

Notice of Meeting

Health and Wellbeing Board

Councillor Megan Wright (Bracknell Forest Council) (Chair)
Nicola Airey, NHS Frimley ICB (Vice-Chair)
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Neil Bolton-Heaton, Healthwatch
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Jo Dixon, Healthwatch
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Jane Hogg, Frimley Health NHS Foundation Trust
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Sonia Johnson, Bracknell Forest Council (Children's Social Care)
Councillor Michael Karim, Bracknell Forest Council
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
Dave Phillips, Bracknell Forest Safeguarding Board
Jonathan Picken, Bracknell Forest Safeguarding Board
David Radbourne, South Central Sub Region NHS
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Fidelma Tinneney, Berkshire Care Association



Wednesday 6 September 2023, 2.00 - 4.00 pm
Zoom

Agenda

All councillors at this meeting have adopted the Mayor's Charter which fosters constructive and respectful debate.

Item	Description	Page
1.	Apologies	
	To receive apologies for absence and to note the attendance of any substitute members. Reporting: Lizzie Rich, Democratic Services Officer	
2.	Declarations of Interest	
	Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting. Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days. Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be	

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	<p>notified of the interest, if not previously notified of it, within 28 days of the meeting.</p> <p>Reporting: ALL</p>	
3.	<p>Urgent Items of Business</p> <p>Any other items which the chairman decides are urgent.</p> <p>Reporting: Chair, Lizzie Rich, Democratic Services Officer</p>	
4.	<p>Minutes from Previous Meeting</p> <p>To approve as a correct record the minutes of the meeting of the Board held on 6 June 2023</p> <p>Reporting: Lizzie Rich, Democratic Services Officer</p>	5 - 12
5.	<p>Matters Arising</p> <p>Reporting: ALL</p>	
6.	<p>Public Participation</p> <p>QUESTIONS: If you would like to ask a question you must provide the clerk with your name, address and the question you would like to ask by emailing committee@bracknell-forest.gov.uk at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.</p> <p>PETITIONS: A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.</p> <p>Reporting: Lizzie Rich, Democratic Services Officer</p>	
7.	<p>SEND programme update</p> <p>To receive an update on the SEND programme.</p> <p>Reporting: Kellie Williams, Assistant Director: Strategic Projects</p>	13 - 20
8.	<p>Health & Wellbeing Strategy progress update</p> <p>To monitor delivery of the Health & Wellbeing Strategy.</p> <p>Reporting: Heema Shukla, Deputy Director: Public Health</p>	21 - 32
9.	<p>Working together to deliver a resilient winter</p> <p>To update Board members on system resilience and winter planning</p>	33 - 56

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	Reporting: Nicola Airey, Director of Commissioning and Assurance, Place Convenor Bracknell Forest, NHS Frimley ICB	
10.	Developing a Health & Wellbeing Board Forward Plan	To Be Tabled
	<p>To record any upcoming items for the Board's consideration, including regular and annual items.</p> <p>The upcoming Board meeting dates are as follows: 7 December 2023 14 March 2024</p> <p>Reporting: ALL</p>	
11.	Agency Updates Reporting: ALL	

Sound recording, photographing, filming and use of social media is permitted. Please contact Lizzie Rich, 01344 352253, lizzie.rich@bracknell-forest.gov.uk, so that any special arrangements can be made.

Published: 29 August 2023

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**HEALTH AND WELLBEING BOARD
6 JUNE 2023
2.00 - 4.00 PM**

Present:

Nicola Airey, NHS Frimley ICB
Philip Bell, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Councillor Michael Karim, Bracknell Forest Council
Tessa Lindfield, Director of Public Health - East Berkshire
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
Dave Phillips, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Fidelma Tinneney, Berkshire Care Association
Councillor Megan Wright, Bracknell Forest Council

Apologies for absence were received from:

David Radbourne, NHSE

Also Present:

Gabriel Agboado, Public Health
Tanvi Barreto, Public Health
Katherine Davies, Public Health
Louise Duffy, Public Health
Sarah Van Heerde, Bracknell Forest Council (Commissioning)

1. Election of Chair

RESOLVED that Cllr Megan Wright be elected chair of the Board for the 2023/24 municipal year.

2. Appointment of Vice-Chair

RESOLVED that Nicola Airey be appointed vice chair for the 2023/24 municipal year.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Items of Business

There were no urgent items of business.

5. Minutes from Previous Meeting

The minutes of the meeting held on 21 February 2023 were approved as a correct record.

6. **Matters Arising**

There were no matters arising.

7. **Public Participation**

No petitions had been received, nor had anyone indicated a wish to put a question to the Board.

8. **Health and Wellbeing Strategy Performance Dashboard**

The Board received delivery updates on the Health and Wellbeing Strategy, agreed by the previous board. A recap was provided by Heema Shukla on the Strategy and the six priorities with five being the key outcomes for the health of the population.

These were:

1. Support for physical and emotional health for children
2. Promotion of mental health
3. Reducing social isolation
4. Keeping residents safe from infection and learning from Covid-19
5. Years lived with good health.

In terms of delivery, the statutory responsibility sat with the Health and Wellbeing Board. There were various forums and committees that had a remit for the biggest priority groups. These included the Children and Young People's Partnership Board which linked with priority one. The Children and Young People's Early Wellbeing and Mental Health Forum, the Children and Young People's Emotional, Wellbeing and Mental Health Forum, the Mental Health Delivery Group which sat with priority two. The Ageing Well Forum linked to priority three. The Health Protection Forum linked to priority four. The Living Well Board and CVD Prevention Group linked with priority five.

The dashboard on process milestones and outputs was presented. Indicators would be measured on a short- and long-term basis. This was shared so that the board could discuss and agree the approach. The following points were noted:

- Was it appropriate to have oversight in a forum that wasn't Bracknell Forest centric. The question was asked was it appropriate to have the Integrated Care System (ICS) as part of the governance structure. It was outlined that whilst a lot of work took place in Bracknell Forest it was also aligned to the ICS strategy and a lot of learning and sharing took place from the ICS boards.
- The lack of the Place Committee's role in the oversight and governance was raised. This was agreed to be added.
- The use of quantitative data in year one was challenged, and it was proposed that this would fail to highlight trends.
- The purpose of the board was also to share good practice and focus on areas of excellence. A suggestion was made that the role of the board and level of detail required should be discussed further.
- The board needed a high-level picture and indicators, qualitative data would provide greater understanding for issues that were being looked at.
- Establish a small task and finish group to look at what needed to be reported so that information remained the same at each board.

ACTION to put this in place before the next meeting – Heema Shukla

Development of a simple streamlined visual of the activities that fed into the Health and Wellbeing Board was agreed due to multiple agencies, projects and activities.

This could also lead to resetting the direction of the Health and Wellbeing Board.
ACTION Heema Shukla, Grainne Siggins and Nicola Airey to discuss this further.

Project leads presented updates as follows:

The community asset map project

Katherine Davies presented the Board with slides that gave an overview of the community asset map project which sat under priority three. Aims of the project were to renew and re-launch a new asset map, provide training for frontline professionals and increase awareness amongst the community. Actions completed included:

- Review of current asset map
- Engagement with users. This identified difficulty when searching for an activity and issues with the useability of google maps.
- Engagement with stakeholders including social prescribers and link workers, community centres, family information service and some voluntary sector through a task and finish group to support development and re-launch.
- Developed a support offer for local community groups which was ongoing.
- Delivered frontline training to professionals.

The new map, called common place, was re-launched in November 2022. It was more user friendly, features included new icons and spidering, filtering and search option. Information could be directly sent to clients via email and assets could contribute directly to the map through the website. The launch was supported with re-branding and was now called 'My Community Map'. New leaflets, posters and social media assets had been developed which linked to the social prescribing service.

The site was the best performing on the common place platform with 3,513 visitors since its launch, 399 assets across the 6 categories with 62 added since the launch, 162 subscribers to the newsfeed and 20 groups contributed to the map.

An update on training sessions detailed that 23 sessions had been delivered and a total of 211 professionals had been trained including 128 Council staff, 15 NHS staff and 92 from voluntary and community organisations.

The asset map had been promoted with residents and community groups. Two focus groups were held to understand the challenges following Covid. Key messages were that many groups had lost members who had not returned after Covid. They would like help to promote and network with other groups. As an outcome, a bi-monthly newsletter was set up to promote venues, funding applications and volunteering and training events.

Next steps included:

- Production of a gap analysis report on children and young people's activities and expansion of this section especially for 5 to 18 year-olds.
- Re-launch the community kiosks back into the community.
- Continued delivery of training to frontline professionals.

The board asked if there was a next stage to the project. The biggest challenge was keeping information up to date which was addressed by building strong relationships with the community. A comment was made about promoting the map through the

adult social care system, linking it with groups within the community and utilising it for early intervention.

Self-harm workforce project

Katherine Davies presented the Board with slides which covered the following points:

- Self-harm was common among adolescents.
- New NICE guidelines, published in September 2022, had for the first-time published advice for education.
- There was limited attention to understanding self-harm collectively and owning a solution that was responsive to local needs was required.
- The project was commissioned in December 2022 alongside Oxford Academic Health Science Network and aimed to develop a holistic and place-based approach to better understand self-harm with a focus on early intervention.
- The project included an oversight group including – CAMHS, Public Health, Education, Safeguarding, Frimley ICB.
- The project included 6 key elements:
 - Launch webinar – this was a place to share insights and information and provided learning opportunities for professionals
 - A workforce survey - gained deeper understanding of professional's knowledge and understanding of self-harm.
 - Reflective sessions – delivered to the Children and Young People's workforce to develop shared understanding of self-harm, network and promote knowledge equity
 - Understanding existing data,
 - NICE guidelines review helped evaluate current practice in line with national recommendations
 - As part of next steps, a review of grey literature/resources/services would develop a local picture of training, guidance and services and resources relating to self-harm. This would support an understanding of what exists and its impacts.
- The final report was due by the end of July 2023. Learning and insight would inform the co-design of a holistic and place-based response to self-harm. Aims would be to:
 - Build knowledge and understanding of self-harm within the Children and Young People's workforce.
 - Develop confidence for professionals/volunteers around how to best provide support.
 - Help young people who self-harm to access appropriate support and information.

The Board asked how measurement of the impact of the work would take place. This had been discussed with the academic science network and would be considered in their reports.

A point was raised about the importance of monitoring self-harm rates to allow comparison of trajectory to other places. Data alone wouldn't provide a clear view of trajectory; it would need to be supported with ongoing feedback from frontline practitioners regarding the usefulness of upskilling and ongoing training.

Let's Face It! Mental health awareness training

The board was shown slides by Louise Duffy around this training which looked at a universal approach to mental health and covered mental health promotion, prevention

of mental health problems and suicide, reducing premature mortality and supporting recovery of people living with mental health problems. The following points were made:

- Mental health needs post covid-19 had increased.
- Aims were to equip frontline professionals and volunteers with knowledge and skills around mental health.
- Training was designed to relate to local needs and services including information about the local support and services within Bracknell Forest.
- Aims were around understanding mental health and helping people to look after their own mental health, recognising common difficulties and reducing stigma around mental health and enabling people to feel equipped to have brief and informed conversation around mental health and provide signposting to relevant support.
- Training was delivered to a total of 64 participants over 10 half day sessions (8 virtually and 2 face to face) between September 2022 and February 2023.
- Participants came from a mix of organisations from within and outside the Council.
- Training was developed by Reading University and delivered by trained mental health professionals.
- Pre and post training evaluation took place focusing on knowledge, confidence to talk to someone in distress and ability to signpost to services/further support. Positive outcomes were seen with more mindfulness shown around language which reduced stigma and greater empathy and listening actively were identified.
- 90% felt better able to look after their own health and were able to apply what they learnt to their own practice when working with others.
- Next steps included additional monthly training sessions between June 2023 and December 2023. Dedicated sessions for councillors and parish councils.

