



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 11 AUGUST 2016 AT 5.00 PM**

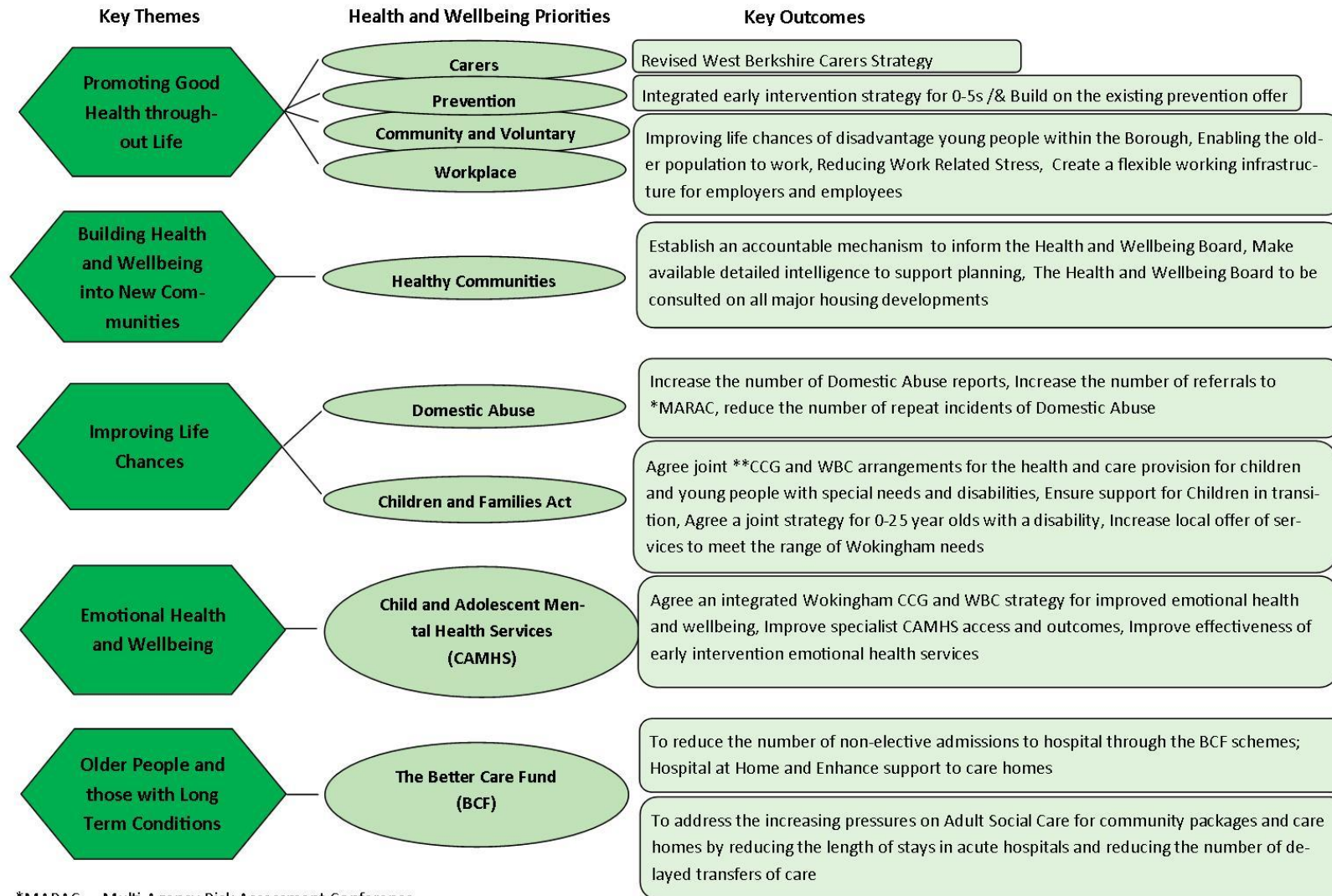
A handwritten signature in black ink, appearing to read 'Andy Couldrick', written in a cursive style.

Andy Couldrick
Chief Executive
Published on 3 August 2016

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Wokingham's Health and Wellbeing Strategy 2014-2017



*MARAC — Multi Agency Risk Assessment Conference

**CCG and WBC—Clinical Commissioning Groups and Wokingham Borough Council

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

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

ITEM NO.	WARD	SUBJECT	PAGE NO.
15.		APOLOGIES To receive any apologies for absence	
16.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 16 June 2016.	7 - 12
17.		DECLARATION OF INTEREST To receive any declarations of interest	
18.		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	

19.		MEMBER QUESTION TIME To answer any member questions	
20.		ORGANISATION AND GOVERNANCE	
21.	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"> • Business, Skills and Enterprise Partnership • Community Safety Partnership • Place and Community Partnership • Voluntary Sector • Healthwatch <i>(15 mins)</i>	13 - 14
22.	None Specific	EMOTIONAL HEALTH AND WELLBEING STRATEGY PERFORMANCE SCORECARD UPDATE- JULY 2016 To receive the Emotional Health and Wellbeing Strategy performance scorecard <i>(15 mins)</i>	15 - 34
23.	None Specific	REVISED SUBMISSION TEMPLATE FOR THE BETTER CARE FUND 2016/17 To consider the revised submission template for the Better Care Fund 2016/17. <i>(10 mins)</i>	35 - 38
24.	None Specific	LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING BOARD PEER REVIEW - FINAL REPORT To discuss the Local Government Association Health and Wellbeing Board Peer Review - Final Report <i>(15 mins)</i>	39 - 52
25.		PERFORMANCE	
26.	None Specific	HEALTH AND WELLBEING BOARD PERFORMANCE MONITORING - AUGUST 2016 REPORT 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 and Wellbeing Strategy 2014-17 Please note that this will be by exception only <i>(15 mins)</i>	53 - 56

27. None Specific

FORWARD PROGRAMME

57 - 62

To consider the Board's work programme for the remainder of the municipal year. *(5 mins)*

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 16 JUNE 2016 FROM 5.00 PM TO 6.05 PM**

Present

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Beverley Graves	Business Skills and Enterprise Partnership
Dr Lise Llewellyn	Director of Public Health
Stuart Rowbotham	Director of Health and Wellbeing
Nick Campbell-White	Healthwatch
Andy Couldrick (substituting Superintendent Rob France)	
Lisa Humphreys (substituting Judith Ramsden)	

Also Present:

Madeleine Shopland	Principal Democratic Services Officer
Darrell Gale	Consultant in Public Health
UllaKarin Clark	
Rachael Wardell,	Corporate Director Communities, West Berkshire Council,

1. APOLOGIES

Apologies for absence were submitted from Superintendent Rob France, Lois Lere, Clare Rebbeck, Hilary Turner, Dr Cathy Winfield and Kevin Ward.

2. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 14 April 2016 were confirmed as a correct record and signed by the Chairman.

3. DECLARATION OF INTEREST

Councillor Haitham Taylor declared a general Personal Interest on the grounds that her husband's company was contracted to undertake work for NHS 111 services elsewhere in the country.

4. PUBLIC QUESTION TIME

In accordance with the agreed procedure the Chairman invited members of the public to submit questions to the appropriate Members.

4.1 Mrs Kathie Smallwood has asked the Chairman of the Health and Wellbeing Board the following question but as she was unable to attend the meeting the following written answer was provided:

Now that the Age Concern Woodley Centre has closed down and Fosters has been bulldozed how are frail, elderly and vulnerable people in Woodley supposed to be able to access the care, social contact and stimulation that they so clearly need?

Answer

We deeply care for residents who due to their disability, illness or age require care and support services and we work very hard ensure that there is a range of support services available to those who need them.

After Woodley Age Concern ceased trading, Wokingham Borough Council and Optalis stepped in to ensure the continuation of services for local residents who had used services provided by this organisation. Wokingham Borough Council did not own the building and directors appointed an administrator to manage the organisation's finances and assets, including the building and its contents.

Unfortunately, whilst every effort was made to continue to provide services from the Woodley site as a holding position to consider other viable options, a significant number of staff have left the service, which has impacted on our ability to offer services safely.

The Council has been working very closely with a wide range of voluntary and private sector organisations to ensure that alternative services are being provided. The residents are being moved to other local residential and nursing homes. All day care customers have been given advice and helped to access alternative day care services such as those provided by WADE and Twyford Age Concern. Those with high levels of dementia have been offered increased home care services whilst alternative services are being put in place.

Arrangements are being made to replace the various clubs and activities that used to be provided by Woodley Age Concern. For example, from July, the carers' café and Alzheimer's café will be run by other voluntary sector organisations. Funding for the Young People with Dementia charity has been increased to meet the increased demand for services for younger people. Further services are being set up by voluntary and private sector organisations and should be available within the next couple of months.

With regard to the old Fosters residential care home, the Council, along with its Housing Company partner has already commenced the building of a brand new state of the art Extra Care scheme providing 34 x 1 bed bespoke apartments and communal areas with 24hr on site care and support.

5. MEMBER QUESTION TIME

Councillor Clark asked a question regarding NHS 111 and GP appointments. An answer was provided at the meeting.

