



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 13 OCTOBER 2016 AT 5.00 PM**

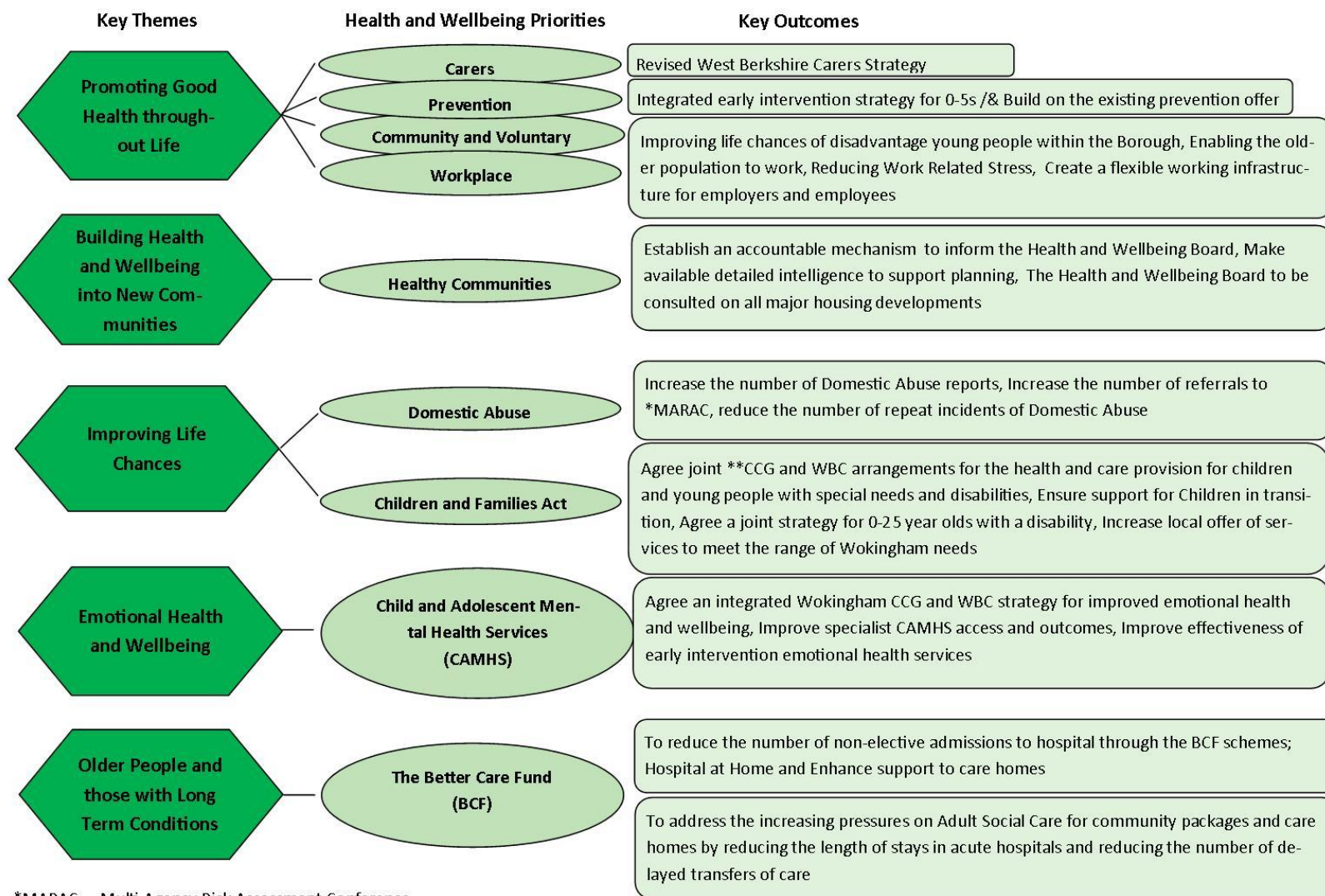
A handwritten signature in black ink, appearing to read 'Andy Couldrick', written in a cursive style.

Andy Couldrick
Chief Executive
Published on 5 October 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
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
Katie Summers	Director of Operations, Wokingham CCG

ITEM NO.	WARD	SUBJECT	PAGE NO.
28.		APOLOGIES To receive any apologies for absence	
29.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 11 August 2016.	5 - 10
30.		DECLARATION OF INTEREST To receive any declarations of interest	
31.		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	