The board asked if the scheme could be rolled out to other areas in the community where people could help e.g. retail staff. It was trialled in Fenwick and this was something that they would like to expand to retail and hospitality.

Green and active campaign

A verbal update around this campaign was given to the board by Philip Bell and covered the following:

- The campaign had been running since July 2022 and focussed on looking at volunteering activities and the value of volunteering in green spaces.
- It was seen as an opportunity to bring a coordinated response to enhance wellbeing whilst supporting a green initiative.
- Rangers hosted volunteering activities twice a week - during the week and the weekend.
- The campaign worked closely with Stepping Stones recovery college, the social prescribing team to help people who struggle to engage in volunteering or even to be outside.
- One to one mentoring had taken place to engage with residents who struggle in group settings.
- The campaign was working with 14 corporate organisations across Bracknell Forest and was supporting the wellbeing of their workforce through actively encouraging them to engage with the programme.
- There was also a focus on residents with specific needs. This was highlighted by the provision of work experience to refugee residents, aged 16 and 17, whose

language barrier prevented a mainstream work experience placement. Feedback from this was very positive.

- The campaign looked at ways to work with charities to add greater value to the work of green and active. They were also engaged with two schools, LVS in Ascot and Owlsmoor Primary School and the Duke of Edinburgh award.

Survey to Understand the impacts of COVID – 19 on residents of Bracknell Forest

Gabriel Agboado presented slides to the board covering the following points:

- This work linked to Priority 4 - keeping residents safe from infectious disease and addressing the long-term impacts of COVID-19.
- The survey was used to understand the impact of Covid 19 on residents of Bracknell Forest.
- The presentation showed information from interim reports with the full analysis expected in June 2023.
- The survey was conducted with a sample size of 1,800 residents and was representative of ward, gender, age and ethnicity.
- Highlights of findings showed the impact of Covid-19 in general was negative for children and young people.
- For children aged 0-4, social skills, relationships and speech and language development were impacted negatively.
- A positive impact of vaccination was seen and residents were more likely to take up vaccination for flu and other childhood immunisation but 32% were also more cautious. Implications were seen in relation to a vaccination drive.
- A positive aspect was seen around overall changing behaviour and residents were spending more time outside, exercising more, and reduction of alcohol consumption.
- There was a significant increase in use of digital media which was more pronounced in young, non-white British and female residents.
- Changes in travel were identified with greener options more prevalent, specifically cycling and buses.
- The impact on members in care homes was noted with an impact on mental and physical health and isolation.

Next steps included looking at data in more detail once the full report was received. Discussions would take place regarding how to mitigate the impacts of the pandemic. Awareness would be raised around general prevention of infectious diseases with focus on educating further the importance of handwashing. Improvement to health and wellbeing communications with residents was proposed. Development of understanding further barriers to vaccination.

The board asked if the results were a surprise or were they similar to other places. It was noted that the survey didn't raise anything new or unexpected but supported what could be done locally. It was agreed that the views on vaccinations were encouraging.

All agreed the importance of future planning around dealing with pandemics and a point raised was about how information from the survey was being used to inform this. It was noted that how people accessed information was a salient point and the use of social media was a prominent source of information. The impact on specific groups was also noted and this information should inform the future to ensure mitigations would be in place to protect them.

A point was raised about whether the more detailed results would allow specific issues with certain geographical locations to be identified. It was confirmed that the data was collected at ward level.

The board agreed that more detailed results would help to reinforce awareness of some issues, specifically around the 0-4 age group and use this to plan for the impact within education to ensure what support was needed. It was agreed that those in education were impacted significantly, and these results could be used to help plan for ways to address this. An observation was made about the collection of lessons learned across departments and a point discussed about whether there was a system that could capture these collectively to help planning for the next pandemic where regional plans could feed into local plans.

With regards to next steps, it was agreed that it would be beneficial for the board to receive an update once the full results of the survey had been received and for Public Health to present a draft plan of collective actions that could take place. This could cover how to plan differently, how to respond to the changing needs of the population because of the pandemic and what generic learning could take place relating to engagement with the community. This approach was agreed.

ACTION: Heema Shukla

A point was raised around the longer term impacts that needed to be considered due to the higher rate of support required relating to longer hospital stays and residents needs on discharge. This was pertinent for health budgets due to consequences of the increase of the weekly cost of care homes.

The complex issues of the workforce within adult social care was raised. A point was made around the damage to this sector because of covid and the cost-of-living crisis. It was suggested that it needed to be addressed through education of society and the wider social care workforce to address the complexities within the sector and reduce stigma and blame.

The complexity of the impact of the cost-of-living crisis and the links with impact of Covid-19 was noted.

9. **Better Care Fund - Year End Report**

A brief update was provided by Sarah Van Heerde on the Better Care Fund end of year report, included as an appendix in the agenda. The aim of the end of year report was to provide an indication of what had been achieved within the plan and the outcomes. A value for money assessment at a high level was provided. Work had taken place to review section 75, the formal agreement between the parties.

A question was asked about how a copy of the value for money for Better Care Fund report could be obtained. It was confirmed that this could be shared.

10. **Better Care Fund Plan 2023-25**

The board were given an overview of the Better Care Fund (BCF) Plan by Sarah Van Heerde and Grainne Siggins. It was noted that:

- This was currently in the middle of the planning cycle, developing priorities and setting performance targets. This would consider the complexity of needs and ongoing development of schemes. The approach would be to continue to develop the priorities set towards the end of 2022.

- Agreement was in place to discuss the detailed plan with the Chair of the Health and Wellbeing Board which would need to be agreed before formal submission.
- The Board agreed to delegate the signing of the plan to the Director of Adult and Children's Services (BF Council) and Place Convenor (Frimley ICB)

The board agreed that there was a requirement for the NHS to put a greater minimum contribution into the BCF. There would need to be additional narrative around how this would be used. It was noted that there was a plan outlining this and it was agreed that the Health and Wellbeing Board should be presented with a few bullet points from the plan regarding what the additional investment would buy.

A question was asked about what the national metrics were based on. It was confirmed that the Better Care Fund nationally set these but that there was the opportunity to add metrics if it was felt strongly that these would add value.

An additional metric that the board felt strongly about was discussed. This was around independence and preventing falls and how this was measured and could be improved. This would contribute to measuring the size of the problem in Bracknell Forest and assist putting prevention plans in place. It was identified that there was a need to connect people in the community and support them in the early stages when they were not able to feed themselves because of mobility issues or showing early signs of dementia. An example was given of an authority which trained their refuse collection teams to take note of changes to properties, e.g. unkempt lawn, milk bottles not being collected, that could signify problems being experienced by the occupiers.

11. **Agency Updates**

There were no agency updates.

CHAIRMAN

SEND Programme update

Health and Wellbeing Board
September 2023

SEND workstreams health card

Overall programme status is **AMBER**

<p>Rationale Value proposition still holds true?</p>		<ul style="list-style-type: none"> • WSOA approved by Ofsted end of June 22
<p>Engagement Stakeholders bought in?</p>		<ul style="list-style-type: none"> • Ongoing induction activity with new leaders within the SEND team on the WSOA and their areas of responsibility • SEND briefing session held on 13 July with new elected members was well received • School reps secured for process mapping workshops and DBV project teams • All project teams and working groups have PCF representatives
<p>Progress / Schedule → Delivery on target?</p>		<ul style="list-style-type: none"> • 75 of the 113 actions are now complete (up from 64 last month), 14 actions are on target, 20 are delayed and 4 are not started • All actions within the health and wellbeing project have been delivered and the project closure report is being drafted • Majority of actions within the data monitoring and oversight project have been delivered and the project closure report is being drafted (with a small number of outstanding actions being transferred to other projects) • Plans are in place to deliver the participation, PfA and DSCO actions that were delayed awaiting appointment to roles • New DSCO and PfA officers are working to ensure greater alignment between services and coordination in the delivery of WSOA actions • Positive feedback on progress made following the DfE and NHS England review meeting, but further work required on monitoring impact of the activity
<p>Resource Secured and able to deliver?</p>		<ul style="list-style-type: none"> • Two of the additional agency SEND officers have been dismissed in the last fortnight due to concerns about their performance • A further round of recruitment for the finance officer and business support officer vacant posts has been unsuccessful • Transport support services manager is due to start at the beginning of September and will report into the head of SEND and specialist support services • Resource has been secured to deliver process mapping workshops throughout August, September and October in the absence of the business analyst
<p>Outcomes Confidence in target value being achieved?</p>		<ul style="list-style-type: none"> • Evidence of impact collated and submitted for recent DfE and NHS England review meeting • Evidence of impact now a standing agenda item for all project team meetings to ensure this information is collated

SEND workstream updates

Project sponsor – Grainne Siggins / Operational lead – Chris Kiernan

Project	RAG	• Key progress	Forward look
Strategy and communications 15	72% ↑	<ul style="list-style-type: none"> ▪ SEND Strategy – content has been made accessible and has been published on both Local Offer and Can(Do) websites. A mapping exercise is underway to align the strategic objectives (28 listed in the Strategy) with the published measures and the resulting gap analysis will identify any additional metrics that will need to be produced. ▪ Comms Charter – co-produced metrics were approved at the Strategy and Comms project team meeting (26 June) and have been added to the document. The document has been made accessible and published on the Local Offer and Can(Do) websites along with the strategy. ▪ Local Offer – the proposed approach was approved by the DMT (17 June) agreeing a 3 way funding split agreed (ASC, SEND and CSC). A PO is currently being raised for Idox and a request for a Statement of Works has been submitted. Work on a co-produced design planned – initial meeting scheduled for w/c 14 August. ▪ Preparing For Adulthood (PFA) T&FG – overview of deliverables provided; delivery leads drafting plans; and stakeholder meetings being scheduled for August ▪ Participation - data review conducted and list of activities has been captured; early discussions conducted with PCF regarding engagement and co-production 	<ul style="list-style-type: none"> ▪ SEND Strategy – SEND SLT to review meeting (scheduled for 31 August) to review strategic objectives/ measures mapping and confirm metrics ▪ Local Offer – set up regular Working Group meetings; conduct initial research; and initiate discussions regarding website design with stakeholders ▪ Preparing for Adulthood – support all workstreams to continue to progress over the August period ▪ Participation – schedule meetings with PCF throughout August; and agree an approach with Short Breaks Coordinator to feed into new Innovation Fund bid. ▪ CSC services approach – continue to develop draft 'strategy' document, working with PCF throughout August ▪ ASC transition to adulthood pathway – draft co-produced 'Pathway' document to be expanded to include content from PFA Officer covering younger age groups

SEND workstream updates

Project sponsor – Tracey Faraday-Drake / Operational lead – Manjit Hogston

Project	RAG	Key progress	Forward look
Health and wellbeing 16	92% ↑	<ul style="list-style-type: none"> • Out of 23 Actions for this project team - 23 actions are now complete/BAU. • This workstream is now closing and the draft closure report is being co-produced in anticipation it will go through the governance process beginning at the end of Sept 23 (CWB 28 Sept, SIPB 2 Nov 23 and Business Change CMT 29 Nov 23) • Full workstream meeting was held on 12 July 23 where the meeting focussed on reviewing the outstanding 6 actions for completion • All 4 integrated therapy actions (253, 516, 517 and 613) covered by the Strategic Procurement Plan (SPP) which entered the governance process on 25 July 23 for Executive consideration 19 September 23 were marked as closed by the project team. • Action 6.2.2 was closed by the project team. The independent panel for the Bracknell Safeguarding Care Review Group took place on 19 July 23 The final report will be considered as part of BAU arrangements in September 23 • Action 5.1.1 was reviewed by the project team on 12 July and additional context to the what completed looks like section of the traceability matrix was agreed and this action was closed 	<ul style="list-style-type: none"> • Full workstream meetings have been booked for 23 August and 20 September 23 to co-produce project closure reporting requirements and approve the final report. • A draft closure report was shared with the full workstream on 12 July for review and contribution • The workstream will be looking to co-produce a closure report to enter the governance process at the end of September 23. • Following the completion of the Bracknell Forest governance process and the SIPB on 24 August, all actions in the project team will be handed over to BAU