6. ELECTION OF CHAIRMAN FOR THE 2016/17 MUNICIPAL YEAR

RESOLVED: That Councillor Julian McGhee Sumner be elected Chairman of the Health and Wellbeing Board for the 2016/17 municipal year.

7. APPOINTMENT OF VICE CHAIRMAN FOR 2016/17 MUNICIPAL YEAR

RESOLVED: That Dr Zylstra be appointed Vice Chairman of the Health and Wellbeing Board for the 2016/17 municipal year.

8. INTEGRATION

9. DRAFT DIGITAL ROADMAP FOR THE BERKSHIRE WEST 10

RESOLVED: That the presentation on the draft Digital Roadmap for the Berkshire West 10 be deferred to the next meeting.

10. BETTER CARE FUND QUARTERLY RETURN TO DEPARTMENT OF HEALTH QUARTER 4 2016

The Board received the Better Care Fund Quarterly Return to the Department of Health Quarter 4 2016.

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

- Stuart Rowbotham informed the Board that there were no significant issues to report.
- In response to a question from Councillor Haitham Taylor regarding how quickly the patient metric was updated, Stuart Rowbotham indicated that he would feed this back to the Clinical Commissioning Group.
- The Board discussed the non-elective target in detail. A more detailed report on this matter would be presented to the Board at a future meeting.

RESOLVED: That the Board note and approve the content of Wokingham's Better Care Fund quarterly return to the Department of Health for Quarter 4 2015/16.

11. FORWARD PROGRAMME

The Board discussed the Forward Programme for the remainder of the municipal year.

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

- Councillor Bray proposed that concise written updates be provided by the partnership representatives at future meetings.
- It was suggested that a covering front sheet be developed for all Health and Wellbeing Board reports.
- Councillor Bray also commented that many residents had indicated that they were experiencing difficulties with GP surgery phone lines, particularly at Wokingham Medical Centre. Nick Campbell-White indicated that Healthwatch Wokingham Borough had looked into this issue. Large volumes of patients were phoning between 8 and 9am and the phone systems were unable to cope. Dr Zylstra stated that patients needed to be encouraged not to phone until after 11am unless it was an emergency. Councillor McGhee-Sumner suggested that a recorded message stating that be added to phone systems. Dr Zylstra agreed to feed this suggestion back to the Clinical Commissioning Group. Dr Llewellyn commented that a priority of the Health and Wellbeing Board was to see that the Clinical Commissioning Group was ensuring sufficient primary care for the current and forthcoming population. The Board agreed to request that the Health Overview and Scrutiny Committee look at the issue of residents accessing GP surgeries by telephone.
- Stuart Rowbotham indicated that the response to the Health and Wellbeing Board Peer Review would be taken to the Board's August meeting.
- Stuart Rowbotham updated the Health and Wellbeing Board on the appointment of a Health and Wellbeing Board Manager.

RESOLVED: That

- 1) the Forward Programme be noted.

2) the Health Overview and Scrutiny Committee be asked to look at the issue of residents accessing GP surgeries by telephone.

12. BERKSHIRE WEST, OXFORDSHIRE AND BUCKINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN

Rachael Wardell, Corporate Director Communities, West Berkshire Council, provided the Board with an update on the Berkshire West, Oxfordshire and Buckinghamshire Sustainability and Transformation Plan.

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

- With regards to the Sustainability and Transformation Plan, Berkshire West was in the same footprint as Buckinghamshire and Oxfordshire. This covered a population of approximately 1.8million and a place based budget of £2.5billion.
- Berkshire East was part of the Frimley area footprint.
- Local context was provided. It was noted that imperatives were not considered as great as other areas and that the footprint had been rated as a 'low risk' system.
- The footprint was recognised as having three distinct systems within it.
- Collectively there would be a £0.5bn gap over 5 years in health. Consideration was being given as to whether local transformation would be enough and as to what were the few "big ticket" items where there would be unique added value to be delivered at Berkshire, Oxfordshire and Buckinghamshire level.
- Rachael Wardell outlined some of the governance arrangements in place. It was agreed that greater engagement of Members and the public was needed. Councillor McGhee-Sumner commented that in the future the Board needed to be informed of the implications and progress of such plans at an earlier stage.
- The first submission of the Plan which had been submitted in April had been very light touch, representing an early view of system leaders. Known pressure points including urgent and emergency care, mental health and workforce (especially GP's) had been highlighted.
- Indicative place based allocations equalled the CCG allocations as per previous guidance. With regards to an additional allocation from the Sustainability and Transformation Fund, the area was unlikely to receive a large amount due to the fact that it was not a highly challenged system.
- No other funding would be available to the NHS. The allocation would need to cover national transformation programmes and the Sustainability and Transformation Plan sustainability plans.
- For 2016/17 Place based allocation would be £2.518bn. For 2020/21 Place based allocation would be £2.831bn. The allocation plus the Sustainability Transformation Fund equalled £2.937bn.
- A further submission was due at the end of June.
- Andy Couldrick commented that there was still a lot to be done and information to be provided. The democratic accountability element needed to be made clear.

13. 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 Paragraph 3 of Part 1 of Schedule 12A of the Act as appropriate.

**14. BERKSHIRE WEST, OXFORDSHIRE AND BUCKINGHAMSHIRE
SUSTAINABILITY AND TRANSFORMATION PLAN**

The Board received an exempt update on the Berkshire West, Oxfordshire and Buckinghamshire Sustainability Transformation Plan.

RESOLVED: That the update on the Berkshire West, Oxfordshire and Buckinghamshire Sustainability Transformation Plan be noted.

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Report back to Health and Wellbeing Board

August 11th 2016

1d.	Improving the life chances and wellbeing of disadvantaged young people (Not in Employment Education or Training (NEET), aged 16-25 years) in the borough (projects -Elevate, Aspire, Construction brokerage)	<ul style="list-style-type: none"> - Number of IAG (information, advice and guidance) contacts - Numbers placed in work experience - Number of apprenticeship starts - Confirmed apprenticeships after six months - Number of new employments starts - New employment sustained after six months - The average NEET for the year will be no higher than 3.2% (excluding July and August)
1e.	Enabling the older working population to work in fulfilling, productive employment for longer - Including volunteering (Projects, promoting lifelong learning, vocational training for older people - including older apprenticeships, & promoting volunteering)	<ul style="list-style-type: none"> - Levels of unemployment in the over 50s 210 people aged 50-64 years on job seekers (Feb 2014) - Number of over 50s seeking older apprenticeships or vocational training - Number of over 50s seeking Careers information and advice - 40 people attended workshops specifically aimed at over 50s seeking work in 2013 - Number of over 50s clients seeking IAG from Wokingham Job Support - for the year 2013 105 people over the age of 50 used this service

1f. and 1g. No suitable partners/resource have been identified so these targets cannot be reported on.

1d. Targets to date, across Elevate City Deal project. *Work experience targets are low across the whole of Berkshire.*

Measure	Wokingham		
	Target	No. to date	
IAG Contact	519	327	63%
Work Experience – 5 days with same employer	173	74	43%
Apprenticeship Start	35	41	117%
Apprenticeship sustained 6 months	17	25	147%
New employment Start	150	157	105%
New employment sustained 6 months	75	83	111%

	April 2014- March 2015 (12 Months)	June 2016
The average NEET for the year will be no higher than 3.2% (excluding July and August)	2.7% (June 14-June 15)	2.1%

1e.

Levels of unemployment in the over 50s <i>210 people aged 50-64 years on job seekers (Feb 2014)</i>	Feb 2015 145 people 50+ claiming JSA.	October 2015 140 people 50+ claiming JSA.	Feb 2016 165 people 50+ claiming JSA. (0.5%)	June 2016 180 people 50+ claiming JSA.
Number of over 50s seeking Careers information and advice – <i>40 people attended workshops specifically aimed at over 50s seeking work in 2013</i>	24 people attended workshops specifically aimed at over 50s seeking work in Jun 14- Jun 15	18 people attended workshops specifically aimed at over 50s seeking work between May- October (6 months)	18 people attended workshops specifically aimed at over 50s between September- Feb 2016 (6 months)	20 people attended workshops specifically aimed at over 50s seeking work between Feb- July (6 months)
Number of over 50s clients seeking IAG from Wokingham Job Support – <i>for the year 2013 105 people over the age of 50 used this service</i>	51 new clients at WJS since January 2015 – June 2015	49 new clients between June – October 2015	30 new clients between January – March 2016	33 new clients between April – July 2016

*Some of the statistics for 1d are lower than previous counts due to the reduction in the Adviza contract.

TITLE	Emotional Health and Wellbeing Strategy performance scorecard update- July 2016
FOR CONSIDERATION BY	Health and Wellbeing Board on 11 August 2016
WARD	None Specific
DIRECTOR	Brian Grady, Head of Strategic Commissioning/ Gabrielle Alford, Director of Joint Commissioning / Sally Murray, Head of Children's Commissioning, NHS Berkshire West CCGs

OUTCOME / BENEFITS TO THE COMMUNITY

The two documents summarise the changes made to whole system emotional health and wellbeing services to children and young people in Wokingham.

