

# HEALTH AND WELLBEING BOARD ANNUAL REPORT FOR 2022/23



**WOKINGHAM**  
**BOROUGH COUNCIL**

## Purpose

- To provide the Wokingham HWB with a summary of the progress made against local HWB priorities in 22/23, and provisional objectives for 23/24.

## What's included?

- A summary of delivery against HWB priorities, and by individual action/partnership group.
- Action group updates are presented in a '*We said...we did...*' format and based against objectives set at the start of 22/23. Each summary also includes *draft* objectives for 23/24.

## To note:

- There is a huge amount of work underway via the action/partnership groups and it is not possible to summarise all activity and achievements in an easily digestible format. More extensive reports for each individual group are available, if required.
- Some action groups/partnerships have a broader remit than the SIA priorities assigned to them. In particular, the Wokingham Integrated Partnership, The Community Safety Partnership and the Children and Young People Partnership. Note that the updates provided for these groups focus solely on the work in relation to specific HWB priorities.
- Some of the 23/24 objectives are subject to change as not all the action groups have finalised 23/24 work plans, and/or are anticipating updated national policy that will need to be considered.

## Wokingham health and wellbeing priorities

Guided by the overarching principles of the Berkshire West Health & Wellbeing Strategy, the Wokingham Strategy into Action determines the priorities for focus within the Borough to improve resident health and wellbeing.

In addition to the five priorities identified in the Berkshire West strategy, improving the physical activity levels of residents was deemed a key priority for the Wokingham Wellbeing Board. Thus, promoting physically active communities was included as a cross-cutting theme in the strategy.

Wokingham strategy into action health and wellbeing priorities:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Good mental health and wellbeing for all children and young people
5. Good mental health and wellbeing for all adults
6. Creating physically active communities

The strategy in action priorities have been mapped to relevant action/partnership groups, who in turn are tasked with developing action plans setting out the interventions required to improve health and wellbeing across the borough. Each action/partnership group is responsible for delivery of their action plan and for reporting progress to the HWB Steering Group, who provide operational oversight of strategy delivery on behalf of the Wellbeing Board.

Following this introduction is an update from each of the action groups setting out what has been delivered against each of the health and wellbeing priorities assigned to them.

## Place Based Development with NHS partners

Work continues to further strengthen our partnership arrangements between the Local Authority and NHS organisations across Berkshire West. This will help us to continue to deliver against the ambitions of our joint Health and Wellbeing Strategy, including those improvements that we can deliver locally and those opportunities that are best realised by working across boundaries in Berkshire West. Our Berkshire-West wide work in 23/24 will have a strong focus on improving access to care, improving and integrating services that keep us well at home, and reducing health inequalities within the borough.

### Health and wellbeing in Wokingham

Wokingham is considered one of the best places to live in the UK with high employment, excellent schools and a thriving economy. According to the Index of Multiple Deprivation, it is one of the least deprived areas in the UK and many of its residents live in good health with life expectancy well above the national average.

That said, inequalities in health and wellbeing outcomes will exist in any area and Wokingham is no exception. Its status as one of the least deprived areas in the UK presents a challenge in itself. Statistics, even those focused in on smaller geographical pockets of the Borough, will mask hidden inequalities.

This presents a key challenge: to identify the most vulnerable members of our population and to provide them with appropriate support and services.

#### *The Wokingham Population*

2020 mid-year population estimates indicate that over 170,000 people live in Wokingham. There is a high proportion of older, working-age people aged 40 to 55 and also a high proportion of children aged 5 to 14 within the total population of Wokingham.

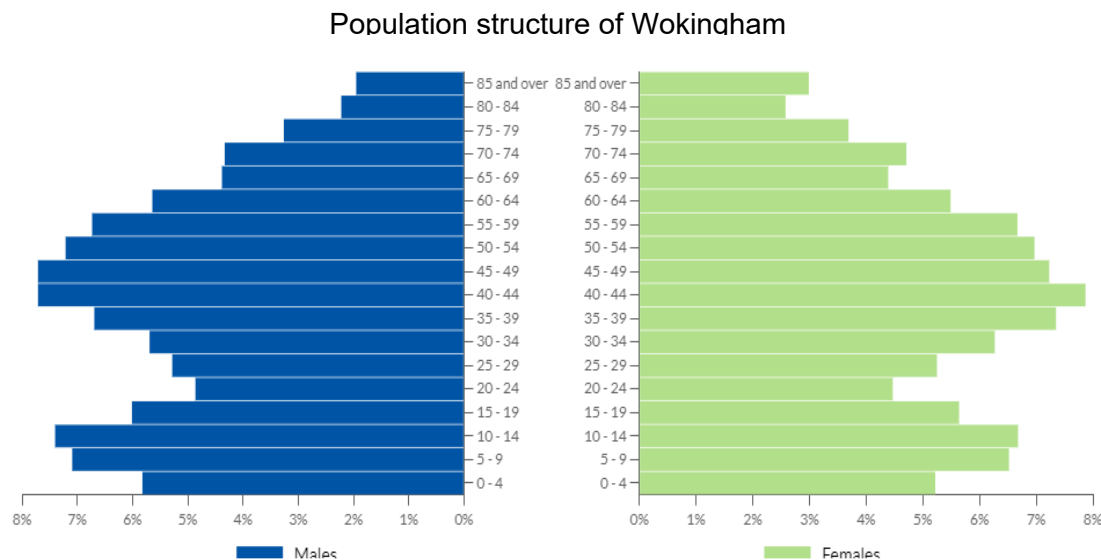
Although the proportion of the population aged 65 plus in Wokingham is no greater than the England average, the fact that there is a large population currently aged 40 to 55 indicates that an increasingly ageing population over the next 10 plus years is likely and the rate of increase may be higher than that seen in other areas.

