



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held at the Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 8 OCTOBER 2015 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Andy Couldrick'.

Andy Couldrick
Chief Executive
Published on 30 September 2015

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Our Vision

A great place to live, an even better place to do business

Our Priorities

Improve educational attainment and focus on every child achieving their potential

Invest in regenerating towns and villages, support social and economic prosperity, whilst encouraging business growth

Ensure strong sustainable communities that are vibrant and supported by well designed development

Tackle traffic congestion in specific areas of the Borough

Improve the customer experience when accessing Council services

The Underpinning Principles

Offer excellent value for your Council Tax

Provide affordable homes

Look after the vulnerable

Improve health, wellbeing and quality of life

Maintain and improve the waste collection, recycling and fuel efficiency

Deliver quality in all that we do

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Chief Inspector Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Nikki Luffingham	NHS England
Judith Ramsden	Director of Children's Services
Stuart Rowbotham	Director of Health and Wellbeing
Nick Campbell-White	
Katie Summers	NHS Wokingham CCG
Dr Cathy Winfield	NHS Wokingham CCG
Kevin Ward	Place and Community Partnership Representative
Clare Rebbeck	Voluntary Sector representative

ITEM NO.	WARD	SUBJECT	PAGE NO.
38.		APOLOGIES To receive any apologies for absence	
39.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 13 August 2015.	7 - 16
40.		DECLARATION OF INTEREST To receive any declarations of interest	
41.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this Board. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	

42.		MEMBER QUESTION TIME To answer any member questions	
43.		PERFORMANCE	
44.	None Specific	PERFORMANCE METRICS To receive updates on performance against the following: <ul style="list-style-type: none"> • Better Care Fund; • Public Health Outcomes Framework, NHS and Adult Social Care, • Health & Wellbeing Strategy 2014-17. Please note that this will be by exception only. <i>(15 mins)</i>	17 - 18
45.	None Specific	BETTER CARE FUND QUARTERLY RETURN TO DEPARTMENT OF HEALTH QUARTER 1 2015 To note the Better Care Fund return. <i>(10 mins)</i>	19 - 28
46.		HEALTH AND WELLBEING	
47.	None Specific	LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING To receive a report regarding Local Transformation Plan for Children and Young people's Mental Health and Wellbeing <i>(20 mins)</i>	29 - 80
48.	None Specific	SCHOOL READINESS To receive an update on the impact of school readiness. <i>(10 mins)</i>	81 - 92
49.	None Specific	ORGANISATION AND GOVERNANCE	
50.	None Specific	UPDATE FROM BOARD MEMBERS To receive updates on the work of the following Health and Wellbeing Board members: <ul style="list-style-type: none"> • Healthwatch Wokingham Borough; • Business, Skills and Enterprise Partnership; • Community Safety Partnership; • Place and Community Partnership <i>(15 mins)</i>	Verbal Report
51.	None Specific	UPDATE FROM THE VOLUNTARY SECTOR INFRASTRUCTURE ORGANISATION INVOLVE To receive an update on Voluntary Sector Infrastructure Organisation Involve and plans for Community Learning events, Voluntary Sector Business Workshops and the Community Navigator role and Launch event. <i>(10 mins)</i>	Verbal Report

52.	None Specific	NATIONAL INFORMATION BOARD - LOCAL DIGITAL ROADMAP To receive a report on the National Information Board – Local Digital Roadmap. <i>(10 mins)</i>	93 - 96
53.	None Specific	HEALTH AND WELLBEING BOARD PEER REVIEW To receive a report on the Local Government Association Peer Challenge. <i>(10 mins)</i>	97 - 100
54.	None Specific	PHARMACY APPLICATION To note NHS England response to a pharmacy application <i>(5 mins)</i> .	101 - 106
55.	None Specific	FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year. <i>(5 mins)</i>	107 - 110
56.		ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading	

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON 13 AUGUST 2015 FROM 5.00 PM TO 7.00 PM**

Present

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Stuart Rowbotham	Director of Health and Wellbeing
Katie Summers	NHS Wokingham CCG
Dr Cathy Winfield	NHS Wokingham CCG
Andy Couldrick	
Jim Stockley	Healthwatch Wokingham
Alan Stubbersfield	

Also Present:

Carol-Anne Bidwell

15. APOLOGIES

Apologies for absence were submitted from Nick Campbell-White, Councillor Charlotte Haitham Taylor, Chief Inspector Rob France, Nikki Luffingham, Judith Ramsden and Kevin Ward.

16. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 11 June 2015 were confirmed as a correct record and signed by the Vice Chairman.

17. DECLARATION OF INTEREST

Dr Zylstra declared a Personal Interest in Agenda Item 32 CCG Cluster profiles on the grounds that he was involved in the Neighbourhood Cluster work.

18. PUBLIC QUESTION TIME

There were no public questions.

19. MEMBER QUESTION TIME

There were no Member questions.

20. ORGANISATION AND GOVERNANCE

**21. WOKINGHAM LEARNING DISABILITY PARTNERSHIP BOARD - JOINT
HEALTH AND SOCIAL CARE SELF-ASSESSMENT**

The Board received a presentation on the Wokingham Learning Disability Partnership Board – Joint Health and Social Care Self-Assessment Framework.

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

- It was explained that the Joint Health and Social Care Self-Assessment Framework was annual report that checked how well health and social care services were working for people with learning disabilities and their families. Although non-mandatory, it was good practice.
- It asked for data, compliance and people's stories around three main areas: Staying Healthy, Keeping Safe and Living Well.
- Public Health, with the support of the Partnership, had completed the framework. 51 people had shared their stories and 38 people had attended an engagement event held to share the information collected and RAG ratings produced.
- The Board was informed of what was going well under and where improvements could be made under the three main areas.
- With regards to Staying Healthy it was noted that:
 - All GP practices were signed up to the Annual Health Check Direct Enhanced Service.
 - Good evidence of people with learning disabilities accessing prevention, health screening and health promotion opportunities. Dr Zylstra commented that cervical screening was on a three or five year rotation as was breast screening and that the figures provided seemed low.
 - Good evidence of reasonable adjustments being made in all areas of Primary Care.
 - The Learning Disability Co-ordinator role at Royal Berkshire Hospital was highly regarded.
- Where improvements could be made included:
 - The GP surgeries kept a register of people with learning disabilities, as per QOF requirements. Whilst data was aligned to the number of adults in receipt of social care the children's data did not reflect actual numbers. Dr Zylstra clarified that Under 18's were not included in the QOF.
 - Specific health improvement targets set in the Annual Health Check were not always integrated with the Health Action Plans.
 - The Joint Strategic Needs Assessment (JSNA) did not have a chapter on learning disabilities. It was noted that the updated JSNA would include a learning disabilities section.
- With regards to Keeping Well it was noted that:
 - Good safeguarding reporting, training and partnership working, overseen by the Local Safeguarding Adults Board and the Local Safeguarding Children's Board. An easy read booklet that explained the safeguarding process was being written.
 - Training around the Mental Capacity Act and Deprivation of Liberty Safeguards was being provided.
 - Some people with learning disabilities and their families were being involved in training and recruitment in learning disability specific services, although this was not happening across all areas.
- Where improvements could be made included:
 - 69% of people with a learning disability had had an annual review of their care package. However, under 90% was rated as Red. Stuart Rowbotham indicated that the 69% related to the 2013/14 data, that the 2014/15 data was due late September and that improvements were expected.
 - More involvement from people with learning disabilities, their carers and families in the commissioning and monitoring of services and the recruitment and training of staff within the service, was needed.

- An amber rating had been received for the question asking if family carers and people with a learning disability agreed that all providers treated people with compassion, dignity and respect.
- With regards to Living Well it was noted that:
 - Good evidence of those with learning disabilities having access to reasonably adjusted sports and leisure activities and cultural services.
 - Evidence of reasonably adjusted services which helped improve and enhanced access to the community such as Safer Places scheme and Changing Places toilets.
 - Targets for getting people with learning disabilities into employment had been exceeded year on year.
 - Good transition mapping and planning.
- Where improvements could be made included:
 - There was uncertainty regarding the existence of a local Employment Strategy, meaning the Council's employment rating was set at amber, despite high numbers of those with learning disabilities in employment.
- Stuart Rowbotham emphasised that the Council was one of the higher performers in the country for assisting those with learning difficulties into employment and congratulated the employment services provided by Optalis. He also commented that any Employment Strategy would be out of date and that capacity regarding strategic support had reduced. However, he would take the matter back for further consideration.
- Dr Llewellyn indicated that Public Health had been successful in gaining McMillian funding for cancer services for those with learning difficulties. She requested that the assistance of the Partnership Board in discussions.

RESOLVED: That the presentation on the Wokingham Learning Disability Partnership Board – Joint Health and Social Care Self-Assessment Framework be noted.

22. CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP UPDATE ON PRIORITIES AND THE EARLY HELP INNOVATION PROGRAMME

Alan Stubbersfield, Head of Learning & Achievement updated the Board on the Children and Young People's Partnership priorities and the Early Help Innovation Programme.

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

- The Board was informed of progress made against the key priorities identified in the Wokingham Children and Young Peoples Plan 2014-2016 which were:
 - **Priority 1** - Refresh and renew our Early Help approach, building on what works well, empowering professionals to always keep child centred and designing service to enable excellent practice.
 - **Priority 1a** - As part of a renewed focus on Early Help, develop an integrated 0-5 offer across the Local Authority, health and early year's sector.
 - **Priority 1b** - As part of a renewed focus on Early Help, review emotional health and wellbeing services including primary CAMHS to improve the emotional health and wellbeing of vulnerable children and young people.
 - **Priority 2** - Ensure more Wokingham children have access to the best education and focus on delivering improvements for those most at risk of poor outcomes
 - **Priority 3** - Implement changes required to deliver on the Children and Families. Act 2014 and go further to bring the child and family into the centre of assessment, planning and support processes.

- With regards to Priority 2 it was noted that local A level results had bucked the national trend and had increased. Early Years result had also increased by 8%. This reflected the Council's aspiration to provide the best education for Wokingham children.
- Projects identified were linked together by the further development of the single partnership brand 'Wokingham for Children.'
- Board members were updated on the Early Help and Innovations Programme.
- A positive impact was being seen and staff turnover had reduced to 9.9%
- Board members noted the next steps for the Early Help and Innovation Programme.

RESOLVED: That:

- 1) the progress made against both Children and Young Peoples Plan Priorities and the Early Help and Innovation Programme be noted.
- 2) the proposed next step actions be endorsed.
- 3) a further report on impact and outcomes be received in the Autumn term, in particular with regards to Early Help.

23. CARE ACT REFORMS UPDATE

The Director of Health and Wellbeing updated the Health and Wellbeing Board on the Care Act reforms.

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

- The Board was provided with an overview of reforms which had been due to be in place by April 2015.
- The Government had announced that the implementation of the Care cap of £72,000 would be delayed until April 2020, which meant that the local authorities would not have to pick up the costs until this time. However, there was no clear information yet about how this was to be funded. There would no longer be a need to assess self-funders from October (in preparation for April 2016). In addition there would be no impact on current social care customers who were fully funded by the local authority and self-funders and customers who paid full cost or contributed to the cost of their care would continue paying for their support until 2020.
- The increase in capital thresholds had also been delayed until April 2020. The current capital thresholds (upper limit for both residential and non-residential care was £23,250 and the lower limit £14,250) would continue to apply until that time. The delay would not impact on current customers.
- In addition the duty on councils to meet the eligible needs of self-funders in care homes at their request was delayed until April 2020. This would not create additional pressures on resources. The delay would have a positive impact on providers and local authorities; self-funders being entitled to lower rates negotiated by the local authority would potentially lead to destabilisation of the market and higher prices for the local authority.
- The implementation of a new appeals process for adult social care (to appeal against decisions made about care and support) was delayed until the Spending Review in Autumn. Social care customers and carers could still access to the existing complaints system.

- With regards to funding it was noted that the Department of Health was expected to advise local authorities on what would occur with the implementation funding in the light of the delay.
- The forthcoming Spending Review would determine the level of funding for social care.
- Dr Winfield commented that the NHS would be receiving a three year allocation and asked whether a similar arrangement would be put in place for local authorities.

RESOLVED: That the update on the Care Act reforms be noted.

24. APPOINTMENT OF VOLUNTARY SECTOR REPRESENTATIVE TO HEALTH AND WELLBEING BOARD

The Board received a report which proposed the appointment of a voluntary sector representative to the Health and Wellbeing Board.

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

- The Health and Wellbeing Board could appoint such additional persons to be members of the Board as it thinks appropriate. This could include representatives from other groups or stakeholders, such as the voluntary sector, who could bring in particular skills or perspectives, or have key responsibilities which can support the work of boards.
- The Council's Constitution, section 4.4.23, would require amendment to reflect the addition of a representative from the Voluntary Sector to the Health and Wellbeing Board.
- Councillor Bray expressed concern with regards to the proposal that the Health and Wellbeing Board agree amendments to its terms of reference in future without requiring the agreement of Council, due to the evolving nature of the Board.

RESOLVED: That

1) That Clare Rebbeck be appointed to the Health and Wellbeing Board as a representative from the Voluntary Sector.

2) it be recommended to Council, via the Constitution Review Working Group that section 4.4.23 of the Council's Constitution be amended to reflect the addition of a Voluntary Sector representative on the Health and Wellbeing Board.

25. DELEGATION OF RESPONSE TO CONSULTATIONS ON PHARMACY APPLICATIONS

The Board received a report regarding the delegation of responses to consultations on Pharmacy Applications.

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

- The Health and Wellbeing Board was consulted on various types of applications for new pharmacy contracts in the Borough or adjoining areas.
- The Wokingham Pharmaceutical Needs Assessment did not make a recommendation for new pharmacy provision in the area at this stage.
- Due to the fact that the consultation periods for the applications might not coincide with the timing of the Health and Wellbeing Board meetings it was proposed that the

formulation of consultation responses on behalf of the Health and Wellbeing Board to pharmacy applications received from the Thames Valley Primary Care Agency, be delegated to the Consultant in Public Health in consultation with the Chairman of the Health and Wellbeing Board.

RESOLVED: That the formulation of consultation responses on behalf of the Health and Wellbeing Board to pharmacy applications received from the Thames Valley Primary Care Agency, be delegated to the Consultant in Public Health in consultation with the Chairman of the Health and Wellbeing Board.

26. UPDATES FROM BOARD MEMBERS

Jim Stockley informed the Board that Healthwatch's work with young people continued to go well and that Healthwatch Wokingham Borough had been approached by other schools and Healthwatches.

Beverley Graves indicated that Claire Folan, Policy Officer, would now be supporting the Business, Skills and Enterprise Partnership. She would circulate information on progress made against elements assigned to the Partnership in the Health and Wellbeing Strategy. Beverley Graves also informed the Board of an opportunity to bid for funding.

Andy Couldrick commented that the membership of the Community Safety Partnership had changed a little since the last update. The Partnership had completed the Domestic Homicide Review and was awaiting feedback from the Home Office. It was noted that the Community Safety Partnership was looking at the low level of disability related hate crimes and whether this was due to a low number of incidents or the result of low reporting. The number of burglaries and thefts had improved as had the rate of repeat domestic abuse referrals. Thefts from vehicles were down 40%. While violent offences were up 40% this had been from a very low level. Board members were also informed that the Community Safety Partnership would be responding to proposals from Thames Valley Police regarding police areas.

RESOLVED: That the update from Board members be noted.

27. PERFORMANCE

28. PERFORMANCE METRICS

Stuart Rowbotham, Director of Health and Wellbeing presented the Performance Metrics.

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

- Councillor Bray queried what was measured by the performance indicator 'Percentage of report dementia diagnosis.' Dr Zylstra clarified that this referred to diagnosis of dementia against a formula for the area. Typically the better the health of an area, the lower the incidences of dementia.
- Dr Llewellyn commented that the message about measures people could take such as exercise, to prevent dementia, need to be better publicised.
- Dr Zylstra questioned whether the targets were challenging enough as they were all rated green. Stuart Rowbotham stated that some targets had been difficult to achieve.

RESOVLED: That the Performance Metrics be noted.

29. INTEGRATION

30. BETTER CARE FUND HIGHLIGHT REPORT

The Board received the Better Care Fund Plan highlight report.

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

- The Section 75 had been signed for the locality.
- With regards to the Health and Social Care Hub, a Project Manager for the Wokingham area had been appointed.
- An advert was out for a single team manager for the integrated short term health & social care team.
- With regards to Domiciliary Care Plus initial meetings had been held with Optalis senior management regarding domiciliary care service being expanded to a 24 hour service.
- The Step Up Step Down service had had a good start although there had not been the level of take up anticipated.
- Good progress was being made with regards to Neighbourhood Clusters. Different models were being looked at and Vitality Partnership would be talking to the GP council as examples of alternative ways of working. Board members were informed that a Community Navigator Co-ordinator had been appointed.
- Dr Zylstra commented that good engagement with the public was required with regards to the Neighbourhood Clusters.
- It was noted that the original budget for the Hospital @ Home service was £639k. The service had started slowly and some of the budget was unspent at present. The model and how the money could be used would be relooked at.
- Dr Winfield questioned whether the £300k allocated to the Wokingham locality for winter resilience was included in the Section 75 and was informed that it was.

