



## **WOKINGHAM BOROUGH COUNCIL**

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 8 DECEMBER 2022 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', with a long, sweeping tail.

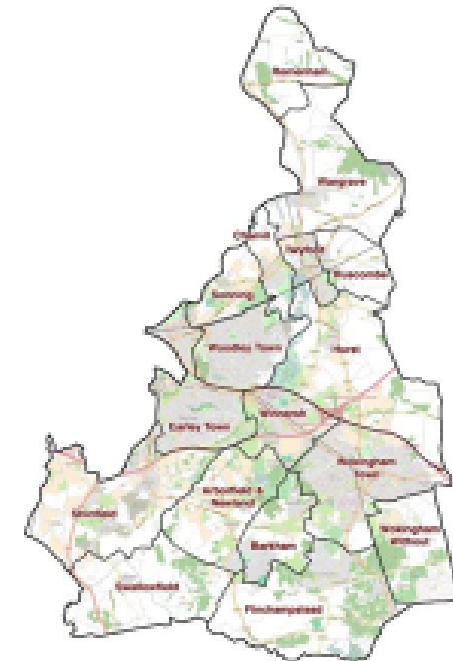
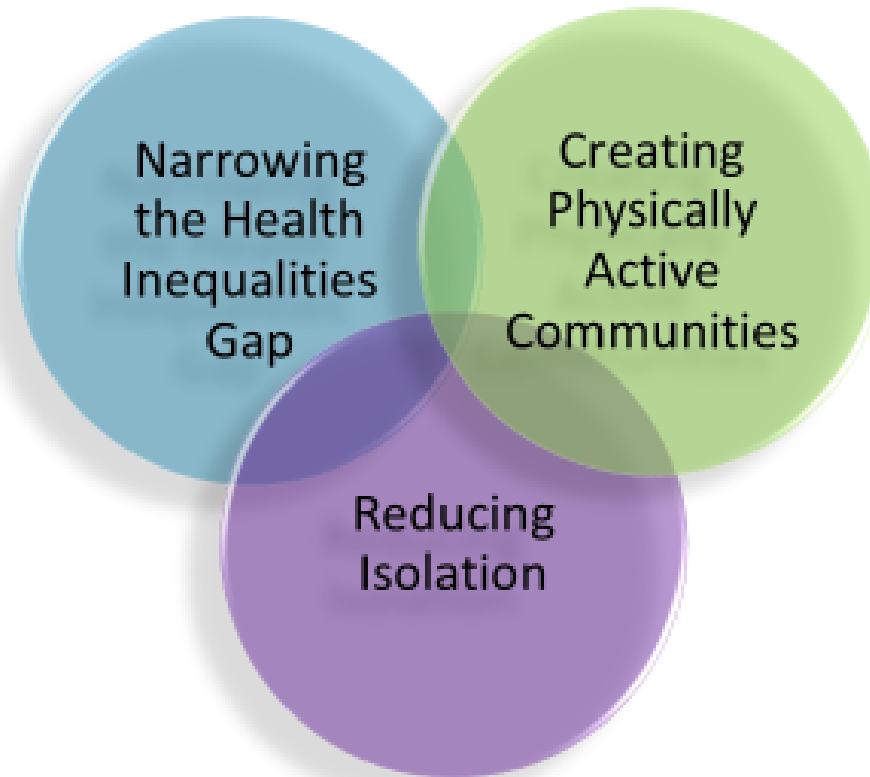
Susan Parsonage  
Chief Executive  
Published on 30 November 2022

**Note:** Non-Committee Members and members of the public are welcome to attend the meeting or participate in the meeting virtually, in line with the Council's Constitution. If you wish to participate either in person or virtually via Microsoft Teams please contact Democratic Services. The meeting can also be watched live using the following link: [https://youtu.be/s\\_2SCrbIK8I](https://youtu.be/s_2SCrbIK8I)

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

David Hare	Wokingham Borough Council
Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Clive Jones	Wokingham Borough Council
Charles Margetts	Wokingham Borough Council
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Graham Ebers	Deputy Chief Executive
Nick Fellows	Voluntary Sector
Sarah Deason	Healthwatch Wokingham Borough
Nikki Luffingham	NHS England
Steve Moore	Interim Director, Place and Growth
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Helen Watson	Interim Director Children's Services
Sarah Webster	BOB ICB

- 31. APOLOGIES**  
To receive any apologies for absence
- 32. MINUTES OF PREVIOUS MEETING** **5 - 10**  
To confirm the Minutes of the Meeting held on 13 October 2022.
- 33. DECLARATION OF INTEREST**  
To receive any declarations of interest
- 34. PUBLIC QUESTION TIME**  
To answer any public questions
- A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.
- The Council welcomes questions from members of the public about the work of this Board.
- Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to [www.wokingham.gov.uk/publicquestions](http://www.wokingham.gov.uk/publicquestions)
- 35. MEMBER QUESTION TIME**  
To answer any member questions
- 36. None Specific SUICIDE PREVENTION STRATEGY UPDATE** **11 - 14**  
To receive an update on the Suicide Prevention

Strategy.

- |            |               |   |                |
|------------|---------------|---|----------------|
| <b>37.</b> | None Specific | <b>VACCINATION UPDATE - COVID AND FLU</b><br>To receive an update on Covid and flu vaccinations.                        | <b>15 - 30</b> |
| <b>38.</b> | None Specific | <b>DEVELOPING THE INTEGRATED CARE STRATEGY</b><br>To receive a presentation on developing the Integrated Care Strategy. | <b>31 - 40</b> |
| <b>39.</b> | None Specific | <b>FORWARD PROGRAMME</b><br>To consider the Board's work programme for the remainder of the municipal year.             | <b>41 - 44</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

**MINUTES OF A MEETING OF THE  
WOKINGHAM BOROUGH WELLBEING BOARD  
HELD ON 13 OCTOBER 2022 FROM 5.00 PM TO 6.00 PM**

**Present**

Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Clive Jones	Wokingham Borough Council
Charles Margetts	Wokingham Borough Council
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Helen Watson	Interim Director Children's Services
Sarah Webster	ICB
Alice Kunjappy-Clifton (substituting Sarah Deason)	Healthwatch

**Also Present:**

Madeleine Shopland	Democratic and Electoral Services Specialist
Ingrid Slade	Assistant Director of Population Health, Integration and Partnerships
Lewis Willing	Head of Health and Social Care Integration
Karen Buckley	Public Health
Jo Reeves	Newbury Locality Manager, ICB

**21. APOLOGIES**

Apologies for absence were submitted from Sarah Deason, Nick Fellows, Councillor David Hare and Steve Moore.

**22. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 1 September 2022 were confirmed as a correct record and signed by the Chair.

**23. DECLARATION OF INTEREST**

There were no declarations of interest.

**24. PUBLIC QUESTION TIME**

There were no public questions.

**25. MEMBER QUESTION TIME**

There were no Member questions.

**26. ICB AND ICP UPDATE**

The Board received an update on the ICB and the ICP.

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

- Sarah Webster indicated that she was the Executive Director for Berkshire West for the ICB, and that it was her second week in post.
- The ICB had met at the end of September and received papers on a range of matters including the formation of the ICP, the ICS Strategy development and the Working with People and Communities Strategy.
- With regards to the ICP formation, the statutory members, the ICB and the five local authorities, had agreed the wider membership. The first meeting would be held on 27 October. Locally, a Place Based Partnership would need to be developed for Berkshire West, with the aim being to devolve as much local decision making as possible from the ICB to the local partnership. It was vital that this was jointly developed. It would be an iterative process.
- With regards to the development of the Strategy, the partnership was required to agree a strategy by the end of the year. This timescale was based on national deadlines, which were very tight. A number of working groups had been identifying key themes and issues which would benefit from collaborative work between the partners. It was expected that the Strategy would be based on common themes from the Health and Wellbeing strategies.
- There was an ongoing period of engagement. The Chairs of the Health and Wellbeing Boards would be meeting the following week to discuss emerging themes and how best to engage the wider Boards. Sarah Webster commented that she was aware that the Board did not have a meeting scheduled for November so was open to ideas on how best to engage.
- The Board was informed of some changes in leadership. Dr James Kent had left to take on a national role and in the very short term the Chief Medical Officer was acting up. Steve McManus would be joining at the end of the month as the interim Chief Executive Officer.
- Councillor Margetts welcomed Sarah to her new role. He indicated that the Board had expressed concerns regarding the NHS reforms for some time. The areas in BOB were very different to each other and faced different challenges. When Chairman of the Board he had written to Dr Kent asking that these concerns be considered, but did not receive a reply. He asked that these concerns be taken on board. Sarah Webster stressed the need for partnership working and re-emphasised the importance of designing a local Place Based Partnership. It was not the intention that everything be held centrally.
- Matt Pope commented that given the complex footprint, many meetings were taking place, and it was difficult as a local authority to have a view of what these meetings were, to ensure the correct level of engagement. He had been unaware of the forthcoming Chairs meeting. Sarah Webster agreed that the structure required some clarification.
- Matt Pope questioned whether the Strategy would come back to the Board in its totality prior to its final sign off. Sarah Webster commented that an extra Board meeting could be held, or the document circulated to Board members. Matt Pope indicated that the Board met monthly either publicly or informally. He suggested that the November informal meeting could be replaced by a special meeting to consider engagement in the Strategy.
- Helen Watson was pleased to note the Start Well workstream, although she was not involved specifically. She commented that the Borough was significantly challenged with regards to SEN provision, and questioned where this sat in the strategic picture. Sarah Webster stated that this was being considered as part of

the Strategy. There was a desire to keep the area of children's mental health and wellbeing as local as possible.

