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.

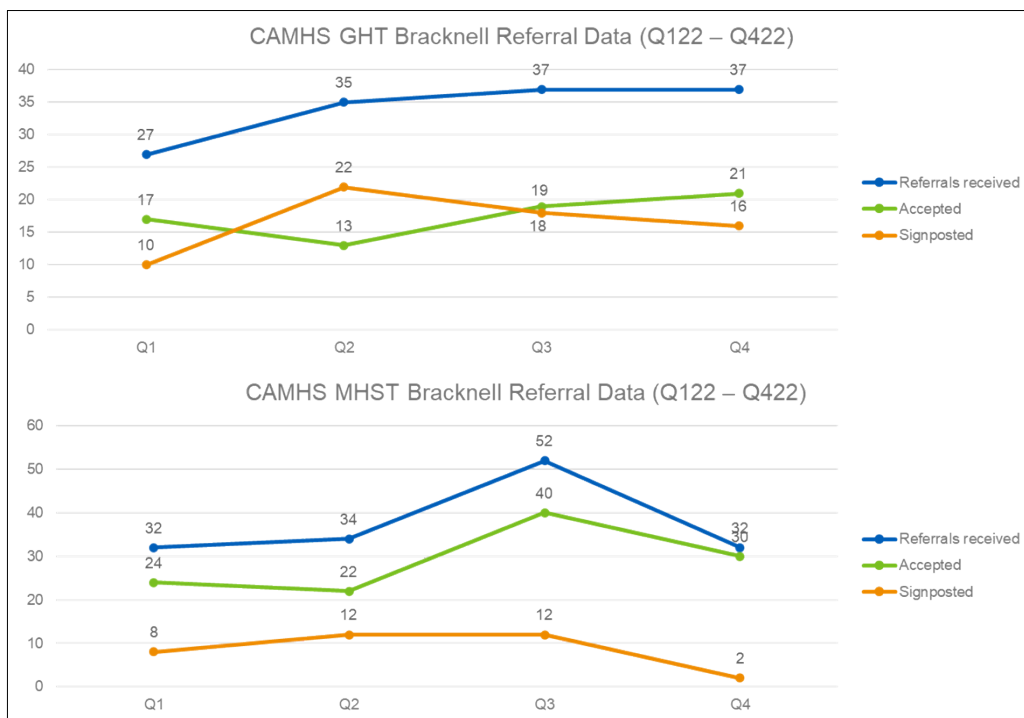Figure 1: Referral and outcomes (accepted/signposted)

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
Heema Shuka, Deputy Director Public Health - 01344 355365

Heema.Shukla@bracknell-forest.gov.uk