32.		MEMBER QUESTION TIME To answer any member questions	
33.		INTEGRATION	
34.	None Specific	UPDATES 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>(20 mins)</i>	Verbal Report
35.	None Specific	BERKSHIRE WEST, OXFORDSHIRE, BUCKINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE To receive an update on the Berkshire West, Oxfordshire, Buckinghamshire Sustainability and Transformation Plan. <i>(5 mins)</i>	Verbal Report
36.	None Specific	HEALTH AND SOCIAL CARE INTEGRATION UPDATE To receive an update on Health and Social Care Integration. <i>(15 mins)</i>	Verbal Report
37.	None Specific	BETTER CARE FUND (BCF) ANNUAL REPORT 2015/16 To receive the Better Care Fund (BCF) Annual Report 2015/16. <i>(10 mins)</i>	11 - 14
38.		PERFORMANCE	
39.	None Specific	HEALTH AND WELLBEING DASHBOARD To receive the Health and Wellbeing dashboard. <i>(15 mins)</i>	15 - 26
40.	None Specific	FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year. <i>(5 mins)</i>	27 - 30

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

CONTACT OFFICER

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON 11 AUGUST 2016 FROM 5.00 PM TO 6.00 PM**

Present

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Prue Bray	WBC
Nick Campbell-White	Healthwatch
Superintendent Rob France	Community Safety Partnership
Lois Lere	Interim Director of Operations, Wokingham CCG
Dr Lise Llewellyn	Director of Public Health
Clare Rebbeck	Voluntary Sector representative
Stuart Rowbotham	Director of Health and Wellbeing
Dr Cathy Winfield	NHS Wokingham CCG

Also Present:

Madeleine Shopland	Principal Democratic Services Officer
Brian Grady	Head of Strategic Commissioning
Sally Murray	Head of Children's Commissioning NHS Berkshire West CCGs
Darrell Gale	Consultant in Public Health
Nicola Strudley	Healthwatch Wokingham
Sonia Khoury	Public Health Programme Officer

15. APOLOGIES

Apologies for absence were submitted from Councillors Keith Baker and Charlotte Haitham Taylor and Beverley Graves, Nikki Luffingham and Judith Ramsden.

16. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 16 June 2016 were confirmed as a correct record and signed by the Chairman.

Councillor Bray requested an update on the appointment of the Health and Wellbeing Board Manager and was informed that it was hoped that an appointment would be made within the next few weeks.

17. DECLARATION OF INTEREST

There were no declarations of interest received.

18. PUBLIC QUESTION TIME

There were no public questions.

19. MEMBER QUESTION TIME

There were no Member questions.

20. ORGANISATION AND GOVERNANCE

21. UPDATE FROM BOARD MEMBERS

The Board received an update on the work of a number of Board members.

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

Business, Skills and Enterprise Partnership:

- Board members noted the report submitted and were asked to send any questions to the Principal Democratic Services Officer.

Community Safety Partnership:

- Superintendent France stated that there had been a change of emphasis at neighbourhood policing level and that he would report back in more detail in future.

Place and Community Partnership:

- Clare Rebbeck commented that the membership and purpose of the partnership would be looked at.
- Stuart Rowbotham indicated that it was for the Board to determine the purpose of its sub partnerships. Consideration might need to be given to how the Board and its sub partnerships were organised to best deliver outcomes.

Voluntary Sector:

- Clare Rebbeck commented that grow clubs had been running for a year.
- Involve was working with voluntary groups on their funding streams as core funding was becoming more difficult to find. A successful workshop had been had run on the tendering process.
- A couple of charities were struggling to find affordable premises as Wokingham was an expensive area.
- Board members were informed that Involve had recruited a new Development Officer for Bracknell.
- The development of volunteer passports in Wokingham was discussed.

Healthwatch:

- Nick Campbell-White informed the Board that Healthwatch Wokingham Borough had produced its third annual report.
- They had attended the Healthwatch England conference and presented on the project undertaken with St Crispin's School regarding young people's emotional wellbeing. This had been well received.
- A workshop had been run on the 'Appyness' app. Nicola Strudley commented that it had been designed with Reading Borough Council and the University of Reading. Clare Rebbeck commented that there was also a new app for carers. Councillor Bray asked that the Board be sent a list of relevant available apps for information.
- Enter and Views had been carried out at Westmead, Wokingham Community Hospital and Belamie Gables.
- A deaf Healthwatch volunteer had undertaken a mystery shop at ten dentists in the Borough. The report would be published once responses had been received from all the practices.

- Healthwatch had held a number of meetings with local pharmacies regarding the national consultation on pharmacies.
- Board members were informed that a cash fund of up to £500 for local wellbeing projects was being made available.
- Healthwatch was also working with Optalis on an extra care project, the report of which was likely to be published in January. This would inform the development of two new extra care settings.

RESOLVED: That the update from the Board members be noted.

22. EMOTIONAL HEALTH AND WELLBEING STRATEGY PERFORMANCE SCORECARD UPDATE- JULY 2016

Board members received the Emotional Health and Wellbeing Strategy performance scorecard update – July 2016.