- Councillor Bray questioned what the role of the Health Overview and Scrutiny Committee would be, and if representatives would be willing to attend meetings of the Committee. Sarah Webster indicated that she would be happy to attend.
- Councillor Bray commented that the process still felt 'done to' rather than 'done with'. She was concerned that the needs of Wokingham as a small authority would not be taken on board. Sarah Webster again emphasised the partnership approach.
- Susan Parsonage referred to a recent ICB paper on Place. None of the local authorities had had an input into the development of this paper, which did not set the right tone for partnership working. Sarah Webster commented that the paper was merely to be used as a discussion point and was not prescriptive.
- Susan Parsonage went on to state that the Board needed sufficient time to provide feedback on the Strategy.
- Tracy Daszkiewicz emphasised the importance of a population based/wellbeing outcomes focus when developing the Strategy.

**RESOLVED:** That the update on the ICB and the ICP be noted

## **27. BERKSHIRE WEST COVID VACCINATION AUTUMN PLAN SEPT - DEC 2022**

Jo Reeves, Newbury Locality Manager, BOB ICB, provided an update on the Berkshire West Covid Vaccination Autumn Plan Sept-Dec 2022.

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

- The Plan had been adopted by the Berkshire West Vaccine Action Group. The Plan had also been shared with the Health Overview and Scrutiny Committee.
- There were two strands to the Covid vaccination programme this autumn; maintaining an evergreen offer of primary vaccinations, and delivering the autumn booster to the identified cohorts.
- The Autumn booster programme had commenced on 5 September and had initially focused on the most vulnerable cohorts. However, this had now been extended, and all those eligible had been called forwards.
- Vaccinations were available at the Broad Street Mall in Reading, community pharmacies, the PCNs, and at Shute End. Access was via the national booking system on the NHS website or by calling NHS 111, or having received a direct invitation from the GPs.
- PCNs were also visiting house bound patients and care home residents. The end of October was the target date for all care home residents to be vaccinated. This target was on track.
- The NHS had been sending letters and text messages to invite people to book their appointment, and a national communication campaign would be launched shortly to encourage people to top up their immunity for winter by taking up their flu jab and where appropriate their covid booster. Where possible the PCN's were co-administering the Covid and flu vaccines.
- The primary vaccination was available at the Broad Street Mall mass vaccination centre. Bringing it more locally to Wokingham was a key part of the inequalities approach. The Health on the Move service would be used again.

- Councillor Margetts welcomed the commitment to maintaining a Wokingham vaccination centre as Broad Street Mall in Reading was not convenient for all residents.
- Councillor Margetts commented that health care workers were able to be vaccinated at work but that social care workers had to book using the national system. He questioned why this was and queried whether this had an impact on uptake. Jo Reeves agreed to look into the matter. She indicated that staff were often dispersed amongst various providers, but the situation could be difficult where they were concentrated and trying to book around their shifts. Sarah Webster added that she had recently raised this issue of equitable access with the Chief Nursing Officer.
- Matt Pope questioned whether the target relating to care home residents being vaccinated only referred to residents in older person's care homes or if those living in learning disability care homes were also included. Jo Reeves believed that it related to any care home.
- With regards to vaccinations for 12–17-year-olds, Councillor Bray questioned whether there was likely to be a more local provision than Broad Street Mall in Reading. Jo Reeves responded that the new booster was coming online which was suitable for those 12 years old and above. It was likely that vulnerable 12-17 years olds would have more options as to where they travelled for their booster vaccination.

**RESOLVED:** That the Berkshire West Covid Vaccination Autumn Plan Sept-Dec 2022, be noted.

## **28. WOKINGHAM INTEGRATED PARTNERSHIP UPDATE AND END OF YEAR BETTER CARE FUND REPORTING**

The Board received a presentation on the Wokingham Integrated Partnership update and end of year Better Care Fund reporting.

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

- The end of year template had been submitted on time and signed off by the Chairman of the Wokingham Borough Wellbeing Board and the relevant officer for the ICB.
- A section 75 was completed to appropriately share the funds between the CCG and the Council, and all of the conditions had been met.
- Income and expenditure targets had been met.
- Lewis Willing took the Board through the statements from NHS England that the WIP had to state whether it agreed or disagreed with.
- Services delivered had performed well against the backdrop of Covid.
- 15 of 19 projects had been completed and 3 had been moved to business as usual or a secondary phase. One project had not moved to completion. This project was linked to getting service user feedback and understanding their journey through integration. Feedback from the individual services was good but there was limited feedback on the linkages between the services.
- Lewis Willing went on to highlight some successes. For example, the BCF funded the purchase of software called Connected Care which was used by health and social care partners. It had been identified that it had been less well used social care colleagues. Further education around the system had been undertaken and usage had increased. Another success had been the reablement programme and there was a slightly larger pilot this year as a result.



- Challenges included Covid and the impact that it had had on staff.
- Two of the five Better Care Fund targets had been achieved. NHS England ensured that challenging targets were set
  - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i) – whilst this target had not been met, performance had been maintained at a similar level to the previous year.
  - Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more – within 2% of the target had been achieved
  - Percentage of people who are discharged from acute hospital to their normal place of residence – target on track.
  - Rate of permanent admissions to residential care per 100,000 population (65+) – target on track.
  - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services – there were challenges in the way this target was measured, in that the BHFT team who delivered this also delivered end of life support. Their inclusion in this reporting had resulted in the achievement of 84% against this target. NHS England had advised that the way in which the target was measured would not be changed.
- Dr Milligan praised what had been achieved.
- Councillor Bray was pleased to note that the Wokingham system did not at any stage use a residential nursing bed for lack of home care.

**RESOLVED:** That the Wokingham Integrated Partnership update and end of year Better Care Fund reporting be noted.

## **29. WOKINGHAM INTEGRATED PARTNERSHIP BETTER CARE FUND ANNUAL PLAN SUBMISSION 2022/23**

The Board considered the Wokingham Integrated Partnership Better Care Fund Annual Plan Submission 2022/23.

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

- The planning submission did not always align with the financial year that it supported. It was 6 months into the programme delivery.
- During the development of the annual integration plan and this submission, the Integration Team had been in touch with colleagues from the ICB, BHFT, RBH and the other West of Berkshire Local Authorities.
- The majority of the submission was noted as being good, with few areas of improvement. These had subsequently been addressed with support from partners.
- All the minimum contributions had been met, as had all of the national conditions.
- The Board noted some of the services that were funded through the Better Care Fund.
- Lewis Willing highlighted the programme overview. The five key priorities for the year closely matched the work for the BCF.
- With regards to targets, NHS England would not accept a target lower than the previous years performance. Overall targets would be exceptionally challenging following Covid.
- The demand and capacity template had been requested for the first year. Currently, on paper demand looked like it would be closely met by capacity (in part down to

few people leaving in longer than a month), but also as the information could be more accurate, there was still potential for delays in discharge.

- There were 25 projects, and the majority were on track.
- In response to a question from Councillor Bray, Lewis Willing explained how the funding was recorded.
- Dr Milligan questioned whether the demand and capacity information could be backed up by people's stories and experiences.

**RESOLVED:** That the Wokingham Integrated Partnership Better Care Fund Annual Plan Submission 2022/23 be noted.

### **30. 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:

- Sarah Webster suggested that an update on the ICB and ICP, an update on the ICP Strategy and a report around the development of the Place Based Partnership be added to the December meeting.
- Councillor Margetts proposed that an update on Covid be brought to the February meeting.
- It was noted that further consideration would need to be given as to how the Wellbeing Board would be engaged in the development of the ICP Strategy.

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

<b>TITLE</b>	<b>Suicide Prevention Strategy</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on 8 December 2022
<b>WARD</b>	None Specific
<b>DIRECTOR/ KEY OFFICER</b>	Professor Tracy Daszkiewicz, Director Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	<p>Suicide touches all aspects health and wellbeing and the impacts on individuals, families and communities are devastating. 1 in 100 deaths worldwide is by Suicide. The Suicide Prevention Strategy will deliver across the priorities of the Berkshire West Health and Wellbeing Strategy;</p> <ul style="list-style-type: none"> <li>• Reduce the differences in health between different groups of people We know suicide disproportionately affects people in certain jobs or professions, we also know that age and gender play a part in risk factors.</li> <li>• Support individuals at high risk of bad health outcomes to live healthy lives Understanding the patterns of suicide and who is most at risk and when harm is most likely to occur, we can build prevention and early intervention strategies with partners to mitigate risk.</li> <li>• Help children and families in early years</li> <li>• Promote good mental health and wellbeing for all children and young people</li> <li>• Promote good mental health and wellbeing for all adults For priorities 3-5 we need to understand better how risk occurs. Only 28% of people who die by suicide are known to services, we therefore need to work with schools and employers to recognise early signs of people needing support and have services in place to signpost people to.</li> </ul>
Key outcomes achieved against the Strategy priority/priorities	This will be developed alongside the action plan.