SEND workstream updates

Project sponsor – Grainne Siggins / Operational lead – Thom Wilson

Project	RAG	Key progress	Forward look
Data monitoring and oversight 17	84% ↑	<ul style="list-style-type: none"> Steady progress is being made by this project team with 2 actions formally closed at last project team meeting 28 July 23 15 actions are currently allocated to this project team – 14 are complete, 1 (Action 3.2.5 – EHCP audits) is delayed Action 8.1.3 has been moved to the Strategy & Comms Project team to align with delivery of the other PfA actions The project team is preparing for closure and the draft closure report will be co-produced in anticipation it will go through the governance process beginning in October 23. (CWB 16 Oct 23, SIPB 2 Nov 23 and Business Change CMT 29 Nov 23) Action 4.1.2 (Data set to inform appropriate tier of provision and tier mobility for forecasting) was discussed by full project team on 28 July 23 and closed Action 4.1.5 A verbal update on progress of scheduled reviews supported with timelines was provided to the full project team on 28 July 23 and traceability matrix updates agreed. The project team agreed to move action 4.1.5 to the Process and System project team for delivery as part of the Inclusion task and finish group Action 4.2.4 A discussion was had about the scheduled review of the quality and quantity of premises at the full project team meeting on 28 July 23 and, together with the delivery of action 4.1.2 (SCAP returns data) this action was felt to have been addressed and closed by the project team. The project team agreed to move action 7.2.4 to the Process and System project team for delivery as part of the graduated approach inclusion actions delivery 	<ul style="list-style-type: none"> 3.2.5 EHCP Audit report –The first audit report is awaiting SEND leaders review and comment and agreement of action. Ops lead and delivery leads are meeting with the Head of SEND on 8 August The co-produced closure report will be drafted in September/early October 23 to enter the governance process on 16 Oct 23. There are 2 more planned Data Monitoring and Oversight Project team meetings, 22 September and 06 October to co-produce and sign off the closure report Action 2.4.1 (complaints data from new online form) will brought to the project team for review in September 23 and a report provided to check the categories being monitored are appropriate. This action is closed but it will be reviewed.

SEND workstream updates

Project sponsor – Grainne Siggins / Operational lead – Dorothy Hadleigh

Project	RAG	Key progress	Forward look
Process and systems 18	76% ↑	<ul style="list-style-type: none"> • Processes – workshop sessions for all process that require co-production have been arranged throughout July, August, September and October, with representation from all key stakeholders confirmed • Processes – the annual review process mapping workshops have taken place and a new to be process has been developed. This has been shared with workshop participants for feedback • Processes – agenda item on new annual review process has been confirmed for next headteacher briefing and SENCO forum • Capita – system amendments being made following on from annual review process mapping workshop • Inclusion – infographic has been developed which outlines the decision making process for key panels, designed to be used by parents / carers and other professionals. Reviewed at project team meeting on 3 August and some amendments requested. • Inclusion – terms of reference finalised for Short Term Intervention Panel, Fair Access Panel and Integrated Resource Allocation Panel. 	<ul style="list-style-type: none"> • Processes – further to be process mapping workshops to be delivered and training on new processes to be provided to SEND team • Capita – ongoing Capita system change requirements to be identified by process mapping workshops and reconfiguration carried out by IT app support team • Capita – recruitment of a technical Capita ONE system technical specialist and system administrator to take place • Capita – meeting with new account manager planned for September • Inclusion – amendments to be made to the decision making panels infographic and then to be published on the Local Offer website • Inclusion – work to commence on co-producing a borough wide framework for the graduated approach • Inclusion – ToR for DMG and Tuition Panel to be finalised within the next month

SEND programme level risks

Overall programme status is **AMBER**

Risk / Issue	Description	Date raised	Impact / Potential impact	Risk score			Mitigation	Actionee	Mitigated risk score		
				Likelihood	Impact	RAG pre			Likelihood	Impact	RAG post
Risk	Availability of SEN operational staff to support the projects	01/08/22	Delivery delayed or blocked due to conflicting priorities	3	3	9	Additional resource within SEND team for short term whilst improvement activity continues	Chris Kiernan	2	3	6
Risk	Insufficient capacity within the SEND leadership team to focus on improvement projects as well as induction activity and business as usual priorities	10/07/23	Delay to delivery of programme actions	4	4	16	Review prioritisation of activity across the improvement programme, including WSOA and DBV, to agree priority areas of focus. Rebaseline dates where appropriate and clearly communicate rationale.	Kellie Williams	2	3	6
Issue	Evidence of impact has not been evidenced and articulated clearly enough in DfE Review meeting papers	10/7/23	DfE not sufficiently aware of the impact of work carried out	4	4	16	Evidence of impact is now on every project meeting agenda to ensure it is considered, discussed and documented. Process for collation of DfE reports is being reviewed.	Kellie Williams	2	3	6

SEND workstream risks and issues

R or I	Project	Description	RAG	Mitigation and path to 'green'	RAG
Risk	Strategy and comms	Complex environment - many new joiners in roles not previously filled, therefore some risk that overlapping actions may be missed or work is duplicated	Red	Re-established the PfA WG to help bring stakeholders together. 1 st meeting conducted, engaging all key stakeholders; next meeting scheduled for 31 August. New substantive post holder expected to start September; Interim to provide handover in September	Green
Issue	Process and systems	Capita - key person dependency. Simon Misselbrook seems to be the only person capable and knowledgeable enough to support BFC (and possibly other LAs)	Red	To be raised with new Capita ONE account manager in September	Yellow
Risk	20 Process and systems	Process mapping activity is restricted during school holiday period which may impact speed of delivery	Red	Process mapping activity to continue throughout summer holidays, with alternative staff identified to facilitate workshops. Mop up workshop session to be held with SENCOs in September to ensure school input into the processes	Green

To: **Health and Wellbeing Board**
6 September 2023

Joint Health and Wellbeing Strategy delivery progress report
Executive Director of Place Planning and Regeneration

1 Purpose of Report

- 1.1 The Joint Health and Wellbeing strategy aims to improve 36 outcomes for population health across five priority areas. To deliver improvements in these outcomes 51 interventions/projects are planned over the three year period.
- 1.2 The interventions include on-going projects and new projects. The approach approved by the Board was a combination of improvement methodology, logic model and Plan Do Study Act (PDSA) cycles due to the diversity of the interventions.
- 1.3 The purpose of this paper is to report to the board on the progress of interventions that are currently running and identify the projects that are planned to start in the next six months.

2 Recommendation(s)

- 2.1 To approve the progress to date and provide feedback on improvement trajectory and actions planned for the next six months. .
- 2.2 To delegate approval of the recommendations of the self harm National Institute of Clinical Excellence (NICE) guidance on workforce project to the Children and Young People Partnership Board.
- 2.2 That board members actively monitor and take action on the Health and Wellbeing Strategy delivery interventions owned by their organisations at internal senior management meetings.

3 Reasons for Recommendation(S)

- 3.1 A systematic population health approach is applied to the delivery of the outcomes. The outcomes based HWB strategy has a number of phased interventions, and this progress report provides the Board insights into how the work against different priorities is progressed.
- 3.2 The CYP partnership board membership and remit is appropriate for making such decisions. Based on the CYP board approval, the health wellbeing delivery is updated to include the actions and report brought to the next Board meeting.
- 3.4 Approve the four strategic initiatives recommended by the whole system approach to obesity steering group.
- 3.3 Organisational and workforce changes can impact on the delivery of the outcomes. Including the interventions/project progress led by partner organisations project updates to relevant partners management meetings ensures the visibility of the commitment. Additionally, it allows the project team to flag any issues early to their senior management.

4 Supporting Information

4.1 Priority 1: The key outcomes for priority 1 are to improve emotional wellbeing in children and young people.

The key area of work completed for this quarter is establishment of population level baseline. Key achievements were an increase in number of schools signing up to the survey and a higher number of children competing the online survey in 2023. 3200 children across nine schools and one college completed the survey. In 2022 participation in Bracknell was low and. Table1 provides the baseline from the 2023 survey.

Table 1: Baseline for indicators for emotional and personal wellbeing for CYP

Outcomes	Indicator	Baseline (2023)
Improve personal wellbeing/happiness	% of children reporting low wellbeing	35%
Reduce anxiety and depression in all children and young people	% Children reporting higher symptoms of anxiety and depression	39%
Reduce the feeling of being alone and excluded	% reporting feeling lonely often	17%

Actions planned for next six months are:

- Increase CYP assets on the Community map to offer opportunities for children and young people to participate in physical and creative activities outside school.
- Implement the plan to increase number of peer support groups
- increase number of frontline staff working with children and young people and their families trained in Making Every Contact Counts (MECC)

4.2 Priority 2: The key outcomes for priority 2 are to reduce eating disorders and self harm and improve health and wellbeing of people with mental difficulties.

Similar to physical health conditions, early identification and intervention of mental health conditions delay and improve the outcomes. Although promotion of good mental health, prevention and early intervention can be implemented over the lifespan, the benefits are maximal when young people are targeted at around the time of onset of mental disorders. Whilst different mental health conditions have different peak ages for onset, 14.5 years is the average peak age across mental health disorders.

Since last reporting a key new project with regards to implementation of the NICE guidance on early identification of self-harm in children and young people has been established. 108 front line staff across NHS, education, voluntary sector and local authority have joined the learning network. An executive summary and short report are attached. Recommendations are made across four themes

- Training
- Staffing
- Supervision, policy and process

- Information

Data from the on-going programmes such as the The Get Help and the Mental Health Support Team and the training programmes for eating disorders and Kooth recovery programme for eating disorders is provided below.

Figure 1: Referral and outcomes (accepted/signposted)

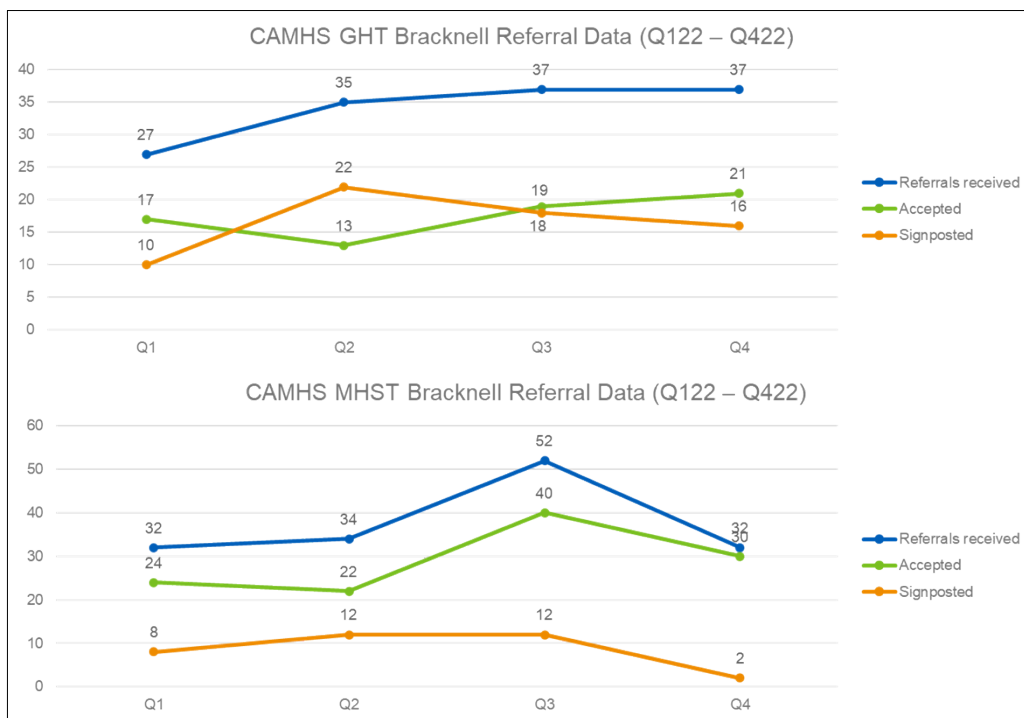


Table 2: Outcome measures for eating disorders

Outcome	Indicator	Baseline	Q1
Review and Promote uptake of training programme for Early Identification of eating disorders	Number of clinicians trained	50 (GPs)	TBC

Actions planned for the next six months

- Present the Self-harm report at the CYP partnership and plan to implement the approved interventions.
- Report findings from the equity audit of life style services and make interventions on improving the uptake among people with mental health conditions.