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

- Sally Murray indicated that with regards to Tier 3 services, referrals were still increasing in line with the national picture.
- There was early evidence that the referral rate in Wokingham was beginning to slow, probably due to the impact of the multiagency approach taken to Tier 2 referrals via the health hub in Wokingham.
- There were fewer waiting for specialist CAHMS services and the number of young people receiving treatment was increasing as a result of additional capacity.
- The number waiting for specialist care pathways in Wokingham had decreased over the last 6 months.
- Board members were reminded that there was an element of patient choice and that some families chose to wait longer for personal reasons, such as holidays.
- The CCG as commissioner of Tier 3 services had set the Berkshire Healthcare NHS Foundation Trust local stretch targets.
- The report detailed progress made to date against initiatives since October 2015 and further work required from 2016-17.
- Brian Grady indicated that the Early Help Hub had helped to reduce the number of those waiting for Tier 2 services.
- Data regarding young people in care who were supported had not been made available. Brian Grady would request that this was circulated to the Board. However, he was not aware of issues in this area.
- Sally Murray indicated that the other Berkshire West authorities wished to work with young people who were presenting as the most at risk across the system. There was an opportunity for a whole systems piece of work in 2016-17.
- The current waiting times for Tier 3 for Berkshire West data as of 30 June 2016 were noted. Nick Campbell-White asked about waiting times for Wokingham and was informed that the data was only received at a Berkshire West level.
- Nick Campbell-White asked about waiting times for Tier 2 and was informed that there were 13 waiting for primary CAMHS who were not in the Early Help Hub. Councillor McGhee-Sumner asked why this was and was informed that it was the result of capacity, although improvements had been made.
- Nick Campbell-White expressed concern that children were picked up at an early enough stage and stressed the importance of the involvement of schools.
- Sally Murray suggested that the Board may wish to look at counselling referral rates. For Q1 the ARC referral rates were on track. ARC had been asked to see

250 0-25 year olds and had seen 271 in Q1. Workshops would be run on peer mentoring.

- Councillor Bray asked about referrals to Tier 4. Sally Murray indicated that Tier 4 services were commissioned by NHS England and that she did not have this data available. However, she would ensure that the data was circulated to Board members.
- In response to a question from Clare Rebbeck, Sally Murray clarified that training would also be available to the voluntary sector.
- Councillor McGhee Sumner asked whether the trajectory for waiting times was similar nationally. Sally Murray commented that Wokingham was ahead of many areas. A national benchmarking exercise had been undertaken in January and the results were awaited.

RESOLVED: That the Emotional Health and Wellbeing Strategy performance scorecard update – July 2016 be noted.

23. REVISED SUBMISSION TEMPLATE FOR THE BETTER CARE FUND 2016/17

The Board considered a revised submission template for the Better Care Fund (BCF) 2016-17.

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

- Wokingham had been advised on 1 July 2016 that the Better Care Fund 2016/17 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 was an increase in year on year spend on Social Care from the CCG minimum contribution by 1.5%, this was based on analysis of classification of spend presented in the Better Care Fund submission template.
- 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 invested in community health through recruitment of Rapid Response Nurses aimed at avoiding non-elective admissions, but also invested in additional reablement hours to targeted reductions in social care packages and extended Social Care activity over the weekend.
- A new line had been added to the submission template reflecting the investment in Social Care within the WISH team. This resulted in an increase in spend year on year in Social Care in excess of 1.5%, and therefore met the national condition.
- The revised template had been approved by the Chairman of the Health and Wellbeing Board.
- Board members were assured that the change had had no bearing on the plan itself.

RESOLVED: That the report be noted.

24. LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING BOARD PEER REVIEW - FINAL REPORT

Stuart Rowbotham, Director of Health and Wellbeing presented the Local Government Association Health and Wellbeing Peer review final report.

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

- Stuart Rowbotham took the Board through the key recommendations of the report. An action plan would be developed to take these recommendations forward. This would be taken to the October Board meeting.
- Dr Winfield commented that the Board had performed well in some areas due to the quality of reporting.

RESOLVED: That

1) That the contents of the report (attached as Appendix A to the report) be noted and the Local Government Association's recommendations be adopted.

2) That an action plan be developed in response to the recommendations, to be tabled for consideration by the Health and Wellbeing Board at its October 2016 meeting.

25. PERFORMANCE

26. HEALTH AND WELLBEING BOARD PERFORMANCE MONITORING - AUGUST 2016 REPORT

The Board received the Health and Wellbeing Board Performance Monitoring August 2016 report.