Reason for consideration by Wokingham Borough Wellbeing Board	1.1 This report is to provide the Wokingham Health and Wellbeing Board with an update on the Suicide Prevention Strategy. This document had previously been finalised in the Autumn of 2021 but had not been presented at the H&WB Board and therefore not signed off. Following a review of the original
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	<p>strategy and changes in policy, further work is underway to update this. The development of a local Suicide Prevention strategy is to deliver the ambition of the national suicide prevention strategy; Preventing suicide in England: A Cross Government Outcomes Strategy to Save Lives.</p> <p>1.2 To gain the Boards approval for the additional work on the strategy and endorsement for the timeframe to make the amendments to the existing strategy, and to agree to putting in place a principles document to ensure work continues to deliver this agenda and can be monitored whilst the amendments are made.</p>
What (if any) public engagement has been carried out?	None to date, however part of the proposal here is to have a summit late Autumn to launch the consultation event for the new strategy.
State the financial implications of the decision	<p>None at this stage, the Summit costs will be met across the Partnership and will be online to limit costs.</p> <p>A resulting action plan may incur financial implications, but this is unlikely to result on additional costs to the system. Anything identified will be set out in a costings document of the final strategy and action plan.</p>

## RECOMMENDATION

- 1) The Health and Wellbeing Board are requested to note the update provided and discuss the implications for local works flowing from the report and, in particular progress toward refreshing the Strategy (See section 4), The Local Data and Trends summary (See section 4.2), The Health and Social Care Act 2022 and BOB Integrated Care System (See section 4.3), Learning from the Pandemic and the Current Economic Context (See section 4.4), The New NICE Guidance NG225 (See section 4.5), The Pan Berkshire Suicide Prevention Summit (See section 4.6), The Cube Model Framework resource (See section 4.7) and potential Membership of the NPSA (See section 4.10).
- 2) The Health and Wellbeing Board are requested to accept the following proposed submissions following on from the Summit referenced in Section 4.

- A summary of outputs from the SP Summit and updated draft of the Strategy by December 2022
- A summary of the Cube resource and consultation copy for review by December 2022.
- An outline of potential member and executive officer facing briefing materials for the HWB by January 2023
- A summary of the NPSA membership advantages and potential local benefits by January 2023.

## SUMMARY OF REPORT

- 1.1 This report is to provide the Wokingham Health and Wellbeing Board with an update on the Pan Berkshire Suicide Prevention Strategy (the Strategy) and local works, following on from the report presented on the 1<sup>st</sup> September 2022. This report is presented to give the Wokingham Health and Wellbeing Board assurance that works are progressing to develop and refine the development of the Strategy and supporting local action planning and delivery. Alongside this this update presents an update on several central changes, challenges and opportunities flowing from the National Suicide Prevention Agenda, and the regional and local works under way to address these.
- 1.2 **Trigger Warning:** Given the sensitivity of the issues raised by the SP agenda please note that the following report contains a discussion of deaths from suicide and may be distressing to the reader.<sup>1</sup>

## Analysis of Issues, including any financial implications

As stated above.

### Partner Implications

Partners form the Suicide Prevention Partnership; this forum is set up to share information and real time case data to ensure the strategy is developed using clear risk assessment and harm reduction methodology.

### Reasons for considering the report in Part 2

### List of Background Papers

none

**Contact** Tracy Daszkiewicz

**Service** Public Health

<sup>1</sup> Distressed readers should reach out for support to people in their lives who they can discuss this with or seek support via [Get mental health help - NHS 111](#) or local Voluntary and Community Services including the [Samaritans](#) or [Amparo](#)

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# Covid-19 Booster and Flu Vaccination Programmes

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Wokingham Health and Wellbeing Board

8<sup>th</sup> December 2022

# Covid-19 Vaccination - Programme Overview

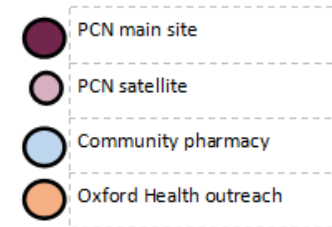
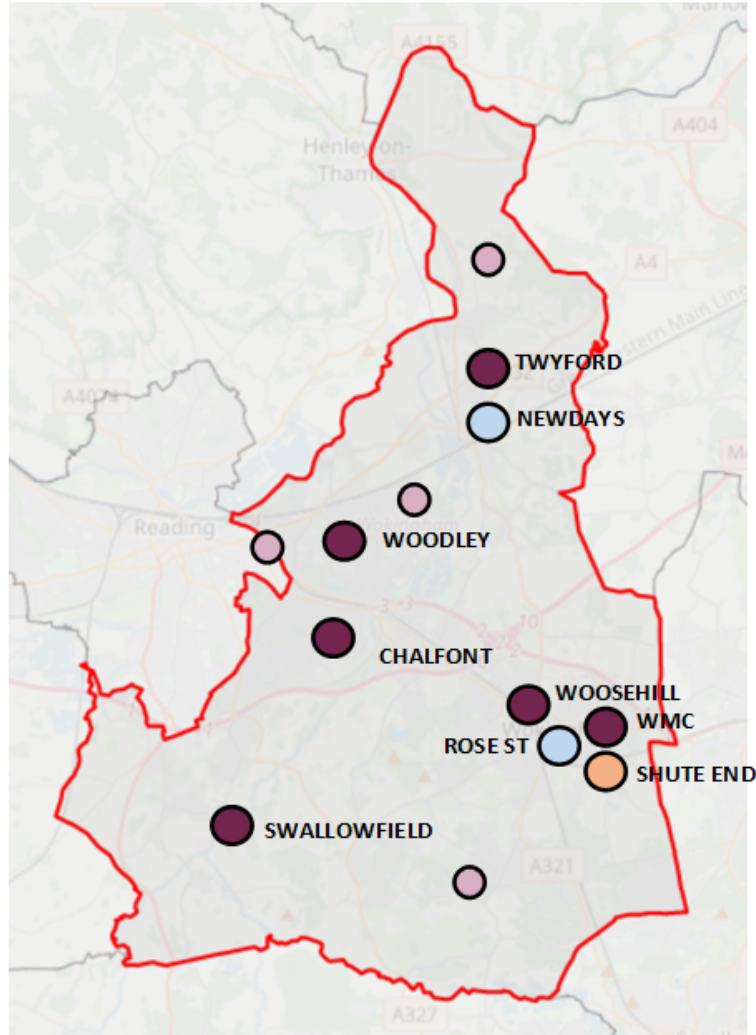
- Autumn Covid Vaccination Programme commenced on 5th September 2022.
- In addition to Autumn Booster vaccination to JCVI\* cohorts, a continued offer of primary courses to children aged 5-11.
- Initial focus has been to deliver Boosters to care home residents, 75+ years and patients at higher clinical risk. 50+ were invited from mid-October.
- <sup>16</sup> Delivery sites have included the Broad St Mall Mass Vaccination Centre (now closed), community pharmacies, PCNs, the Health on the Move Van, and the Outreach site at Shute End.
- Take-up of the Autumn Booster by the total 50+ population (as of 23/11/22):
  - Wokingham 70%
  - ICB 68%
  - England 60%

\*JCVI= Joint Committee on Vaccination and Immunisation. Eligible cohorts: care home residents and staff, frontline health and social care workers, all adults aged 50 and over, carers aged 16 and over, people aged 5 to 49 in a clinical risk group, including pregnancy, or who are household contacts of people with immunosuppression



# Wokingham Covid Vaccination Delivery Sites

Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board



# Health on the Move Van

- Initial focus was on primary course (doses 1&2), but now Autumn Boosters offered on the van.

Month	Local Authority	Site Location	Community
November 18	Wokingham	Double Tree	Asylum/Refugee
	Wokingham	Waterford House	Community Hub Users
	Wokingham	Pinewood Centre	Travellers/IMD1&2
December	Wokingham	FBC Centre	Deprivation
	Wokingham	Aisha Mosque	Pakistani/Bangladeshi
	Wokingham	Arborfield	Rural Access