4.3 Priority 3: The key outcomes for priority 3 is to reduce social isolation and loneliness by offering greater opportunities for social connections in the community.

The key areas of work undertaken to date have been on Bracknell Forest Community map and developing public health approach to social prescribing in the community.

Table 3: Baseline and Q1 report

Outcomes	Indicators	Baseline Pre-launch (post covid)	Q1 2023 (April -Jun)
1. Increase in number of different types of activities that provide opportunities for all ages to connect with other people in their neighbourhoods and across the borough	Increase in number of assets in community map	326	399
	Number of assets engaged in the partnership and supported	60	118
2. Improve awareness of community assets map among front line staff	Number of frontline staff attending training on community map	0	211
3. Increase in the use of community map and its use by residents	Number of visits to community map	1461	753 Cumulative from launch 3100
4. Increase referrals from other services (other than GP)	Percentage of referrers using JOY to make a referral	0	98%
5. Use the Making Every Contact Count (MECC) training to increase awareness of front-line staff to recognise individuals at risk/currently experiencing social isolation	Percentage of referrals with primary need of loneliness/social isolation	22%	37%
	Percentage of clients with an improved loneliness/or wellbeing score	40%	60%
	% of underrepresented groups accessing social prescribing services	less than 2%	2%

Actions planned for next six months:

- Use the data on loneliness from the Covid impact survey (2023) to identify areas with higher levels of loneliness. Increase participation in community assets in these areas.
- Setting up self-help groups among people with similar needs
- Explore the use of the validated loneliness questions in making every contact counts training

4.4 Priority 4: The focus of the priority is reducing infections (including flu and Covid) and improving screening and immunisation uptake.

The work to date includes re-establishing the E Berkshire Health Protection Forum, arrangements for cascading timely surveillance and UKHSA reports and further analysis from the Covid impact survey.

Actions for next six months.

- Plan for for the Board to receive reports from the Health Protection forum.
- Prepare and implement a campaign on hand hygiene.
- Present the COVID Impact survey findings to the different meetings in Council and partner organisations.

4.5 Priority 5: The key focus of this priority is to improve healthy life years in the population.

Obesity is a key public health issue that results in earlier onset of preventable long term conditions. A key area of work has been to develop a whole system approach to obesity. The work has now completed and four strategic workstreams have been recommended.

The other key areas that have progressed are NHS health checks audit is underway to be completed end of October. The ICS hypertension and diabetes sprint

5 Consultation and Other Considerations

5.1 As these were considered for the HWB strategy these are not applicable to this report.

Background Papers

- Appendix 1 Progress on 51 key actions
- Getting Help and Mental Health Support full report
- Low Level emotional health mapping tool
- Self-harm reports
- Covid impact analyses presentation

Contact for further information

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Appendix 1

Progress on Actions Sept 2023

Key Tasks	Start date	End date	Status (green on track/completed; amber delayed, red – at risk as external partners not engaged; grey – start date falls outside this reporting quarter)
1. Develop and implement a CYP engagement plan to gain insights into participation in and attitudes to peer led social activities; and what would constitute a good offer of activities	Jan 2023	Sept 2023	On Track
2. Map existing opportunities and groups within Bracknell Forest for CYP and include in the community map- mapping under the 5 ways to wellbeing headings this includes get active and get creative	Jan 2023	March 2023	Complete
3. Work with local community organisations and CYP to develop a network that builds on the current assets/offer	Oct 2023	March 2025	On track Scoping completed CYP 90 assets uploaded -gaps identified
4. Undertake a review of the usage of the public health Thrive and Healthier Together webpages and using the information develop a survey and focus groups to improve the reach and experience of the user group	Jan 2023	March 2024	Delayed -work on going with completion date Sept 2024 to align with Healthy Schools (whole school approach)
5. Review current MHST model which uses CYP undergoing therapy to support others who might need support and build on this to include a wider network of peer led health and wellbeing support	April 2023	March 2025	On track A peer support group piloted - findings to be presented at next emotional health network (Nov 2023) prior to CYP Board
6. Review the reach (engagement) with current 0-5 year parent groups identifying what is working well, barriers in accessing the groups, identify gaps in provision.	Jan 2024	June 2024	
7. Review training offer and participation in parenting, emotional and mental health, breastfeeding and weaning courses	Feb 2023	Dec 2023	On track Offer review and courses promoted ,collecting data on participation
8. Conduct a baseline review of CYP services for inclusivity, in particular with regards to gender (male parent), neurodiversity and disability	April 2024	Sept 2024	
9. Review refreshed local transformation plan to include actions relevant to delivering outcomes	TBC	TBC	Awaiting plan
10. Map and publish all available services that provide emotional health and wellbeing early mental health support (health commissioned, council commissioned services	Aug 2022	Nov 2022	Complete

and voluntary and community sector) for families with SEND and analyse gaps to inform commissioning needs.			
11. Use behavioural insights to identify key risk factors in Bracknell Forest among those that have lived experience and professionals to support development of prevention plan	Jan 2024	Oct 2024	
12. Review and promote uptake of training programmes for early identification of eating disorders and timely referrals from all settings	Jan 22	Ongoing	OnTrack offer expanded to all staff – data on number of staff trained collected for local programmes
13. Review current support that enables recovery for those suffering from eating disorders with those with lived experience and take appropriate actions to ensure appropriate recovery services are available in the community	Oct 2024	TBC	
14. Co-produce a holistic and place-based approach to responding to self-harm that is consistent with the forthcoming NICE (National Institute of Clinical Excellence) guidance	Nov 2022	December 2023	On track – report received and plan to be developed after presentation to CYP Board
15. Review the draft pan-Berkshire multiagency self-harm toolkit and adapt to Bracknell Forest based on local insights	Dec 2023	April 2024	Due to Staff changes in West Berks awaiting toolkit
16. Continue to develop and embed the MHST Wave 5 and 6 programmes' of learning and implementing the Early Evaluation of the Children and Young People's Mental Health Trailblazer Programme July 2021 across all schools	Dec 2022	Ongoing	On track 16 schools are supported and whole school approach package and training webinars available to all schools
17. Use the learning from the happiness hub (adult mental health community network) model to establish a CYP mental health network	Jan 2024	Dec 2024	
18. Monitor and report Local transformation plans/strategies for reviewing referral pathways, triaging, risk-management panels and signposting to services across the system <ul style="list-style-type: none"> Improving GP Access to Early Help Review referral pathways, triaging, risk-management panels and signposting to services across the system Review pathways for same day Urgent Care Providers to flow ROMs as part of NHSE reporting Berkshire Healthcare Foundation Trust to flow ROMS Voluntary Sector to flow to ROMS 	Ongoing	On going	Local transformation meets every quarter Mapping tool of adult mental health – low level emotional health and inequalities Adult and Children Mental health strategy draft ready – presentation to Board in Dec meeting
19. Implement the delivery plan and evaluate a 'front door' aimed at children and young people to find appropriate services for low level emotional wellbeing and mental health (TBC as per ICS LTP refresh)	TBA	TBA	

20. Conduct a rapid desktop review of frameworks/standards used in mental health pledges and mental health promoting organisations, gain insights from local organisations and employees on pledge content to design a bespoke Bracknell Forest Pledge and support required to implement it.	Nov 22	Dec 23	Delayed – partially scoped but now aligned to the Workplace Healthy Alliance workstream
21. Commission an external provider to develop a bespoke mental health awareness training to be offered to customer facing staff including Retail staff, Library Staff, Parks staff, Housing staff, Museum and Leisure staff.	Sept 2022	Jan 2023	On track and on going
22. Mapping of current reach of lifestyle services to people living with emotional and mental health issues and conditions	Sept 2023	March 2024	On Track Plan for equity audit – data quality improvement plan in place
23. Work with local organisations and communities to increase the offer and spread of accessible and diverse social activities e.g., groups, volunteering, coffee mornings, befriending, support groups to enable opportunities for social connections	Oct 2022	Ongoing With quarterly monitoring	On track as part of community map, social prescribing activity and Happiness Hub
24. Include voluntary and community sector organisations MECC (Making Every Contact Count) module to increase all customer facing organisations to signpost and refer clients appropriate to service	Sept 2022	July 2024	
25. Increase use of Bracknell Forest Green spaces through green volunteering programme, walks, outdoor activities.			On Track – data reported every quarter
26. Increase use of libraries and other adult learning places	October 2022	On going	Piloted during winter – 5 ways to wellbeing in Libraries as part of winter Hubs Further promotion during Sept planned -marked amber as data collection in progress
27. Engage with users and stakeholders to understand the barriers to accessing/using the Google Map and how they would like to see the map developed	June 2022	Aug 2022	Complete
28. Run a focus group with community map assets to understand partnership working and support	Aug 2022	Sept 2022	Complete _presented last Board meeting
29. Launch new improved community map to increase it's awareness and usage across Bracknell Forest	Oct 2022	Nov 2022	Complete -presented at last board meeting
30. Replace the current paper-based and manual system to a fully integrated digital solution	May 22		Complete

31. Work with statutory, voluntary and community sector organisations to raise awareness of the service and encourage appropriate referrals	July 2022	ongoing	Complete
32. Relaunch and promote the social prescribing service to residents through various channels	Nov 2022	On going	On track
33. Create a network of health and wellbeing service practitioners to enable shared learning and collaborative practice	June 2022	Ongoing	Regular meetings as part of Happiness Hub, SP meetings
34. Work with East Berkshire Hub and UKHSA lead on a framework/plan for a local wider outbreak management plan	Dec 2023	July	Work on going – dependent on national and local changes
35. In collaboration with NHSE/OHID screening leads review current quality and uptake of national screening programmes in Bracknell Forest to identify and plan for quality improvements and targeted work in areas/communities of low uptake	Jan 2023	Sept 2022	Monitored through re-established Health Protection Forum –Data requested to present at next Board meeting
36. Produce reports on uptake of national immunisation programme showing uptake by GP or ward level to identify any variation in uptake of childhood and other adult vaccinations (flu, covid, pneumococcal)	TBC	TBC	Health protection plan across E Berkshire
37. Review engagement and communications during Covid and produce lessons learnt report	Jan 2023	April 2024	On track Findings from survey and from Covid enquiry
38. Continue to work with NHS infection control team and Council Public Protection Team to review and improve infection risk and improve good practice in high risk settings	On -going	Dec 2026	On going
39. Provide assurance to the Health and Wellbeing Board on adverse weather planning	Jan 2023	Dec 2026	Winter planning by NHS on Sept Board agenda Adverse weather plan Dec Board
40. Review the implementation of the NICE guidance on reducing health harm from cold homes in Bracknell Forest and make recommendations	June 2024	Sept 2024	
41. Develop and implement a plan to mitigate the long term impacts of COVID	Dec 2022	Dec 2023	Survey completed and findings being shared with various teams. Innovation funding allocated. Further actions being developed post survey findings.
42. Conduct a rapid evidence review including grey literature and good practice to recommend evidence-based practice/methods for increasing health literacy and self care	Jan 2024	March 2024	
42. Map current CVD prevention programmes and evaluate the effectiveness of the programmes to identify good practice that can be rolled out across the borough	Dec 2022	On going	This is done as part of ICS CVD prevention work with Medical Director
43. Adapt and implement the ICS CVD prevention plans at place	Jan 2022	Dec 2023	Complete – monitored as part of the ICS living well programme
44. Undertake health equity audit of CVD primary and secondary prevention services to inform targeted action on CVD and diabetes prevention and management	Dec 2022	July 2023	