#### *Life expectancy*

Life expectancy and healthy life expectancy are key summary measures of the health of a population. Life expectancy at birth is the average number of years a person in a given area, at a given time, would be expected to live. Healthy life expectancy shows the years a person would be expected to live in good health (rather than with a disability or in poor health).

The number of years a person living in Wokingham would be expected to live is higher than the average for the South East Region and England.

Males living in Wokingham would be expected to live approximately 70 years in good health, and for a further 12 years in poor health. Females in Wokingham can be expected to live 71 years in good health and, on average, a further 15 years in poor health. Just as life expectancy is a key summary measure of the



Source: Office for National Statistics

health of a population, the difference in life expectancy between those living in more or less deprived areas is a key summary measure of health inequalities. This inequality gap is larger for males than females.

### *Individuals at high risk of bad health outcomes*

As well as a focus on tackling the wider determinants to health, supporting people facing higher risk to live healthy lives is a priority for Wokingham.

Engagement with the public as part of the development of the Berkshire West Health and Wellbeing Strategy and the local Wokingham Wellbeing Strategy (strategy into Action) identified the following groups as being at high risk of bad health outcomes:

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

### *People living with dementia*

GP Practices keep a register of all of their patients who have a diagnosis of dementia. However, we know that there is a gap between the number of people diagnosed and recorded on registers compared to what we would expect the population prevalence of dementia to be. This is important because timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

In Wokingham, there are 1,088 people aged 65 and over currently diagnosed with dementia. Estimates based on the characteristics of the population indicate that the true figure is closer to 1,857 (NHS Digital).

### *People living with a learning disability*

There are 484 adults aged 18 to 64 with learning disabilities who are known to Wokingham Borough Council's Adult Social Services. Two key indicators are included in the Adult Social Care Outcomes Framework that are intended to improve outcomes for adults with learning disabilities.

Living in settled accommodation improves a person's safety and reduces the risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care.

Work is generally good for physical and mental health and wellbeing and people with learning disabilities should be supported to be in employment. There is a need to reduce the gap between those with a learning disability in employment and the overall employment rate.

### *Unpaid carers*

It is difficult to know the number of unpaid carers living in Wokingham. A lot of people do not see themselves as carers, and view what they do as a normal part of life. Until the results of the 2021 Census are available, the latest estimates of the number of people considering themselves as providing care come from the 2011 Census. These figures do not capture the number of young carers who provide care for family members.

### *People who have experienced domestic abuse*

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat survivors and prevent future abuse. Wokingham's Domestic Abuse Strategy for 2021-24 can be [accessed here](#).

During 2020/21, Thames Valley Police responded to 2,047 calls relating to domestic abuse (1,476 women and 568 men) in Wokingham. However, we are aware that many people don't feel able to report incidents to the police for a wide variety of reasons, and the true number of Wokingham residents who will have experienced domestic in the past year is likely to be much higher, based on Crime Survey for England and Wales (CSEW) research findings. 136 Wokingham victims of domestic abuse were identified as being at high risk of serious harm of homicide, with 165 children living in these households.

## **Additional priority areas for the wellbeing strategy**

### *Adult mental health*

Mental health problems in adults represent the largest single cause of disability in the UK. Adults could be affected by mental health issues at any time. It impacts all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also have a ripple effect on their family, unpaid carers and wider society. According to the Office for National Statistics Labour Force Survey, in 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain.

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

### *Families and children in early years*

Prevention and early actions are key to positive health outcomes. Setting the foundations for health and wellbeing for families and children in early years is crucial to ensure the best start in life for every child. The first 1,001 days – from pregnancy to the first two years of a child's life – are critical ages for development. This sensitive window sets the foundations for virtually every aspect of human development – physical, intellectual and emotional.

Inequities in child health and development start early; they exist at pregnancy, birth and during the early years. Not all children and families have the support they need for their children to be physically healthy, emotionally secure and ready to learn. Reasons for this are often social, including income and poor housing quality, and these factors can often accumulate over the life course, having long term consequences on not only health, but also social outcomes such as educational attainment and employment. This is why it is so important to ensure we support families to provide as best a start as possible for their children,

helping to break the cycle of reproducing health and social inequalities in the next generations and so building the foundations for a more equal society in the future.