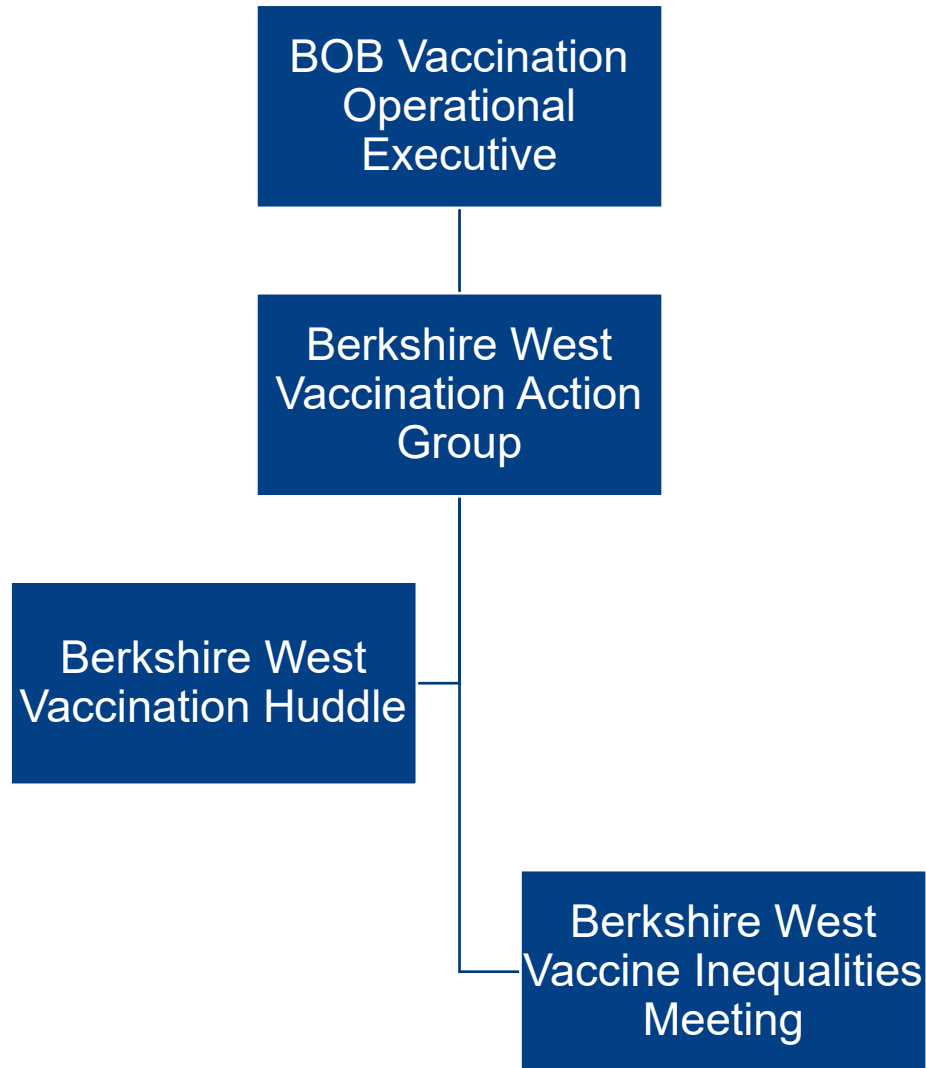
# Flu Vaccination – Programme Overview

- The Seasonal Flu immunisation programme commenced on 1 September 2022.
- Eligible cohorts differ slightly to the covid vaccination programme.
- Main providers are practices and community pharmacies.
- Providers have been encouraged to co-administer the covid and flu vaccines where possible. Local data indicates that around 18% of people are having their two vaccines at the same time.
- Take up of the Flu vaccine of the total 65+ population (as of 31/10/22):
  - Wokingham 66%
  - ICB 67%
  - England 65%

Eligible cohorts include: all children aged 2 or 3 years on 31 August 2022, all primary school aged children (from reception to Year 6), those aged 6 months to under 65 years in clinical risk groups, pregnant women, those aged 65 years and over, those in long-stay residential care homes, carers, close contacts of immunocompromised individuals and frontline health and social care staff

# Governance and Monitoring

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## **BOB Vaccination Operational Executive**

Provides system leadership for the Covid Vaccination Programme.  
Meets weekly.

Is attended by programme leads and place leads for the ICB.

## **Berkshire West Vaccination Action Group**

Provides place leadership for the Covid Vaccination Programme.  
Meets fortnightly.

Is attended by ICB officers, LA officers, provider reps and VCSE reps.

## **Berkshire West Vaccination Huddle**

Coordinates activity agreed by BWVAG and prepares reports back to BWVAG.

Meets fortnightly.

Is attended by ICB officers.

## **Berkshire West Vaccine Inequalities Meeting**

Coordinates Health on the Move Van and other activities deployed to address inequalities in vaccine take up. Is attended by ICB officers, LA officers, and VCSE reps.

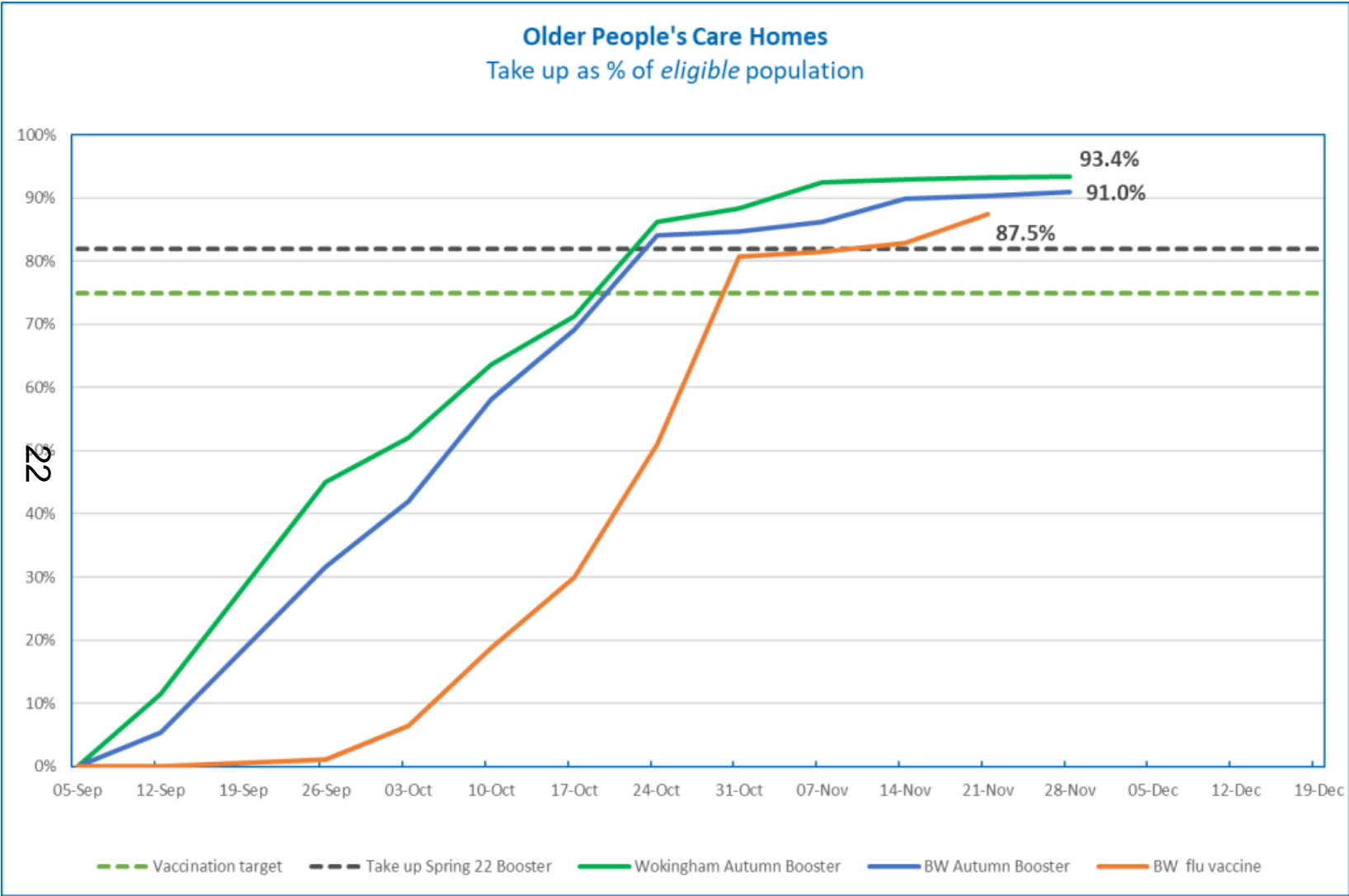
# Communications

- Letters, text messages and calls.
- Media releases and social media using national materials to remind people of the importance of getting a covid and flu vaccine. Graphics sent to hospital trusts and GP practices to display on digital screens.
- ‘**Don’t hesitate, let’s vaccinate**’ graphics have been designed for use in ICB to reach specific groups and to be used as general advertising on social media. These have also been shared with partners and stakeholders across the place-based systems.
- Media releases, social media and message sent to all schools to promote opportunities for children to vaccinated.
- <sup>2</sup>Article in Families Magazine to promote importance of getting children vaccinated against covid and flu.
- <sup>1</sup>Google/digital advertising to run online targeting pregnant women with the importance of getting vaccinated.
- Targeted social media advertising in geographical areas of low uptake for people with long term conditions and also to promote the flu vaccine to parents of 2 and 3 year olds.