45. Review commissioning and performance of NHS health checks and make recommendations for improvement	Dec 2022	Sept 2023	Delayed – Audit was moved to start date after winter on request of primary care Audit underway with report expected end on October
46. Co-produce plans for prevention of uptake of nicotine containing products and increase in number of people that access and successfully quit smoking	Dec 2022	Sept 2023	Delay Smoking sidelines project complete Vaping in children work underway Data quality improvement in progress Target groups to reduce inequalities identified Based on finding from all above , the Berkshire Tobacco control plan local action plan to be updated October 2023
47. Develop innovative solutions to support people with unhealthy weights to achieve and maintain health weights	January	July 2024	
48. Review and evaluate the current weight management services and establish a weight management pathway based on NICE guidance (CG189 updated 2022)	Mar 2023	March 2024	Evaluation of tier 2 weight management services completed. Initial meetings convened by ICS - awaiting timeframes and plans from ICS
49. Map current physical activity offer for all ages and diverse communities, identify gaps and develop a physical activity pathway in accordance with NICE public health guidance to enable all residents including people with mobility and sensory difficulties to meet the CMO guidelines on physical activity	Oct 2022	Dec 2023	On track Gaps identified, system map in progress, external evaluation of some of the programmes under way
50. Develop a plan based on whole system approach agreement to change the key environmental issues in Bracknell to create healthy environment enabling healthy choices	July 2022	July 2023	Awaiting final report due to illness of external researcher – expected October Strategic actions agreed and action plans drafted
51. Develop a plan for the Council and the local NHS to be exemplar healthy workplaces and extend the learning to local businesses	Nov 2022	July 2024	BFC Healthy workplace Alliance established

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Frimley Health and Care



Bracknell Forest Winter Resilience & Preparedness 2023/24

August 2023

Ben Cox & Sarah Van Heerde



Frimley Health and Care



Frimley System Approach to Winter

The system has a UEC transformation plan



The demand for Urgent and Emergency Care services has continued to climb steadily throughout 2022/23, as the system emerges from the post-pandemic period.

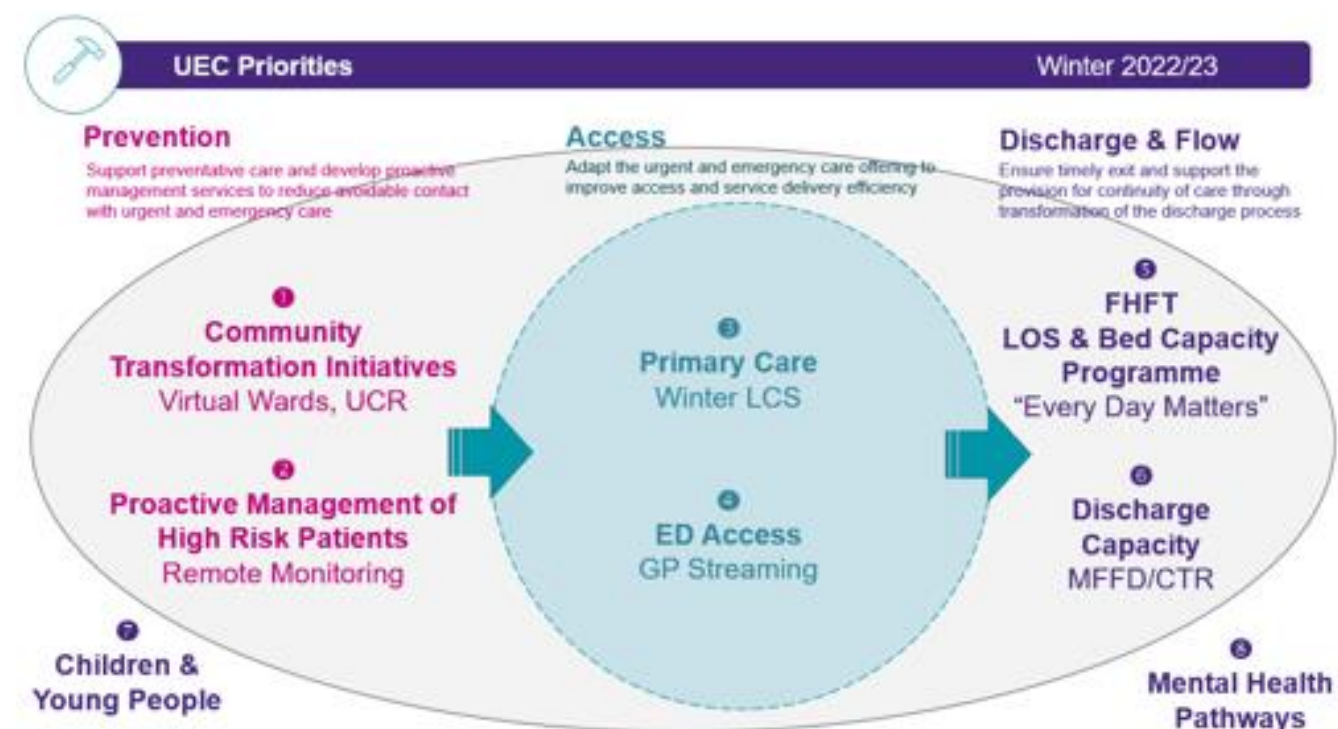
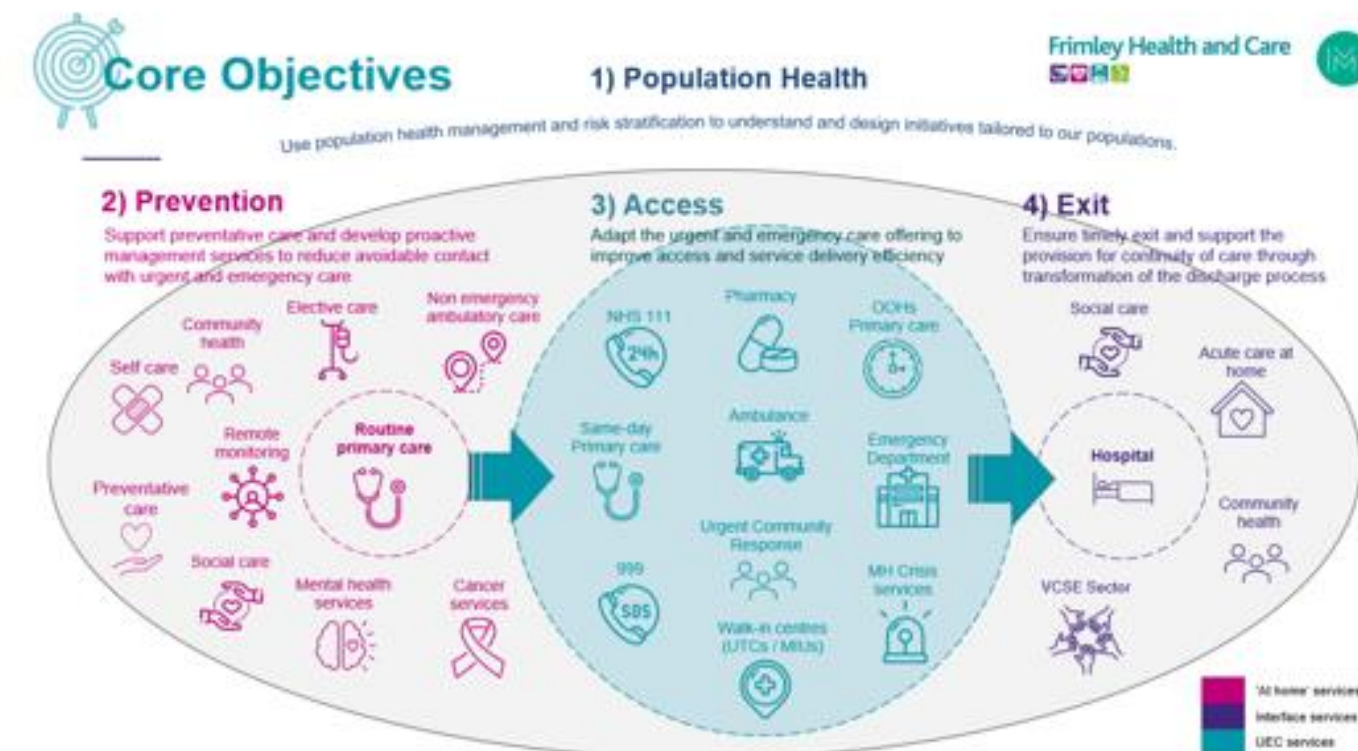
The operational challenge has been exacerbated by several periods of Industrial Action, with more scheduled into 2023/24.

As a system we have come together to develop a detailed Operational Plan for 2023/24, against exceptional financial pressure.

Meanwhile, we continue to roll out our long term UEC Strategy, which was endorsed by the ICB Board in February.

Key System Challenges

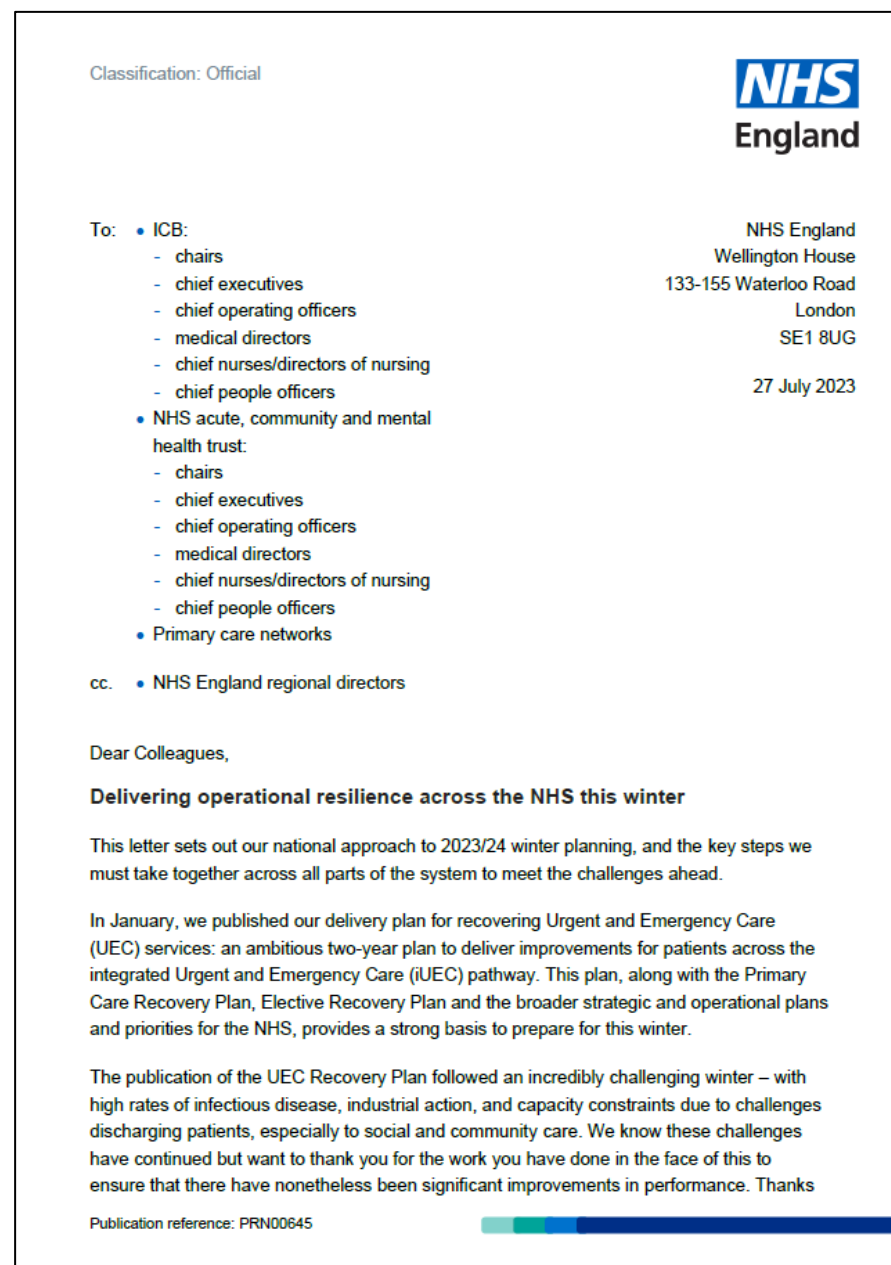
- Demand for services continues to increase
- Disruption from continued Industrial Action
- Planning for 23/24 against financial challenges
- Delivery of UEC Strategy for the long term





Delivering Operational Resilience across the NHS this Winter

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The UEC Recovery plan focuses on two key objectives:

- 1. 76% of patients will be seen within 4 hours by March 2024**
- 2. Ambulance response times for C2 mean will be under 230 minutes**



Delivering Operational Resilience across the NHS this Winter

Four areas of focus:

1. Continue to deliver on the UEC Recovery Plan by ensuring **high-impact interventions** are in place
2. Completing operational and **surge planning** to prepare for different winter scenarios
3. ICBs should ensure effective **system working** across all parts of the system
4. Supporting our **workforce** to deliver over winter



10 High Impact Interventions

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Action	
1.	Same Day Emergency Care: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	Inpatient flow and length of stay (acute): reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	Care transfer hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	Intermediate care demand and capacity: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8.	Urgent Community Response: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9.	Single point of access: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
10.	Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.