RESOLVED: That the Better Care Fund Plan highlight report be noted.

31. HEALTH & WELLBEING

32. CCG CLUSTER PROFILES

The Board were updated on the progress of the Clinical Commissioning Group Cluster Profiles and noted the East Cluster, West Cluster and North Cluster profiles.

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

- Board members were reminded that the Neighbourhood Clusters project was part of the wider Better Care Fund and was aimed at primary prevention and self-care.
- The central Public Health Team based in Bracknell had created a Wokingham CCG Locality Profile which was part of the Joint Strategic Needs Assessment. Its aim was to support GP commissioners in identifying the priorities for the local area and to develop their commissioning priorities accordingly. The profile had been further broken down into three separate cluster profiles; East, West and North cluster profiles. Board members were reminded that some of those living in the Borough would not be registered at GP practices situated within the Borough and similarly some people living outside the Borough would be registered at Wokingham Borough GP practices.
- In response to a question from Councillor Bray regarding comparators Darrell Gale commented that it was hoped that these would be included in the next iteration. It

was noted that the East Cluster had a higher prevalence of cancer and the North Cluster a higher prevalence of obesity and smoking.

- Board members requested an update in six months' time.

RESOLVED: That the progress of the Cluster Work by Wokingham Borough Council's Public Health Team and the wider Cluster Project Team be noted.

33. UPDATE ON THE DEVELOPMENT OF THE APPROACH TO THE HEALTH AND WELLBEING STRATEGY

Darrell Gale provided an update on the development of the approach to the Health and Wellbeing Strategy.

He outlined the following key milestones:

- The Joint Strategic Needs Assessment (JSNA) updates would be downloaded in September.
- Health and Wellbeing Strategy priorities would be discussed in September and also at the Board's October meeting.
- Work on structuring the JSNA website and chapter sign off would take place October and November and that the Board would sign off the JSNA in December.
- It was anticipated that Council would approve the final Health and Wellbeing Strategy in February.

RESOLVED: That the update on the development of the approach to the Health and Wellbeing Strategy be noted.

34. FORWARD PROGRAMME

The Board considered the Forward Programme 2015/16.

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

- It was proposed that the draft CCG Operating Plan be taken to the Board's February meeting and that the final version be presented at the April meeting.
- Katie Summers suggested that a briefing paper be taken to the Board's September meeting regarding the National Information Board 'Personalised Health and Care 2020' road maps and domains. The Health and Wellbeing Board would oversee the delivery of domains.
- A quarterly progress update on the Emotional Health and Wellbeing Strategy would be provided.

RESOLVED: That the Forward Programme 2015/16 be noted.

35. EXCLUSION OF THE PUBLIC

RESOLVED: That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act as appropriate.

36. FEMALE GENITAL MUTILATION

The Board received an exempt update on Female Genital Mutilation.

RESOLVED: That the recommendations set out in Appendix 1 of the report be agreed except recommendation 2 of the report.

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Health and Wellbeing Board Performance Report

Reporting Period: April to August 2015

Key:	↑	Performance Improving compared to previous period
	↓	Performance Deteriorating compared to previous period

HWB Priority	HWB Strategy Objective	Performance Indicator (Better Care Fund Indicator are in BOLD)	Year End Target 2015-16	Benchmark	Provenance of Benchmark	Reporting Frequency	Period	Expected Performance this Period	Actual Performance this Period	RAG this Period	Direction of Performance (see key)	Expected Performance to Date	Actual Performance to Date	RAG to Date	Projected Year End Performance	Commentary
BCF	5a	Total non-elective admissions in to hospital (general & acute), all-age	Q3 (Oct 15 - Dec 15) 2,977	1,695	Berkshire West CCG Average per 1,000 population. Wok is 1,650 per 1,000 population	Quarterly	Quarter 1	2,742	2,828	Green	↓	2,742	2,828	Green	2,977	September15: Updated to include July 2015, Q2 incomplete. 13% more activity compared to July 2014. Q2 forecast to be 11% over plan
BCF	5a	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	163 (619 per 100,000)	626 per 10,000 population	626 per 100,000 is the 2013/4 average for SE Region and 651 nationally	Monthly	Aug-15	14	5	Green	No change	70	51	Green	122	Social care team working in RBFT to support improved decision making on resident and nursing care homes placement.
BCF	5a	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	70% (2013/4 outturn was 65.6%)	SE Region 80.1% in 2013/4	SE Region 80.1%, English average 82.5% in 2013/4	Annual	January to March	70%	77.9%	Green	↑	70%	77.9%	Green	NA	The indicator changed for 15-16 to monitor every person who is discharged from hospital into reablement. The indicator has only been in place since 1st April 2015 and we are only just past the first 91 days. There is currently no data to report for 15-16.
BCF	5a	Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	4,999	TBC		Monthly	Jul-15	340	174	Green	↑	1,360	1,219	Green	3,657	July by sector: NHS 87 Social Care 83 Both 4, YTD 573 fewer days compared to 2014-15. On course to achieve target for Q2
BCF	5b	Number of patients going through reablement	900	TBC	No comparator data	Monthly	Jul-15	75	70	Amber	↑	300	308	Green	924	Waiting for update once new manager is in post.
BCF	5b	Adult Social Care User Experience Survey: Q3b Do care and support services help you in having control over your daily life?	87.2%	88.4%	South East region average	Annual	2014-15	87.2%	90.4%	Green	↑	87.7%	90.4%	Green	Awaiting 15-16 figures	The final report is expected to be published in October 2015.
		National GP survey is Section 8 Question 32: In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.	Not set	64%	England	Annual	2014-15	66%	Survey currently being undertaken	NA	NA	66%	Survey currently being undertaken	NA	Not set	Data is based on collection during July-September 2014 and January-March 2015. Current performance is 66% which consists of fieldwork from January-March 2014 and July-September 2014.
		Adult Social Care User Experience Survey: 2. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?	89.9%	92.2%	South East region average	Annual	2014-15	88%	92.5%	Green	↑	88%	92.5%	Green	Awaiting 15-16 figures	This indicator is a percentage of all respondents to the survey who said their quality of life was 'So good, it could not be better', 'Very good', 'Good' or 'Alright'. Includes responses to easy read surveys. The final report for 2014/15 is expected to be published in October 2015.
		Number of Adult Safeguarding Referrals	Not set	Wokingham had 445 referrals in 2013/4 (367 per 100,000 population)	In 2013/4 the English average was 246 per 100,000 population) Update with 14/15 this week	Monthly	Aug-15	40	37	NA	↑	200	155	NA	372	This is an area of significant concern and impact nationally and is something we need to monitor closely as a Board.
CCG - Local quality priority		Increase the number of referrals to the BHFT memory clinic	612	TBC	TBC	Quarterly	Quarter 4	130	144	Green	↑	505	556	Green	Awaiting 15-16 figures	Local target, to support increase in diagnosis of Dementia. Awaiting Quarter 1 data as at 21st September
CCG - Local quality priority		Percentage of report dementia diagnosis	56.9%	TBC	TBC	Annual	Mar-15	55%	58.1%	Green	↑	55%	58.1%	Green	NA	Figures relate to 14/15. methodology changed in 15/16. Expectation to achieve 67% for March 2016. Data will be published in October by National Team
CCG national quality priority		IAPT Access: The proportion of people with depression /anxiety that have entered psychological therapies	15.9%	TBC	TBC	Quarterly	Quarter 4	4.6%	4.5%	Green	↑	15.9%	16.7%	Green	Awaiting 15-16 figures	Increased investment from the CCG to the IAPT service in 2014-15.
CCG national quality priority		IAPT recovery rate	50%	TBC	TBC	Quarterly	Quarter 4	50%	59.9%	Green	↑	50%	59.9%	Green	Awaiting 15-16 figures	Increased investment from the CCG to the IAPT service in 2014-15.

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Agenda Item 45.

TITLE	Better Care Fund Quarterly Return to Department of Health Quarter 1 2015
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 October 2015
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY

The Better Care Fund (BCF) has been created to promote the integration of health and social care services, to provide a better quality of service to users and greater efficiency across the system.

RECOMMENDATION

That Health and Well Being Board (HWBB) note and approve the content of Wokingham's Better Care Fund quarterly return to the Department of Health (DoH) for Quarter 1 of 2015.

SUMMARY OF REPORT

The Department of Health requires Health and Well-Being Boards Under s.223G of the NHS Act 2006 (as amended most recently by the Care Act 2014) to submit quarterly returns. It shows how our BCF plan is progressing against nationally set conditions, describing BCF finances and our performance targets.

The return shows that the Wokingham BCF is meeting all the national conditions and that we are on budget and not projected to overspend.

Background

The DoH timetable for the returns does not fit with HWBB meeting dates, so previously the HWBB agreed that the Executive Member for Health and Well-Being would approve or not the quarterly return and that they would then be brought to the subsequent HWBB.

The Berkshire West BCF programme office co-ordinates the completion of the quarterly return as they own most data required, local BCF resources complete certain sections and liaise with the delegated member, Julian McGhee-Sumner to sign off the return on behalf of the HWBB before submission to the DoH. This was completed on 24/8/15.

The report format changes from quarter to quarter to reflect the information that the DoH requires:

Tab 1 -Cover is a short summary of the return

Tab 2- Budget Arrangements asks whether we have met the national condition of pooled funding via a section 75 agreement. Note in our previous return Qtr 4 2014 we had not yet met this condition so the first question was pre-populated by DoH as a 'no', we have now met this condition and this is reflected in this tab.

Tab 3- National Conditions shows that we currently meet all national BCF conditions

along with some commentary.

Tab 4- Non-Elective (NEL) and Payment for Performance (P4P) - this tracks performance against NEL ambitions and associated P4P payments.

Tab 5- Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

Tab 6- Local metrics - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans.

Tab 7- Understanding support needs this asks what the key barrier to integration is locally and what support might be required.

Tab 8- Narrative this provides additional commentary regarding matters in the return showing progress that the BCF has made in agreeing section 75 pooled budget arrangements formally and Wokingham Borough Council achieving IGSOE compliance, which is a pre-requisite for health sharing information with the Council.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Contact James Burgess	Service Health and Wellbeing
Telephone No 0118 974 6235	Email james.burgess@wokingham.gov.uk
Date 28.09.15	Version No. 1

Cover and Basic Details

Q1 2015/16

Health and Well Being Board	Wokingham
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completed by:	Katie Summers
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E-Mail:	katie.summers2@nhs.net
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Contact Number:	07770 444645
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Who has signed off the report on behalf of the Health and Well Being Board:	Julian McGhee-Sumner Executive Member Helath and Well-Being
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Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Wokingham

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	No
------------------------------------------------------	----

If it has not been previously stated that the funds had been pooled can you now confirm that they have?	Yes
---------------------------------------------------------------------------------------------------------	-----

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
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Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Wokingham

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date and a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		Plans have been shared with all providers likely to be affected by the use of plan. Health and Wellbeing Board have commences a programme of service site vists, to engage with
2) Are Social Care Services (not spending) being protected?	Yes		Our plans remain as outlined in the Better Care Fund. £1244k has been allocated for the protection of adult social care services of which £635k has been allocated in the BCF for the
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes		As part of the contractual process the CCG have negotiated a CQUIN with the Berkshire Health Foundation Trust, to provide 7 days services commencing in 2015/16. For the Royal Berkshire Foundation Trust the CCG and Trust have developed a Service development and improvement plan, utilising the 7 day working template. The Plan includes achieving 5 (as
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		NHS number is the primary identify for the acute and community trust. Social care have now completed a batch matching exercise to the record NHS numbers and is in progress of finalising utilisation of the NHS number as the primary identifier.
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		The Connecting Care Programme as part of the BCF is overseeing the procurement of the portal meeting API requirements, wider data integration, system interfaces and cross
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		IG2 compliance is complete for all partners in the BCF
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes		All patients (as identified by risk stratification) on the 2% at risk register as being at the highest risk of an unplanned admission have an agreed assessment and care plan. MDT meetings are held to discuss these residents/patients, the accountable professional is determined at these meeting, this could be the Social worker, community nurse or GP.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		Plans jointly agreed with acute providers during original plan formulation and submission. On-going engagement via local and cross authority Partnership Boards and finance sub groups as schemes/programmes of work within the BCF develop. Broader engagement with Private and vol. sector providers also on-going via provider forums and direct contract

Please select
Yes
No
No - In Progress

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirement on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board:	Wokingham																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

Which data source are you using in section D? (MAR, SUS, Other)

SUS

If other please specify

Cost per non-elective activity

£2,307

Total Payment Made			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0		
Quarterly payment taken from above			
Actual payment locally agreed	£0		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)

Total Payment Made			
Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
£0	£0		
Suggest amount of unreleased funds			
Actual amount of locally agreed unreleased funds	£0	£0	

Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
not applicable	not applicable		
Confirmation of what if any unreleased funds were used for (please use drop down to select):			

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Wokingham

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,390	£2,390	£2,390	£2,391	£9,561	£9,561,000
	Forecast	£2,390	£2,390	£2,390	£2,391		
	Actual*	£2,390					

Please comment if there is a difference between the total yearly plan and the pooled fund	
-------------------------------------------------------------------------------------------	--

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,390	£2,390	£2,390	£2,391	£9,561	£9,561,000
	Forecast	£1,877	£2,390	£2,647	£2,647		
	Actual*	£1,877					

Please comment if there is a difference between the total yearly plan and the pooled fund	
-------------------------------------------------------------------------------------------	--

Commentary on progress against financial plan:	At the end of Qtr 1 actual exdpenditure against budget was lower against the following BCF programmes: Integrated Short Term Health & Social Care Team - £178k; DFG and Social Care Capital Grant £161k; Connected Care £33k. Balance is small variances on other schemes and unspent Contingency £ 141k. This reflects a slower start to some BCF programmes than originally anticipated in the budget, but at this stage it is still anticiapted that the full BCF progarmme budget will be spent by 31st March 2016
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Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:

Wokingham

Local performance metric as described in your approved BCF plan	Patients going through Reablement							
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes							
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)								

Local performance metric plan and actual	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	70	75	75	75	78	79		

Please provide commentary on progress / changes:	Wokingham paternership board monitors the above on a monthly basis and Wokingham is currently exceeding this target.							
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Local defined patient experience metric as described in your approved BCF plan	Adult Social Care User Experience Survey: Q3b Do care and support services help you in having control over your daily life?							
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes							
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)								

Local defined patient experience metric plan and actual:	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	88	88	88	88	0	0		

Please provide commentary on progress / changes:	Survey is undertaken once a year but results have not yet been published by NASCIC							
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Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:

Wokingham

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?

5.Measuring success

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	Yes	Central guidance or tools	
2. Delivering excellent on the ground care centred around the individual	Yes	Central guidance or tools	
3. Developing underpinning integrated datasets and information systems	Yes	Central guidance or tools	
4. Aligning systems and sharing benefits and risks	Yes	Central guidance or tools	
5. Measuring success	Yes	Central guidance or tools	
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Central guidance or tools	

Narrative

Selected Health and Well Being Board:

Wokingham

Data Submission Period:

Q1 2015/16

Narrative

Remaining Characters32,085

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

We have continued to make steady progress, opening our first Step Up Step Down units, agreeing hosting arrangements and advertising for the Head of Service of our integrated short term team, we have also signed our local section 75 agreement that governs most of our BCF schemes we have also signed the local section 75 agreement that governs all of our Locality BCF schemes. A cross Berkshire West section 75 agreement covering the BCF enabling schemes for Berkshire West has been signed on behalf of the four Berkshire West CCGs and signing by the three Local Authorities currently in progress. The local authroity is now IGSoc compliant and we are progressing our open API plans.

TITLE	Local Transformation Plan for Children and Young people's Mental Health and Wellbeing
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 October 2015
WARD	None Specific
DIRECTOR	Judith Ramsden – Director of Children's Services Gabrielle Alford – Director for Joint Commissioning Berkshire West CCG

OUTCOME / BENEFITS TO THE COMMUNITY

Facilitation of greater access and standards for CAMHS services, promoting positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

RECOMMENDATION

That the Board endorse the proposed plan prior to its submission for approval at regional level on the 16th October 2015.

SUMMARY OF REPORT

The Transformation plan is an NHS England requirement for system wide transformation over 5 years with plans signed off by local Health and Wellbeing Boards before additional recurrent funding is released to CCGs. Wokingham's Transformation Plan builds on our Early Help and Innovation Strategy and Emotional Wellbeing Strategy.