# 65+ Living in Older People's Care Homes

Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

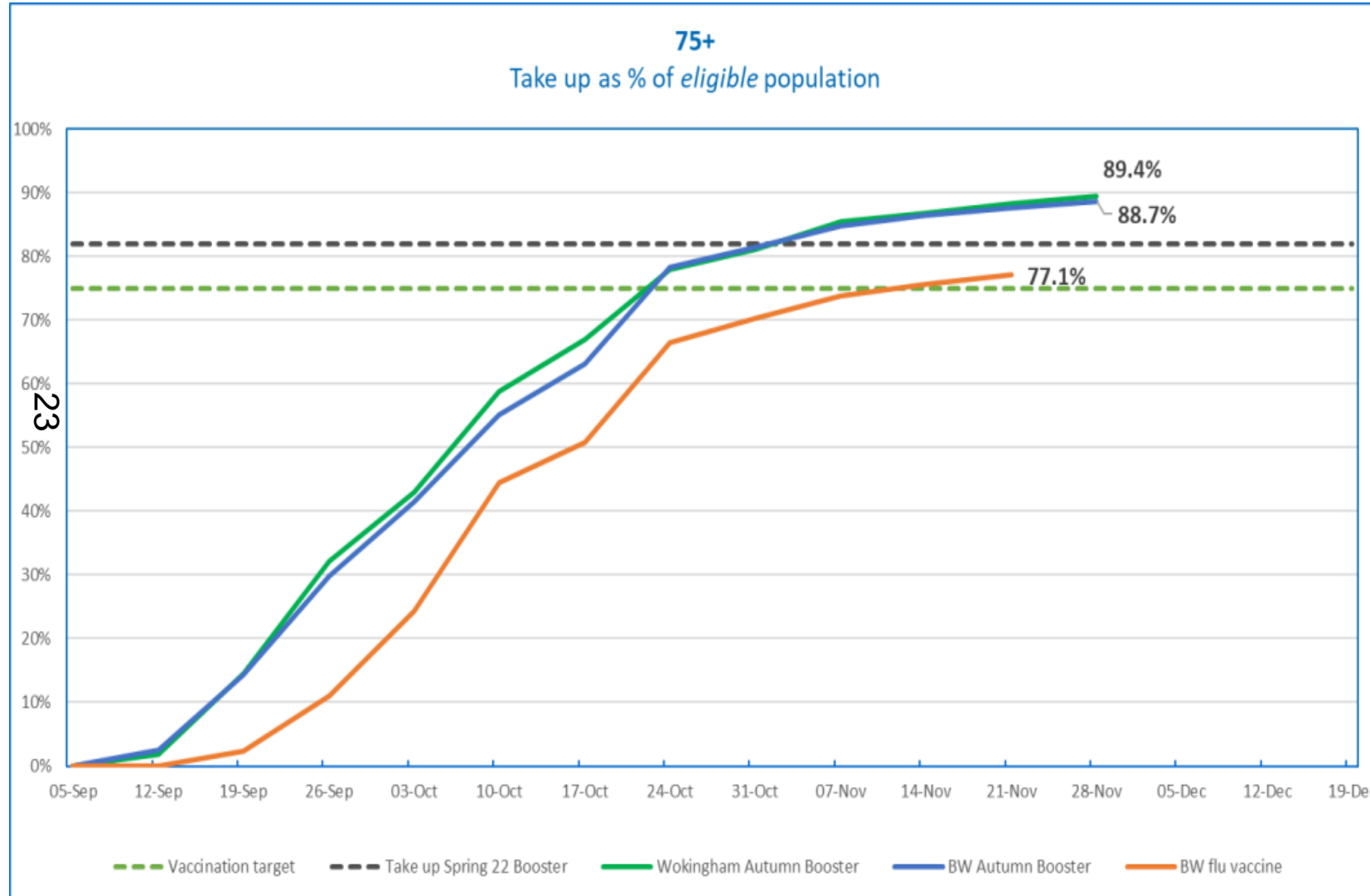


## Commentary

- All care homes visited by end of October 2022.
- Both Covid and flu vaccination have exceeded 75% target.
- Covid vaccination uptake for Autumn 22 Booster has exceeded that of the Spring 22 Booster.
- ICB Covid-19 Booster performance: 89.6%.

Foundry and EMIS 28/11/22

# Aged 75+

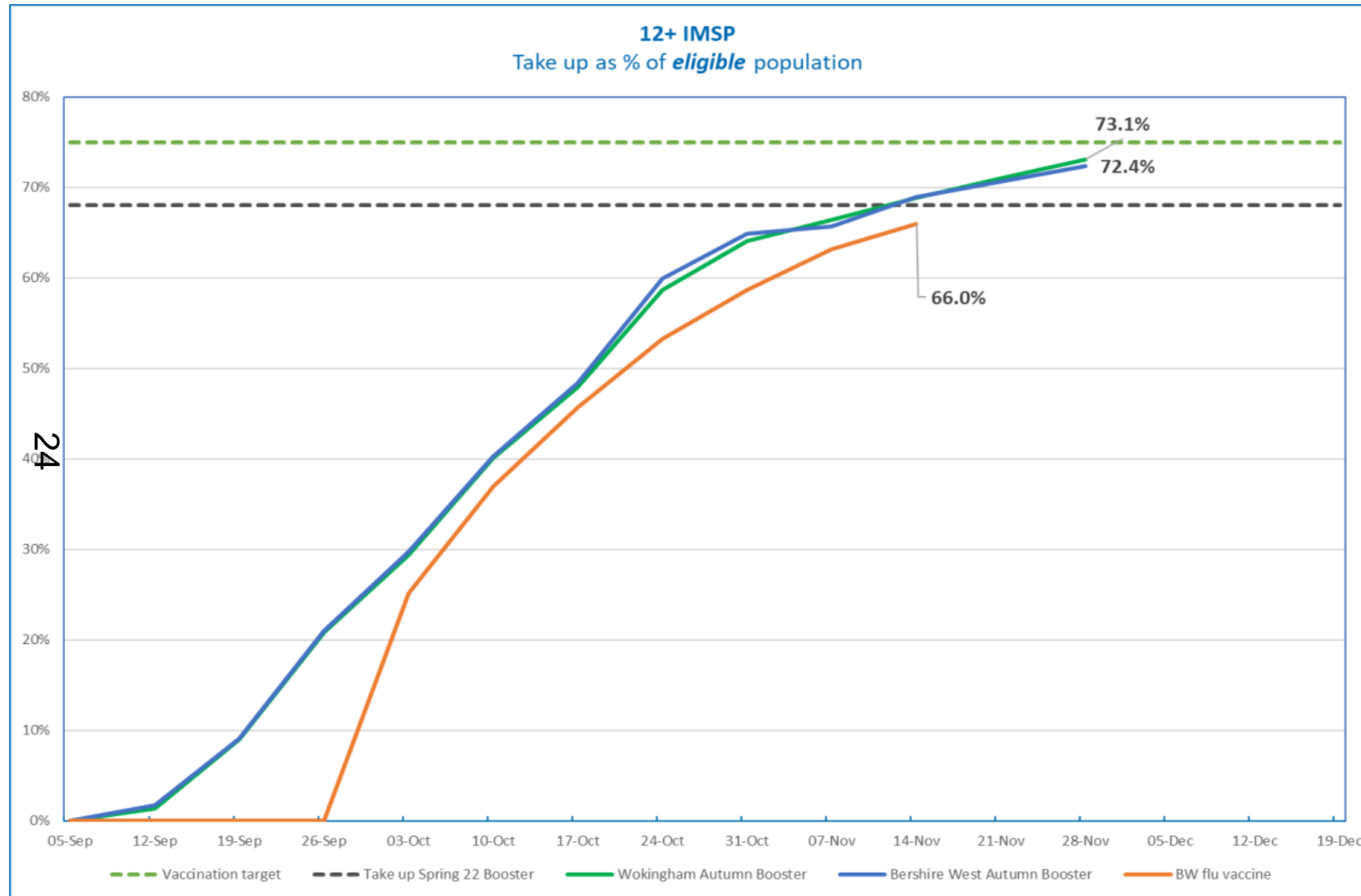


## Commentary

- Eligible people aged 75+ been able to book Autumn Booster from 12 September 2022.
- Both Covid and flu vaccination have exceeded 75% target.
- Covid vaccination uptake for Autumn 22 Booster has exceeded that of the Spring 22 Booster.
- ICB Covid-19 Booster performance: 88.9%.

