ITEM NO: 93.00

TITLE	**Health and Wellbeing Strategy Proposed Priorities**
FOR CONSIDERATION BY	Health and Wellbeing Board on 5 June 2014
WARD	None Specific

PROPOSED PRIORITY: Prevention

The dramatic changes to the health and social care system over this past period with increasing need and reduced resources has highlighted the need to take a life course approach and the importance of getting services right for children, young people and their families as well as providing support to prevent ill health for adults. If we get services right for our residents through childhood into later life then in terms of prevention, early intervention and better health outcomes, this has not only the potential to improve the life chances of many individuals, but also to reduce their reliance on Local Authorities and the NHS in the future and this is a very effective investment.

Carers provide invaluable support as a critical part of our community. We will continue to support carers in their caring role, using the new duties in the Care Act as the starting point for a new offer for carers.

The community and voluntary sector have local expertise and provide a unique and valued contribution to support early help, promote well-being and prevent ill health by strengthening communities. This role will be reflected in commissioning intentions

Current actions to deliver this will be:

- Revised West Berkshire Carers Strategy will set out how we will deliver a new offer for carers in assessment and support;
- Integrated Early intervention Strategy for 0-5's will lead to more joined up services for early years youngsters and their families, help more children be ready for school and narrow the gap in outcomes experienced by those at risk of being left behind;
- Care Act implementation and the Better Care Fund programme will build on the current prevention offer for adults and will reduce the demand on the health and social care system through a focus on earlier intervention.

PROPOSED PRIORITY: Improved adolescent Mental Health Services

The emotional well-being and mental health of children is vital to their learning and development. Mental health promotion for all children is important, and some children will need specialist support.

We have a continued and increasing high usage of both Child and Adolescent Mental Health Service (CAMHS) and wider counselling and emotional health and wellbeing support services. We want to ensure that children and young people are able to access the right support at the right time. We want to improve the impact and outcomes for children and young people who access these services. We also want to work with children and families to improve the emotional health and resilience of children and young people.

We are committed to the following actions to deliver this priority:

- Agree an integrated Wokingham CCG and Wokingham Borough Council emotional health and wellbeing strategy setting out how children and young people are able to access the right support at the right time;
- Improve specialist CAMHS access and outcomes;
- Recommission Tier 1 and 2 Emotional health and wellbeing services;
- Continue to monitor impact building on the outcome monitoring models developed by specialist CAMHS.

PROPOSED PRIORITY: Domestic Abuse

Community Safety Partnership

There has been good progress in the joint Community Safety Partnership (CSP) and Local Safeguarding Children's Board (LSCB) Domestic Abuse Strategy and Action Plan. This has been closely monitored, and the alignment of priorities has increasingly led to joined up working with shared resources. Examples include the joint funding of the Domestic Abuse Coordinator and the embedding of a Berkshire Women's Aid worker within the Children's Services single front door key examples.

That progress has been monitored through regular reports to the Local Safeguarding Children Board, Community Safety Partnership and Health and Wellbeing Board. Central to the overall aims was to increase reporting, whilst reducing the level of repeat offending once victims had come forward. This was reflected in the 2013/14 Health and Wellbeing Board strategy.

The key activities have included:

- Ensuring an appropriate range of services from Berkshire Women's Aid, including a 24 hour advice line, outreach services, family choices programme and full refuge support.

- Closer working with local schools, including awareness raising, but also work with specific children affected by domestic abuse in 1:1 and group sessions.

- Training and presentations to GPs and CCGs and a specific project to support GP referrals (the IRIS project) led by BWA leading to increased reporting of domestic abuse directly from GP surgeries.

- Development of an e-learning package designed for all Council staff, teachers and the voluntary sector covering how to recognise the signs and symptoms of domestic abuse and what to do next.

- Presentations and training to wider Children's Services departments, and concerted work to raise public awareness including a very successful White Ribbon Week, and use of innovative communications methods such as the rear of pay and display car park tickets leading to a subsequent increase in reporting.

In addition targeted review work has been undertaken through the Multi Agency Risk Assessment Conference arrangements (MARAC) to understand how effectively these arrangements are currently functioning and areas for improvement; and to ensure that arrangements improve outcomes for victims of domestic abuse. (See fuller report attached).

The suggested targets for the Health & Wellbeing Strategy are:

1) To increase the number of Domestic Abuse incidents reported

2) To decrease the number of repeat incidents of domestic abuse with particular focus on victims reporting domestic abuse more than three times in a year.

3) Increasing the number of referrals to MARAC, with particular focus on increasing referral from agencies consistently making less than 10% of the referrals over the three preceding years.