System roles and responsibilities



Adobe Acrobat Document

Each sector's responsibilities are specified in the 15pp guidance document:

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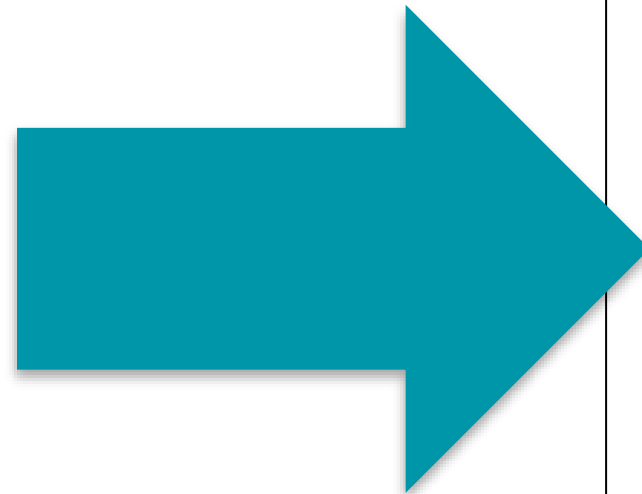


Roles	Lead the delivery of high-impact interventions
Integrated care boards	5-10
Acute and specialist NHS trusts	1-4
Primary care	
Children and young people (CYP) services	
Community trusts and integrated care providers	4-6
Ambulance trusts	
Mental health provider pathways	3, 4 and 9 across mental health provider pathways
Local authorities and social care	

ICBs should lead on delivery of Care Transfer hubs, Intermediate care demand and capacity, virtual wards, ARI hubs, UCR, Single Point of access



Each sector's responsibilities are specified in the 15pp guidance document:



Working together to deliver a resilient winter: System roles and responsibilities

Local authorities and social care

Local authorities should continue to work with ICBs to ensure an integrated approach across health and social care.

This includes:

- commissioning intermediate care services that help keep people well at home, prevent avoidable hospital admissions and support timely and effective hospital discharge.
- areas keeping under review their Better Care Fund (BCF) capacity and demand plans for intermediate care, in line with the BCF Policy Framework and planning requirements, considering trends in demand.
- improving data flows where the BCF capacity and demand plans showed limited data or insights available to support local areas' ability to accurately forecast demand for these services throughout the year.
- supporting NHS winter surge planning, including considering contingency arrangements for a significant flu or COVID-19 wave.
- deploying this year's Discharge Fund in ways that have greatest impact in patient safety and experience and in reducing delayed discharges, both to improve outcomes following hospital admission and help prevent avoidable A&E and ambulance delays for patients who need emergency care, alongside planning how to deploy next year's discharge funding.
- systematically embedding good practice in the use of care transfer hubs to manage discharges for patients with more complex needs, focusing on nine priority areas that will be set out as part of the upcoming support offer for the UEC Recovery Plan.
- ensuring systematic involvement of social care and community health providers in planning discharge services and in improving the operation of care transfer hubs.



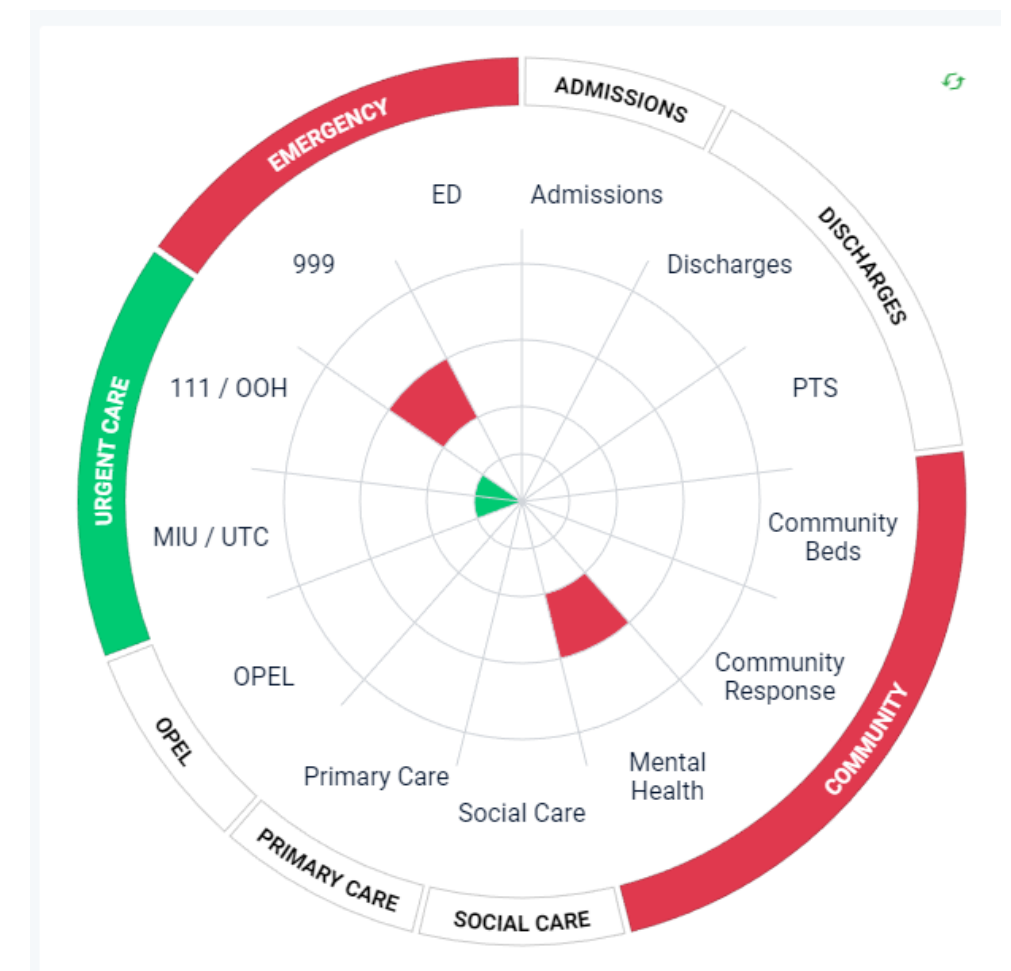
System Co-ordination, Surge and Resilience

- Frimley SCC - full implementation underway in line with NHSE required operational standards and timescales with real time visibility of operational pressures and system risks.
- Increased requirement for operating hours aligned to collaboration discussions with neighbouring ICB partners
- Key aim to take prospective actions ahead of demand and activity peaks using informatics tools
- Design principle is to proactively manage clinical risk and mitigate emerging system issues impacting patient safety and flow
- SHREWD platform in place to act as primary decision support tool and single version of truth for system pressures

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Escalation and responsiveness

- Adoption of new OPEL framework to ensure consistency across regional landscape
- Revision of surge plans and policies to reflect acute focussed model
- Underpinned by mature existing arrangements for escalation with senior oversight
- Mutual aid and interventions at pace - ensure focus on priority areas
- System wide Winter Summit scheduled for early September
- Stress test our plans and ensure surge and super surge capacity is responsive
- Linked to EPRR framework and integrated incident management models





Frimley Health and Care



Frimley System Winter Planning & Assurance Framework

Winter 2023/4 planning submission and process timeline

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7 th August	KLOEs received by SOC
10 th August	KLOEs and planning template reviewed with ICB and providers
14 th August	NHS Frimley planning group review
17 th August	Review of progress against template with Systems during Winter Preparedness
w/c 28 th August	NHSE calls with individual ICBs to review progress
31st August	Initial draft of KLOE answers
6 th September	Drop-in session with Region
11th September 10:00	Systems submit signed off plans to National with Region – KLOE narrative plus a numerical return
12 th September – 22 nd September	Regional SME review of plans
25 th September	ICBs submit final plans (if changes are required)



NHSE Key Lines of Enquiry

- **System roles**
 - KLOE1.1 How has each part of the system been engaged?
 - KLOE1.2 How will you assure that each part of the system is delivering
 - KLOE1.3 How will the system deliver
 - Integrated Care Boards
 - Acute and Specialist NHS Trusts
 - Primary Care
 - Children and Young People services
 - Community Trust and Integrated Care Providers
 - Ambulance Trusts (where the ICB is the lead commissioner)
 - Mental Health
 - KLOE1.4 How will the ICB lead the system
 - KLOE1.5 Infection Prevention and Control
 - KLOE1.6 Support for care homes
 - KLOE1.7 Christmas and New Year
- **High impact interventions**
 - KLOE 2.1 Self-assessment of 10 high impact changes / 4 prioritised areas
 - SDEC, VW, UCR/RM, Placed based discharge
 - KLOE 2.2 improvement capability and capacity / Recovery champions

NHSE Key Lines of Enquiry (continued)

- **Discharge, intermediate care and social care**
 - KLOE 3.1 Effective joint working with relevant local authorities
 - KLOE 3.2 Better Care Fund (BCF) intermediate care capacity and demand plan
 - KLOE 3.3 Community hospital and Intermediate Care capacity
- **H2 numerical submission**
 - KLOE 4.1 Demand assumptions
 - KLOE 4.2 Supply assumption
- **Escalation plans**
 - KLOE 5.1 Describe system escalation plan
 - KLOE 5.2 Describe early warning systems (SHREWD)
- **Workforce**
 - KLOE 6.1 How will you ensure adequate staffing levels?
 - KLOE 6.2 How will the system work together on workforce
 - KLOE 6.3 How will staff wellbeing be prioritised
 - KLOE 6.4 How are you maximising the role of VCSE partners?