It sets out key areas to be addressed and a proposal of an order in which changes might be worked and what might be realistically achieved by April 16 including:

- Workforce training on emotional health and wellbeing across partners in Wokingham
- Reduced waiting times for specialist CAMHs
- Common Point of Entry building on our Early Help Hub.
- Joint commissioning of voluntary sector organisations where the Local Authority and CCG are currently commissioning independently
- Evaluate Short Term Care team
- Launch Young SHaRON
- Increase number of in-patient beds at Berkshire Adolescent Unit
- Better access to local perinatal mental health services and advice
- Outcome framework developed and agreed across all partners
- Commission enhanced Eating Disorders service. Start delivery (subject to recruitment)

Background

On 7th September the Health and Wellbeing Board received a paper on implementing “Future in Mind”¹ in Wokingham Borough Council. That paper set out what was required by NHS England in terms of developing Local CAMHS Transformation Plans, and overview of work undertaken to date and identified key areas to be addressed in the Berkshire West Local Transformation Plan.

In August 2015, NHS England published guidance on how local Transformation Plans should be developed, assured and publicised. There is a requirement for system wide transformation over 5 years with plans signed off by the local Health and Wellbeing Board before additional recurrent funding is released to CCGs.

The principles outlined in “Future in mind” were to:

- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

The scope of Local Transformation Plans should cover the full spectrum of service provision and address the needs of all children and young people including the most vulnerable, making it easier for them to access the support they need when and where they need it (see section 4). They should include existing improvement initiatives such as the Crisis Care Concordat .That said, Transformation Plans will also need to include

¹ “Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing”, the report of the government's Children and Young People’s Mental Health Taskforce, was launched on 17 March 2015 by Norman Lamb MP, Minister for Care and Support. <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

an initial focus on some key deliverables for which the additional funding has been given.

The requirement of NHS England was that plans should:

- cover the whole spectrum of services for children and young people's mental health and wellbeing from prevention to interventions, for existing or emerging mental health problems, including in patient care and transitions between services;
- address the full spectrum of need including children and young people who have particular vulnerability to mental health problems for e.g. those with learning disabilities (LDs), looked after children and care leavers, those at risk or in contact with the Youth Justice System, or who have been sexually abused and/or exploited;
- align with LD Transformation Plans in LD "fast track" areas ;
- clarify local leadership and governance arrangements for children and young people's mental health and wellbeing to secure a whole system approach to delivery at local level;
- demonstrate evidence of joint working and collaborative commissioning approaches both within and across sectors to establish clear and coherent care pathways;
- describe the working arrangements with collaborative commissioning oversight groups in place between NHS England specialised commissioning teams and CCGs and with NHS England Health and Justice teams who have direct commissioning responsibility for the Children and Young People's Secure Estate. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres;
- set out the steps towards agreeing a clear role for schools and colleges locally including providing locations for delivering accessible services;
- ensure coherence with local priorities and the child mental health requirements in the existing 15/16 joint planning guidance; and critically
- set out clear metrics so that success can be measured and be transparent.

A joint Emotional Health and Wellbeing Strategy was agreed by the Health and Wellbeing Board in June 2015. It set out ambitious actions to accelerate local improvement in service delivery and was informed by the Healthwatch report and the CAMHS engagement report. That strategy set out the partnership offer from early help to intensive interventions including that provided by the voluntary sector. The focus of that strategy is on good mental health – with an emphasis on support for the most vulnerable children and young people, including those in care, those in contact with the criminal justice system (managed by the Youth Offending Service) and Children in Need.

In developing this plan there has been extensive engagement and joint working with

service users, families, referrers, practitioners and other stakeholders to benchmark the current provision of services across comprehensive CAMHS and to identify opportunities to develop the services to better meet local needs.

Analysis of Issues

The Transformation Plan has been agreed through a Co-production Network (a series of user and voluntary sector led events) and through the Children's Partnership Voluntary Sector network meetings.

A self-assessment was undertaken as part of the assurance process. CCG commissioners and BHFT undertook a self-assessment using a process provided by the Thames Valley Strategic Clinical Network which took account of knowledge gained through the partnership work to develop local emotional health and wellbeing services. This self-assessment identified workforce development, care for the most vulnerable and improving access as the most challenging aspects of Future in Mind for Berkshire West. It was felt that there is a will across the system to make change happen and that Berkshire West has made much recent progress in accountability and transparency across the system.

As outlined in the plan, our main objective is to increase resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children whose needs escalate to require a specialist intervention or crisis response.

The detailed plan is contained in pages 19-27 of the attached report.

Key areas to be addressed in the Berkshire West Local Transformation Plans and proposal of an order in which changes might be worked through

Future In Mind (FIM) priority

R= Resilience, Prevention and early intervention for the mental well-being of children and young people (chapter 4)

A= Improving access to effective support (chapter 5)

V= Caring for the most vulnerable (chapter 6)

AT= To be accountable and transparent (chapter 7)

W= Developing the workforce (chapter 8)

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Improving the access to help, preventing young people being lost or having to wait a long time for service delivery.	Recruit BHFT staff	15/16	A
	CPE open longer hours	15/16	A
	Technology development and roll out	15/16 onwards	A
	Introduce waiting time standards across CAMHs and Early Intervention in Psychosis services	15/16 onwards	A

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Reduce number of YP whose needs escalate to crisis	Trial short term care team (follow up of YP who have attended A and E in crisis)	15/16	A
	Prioritise higher risk cases, paying particular attention to Children in Care	15/16	A
	Ongoing risk review of those on waiting list	15/16	A
	Collect data from RBH on A and E attendances, wait times- identify any trends	From Q3 15/16 and 16/17	A, AT
	What can we learn as a system from YP who escalated into Tier 4? Those who stepped down from Tier 4?	16/17	A, V
	Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.	15/16 onwards	A, AT, V
	Use of on line platforms such as SHaRON and Yong SHaRON	15/16 onwards	A
Reduce delays in accessing MH assessments once YP is medically fit and has presented at RBH	CPE open longer hours-staff available for longer	15/16	A
	Embed new care pathway	15/16 onwards	A
Is there a need for a local intensive crisis home treatment team for CYP?	Evaluate learning and data from initiatives above Establish the interface with the transformed Eating Disorders service Develop options appraisal	Late 16/17	A
	Commission and implement service	17/18	
By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate	Berkshire Adolescent Unit transfer to NHSE- MOU implemented	15/16	AT
	See also "Is there a need for a local intensive crisis home treatment team for CYP?" above	16/17	V

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
safe and timely discharge.	Consider step down arrangements for young people being discharged from in patient units- is there a case for a local facility as an alternative to out of area residential placements? Also links with Transforming Care Implement changes to community Eating Disorder services	15/16 onwards	A
Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support. Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE, HEE to ensure that staff are more aware of the impact that trauma has on MH and on the wider use of appropriate evidence-based interventions	Evaluate perinatal MH pilots in the community/ children's centres. Impact on take up of services for new mothers? Consider the recommendations.	15/16	R, W
	Commission enhanced perinatal MH service- RBH working with BHFT	15/16	R
	Participate in University of Reading clinical trial-improved treatment for severe conduct disorders in young children	Q4 15/16 16/17	A, R,W, V
	LAs evaluate behaviour support programmes and services to include SEN, Troubled Families, therapeutic fostering and YOS arrangements	TBC 17/18	AT, W, V
	Develop conduct disorder/ behaviour pathway building on learning from trials and evidence across the system Roll out conduct disorder/ behaviour pathway	18/19	A, AT, V
	Publicise and promote attendance at the Thames Valley trauma conference	15/16	A, W, V, R W
How far can we push integration? Enabling single points of access to increasingly become a key part of the	Review current CPE and local triage arrangements- should a single point of access/ localised triage system be developed in each LA where the family's holistic needs are considered	16/17	A, V

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
local offer, harnessing the vital contribution of the voluntary sector. Move away from tiered working.	prior to referral to CAMHs? Should this also consider physical healthcare e.g. therapies?	15/16	A, W, AT
For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.	How does this differ to existing MASH and Early Help hubs? How does the current system link to SARCs, YOS and the Troubled families programme? Consider the feasibility of changes on a Berkshire West only basis	16/17	A, V, W
Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.	How does a "Tier 2 or 3" child present? Unpick clinical thresholds and agree how cases are stepped up and down between universal, targeted, specialist and acute service providers.	Early 16/17	A, V
	Identify the skills needed in the workforce in order to respond to different levels of need/ complexity	15/16	A, V
	What can we learn from successful YOS and Troubled Families services re approach?	Late 16/17, early 17/18	A, V
	Overcome information sharing/ data collection issues between agencies	16/17	A, V
	Roll out changes	TBC	A, V, R V,A
	Is there a case to develop a regional Thames Valley service for certain groups e.g. children with sexually problematic behaviour?	TBC	V,A
	Services for LAC placed out of area but within the Thames Valley?		
	YP who have been sexually exploited?	15/16 onwards	
	Work with commissioners across the Thames Valley to maintain a Secure CAMHS Outreach		W, AT,

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
	<p>service in the event of this moving from Specialised Commissioning across to CCGs</p> <p>Ensure all services understand and demonstrate a shared responsibility for the emotional health and well-being, and are supported with the skills and training development to fulfil those roles effectively</p> <p>Is there a need to improve links with SARCs?</p>	16/17	V,A V
Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	<p>Linked to CPE work above BHFT working with service users to improve communications</p> <p>Will schools commit to having MH lead?</p> <p>Agree interface between BHFT and local services- clinical supervision, training</p> <p>Do we as a system understand what we currently collectively offer with regard to resilience, prevention and early intervention?</p> <p>How do we make the offer easy to navigate?</p>	<p>15/16</p> <p>16/17</p> <p>16/17</p> <p>16/17</p> <p>16/17</p>	<p>A</p> <p>A, W</p> <p>A,W,V, AT</p> <p>AT, R</p> <p>AT, R, A</p>
Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage.	<p>CCG assurance visit</p> <p>Consider whether a local single point of access in each LA and having a MH link in schools where the family's holistic needs are considered might improve access for these groups.</p>	<p>15/16</p> <p>16/17</p>	<p>V, A</p> <p>V,A</p>
Online support for CYP and families	Young SHaRON roll out, to include platforms for Looked After Children, carers, families	15/16	A, R, V
Strengthen links between physical health, mental health and support for	BHFT expand children's toolkit to include Mental Health	15/16 and 16/17	A, R

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
children with SEN	Consider whether current emotional wellbeing support for children and young people with long term conditions is sufficient	16/17	A, V
	BHFT to develop internal workforce	15/16 onwards	W
System wide ASD and ADHD pathway- strengthening the links between mental health, learning difficulties and services for children with Special Educational Needs and Disabilities (SEND)	ASD diagnostic waiting time standard in contract 15/16	15/16	A
	Recruitment underway BHFT 15/16	Q2 15/16	A, W
	DH guidance on LD and ASD expected.	Q2 15/16	AT
	BHFT expand children's toolkit to include ASD and ADHD	Q3 and 4 15/16	A, R, W
	BHFT develop internal neurodevelopmental pathway.	Q3 and 4 15/16	AT, A, W, V
	Link with schools, LAs, vol sector. Linkages between ASD, ADHD, SEND, behaviour? Schools role? Who does what? What do we commission from voluntary sector? Thresholds /acceptance criteria? How do agencies communicate/ key workers? Develop pathway across the system.	15/16/17	A, AT, W
	Workforce training	16/17	W
	Link to Transforming Care initiatives to ensure that local services are available for young people with challenging behaviour and learning disabilities and or ASD	16/17 onwards	A, V
Supporting self-care	Expansion of children's toolkit to include MH	15/16 and early 16/17 15/16	R, A
	Publicise Puffell apps developed in Berkshire once accredited	15/16	R, A

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
	Reading pupils given MH self-care booklets- other areas to consider whether they wish to adopt this approach	15/16 onwards	R, A
	Launch Young SHaRON	15/16	R, A, V
Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.	Transition into adult services project Consideration of access to specialist Eating Disorders services for older teenagers/ less mature older teenagers Embed changes	15/16 15/16 onwards 15/16 onwards	A A A
Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.	PPEPCare training to primary care and selected schools If bid successful, roll out school link pilot	15/16 15/16	W, R W, R
Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Workforce needs to be developed continuously. If current CPE arrangements change, will require extensive training and publicity	15/16 onwards to 19/20	W
	Consider whether to continue PPEPCare roll out into 16/17 Local initiatives and leads???	16/17	W
	Scope whether HVs and School Nurses could drive improvements. If this were adopted enact commissioning changes/ service changes	16/17	W, R, A, AT, V
Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.	Scope LA, school and voluntary sector issues/ workforce development	16/17	W, R, A, AT, V
Building on the success of the existing anti-stigma			

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.			
<p>Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.</p> <p>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</p>	Develop Transformation Plan, HWBs to approve plans	Aug/ Sept 15	AT
	HWBs to delegate authority to implement Transformation plans to BW CAMHs Transformation Group,	Sept 15	AT
	Transformation Plans submitted to NHSE	Sept 15	AT
	JSNA	Q3 15/16	AT
	Eating Disorders plans developed and incorporated in Transition Plans (pan Berkshire ED plan)	Aug- Oct 15	AT
	NHSE approve plans and release funding	Q3 15/16	AT
Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.	Implement Open Rio (BHFT)	15/16	AT
	Start collecting data in accordance with new CAMHs minimum data set	From Jan 16	AT
	Develop outcomes framework across all providers and commissioners	Q4 15/16	AT, W
	Implement outcomes framework across all contracts and SLAs.	16/17	AT, W

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
	Offer Open Rio access to the voluntary sector once new system is gremlin free	16/17	AT, W
	Outcomes and progress to be reported up to HWB	15/16 onwards	AT
Making the investment of those who commission children and young people's mental health services fully transparent.	How do schools spend their pupil premium? What outcomes do they achieve?	16/17	AT, R
	Transparency of CCG financial arrangements	15/16	AT
	Transparency of LA financial arrangements	15/16	AT
Commissioning of third sector organisations	Where LAs and CCG are commissioning the same organisations, streamline arrangements via joint commissioning	For 16/17 contract	AT, A
	Consider the support that voluntary sector organisations might require in order to successfully bid for pots of money that is not open to the statutory sector. Linked to vol sector demonstrating outcomes and being able to provide data	16/17	A, AT
Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	Links to Commissioning of third sector organisations section above	Q2/3 15/16	AT
	Agree TOR for Berkshire West Mental Health and Wellbeing Transformation group JSNA update	Q3 15/16	AT

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)			
Next Financial Year (Year 2)			
Following Financial Year (Year 3)			

Other financial information relevant to the Recommendation/Decision

Our intention is to develop aligned budgets to support this plan.

Reasons for considering the report in Part 2

N/A

List of Background Papers

Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

Joint Emotional Health and Wellbeing Strategy

Health and Wellbeing Strategy

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Date 29/09/2015	Version No.

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Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-

Wokingham Health and Wellbeing Board and Local Authority LA area

Version 3 18 September 2015

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2. Engagement and partnership
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6. Local aspiration and vision for prevention, building resilience, earlier identification, earlier intervention and better whole system working
7. Self-assessment
8. High level summary of the Local Transformation Plan (Annex 1 in the guidance)
9. Detailed Local Transformation Plan
10. Eating Disorders plan to date
11. Measuring outcomes (KPIs)
12. Governance
13. Self-assessment checklist for the assurance process (Annex 2 in the guidance)
14. Tracking template to monitor and review progress (Annex 3 in the guidance)

1. Locality information

This local Transformation Plan relates to the Wokingham Borough Council Local Authority area.

One CCG serves the population of Wokingham Borough Council. This is Wokingham CCG.

There are four CCGs in Berkshire West. The four CCGs work collaboratively with a single contract with Berkshire Healthcare Foundation Trust (BHFT) for specialist CAMHs, mental and physical health services.

Wokingham Borough Council commissions targeted CAMHs from BHFT. Health Visiting and School Nursing are also provided by BHFT.

Berkshire West CCGs and Wokingham Borough Council commission a range of voluntary sector organisations through grants.

Royal Berkshire Hospital Foundation Trust (RBFT) is the main acute general hospital in the area.

South Central Ambulance Service (SCAS) is the patient transport provider.

The Berkshire Adolescent Unit (BAU) is the only NHS inpatient CAMHs facility in Berkshire. It is commissioned by NHS England.

2. Engagement and partnership (groups)

2.1 The four Berkshire West CCGs work in partnership with the 3 Local Authorities (West Berkshire Council, Reading Borough Council and Wokingham Borough Council), Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and South Central Ambulance Service to form the Berkshire West Integration Board. It is proposed that the Berkshire West Children and Young People's Mental Health and Wellbeing Transformation group reports to this Board.

2.2 Berkshire West Children's Commissioning Strategy Group meets monthly to collaboratively improve the health and wellbeing outcomes for Berkshire West Children and Young People and their families through developing and overseeing the commissioning of health, social care and education support services. Membership comprises of CCG, Public Health and Local Authority Children's commissioning leads and Local Authority Children's Services leads.