PROPOSED PRIORITY: Better Care Fund Plan Projects (see Appendix)

Domestic Abuse data for the Health and Well Being Board

Objectives:

4.3 Increase awareness of and reduce incidence of domestic abuse.

4.3.1 5% (963) increase in the number of domestic abuse incidents reported to the police.
4.3.2 Reduction in repeat incidents of domestic abuse to less than 34% of total.

Performance data:

A: This data shows all Incidents reported to Thames Valley Police for the Wokingham Borough area that have been 'flagged' as Domestic

Data relates to period: 1 April to 31 March	Finally recorded				Crimes per 1,000 population			Outcomes			Outcome Rate		
	2011-12	2012-13	2013-14	% change	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
Domestic Abuse Incidents - Recorded Crime	345	347	411	18%	2.23	2.25	2.66	133	146	143	38.6%	42.1%	34.8%
Domestic Abuse Incidents - Non Recorded Crime	972	944	973	3%	6.30	6.11	6.30						
Totals	1,317	1,291	1,384	7%									

B: This data shows only recordable crimes reported to Thames Valley police for the Wokingham Borough area following the Home Office definition*

Data relates to period: 1 April to 31 March	2012-13			2013-14		
	Number of Domestic Incidents	All Repeats	Repeat Rate	Number of Domestic Incidents	All Repeats	Repeat Rate
Wokingham	1,276	504	39.5%	1,348	496	36.8%
Bracknell Forest	1,929	871	45.2%	1,809	871	48.1%
Reading	3,124	1,404	44.9%	3,437	1,597	46.5%
Slough	3,579	1,471	41.1%	3,919	1,609	41.1%
West Berkshire	1,981	821	41.4%	2,096	863	41.2%
Windsor and Maidenhead	1,710	666	38.9%	1,710	651	38.1%
Thames Valley	35,345	15,182	43.0%	36,705	15,895	43.3%

*The above data follows the NEW Home Office guidelines to exclude any offence where the offender and victim is under 16 (we have also excluded those with no date of birth in the CEDAR record), and where there is no valid relationship between the victim and offender. The repeat figure is worked out on whether the victim had previously been a victim in the previous 12 months. The number of incidents of high risk repeat victimisation are based on the occasion of the previous incident where the victim was assessed as high risk.

