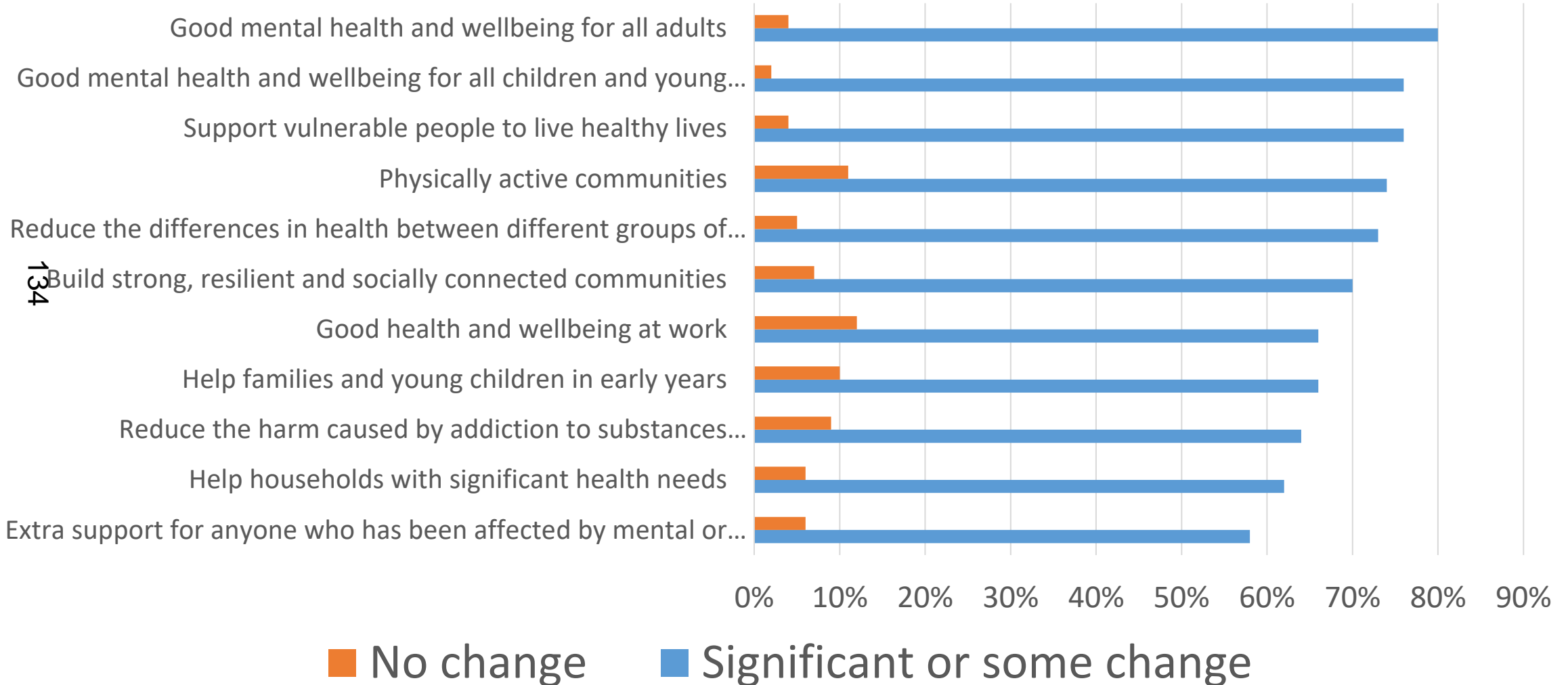
132



# What have we missed? Some examples

- “....more money would be better spent on roads and making the environment better, which in turn would help the wellbeing of the community”
- “affordable housing, action on homelessness, food poverty...”
- “advocating to tackle environment/air traffic pollution and its effect on health”
- “ensure green spaces are includes in all new developments”
- Support for carers
- “physical health and mobility after childbirth with physiotherapy and c-section recovery help and more breastfeeding help”
- “how can we work with the CCGs to ensure that people can get healthcare when they need it?”
- “please make access to sports facilities affordable for everyone!”
- “support for people affected by domestic abuse, due to significant links domestic abuse and health”