RECOMMENDATION

That the Health and Wellbeing Board note the current performance data and the improvements being made to whole system working.

SUMMARY OF REPORT

Following the publication of "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 in 2015, Berkshire West Clinical Commissioning Groups worked with partners to develop Local Transformation Plans for Children and Young People's Mental Health and Wellbeing for the period 2015 -2020. These plans were approved by the respective Health and Wellbeing Boards in October 2015 and were subsequently published on CCG websites. These documents provide an overview of progress against the original transformation plans and identify further work which is required.

- Summary of emotional health and wellbeing performance and waiting times up until the end of Quarter 1 16/17
- Refreshed "Future In Mind" Emotional Health and Wellbeing Transformation Plan providing an overview of what has been achieved since October 2015 and plans for 16/17 and beyond.

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

N/A

Cross-Council Implications

N/A

Reasons for considering the report in Part 2

N/A

List of Background Papers


N/A

Contact Sally Murray

Service NHS Berkshire West CCGs

Date 02.08.16

Version No. 1


Newbury and District
Clinical Commissioning Group


North and West Reading
Clinical Commissioning Group


South Reading
Clinical Commissioning Group


Wokingham
Clinical Commissioning Group



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

Wokingham Health and Wellbeing Board and Local Authority area

Version 1 27-7-16

Executive summary

Following the publication of “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 in 2015, Berkshire West Clinical Commissioning Groups worked with partners to develop Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing for the period 2015 -2020. These plans were approved by the respective Health and Wellbeing Boards in October 2015 and were subsequently published on CCG websites.

Links to the original Transformation Plans can be found here

<http://www.nwreadingccg.nhs.uk/mental-health/camhs-transformation>

<http://www.southreadingccg.nhs.uk/mental-health/camhs-transformation>

<http://www.wokinghamccg.nhs.uk/mental-health/camhs-transformation>

<http://www.newburyanddistrictccg.nhs.uk/mental-health/camhs-transformation>

This refresh document provides an overview of progress against the original transformation plans and identifies further work which is required.

Our starting point

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 in March 2015.

The report sets out the case for change in mental health services for children and young people. It makes recommendations for improving a number of things about mental health services for children and teenagers: the quality of services; how quickly and easily services can be accessed when they are needed; better co-ordination between services; and, a significant improvement in meeting the mental health needs of children and young people no matter what their background.

By addressing all these areas the report aims to promote good mental health and wellbeing for children and young people and ensure there are high quality services in place to care for children and young people if they need them.

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In spring 2014 Clinical Commissioning Groups in Berkshire West asked service users, schools, doctors and mental health workers [what they thought about local mental health services](#).

Their responses suggested that many children, young people and their families thought that services weren’t good enough – explaining that waiting times were too long, that it was difficult to find out how to access help and, sometimes, that they didn’t like the way that they were treated by staff. They said that there were delays in referrals and the advice given to families while waiting for their child’s assessment was insufficient.

Future in Mind provided a structure for planned changes in Berkshire West. The ambition became not simply to adjust existing services, but to transform them.

What are we doing?

The vision for Berkshire West is to ensure that every child or young person gets the help they need when and where they need it. By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing.

In the summer of 2015 the NHS, the three local authorities (West Berkshire Council, Reading Borough Council, and Wokingham Borough Council), the voluntary and community sector, local schools and colleges came together to draw up a five-year plan for each council's area.

The Local Transformation Plans cover the whole spectrum of services for children and young people's emotional and mental health and wellbeing in each local authority area. This includes enhanced support for children and young people experiencing a mental health crisis, anxiety or depression. Services for children and young people with eating disorders are being reshaped to enable specialist support outside hospital.

While the three local transformation plans share many common elements, the route into emotional health and wellbeing services in each area is being reviewed, based on the services available in each local community.

Each local transformation plan is being overseen by the Health and Wellbeing Boards, and the Future In Mind multidisciplinary group meets monthly to champion the changes.

Appendix 1 provides links to the latest reports to the various Health and Wellbeing Boards

This document provides an update on progress made to date.

What difference will the local transformation plans make over the next 5 years?

The Local Transformation Plans are about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. This will reduce the number of children, young people and mothers requiring specialist intervention, a crisis response or in-patient admission. Help will be offered as soon as issues become apparent.

Successful delivery of the plans will mean that:

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help

- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively.
- Vulnerable children can access the help that they need more easily. This includes; better links with Sexual Assault Referral Centres (SARCs) and developing Liaison and Diversion services for offenders with mental health or learning disabilities when they come into contact with the criminal justice system.
- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into 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, as close to home as possible.
- When young a person requires in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition in to adult services.

How will services change to deliver the local transformation plan?

The way services are organised will transform from a traditional tiered model, where care and support is delivered and commissioned by separate organisations, to a model where the community itself and all the volunteer and professionally-led-services within Berkshire West take an active role. This will not only look different on paper, but also feel different for those using children's and young people's mental health services. Their experience of care will be increasingly seamless, more coordinated and quicker to access.

Progress to date (October 2015 until July 2016)

- Waiting times for specialist CAMHs have reduced. More children and young people are having treatment.
- Additional specialist CAMHs staff have been recruited and trained
- We are working to reduce crisis presentations due to better risk mitigation
- Common Point of Entry is now open Monday to Friday 8am until 8pm
- In Wokingham, a school link project has been commissioned. The impact of this initiative will be evaluated over time.
- PPEPCare training has been commissioned and is rolling out across the workforce. This is part of a wider workforce development programme which includes an online workforce support hub.
- Workforce development plan for improving emotional health and wellbeing is under development
- Voluntary sector youth counselling is now commissioned in each area via 2 year contracts to provide more stability for providers. In Reading and Wokingham youth counselling has been jointly commissioned with the Local Authorities.
- Young SHaRON online platform has been developed and is operational for a range of service users
- The number of in-patient beds at Berkshire Adolescent Unit has been increased. The unit is now open 7 days a week.
- Perinatal mental health service is now operational with an associated Young SHaRON service.
- Emotional Health and Wellbeing Outcomes framework has been developed and agreed across partners. Being implemented in contracts from 1 April 2016.
- Two voluntary sector organisations have been commissioned to provide support to families whose children are waiting for autism or ADHD assessment. We have undertaken an appreciative inquiry into services for children and young people with autism, including those who are waiting for an assessment. The neurodevelopmental care pathway (ADHD and ASD) is being reviewed within BHFT.
- Shared care arrangements between GPs and CAMHs for children and young people with ADHD have been updated.
- School exclusion data has been analysed to identify which young people are most likely to be excluded and where more help in schools might make a difference
- Additional Webster Stratten parenting courses have been commissioned in Wokingham.
- The children's toolkit is being expanded to include mental health and wellbeing. The CAMHs website has been expanded and updated.
- Learning from the Strengths and Difficulties pilot has been shared
- CAMHs Urgent Response service is being piloted at RBFT.
- Enhanced CAMHs Community Eating Disorders service has been commissioned and has started to operate

- A contract clause relating to service user satisfaction following transition into adult services was implemented in the 15/16 contract and is now “business as usual”.
- New Early Intervention in Psychosis service is in place and is meeting national targets
- Community health services for children and young people are being integrated into a single team.
- We have improved arrangements for authorising CAMHs support for Looked After Children who are placed out of area.

Further work required from 16/17 onwards

- Continue to reduce waiting times
- Workforce development- develop the role of schools, primary care, early year’s settings and the wider children’s workforce
- Map the collective resilience, prevention and early help offers. Consider how we make the system easier to navigate. Explore the use of the THRIVE model http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf in developing a multiagency response to young people’s needs.
- Evaluate the impact of the CAMHs Urgent Response service. The initial pilot will run until April 2017. Consider options for commissioning an urgent care/ admissions avoidance service on a recurrent basis.
- Enhance provision across the system for children and young people with autism or suspected autism using learning from the Appreciative Inquiry work.
- Recruit fully to the community CAMHs Eating Disorders service and fully deliver the service specification.
- Develop conduct disorder/ challenging behaviour pathway across the system. Consider implications for children and young people with Learning Difficulties.
- Improve local care for young people stepping down from Tier 4 facilities.
- As part of the wider Transforming Care work, implement person centred planning to reduce the number of young people with Learning Difficulties and/or autism placed out of area or in residential care.
- Continue to improve access for the most vulnerable. We will work with NHS England and police and crime commissioners to support children who have been sexually assaulted. We will consider the impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes from the criminal justice system.
-