2.3 Berkshire CAMHs are already part of a CYP IAPT collaborative. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels and Routine Outcome Measures are used across the service..

2.4 SPECIALIST COMMENTS

2.5 A joint Wokingham Emotional Health and Wellbeing Strategy has been agreed by the Health and Wellbeing Board. It sets out ambitious actions to accelerate local improvement in service delivery. It is informed by the recent Healthwatch report and the CAMHs engagement report. The strategy sets out the partnership offer from early help to intensive interventions including that

provided by the voluntary sector. The focus of the strategy is on **good mental health** – with an emphasis on support for the most vulnerable children and young people, including those in care, those in contact with the criminal justice system (managed by the Youth Offending Service) and Children in Need.



Wokingham
Emotional Health and

2.6 The Wokingham Health and Wellbeing Board have received regular updates on the status of emotional health and wellbeing services for children and young people. The latest paper was discussed at the HWB held on 10th September 2015.



CMMV CAMHs
Transformation Plan-

2.7 Arrangements are in train for this Transformation Plan to be signed off by the HWB prior to the 16 October 2015 deadline. The Transformation Plans will be published on CCG, Local Authority and partner agency websites once the plans have been approved by NHS England.

2.8 In developing this local Transformation Plan there has been extensive engagement and joint working with service users, families, referrers, practitioners and other stakeholders to benchmark the current provision of services across comprehensive CAMHs and to identify opportunities to develop the services to better meet local needs.

<http://www.wokinghamccg.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>

2.9 As part of our partnership approach, Healthwatch Wokingham led a comprehensive engagement programme with Wokingham children and young people to help us better understand the emotional wellbeing of our children and young people. Their report can be found here:

http://www.healthwatchwokingham.co.uk/sites/default/files/totes_emosh_april_2015_2_1.pdf

2.10 Voluntary sector youth counselling organisations across Berkshire have met together and have fed back their perspective on how they can contribute to meeting the recommendations of Future In Mind.

2.11 The Voluntary and Community sector co-produced the approach that was set out in the Wokingham Early Help and Innovation Strategy in June 2014. The Emotional Health and Wellbeing Strategy sits within Wokingham's overall approach.

Wokingham's approach and priorities were agreed through a Co-Production Network (a series of user and voluntary sector led themed events quarterly throughout the year) and through the Children's Partnership Voluntary Sector network meetings which meet monthly.

2.12 Voluntary sector representation is sought on the Berkshire West Mental Health and Wellbeing Transformation group.

DRAFT

3. Transparency- need

3.1 The Joint Strategic Needs Assessment is found here

<http://www.wokingham.gov.uk/communities/jsna/>

3.2 The joint Emotional Health and Wellbeing Strategy (embedded in section 2) provides more detail on need.

Key areas of need in Wokingham

Social isolation, deprivation and intergenerational poverty Wokingham has low levels of deprivation compared to other local authorities but there are some locally deprived and isolated pockets of deprivation within the community where families struggle. In particular, some families struggle with intergenerational poverty and live in what could be defined as 'hidden poverty.' This poverty largely relates to issues of access and aspiration for some of our families. Currently, only 50% of eligible vulnerable two year olds take up a place with an early years 'provider or child minder, which is an indication of a wider system concern that the most vulnerable families are not accessing the services that are available.	High usage of CAMHS and uncertain mental health outcomes We have high and increasing usage of both Child and Adolescent Mental Health Services across the children population but with a relatively low number of Children in Care supported by CAMHS. There is a need to reduce the length of time children and young people have to wait from CAMHS initial assessment to receipt of service. Wokingham focus group work with children and young people identified emotional health needs as a high priority.
More Children in Need and children eligible for free school meals with Special Educational Needs There are more children with Special Educational Needs among the Wokingham Children in Need population, including Children in Care. Whilst there are relatively fewer children eligible for free school meals in Wokingham than seen nationally, it appears the percentage of these children with statements of Special Educational Needs is higher than seen elsewhere.	Too many Children in Care entering the system in adolescence Wokingham has proportionally fewer Children in Care per 10,000 than seen elsewhere and the numbers of children in need are relatively small. However, we recognise that we have a disproportionately higher number of adolescent males becoming looked after. As with wider Children in Need we have disproportionately more Children in Care with Special Educational Needs.
Disadvantage starts early There are some disadvantaged children who do not achieve a "good standard of achievement", measured through school readiness, the JSNA and the Public Health Outcomes Framework. The main difficulty for children eligible for free school meals is that these children start school at	Our system does not always effectively hold children who need support High numbers of initial contact to social care, low thresholds and an uncertain destination for a number of children who make contact with social care has led to high levels of re-referrals to social care. Early identification and intervention

a disadvantage and the gap in performance does not decrease as the children progress through school.

for all children is required where they need it, as well as effective integrated support for children with most complex needs.

3.3 Targeted PCAMHs data

There is no comprehensive data set or agreed KPIs for children and young people receiving Tier 2 PCAMHS services.

In 2014/15 201 children and young people were assessed by the service with 1056 direct intervention sessions provided and 573 telephone interventions.

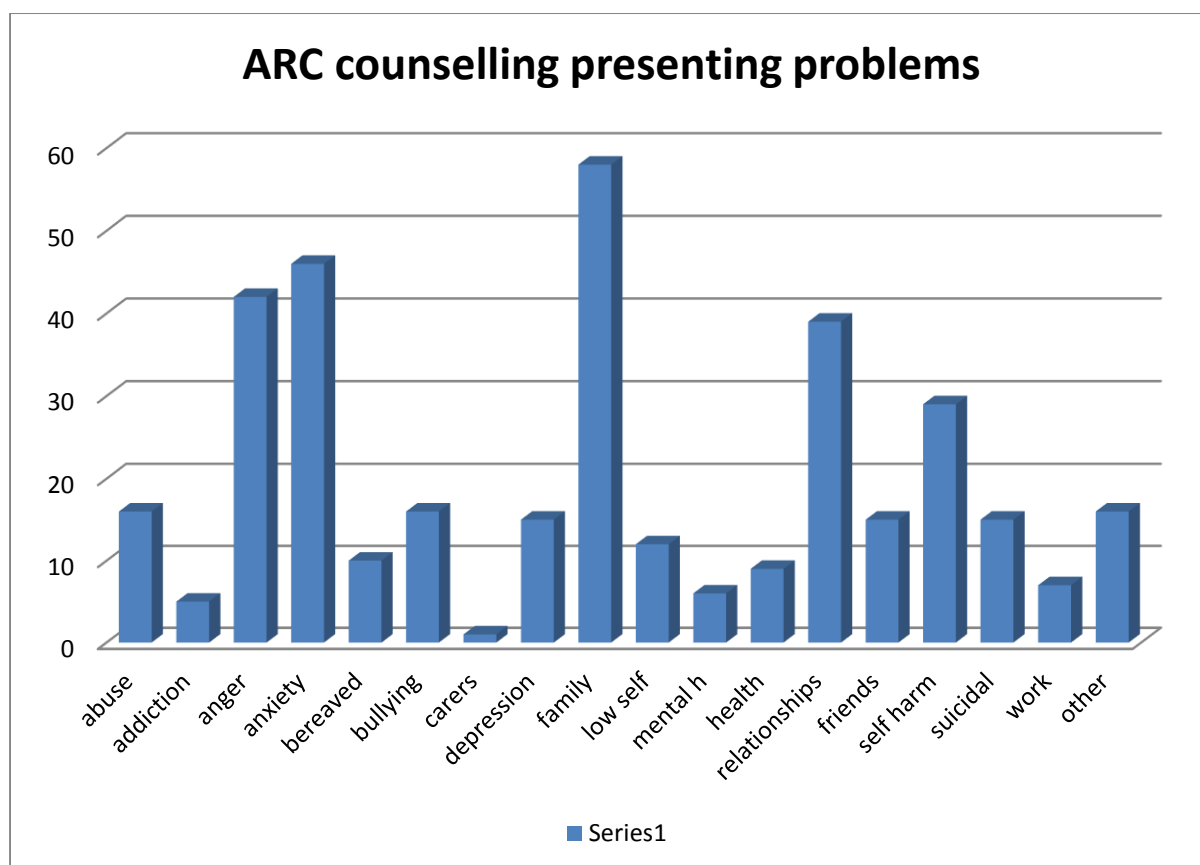
In addition to direct delivery to children, the service provided dedicated input to the newly developed triage system (now the early intervention hub), specific weekly consultation sessions to the Here 4 You Looked After Children's team, YOS, disabled children's team and ad hoc consultation interventions with School, GP and children's services colleagues.

Time to start of treatment data is provided:

<u>PCAMHs Wokingham as at 30 Sept 2014</u>	<u>from CPE</u>
<u>Waiting Wks.</u>	<u>Nos</u> <u>Waiting</u>
<u>0-4</u>	<u>6</u>
<u>5-7</u>	<u>1</u>
<u>8-12</u>	<u>6</u>
<u>>12</u>	<u>38</u>
<u>Grand Total</u>	<u>51</u>

3.4 ARC counselling data

ARC Counselling provided a total of over 12,000 counselling sessions provided to over 1000 young people in 2014/2015, an increase on previous years. Young people presenting with ARC Counselling identified the following presenting issues as set out in the table below. This year has seen a reduction in the number of cases of self-harm, from last year's peak, but an increase of issues around anxiety, especially around exams, from primary school age.



3.5 Specialist CAMHS activity data

In 2014/15 there were 786 children and young people referred to the CAMHS Common Point of Entry from Wokingham CCG.

During this period there were 3752 specialist CAMHS contacts with children and young people from Wokingham CCG.

Of the specialist CAMHS caseload, 17 children from Wokingham CCG were either Looked After or subject to child protection plans at the end of March 2014.

Waiting times for Tier 3 CAMHS services in Berkshire West CCGs at the end of June 2015

- 100% of children with urgent needs were seen within 24 hours
- 53% of Tier 3 CAMHS patients (excluding ASD) waited less than 6 weeks to be seen
- 11% of Berkshire West CAMHS ASD patients waited less than 12 weeks to be seen
- Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for more than 50% of current waiting list. In Berkshire West some children wait up to 2 years for a ASD diagnosis, once they have been referred to specialist CAMHS. The National Autistic Society gives an average waiting time for ASD diagnosis in children as 3.5 years.

4. Transparency- resources

4.1 Wokingham Borough Council funding

Wokingham Borough council currently invests £505,000 Wokingham Borough Council delivered services including Educational Psychology Service, Targeted Youth Support and Family Support. Wokingham Borough Council invests £222,000 in commissioned services from BHFT (Primary Mental Health Workers), ARC youth counselling and ASSIST- ASD Outreach Service.

4.2 Tier 3 (specialist CAMHs) funding arrangements from Berkshire West CCGs as a whole, that is, Newbury & District, North & West Reading, South Reading, and Wokingham CCGs

	Funding allocation	Includes BAU*?	Includes YP placed out of area by NHSE at Tier 4?
2014/15	£4,649,251 plus £300K Operational Resilience funding.	yes	no
2015/16	£6,166,360 plus additional £249,535 allocated to transforming community Eating Disorder services. £500K is non recurrent in order to reduce waiting times through use of agency staff while new posts are recruited to.	no	no

*In 2014/15 the Berkshire Adolescent Unit (BAU) was commissioned as a Tier 3 facility. In 2015/16 the Berkshire Adolescent Unit was re-designated as a Tier 4 facility and transferred to NHS England, Financial resources transferred with the unit to NHS England.

4.3 CCG Partnership Development Grants

A number of voluntary sector organisations are commissioned through CCG Partnership Development Grants to provide counselling, parenting support and input for children and Young People with ASD and/ or Special Educational Needs and Disabilities. In 14/15 the spend was as follows

Organisation Name	Category	% Coverage Each Area	PANEL FUNDING PROPOSAL
ARC Counselling	HWB/ Children and Young people/ Mental Health/ Carers/ Urgent Care	Wokingham 100%	£30,000.00
Home-Start Wokingham	Children and Young people/Mental Health	Wokingham 100%	£29,849.00
ASD Family Help	Mental health/Carers	Wokingham 100%	£29,647.00
Berkshire Autistic Society	HWB/ Mental health/ Children and Young people/ Carers	West Berks 22.5%, Reading 42%, Wokingham 35.5%	£27,300.00
Children on the Autistic Spectrum Young People's Project (CATSYPP)	Children and Young people/Mental Health	West Berks 5%, Reading 77%, Wokingham 18%	£5,650.00
Parenting Special Children	Mental Health/ Children and Young people/Carers	West Berks 30%, Reading 35%, Wokingham 35% (BME = 45%)	£18,835.00

4.4 NHS England funding 2014/15

Out of area spend (Young People from Wokingham CCG who are placed out of area) £382,024

5. Work undertaken to date across Berkshire West

5.1 Berkshire CAMHS is already part of the Children and Young People's Improving Access to Psychological Therapies (IAPT) collaborative. As a result of the CYP IAPT training, staff within all localities across Berkshire and in Primary CAMHS where BHFT are the providers, provide evidence based CBT interventions for anxiety and depression as part of their everyday work. CYP IAPT ROMS are an integral part of these interventions and are being rolled out across all other clinical activity. CYP IAPT trained supervisors provide clinical supervision in all localities and clinical leads who have undertaken the CYP IAPT transformational leadership training are working with CAMH Service managers to continue to develop CAMHS. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels. BHFT CAMHS are currently participating in the Department for Health trial of the CAMHSWeb/Include Me interactive shared-decision making portal.

5.2 In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHS service users, families, referrers, practitioners and other stakeholders led by an independent consultant. This was published on CCG websites along with an update in December 2014 which outlines changes planned or made to local services in response to the engagement work.

<http://www.wokinghamccg.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>

In response to the engagement, local action plans were developed and implemented. This Transformation Plan builds on the original plans. Links to the original action plan and a subsequent update on progress that was presented to the HWB are found in section 2 of this paper.

5.3 During 2014/15, a number of local pilot projects commenced. Learning from the pilot projects will be disseminated across Berkshire West CCGs and Local Authorities:

- a review of the use of nationally mandated Strengths and Difficulties Questionnaire (SDQ) assessments in Looked After Children and children at risk of exclusion. The aim of the project is to inform local policies and procedures in the improvement of screening for mental health needs in vulnerable groups of children and young people.
- a review of blockages to vulnerable women accessing perinatal mental health services. This project is also reviewing training packages for prevention, identification and intervention in perinatal mental illness across the children's workforce. A project worker has been employed to address issues
- a review of the perinatal mental health pathway led by a midwife at Royal Berkshire Hospital. A business case is currently being considered to enhance perinatal mental health support for women and their families in Berkshire West CCGs.
- a review of transition pathways into adult services. A CQIN on patient experience of transition into adult services is in the 15/16 BHFT contract
- a trial of school based ADHD clinics in Reading. Learning from this pilot is feeding into a revised neurodevelopmental pathway that is being developed across Berkshire West.
- the development and trial of PPEPCare training modules in primary care and schools. This initiative is supported by Thames Valley Strategic Clinic Network and the Charlie Waller Institute

<http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/>

5.4 Over the winter of 14/15, additional Operational Resilience funding was secured to pilot a number of initiatives which aimed to

- improve responsiveness to escalating mental health needs thereby reducing risk,
- improve early identification of psychosis
- reduce waiting times.

5.5 In March the Berkshire Crisis Care Concordat Action Plan was published. Partners meet quarterly to review progress.



Berkshire-Mental-Health-Crisis-Care-Concordat

5.6 The CCGs increased funding to BHFT specialist CAMHs in Berkshire West by £1M recurrently and £500K non recurrently for 15/16. The initial focus for the additional investment is building on the successful Operational Resilience projects on a more sustainable basis; reducing waiting times; reducing risk; delivering PPEP care training into selected schools and GP practices and developing sustainable care pathways.

5.7 In July and August CCG commissioners worked with BHFT, voluntary sector and Local Authority partners to identify key areas of improvement for the next 5 years, building on the intelligence gained from the local engagement initiatives as described in section 2 and service pilots described above. This included consideration of what an improved Eating Disorder service might comprise of and how physical and mental health services could become more aligned and “whole person” focussed.

5.8 In August BHFT CAMHs received a Quality Assurance visit from the CCG which demonstrated that good progress had been made in improving the patient environment, staff morale and recruitment to achieve targets against the new investment.

6. Local aspiration and vision for prevention, building resilience, earlier identification, earlier intervention and better whole system working

6.1 Wokingham’s Partnership Vision: Promoting children’s welfare and success, safeguarding children and strengthening families

Wokingham Children’s Partnership Plan describes the collective ambition for local Children and Young People.