NHSE Winter Operating Model

- Winter will be managed through the South-East Regional Co-ordination Centre (RCC)
- UEC Winter operating model likely to run 9am-5pm 7 days a week (TBC:MPV 8/8/23)
- There will be a UEC lead 7 days a week
- A daily rhythm will be established to support the ICS which will include joining system calls as required
- All communication with the ICS's will be through the South-East Regional Co-ordination Centre (RCC)
- SHREWD will become the pan-system single operational decision support tool that underpins the revised surge approach.
- The UEC triggers/tiering metrics as focus for national and regional narrative & support include
 - ED 4-hour clinical performance standard:
 - ED Time in department – 12+ hour from arrival
 - Ambulance category 2 response times
 - >14-day LoS
 - ambulance handover delays >60 minutes

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Frimley Health and Care



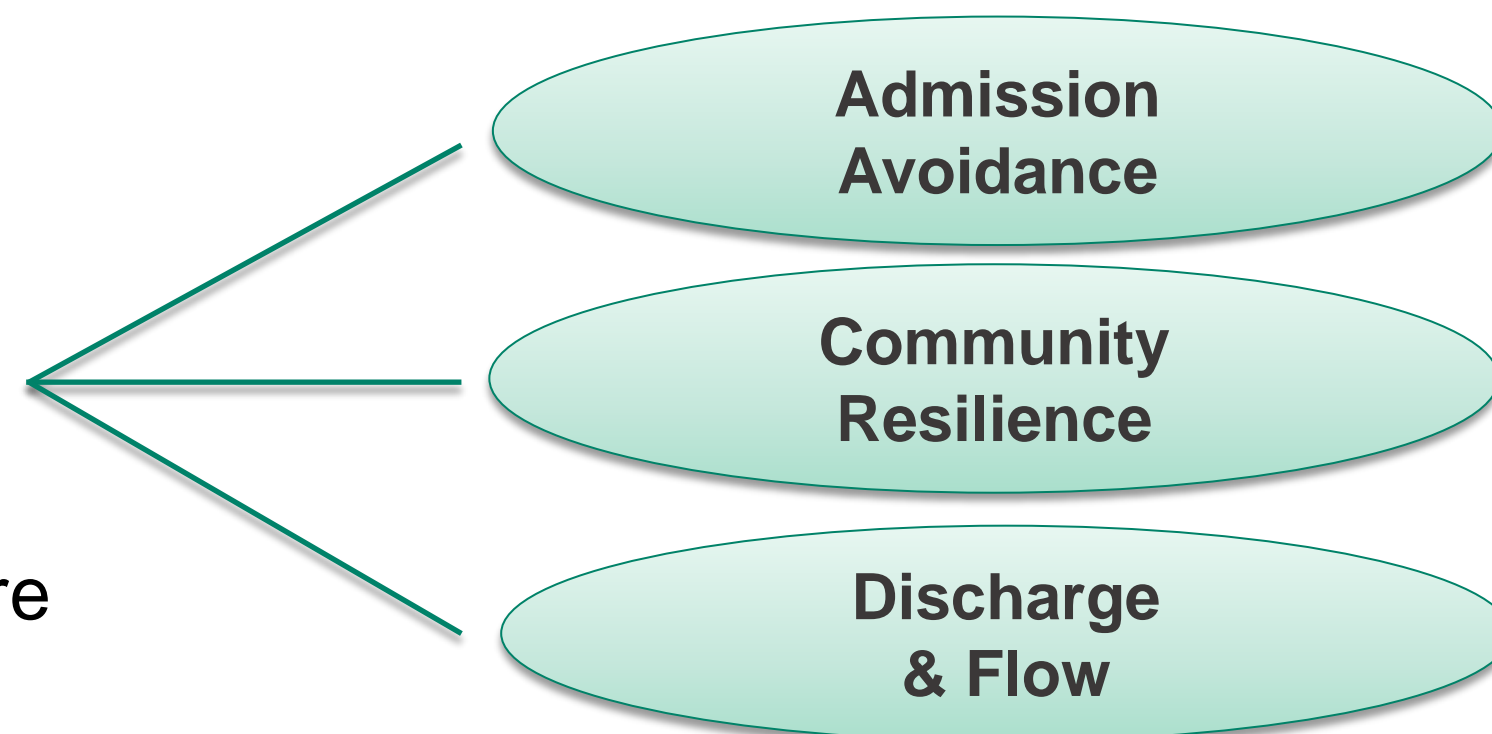
Bracknell Forest Place Integrated Winter Plan

Considerations and Challenges

- **‘The unknowns’**
 - Potential impact of new strains of Covid and / or other severe outbreaks of disease (flu)
- **Workforce**
 - Finite workforce and resilience across all partner organisations; vacancies & sickness could limit ability to reliably plan and flex capacity
- **Community resilience**
 - Increased pressure on community resources to keep people out of hospital and support an earlier discharge home
- **Conflicting and competing demands**
 - Multiple priorities and demands on our staff and resources
- **Population Health**
 - Recognising health inequalities, mitigating the ongoing and future impact on local communities
- **Communications**
 - Ensuring a comprehensive Winter Comms Plan – updating and refreshing information on public facing websites, social media and literature
 - Clear messaging on how to prevent ill-health & clear signposting to self-care resources and tools
 - Coordinated communications to help with signposting to services, for example, “Know Where to Go”
- **Building on good practice**
 - Using the learning from the Covid experience and the positive impact of working collaboratively during previous Winters

Winter Framework, the approach

- Winter plans from all organisations attributed
 - to these 3 key domains
- Winter planning to be delivered using an
 - integrated approach across Health & Social Care
- Winter plans will include:
 - Schemes / initiatives / pathway's in place & planned to come online in 2023/24
 - Aims of the plans (how do they link with other services)
 - Anticipated outcomes
 - Patient cohorts that the plans will benefit
 - How the schemes / initiatives / pathway's are referred into
 - Lead within the organisation for each scheme / initiative / pathway
 - RAG rating – to understand risk and assurance / mitigation



Integrated Winter Planning

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Cohort 1.1 Children & Young People					
Scheme (including brief description)	Aims & outcomes, capacity (including surge plans) and interdependencies	Referral pathway (including contact details, where necessary)	Status (Live or planned start date)	RAG rating (Red / Amber / Green) - see tab for details	Key organisation contact (name & details)
Community Equipment Service	To access required equipment for children with disabilities and complex health needs	through CSST OT (Marianne Mowczak)	ongoing	Green	Catherine Lloyd (CSST, BFC)
CSST BAU	Working with children with complex health needs open to CHC funding (incl dual packaging)	BAU - meet with health colleagues; CYP are open to CSST (Children in Need, Child Protection, Children Looked After)	ongoing	Green	Catherine Lloyd (CSST, BFC)

Cohort 2.2 Mental Health					
Scheme (including brief description)	Aims & outcomes, capacity (including surge plans) and interdependencies	Referral pathway (including contact details, where necessary)	Status (Live or planned start date)	RAG rating (Red / Amber / Green) - see tab for details	Key organisation contact (name & details)
Dynamic Support register for LD, ASD (or both)	Early identification of people at risk of admission to offer community care and treatment reviews	eastberksccg@dynamic			
Temporary Alternatives to Admission Funding – Intensive and Specialist support for Children and Young People with a learning disability and/or autism who display behaviour that challenges	To spot purchase specialist assessments and short-term interventions where they cannot currently be sourced through existing local provision. This funding does not relate to admissions for physical health conditions. It cannot be used for assessment of autism or ADHD	baswamccgs.funding@bracknellforest.gov.uk			
Self Harm communication campaign	Produce guidance for professionals and promotional campaign for schools, parents/carers and primary care	n/a			
Frimley Healthier Together	Maintaining children and young people in their normal environment	Online Platform			
Clinical Pathways-viral illness, D&V, viral wheeze	Consistent advice and treatment	DXS and Frimley Health			
Gastro-enteritis pathway	Prevent admission to hospital. Training in use of Ondansetron in Children	DXS and Frimley Health			
Consultant Hot Line	Consultant advice for GPs Mon-Fri 0900-1800	GPs can call the Paediatric Consultant Paediatrics			
Sandhurst Counselling	Counselling				
Bracknell Forest Community Network	Support those recovering from an episode of mental ill-health				
Sport in Mind	MH support through Activity Programme				
Recovery College	Is recovering from a diagnosed mental health related illness or more				
Social Prescribers - Public Health	18+ and resident in Bracknell Forest Benefit from becoming more socially,				
MHICS - Community Connectors	18+ and experiencing significant mental health problems that are impacting their life and wellbeing Too complex for IAPT, but don't meet secondary care thresholds. Where established mental health services are not accessible				
Link Project: Children & Young Person's (CYP) Mental Health and Neurodiversity GP Lead Training, Including Eating disorders, emotional dysregulation and self harm. GPs from Bracknell health and Bracknell and district	•Improve links between Primary Care and CAMHS services in East Berkshire •Improve knowledge and confidence in supporting CYP within Primary Care •Enable a better patient experience ensuring the right support at the right time •Recognise barriers to seeking support including for neurodivergent patients				
Roll out of Little Blue Book of Sunshine Ebook for secondary school age children	To support CYP, Families and Professionals across Health, Education and Social care with signposting for emotional and				

Status (Live or planned start date)	RAG rating (Red / Amber / Green) - see tab for details	Key organisation contact (name & details)
Live	Green	Sandhurst Counselling
Live	Green	Sheetal Tanna (BFC)

Cohort 3.3 Adults					
Scheme (including brief description)	Aims & outcomes, capacity (including surge plans) and interdependencies	Referral pathway (including contact details, where necessary)	Status (Live or planned start date)	RAG rating (Red / Amber / Green) - see tab for details	Key organisation contact (name & details)
Additional D2A bed capacity over and above current baseline	3 Bed D2A block Contract at Sandown 3 Bed D2A block Contract at Kings Lodge	To be detailed	Live Nov 1st - March 31st	Green	Ben Sladden (BFC) ben.sladden@bracknell-forest.gov.uk
In-reach Advance Nurse Practitioner	Proactively working within FPH and IRIS to actively identify and support the discharge of Bracknell Forest Patients to the most appropriate destination coordinating, communicating and navigating to the right services i.e. LAP, ICTs and BHFT community wards	Based in FPH Monday - Friday. Contact details to be confirmed	Bid approved. Recruitment in progress for a seconded post	Green	Integrated Services and Inpatient Lead (BHFT) Mob: 07919 591058 joanne.blackburn@berkshire.nhs.uk

VSO Winter Pressure Community Pressure navigator (The ARK Trust)	This post will support early discharge for those needing support at home. This post would work with the Locality Access Point and work in partnership with the BHFT In reach nurse above, to ensure support and care coordination is joined up	Contact details and working relationships to be detailed	The ARK Trust notified of successful bid	Green	Aimee Knight (Involve) aimee.knight@involve.community
Hospital discharge Social Worker (includes mental health as per Hospital SW in 3.2)	Working across the hospital discharge team & within ACT/ICS and CMHTOA – improve capacity and flexibility of the Intermediate Care Service (ICS) acting as trusted assessor and completing conversation 3 to support transition from ICS to Long Term Packages of Care (POC)	How this role works with FPH to be articulated	Bid approved. Recruitment in progress	Green	Anna McCafferty (BFC) anna.mccafferty@bracknell-forest.gov.uk
Improving the flow of the Discharge to Assess process	Ensuring the flow of the D2A period is consistently managed moving people from placements to home or appropriate care setting. 1WTE will support all D2A placements facilitating early intervention at the start of the D2A process and discharge planning within the 4-week D2A period	To be detailed			Anna McCafferty (BFC) anna.mccafferty@bracknell-forest.gov.uk

RAG rating (Red / Amber / Green) - see tab for details	Key organisation contact (name & details)
Green	Ben Sladden (BFC) ben.sladden@bracknell-forest.gov.uk
Green	Integrated Services and Inpatient Lead (BHFT) Mob: 07919 591058 joanne.blackburn@berkshire.nhs.uk
Green	Aimee Knight (Involve) aimee.knight@involve.community
Green	Anna McCafferty (BFC) anna.mccafferty@bracknell-forest.gov.uk
	Anna McCafferty (BFC) anna.mccafferty@bracknell-forest.gov.uk

These are examples of the type of content in the detailed Bracknell Forest Integrated Winter Plan, that will be developed over the next couple of months, as part of the planning process

Winter Pressures – supporting Bracknell Forest residents

Adults

The Adult Social Care Discharge Fund (ASCDF)