More detailed update on progress against the Local Transformation Plan

Aspiration in the original Transformation Plan	Where are we now?
<p>Good emotional health and wellbeing is promoted from the earliest age</p> <p>Children, young people and their families are emotionally resilient</p>	<p>An enhanced perinatal mental health service has been commissioned and is fully operational.</p> <p>Service users and their families have told us that we need to change the way we work together with them to provide services in a way that is more joined up, makes more sense and gives lots of information clearly when it is needed most. Community health services for children and young people are being integrated into a single team. This means that physical (e.g. occupational therapy, speech and language therapy, community nurses) and mental health workers will be working much more closely and providing a more holistic service to children and families.</p> <p>Additional Webster Stratten parenting interventions have been commissioned. This is linked to a University of Reading research project aimed at developing a wider range of evidence based parenting interventions for young children with challenging behaviour.</p> <p>PPEPCare training is being delivered across the children's workforce including school nurses, GP's, school staff, Local Authority staff. New modules being developed include "building resilience in children and young people" and "working with families". http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/</p> <p>A variety of online Young SHaRON subnets are being developed to support professionals and families in promoting and supporting good emotional and mental health and wellbeing. http://www.sharon.nhs.uk/default.asp?fldArea=0&fldMenu=0&fldSubMenu=0&fldKey=1</p> <p>Autism Berkshire and Parenting Special Children are now commissioned to provide advice, training and support to families whose children are awaiting Autism and ADHD assessment. Autism Berkshire are also providing post diagnostic support to families with teenagers as needs often change during this period. Both organisations are also commissioned to provide wider support and advice to families.</p>

<p>The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help</p>	<p>A workforce training needs survey is underway. A training programme will be developed in response. In the meantime PPEPCare training is being delivered alongside emotional first aid training.</p> <p>A school link project underway in targeted Wokingham schools- this trains school staff in PPEPCare modules and improves links to CAMHs clinicians.</p> <p>During the first 3 months of 16/17, 220 people across Berkshire West have been trained in PPEPCare modules. Subjects included self-harm, conduct disorder, anxiety and depression.</p> <p>Berkshire Healthcare CAMHs will shortly be launching a non-urgent on-line advice and consultation service through their Young SHaRON network for all professionals working with children, young people and families. This highly secure platform will offer the opportunity for professionals to discuss health concerns with BHFT clinicians, gather and share information to ensure that the family's needs are met by the most appropriate service(s).</p> <p>An Appreciative Inquiry into how services to children with Autism are delivered across the system has been undertaken. Recommendations will be considered and developed into an action plan during 16/17.</p>
<p>Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.</p>	<p>The multiagency Future In Mind Group meets monthly to develop and champion coordinated working across the system.</p> <p>Early Help services in each area provide multiagency triage of referrals to ensure that families access the most suitable help and support to meet their individual circumstances more quickly. The response might include family support, youth counselling, school support or specialist CAMHs. The emphasis is on finding solutions <i>with</i> the family, giving thought to the "whole child" and the "whole family" through a strengths based empowerment model.</p> <p>Specialist CAMHs Common Point of Entry staff are now available 8am to 8pm Monday to Friday for advice and consultation. Referrals from workers who know the child best are particularly encouraged in order to swiftly form a fuller picture of the child's needs and family circumstances. This information enables CAMHs</p>

	<p>to identify the most suitable type of help.</p> <p>Waiting times for specialist CAMHs have reduced in all CCG areas and across all care pathways since additional staff were recruited even though referrals into specialist CAMHs have continued to rise (up 18% compared to the same quarter 2014/15- Berkshire West figures). The total number of people waiting has reduced by 32% over the past 12 months (Berkshire West figures). There are more children are in treatment.</p> <p>An Appreciative Inquiry into how services to children with Autism are delivered across the system has been undertaken. Recommendations will be considered and developed into an action plan during 16/17.</p> <p>The CAMHs Urgent Response Pilot has increased availability of CAMHs staff in A and E, reducing delays in accessing Mental Health assessments at times of crisis. This service is being developed jointly between the acute hospital (RBFT) and community provider (BHFT). The service is developing stronger links with Children's Social Care.</p> <p>A CAMHs outcomes framework has been developed in partnership with Primary Mental Health workers, voluntary sector youth counselling organisations, educational psychologists and specialist CAMHs. Outcome measures take account of the service user views.</p> <p>All services that have been commissioned via Future In Mind resources are required to provide evidence of how engagement with children, young people and families has shaped service delivery and what the impact of these changes has been on outcomes for service users.</p>
Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively.	<p>Local perinatal mental health service has been launched.</p> <p>An online platform (SHaRON) for service users with perinatal mental health issues and their partners is up and running. Links to adult IAPT have been enhanced for this group.</p>

<p>Vulnerable children can access the help that they need more easily.</p>	<p>Early Help hubs and MASH are operational in each area.</p> <p>A process is now in place to ensure that funding requests for CAMHs services for Looked After Children who are placed out of area are considered and approved swiftly. Likewise a process is in place to consider funding requests for vulnerable children with exceptional emotional and mental health needs. Looked After Children and children subject to child protection plans have always been prioritised in Berkshire CAMHs.</p> <p>Care pathways for victims of sexual assault are developing across the Thames Valley in conjunction with NHS England and Police and Crime Commissioners.</p>
<p>Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.</p>	<p>Referrals into specialist CAMHs are triaged more quickly due to additional staff. Those young people who present with greater risk are seen more quickly. A trial of a short term care team has been evaluated and learning has shaped service transformation.</p> <p>Services for children and young people are included in the Crisis Care Concordat action plan. http://www.crisiscareconcordat.org.uk/areas/reading/#action-plans-content</p> <p>An Enhanced Early Intervention in Psychosis community service is in place and is delivering according to the national access and waiting time standard targets.</p> <p>The new Berkshire Community CAMHs Eating Disorders Service has been commissioned in line with the new national requirements. All new referrals are triaged within 1 working day by a specialist eating disorders clinician. A paediatric ward liaison service to assess and support to young people admitted to a medical ward as a result of an Eating Disorder is going live as part of the wider CAMHs Urgent response pilot.</p>

<p>If a child or young person's needs escalate into 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, as close to home as possible.</p>	<p>CAMHs Urgent Response Pilot has been commissioned- staff have been recruited and the service is up and running. A full rota will be in place by the end of September 2016 to enable CAMHs presence in RBH A+E and paediatric wards daily, including weekends and evenings (to 10pm Mon-Fri).</p> <p>Benchmarking and analysis of data on admissions to A+E, paediatric wards and Place Of Safety to enable targeted admission avoidance work is being undertaken.</p>
<p>When young a person requires in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.</p>	<p>Improved links are being developed with in patient providers, commissioners and social care to strengthen step up and step down arrangements.</p> <p>Additional beds are open at Berkshire Adolescent Unit. The Unit is now open 24/7.</p> <p>Pre admission Care and Treatment Reviews are undertaken for young people with Learning Difficulties and/or autism.</p> <p>Future In Mind plans are aligned to Transforming Care plans.</p>
<p>More young people and families report a positive experience of transition in to adult services.</p>	<p>Ready Steady Go has been rolled out for young people across several long term condition care pathways. Learning is being disseminated across other specialities including CAMHs.</p> <p>A workshop has taken place to consider how Ready Steady Go can be embedded into Education Health and Care Plans for young people with Special Education Needs.</p> <p>Shared care arrangements between CAMHs and GPs for children and young people with ADHD have been updated.</p> <p>More young people and families have reported a positive experience of transition in to adult services – this has been measured since the CCG introduced a change into the BHFT contract.</p>

Appendix 1 Health and Wellbeing Board Reports

Reading Borough Council 18 March 2016



item06 HW board
CAMHs report March

<http://www.reading.gov.uk/article/9585/Health-and-Wellbeing-Board-15-JUL-2016>

Wokingham Borough Council 14 April 2016



Wokingham HWB
Emotional Health and



Appendix 2
Wokingham Emotiona

<http://wokingham.moderngov.co.uk/ieListDocuments.aspx?CId=140&MeetingId=1404>

West Berkshire Council- Hot Focus session on Emotional Wellbeing 11 February 2016



CAMHS hot topic
session- sally expand

West Berkshire Council 7 July 2016



Children's Delivery
Group Report 7th July

<http://decisionmaking.westberks.gov.uk/ieListDocuments.aspx?CId=345&MId=3471&Ver=4>

Appendix 2 BHFT CAMHs newsletter June 2016



CAMHS Update June
2016.pdf

Wokingham Emotional Health and Wellbeing Scorecard July 2016

Referral numbers into Tier 3 CAMHs are still increasing. The total is up 8.6% with the same quarter last year and up 18.3% on the same quarter 14/15.

There is early evidence that the referral rate in Wokingham LAs is beginning to slow- probably due to the impact of the multiagency approach taken to Tier 2 referrals via the health hub in Wokingham.

All External Referrals to Berkshire West CAMHS through CPE

	2014/15	2015/16	2016/17
April	189	210	225
May	201	222	254
June	199	212	218
Q1 Totals	589	644	697

Waiting times for Specialist CAMHs – trends

There are fewer children waiting to be seen by CAMHs due to additional capacity. More children are in treatment.