<http://wokingham.moderngov.co.uk/documents/s4461/Children%20and%20Young%20Peoples%20Partnership%20update%20on%20priorities%20and%20the%20Early%20help%20Innovation%20Programme.pdf>

The Plan sets out an overarching strategy which is informed by children and young people’s views and the needs of the community. Key areas of need in Wokingham are summarised in section 3.

6.2 Wokingham’s aim & response: A renewed focus on Effective Early Intervention

Wokingham’s Children’s Partnership sees the emotional wellbeing of children and young people at the centre of priorities. This is reflected in the renewed focus on effective early intervention through the Early Help and Innovation Programme

Early Help means intervening as soon as possible to tackle emerging problems for children, young people and their families.

It includes;

- Help in the early years of a child or young person’s life (including pre-natal interventions);

- Anticipating where need may arise in priority groups, often by an understanding of wider family and community risks;
- Providing early response services at the right time to meet family's needs and to keep them in control of resolving their issues and problems;
- Stepping in to prevent escalation of children, young people and families needing any sort of specialist service;
- When specialist intervention is needed, delivering permanent resolution in good time.

Early Help allows for the right support to be put in place, at the right time to meet families' needs prior to issues reaching crisis point and to reinforce families' own skills to determine their life course and therefore reducing poor life aspirations, outcomes and inequalities and lack of success for children and young people. It helps to break the cycle of families being dependent on services by empowering and enabling them to do things for themselves making them more resilient and independent. Finally it has a positive effect on cost effectiveness.

Wokingham's aim is **radical change and innovation in both practice and service design** across the whole children's system, including transformation in specialist and statutory services.

- Universal Services supporting independence, resilience and achievement
- A more confident response from Early Support practitioners, moving from assessment and referral to intervening and preventing escalation
- Targeted support for those priority groups at risk and a more concerted effort to reach out to those hidden areas of need amongst Wokingham's population
- A transformation of specialist and statutory services, reaching out to work with others to identify need and ensure earlier intervention.

6.3 The Wokingham Practice Framework and partnership model is described here.



Wokingham's
Partnership model for

6.4 Wokingham Practice Framework enabling Signs of Emotional wellbeing: Wokingham Emotional Health and Wellbeing Strategy

The Emotional Health and Wellbeing Strategy sets out how integrated services commissioned by Wokingham Borough Council and Wokingham CCG will support the emotional health and wellbeing of children and young people in Wokingham by providing a holistic offer from prevention through to specialist intensive therapies. The joint and shared ambition is to develop and deliver comprehensive Child and Adolescent Mental Health Services which are seamless and remove the barriers that currently exist through the differing agencies. This means moving from a tiered

CAMHS system to a broad spectrum of emotional health and wellbeing services supporting the wide range of children and young people's needs.

The strategy considers how support should be provided across the range of current tiers of service to help enable a seamless, comprehensive service.

6.5 Wokingham will use the opportunity of this Transformation Plan for Children and Young People's Mental Health and Wellbeing to escalate and accelerate the ambition for improved Partnership emotional health and wellbeing response, with particular focus on the following areas

	Current strategic actions	Transformation Plan accelerated ambition
Build capacity and capability across the system: Promoting resilience, prevention and early intervention	Implementation of Practice Framework has built capability and capability across the Partnership workforce with a focus on attachment training and assessment skills.	Further development of the Practice Framework to include more in depth MH training including consideration of MGH First Aid training roll out and evaluation of Foster Care training plan. Partner lead roles for PF training being developed
	Practice Consultants established across the Partnership	Working with the SENCO and behaviour Leads to develop school cluster based capacity and service delivery
Improve perinatal care	Children's Centres targeted support includes evidence based programmes	Integrated offer of perinatal Improved take up of FNP for our most vulnerable young people through targeted identification and wrap around support
Improving access to effective support - a system without tiers	Multi agency Early Help Hub established	Integrate referral routes and pathways to deliver a seamless service for children and young people
Transparency and Accountability	Our joint strategy sets out current investment and the needs of the local population across the full range of provision for children and young people's mental health and wellbeing	Providers to provide staff numbers, skills and roles, activity (referrals received, referrals accepted), waiting times and access to information on a regular basis to the partnership
	Our Health and Wellbeing Board and Children's Partnership have agreed emotional health and wellbeing of children and young people as a priority. They have signed up to a joint strategy to deliver improvement actions for this priority	Our Health and Wellbeing Board and Children's Partnership will sponsor the delivery of our Transformation Plan to be delivered at a Berkshire West level.

7. Self-assessment

NHS England requires a self-assessment to be undertaken as part of the assurance process. In light of the short timescale and availability of partners in August, CCG commissioners and BHFT undertook a self-assessment using a process provided by the Thames Valley Strategic Clinical Network. The self-assessment process took account of knowledge gained through the partnership work to develop local emotional health and wellbeing services that been undertaken in the previous 12 months.

The self-assessment identified workforce development, care for the most vulnerable and improving access as the most challenging aspects of Future In Mind for Berkshire West. It was felt that there is a will across the system to make change happen and that Berkshire West has made much recent progress in accountability and transparency across the system.



Copy of Future in
mind_ADS Self Asses

DRAFT

8. High level summary of the Local Transformation Plan (Annex 1 in the guidance)

Annex 1: West Berkshire Local Transformation Plan for Children and Young People's Mental Health

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Lead commissioning body-NHS Berkshire West CCGs

Wokingham Borough Council

Public Health

Local Voluntary Sector organisations

Partnerships-

Berkshire West Integration Board

Berkshire West Children's Commissioning Strategy Group

Wokingham Children and Young People's Partnership

New- Berkshire West Mental Health and Wellbeing Transformation group

For queries contact

Gabrielle Alford Director of Joint Commissioning

Sally Murray Head of Children's Commissioning

NHS Berkshire West CCGs

57- 59 Bath Road, Reading, RG30 2BA

sally.murray2@nhs.net

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the

local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

Our main objective is to increase resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children whose needs escalate to require a specialist intervention or crisis response

This means that

- Good emotional health and wellbeing will be promoted from the earliest age
- Children, young people and their families will be emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs will feel equipped and confident to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated way. All the services in the local area will work together so that children and young people get the help they need at the right time and in the right place.
- The best possible care, support and treatment is available when it is needed that takes account of the family's circumstances
- Fewer children and young people will escalate into crisis
- If a child or young person has a crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible.
- When young a person requires residential or in patient care, this will be provided as close to home as possible.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

- In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHs service users, families, referrers, practitioners and other stakeholders led by an independent consultant.
- An initial local action plan in response to the engagement findings was developed and enacted prior to publication of Future In Mind. This includes a number of pilot projects on transition, perinatal mental health, self-care and improving care for the most vulnerable
- Joint Wokingham Emotional Health and Wellbeing Strategy has been developed and approved by the HWB
- Commissioning of Berkshire Adolescent Unit has transferred to NHS England. The unit has been re-designated as a Tier 4 resource. The unit is now open 24/7 and bed capacity is due to increase this autumn.
- Operational resilience resources funded a trial of extended CAMHs opening times which in turn has reduced the number of children and young people whose needs have escalated into

crisis. Operational resilience resources have also funded an enhanced Early Intervention in Psychosis service

- Crisis Care Concordat action plan is in place and being delivered. Psychological Medicines Service, ambulance triage and street triage services are in place.
- Berkshire West CCGs have increased the investment in specialist CAMHs by £1M recurrently and £500K non recurrently. The initial focus is on reducing waiting times, piloting a Short Term Care Team to follow up young people who presented with urgent care needs and delivering PPEP Care training to primary care and schools
- Redesign of the community Eating Disorders service is underway
- Young SHaRON online platform has been developed. Going live this Autumn.
- Children and Young People's Integrated Therapies toolkit is being expanded to include mental health and emotional development

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

- Workforce training on emotional health and wellbeing across partners in Wokingham
- Reduced waiting times for specialist CAMHs
- Common Point of Entry to be open Monday to Friday 8am until 8pm
- Joint commissioning of voluntary sector organisations where the Local Authority and CCG are currently commissioning independently
- Evaluate Short Term Care team
- Launch Young SHaRON
- Increase number of in-patient beds at Berkshire Adolescent Unit
- Better access to local perinatal mental health services and advice
- Outcome framework developed and agreed across all partners
- Commission enhanced Eating Disorders service. Start delivery (subject to recruitment)

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Additional funding in order to meet the requirements of Future In Mind
- Events held in the Thames Valley to develop the workforce, commissioner and provider skills
- On line resources-e.g. concise "how to " guides linked to the evidence base
- Simple and easy to use trackers and pro-formas
- Support to enable implementation of a core outcomes framework across all partners

9. Detailed Local Transformation Plan

Key areas to be addressed in the Berkshire West Local Transformation Plans and proposal of an order in which changes might be worked through

Future In Mind (FIM) priority

R= Resilience, Prevention and early intervention for the mental well-being of children and young people (chapter 4)

A= Improving access to effective support (chapter 5)

V= Caring for the most vulnerable (chapter 6)

AT= To be accountable and transparent (chapter 7)

W= Developing the workforce (chapter 8)

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Improving the access to help, preventing young people being lost or having to wait a long time for service delivery.	Recruit BHFT staff	15/16	A
	CPE open longer hours	15/16	A
	Technology development and roll out	15/16 onwards	A
	Introduce waiting time standards across CAMHs and Early Intervention in Psychosis services	15/16 onwards	A
Reduce number of YP whose needs escalate to crisis	Trial short term care team (follow up of YP who have attended A and E in crisis)	15/16	A
	Prioritise higher risk cases, paying particular attention to Children in Care	15/16	A
	Ongoing risk review of those on waiting list	15/16	A
	Collect data from RBH on A and E attendances, wait times- identify any trends	From Q3 15/16 and 16/17	A, AT

	<p>What can we learn as a system from YP who escalated into Tier 4? Those who stepped down from Tier 4?</p> <p>Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.</p> <p>Use of on line platforms such as SHaRON and Yong SHaRON</p>	<p>16/17</p> <p>15/16 onwards</p> <p>15/16 onwards</p>	<p>A, V</p> <p>A, AT, V</p> <p>A</p>
Reduce delays in accessing MH assessments once YP is medically fit and has presented at RBH	<p>CPE open longer hours-staff available for longer</p> <p>Embed new care pathway</p>	<p>15/16</p> <p>15/16 onwards</p>	<p>A</p> <p>A</p>
Is there a need for a local intensive crisis home treatment team for CYP?	<p>Evaluate learning and data from initiatives above</p> <p>Establish the interface with the transformed Eating Disorders service</p> <p>Develop options appraisal</p> <p>Commission and implement service</p>	<p>Late 16/17</p> <p>17/18</p>	<p>A</p>
By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.	<p>Berkshire Adolescent Unit transfer to NHSE- MOU implemented</p> <p>See also "Is there a need for a local intensive crisis home treatment team for CYP?" above</p> <p>Consider step down arrangements for young people being discharged from in patient units- is there a case for a local facility as an alternative to out of area residential placements? Also links with Transforming Care</p> <p>Implement changes to community Eating Disorder services</p>	<p>15/16</p> <p>16/17</p> <p>15/16 onwards</p>	<p>AT</p> <p>V</p> <p>A</p>
Enhancing existing maternal, perinatal and early years health services and parenting programmes	Evaluate perinatal MH pilots in the community/ children's centres. Impact on take up of services for new mothers? Consider the	15/16	R, W

<p>to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.</p> <p>Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE, HEE to ensure that staff are more aware of the impact that trauma has on MH and on the wider use of appropriate evidence-based interventions</p>	<p>recommendations.</p> <p>Commission enhanced perinatal MH service- RBH working with BHFT</p>	15/16	R
	<p>Participate in University of Reading clinical trial-improved treatment for severe conduct disorders in young children</p>	Q4 15/16 16/17	A, R,W, V
	<p>LAs evaluate behaviour support programmes and services to include SEN, Troubled Families, therapeutic fostering and YOS arrangements</p>	TBC	AT, W, V
	<p>Develop conduct disorder/behaviour pathway building on learning from trials and evidence across the system</p>	17/18	A, AT, V
	<p>Roll out conduct disorder/behaviour pathway</p>	18/19	A, W, V, R
	<p>Publicise and promote attendance at the Thames Valley trauma conference</p>	15/16	W
<p>How far can we push integration?</p> <p>Enabling single points of access to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector. Move away from tiered working.</p> <p>For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.</p>	<p>Review current CPE and local triage arrangements- should a single point of access/ localised triage system be developed in each LA where the family's holistic needs are considered prior to referral to CAMHs?</p> <p>Should this also consider physical healthcare e.g. therapies?</p> <p>How does this differ to existing MASH and Early Help hubs?</p> <p>How does the current system link to SARCs, YOS and the Troubled families programme?</p> <p>Consider the feasibility of changes on a Berkshire West only basis</p> <p>How does a "Tier 2 or 3" child present? Unpick clinical thresholds</p>	<p>16/17</p> <p>15/16</p> <p>16/17</p>	<p>A, V</p> <p>A, W, AT</p> <p>A, V, W</p>

Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.	and agree how cases are stepped up and down between universal, targeted, specialist and acute service providers.		
	Identify the skills needed in the workforce in order to respond to different levels of need/ complexity	Early 16/17	A, V
	What can we learn from successful YOS and Troubled Families services re approach?	15/16	A, V
	Overcome information sharing/ data collection issues between agencies	Late 16/17, early 17/18	A, V
	Roll out changes	16/17	A, V, R
	Is there a case to develop a regional Thames Valley service for certain groups e.g. children with sexually problematic behaviour? Services for LAC placed out of area but within the Thames Valley? YP who have been sexually exploited?	TBC	V,A
	Work with commissioners across the Thames Valley to maintain a Secure CAMHS Outreach service in the event of this moving from Specialised Commissioning across to CCGs	TBC	V,A
	Ensure all services understand and demonstrate a shared responsibility for the emotional health and well-being, and are supported with the skills and training development to fulfil those roles effectively	15/16 onwards	W, AT, V,A
	Is there a need to improve links with SARCs?	16/17	V

Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	Linked to CPE work above	15/16	A
	BHFT working with service users to improve communications	16/17	A, W
	Will schools commit to having MH lead?	16/17	A,W,V, AT
	Agree interface between BHFT and local services- clinical supervision, training	16/17	AT, R
Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage.	Do we as a system understand what we currently collectively offer with regard to resilience, prevention and early intervention?	16/17	AT, R, A
	How do we make the offer easy to navigate?	16/17	AT, R, A
CCG assurance visit		15/16	V, A
	Consider whether a local single point of access in each LA and having a MH link in schools where the family's holistic needs are considered might improve access for these groups.	16/17	V,A
Online support for CYP and families	Young SHaRON roll out, to include platforms for Looked After Children, carers, families	15/16	A, R, V
Strengthen links between physical health, mental health and support for children with SEN	BHFT expand children's toolkit to include Mental Health	15/16 and 16/17	A, R
	Consider whether current emotional wellbeing support for children and young people with long term conditions is sufficient	16/17	A, V
	BHFT to develop internal workforce	15/16 onwards	W
System wide ASD and ADHD pathway- strengthening the links between mental health, learning difficulties and services for children with Special Educational Needs	ASD diagnostic waiting time standard in contract 15/16	15/16	A
	Recruitment underway BHFT 15/16	Q2 15/16	A, W
	DH guidance on LD and ASD expected.	Q2 15/16	AT

and Disabilities (SEND)	BHFT expand children's toolkit to include ASD and ADHD	Q3 and 4 15/16	A, R, W
	BHFT develop internal neurodevelopmental pathway.	Q3 and 4 15/16	AT, A, W, V
	Link with schools, LAs, vol sector. Linkages between ASD, ADHD, SEND, behaviour? Schools role? Who does what? What do we commission from voluntary sector? Thresholds /acceptance criteria? How do agencies communicate/ key workers? Develop pathway across the system.	15/16/17	A, AT, W
	Workforce training	16/17	W
	Link to Transforming Care initiatives to ensure that local services are available for young people with challenging behaviour and learning disabilities and or ASD	16/17 onwards	A, V
Supporting self-care	Expansion of children's toolkit to include MH	15/16 and early 16/17	R, A
	Publicise Puffell apps developed in Berkshire once accredited	15/16	R, A
	Reading pupils given MH self-care booklets- other areas to consider whether they wish to adopt this approach	15/16	R, A
		15/16 onwards	R, A
	Launch Young SHaRON	15/16	R,A,V
Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.	Transition into adult services project	15/16	A
	Consideration of access to specialist Eating Disorders services for older teenagers/ less mature older teenagers	15/16 onwards	A
	Embed changes	15/16 onwards	A
Developing a joint training programme to support lead	PPEPCare training to primary care and selected schools	15/16	W, R

contacts in specialist children and young people's mental health services and schools.	If bid successful, roll out school link pilot	15/16	W, R
Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Workforce needs to be developed continuously. If current CPE arrangements change, will require extensive training and publicity	15/16 onwards to 19/20	W
Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.	Consider whether to continue PPEPCare roll out into 16/17 Local initiatives and leads???	16/17	W
Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.	Scope whether HVs and School Nurses could drive improvements. If this were adopted enact commissioning changes/ service changes	16/17	W, R, A, AT, V
	Scope LA, school and voluntary sector issues/ workforce development	16/17	W, R, A, AT, V