Foundry and EMIS 28/11/22

# Immunosuppressed



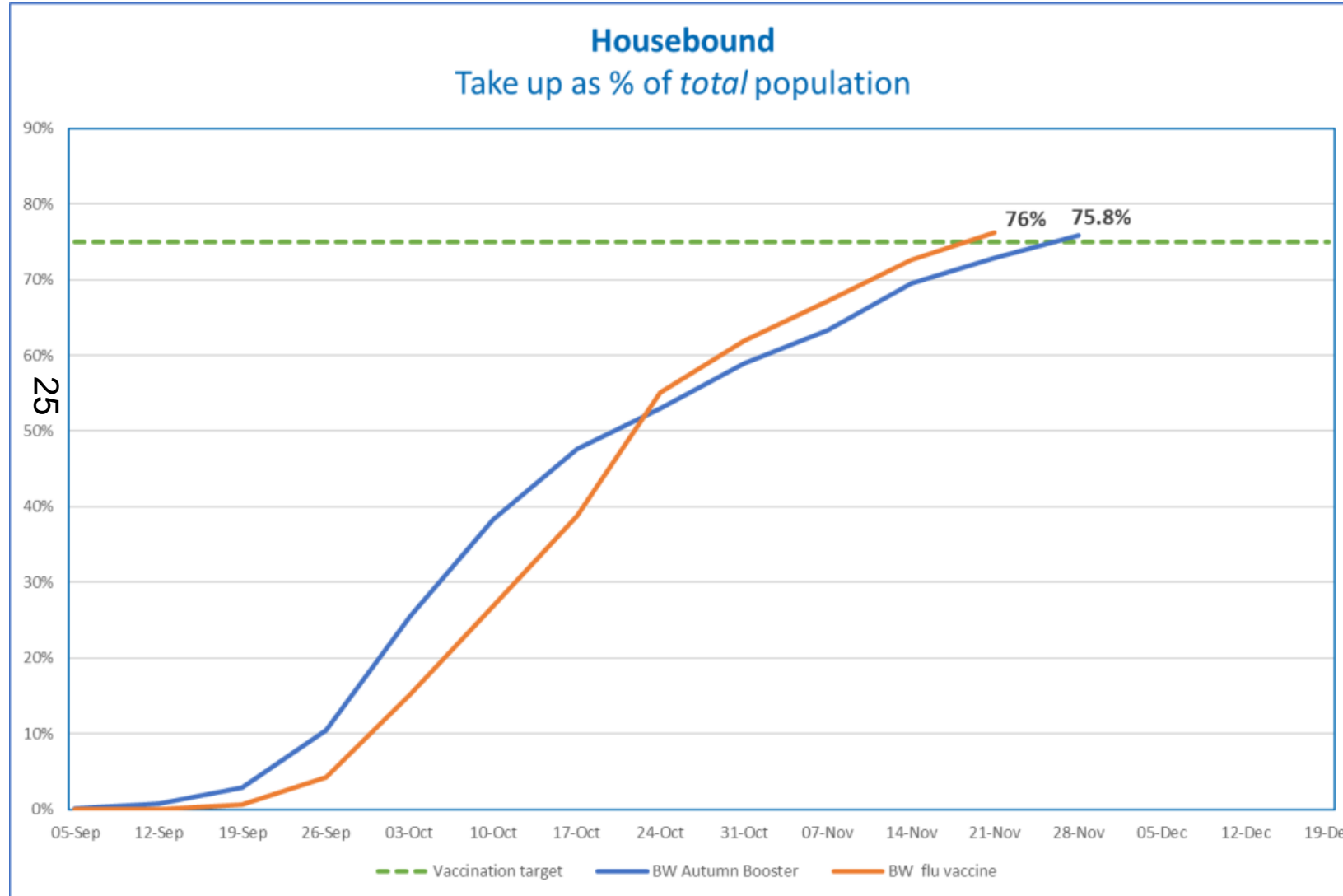
## Commentary

- Performance exceeded Spring 2022 Booster take up of 68%.
- ICB Covid-19 Booster performance: 72.8%.

Foundry and Immform 31/10/22



# Housebound (Berkshire West)

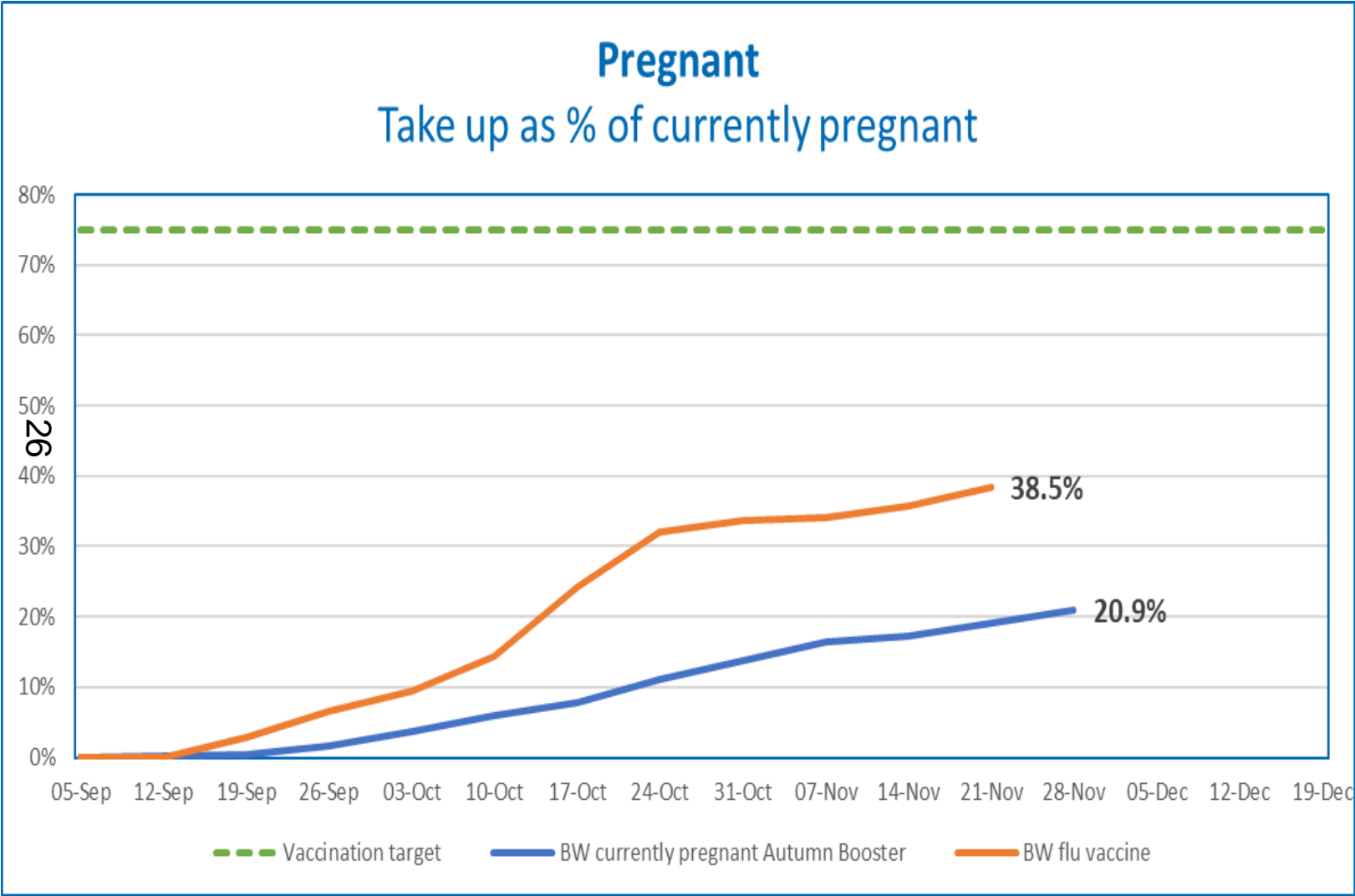


## Commentary

- System-agreed deadline for all housebound patients to be offered a Covid-19 Booster is 28<sup>th</sup> November 2022.