Total Number of Berkshire West patients waiting at end of Quarter

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17
Total Waiting	1695	1650	1791	1504	1141

Caseload - All Berkshire West CCG's

Care pathway	Q4 2015/16	Q1 2016/17
CAMHs Anxiety & Depression Specialist Pathway	338	318
CAMHs ADHD Specialist Pathway	1028	1002
CAMHs ASD Diagnostic Team	1256	1316
CAMHs Specialist Community	766	803
CAMHs CPE & Urgent care	170	209
Grand Total	3558	3638

Numbers waiting by care pathway- Wokingham

	Q3 2015/16	Q4 2015/16	Q1 2016/17
CAMHs Anxiety & Depression Specialist Pathway	56	45	16
CAMHs ADHD Specialist Pathway	65	52	39
CAMHs ASD Diagnostic Team	288	267	252
CAMHs Specialist Community	73	69	62
CAMHs CPE & Urgent care	67	41	21
GRAND TOTAL	549	474	390

Current waiting times – Berkshire West data (30 June 2016)

Pathway	Local target	Threshold	Performance at end of Q1
CAMHs Anxiety & Depression Specialist Pathway	% of A&D CAMHS patients waiting longer than expected at the end of the reporting period	Q1 & Q2 95% in 12 weeks Q3 & Q4 95% in 6 weeks	63% seen within 12 weeks. The majority of those waiting over 12 weeks is due to patient choice
CAMHs ADHD Specialist Pathway	% of ADHD CAMHS patients waiting longer than expected at the end of the reporting period	Q1 & Q2 95% in 12 weeks Q3 & Q4 95% in 6 weeks	53% seen within 12 weeks. Of the 52 referrals who have waited over 12 weeks, 42 have been due to patient choice. Families are also offered help while waiting commissioned from Parenting Special Children
CAMHs ASD Diagnostic Team	% of ASD CAMHS patients waiting longer than expected at the end of the reporting period	Q2 & Q3 95% in 18 months Q4 95% in 11 months (95% in 12 weeks by Oct 2017)	84% wait over 12 weeks. Service is on track to see all referrals within 18 months by the end of Q2. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire
CAMHs Specialist Community	% of Specialist Community Teams CAMHS patients waiting longer than expected at the end of the reporting period	Q1 95% in 12 weeks Q2, Q3 & Q4 95% in 6 weeks	76% seen within 6 weeks. 96% seen within 12 weeks

CAMHS CPE & Urgent care	% of CPE/Urgent Care CAMHS patients waiting longer than 6 weeks at the end of the reporting period	95% from Q1 2016/17	100% triaged within 6 weeks unless the family has not responded, referral information is missing (e.g. screening questionnaire from school) or the young person has chosen not to engage. "Was not brought protocol" implemented for non responders.

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Agenda Item 23.

TITLE	Revised Submission template for the Better Care fund 2016/17
FOR CONSIDERATION BY	Health and Wellbeing Board on 11 August 2016
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY
--

Investment through the Better Care Fund (BCF) aims to integrate Health and Social Care to deliver a more responsive, joined up service to the benefit of Wokingham residents, maintaining residents health and wellbeing.

RECOMMENDATION

That the Health and Wellbeing Board note the report.
--

SUMMARY OF REPORT

To advise that the Health and Wellbeing Board Wokingham revised the BCF submission template in order to meet an outstanding national condition set by NHS England and to receive approval to the plan.
--

Background

The BCF submission template that supports the BCF narrative plan captures details of where funding originates, who commissions and provides services and where those services are targeted.

Wokingham were advised on 1st July 2016 that the BCF submission had not been approved by the Treasury and subsequently by NHS England due to failing to meet one of the conditions set.

The condition in question is an increase in year on year spend on Social Care from the CCG minimum contribution by 1.5%, this based on analysis of classification of spend presented in the BCF submission template.

Analysis of Issues

Analysis of BCF schemes within the submission template highlighted that all spend relating to the investment in the Wokingham Integrated Social Care & Health (WISH) team, was classified against Community Health. The scheme not only invests in community health through recruitment of Rapid Response Nurses aimed at avoiding non elective admissions, but also invests in additional reablement hours to targeted reductions in social care packages and extended Social Care activity over the weekend.

Taking the above into account, a new line has been added to the submission template reflecting the investment in Social Care within the WISH team. The result is in an increase in spend year on year in Social Care in excess of 1.5%, and therefore meets the national condition.

The revised template was approved by Councillor Julian McGhee-Sumner as Chairman of the Health and Wellbeing Board and resubmitted. Wokingham have now received official notification of the plan being approved by NHS England.

To note, the change made has no bearing on the BCF plan and how the money was originally intended to be spent, but is purely a change in classification of how the money is spent.

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)	£9,539k	Fully funded by BCF	Mix
Next Financial Year (Year 2)	Not known	Expected to be fully funded	Mix
Following Financial Year (Year 3)	Not known	Expected to be fully funded	Mix

Other financial information relevant to the Recommendation/Decision
No decision required, for information only

Cross-Council Implications
No decision required

Reasons for considering the report in Part 2
N/A

Contact Matt Marsden	Service Wokingham BCF
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Date 22.7.16	Version No. 1

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TITLE	Local Government Association Health and Wellbeing Board Peer Review – Final Report
FOR CONSIDERATION BY	Health and Wellbeing Board on 11 August 2016
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY

Improvements to the functioning of the Health and Wellbeing Board will support better strategic planning for the health and wellbeing of the community.

RECOMMENDATION

- 1) That the contents of the report (attached as Appendix A) are noted and the Local Government Association's recommendations are adopted.
- 2) That an action plan is developed in response to the recommendations, to be tabled for consideration by the Health and Wellbeing Board at its October 2016 meeting.

SUMMARY OF REPORT

Reports on the outcome of the Local Government Association review of the effectiveness of Wokingham's Health and Wellbeing Board and the opportunities for joint working with the Reading Health and Wellbeing Board and the West Berkshire Health and Wellbeing Board, which together cover a recognised health and social care system and economy.

Background

From 1 April 2013, responsibility for public health and other health services was given to local agencies, including councils, clinical commissioning groups and the new health and wellbeing boards. The Local Government Association (LGA) has been convening national partners, including the Department of Health, NHS England, the NHS Confederation, Public Health England, Healthwatch England and the Association of Directors of Public Health, to provide a 'Health and Wellbeing System Improvement Programme' for health and wellbeing boards, local authorities, clinical commissioning groups and local Healthwatch organisations.

One of the core national elements of the LGA's offer is:

Peer challenge – this tried and tested LGA sector-led improvement tool has been developed collaboratively for health and wellbeing. Councils can commission the challenge to focus on local public health, health and wellbeing board and local Healthwatch priorities.

Conscious that there was a need for further development and improvement to its function and the interdependencies with its neighbouring Health and Wellbeing Boards, Wokingham Health and Wellbeing Board agreed to invite the LGA Peer Review Team to undertake a joint review of the three Health and Wellbeing Boards

Analysis of Issues

The Wokingham peer challenge was part of an integrated programme taking place across Reading Borough Council, West Berkshire Council and Wokingham Borough Council. The peer team spent a day in each area, addressing five local headline questions:

1. To what extent is the purpose and role of the Health and Wellbeing Board established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a more cohesive and effective health system?

There were 3 additional questions that the Berkshire West health and wellbeing system wanted to explore across the patch:

6. Are there any opportunities for the three boards to work together and if so do they meet clearly identified needs and can they be shown to be beneficial to local residents in all 3 areas?
7. Are there any opportunities for the three boards to work together to further develop their individual leadership roles in the integration of Health & Social care?
8. Is there opportunity for the three boards to frame and energise the integration agenda across Berkshire West?

The report's key recommendations are: -

- If you really want to be the local leader for health and wellbeing, pick up the

pace!

- Be really clear about your role and purpose, and what you want to achieve
- Show that you are holding the whole system to account for delivering improvement
- Make sure you have the capacity to manage the workload
- Collaborate with your neighbours where this makes sense, and maintain their trust.
- Build a unified and simple dashboard for performance management
- Be prepared to hold difficult conversations

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)	Not known	Expected to be fully funded	Revenue
Following Financial Year (Year 3)	Not known	Expected to be fully funded	Revenue

Other financial information relevant to the Recommendation/Decision

No decision required, for information only

Cross-Council Implications

Opportunity to share resources for effective Board management.

Reasons for considering the report in Part 2

N/A

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Date 29.07.2016	Version No. 1

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Julian McGhee-Sumner, Deputy Leader and Executive Member for Health and Wellbeing, Chair of the HWB
Dr Johan Zylstra, NHS Wokingham CCG and Vice Chair of the HWB
Andy Couldrick, Chief Executive
Wokingham Borough Council
Civic Offices
Shute End
Wokingham
RG40 1BN

March 2016

Dear Julian, Johan and Andy,

Health and Wellbeing Peer Challenge 1st – 4th March 2016

On behalf of the peer team, I would like to thank you for the courtesy and support we received during the recent Health and Wellbeing Peer Challenge, as part of the LGA's Health and Wellbeing System Improvement Programme. The Peer Challenge considered Wokingham individually, and also covered the wider system for health and wellbeing in Berkshire West.

This programme is based on the principles of sector led improvement that:

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area
- Councils are primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement
- Councils have a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc.)