<p>Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.</p> <p>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</p>	Develop Transformation Plan, HWBs to approve plans	Aug/ Sept 15	AT
	HWBs to delegate authority to implement Transformation plans to BW CAMHs Transformation Group,	Sept 15	AT
	Transformation Plans submitted to NHSE	Sept 15	AT
	JSNA	Q3 15/16	AT
	Eating Disorders plans developed and incorporated in Transition Plans (pan Berkshire ED plan)	Aug- Oct 15	AT
<p>Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.</p>	NHSE approve plans and release funding	Q3 15/16	AT
	Implement Open Rio (BHFT)	15/16	AT
	Start collecting data in accordance with new CAMHs minimum data set	From Jan 16	AT
	Develop outcomes framework across all providers and commissioners	Q4 15/16	AT, W
	Implement outcomes framework across all contracts and SLAs.	16/17	AT, W
	Offer Open Rio access to the voluntary sector once new system is gremlin free	16/17	AT, W
	Outcomes and progress to be reported up to HWB	15/16 onwards	AT

Making the investment of those who commission children and young people's mental health services fully transparent.	How do schools spend their pupil premium? What outcomes do they achieve?	16/17	AT, R
	Transparency of CCG financial arrangements	15/16	AT
	Transparency of LA financial arrangements	15/16	AT
Commissioning of third sector organisations	Where LAs and CCG are commissioning the same organisations, streamline arrangements via joint commissioning	For 16/17 contract	AT, A
	Consider the support that voluntary sector organisations might require in order to successfully bid for pots of money that is not open to the statutory sector. Linked to vol sector demonstrating outcomes and being able to provide data	16/17	A, AT
Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	Links to Commissioning of third sector organisations section above		
	Agree TOR for Berkshire West Mental Health and Wellbeing Transformation group	Q2/3 15/16	AT
	JSNA update	Q3 15/16	AT

10. Eating Disorders plan to date

CCGs in Berkshire West and Berkshire East will jointly commission a revised Eating Disorder pathway in order to meet the new access and waiting time standard. The current provider, Berkshire Healthcare Foundation Trust, has carried out some initial work to describe what a future service might look like. This document is a descriptor of the intended service to indicate how the recommendations within the Access and Waiting Time Standard for Children and Young People with Eating Disorders may be met within Berkshire. A business case will be developed in due course.



Eating disorder
descriptor document

11. Measuring outcomes (KPIs)

There is agreement amongst partners in Berkshire West that a core set of emotional health and wellbeing outcome measures should be developed that every provider will use and report on. These would link to any nationally agreed outcome measures. This has been included in the action plan.

11.1 KPIs for Tier 2 services in Wokingham Borough Council


Tier 2 Monitoring – inputs and outputs

Consultation through Early Help Hub	30%
1-1 Direct support and intervention with Children and Young People	70%
Patients waiting more than 12 weeks	
Re-referrals within 3 months of closure	
Effective de-escalation into other support services	
Reduction in cases escalating to higher tier services	
Availability of skilled practitioners trained in our practice framework to ensure the service is able to meet need	

11.2 Key Performance Indicators in the Specialist CAMHS 15/16 contract

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are seen within 6 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are waiting at the end of the reporting period that have waited less than 6 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West CAMHS patients (excluding ASD) waiting longer than 12 weeks as at the last day of the month	0 from October 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are seen within 12 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are waiting at the end of the reporting period that have waited less than 12 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West ASD patients waiting longer than 18 weeks as at the last day of the month	0 from December 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West patients waiting on the total CAMHS waiting list	Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20%	Reported within the monthly quality schedule report
1.	Extension of CPE to 8am - 8pm model	CPE will be open 8am until 8pm on working days Monday to Friday by the end of Quarter 2.	Reported quarterly from the end of Q2
2.	Reduction in inappropriate/avoidable presentations to A&E	Baseline data to be captured from September 2015. Seasonal trends to be mapped over 15/16 and into 16/17TBC	Data to be reported monthly from September 2015 using the following methodology: 1: Numbers who present to A+E who are receiving active treatment from CAMHS 2: Numbers who present to A+E who are on a waiting list and not receiving active treatment 3: Numbers who present to A+E who are not known to BHFT CAMHS who need a CAMHS service (1+2 are the groups with potential to avoid presentations regardless of presentation or who recommends them going to A+E)
3.	Reduction in time from referral to assessment in A&E – within 4 hours.	BHFT to develop a system to collect baseline data in-year.	Data collection to start from 1 September 2015.
4.	Reduction in complaints that relate to waits longer than agreed targets for relevant team/pathway	25% reduction	To be reported quarterly from Q3
5.	Throughput measure by service line (measuring how many waiting, seen and discharged	BHFT to develop a system to collect baseline data in-year.	Tableau reporting from Q4

Ref	Indicator	Threshold	Method of measurement
6.	Implementation of Routine Outcome Measures	<p>BHFT to continue to trial CAMHsWeb. BHFT to develop meaningful reportable outcome measures throughout 15/16 and to demonstrate how reports are being used to improve the service.</p>  <p>ROMS.docx</p>	A report is to be provided in Q4 which will include narrative on how the outcome measures are in line with the CAMHs core data set requirements. For 2016/17
7.	Educational support programmes to key stakeholders – number of sessions to be agreed with commissioners	<p>BHFT will participate in the development and implementation of a CAMHs transformation plan in line with the findings of “Future In Mind” via a partnership between commissioners and providers from the NHS, Local Authorities, schools and voluntary sector.</p> <p>The transformation plan will make explicit how educational support programmes to key stakeholders will be commissioned and provided. The goal is to improve the availability and effectiveness of early intervention and prevention that is being delivered by the wider children’s workforce.</p> <p>It is anticipated that educational support to key stakeholders will build on PPEP care training that is being delivered in 15/16.</p>	To be articulated in the CAMHS Transformation plan
8.	Evidence of the use of technological adjuncts – rollout of Young SHaRON and the Children’s toolkit, and use of the NHS England		Provider to provide six-monthly updates on developments. First update required at the mental health contract meeting by the end of September 2015

Ref	Indicator	Threshold	Method of measurement
	App when available.		

12. Governance

Berkshire West Mental Health and Wellbeing Transformation group.

Local Authority leads met with the CCG on 21 August and 27 August to develop plans for an oversight group. The name “Berkshire West Mental Health and Wellbeing Transformation group” is suggested.

Scope

- to monitor and facilitate implementation of the Transformation Plan
- to make recommendations- not a decision making group
- to provide different perspectives on strategy, service transformation planning and implementation i.e. this is what it feels like from a school (voluntary sector/ service user/ social care/BHFT/parent) perspective
- help to develop strategy
- promote collaboration
- task and finish groups will take on key pieces of work, pulling in additional agencies as required

Proposed membership

- Local Authority children’s services x 3 (West Berkshire Council, Reading Borough Council, Wokingham Borough Council)
- Local Authority Public Health lead
- a nominated lead from a voluntary sector counselling organisation (ARC, Number 5, Time To Talk- West Berkshire, Time to Talk- Reading, Changing Arrows). Invite specific voluntary sector representatives for specific agenda items e.g. ASD/ SEN
- University of Reading
- 4 school forum representatives drawn from Early Years, Primary, Secondary and Special Schools across Berkshire West
- Service users
- Young people who are not service users
- Parent / carer
- BHFT CAMHs service manager, clinical lead, lead for children’s integration

- RBFT- A & E and paediatrics
- Healthwatch representative
- CCG clinical lead and head of children's commissioning
- NHS England Tier 4 lead

It is envisaged that for some of the partners listed, a representative will provide an insight as to how things feel/ might feel on the ground as service transformation ideas are discussed and implemented. It is hoped that this would enable the group to be an optimal size for meaningful and timely discussion.

It is envisaged that task and finish groups will be required to undertake specific aspects of the transformation work.

Resources

The group will require resources to enable attendance. The group will require communications and secretariat support.

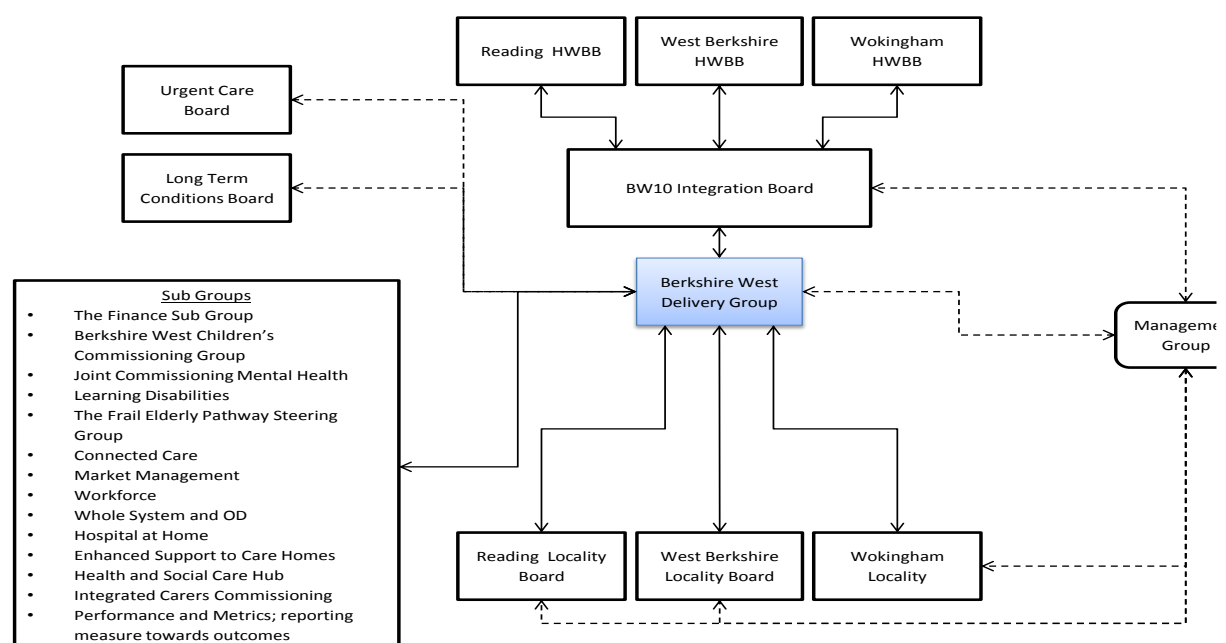
Frequency

Initially monthly, starting November 2015

Reporting arrangements

To report to the Berkshire West Integration Board (Director and Chief executive level)

Respective Health and Wellbeing Boards to delegate authority to the group.



13. Self-assessment checklist for the assurance process (Annex 2 in the guidance)

Annex 2: Self assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	2.5, 2.8, 2.9 Sections 3,5,6,10
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Sections 1,2,6,9,10,12
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	2.4 Section 9
4. promote collaborative commissioning approaches within and between sectors	Y	Section 6,10,12
Are you part of an existing CYP IAPT collaborative?	Y	2.3
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children	Y	2.5, sections 3,6,10

and young people within your local population		
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	Section 4
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	2.7
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	5.1, sections 6, 9, 10
2. focused on demonstrating improved outcomes	Y	2.1 sections 5,6,9,10,11
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	5.3, sections 6,7,9,10
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Sections 1,2,6,9,12
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Section 12
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Section 11 NB there are problems with the tracker
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Section 11
Finance		
Please confirm that:		
1. Your plans have been costed	partial	Section 10 and 14 NB there are problems with the tracker
2. that they are aligned to the funding	partial	Section 10 and 14 NB there are

	allocation that you will receive		problems with the tracker
3.	take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	4.2, 5.4, 5.7, sections 6 and 8

.....

Name, signature and position of person who has signed off Plan on behalf of local partners

.....

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

14. Tracking template to monitor and review progress (Annex 3 in the guidance)

In Berkshire West there are four CCGs covering 3 Local Authority areas.

Berkshire West CCGs have submitted 3 Transformation Plans- one for each Local Authority area.

It is therefore difficult to reflect this in the tracker and the tracker is, at this stage incomplete. Please advise in your feedback on the plan how to resolve this.

The breakdown of additional investment for 15/16 (excluding Eating disorders) is

CAMHS investment by Local Authority and CCG				
	Newbury and District	North and West Reading	South Reading	Wokingham
	23.04%	22.40%	25.71%	28.85%
	£345,600	£336,000	£385,650	£432,750
	Local Authority			
West Berkshire	£513,600	34.24%		
Reading	£553,650	36.91%		
Wokingham	£432,750	28.85%		
	£1,500,000			

For the Eating Disorder investment, the 4 Berkshire West CCGs will work with the 3 Berkshire East CCGs. Please advise as to how to reflect this in our trackers.



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TITLE	School Readiness
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 October 2015
WARD	None specific
DIRECTOR	Judith Ramsden, Director of Children's Services

OUTCOME / BENEFITS TO THE COMMUNITY

Clear understanding of the importance of school readiness to recognise and promote success

RECOMMENDATION

That the Health and Wellbeing Board note and support the actions identified.

SUMMARY OF REPORT

School readiness is an essential factor in ensuring that children can be well prepared for starting school. It is important to continue to enhance close partnerships with schools, settings and other providers alongside working effectively with parents.

The key aim is to ensure that all children meet their development milestones on transition to pre-school, nursey, reception and Year one. The School Readiness Action Plan (attached) details the key actions to achieving this aim.

Background

See annex

Analysis of Issues

See annex

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	Within Service budgets	n/a	R
Next Financial Year (Year 2)		n/a	R
Following Financial Year (Year 3)		n/a	R

Other financial information relevant to the Recommendation/Decision	
Children's Services benefits from improving the effectiveness of school readiness particularly with vulnerable pupils.	
Cross-Council Implications	
On Children's Services as noted	
Reasons for considering the report in Part 2	
N/A	
List of Background Papers	
n/a	
Contact Alan Stubbersfield	Service Learning and Achievement
Telephone No 0118 974 6162	Email alan.stubbersfield@wokingham.gov.uk
Date 30 September 2015	Version No. 1

SCHOOL READINESS ACTION PLAN						
Early Years, Childcare and Play			September 2015		Next Review: January2016	
OVERALL SUCCESS CRITERIA: ALL CHILDREN WILL MEET THEIR DEVELOPMENTAL MILESTONES ON TRANSITION TO PRE-SCHOOL, NURSERY, RECEPTION AND YEAR ONE.						
2 Year Olds						
ACTIVITIES	SUCCESS CRITERIA-OUTCOMES	RESPONSIBILITIES	TIMESCALES START/FINISH	EVIDENCE USED TO MONITOR	REVIEW	NEXT STEPS
Continue to build participation in the 2 year old funding scheme.	90% of eligible children will access funding	Stuart Family Workers	Ongoing	Number of children funded against number on DWP list. Headcount data	September 2015 - currently 60% CC/Family workers follow up families not accessing 2yr old funding. Headcount- 1/10/15	Family workers to follow up directly with families using DWP and applied list Mapping areas to identify gaps in sufficiency
Track all funded two year olds against the prime areas of learning. All providers will submit data three times a year.	100% of funded two year olds data received All 2 year olds will be supported to meet their developmental milestones	Stuart Providers	On going	Spreadsheet combining providers' data.	Data has been analysed and split into CC cluster groups. July 2015 - 80% of trackers received . CCs analysing own data to determine key areas for support	Compare with ECAT tracker info received to analyse gaps. Engage with Childminders to ensure the tracking of children . Currently data not requested for non-funded 2 year olds but could collect data from progress checks. Need to track funded 2 year old data against EYFSP data and beyond.
Targeted training focused on areas highlighted as a weakness from the 2 year old tracker	100% of funded providers attend targeted training	Stuart and EY team	On going	Attendance at training and impact evaluation from advisor visits	PSED & CL - Key aspects for development	Develop PSED training across the whole of Early Years sector as appropriate Attachment training

Speech and Language						
All children from PVI settings, funded childminders and nursery classes will be tracked using the ECAT tracker. Providers will submit base line data and progress data three times a year.	100% of children are tracked against the ECAT tracker.	Emma Providers Family Workers	Ongoing	Spreadsheet combining all providers' data.	Informed nursery classes of ECaT trackers and assessment of children's S&L development LLP networks re-established Sept 2015. Mirrors PSED/CL training needs for 2 yr olds also EAL training needs . Chatterbox session in Red Kite grp – roll out to all CC	Investigate alternative systems to collect and easier to complete Team training day Use of data- similar to 2 year olds. Analyse to see if 2 year olds also have S&L delay. Advisors to question providers on targeted support to children with delay and monitor children's progress
Targeted visits/training for providers who have a large proportion of children 'at risk' of delay.	Progress data shows a 50% decrease in percentage of children considered 'at risk'	Emma and EY team CC	Ongoing	Progress data spreadsheet	Emma analysed settings where children are 'at risk' and informed advisors	Emma and Sara to visit Nursery classes to support with completion of ECAT trackers in September . Bring to Autumn cluster meetings
Continue to support Speech and Language drop- ins and feed back to settings and advisors as appropriate.	100% of Non-EAL children deemed at risk are referred to S&L drop -ins. Children referred to S&L drop- ins are tracked with 50%	Emma SALT	Ongoing	Drop- in attendance data	Drop-in is now an initial assessment. Settings not always referring to drop-ins. Children being picked up from 2	Emma/ CC LLP to continue to attend drop-ins and link this back to the settings with the SALT advice. Inform advisors . More involvement

	seen as expected after interventions have been implemented.				year old reviews and being referred to drop-ins. LL Practitioner from the CC to support where appropriate Timetable identifies sessions Emma is unable to attend.	from Family Workers at drop-ins. Family Workers to use opportunities for support and feed back to EG.
Supply training to support practitioners in teaching literacy skills, thus ensuring children have firm foundations, ready for school.	Baseline data in Reception for literacy will be within expected levels.	Emma and EY Team	Ongoing	Baseline data	Already provided letters and sounds training which included early reading and mark-making to writing and reading. RI settings given priority.	Emma to complete ELKLAN training Sept 2015. (ELKLAN)- leading to train the trainer Emma & Gemma will increase knowledge and skills to impart to settings
Boys' attainment						
Supply specific training related to boys' attainment in literacy	EYFSP gap between boys and girls closes by 50%.	EY Team Consultant	Ongoing	EYFSP data	Training delivered to support boys' engagement in learning/ writing. Boys' writing project started 27/3/15. Seen more evidence of boys writing in settings. GLD Gap reduced by 7% and writing gap by 6%. Writing improved by 5% (all) Boys by 8%.	Monitor impact of training in schools taking part in the writing project. Schools to share findings at cluster meetings. Commission consultant to deliver project over 3 terms. Identify schools and settings to take part.