EMIS 28/11/22

# Currently Pregnant (Berkshire West)



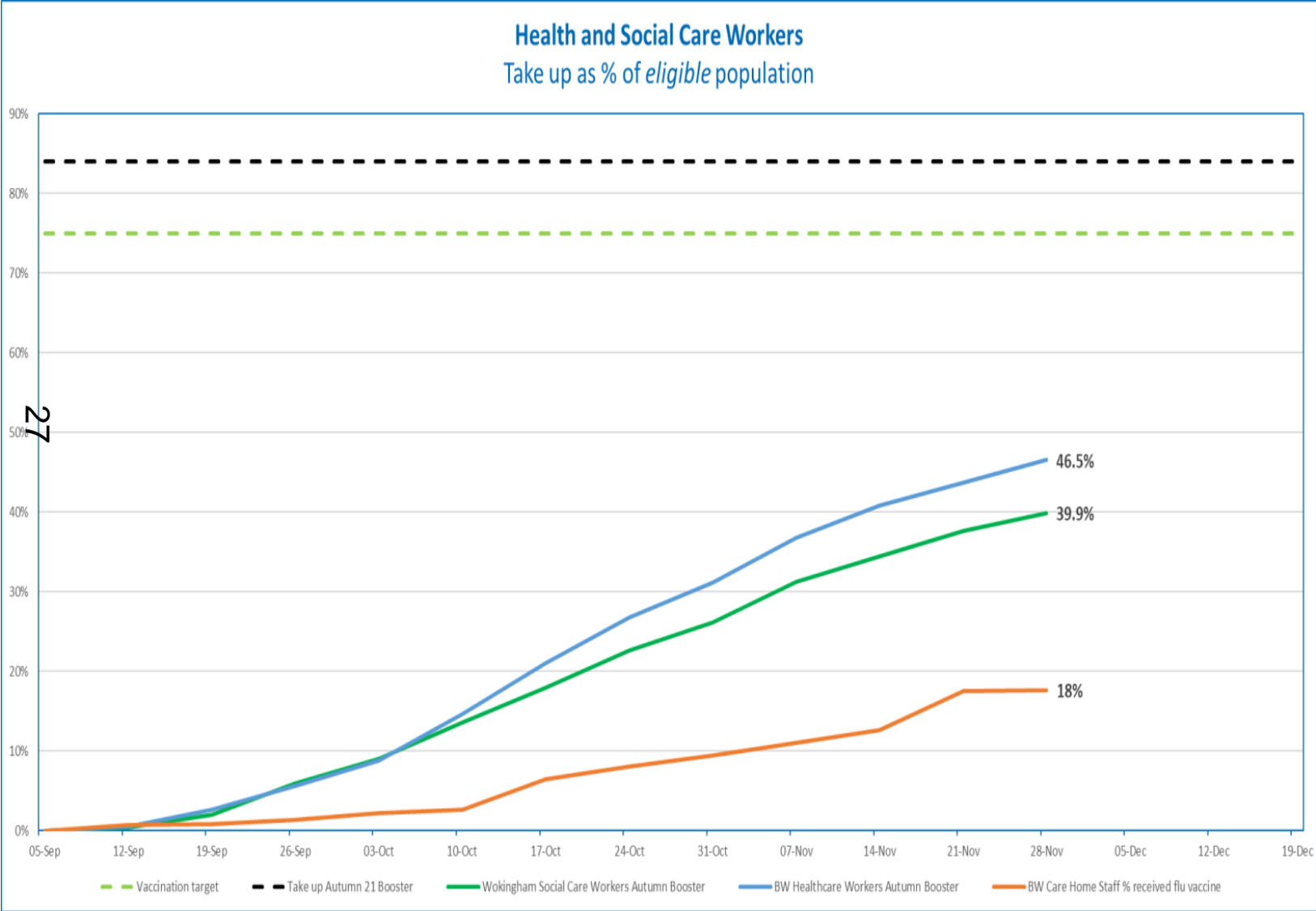
## Commentary

- The Maternity Department at RBFT
  - Have a vaccinator who is targeting women in Day Assessment, anti-natal clinic and inpatient ward for flu vaccines.
- The hospital hub team are vaccinating those happy to be vaccinated or having a vaccine conversation.
- Also signposting to other vaccination centres.

EMIS 26/11/22

# Health and Social Care Workers

Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

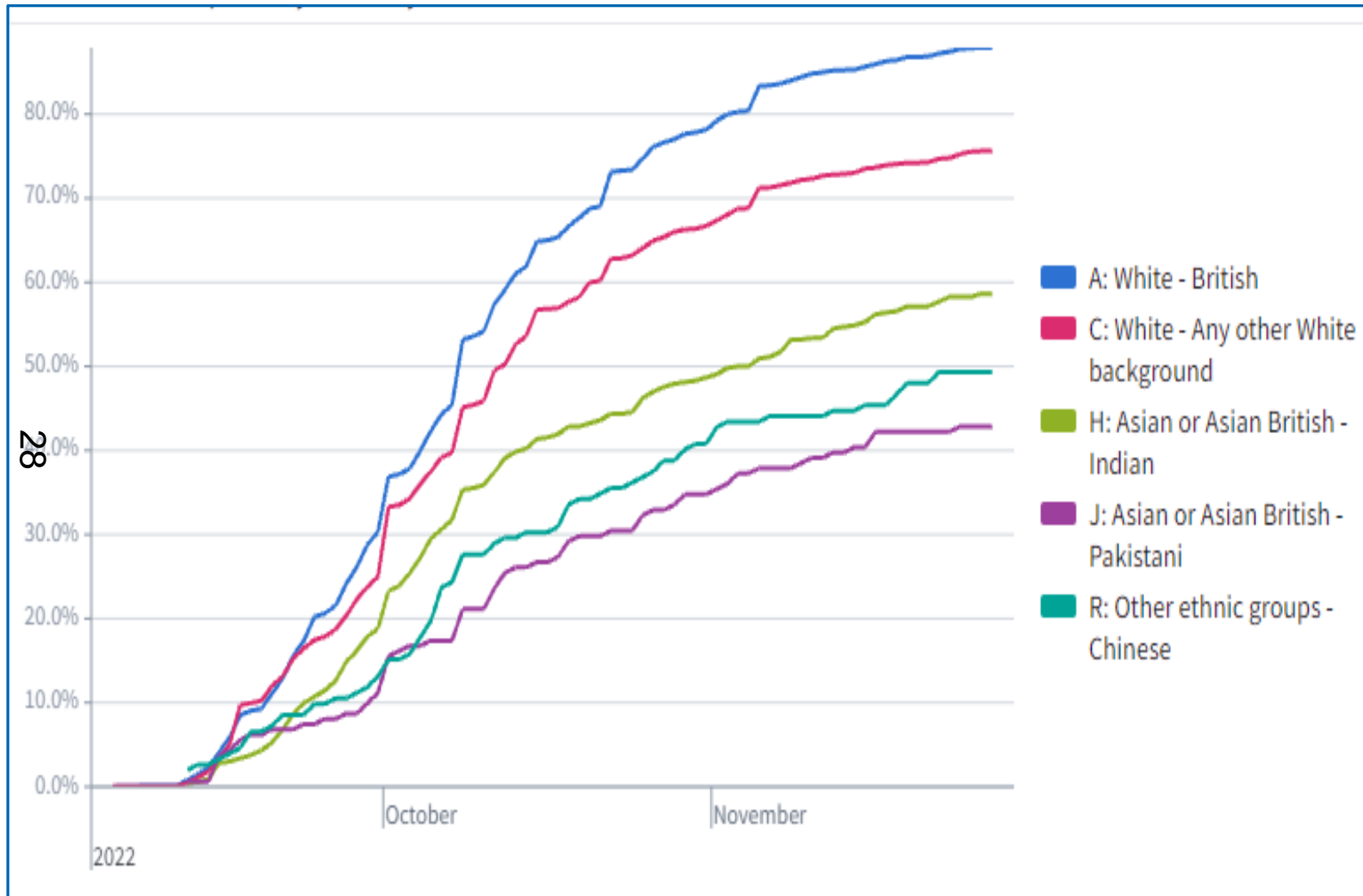


## Commentary

- Data is based upon the practice registration of the workers, not the locality of their employer.
- RBFT Covid-19 Booster performance 44% (24/11/22).
- Social Care worker Covid-19 Booster take up in West Berkshire is higher than in other areas at 50%.
- ICB Covid-19 Booster performance:
  - Healthcare 45.4%
  - Social care 39.2%

Foundry and Immform 28/11/22

# 65+ Selected Ethnicities



## Commentary

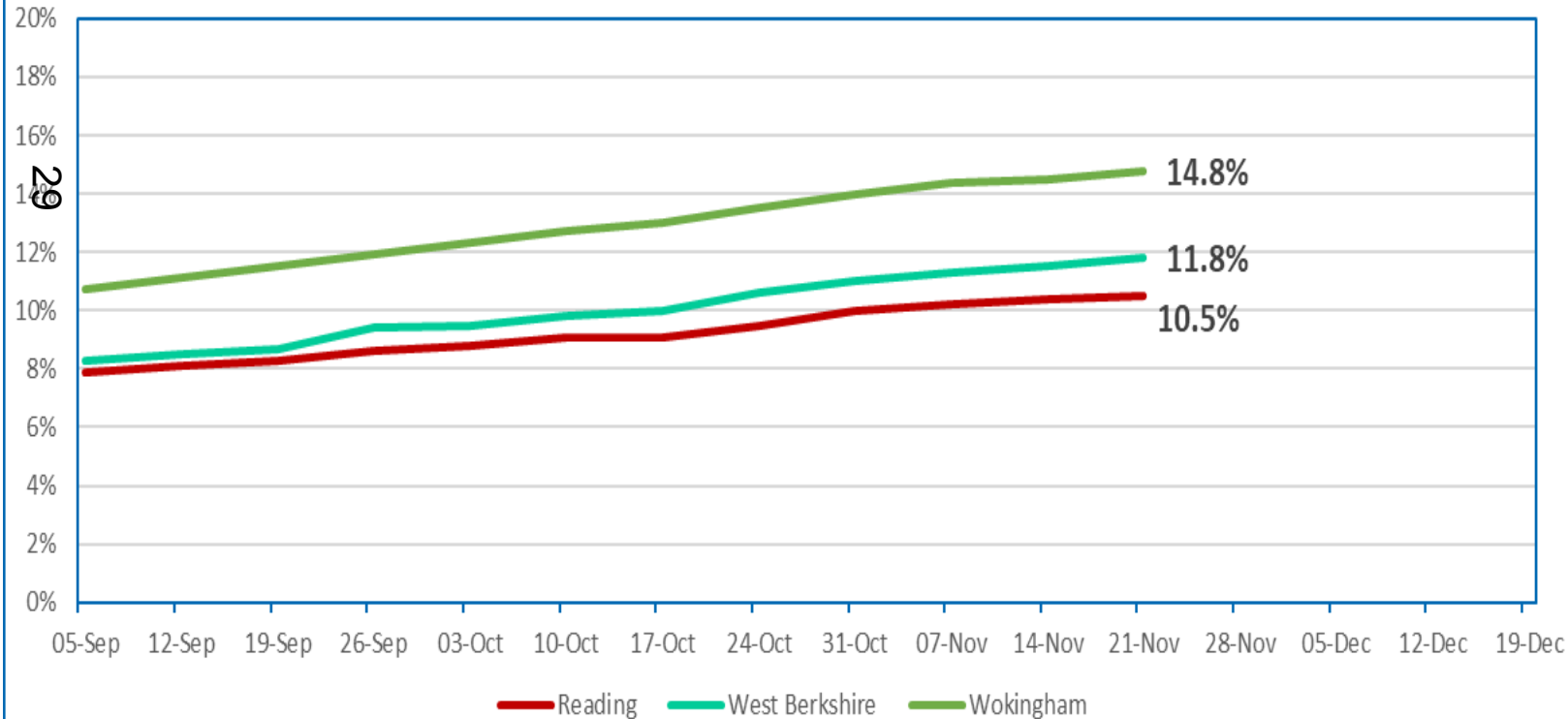
Take up of Autumn booster as % of eligible population

- Cohort sizes are small for non-White groups in the 65+ age groups.
- Small numbers can mean identification of communities for targeted work is challenging.