Challenge from one's peers is a proven tool for sector led improvement. Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Wokingham Borough Council were:

- Chris Bull, Lead peer & LGA Associate
- Cllr. Sue Woolley, Executive Member for NHS Liaison & Community Engagement, Chair, Lincolnshire Health & Wellbeing Board
- Cllr. Rory Palmer, Deputy Mayor Leicester City Council and Chair, Leicester City Health & Wellbeing Board

- Dr. Ian Orpen, Chair Bath and North East Somerset CCG and Co-Chair Health and Wellbeing Board
- Gill Moffett, Healthwatch Policy Lead, Department of Health
- Liam Hughes, LGA Associate
- Deb Watson, Director of Public Health peer & LGA Associate
- Kay Burkett, Programme Manager, LGA
- John Tench, Adviser, LGA

Scope and focus of the peer challenge

Health and wellbeing peer challenges focus on the health and wellbeing board and partners who form the local health and wellbeing system. They recognise that 2015/16 brings a window of opportunity to put health and wellbeing boards in the driving seat of local systems leadership, able to take on a place-based approach to adult social care and health, and address the wider determinants of health and the promotion of healthy behaviours. The peer challenges are focused on enabling the leaders of health and wellbeing boards to take up this role more effectively.

The Wokingham peer challenge was part of an integrated programme taking place across Reading Borough Council, West Berkshire Council and Wokingham Borough Council. The peer team spent a day in each area, addressing five local headline questions:

1. To what extent is the purpose and role of the Health and Wellbeing Board established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a more cohesive and effective health system?

There were 3 additional questions that the Berkshire West health and wellbeing system wanted to explore across the patch:

6. Are there any opportunities for the three boards to work together and if so do they meet clearly identified needs and can they be shown to be beneficial to local residents in all 3 areas?
7. Are there any opportunities for the three boards to work together to further develop their individual leadership roles in the integration of Health & Social care?
8. Is there opportunity for the three boards to frame and energise the integration agenda across Berkshire West?

It is important to stress that the visit was not an inspection. Peer challenges are sector-led and improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material they read. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not as professional consultants or inspectors.

This letter provides a summary of the peer team's findings in relation to Wokingham. They build on the verbal feedback delivered by the team on 2nd March and include the collective feedback given to all 3 areas. We hope that we have given recognition to the progress Wokingham Borough Council and its Health and Wellbeing Board (HWB) have made, whilst stimulating thinking and debate about future challenges and the pace of change.

Headline Messages

There are good working relations between the partners in Wokingham's Health and Wellbeing Board (HWB), and it has a wide remit covering community safety and responsibilities transferred from the former LSP which is matched by its extensive membership. Board members know that given the constraints on finance and the pressures on local services, they will need to develop new relationships with the public and ensure the board's work is structured and purposeful if they are to improve local outcomes for health and wellbeing and lead a sustainable system. They understand that at the moment, this work is at an early stage of development and it lacks the pace and capacity to be effective. They are concerned that the Health and Wellbeing Board is following an agenda given to it from the outside rather than shaping it for themselves. The peer challenge team confirmed the view that the board has been reactive and has found it difficult to take control of the agenda.

The HWB is aware that it now has an opportunity to move into a more strategic and less reactive role by driving forwards the agenda for the integration of services whilst also putting a stronger emphasis on the prevention agenda, promoting healthier lifestyles and reinforcing the wider determinants of health. The first Health and Wellbeing Strategy (HWS) covered a lot of ground, but the agenda for the HWB was rapidly overtaken by the Better Care Fund Plan (BCF). The recent review of the strategy has highlighted the opportunity for the board to set the climate for improvement by influencing key stakeholders to take action in support of the board's revised ambitions as well as overseeing the delivery of the integration plans.

By taking on this challenge, the HWB would be defining its role and purpose more robustly, and be better placed to support partners and hold them to account for delivering improved outcomes. Having a clearer strategic framework would enhance its leadership role across the local system for health and wellbeing. The HWB, therefore, needs to complete its review and redesign of the HWS as a matter of urgency, and better articulate the outcomes it wants to achieve for people in Wokingham in the coming years. This would require a more focused Health and Wellbeing Strategy based on a sound understanding of health needs from the JSNA, with a sharper delivery plan and better measurement and evaluation of outcomes. By taking this action, the board would be in a better position to address key developments that are taking place on a Wokingham level, and also across the wider Berkshire West footprint.

There is an evident will to use opportunities provided by the integration agenda to develop closer partnership working, joint posts, integrated health and social care teams and more closely aligned care pathways. Partners said they were keen that maximum advantage should be taken of these opportunities, and they reported that considerable progress has already been made in transforming health and social care in Wokingham. They were aware of the importance of working effectively with colleagues across Berkshire West, but also stated that Wokingham faced two particular problems. The first was associated with rurality and the additional challenges it brought to the area. The second was related to the current model of social care assessment, which has local strengths in the way it has been organised.

However, it is significantly different from those in neighbouring areas, and this was seen as a possible barrier to developing a unified model of integration across Berkshire West.

At the moment, the HWB is not well known by local people (and even by many public service staff). It lacks a coherent communications and engagement strategy to support its role. The HWB should, over time, expand its scope to look in more detail at the opportunities for better communications and stronger engagement with local stakeholders. There are evident strengths in local community, faith and voluntary groups, which have recognized that more will be expected of them in future as the council focuses its attention on the most vulnerable. They have said that they support the board's ambition to improve local health and wellbeing, and would welcome even closer involvement in the design and delivery of the strategy. Other public service organisations have given the peer challenge team the same message, especially the police, fire and rescue and ambulance services.

In relation to working on the Berkshire West footprint, there is common feedback to the three local authorities and HWBs that were part of the peer challenge. In summary, we found a consistent commitment from all organisations across the patch to work together, and there was a shared recognition of the potential benefits from doing this. However, there was not an agreed understanding about the nature of integration, nor about the scale of the local ambition. There was also concern about the extent to which the work taking place at the Berkshire West level was being properly connected to the HWBs and other governance bodies. There is a risk that proposals from the Integration Board might not be followed through when they reach the formal decision-makers for endorsement. For arrangements to be effective and to mitigate against the risk set out above, it seems to us that it would help to have appropriate political involvement at the joint Integration Board as well as protocols for involving individual HWBs, CCGs and related organisations at the right time in their business cycles. It would also help to have an agreed programme of work, and clear statements about the aims and scope of joint projects.

1. To what extent is the purpose and role of the Health and Wellbeing Board established?

Health and Wellbeing Boards were established to bring local partners together to improve local health and wellbeing, reduce health inequalities and promote the integration of local services. The HWB in Wokingham has been in existence in shadow and substantive form for nearly four years. It is currently reflecting on its purpose and role given the changing policy landscape since it was established and the rapidly emerging financial pressures in the system. Board members are agreed that whilst it has done useful work, it has not yet reached maturity as the strategic hub for local health and wellbeing. One board member felt that the original strategy had been displaced by the BCF: "BCF has taken the place of our strategy and integration has taken the place of our vision". Others were concerned that even though the agendas of the board are crowded, they do not yet cover the full range of responsibilities that it carries. There has also been a perception that the place of the HWB in the local democratic system has not always been understood and fully acknowledged by some key stakeholders in the Borough.

There is uncertainty about the potential for the board to become the natural systems leader for Wokingham, given changes that are taking place in the wider system of Berkshire West and beyond. The Wokingham HWB, therefore, is also reconsidering its role and purpose in relation to collaborative working across the Berkshire West

footprint. The board has a role in assuring the good governance of joint working arrangements. It will need to consider how it works with the two other HWBs in Berkshire West to shape priorities and ensure good governance. This is examined in more depth in later sections of this letter.

Board members have a realistic awareness of its current functions, which have been primarily to receive information about decisions made elsewhere, endorse new proposals and co-ordinate specific programmes of work. Useful work has been done, but there has been some frustration about the pace of change. Board members have recognised the need for improvement in this situation, if the board is to occupy a more strategic and less reactive role, and to become more effective at shaping and directing transformation. This will require more attention to the development of the work programme and sharper and more strategic agenda management.

The part the HWB should play in delivery is not clear to many of its members. The peer team was uncertain about how it leads its sub-groups and influences their work in order to deliver the strategy, e.g., the Wokingham Integration Strategic Partnership (WISP), which was mentioned by many of the people we met. In part, this is related to the board's capacity for project management and performance monitoring, which has been uneven. This has made it difficult for the board to be proactive. There is now a real appetite for change in how the board does its business. Development sessions have been well received and there is an intention to build-in more of them, along with time for preparatory discussions in bi-monthly non-public sessions, which will help.

2. How strong is work with key partners to develop system leadership?

The HWB is well established as a partnership group, and there are positive working relations between board members. They clearly enjoy working together. Membership reflects the extended role of the Wokingham board and its involvement with community safety and local businesses. However, there is a perception that systems leadership for health and wellbeing often seems to have its centre of gravity outside the board, and that the board is reacting to an externally set agenda rather than setting the pace for local improvement. Despite this concern, board members are fully engaged as leaders across the Borough Council, the Wokingham Clinical Commissioning Group (CCG) and other local public services, and they are trying hard to work together as a unified board to solve local problems.

The function of the board in relation to community safety has been a source of strength and the senior involvement of the Thames Valley Police has reinforced joint working on domestic violence and mental health. The dual role of the public health team as part of the council and a key adviser to the CCG has helped to build a strong bridge between these organisations. Senior staff from Wokingham Borough Council and the CCG have also been active participants in the formation of the Berkshire West 10 Group, which is overseeing work on wider integration and transformation. This has raised questions about the relationship between the Wokingham HWB and the improvement effort across Berkshire West, including the new "Prevention Group".