						Launch- 5 th November 2015.
Develop an audit for settings to evaluate their environment for boys' learning.	EYFSP gap between boys and girls closes by 50%.	EY Team	Ongoing	EYFSP data		Use audit from boys' writing project and adapt training for use in RI/inadequate settings
Inclusion						
Inclusion audit to identify areas for additional support to providers.	100% of providers to complete audit. Areas for development will be identified.	Sara and EY Team Providers	Complete by April 2015		Written but not yet completed by providers due to other priorities & changes to SEND. Expectations on settings to complete/return information . Review to ensure meets needs	Share audit at SEN cluster networks. Send to all providers in Spring Term
Monitor EYIF and EIG funding to ensure individual children are supported appropriately.	Reduction of children needing exceptional needs funding at school	EY Team	Ongoing	Advisor visits to determine impact on individual children	Funding levels reviewed and proposal accepted at schools forum	Guidance to be completed and sent to all settings and nursery classes/schools . Analysis of impact for individual children. Case studies for review at Forum.
Monitor attainment levels of children in care and ensure PEPS are completed within required timeframes.	All PEPS completed and all CIC make the same progress as their peers.	Sara and EY Team Social Care	Ongoing	PEPS and tracking/EYFSP data	All PEPs up to date PEPs completed by end of Summer term 2015	Contribute to selection of ePEP. Involvement of VS. Information sharing to be improved. Progress of children

						in care to be monitored more closely by providers. Tracking data to be returned and appropriate support given.
Early Years Pupil Premium						
To promote take up of EYPP through communications strategy.	70% of eligible children will take up the EYPP.	EY team	Ongoing In place for April 2015.	Through headcount data	Delivered presentations to HTs, PVI's, CC and schools to launch EYPP 54% take up	Communicate with all settings and schools to promote EYPP further for forthcoming term .
Gather evidence of use of EYPP.	Reflected by good take up of EYPP by parents.	EY team	Ongoing. Gather evidence in Summer term	Monitor take up. Good practice shared at clusters and networks.	PA @ Ambleside working with settings to support with EYPP through funding from Early Education.	Share information across cluster meetings from EYPP group. Involve Emily Waddilove/ JM and share information.
Gather impact of EYPP	Impact will be measured by Ofsted. 100% providers will be judged good or better on Leadership and Management	EY team		Tracking by providers and sent to EY team	Identify EYPP pupils on trackers to monitor progress	Investigate comprehensive tracker that meets many of tracking requirements (SHS)
PRIORITY 2: QUALITY OF PROVISION						
OVERALL SUCCESS CRITERIA: By July 2015, 100% of early years group settings are judged by Ofsted/ LA to be good or better. 100% of funded and 92% of all childminders are judged by Ofsted/LA to be good or better.						
Identify providers at risk of being judged RI/	An action plan with SMART targets	EY Team	Ongoing	ECERS/FCCERS scores, impact of	85% Ofsted rated 94% LA rated PVI's	Seek advice and support settings

Inadequate by Ofsted	developed for each provider at risk of being judged RI/Inadequate by Ofsted			provision on children's progress, effectiveness and impact of training	currently Good/Outstanding Action plan developed and being used by RI providers-	through training in Ofsted requirements etc. Ofsted Seminar – Getting to Good Sept 2015. Teaching School Alliance (TSA) support project launch in Autumn Term. Advisors to monitor impact on quality in setting.
Target specific support to each identified provider	100% of identified providers are no longer deemed at risk of being judged by LA/Ofsted as RI/Inadequate	EYCP Team	On going	Ongoing monitoring of EY team plan; programme of support for each identified provider	In progress. Advisors monitoring quality of provision. Developed an Ofsted outcomes record Advisors to increase no. of visits to at least fortnightly minimum for RI/Inadequate to be incorporated into core offer	Feed back Ofsted inspection outcomes and issues to clusters and networks. Develop core offer paperwork for settings and advisors
Monitor and evaluate impact of support for each identified provider	Annual joint QA visit with Team Leader and each EYA.	Alison/ EYAs	Ongoing	Alison to develop programme of QA visits	QA visits completed Summer Term. Outcomes fed back to advisors at annual appraisals. Support offered to some providers	Complete and maintain Ofsted spreadsheet. Implement Signs of Safety when reviewing support to settings.

					adapted to meet current needs. Continuing visits with Alison Pugh	
Continue to deliver and evaluate child minder pre-registration course.	All first inspections of childminders who attended Wokingham Pre-Registration course are rated good.	Shelagh	Sept 2014 – June 2015	First inspection results from Ofsted download	Newly registered childminder to be visited asap Monitored Ofsted outcomes for CMs who have attended pre-reg course.	Post registration meeting - to include meet the advisor
Develop separate training plan for 2014/15	Training plan implemented, well attended and impact evaluated by EYA visits.	Whole Team	Ongoing	Evaluations of training programme	OOS providers feel they have not had enough training. Meeting with Energy Kidz to discuss training needs of OOS providers	Follow up on EnergyKidz training programme

PRIORITY 3: CHILDREN'S CENTRES						
OVERALL SUCCESS CRITERIA:						
Continued allocated support to Children's Centres by EYAs	Emma to lead on Children Centre agenda and to coordinate liaison with Children's Centre Managers termly to ascertain levels and areas of support required for individual communities. For example, support with school readiness and 'Play to Learn' sessions with parents.	Emma with support from all advisors	Sept 2013 – July 2016	Planned programme of visits developed and implemented	Outcomes of visits improve communication and intelligence. EY Team Members attending Board meetings as well as working directly with CC staff Ready to Play Ready to Learn sessions delivered. Six sessions developing. Letting Go and School Readiness .	Emma to meet regularly with CC managers. To be streamlined and delivered across all CC with CC Family Workers taking the lead in time Develop a shared development plan for Early Years. First meeting 11/9/15. Focus on school readiness.
To encourage partnership working between settings and Children's Centres to share developmental data.	Data is shared at least termly to support the Children's Centres in meeting their targets.	Alison/ Stuart Providers CC	Autumn Term 2015	Data is shared and effectiveness is monitored through monthly meetings with EY, CC managers and data team	Collection of children's developmental data from targeted groups can be used to plan effective interventions.	Developmental data to be analysed in CC reach areas. Identified support to be targeted to providers in order to meet children's needs.

PRIORITY : SCHOOL SUPPORT						
OVERALL SUCCESS CRITERIA: 100% of Early Years Ofsted inspection outcomes or LA categorisation in schools will be judged Good or Outstanding.						
EYFSP data will continue to improve on the current trajectory and be better than National levels.	An average of 70% GLD will be achieved across the borough	AP, SHS, School improvement team.	Support to be allocated over the academic year. Results will be known by July 2015	Monitoring of pupil progress data at visits and reviews.	Schools sent predicted GLD %ages to school improvement team in spring term. GLD 70% in July 2015	Identify areas for development – include in training programme Use data to identify schools needing support with specific areas of learning 7 development (eg maths and literacy) Commission writing project (launch 5/9/11) Advisors investigate support given by schools to children in receipt of EYPP, FSM.
At least 25% of maintained schools and independent schools and academies will be moderated in 2015 and meet criteria set by STA.	All schools moderated will be in line with exemplification One day per school moderated, plus at least 3 moderator's meetings, briefing and moderator training/ standardisation meetings.	AP, SHS and moderation team	Pre-Moderation completed in February 2015 and all moderation visits completed by first week in June 2015. Pre-moderation Feb 2016	Monitoring through pre-moderation visits and standardisation meetings.	Moderator's meeting to review pre-moderation meetings and evaluation forms completed by schools to review moderation process.	Analyse data and identify schools for next year's moderation. Check on NQTs and new to EYFS practitioners in schools.
Reception Baseline	All children assessed at start of Reception using an appropriate	AP, SHS, School improvement team	To start September 2015	Monitoring of children's progress shared	Review of End of Key Stage data submitted to LA	Encourage all schools to share baseline data with LA

	assessment tool.			with LA		
SEND support	F1/ Nursery classes will be aware of how to obtain support for children with SEND Dependent on how many visits made to nursery classes to help with paperwork/ offer support etc.	AP/ SHS School SENCO	Ongoing. Timely applications to be made for EYIF/ EIG/ school transition	Monitoring numbers of applications for support. Through core support from SHS/ AP	SHS supporting nursery classes when requested.	Continue to offer support. Ensure that school SENCOs are aware of support available and know how and when to access. SHS to attend school SENCO network meeting?
Transition	All children's individual needs are met on transition from early years setting to school and from YrR to Yr1	AP/ SHS for children with SEND	During Summer Term and then again in Autumn Term once children have started at new setting.	Observations and conversations with Reception teachers. Possible use of baseline data in the future once established	Apparent that some schools are not full familiar with the process of transitioning from Early Years setting to Reception. Correct processes not consistently followed for children with SEND	Ensure that schools are familiar with the processes through communication at SEN cluster moderation. Encourage information from early years provider to be shared on transition to school
Support to F1 and F2 classes	Appropriate support given to F1 and F2 classes based on data, Ofsted outcomes and identification by SI team.	AP for F2/ SHS for nursery classes (F1)	Ongoing and when requested by SIOs	Visits and support monitored through close working with SIOs.	Early Years support to schools currently being reviewed. Schools need to be aware of their core offer.	Meeting with Gill Walker and AS to determine Early Years Support to schools. (16/9/15)

TITLE	National Information Board – Local Digital Roadmap
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 October 2015
WARD	None Specific
DIRECTOR	NHS Wokingham CCG, Director of Operations/ Chief Information Officer

OUTCOME / BENEFITS TO THE COMMUNITY

Patients and citizens expect that whenever and wherever they access services, those caring for them can easily access comprehensive, accurate and timely information. They anticipate professionals working with modern information systems that bring together all of the relevant information available – from diagnostic tests and clinical notes, case histories to records of personal preferences. Whether it's patient frustration about not being remembered or professional concern about managing care in the face of unknown risks, patient experience and the effectiveness and safety of care will be improved through the creation of paper-free environments delivered at the point of care.

Wokingham the Health and Wellbeing Board have approved the principles of a sign shared record through the Better Care Fund Scheme – Connected Care Programme. This scheme is already seeing benefits with some records now shared (with explicit patient consent) between GPs and Out of Hours GPs, Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust. As we move forward with the BCF, further sharing of information and the launch of the Person Held Health and Care Records will be fundamental.

RECOMMENDATION

The Health and Wellbeing Board are asked to note the recommendation for the production of the Local Digital Road Map based on the Berkshire West Footprint.

SUMMARY OF REPORT

NHS England have announced the expectation for local system to design a Local Digital Roadmap to meet the requirements professionals in primary care, urgent and emergency care and in other key transitions of care scenarios will operate with paper free integrated records by 2018 and that all health and care professionals will be paper-free at the point of care, using integrated digital care records by 2020.

This paper outlines the background to this requirement, the proposed governance and footprint for our Local Digital Roadmap.

Background

NHS England Five Year Forward View set a clear shared view of the challenges ahead and the choices we face to secure the health and care service that we want in 2020. Digital technology, data and transparency are key enablers to deliver this transformed future for the benefit of every service user, carer, citizen and professional. The information revolution can help to close the health and wellbeing gap, the care and quality gap and the funding and efficiency gap.

In November 2014 the National Information Board (NIB) agreed a number of strategic priorities for digital health and care in their Framework for Action – Personalised Health and Care 2020. These priorities include ensuring professionals in primary care, urgent and emergency care and in other key transitions of care scenarios will operate with paper-free integrated records by 2018 and that all health and care professionals will be paper-free at the point of care, using integrated digital care records by 2020. Health and care professionals need to leverage the potential of the digital revolution to support them in delivering highest quality, most efficient care.

Patients and citizens expect that whenever and wherever they access services those caring for them can easily access comprehensive, accurate and timely information. They anticipate professionals working with modern information systems that bring together all of the relevant information available – from diagnostic tests and clinical notes, case histories to records of personal preferences. Whether it's patient frustration about not being "remembered" or professional concern about managing care in the face of unknown risks, patient experience and the effectiveness and safety of care will be improved through the creation of paper free environments at the point of care.

The NIB Framework for Action also stated that local areas will be asked to begin the process to produce a local strategy and plan (a Local Digital Roadmap) for integrated digital care record keeping. Each roadmap will detail how a local health and care economy will create and ensure consistent joined up use of integrated digital care records and the business outcomes they intend to achieve by introducing it, to get the maximum benefit when providing direct care. The key focus will be ensuring digital information flows both within organisations and critically across organisational boundaries. These plans are not an end in themselves. They are an opportunity to encourage collaboration in the use of technology within a locality and breakdown organisational barriers to deliver more efficient higher quality care

The development of local digital roadmaps will be one tool amongst many to help local area in their move towards being paper free at the point of care, enhancing the use of digital technology and supporting information sharing.

By April 2016 local health and care economies are expected to submit a local digital roadmap through coordination by clinical commissioning groups (CCGs) with sign off to include Health and Wellbeing Boards. The first step is for local areas to confirm their governance for the digital roadmap by the end of October 2015, and CCGs will have to work closely with local authorities (LAs) as well as providers and other key partners

Analysis of Issues

For our required footprint submission at the end of October, an analysis of our health and care system based on track record and momentum on sharing, suggest our local footprint, should be based on Berkshire West health and care organisations as such our proposed governance footprint will incorporate:

- NHS Wokingham CCG
- NHS South Reading CCG
- NHS North and West Reading CCG
- NHS Newbury and District CCG
- Wokingham Borough Council
- Reading Borough Council
- West Berkshire Borough Council
- Royal Berkshire Foundation Trust
- Berkshire HealthCare Foundation Trust – Shared footprint with Berkshire East
- South Central Ambulance Trust – Shared footprint across Thames Valley

A clear governance structure to support roadmap development is critical, with representation from all key footprint partners, with governance arrangements are expected to continue beyond April 2016 to oversee delivery; As such it is proposed for the Integration Board to oversee the implementation of the Berkshire West Roadmap.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

List of Background Papers

National Information Board – Personalised Health and Social Care 2020

Contact Katie Summers	Service NHS Wokingham CCG
Telephone No 01189 299469 ext 3487	Email Katie.summers2@nhs.net
Date 28.09.15	Version No. 1

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TITLE	Health and Wellbeing Board Peer Review
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 th October 2015
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY

A Local Government Association (LGA) led Health and Wellbeing Board Peer Review will enable the board to become more relevant and effective and so improve the local communities' health outcomes.

RECOMMENDATION

That the Health and Wellbeing Board:

- 1) Notes the purpose and benefit of an LGA led Peer Review;
- 2) Notes the proposed on-site dates – early to mid-March 2016;
- 3) Agrees to commission and take part in an LGA led Berkshire West peer challenge to include the Wokingham, Reading and West Berkshire Health and Wellbeing Boards.