For more in-depth population and wellbeing analysis please see the [Wokingham Borough Observatory](#).

# Priority - Support individuals at high risk of bad health outcomes to live healthy lives

Local focus on: *People with learning disabilities, unpaid carers, youth offenders, substance misuse, domestic abuse*

Lead action group/s:

- *Carers strategy action group (for carers)*
- *Learning disabilities partnership (for LD)*
- *Community safety partnership (for domestic violence, substance misuse, youth offenders)*

<b>Carers</b>		
<b>We said we would...</b>	<b>We did...</b>	<b>Our focus for 23/24</b>
<p>Build on the work of the group to incorporate the adult social care reforms</p> <p>Improve identification of hidden carers</p> <p>Work with schools and other stakeholders to improve support to young carers</p> <p>Develop links between carers support programme and wider VCS prevention offering</p>	<p><b>Carers Week 2022:</b> variety of events to promote the profile and raise awareness of carers across the borough including carers lunch, solicitors talk, and carers pampering sessions.</p> <p><b>Integration with wider VCS:</b> the Carers Support and Guidance service has been accessible at the Wokingham Charity Hub at least once a week, alongside other VCS partners.</p> <p><b>Young Carers:</b> 48% of borough schools (both primary and secondary) now working regularly with Young Carers service.</p> <p><b>Revised Carers Support and Guidance service:</b> new specification, increased funding and scope (all carers, including young carers) in place from 1<sup>st</sup> April 2023 with new provider – Wokingham Carers Partnership (three local VCS organisations: Age UK Berkshire, Promise Inclusion and Berkshire Youth).</p> <p><b>Co-production:</b> consulted with carers to identify priorities and revised specification for the new service, and Carer input to guide the evaluation process for the re-tender.</p> <p><b>Learning disability carers:</b> Working with Promise Inclusion, the group has fed into the Learning Disability Partnership Board strategy implementation work, including via a specific LD carers workstream. LD carers have also been incorporated into the new Carers Support &amp; Guidance service.</p>	<p>Develop and expand support and guidance service to meet carer led priorities:</p> <ul style="list-style-type: none"> <li>• Information in the right format and at the right time</li> <li>• Help to stay emotionally and physically capable of continuing with their caring role</li> <li>• In-person support and guidance when they need it</li> </ul> <p>Develop the Carers Respite Pathway so all Carers have the opportunity for a break</p> <p>Improve access to statutory carers assessments through pilot project to deliver via third party</p> <p>Improve identification of hidden carers, and those from seldom heard groups</p> <p>Work with schools and other stakeholders to improve support to young carers</p> <p>Further develop links between work with carers and wider VCS prevention offering</p>



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<b>Learning Disabilities</b>		
<b>We said we would...</b>	<b>We did...</b>	<b>Our Focus for 23/24</b>
<p>Create a dedicated Learning Disability Service providing focused social work support and access to social care and voluntary services</p> <p>Develop a LD Commissioning and Market Development Plan that fosters greater choice and control within the market</p> <p>Increase the number of people with a Learning Disability who are in employment</p> <p>Create an enhanced and sustainable offer of support for carers, so they get the support they need to help them continue caring</p> <p>Work with our partners in health to integrate services and improve outcomes for residents with a learning disability</p> <p>Embed the Approaching Adulthood Team to support young people with a learning disability to transition into adulthood</p>	<p>The accommodation project has delivered homes and flats at Ryeish Green, Loddon Bridge Road and Hatch farm. The refurbishment at Loddon Court has commenced and due to finish in June 2023.</p> <p>A new Autism Manager was appointed by the Council's commissioning Team who will lead on the publication and implementation of the Autism Strategy.</p> <p>Optalis remain second nationally in terms of success in getting people with a Learning Disability into employment.</p> <p>Community Lives run by Optalis offers activities for younger people via their Out and About service and bespoke activities for the older cohort of individuals, recognising change of need and reducing isolation.</p> <p>The Transition Team has changed their name to "Preparing for Adulthood" 100% of young people referred to Transitions are receiving an assessment by their 18<sup>th</sup> birthday.</p> <p>Preparing for Adulthood Team (PfA) are supporting both the PfA and post 16 steering groups.</p> <p>Extensive range of user/community engagement events facilitated by CLASP and the LDPB throughout the year to identify and review issues important to residents with a LD – for example, cost of living and money management, healthy eating, community safety, travel, access to primary care.</p>	<p>Create a dedicated Learning Disability Service providing focused social work support and access to social care and voluntary services</p> <p>To develop a LD Commissioning and Market Development Plan that fosters greater choice and control within the market</p> <p>Ensure the new Council website is easy to use and promotes the offer of support for people with learning disabilities, their families and carers</p> <p>To increase the number of people with a Learning Disability who are in employment</p> <p>Publication and implementation of revised Autism Strategy</p> <p>To create an enhanced and sustainable offer of support for carers, so they get the support they need to help them continue caring</p> <p>To work with our partners in health to integrate services and improve outcomes for residents with a learning disability</p> <p>To embed the Approaching Adulthood Team to support young people with a learning disability to transition into adulthood</p> <p>The preparing for adulthood Team is working with Optalis to develop more bespoke services for young people aged 18-25 years old</p> <p>CLASP are contacting all primary health care settings to raise awareness of their video on how LD people want to be treated by health care professionals</p> <p>Plan more specialist accommodation for people with learning disabilities</p>