The foundations have been laid for the local HWB to take up a stronger profile in providing the leadership of the local health and wellbeing system. The time is right for partners to move towards a new phase of co-design and delivery right across the system. There has already been significant progress in reinforcing cross-organisational working – the joint post established between the council and the Berkshire Health Foundation Trust to support assessment and hospital discharge is a

good example, and there are discussions underway about developing other such posts.

However, there is more to be done. If the partners are slow to move forwards with the integration challenge, there will be a risk that organisations in the Borough will work in an unsynchronised and less productive way. If prevention at primary and secondary level are not taken forwards fast enough, then the local health and social care services are likely to be overwhelmed and services will be unsustainable. Local organisations will need to make progress together and move at an accelerated pace if the HWB's ambitions are to be realised.

3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?

The existing Health and Wellbeing Strategy (HWS) covers a wide range of themes and objectives, which are presented at a high level with a long list of specific deliverables. These broadly reflect the priorities drawn from the JSNA and the national Outcome Frameworks, with an overlay of additional priorities. There is only limited information available about the outcomes from the current HWS. The strategy is now somewhat outdated and is in the process of being rewritten to take account of changing circumstances. This provides the opportunity for a sharper focus on the most important shared objectives of board members, and issues for the people of Wokingham. However, there is an unresolved tension in agenda setting between the requirement to manage the BCF and tackle immediate pressures in health and adult social care, and to cover the wider determinants of health, health promotion and child and family health. It will be important for the HWB to show that it has considered how to best resolve this tension so that it can appropriately attend to key priorities across the full range of responsibilities required of the board.

The HWB has been involved with a number of important achievements, including the revision of the CAMHS strategy, the creation of the Emotional Health Strategy and the promotion of elected members as champions for the "Dementia Friendly" campaign. Key partnerships have reported on their performance to the board e.g. the Children and Young People Partnership reported on the delivery of work related to strengthening CAMHS, and the Community Safety Partnership reported on the delivery of its work programme. The board has also received extensive information about the systems status for health and social care, and the progress being made on the delivery of the BCF Plan and the integration agenda. Rather less time seems to have been allocated by the board to ensuring the delivery of the core HWS.

As the board refreshes the HWS, it will be important for it to use appropriate performance information to hold partners to account for their part in the delivery of outcomes. It is intended to pull together the work of the sub-groups of the HWB and develop an integrated programme plan. The HWB has access to the key Outcomes Frameworks, and the public health team has presented useful information about the delivery of the existing HWS. The priorities set out in the existing strategy have not always been described in terms of outcomes, which may have hindered performance monitoring. There isn't always a clear road map for achieving outcomes associated with the strategic priorities, giving an outline of who is delivering what and by when. The board has started to create a performance report on outcome measures against other strategic objectives. These seem so far to reflect the BCF priorities and the status of the health and social care system. The board should now consider whether it would be helpful to create a unified dashboard of key performance indicators which include those related to the revised HWS as well as BCF and key Children's Plan

priorities. This might allow the HWB to see relevant performance information in one place, manage the work programme more effectively and drive improvement in performance where this is needed.

There have been some capacity issues for board support, which may have slowed down the pace of the work. Partners at the table are keen to get on with finishing the revision of the strategy and then delivering it. They have stated their willingness to find the resources to do so, and a post has been created to support the work of the HWB and the delivery of the strategy. This should help the board to improve its oversight of the delivery of the HWS, and plan its business more coherently.

4. To what extent is there a clear approach to engagement and communication?

Many HWBs have developed a coherent communications and engagement strategy designed to link with their HWS, and support the work of their HWB. Although there is no communications and engagement strategy for the Wokingham HWB, there are numerous good examples of council and CCG engagement with different members of the community, e.g. people with physical and sensory disabilities, potential tenants of extra care housing provision and participants in the workshops on the design of the town centre. The CCG's 'Call to Action' events also provided a well-attended platform for systems engagement. 'Sam's Story' is popular vehicle for local engagement and discussion, and Healthwatch has provided strong community engagement around health (the schools survey is of particular note). However, there has been some duplication (e.g., the 2 apps for the emotional health of young adults funded respectively by Healthwatch and Children's Services), and there are also some gaps. The Wokingham HWB might like to consider how best it can tell local people the story for the improvement of health and wellbeing in the Borough.

5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a cohesive and effective health system?

The HWB and its partners are working towards closer integration. The CCG and Borough have become better-aligned. There has been a good start on the BCF Plan, and an evident wish to make improvements to the experience of local people using health and care services. The Wokingham Integration Strategic Partnership, which is overseen by the HWB, is an important joint development. This has been instrumental in the delivery of the WISH service which is working well at a local level and includes a joint post with BHFT. There is now a single point of access for health and social care services, linked to neighbourhood clusters based around GP services and to community health and social care services.

However, there has also been some frustration about the pace of work on service integration. The proposed integrated commissioning unit which was considered by the board in September has not yet been agreed or come to fruition. Likewise, the frail elderly care pathway for Berkshire West has not been established in Wokingham partly because it can't articulate additional savings for the council. The perception is that the existing process is already efficient and it is firmly embedded in existing local contracts which cannot be rapidly unpicked. There is a similar issue with regard to the Carers Strategy. Early work on joint commissioning of voluntary sector services has been slow to progress. Wokingham, like the other boroughs in Berkshire West, is

experiencing some strain because of the tension between local imperatives and ambitions for the wider patch.

Working together across Berkshire West

The three local authorities involved in this peer challenge asked for the team to look at the arrangements across the West of Berkshire and advise them on options for improvement. The peer review team has endorsed the view that a good start has been made by the Berkshire West 10 Group, that more could and should be done to develop this dimension of the work and that it needs to be linked more directly to the governance of the HWBs.

6. Are there any opportunities for the three boards to work together and if so do they meet clearly identified needs, and can they be shown to be beneficial to local residents in all 3 areas?

People from the three local authorities, their CCGs and other partners all said that it was important to work together on the wider footprint to tackle issues that could best be handled on that scale. Whilst there was certainly no appetite for the complete merger of the HWBs across the West of Berkshire, the requirement for closer integration in the BCF, and now for Sustainability and Transformation Plans (STPs), was seen as a major challenge that would lead local boards to work more closely together.

Although there were no dissenting voices, the peer challenge team felt that there were important differences in understanding about some key issues such as the meaning of integration, the depth of the shared work to be undertaken and the scope for local variety within shared programmes. Examples were given of shared commitments that had failed to materialise once more detailed work had been done into the feasibility of proposals. This suggests that more attention needs to be given to scoping and defining joint work programmes in future, and having in place a formal process of commitment to prevent the loss of trust that comes with the late abandonment of projects. Operational delivery plans need to be tested for their congruence with strategies and assured for their feasibility before being approved by HWBs. One person commented that it would be better if the presumption of integration was suspended until detailed work showed that proposed changes were feasible for all parties.

An example of good practice is the long-standing arrangements for joint working in public health across West Berkshire. Individual public health teams take on lead roles for the whole patch for specific themes. This seems to be working well, it concentrates expertise, and it makes best use of scarce resources. It would be helpful for these arrangements to be notified to the HWBs if this has not already happened. This is an example of productive collaboration that is working well in practice and is a source of strength for all three areas, yet it is probably almost invisible to the boards.

7/8. Are there opportunities for the three boards to work together to further develop their individual leadership roles for the integration of health and

social care? Is there an opportunity for the three boards to frame and energise the integration agenda across the whole of Berkshire West?

The Integration Board and the Delivery Board have the potential to frame the agenda for cross-authority working on integration in the West of Berkshire. Participants spoke well of the Berkshire West 10 Group, and reported that it had picked up pace and was tackling important issues. There was concern about governance and political accountability, especially the lack of a formal connection with the three HWBs, and through them with the councils. It was understood that an elected member would soon be joining the Group to make a link with the local democratic system.

The new Prevention Board that is being set up across Berkshire West looks like an important initiative. It will focus on evidence based interventions related to the management of cholesterol, blood pressure, diabetes, obesity and alcohol problems. The board will work to ensure that evidence-based interventions are in place across the patch. Peer team members were interested in its relationship with the HWBs, with the development of NHS Sustainability and Transformation Plans, and with the patch's public health arrangements more generally. There was insufficient time to follow this up.

There is a long list of practical issues for which a shared approach to problem-solving might be of value. However, in many cases the local arrangements currently in place might limit the options available in one or more partner organisations. From the outside, the requirement for 3 different systems for access to assessment and care services at the Berkshire Royal looks like a confusing and expensive arrangement. For each local authority, of course, it makes sense in the light of their local history and culture. The three councils and the CCGs will need to consider these kinds of practical and cultural issues with an open mind, look for common ground but be prepared to understand that single solutions may not always be possible given the nature of the area of Berkshire West.

The peer challenge team thought that the 3 boards might also need to be prepared to meet together (and with their CCGs) from time to time, for joint briefings and development sessions on the key emerging issues. Without this opportunity, they might find themselves ill-prepared for discussions in a bigger group covering a larger footprint. A similar point relates to overview and scrutiny committees, which might need to combine for specific purposes such as the review of reconfiguration proposals.