- Since the pandemic, we have seen consistently high levels of demand on acute hospitals throughout the year, with less seasonal variation and traditional ‘Winter’ levels being seen all year. This is partially due to delayed intervention or prevention during the pandemic, now leading to higher levels of acuity amongst people seeking Hospital care. Accordingly, we have prioritised allocation of ASCDF funding on initiatives with an impact throughout the year to both manage the current levels and avoid the lack of earlier intervention creating higher demand in future. Successfully implemented schemes to date include:
 - Discharge to Assess Social Worker – to support with complex pathway 3 / Discharge to Assess discharges within the Adult Community Team
 - Care Homes Physiotherapy Pilot – to provide physiotherapy and reablement to people returning to a care home placement following Hospital discharge
 - Assistive Technology Grab Bags – to provide people with monitoring equipment at the point of Hospital discharge
 - Temporary Accommodation and Home Preparation – to provide temporary accommodation for a person who is medically fit for discharge, whilst their home is prepared for safe habitation

Better Care Fund (BCF) – supporting Admission Avoidance work

- The Bracknell Forest Integrated Intermediate Care Service (ICS) is recognised for being flexible and responsive ensuring people receive the right care at the right time, including pro-active interventions to avoid admissions. The rapid response and ability to provide holistic care and therapy, from a multi-disciplinary team, is effective at preventing avoidable admissions
- Unpaid carers provide critical support to friends, family and loved ones who would be unable to manage in their everyday lives without their help. The work they do reduces demand on some of the services we provide and plays an important part in helping prevent avoidable hospital admissions. Bracknell Forest have just co-produced an All-Age Integrated Carers Strategy which will identify how we can best support carers in their caring role and plan the right types of support and services to meet the needs of carers going forward
- Forestcare is Bracknell Forest’s Assistive Technology service, offering a wide variety of alarms and sensors from basic ‘pull cord pendant’ alarms to specialised sensors and supportive technology. This monitoring with a ‘safety net’ provides reassurance to family/carers, helps avoid hospital admissions and helps people them stay in their own home
- One option used extensively across Bracknell, is that of a ‘step-up’ bed. Where someone might require a period of reablement or care that is difficult to provide at home they can be admitted to a community bed or a rehabilitation bed in several locations across the area. A pro-active admission of this type can prevent a situation from escalation (which can often be quite rapid) that would otherwise result in an avoidable admission and/or longer-term deterioration in their well-being. It also allows for a focused provision of more specialised care that would be challenging or impossible to provide at home

Winter Pressures – supporting Bracknell Forest residents

Adults

Market Sustainability Fund (MSF)

- Funding is being made available that will be used to sustain the cost of existing placements (not funding for new initiatives)

New Adult Social Care Target Operating Model – focussed around system and flow

- The council has invested around £750k to deliver transformation across Adult Social Care, to improve access to services and strengthen integrated working with health partners across the Community and Hospital
- The resultant new target operating model is designed for people to have a common point of access and consistent, quality experience throughout their interaction with services. This will improve discharge and patient flow from Hospital, with a focus on strengthening the Home First and reviewing our Discharge to Assess approach
- As part of the transformation, a new Hospital Community Services Manager post has been created, to provide sufficient oversight, professional and management cover to ensure effective discharge and flow, in order to strengthen management support and resilience for hospital discharge and to manage significant system pressures

Dedicated resource & expertise to continue to support system and flow

- Delivering an intensive period of accelerated activity focussed on the below schemes:
 1. Consider the national specification for transfers of care from hospital and what would work for Bracknell and the Frimley system and interfaces
 2. Improve infrastructure aspects to improve discharge and flow to align with Frimley system and new operating model in Bracknell Forest
 3. Managing choice and complexity on discharge – system discharge challenges, complex decision making, brokering of care provision and funding arrangements
 4. Development of integrated dashboards to monitor discharge and flow across Bracknell and wider Frimley ICS
- This work will be across the ICS as a system and deliver a robust integrated approach across Bracknell Forest and the broader Frimley system to improve hospital discharge and flow

Strong links with the Voluntary Sector

- Schemes to support Bracknell Forest residents who are deemed Clinically Extremely Vulnerable (CEV)
- Bracknell Forest Happiness Hub – a collaboration of support services offering mental health and wellbeing advice for people aged 18 and over who live in Bracknell Forest (and the surrounding areas)

Winter Pressures – supporting Bracknell Forest residents

Mental Health

Learning Disability and Autism

- Planned recruitment of a Learning Disability & Autism Support Manager to address local need within the Primary Care setting. The role will plan, deliver and innovate programmes of work for Learning Disabilities and Autism alongside Bracknell Forest Primary Care Networks and the Integrated Community Team for People with a Learning Disability

Crisis Alternatives

- Extending the period that the Safe-Haven in East Berkshire operates from 4 to 7 days. This service is for all East Berkshire Places and the team have been working on increasing access to Bracknell Forest. This extra capacity is planned to start pre-Winter to enable more people to have access to out of hours, same day Mental Health crisis support

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Children & Young People (CYP)

Frimley Healthier Together

- Maintaining children and young people in their normal environment – including integration of the HT app into Bracknell Forest PCN systems

Paediatric Consultant Hotline

- Consultant advice for GPs, Mon-Fri, 0900 – 1800

Psychiatric Liaison Nurse

- 24/7 access to a PLN being developed in Frimley

Paediatric Virtual Wards

- Priority pathway to support admission avoidance, across Bracknell Forest and the Frimley system

Bracknell Forest Primary Care

Supporting Primary Care, Bracknell Forest already has a very well established Integrated Urgent Care (minor illness) Pathway providing up to 93 same day bookable appointments from Bracknell Urgent Care Centre (including a Home Visiting Service)

Integration into Community services that include Urgent Community Response (UCR) & Frailty Virtual Wards (FVW), and the Community Pharmacist Consultation Service (CPCS)

Ideas being explored to further support Winter pressures:

- Training for PCNs (Care Navigators) to achieve Capacity & Access Plans
- Additional same day appointments – either via GP Practice or the Integrated Urgent Care (minor illness) Pathway
- Proactive Case Management – sprint work allowing PCNs to deploy additional resource to potentially focus on Diabetes and Hypertension & Lipid Lowering Therapies
- Remote monitoring of high-risk patients

Winter funding sources being explored:

- PMS (Personal Medical Services)
- Transition Cover & Transformation Support Funding
- IIF (Investment & Impact Fund)
- Digital First

Monitoring the impact of the Bracknell Forest Winter Plan

- Joint weekly meetings (Seasonal Capacity Planning) provide planning and oversight
 - Collaboration between Bracknell Forest Place & Bracknell Forest Borough Council
- Adult Social Care Discharge Fund bids monitored
 - What progress is being made with schemes and tracking of finances
- 55 • Better Care Fund oversight of BAU and newly implemented schemes
- Alignment with UEC system priorities through Winter
 - As per previous Frimley system slides
- Winter Plan updates to be brought to Bracknell Forest meetings as required
 - Place Committee, GP Council, Health & Wellbeing Board
- Regular reporting submissions to NHSE
 - Submissions made via the BCF, on a fortnightly basis to monitor impact of Adult Social Care Discharge Fund schemes

Bracknell Forest Public Health

- **Warm, Safe and Well programme**

- The Council through its public health grant funds the warm, safe and well programme – which is based on the NICE (National Institute of Clinical Excellence) evidence-based guidance on reducing excess winter deaths and illness and the health risks associated with cold homes
- An assistance scheme for residents who have major health issue and are living in homes in need of heating or safety improvements. Examples include people with cancer, stroke, heart condition, disability and mental health illness

- **Community Winter Hubs**

- These aim to offer a warm, safe and welcoming community space. Our approach is based on the following principles:
 - *Using existing quality community assets to encourage a thriving community*
 - *Be open and accessible to all, including offering discreetness*
 - *Provide a safe place with staff and volunteers aware of safeguarding support*
 - *Offer a space for self-directed and social activities*
 - *Join up with wider community activities and health initiatives, and broader hardship support*

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- **5 ways to Winter wellness campaign**



As the temperatures fall and we settle into winter, it is even more important to look after our health.

To support residents, Bracknell Forest Council's Public Health team has launched the **Five Ways to Winter Wellness** campaign, providing a variety of free activities across the season to support your wellbeing.

All sessions are free to attend and are led by qualified instructors.

Details of the sessions and a timetable of activities running in November and December are shown in this leaflet.

An updated timetable for January 2023 onwards will be published separately.

Venues include selected spaces from the **Community Winter Hubs** network in Bracknell Forest.

www.bracknell-forest.gov.uk/winter-hubs

What do the activities cover?

- Energy efficiency**
How to save energy and insulate your home.
- Social prescribing**
Meet our social prescribers to find out what they do and how they can support your wellbeing.
- Fire safety**
Fire risks in the home and what you can do to reduce risk.
- Nutrition workshop**
Suitable for the whole family. Covers everything from cooking on a budget, sugar, fat and healthy snacking.
- Stop smoking**
Meet a Smoketfree Berkshire advisor and find out how they can support you to quit smoking.
- Stepping Stones Recovery College**
Find out about Stepping Stones offers, what course might be suitable for you and where you can access help.
- Wellbeing sessions**
Discover ways to support your wellbeing using the Five Ways to Wellbeing.
- Making Every Contact Count**
Learn skills to support your own wellbeing, or the wellbeing of those you interact with through healthy conversation skills.
- Drug and alcohol support**
Meet the New Hope team and find out how they can support you to reduce your alcohol intake.
- Craft session with Bracknell Forest Community Network (BFCN)**
A friendly chat and craft session including mindful colouring, journaling and more.
- Happiness Hub drop-in**
Meet the Happiness Hub at their monthly coffee morning and chat to the team about how they can support your wellbeing.
- Winter walks for wellness**
A series of walks in local parks and green spaces, making use of the network of footpaths in the town. Each walk is about 40 minutes and is suitable for beginners.

Date	Start time	Session topic	Venue
Monday, 28 November	10am	Energy efficiency	Sandhurst Library
	10am	Adult college	Bracknell Library
	10am	Stop smoking	Crowthorne Library
Tuesday, 29 November	2pm	Energy efficiency	Bracknell Library
	2pm	Social Prescribers	Binfield Library
	10am	The Recovery College	Whitegrove Library
Thursday, 1 December	1pm	BFCN wellbeing sessions	Crowthorne Fire Station
	2pm	MECC	Sandhurst Library
	10am	Stop smoking	Bracknell Library
Friday, 2 December	10am	Fire safety and smoke alarms	Community Hub Time Square
	10am	Drug and alcohol advice	Community Hub Time Square
	2pm	Social Prescribers	Bracknell Library
Monday, 5 December	2pm	The Recovery College	Birch Hill Library
	3.30pm	Healthy eating	Whitegrove Library
	10am	Winter walks for wellness	Community Hub Time Square
Tuesday, 6 December	10am	Adult college	Community Hub Time Square
	10am	Drug and alcohol advice	Crowthorne Library
	9.30am	Winter walks for wellness	Crowthorne Library
Wednesday, 7 December	11.30am	Energy efficiency	Birch Hill Library
	12.30pm	Winter walks for wellness	Community Hub Time Square
	2pm	Fire safety and smoke alarms	Bracknell Library
Thursday, 8 December	2pm	Energy efficiency	Crowthorne Fire Station
	2.30pm	Winter walks for wellness	Birch Hill Library
	10am	Drug and alcohol advice	Community Hub Time Square
Friday, 9 December	11am	Craft session with BFCN	Community Hub Time Square
	2pm	Adult college	Community Hub Time Square
	9.30am	Winter walks for wellness	Bracknell Library
Friday, 9 December	10am	Stop smoking	Birch Hill Library
	11am	Winter walks for wellness	Binfield Library
	3.30pm	Healthy eating	Birch Hill Library
Friday, 9 December	2pm	The Recovery College	Bracknell Library
	2pm	Social Prescribers	Birch Hill Library
	3pm	Winter walks for wellness	Whitegrove Library
Friday, 9 December	3.30pm	Healthy eating	Birch Hill Library
	10am	MECC	Bracknell Library
	3.30pm	BFCN wellbeing sessions	Community Hub Time Square
Friday, 9 December	11am	BFCN wellbeing sessions	Community Hub Time Square
	3.30pm	Healthy eating	Sandhurst Library