Appendix

Wokingham Better Care Fund Programme Map											
Programme/Project title	Project description	Context	Project Leads	Project Manager	Locality Lead	Comms lead	Expected Outcomes	Milestones	Timescale	Project documentation	Comments
(1). A Single Point of Access for local health and social care services in Wokingham	Establish Single Point of Access to co-ordinate & manage referrals to short term health & social care services. When established, a streamlined integrated assessment will be implemented.	BCF	Teresa Bell		Lynne McFetridge; Kim De Souza; John Edwards	Wokingham Programme	Deliverables Single integrated team with 24/7 operation; single contact (telephone, email); single streamlined/integrated assessment pathway Benefits Easier for public & professionals to access the right service; expedites discharge process by rapid assessment and provision of appropriate services; reduces risk of unnecessary hospital admissions by rapid assessment and provision of appropriate services	Single integrated team established			Enablers: Shared integrated pathway; Interoperability IT solution (5); BHFT Health Hub; Contact First.
(2). Integrated Short Term Health & Social Care Team	Creation of an integrated short term intervention team, made up from: WBC START Team BHFT Intermediate Care Team WBC Health Liaison Team	BCF	Teresa Bell		Lynne McFetridge; Kim De Souza; John Edwards	Wokingham Programme	Deliverables Single shared budget; shared management structure; co-located staff; shared performance metrics; Social work presence in RBH & Wokingham hospital Benefits Greater self-sufficiency & reduced dependence; improved customer experience; measured reduction in nursing & residential care placements; reduced hospital admissions through use of step up facilities	1. Co-location of START, Intermediate Care, HLT teams at the Old Forge. 2. Step up/down facility.	1. Target 01/08/14. 2. TBC		Enablers: Building joint finance arrangements; integrated workforce development
(6). Primary Prevention & Supporting People to Self-Care	Targeted primary prevention for those in high risk groups to reduce incidence or disease and health problems. Supporting those with long term conditions to have greater choice and control and ability to manage their health and social care. Establishing neighbourhood clusters in primary care.	BCF	Teresa Bell			Wokingham Programme	Deliverables An increase in targeted primary prevention services; provision of high quality information and advice; a supportive and empowering environment with shared responsibility and rights over decision making; neighbourhood clusters; increased early intervention for children via universal and targeted services Benefits Self-care: people can make their own decisions about their own health and care needs; decreased rates of preventable disease in the Borough's population: heart disease, stroke, type 2 diabetes, cancer; reduced rates of falls in the elderly population; reduction in the number of children becoming mentally unwell	TBC	TBC	Detailed scope to be developed between WBC Social Care (adult & children), Public Health, CGG.	Links to Berks West project for locality based working. Metrics will be developed from JSNA & H&W Strategy.
(7). Night Care Service	Provide a flexible support arrangements providing short to medium term care for people throughout the night, to avoid unnecessary admissions to hospital or residential care. This includes a respite service for carers	BCF	Teresa Bell			Wokingham Programme	Benefits Reduces risk of unnecessary admissions to hospital, residential care, nursing care.				Detailed specification to be developed for procuring services.
(3). Hospital at Home	This model includes providing more intensive support for short periods of time to patients in the community under the care of a consultant led team. Patients will be identified as requiring a higher level of support than is currently provided and will receive a level of care as if they were in a hospital setting.	Local CCG QIPP scheme	Katie Summers	David Lighterness	Stephen Madgwick, Katie Summers	Glyn Yarnall - CSU	Improved healthcare experience for Berkshire West patients; an integrated approach to care; reduction in unnecessary admissions; reduction in outpatient attendances; improved access to Intravenous Therapy; improved quality of life for patients; improved coordination of crisis management	Go-live planned for July 2014.	July 2014 expected go-live with first patients being admitted, and phased roll out of capacity	Business Case and Highlight reports produced	Project well advanced, and reporting arrangements in place into CCG governance structures and locality integrated partnerships. To discuss reporting for the Integration Programme with the Project Lead.
(4). Enhanced Service in Care Homes	To introduce a model of enhanced services to nursing and care homes which will provide training and support to homes to help with longer term care planning for their residents and support during times of crisis. This intervention will support the CCGs achievement of their Outcome Ambition 3 - reducing emergency admissions.	Local CCG QIPP scheme	Katie Summers		Operations Directors	Glyn Yarnall - CSU	The expected outcomes of this intervention are to avoid unnecessary acute admissions from nursing and care homes; to increase knowledge and continuity of health care for nursing and care home residents; reduced unnecessary non-elective admissions; reduced number of prescriptions; improved co-ordination of crisis management and improved end of life experience for patients through advanced care planning. There will be a reduction in acute hospital activity and associated costs.		Go live was due to be April 2014. Delayed due to impact of Avoidance of Acute admissions enhanced service, the details of which are being sorted.	Business Case and Highlight reports produced	detail may need to be expanded for the programme to include any local work related to the BCF which is over and above the Care Home CES
(5). Interoperability IT solution	Electronic sharing of care records	Better Care Fund Scheme	Katie Summers	Mark Sellman	Ingrid Summersgill	Improvement of patient care; Reduction of clinical errors; Reduction in Duplication of work; Reduction in Marginal Admissions; Improved concordance with preferred place of care; use of NHS number by Social care	MIG commissioned; pilot implemented; care record agreed; social care using NHS number	Business case complete			

(8). Modernising Primary Care (enhanced hours)	Enhancing access to primary care and meeting the BCF 7 day access conditions	Better care fund Scheme	Helen Clark/ Eleanor Mitchell	Rod Smith		greater access to primary care; primary care at the centre for managing long term conditions and frail elderly					

Berkshire West 10 Integration Progamme Map Enablers

Programme/Project title	Project description	Context	Senior Responsible Officer	Project Manager	Locality Lead/ Business Change Manager	Programme Office Support	Expected Outcomes	Milestones	Project documents	Comments
Health and social care hub	Single Point of Access to manage referrals efficiently and effectively with the responsibility for finding, accessing and transfer of cases sitting within one integrated team	Better care Fund Scheme	Bev Searle	David Cahill	W Teresa Bell; R Melanie O'Rourke		single access and triage to health and social care services; streamlined, integrated assessment; sharing of information using the NHS number as the unique identifier; Active management of cases I preventing people being lost between services due to differing referral criteria or lack of capacity.			
Finance	Building joint finance arrangements	Underpinning approach to integrated working	Janet Meek		W Philip Mitchell; R Rob Poole		Agreed joint protocols around whole system funding to include pooled budget arrangements; budget holder criteria; allocation of whole system savings; funding options	Finance leads meeting to become Finance sub group for integration programme		
integrated workforce development	Developing a joint workforce development strategy and new integrated roles	Health Education Thames Valley funded programme	Jeanette Longhurst		WB Tandra Foster; W Teresa Bell; R Brigid Jones: BHFT Bev Searle/ Gerry Crawford	Lead L&D Specialist	Shared understanding across all staff in all organisations of the benfits of working together and their role within the new arrangements; plan for appropriate recruitment and retention across the health and social care sector; specific development of the generic care worker; the keyworker or case co-ordinator and whole system leadership	Scoping exercise to be complete by end July 2014	Full Business case to go to partnership Board on 15th May	Needs a joint lead because of different focus from social care and health