There is a similar point about the development of local leadership through sharing and learning with neighbouring HWBs. It is certainly possible that subject briefings and development sessions could be done jointly, despite local differences in need, strategic approach and politics. There are a number of themes where there could be advantages in cost and convenience in running local workshops for board members from all three HWBs. Given the confusion that can often be found between the role of HWBs and Overview and Scrutiny, it might be useful to hold a session on this particular theme. Other themes might include mental health and loneliness, physical activity, and spatial planning – these illustrations are all of relevance for HWBs and local health improvement.

Finally, the three HWBs and their partners will need to consider whether the current joint delivery arrangements have sufficient capacity and are sufficiently robust to deliver these kinds of programme across the West of Berkshire at appropriate pace and depth.

9. Moving forward

In moving forward our key recommendations are:

- If you really want to be the local leader for health and wellbeing, pick up the pace!
- Be really clear about your role and purpose, and what you want to achieve
- Show that you are holding the whole system to account for delivering improvement
- Make sure you have the capacity to manage the workload
- Collaborate with your neighbours where this makes sense, and maintain their trust.
- Build a unified and simple dashboard for performance management
- Be prepared to hold difficult conversations

10. Next Steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this. If you wish to take this up then I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mona Sehgal, Principal Adviser for the South East, is the main contact between your authority and the Local Government Association. Mona can be contacted at mona.sehgal@local.gov.uk (or tel. 07795291006) and can provide access to our resources and any further support.

Once again, we would like to thank you for your invitation, and for your contribution to making this sector-led process a success. All of us who have been connected with the peer challenge would like to wish Wokingham Council and the Health and Wellbeing Board every success for the future.

Yours sincerely,

Kay Burkett
Programme Manager
Local Government Association

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[On behalf of the peer challenge team](#)

TITLE	Health and Wellbeing Board Performance Monitoring – August 2016 report
FOR CONSIDERATION BY	Health and Wellbeing Board 11 August 2016
WARD	None specific
STRATEGIC DIRECTOR	Stuart Rowbotham, Director Health and Wellbeing

OUTCOME

Monitoring key indicators of health and wellbeing in Wokingham; seeking improved performance as necessary from those responsible for the activity.

RECOMMENDATION

To note the performance indicators to August 2016.

SUMMARY OF REPORT

The areas of performance are reported as follows (based on the indicators for this period):

Green	7	54%
Amber	0	0%
Red	4	31%
NA this period	2	15%
Total	13	100%

Background

The majority of the indicators have performed well during the year and have been rated as Green. However, the following indicators are currently rated Red for this period. Further detail can be found in the report:

Red

- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)
- Number of patients going through reablement
- Increase the number of referrals to the BHFT memory clinic
- Dementia Diagnosis Rate: Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence (as per the NHS England Dementia Prevalence Calculator v3, 2013)

Analysis of Issues

None

List of Background Papers	
None	

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Date 29.07.2016	Version No. 1

Health and Wellbeing Board Performance Report

Reporting Period: April 2015 to March 2016		
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	Commentary
BCF	5a	Total non-elective admissions in to hospital (general & acute), all-age	Q4 3,148	1,695	Berkshire West CCG Average per 1,000 population. Wok is 1,650 per 1,000 population	Quarterly	Quarter 4	2,977	3,109	Green	↑	2,977	3,109	Green	Mar 16 Updated to include March 2016, Q4 incomplete. 5% more activity compared to March 2015 - Target needed for Q4 - currently using 2977 admissions.
BCF	5a	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	167 (619 per 100,000)	588 per 10,000 population	National Data published by HSCIC for the Adult Social Care Outcomes Framework. 588 per 100,000 is the 2014/15 average for SE Region and 669 nationally	Monthly	Mar-16	14	7	Green	↓	167	113	Green	March 16: YTD Jan - 27 less permanent admissions compared to 2014-15
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. Collected in the annual SALT return, published by HSCIC	Annual	January to March 16	70%	76.8%	Green	↓	70%	76.8%	Green	Performance has dipped compared to last year, but the target has been met.
BCF	5a	Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	4,080	269	NHS Statistics website: Monthly average for Berkshire Unitary Authorities for September 2015. (Monthly average for SE region 1,536)	Monthly	Apr-16	255	211	Red	↑	4,080	4,023	Green	During April 2016 889 bed days were lost due to delayed transfers of care at RBFT. This equated to 4.8% of patients being delayed, a deterioration on 4.4% in March. 3.5% is often recognised as the national target for DTOCs, however there is a national ambition to get to 2.5%. The Medically Fit and DTOC numbers were relatively high but stable during April with the DTOCs at 4.8%. Issues considered by the Urgent Care Programme Board in April as requiring action included; delays in the CHC process, nursing homes refusing to accept the more complex patients and “cherry picking” private funders over Local Authority funded individuals and the challenges with independent providers of both domiciliary care and residential care not accepting discharges during week-ends.
BCF	5b	Number of patients going through reablement	900	105	National Data published by HSCIC for Short & Long Term Services 2014/15. Berkshire Unitary Authorities average figure for end of year snapshot for those receiving short term rehabilitation	Monthly	Mar-16	75	64	Red	↓	900	972	Green	Whilst START’s capacity is below where it should be, START is actually delivering in excess of the block contract. There is an on-going recruitment programme to build capacity.
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%	89.1%	National data published by HSCIC of the Adult Social Care Survey 2014/15. South East Region average	Annual	2014-15	87.2%	89.0%	Green	↑	87.2%	89.0%	Green	Because of changes to the cohort and methodology it is not possible to make direct comparisons between data for 2014-15 and previous years. The survey for 2015/16 has been submitted, results are due later this year.
BCF		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	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: Question 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%	92.4%	National data published by HSCIC of the Adult Social Care Survey 2014/15. South East Region average	Annual	2014-15	88%	91.5%	Green	↑	88%	91.5%	Green	This indicator is a percentage of all respondents to the survey who said their quality of life was 'So good', 'Good' or 'Alright'. The 2015/16 survey has been submitted to HSCIC, results due later this year.
		Number of Adult Safeguarding Enquiries (previously called Referrals)	Not set	257 Berkshire average for individuals	In 2013/4 the English average was 246 per 100,000 population) . Taken from the Annual Safeguarding Adults Return, published by HSCIC	Monthly	May-16	43	55	NA	↓	86	102	NA	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	None	This is a local measure based on the capacity of the local service to see more patients	Quarterly	Quarter 4	153	117	Red	↑	612	467	Red	Local target, to support increase in diagnosis of Dementia - 10% increase of referrals.
CCG - Local quality priority		Dementia Diagnosis Rate: Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence (as per the NHS England Dementia Prevalence Calculator v3, 2013)	67.0%	66.7%	Based on the Prime Ministers Dementia Challenge	Annual	Apr-16	67.0%	63.5%	Red	↓	67.0%	65.1%	Red	The dementia diagnosis rate for Wokingham CCG deteriorated in April from 65.1% to 63.5%. This is as a result of an annual increase in population levels having an impact on the expected prevalence level of dementia. The actual number of patients with a diagnosis of dementia increased from 1140 to 1154. The CCG continue to review memory clinic data and undertake data coding reviews to try and further attempt to identify patients who should have a diagnosis of dementia. The Primary Care Facilitator is also working with specific practices who have lower numbers of patients diagnosed to see what further support can be offered. The CCG is expecting to achieve the 67% standard from September 2016 onwards.
CCG national quality priority		IAPT Access: The proportion of people with depression /anxiety that have entered psychological therapies	15.9%	15.0%	Based upon National standard	Quarterly	Quarter 2	3.8%	4.3%	Green	↑	3.8%	4.3%	Green	Increased investment from the CCG to the IAPT service in 2014-15. Awaiting Q3 & 4 data.
CCG national quality priority		IAPT recovery rate :The recovery rate is measured using the Patient Health Questionnaire which measures the level of depression/ anxiety in a person. Recovery rate measures the proportion of people that were above the clinical cut-off before treatment but below following treatment.	50%	50.0%	Based upon National standard	Quarterly	Quarter 2		58.2%	Green	↑	50%	58.2%	Green	Increased investment from the CCG to the IAPT service in 2014-15. Awaiting Q3 & 4 data.

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HEALTH AND WELLBEING BOARD
Forward Programme from June 2016

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 2016/17

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 October 2016	Berkshire West, Oxfordshire, Buckinghamshire Sustainability and Transformation Plan update	To receive an update on the Berkshire West, Oxfordshire, Buckinghamshire Sustainability and Transformation Plan.	Update	Dr Winfield/ Lois Lere	
	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
	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
	Draft Better Care Fund Plan 2017-18	To update the Board on the draft Better Care Fund Plan 2017-18	To enable sufficient time to influence draft	CCG/ Stuart Rowbotham	Integration
	Health and Wellbeing Strategy	To consider the Health and Wellbeing Strategy	To consider the Health and Wellbeing Strategy	Health and Wellbeing Board	
	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
8 December 2016	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
	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
9 February 2017	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
	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
6 April 2017	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
	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	

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