Total cohort sizes:

- White British 18,720
- White Other 1,427
- Indian 532
- Pakistani 161
- Chinese 152

## 5-11s Completed Primary Covid Vaccination Course



### Commentary

- 5-11 vaccinations at Shute End on Sundays.
- England performance: 6.6%.

<https://coronavirus.data.gov.uk/details/vaccinations>

# Vaccines still available!

- Covid 19 Vaccination:
  - Can still book via NHS website, or call 119.
  - Information on Council website including details of Shute End and HOTM Van services.
- Flu vaccination, contact pharmacy or general practice.



**Finchampstead and Arborfield mobile vaccine bus**

Mobile vaccination centres are coming to Finschampstead and Arborfield next month to offer further protection against [Covid-19](#). Vaccines remain our best protection against severe disease and hospitalisation this winter.

No booking is needed for mobile clinics, just turn up on the day. Protection provided by vaccines decreases over time, so getting a booster is essential.

These clinics are for anybody aged 50 or over, pregnant women, people in a clinical risk group, and frontline health and social care workers. It is also suitable for anybody aged 16 or over who has only completed their primary course. The next clinics are on:

- Monday 5 December, 11am to 4pm, FBC Centre, Gorse Ride North, Finschampstead, RG40 4ES
- Sunday 18 December, 10am to 4pm, Henry Stret Garden Centre, Swallowfield Road, Arborfield, RG2 9YJ

If you are thinking of attending, please bring your [NHS number](#) and wear a face covering.

These mobile clinics are in addition to the regular ones being held at our offices at Shute End in Wokingham. You can view [dates and more information](#) on our website. If you are using the clinic at Shute End, it is advised you [book in advance](#), although walk-ins are available depending on capacity.

Numbers of people who have not received the Autumn Booster by JVCi Cohort	Not received Autumn Booster
Care home residents	35
80+	977
70-79	1,487
60-69	2,728
50-59	6,963
At risk	10,799
Healthcare workers	3,832

Foundry 28/11/22

# <sup>31</sup>Developing the Integrated Care Strategy

Wokingham Health and Wellbeing Board

December 2022

# “Integration” – doing more together

## **Integrated care system (ICS)**

A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

## **Integrated care partnership (ICP)**

A statutory committee jointly formed between the NHS integrated care board and all local authorities with public health and social care responsibilities in the ICS area

## **Integrated Care Board (ICB)**

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

**BOB is made up of three places:**





# Integrated Care Strategy

## Purpose of the strategy:

The Integrated Care Partnership are accountable for developing the strategy

The Strategy will set a clear direction for the system and promote joint working to meet local population health, care and social need.

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### What?



Improve the public's health and well-being needs



Reducing health inequalities in access, experience and outcomes across our system



Bring learning from across places and the system to drive improvement and innovation



addresses the problems that would benefit from a system response and multiple partners

### How?

- ✓ Complement but not replace/supersede existing priorities
- ✓ Joint working with a wide range of ICS partners
- ✓ Co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities and organisations

# Thematic Working Groups

The working group themes were agreed following analysis of existing strategies and ambitions:

## 1. Start Well

Kevin Gordon, Director of Children's Services  
Oxfordshire County Council

## 4. Promoting Healthy Behaviours

Ingrid Slade, Consultant in Public Health  
Wokingham Council

## 2. Live Well

Ansaf Azhar, Director of Public Health  
Oxfordshire County Council

## 5. Health Protection

Tracy Daszkiewicz, Director of Public Health  
Berkshire West Local Authorities

## 3. Age Well

Andy Sharp Director of Adult Social Care West  
Berkshire & Dr Raj Thakkar, GP

## 6. Improving quality and access to services

Matthew Tait, Chief Delivery Officer, ICB

# Proposed vision and principles

Building on health and wellbeing strategies and discussions in the working groups, the following vision and principles have been agreed to set the direction for the BOB health and care system.

*Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to be able to access the right support when it is needed.*

## Preventing ill-health:

35 We will help people stay well and independent, enjoying better health for longer. We will help build healthy places and thriving communities to protect and improve people's health and build prevention into all our services.

## Tackling health inequalities

We will improve physical and mental health for those at risk of the poorest health and social outcomes. This will include addressing differences in access to and experience of our services between different groups and individuals.

## Providing person centred care

We will work together to provide support in a way that meets people's needs and helps them to develop the knowledge and skills to make informed decisions, and to be involved in their own health and care.

## Supporting local delivery

We will plan and design support and services with local people and our partners to deliver support close to where people live, learn and work.

## Improving join up between our services:

We will improve the way our services work together to ensure people get support where and when they need it and residents have a better experience of health and care services.

# Our emerging priorities



## 1. Promote and protect health

## 2. Start Well

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*Aim: To support people to stay healthy we will*

- Priority 1: We will reduce the proportion of people smoking across Buckinghamshire, Oxfordshire and Berkshire West.
- Priority 2: We will reduce the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing
- Priority 3: We will reduce the proportion of people who are overweight or obese, especially in our most deprived areas and in younger people.
- Priority 4: We will take action to address the social, economic and environmental factors that influence our health.
- Priority 5: We will protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes.

*Aim: To help all children achieve the best start in life we will:*

- Priority 6: We will improve early years outcomes for all children, particularly working with communities experiencing the poorest outcomes.
- Priority 7: We will improve emotional, mental health & wellbeing for children and young people
- Priority 8: We will improve the support for children and young people with special educational needs and disabilities, and for their families and carers.
- Priority 9: We will support young adults to move from child centred to adult services

# Our emerging priorities



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## 3. Live Well

*Aim: to support people and communities stay healthy for as long as possible we will:*

- Priority 10: We will reduce the number of people developing cardiovascular disease (heart disease and stroke) by reducing the risk factors, particularly for groups at higher risk.
- Priority 11: We will improve mental health by improving access to and experience of relevant services, especially for those at higher risk of poor mental health.
- Priority 12: We will increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes.

## 4. Age Well

*Aim: To help people live healthier, independent lives for longer we will:*

- Priority 13: We will support older people to remain healthy, independent, and connected within their communities.
- Priority 14: We will provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex.
- Priority 15: We will look after carers.

## 5. Improve quality and access to services

*Aim: To help people access our services at the right place and right time we will:*

- Priority 16: We will develop strong integrated neighbourhood teams so that people's needs can be met in local communities.
- Priority 17: We will reduce and eliminate long waits for our planned services, and address variation in access across the system.
- Priority 18: We will support the consistent development of our urgent care services to reduce demand and support timely access.

# Approach to engagement

The engagement will be collaborative, undertaken on behalf of the ICP not only one organisation

We will:

- Maximise the time for engagement and listening
- Make it easy for people and organisations to provide feedback
- Attend all Health and Wellbeing Boards and other sessions as requested
- Write a report on the feedback received from different people and organisations, reflecting how different perspective will be taken into account

## Engagement with public and communities:

- ✓ Online engagement platform
- ✓ Healthwatch / VCSE fora
- ✓ Local Authority and NHS Partners local channels and networks to reach local communities
- ✓ Virtual meetings to outline the vision, principles, strategic themes and priorities and seek feedback

Timescales for engagement:

- Early December – start period of engagement with public and partners
- December and January – Use meetings and sessions with public and partners to listen to views on proposed priorities for BOB ICS
- End Jan – Engagement period will close.
- Feb – Engagement report developed. Strategy material updated. Final document published.

# Publication, delivery planning and review

## Publication

The Integrated Care Strategy is expected to be published in Buckinghamshire, Oxfordshire and Berkshire West following sign off by the ICP in February.

## Influencing delivery planning

The Integrated Care Strategy will:

- Complement other strategies and plans, not supersede or replace them, notably the local health and wellbeing strategies
- Be considered as an input to partner organisations' delivery planning activity – The timescales have been designed to specifically influence the NHS planning activity (completed by end of financial year)
- Other partner organisations are also expected to consider the implications of the Integrated Care Strategy as part of their planning activity too.

## Review

In time, the integrated care partnership is expected to consider how effectively the strategy is being delivered by the integrated care board, NHS England, and local authorities.

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## WOKINGHAM BOROUGH WELLBEING BOARD

### Forward Programme from June 2022

**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 2022/23

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
9 February 2023	GP performance	Update	Update	BOB ICB	
42	West of Berkshire Safeguarding Adults Partnership Board Annual Report	Update	Update	West of Berkshire Safeguarding Adults Partnership Board	Performance
	Updates from the ICP Unified Executive	Update	Update	Director Adult Services	
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 April 2023	Updates from the ICP Unified Executive	Update	Update	Director Adult Services	
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

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