# Priority - Support individuals at high risk of bad health outcomes to live healthy lives

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Lead action group/s:

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<b>Domestic Abuse</b>		
<b>We said we would...</b>	<b>We did...</b>	<b>Our Focus for 23/24</b>
<p>Increase awareness of domestic abuse</p> <p>Increase support options for those affected by domestic abuse</p> <p>Hold perpetrators of domestic abuse to account and encourage self-referrals to long term behaviour change interventions</p> <p>Increase joint working with criminal and civil justice organisations to increase longer term safety for victim-survivors of domestic abuse</p> <p>Drive change together through a coordinated and effective multi agency domestic abuse response</p> <p>Deliver Domestic Abuse Act 2021 duty to support victims of domestic abuse and their children in safe accommodation</p>	<p><i>Coordinated communications strategy:</i> Developed a multi-agency communications strategy to increase awareness of domestic abuse, specifically targeting victim-survivors.</p> <p><i>Mapping of service provision and addressing gaps in services:</i> Created a domestic abuse specific directory of services to enable organisations and individuals to identify the most appropriate service for their needs.</p> <p><i>Perpetrator interventions:</i> Promoted domestic abuse perpetrator programmes to encourage multi-agency referrals alongside gathering case studies to promote benefits of scheme for self-referrals.</p> <p>Contributed to Thames Valley wide funding bids and steering groups to enable additional funding and services to be introduced, addressing specific perpetrator needs (eg stalking perpetrators).</p> <p><i>Best evidence:</i> Worked with the criminal and civil justice agencies to gain an increased understanding of individual agency roles and remits.</p> <p><i>Multi-agency training offer:</i> Delivered 43 training events, attended by 1133 delegates from a wide range of statutory and voluntary organisations to increase understanding of domestic abuse, including targeted sessions to support practitioners respond to the needs of those with protected characteristics as well as to respond to emerging needs.</p> <p><i>Respond to the Domestic Abuse Act 2021 statutory duties:</i> Increased support available to those living in safe accommodation within the Wokingham refuge, as well as those where ‘target hardening’ measures have been put in place in their own homes. Commissioned new nationally relevant research to understand the needs of male and LGBT+ victims of domestic abuse in safe accommodation.</p>	<p>Achieve Domestic Abuse Housing Alliance (DAHA) accreditation</p> <p>Increase the take up by schools of a relationship education offer from specialist domestic abuse organisations</p> <p>Re-launch and increase take up of Safe Places scheme to provide safe spaces for vulnerable individuals, including those experiencing domestic abuse, stalking and harassment and hate/mate crime</p> <p>Work with businesses to increase the number of organisations with effective domestic abuse workplace policies in place</p> <p>Continually strive to increase awareness of domestic abuse and support options for those who face additional barriers to help</p> <p>Deliver workshops in schools to raise awareness to children at different ages (namely 11 and 15 according to PHSE)</p> <p>Deliver Level Up Programme for children of fourteen and above who are exhibiting problematic behaviours. This is a healthy relationship programme and tackles child to parent abuse</p> <p>Increase capacity for our Seeking Safety Group including an online course</p> <p>Improve support for sexual abuse through the Independent Sexual Abuse Advisors</p> <p>Build an improved support network for our global majority clients through specific drop-in sessions alongside Project Salama</p>

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Lead action group/s:

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<b>Substance misuse</b>		
<b>We said we would...</b>	<b>We did...</b>	<b>Our Focus for 23/24</b>
<p>68</p> <ul style="list-style-type: none"> <li>• Establish a local Combatting Drugs Partnership (CDP) and work with key groups on the delivery on Harm to Hope ambition</li> <li>• Undertake a local substance misuse needs assessment</li> <li>• Establish a Wokingham Community Alcohol Partnership to highlight the risks of underage drinking and improve the health and wellbeing of local young people</li> </ul>	<p>The Combatting Drugs Partnership (CDP) for Berkshire West was created and Senior Responsible Officer appointed.</p> <p>Strategic Needs Assessment undertaken, position statement and action plan finalised.</p> <p>Implemented Long-acting buprenorphine prescribing to assist with stabilisation for opiate clients.</p> <p>Developed a comprehensive educational awareness offer for parents, students, and teachers of all schools across Wokingham Borough. Delivered by Cranstoun.</p> <p>Delivered outreach sessions within Salvation Army to promote harm reduction messages to reduce risk to individuals and the community.</p> <p><b>Wokingham Community Alcohol Partnership (CAP)</b></p> <p>6 months of Free Online Retailer Training dates booked in and distributed to all relevant services to offer to retailers/direct people.</p> <p>Alcohol awareness Sessions delivered with Cranstoun to 220 students across 5 schools.</p> <p>All Off-licenses in Wokingham Town Centre visited, provided with CAP 'Challenge 25' training and advice to licensees to include Proxy purchase advise.</p> <p>Two community events held to raise awareness of Proxy Purchasing laws.</p> <p>Two proxy purchase events held to raise awareness with retailers.</p>	<p>Deliver on the Combatting Drugs Partnership/Harm to Hope strategy core priorities, specific focus on -</p> <ul style="list-style-type: none"> <li>• Increasing successful completions to be within top quartile of performance for all substance cohorts</li> <li>• Working with partnership agencies to improve access to and multi-agency pathways for clients with co-occurring mental health and substance misuse conditions             <ul style="list-style-type: none"> <li>○ Shared monthly MDT meetings with Crisis Team implemented</li> <li>○ Referral pathway implemented with Mind and MHICS</li> <li>○ Memorandum of understanding created with Talking Therapies</li> </ul> </li> <li>• Improving links for clients who receive DRR/ATR orders from court to enable rapid access into treatment</li> </ul>

# Priority - Support individuals at high risk of bad health outcomes to live healthy lives

Local focus on: *People with learning disabilities, Unpaid carers, Youth offenders, Substance misuse, Domestic abuse*

Lead action group/s:

- *Carers strategy action group (for carers)*
- *Learning disabilities partnership (for LD)*
- *Community safety partnership (for domestic violence, substance misuse, youth offenders)*

<b>Youth offenders</b>		
<b><i>What said we would...</i></b>	<b><i>We did...</i></b>	<b><i>Our Focus for 23/24</i></b>
<p><i>Implement the Exclusion Prevention Programme:</i> an early intervention programme aimed at reducing school exclusions linked to offending behaviours</p> <p><i>Implement the Disproportionality Action Plan:</i> This plan has three strands with actions aimed at reducing the over-representation of BAME children in the criminal justice system</p> <p><i>Review the Return Home Interview protocol:</i> Procedures and practices will be reviewed and amended in partnership with key stakeholders</p> <p> Continue to support the <i>development of Contextual Safeguarding approaches</i>, including sustaining low levels of Serious Youth Violence</p> <p><i>Establish a QA Framework:</i> Developing a written framework to underpin quality assurance mechanisms</p> <p><i>Strengthening Restorative Practice:</i> Developing victim focused practice, both in terms of victim safety and increasing the number of victims supported</p> <p><i>Developing the Participation Strategy:</i> To identify a consistent and structured approach to obtaining child and family feedback</p> <p><i>Improving the recording and collection of Education and Health data,</i> to provide a more accurate understanding of the cohort</p>	<p>The Prevention Pathway was expanded with the launch of the Exclusion Prevention Programme and a prevention programme for children subject to pre-charge bail.</p> <p>A comprehensive induction pack has been developed that will support case workers with developing trauma informed, trusted relationships, with special focus on understanding the lived experiences of children from ethnic minority groups or children with other diversity needs.</p> <p>Robust programmes have been developed with the support of voluntary and third sector partners. The programmes provide a solid exit strategy to ensure ongoing individualised support for our most vulnerable children.</p> <p>The number of knife awareness sessions have increased. These have been delivered to school children, reaching out to 1000+ children from Wokingham secondary schools.</p> <p>The Prevention and Youth Justice Service (PYJS) contributed to the Serious Violence Strategy and has been a key partner in the development of the Harm from Outside the Home policy and the Exploitation and Missing Risk Assessment Conference (EMRAC) review.</p> <p>Participation has been developed to ensure we effectively capture the voice of children and parents and use that feedback to inform service delivery. This includes new exit interview forms, redesigning our office space and the development of new templates.</p>	<p><b><i>Note: Draft as final 23/24 plan to be published July 23</i></b></p> <p>Recruit a Youth Justice Worker (12-month contract) funded by the CSP. The worker will focus on schools and the Exclusion Prevention Programme. If a child engages with the Exclusion Prevention Programme, they will be less likely to continue to engage in offending behaviour, thus reducing the number of fixed-term or permanent exclusions from school. The programme should also reduce the number of First Time Entrants into the Criminal Justice System, which is one of the statutory aims of the PYJS</p> <p>Develop the Exclusion Prevention work by establishing robust communication channels with schools that will support an increase in the number of children referred to PYJS</p> <p>Continue to expand the prevention pathway, underpinned by the MoJ Turnaround programme funding</p> <p>Expand the delivery of preventative work in schools, beyond knife awareness, to include other types of behaviour of concern</p>

# Priority – Good mental health and wellbeing for all children and young people

Local focus on: *Reducing waiting times, prevention and early recovery, covid recovery*

Lead action group/s:

- Children and young people partnership board

We said we would...	We did...	Our focus for 23/24
<p>Undertake an analysis of current workstreams under this priority</p> <p>Create a mechanism to take forward the actions that were not already being addressed</p> <p>Align trajectory, objectives and actions with key health partners</p>	<p>Established Emotional Wellbeing Steering Group to support the implementation and monitor progress against the actions identified for this priority. Identified objectives and actions -</p> <p><b>To ensure that children who are in care receive quicker access to mental health support</b></p> <ul style="list-style-type: none"> <li>• Commissioning and mobilisation of children in care CAMHS service</li> <li>• 3 month review of CIC CAMHS Service</li> </ul> <p><b>Provide a single point of access for children and young people, their families and professionals</b></p> <ul style="list-style-type: none"> <li>• Mobilisation and Implementation of the Emotional Wellbeing Hub</li> <li>• Undertake a review of the Emotional Wellbeing Hub (1 year anniversary of launch)</li> </ul> <p><b>To embed a second Mental Health Support Team in Wokingham</b></p> <ul style="list-style-type: none"> <li>• Mental Health Support Teams – second wave of funding in Wokingham</li> <li>• Provide regular project updates on the progress of the implementation and the mobilisation of the 2<sup>nd</sup> MHST</li> </ul> <p><b>Increasing local sufficiency for our children and young people with complex needs (BOB project)</b></p> <ul style="list-style-type: none"> <li>• Increasing local sufficiency for our children and young people with complex needs</li> <li>• To work with partners to provide relevant datasets and evidence to support the business case to commission children’s homes across the Thames Valley footprint</li> </ul> <p><b>Review of CAMHS, reduce waiting times for Core/Specialist CAMHS &amp; across all services</b></p> <ul style="list-style-type: none"> <li>• Review of CAMHS, Improve waiting times and access to support, with a particular focus on ASD/ADHD assessments</li> <li>• Continue to develop the workforce through the CAMHS Workforce Academy and local integrated workforce planning, providing updates to the board</li> </ul>	<p>Emotional Wellbeing Steering Group to review the current SIA action plan for this priority and revise as appropriate to align with agreed objectives and ongoing workstreams on a BOB ICB and Berkshire West footprint; to ensure actions have measurable outcomes and realistic timescales</p> <p>Highlight reporting mechanisms will also be developed for all above actions</p> <p>Progressing and monitoring the objectives and overarching actions agreed</p>

Local focus on: *SEND and inclusion, early intervention and prevention, safeguarding*

Lead action group/s:

- *Children and young people partnership*

What said we would...	We did...	Our focus for 23/24
<p>Undertake an analysis of current workstreams under this priority.</p> <p>Create a mechanism to take forward the actions that were not already being addressed.</p> <p>Review and revise the current SIA action plan.</p>	<p>Developed the Early Years/Best Start Subgroup to take forward relevant parts of the Strategy into action plan. Subgroup reviewed and updated the action plan in December 2022.</p> <p><b>SEND and Inclusion</b></p> <p>Outreach and support for schools and SENCOs to embed Ordinarily Available and worked with all EY settings to support engagement from all.</p> <p>Increased portage capacity (early learning support service for pre-school children who have complex developmental needs and their families) to support home visits.</p> <p>Parent Carer Forum hosting SENDIASS training and created a SEND and Local Offer guide for families.</p> <p><b>Early Intervention and Prevention</b></p> <p>Established school readiness working group to review current tools available to support transitioning into school.</p> <p>Family Hub project scoping discussions held.</p> <p>Quarterly meetings with BHFT to review Health Visiting data verses KPIs and internal scrutiny meetings held prior.</p> <p>Post Natal group pilot completed in North PCN. New venues secured for face to face Post Natal group and Well Baby Clinics. Sessions well attended, with positive feedback.</p> <p>Review of breast feeding programme completed, recommissioned for 3 years.</p> <p><b>Safeguarding</b></p> <p>LADO guides circulated, and attends the Education Lead’s Group and Early Years Designated Safeguarding Leads meetings, in which bitesize training will be delivered.</p> <p>Annual Safeguarding audit has been carried out by all EY providers. Report and analysis in progress which will include recommendations.</p>	<p><b>SEND and Inclusion</b></p> <p>Delivery of agreed Safety Valve workstreams - Implement an Early Years strategy, ensuring need is identified at the earliest opportunity, with the appropriate levels of support put in place and focusing on early years to primary transitions into school for children with SEND</p> <p>Roll out of Dingley’s Promise training (200 spaces) on transitions into school</p> <p><b>Early Intervention and Prevention</b></p> <p>Analyse and identify trends in queries received by teams/organisations for under-fives to review effectiveness of information available to families and professionals</p> <p>Analyse reasons for non-attendance to Health Visiting appointments and improve uptake</p> <p>Undertaking analysis on year 1 children who have an Education, Health, and Care Plan (EHCP) and tracking back to see what, if any, support was accessed prior to the family seeking assessment for the EHCP</p> <p>Working closely with the BHFT Health Visiting Lead to assess the impact of the pilot project to explore whether merging 2-year-old and 2.5-year-old health checks would improve uptake and promote early identification of health issues</p> <p>Develop the Family Hub model using the existing Integrated Early Help footprint, Children’s Centres and the Youth Centre in the first instance</p> <p><b>Safeguarding</b></p> <p>Analyse output of annual safeguarding audit for all Early Years settings and implement recommendations</p> <p>Analysis of Ofsted outcomes to determine how many times safeguarding is recorded as an issue in any Early Years provider</p> <p>Development of a S175/157 audit tool which covers all stages (early years and school)</p>