SUMMARY OF REPORT

A Health and Wellbeing Peer Review will enable the Board to reflect on and improve the way it works and makes an impact. The review will provide the Board with an opportunity to reflect on how well it is meeting its responsibilities and operating effectively.

The proposed Peer Review would be unique as it is intended to comprise three Health and Wellbeing Boards: Wokingham, Reading and West Berkshire. It will be the first time the LGA has undertaken a multi board Review. The benefit of this approach is that in addition to three individual Health and Wellbeing Board Reports and Recommendations for Wokingham, West Berkshire and Reading, the Peer Review would also include recommendations in the context of common areas across the three boards that identify possible opportunities for collective working.

The peer review would take place on site and over a 4/4.5 day period. It is being proposed for early to mid-March 2016. Prior to this on site work, scoping and pre-site analysis and preparation will take place.

Commitment to the requirements of the Peer Review and availability of key stakeholders is vital, both in preparation for and during the review. The peer challenge team consists of Health and Wellbeing Board leaders who will be committed to the timetable as agreed.

Background

What is a Health and Wellbeing Peer Review?

The Peer challenge is a tried and tested LGA sector-led improvement tool that has been developed collaboratively for health and wellbeing. Health and Wellbeing Boards can commission the challenge to focus on local system priorities and challenges within the overall framework. It enables the Board to reflect on and improve the way it works and makes an impact by identifying areas for improvement.

This is a voluntary improvement and learning process, not an inspection. It involves a team of peers from local government and health and can involve others such as the voluntary sector. The peers work as 'critical friends', not professional consultants or experts. The process is based on a view that organisations learn better from peers and are open to challenge.

This particular review would be unique as it is intended to comprise three Health and Wellbeing Boards: Wokingham, Reading and West Berkshire.

The peer challenge is fully subsidised by the Department of Health.

What will the Peer Review involve?

Scoping - the peer challenge usually focuses on the following elements:

- ensuring clarity of purpose of the Board;
- building a model of shared leadership within the Board;
- working with partners to develop the systems leadership role;
- ensuring delivery and impact;
- integration and system redesign.

Following the scoping, pre-site analysis and preparation will take place.

Prior to the on-site review peer observation of a Wokingham, West Berkshire and Reading Health and Wellbeing Board meeting will occur.

There will be an 4/4.5 days on site review, part of which comprises one hour meetings and discussion sessions with officers, partners, Members, service users and other stakeholders.

What is required from key stakeholders?

Agreement to commission the Peer Review.

Agree the Scope, Purpose and Focus of the review.

Agree to the on-site dates – early to mid-march 2016 is being proposed.

Members of the Health and Wellbeing Board to complete a confidential Pre-site survey.

Provide key information, documents and reports as requested at least three weeks before the on-site review.

To be on site and available for interview and discussion sessions at pre-arranged times during the 4/4.5 days of the review.

To be on site and available for a 'setting the scene meeting' on the morning of the first day and a feedback session on the last day of the review. There are also informal feedback sessions at the end of each day.

How will the output from the Review be provided?

Informal feedback will be provided at the end of each day and there will be a formal feedback discussion on the final day on-site involving an audience of the Health and Wellbeing Board's choosing.

The peer challenge team shares its views and offers advice on the main focus of the challenge and key strategic and leadership issues.

Each Health and Wellbeing Board Chair, Vice Chair, a Clinical Commissioning Group representative and council Chief Executive receive written feedback within 2-3 weeks after the departure of the peer challenge team. It elaborates on the points made in the feedback presentation, outlining the main findings and conclusions and provides recommendations for improvement going forward.

Three individual Health and Wellbeing Board Reports and Recommendations for Wokingham, West Berkshire and Reading will be produced and are to also include further recommendations in the context of common areas across the three boards that identify possible opportunities for collective working.

Analysis of Issues

The core peer review team comprises:

- a council Chief Executive of the same authority type as the locality
- an elected member who is the Chair of the HWB in a similar area
- a Director of Public Health of the same authority type as the locality
- a senior CCG peer (e.g. Chief Operating Officer) from a similar health economy
- an LGA challenge manager
- a further team member is the choice of the HWB and can be an NHS peer, an integration or policy specialist, Healthwatch, voluntary sector representative

In order to manage the complexities of the three Board peer challenge the Wokingham Health and Wellbeing Board Manager would take the role of project manager.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision

The peer challenge is fully subsidised by the Department of Health and will need to take place before the end of the 2015/16 financial year.

Cross-Council Implications

The Peer Review will include input from officers, partners, Members, service users and other stakeholders, and in particular the Children's Services and the Health and Wellbeing directorates.

Reasons for considering the report in Part 2

N/A

List of Background Papers

Local Government association (LGA) Care and Health Improvement Programme (CHIP)

Contact Helen Power, Board Manager, Wokingham Health and Wellbeing Board	Service Democratic Services
Telephone No 0118 9746013	Email helen.power@wokingham.gov.uk
Date 28 th September 2015	Version No. 1



England

Primary Care Support England
(formerly Thames Valley Primary Care Agency)

7-9 Cremyll Road

Reading

Berkshire

RG1 8NQ

TO: ALL ON THE ATTACHED LIST

Email : tvpcap PharmacyApplications@nhs.net

Telephone Number: 0118 918 3333

21 September 2015

Dear Colleague

Re: Application offering unforeseen benefits within 100 metres of 95B Bean Oak Road, Wokingham, RG40 1RJ by Mr Sunil Chandarana

NHS England has considered the above application and I am writing to confirm that it has been refused.

The Committee considered the following:

- The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended
- The application form provided by the applicant –
 - The Committee noted that the applicant was proposing to provide several advanced and enhanced services including MUR, NMS, EHC, Supervised Consumption and Smoking Cessation
 - The applicant had indicated that a floor plan would be provided upon obtaining a premises
 - The applicant was of the view that Regulation 31 did not apply to this application
 - Applicant's comments in support of the application as to description of the 'unforeseen benefits you are offering to secure' and how it will 'secure improvements or better access to pharmaceutical services'
- Map of the area showing the proposed premises in relation to other pharmacies and GP Surgeries in the area
- Regulation 31 – the Committee was satisfied there is no pharmacy providing pharmaceutical services at the same or adjacent premises. The application did not therefore need to be refused in accordance with Regulation 31
- Representations made by Thames Valley Local Pharmaceutical Committee, Boots UK Limited, Wokingham Health and Wellbeing Board and Manichem Limited – the Committee noted that there were several objections to this application
- The applicant's response to the representations received during the consultation period
- The report and annexes prepared by TVPCA –
 - The Committee noted that the applicant's fitness to practise had been previously considered and approved

- The Committee observed that the best estimate address stated on Page 2 of TVPCA's report was incorrect and noted that the correct best estimate address is as stated on Page 1 of the report, i.e. within 100 metres of 95B Bean Oak Road, Wokingham RG40 1RJ
- The Committee considered the deferral report and noted that its preliminary views would be reconsidered at this meeting
- All additional information, including location, opening times and distances of surrounding pharmacies and GP surgeries were considered. The Committee observed that Cedar House Surgery had been included by TVPCA on the list of GP Surgeries within 1 mile radius of the proposed premises. The Committee was aware that Cedar House Surgery was no longer in operation nor at the address provided but had merged with Finchampstead Surgery earlier in the year
- The information provided by an NHS England Officer in regard to the best estimate location and the Wokingham area –
 - The Committee had regard to information provided by the NHS England officer with extensive local knowledge of the area. The Committee was informed that several businesses operated from the shopping parade on Bean Oak Road, including a hair salon, dental practice and newsagents. There was space for parking available to customers. The area within 100 metres of 95B Bean Oak Road was mainly residential, with large houses in 1960s/70s style, it is a well-established residential estate with frequent local transport to and from the town centre
- Department of Health guidelines on market entry by means of pharmaceutical needs assessment – Chapter 8 – Unforeseen Benefits
- The Committee noted that the proposed pharmacy location is within 1.6km of a controlled locality and there were 24 dispensing patients living within 1.6km radius of the proposed best estimate address, therefore the Committee was required to consider the discontinuation of arrangements for the provision of pharmaceutical services by doctors to the affected patients
- The Committee agreed that if the application is approved, it was of the view that the service provided by the dispensing doctors to the affected patients should be discontinued, and that the discontinuation should be postponed for a period of one month in order to give the doctors reasonable notice of the discontinuation
- The Committee decided that it was not necessary to hold an oral hearing before determining the application.

DECISION

Having considered the application, representations received and all additional information, the Committee determined to **refuse** the application.

REASONS FOR DECISION

The reasons for this decision are as follows:

Pharmaceutical Needs Assessment (PNA)

- The PNA for the Wokingham Borough for the period of 2015 – 2018 was published in April 2015
- The Committee noted that the Health and Wellbeing Board had commissioned an assessment of the current capacity of pharmacies in the areas of known housing growth within the borough (i.e. Wokingham Town centre pharmacies and pharmacies around Arborfield Garrison), in order to estimate the impact on pharmacy access and capacity with regard the increasing population as a result of house building across the borough
- The conclusion as stated on Page 36 of the PNA is as follows - “the current view is that the range of pharmacies, in the areas most affected by significant housing development, has sufficient capacity to meet the current needs of the population”. Also, “due to the timeframes of the developments there is no future gap in service provision within the lifetime of the PNA”
- The Committee noted that the applicant had in its response to the representations submitted during the consultation period, referred to the above mentioned housing developments, which had already been considered in the PNA. The Committee noted that the applicant had not provided any evidence that a significant change beyond what was already contemplated in the PNA, has occurred in the area since the date the PNA was published
- The Committee was not satisfied that the application had identified any gap in service provision in the area

Regulation 18 – Unforeseen benefits applications: additional matters to which the NHSCB must have regard

- **Regulation 18(2)(a)(i)** - whether or not granting the application would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services. The Committee was not aware of any plans that would be affected and did not consider that granting the application would have an adverse effect on any future plans. None of the submissions included any comment or evidence in regard to this matter
- **Regulation 18(2)(a)(ii)** - whether or not granting the application would cause significant detriment to the arrangements in place for the provision of pharmaceutical services. None of the submissions included any evidence on this question and the Committee take the view that a pharmacy in the proposed vicinity would not significantly affect arrangements for pharmaceutical services in the area
- The Committee did not find any significant detriment to proper planning or to the arrangements in place for the provision of pharmaceutical services and therefore was not obliged to refuse the application under Regulation 18(2)(a)
- **Regulation 18(2)(b)(i) – reasonable choice with regard to obtaining pharmaceutical services in the area of the HWB** - The Committee was aware that there are two GP Surgeries (Wokingham Medical Centre and Burma Hills Surgery) within 1 mile radius of the proposed pharmacy location and particularly that Rose Pharmedics Ltd is a 100 hour pharmacy (open on Saturday and Sunday) and co-located on the same premises as one of the GP Surgeries (Wokingham Medical Centre). Rose Pharmedics Ltd is approximately 10 minutes away by car (due to a one way system) and 13 minutes on foot from the

proposed location and is open from 07:00 to 22:30 Monday to Friday, 08:00 to 21:00 Saturdays and 09:00 to 18:30 Sundays

- The Committee noted that, in all, there are four pharmacies within approximately one mile radius of the proposed location including the 100 hour pharmacy at Tesco Stores Limited on Finchampstead Road, Wokingham, which was 5 minutes' drive from the proposed location
- The Committee noted that there is a high rate of car ownership in Wokingham, however residents who are less able to drive have access to the local bus service from the vicinity of the proposed location to the town centre; the bus service runs at intervals of 15 minutes. Pharmacies in the town centre, including Boots Pharmacy at 40 Market Place and Manichem Ltd at 33 Broad Street are open from Monday to Saturday. Boots pharmacy is also open Sunday between 10:00 and 16:00
- The Committee also noted that Wokingham had a total of 23 pharmacies (including four 100 hour pharmacies) and 3 dispensing practices
- The Committee was not persuaded by the applicant's argument that "*reasonable choice is not secured in terms of either physical access to a pharmacy or access to pharmaceutical services*"
- The Committee was satisfied that the people living within the area already have a reasonable choice with regard to obtaining pharmaceutical services
- **Regulation 18(2)(b)(ii) – the desirability of people who share protected characteristics having access to services that meet specific needs for pharmaceutical services that are difficult for them to access (duty as to reducing inequalities)** – the Committee considered the applicant's comments regarding those who share protected characteristics, particularly 'health and mobility issues'. The applicant refers to a projected rise of 85% by year 2030 in the population of older people with mobility problems
- The Committee noted that the applicant had heavily relied on the statistics provided in the PNA to draw its inferences and seemed to overlook that the same statistics had been used by the local authorities to arrive at the conclusions in the PNA
- According to the PNA, in terms of access, 78% of providers have wheelchair accessible consultation facilities. Also, "*many patients with long term conditions have ongoing medication requirements, for them collection and delivery services may be crucial for accessing their prescriptions – 100% of pharmacies in Wokingham offer free prescription collection from surgery services. In addition 78% of community pharmacies offer free delivery to patients, when requested, usually to patients with limited mobility. An additional 6% of pharmacies will offer this service but will charge for the service*"
- The Committee therefore concluded that the people sharing a protected characteristic already have access to services that meet specific needs
- **Regulation 18(2)(b)(iii) – the desirability of there being an innovative approach with regard to the delivery of pharmaceutical services** – The Committee was of the opinion that the applicant had made no claim that in any way suggested an innovative approach would be taken

- The Committee noted the applicant's claim that it would provide the full range of locally commissioned services. The Committee was aware that those services are directly commissioned by Public Health within the Council and not by NHS England. Page 47-48 of the PNA indicates that the local authorities are aware of the need to extend locally commissioned pharmaceutical services and intend to negotiate directly with existing pharmacies
- **Regulation 18(2)(c)-(f)** - The Committee had previously determined that there was no need to defer the application under Regulation 18(2)(c) to (f)
- The Committee was not convinced that the applicant had identified any particular issue that was not foreseen when the PNA was produced
- The Committee concluded that Regulation 18(2)(b) had not been met because:
 - There is already reasonable choice with regard to obtaining pharmaceutical services
 - There is no evidence of people sharing protected characteristics having difficulty in accessing pharmaceutical services, and
 - There is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services
- The Committee was not satisfied that granting the application would confer significant benefits or secure improvements and better access to pharmaceutical services
- The Committee concluded that the application should be refused

Yours sincerely

CHart

Carol Hart
Pharmaceutical Contracts Adviser

Re: Application offering unforeseen benefits within 100 metres of 95B Bean Oak Road, Wokingham, RG40 1RJ by Mr Sunil Chandarana

FAO: Darrell Gale Public Health Consultant Wokingham Health and Wellbeing Board Wokingham Borough Council PO Box 152, Shute End Wokingham Berkshire RG40 1WJ	Mr J Dutczyn Asst NHS Contracts Manager Boots UK Ltd Professional Standards Office D90 East F08 Thane Road Nottingham NG90 1BS
FAO: Elizabeth Allison Professional Services Co-ordinator Manichem Ltd 47 Boulton Road Reading Berkshire RG2 0NH	FAO: Carol Trower Chief Officer Thames Valley LPC 31 Home Close Wootton Oxfordshire OX13 6DD

HEALTH AND WELLBEING BOARD
Forward Programme from June 2015

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

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

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

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2015/16

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
10 December 2015	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> Better Care Fund Implementation of Care Act Health and Wellbeing Strategy NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board	Performance
	Local Account	To monitor the Local Account	To monitor performance	Stuart Rowbotham	Organisation and governance
	Safeguarding Adults Partnership Board – annual report and business plan'	To receive the Safeguarding Adults Partnership Board – annual report and business plan	For information	Stuart Rowbotham, Director of Health and Wellbeing	Organisation and governance
	Emotional Health and Wellbeing Strategy performance scorecard update	To receive an update on the progress of the Emotional Health and Wellbeing Strategy performance scorecard	Update on progress	Brian Grady/CCG	Integration/ Organisation and governance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
11 February 2015	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board	Performance
	Update on Neighbourhood Clusters	To update the Board on the work regarding Neighbourhood Clusters	To monitor progress	Public Health	Health and Wellbeing
	Health and Wellbeing Strategy	To sign off refreshed Health and Wellbeing Board	To sign off refreshed Health and Wellbeing Board	Health and Wellbeing Board	Health and Wellbeing
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
14 April 2015	Performance metrics	To receive an update on performance regarding: <ul style="list-style-type: none"> Better Care Fund Implementation of Care Act Health and Wellbeing Strategy NHS, Adult Social Care and Public Health Outcomes Framework 	To monitor performance	Health and Wellbeing Board	Performance
	Emotional Health and Wellbeing Strategy performance scorecard update	To receive an update on the progress of the Emotional Health and Wellbeing Strategy performance scorecard	Update on progress	Judith Ramsden, Director of Children's Services/CCG	Integration/ Organisation and governance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

Site visits:

- Wokingham Hospital - TBC