# How much change do you think is needed?



# Some examples of suggested change needed...

- “There are pockets of poverty in Wokingham area, the differentials in health exposed by covid-19 are manifest across income and ethnic groups”
- “health promotion information needs to be more accessible to those from BAMER communities”
- “improve access for all via improved education (literacy) and access for those with mobility problems”
- “we need to make sure air quality, healthy food, safe transportation and GP access is available for all”
- “too much PH work to date has been untargeted”
- “more support given to adults with learning difficulties to live independently”
- “this is a great place to live but is constantly changing in demographics and developments. This must be supported with changes in services suitable to the shifting needs”
- “lots needs to be done in the realm of mental health, alcohol dependence, provision of quality services that actually work”

# Next steps

- To extend the public engagement until the end of February
  - To focus on the identified gaps in engagement and target harder to reach communities
  - Opportunity for further focus groups as needed
- To write the strategy – using the results from the public engagement
  - First draft planned for early April
- Subsequent consultation on the final draft strategy prior to final ratification of the strategy



# Agenda Item 47.

<b>TITLE</b>	<b>Wokingham Borough Wellbeing Board - terms of reference</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on Thursday, 11 February 2021
<b>WARD</b>	None Specific;
<b>DIRECTOR/ KEY OFFICER</b>	Andrew Moulton, Assistant Director Governance

Health and Wellbeing Strategy priority/priorities most progressed through the report	All
Key outcomes achieved against the Strategy priority/priorities	Additional representation from the Voluntary Sector on the Wellbeing Board helps to deliver the Wellbeing priorities.

Reason for consideration by Wokingham Borough Wellbeing Board	The Board is required to consider proposed changes to its terms of reference and membership.
What (if any) public engagement has been carried out?	Not required.
State the financial implications of the decision	Non applicable.

<b>RECOMMENDATION</b>  1) That two representatives in total be appointed to the Wokingham Borough Wellbeing Board from the Voluntary Sector.  2) That 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.
<b>SUMMARY OF REPORT</b>  The purpose of the report is to appoint an additional member from the Voluntary Sector to the Wokingham Borough Wellbeing Board.

## Background

Under the Health and Social Care Act 2012 ('the Act'), top tier local authorities were required to have a Health and Wellbeing Board in place from 1st April 2013.

Section 194 (2) of the Act sets out the required 'core membership' of the Health and Wellbeing Board, including a representative of each relevant clinical commissioning group and a representative of the Local Healthwatch organisation for the area of the local authority. The Wokingham Borough Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate under s194(2)(g). The appointment of any additional members will take place at Board meetings. Political balance does not apply to a Health and Wellbeing Board under regulation 7 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Additional Board members could include representatives from other groups or stakeholders who can bring in particular skills or perspectives, or have key statutory responsibilities which can support the work of the Board.

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

Paragraph 4.4.23 of the Constitution allows for the Wokingham Borough Wellbeing Board to appoint such additional persons to be member of the Board as it thinks appropriate, however this is subject to the membership requirements set out in parts a)-p) of that paragraph.

Section 194 (9) of the Act requires the local authority to consult the Health and Wellbeing Board before appointing another person to be member of the Board under s194(2)(g) ('such other person as the local authority thinks appropriate').

Paragraph 4.4.23 Membership (Wokingham Borough Wellbeing Board) of the Constitution will therefore require amendment to reflect any changes in Board membership. The proposed amendment is detailed below:

### 4.4.23 Membership (Wokingham Borough Wellbeing Board)

n) **Two representatives** Representative from the Voluntary Sector

Any such changes to the Terms of Reference are required to be submitted to Council for approval, under section 4.4.46 of the Constitution.

<b>Partner Implications</b>
Increased voluntary sector representation
<b>Reasons for considering the report in Part 2</b>
None
<b>List of Background Papers</b>
None

<b>Contact</b> Madeleine Shopland	<b>Service</b> Democratic Services
<b>Telephone No</b> Tel: 0118 974 6319	<b>Email</b> madeleine.shopland@wokingham.gov.uk

This page is intentionally left blank

## WOKINGHAM BOROUGH WELLBEING BOARD

### Forward Programme from June 2020

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

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

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

## WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2020/21

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

142

To be scheduled:

- **BOB ICS Plan**
- **Children and Young people's partnership priorities**
- **Review of sub committees and priorities**