Local focus on: *Dementia, social isolation and loneliness*

Lead action group/s:

- *Dementia strategy group*
- *Social isolation and loneliness action group*

Dementia Strategy Group		
<b><i>We said we would...</i></b>	<b><i>We did...</i></b>	<b><i>Our focus for 23/24</i></b>
<p>Finalise the structure of the Dementia Steering group and Dementia Action Alliance groups</p> <p>Oversee the commissioning and mobilisation of improved support for individuals living with dementia, and their carers</p> <p>Create a Wokingham Dementia Partnership (WDP) and foster a dementia friendly Wokingham movement</p> <p>Assess the immediate gaps in support for those with or affected by dementia created by Covid-19 pandemic</p> <p>Create a partnership between the WDP and Wokingham Dementia Action Alliance to ascertain wider views on local priorities and promote a dementia friendly community</p> <p>Work in partnership with people and their carers from ethnic minority communities to offer support, raise awareness of existing services and groups, and customised prevention relevant to that community</p>	<p><b>Strategic Group</b></p> <p>Group established and met quarterly. Initial focus to understand “where we are” - baseline incidence, prevalence, risk factors and interventions that can improve outcomes. The work programme is directed by the pathway – diagnosing well, living well, dying well (end of life support). During 2022/3 the diagnostic pathway has been explored.</p> <p><b>Dementia Partnership (expert group)</b></p> <p>This group is comprised primarily of the partners that successfully bid for the grass roots / community services, including training, education and activities. 22/23 work programme focused on the mapping of services and access, training for professionals, training for carers, cognitive support for users, services to improve social connection and peer support, advice and information for residents.</p> <p><b>Dementia friendly Wokingham</b></p> <p>Open group expanded to 68 stakeholders. Remit to promote dementia friendly society. The group has met quarterly and has contributed to raising awareness of dementia and is a source of grassroots knowledge of the issues facing residents.</p>	<p><i>The priorities for this year will be formally agreed at the next Strategic Group meeting. The three draft high-level priorities build on the work during 2022/3. Specific actions are summarised by group:</i></p> <p><b>Strategic Group</b></p> <ul style="list-style-type: none"> <li>• Expand representation and understanding of the “offer” to those living with dementia in Wokingham</li> </ul> <p><b>Partnership</b></p> <ul style="list-style-type: none"> <li>• Increase the “Reach” and awareness of services, training and activities across the Borough and enhance partnerships and joint working with other community groups</li> </ul> <p><b>Dementia Friendly Wokingham</b></p> <ul style="list-style-type: none"> <li>• Raise awareness of all aspects of dementia (prevention, diagnosis, training and support) to enable inclusiveness for those living with dementia, by developing a dementia friendly society</li> </ul>

Local focus on: *Dementia, social isolation and loneliness*

Lead action group/s:

- *Dementia strategy group*
- *Social isolation and loneliness action group*

<b>Social isolation and loneliness</b>		
<b>We said we would...</b>	<b>We did...</b>	<b>Our focus for 23/24</b>
<p>Connect vulnerable residents with quality-assured services and activities</p> <p>94 Help people to build better social relationships to improve health</p> <p>Tackle the risk factors for social isolation and loneliness</p>	<p><b>Connect vulnerable residents with quality-assured services and activities</b></p> <p>492 referrals to Community Navigators &amp; Social Prescribing with 93% accepted (for 3 of 5 WBC PCNs) <b>(Involve)</b></p> <p>191 group activities delivered with over 2,000 registrations, sessions encourage new friendships and provide opportunities to join small Friendship Groups <b>(Friendship Alliance/Link Visiting)</b></p> <p>135 new residents supported by Link Visiting, taking the total to 535 <b>(The Link Visiting Scheme)</b></p> <p><b>Help people to build better social relationships to improve health</b></p> <p>425 Assessments and Reviews undertaken by the Community Navigators &amp; Social Prescribers (for 3 of 5 WBC PCNs) <b>(Involve)</b></p> <p>2,138 participant registration for Active Ageing, 3,743 Moving with Confidence visits and 125 residents participated in the MH and Wellbeing programme <b>(Sports &amp; Leisure)</b></p> <p>70 Friendship Champions now active in the community <b>(Friendship Alliance/The Link)</b></p> <p>9 Friendship Alliance events held with nearly 260 recorded participants <b>(The Friendship Alliance)</b></p> <p>37 residents benefited from 'Link Online' which provides coaching to those with no experience of digital devices, including support to access GP online appointments <b>(Link Visiting)</b></p> <p>Nearly doubled the number of Friendship Tables established across the Borough from 27 last year to 50 <b>(Friendship Alliance)</b></p> <p><b>Tackle the risk factors for social isolation and loneliness</b></p> <p>Focus groups conducted with local men to help understand their experience of mental health services to inform local campaigns <b>(Wokingham Integration Team and MIND in Berkshire)</b></p> <p>Three Tasks &amp; Finish scoping sessions convened to look at three high-risk groups/settings <b>(Involve/Public Health and SiL members)</b></p> <p>Review of local support groups available for the LBTQIA+ community and analysis of data/evidence of health and wellbeing outcomes in progress <b>(Public Health)</b></p> <p>Adult Social care and VCS review of local transport provision undertaken to help inform how best to support residents accessing VCS and WBC commissioned services <b>(WBC &amp; Wokingham Volunteer Centre)</b></p>	<p><b>Connecting vulnerable residents with quality services / Helping people to build better social relationships and improve health:</b></p> <p>Identify the key tools/systems/platforms that are used to promote services that directly address loneliness and identify ways to measure usage/impact</p> <p>Agree key services and activities and measures of impact/outcome including for non-SiL members</p> <p><b>Tackling the factors for social isolation and loneliness</b></p> <p>Review the Berkshire Suicide Prevention Strategy and identify the actions that SiL members can support with and bring into local action plan</p> <p>Review the outcome of the MIND in Berkshire Focus Group and identify any opportunities to support next step</p> <p>Identify and agree 2-3 key local measures of risk factors which contribute to SiL for 2023/24</p> <p>Improve understanding of the experiences of the LBTQIA+ residents in relation to SiL, support services and mental health service</p>



Local focus on: *Children, young people and families, covid recovery, minority groups*

Lead action group/s:

- *Physically active communities*

We said we would...	We did...	Our focus for 23/24
<p>Facilitating physical activity to improve health outcomes irrespective of whether individuals achieve weight loss</p> <p>Promoting physical activity among target groups to reduce the risk of long-term conditions such as coronary heart disease and stroke</p> <p>Encouraging people to be physically active as a means to reduce premature mortality</p>	<p><b>GP referral scheme</b> - 99 members participated, 100% completed the course. 15 classes/week on offer and the main referred conditions were obesity, diabetes, arthritis, hypertension and anxiety/depression.</p> <p><b>SHINE</b> programme expanded to include over 55s and to 45 classes, over 600 members participated on the scheme.</p> <p>Formulation of a <b>Sports Club Forum</b> – the aims of this is to understand what sport and activity is operating in the community, receive data from the clubs and to help with any access barriers.</p> <p>Delivered <b>Sport in Mind</b> Sessions at Wokingham Leisure centre for adults and children. The scheme has been a success in terms of attendance and impact and more sessions are being organised.</p> <p><b>Get Berkshire Active (GBA)</b> continued to offer free training for health professionals to enhance skills and confidence in having conversations with patients about promoting physical activity.</p> <p>In February, <b>Brest Feeding Network</b> (BFN) Wokingham supported Loddon Valley Leisure Centre in joining the BfN Breastfeeding Friendly Scheme.</p> <p><b>Countryside and Parks</b> supported safe activity offers focusing on ‘regular participation’ - turning activity into a habit and ‘Education’ – educating children via schools and re-educating the community via other resources about healthy lifestyles, how, why, opportunities within the borough. The glow walk run by first days Charity had over 700 people walking around the lake being active doing a 2.7km walk.</p> <p><b>Active travel</b></p> <p>Worked with the air quality schools project (10 schools across WBC) to help them progress their active travel plans and reducing the number of pupils coming to school by car.</p> <p>1894 children attended <b>Bikeability</b> courses in 2022-2023. 15% increase on 21/22.</p> <p>During the <b>Love to Ride</b> campaign 2571 participants took part in 22-23 with an increase of over 900 including 532 new riders. 113 Businesses are actively participating, a rise of 41 on the previous year.</p> <p>Pupils from 14 primary schools took part in <b>Active Movements Active Journey</b> campaign, which aims to reduce the amount of time spent in cars. Delivered in partnership with My Journey, Air Quality team. Results</p> <ul style="list-style-type: none"> <li>• 59% less use of car</li> <li>• 29.7% would now prefer to use bike/scooter/walk to school</li> </ul>	<p>The physically active communities group core objectives are similar to 22/23, with one additional objective:</p> <ul style="list-style-type: none"> <li>• Facilitating physical activity to improve health outcomes irrespective of whether individuals achieve weight loss.</li> <li>• Promoting physical activity among target groups to reduce the risk of long-term conditions such as coronary heart disease and stroke.</li> <li>• Encouraging people to be physically active as a way to improve mental health and wellbeing.</li> <li>• Understand the barrier to physical activity and in particular focus on sessions and activities targeted to people from a low socioeconomic background and children and adults with disabilities.</li> </ul>

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