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

- Stuart Rowbotham stated that the 'Total non-elective admissions' performance indicator should be red as opposed to green.
- The 'Delayed transfers of care' performance indicator should be green as opposed to red. Recent data showed that performance in this area was very good, perhaps in part as a result of the work of the WISH team. With regards to the WISH team Dr Winfield suggested showcasing good practice.
- The '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)' and the 'Increase the number of referrals to the BHFT memory clinic' performance indicators were also red. Lois Lere commented that the CCG was aware of the under diagnosing. This was balanced against when the patient evidentially had dementia and was living in a care home but was too frail to travel to the memory clinic for a formal dementia diagnosis. A proforma had been developed but had not been adopted as widely as had been hoped.

RESOVLED: That the Health and Wellbeing Board Performance Monitoring – August 2016 report.

27. FORWARD PROGRAMME

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

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

- Clare Rebbeck requested that a paper on the role of the sub partnerships be added to the Forward Programme.
- The Local Government Association Health and Wellbeing Board Peer review action plan would be taken to the October Board meeting.

RESOLVED: That the Forward Programme be noted.

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Agenda Item 37.

TITLE	Better Care Fund (BCF) Annual Report 2015/16
FOR CONSIDERATION BY	Health and Wellbeing Board on 13 October 2016
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY
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Investment through the 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.
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RECOMMENDATION

That the report be noted.

SUMMARY OF REPORT

To provide a high level overview of performance against the budget of the Better Care Fund for 2015/16 in accordance with the Section 75 agreement
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Background

Outturn position as at 31 March 2016

Scheme	Budget £000's	Outturn £000's	Variance £000's
Integrated Short Term Health and Social Care Team	1,680.0	1,702.8	(22.8)
Step Up/Step Down Units	214.1	222.0	(7.9)
Domiciliary Plus	301.6	244.6	57.0
Preventative Services	494.0	510.0	(16.0)
Protection of ASC	1,244.0	1,244.0	0.0
Care Act responsibilities	335.0	335.0	0.0
S256 funding	1,506.0	1,506.0	0.0
IMHA	0.0	39.0	(39.0)
Contingency	420.4	290.5	129.9
DFG schemes	425.0	221.0	204.0
Social Care Capital Schemes	220.0	76.0	144.0
Capital Carry forward (DFG & Social Care Capital)	0.0	348.0	(348.0)
Receipt in advance provision	0.0	101.0	(101.0)
Total	6,840.1	6,839.9	0.1

The Local Authority hosted element of the Wokingham BCF budget broke even at the end of the year by carrying forward the under spends of £348k in capital and £101k of revenue into 2016/17 as receipts in advance.

Analysis of Issues

The key variances at the end of the year are;

Wokingham Integrated Social Care & Health team – higher than budgeted property costs, additional staffing offset by delays in recruiting to the Head of Service.

Step up step down - higher than budgeted rates for provision of care offset by delays in units going live.

Domiciliary plus - revision of scheme through the year resulting in delays going live offset by one off protection of ASC due to savings not being realised from the scheme.

Prevention Services - budget shortfall against Stroke Association commission.

Independent Mental Health Advocacy - grant notification after BCF budgets set.
Contingency budgets - covering FEP analysis, cover for budget pressures in WBC & local project team led to an underspend against provision of £129.9k

DFG schemes - behind profile with transition planning in delivery model (underspend to be carried forward)

Social Care Capital - spend expected to be incurred in 2016/17 (underspend to be carried forward)

Receipt in advance provision – creating ability to carry forward underspends in 2015/16 to help support the BCF programme in 2016/17.

This is a summary of the year end outturn, further details can be obtained if required from the contact details below.

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)	Historic spend	Fully funded by BCF	Mix
Next Financial Year (Year 2)			
Following Financial Year (Year 3)			

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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Health and Wellbeing Board				
Area	Performance measures	Target Data Q1 2016-2017	Actual Data Q1 2016-2017	DoT
Housing	Number of affordable dwellings completed	58	52	
	Homelessness (Temporary Accommodation)	60	44 (lower is better)	
	Homelessness (decisions, part V11 of the Housing Act 1996) made within 45 working days	70	71	
	Housing Register (Waiting List)	90	100	
Children's services	Parent/Carer mental health issue in a child and family assessment	N/A	18.6%	?
	Education (Narrowing the Gap)	18.9%	25%	
Physical Activity	SHINE participants, for adults 60 plus living in Wokingham	495	1018	
	Leisure centres attendance numbers	141,303	140,046	
Public Health	Adult Obesity Rate, those with a BMI > 30	8%(2014 figures)	N/A	?
Better Care Fund	Non elective (unplanned) admissions often through A & E, which include at least one overnight stay.	3,102	3,164	
	Delayed transfers of care	924	697	
Wokingham CCG	General Practice Workforce vacancy rate for General Practitioners (GPs)	N/A	N/A	?
	Number of patients per GP	N/A	N/A	?

Trust Board Reports	Recruitment and retention of Royal Berkshire NHS Foundation Trust Workforce, expressed as a % vacancy rate	5%	7.5% (June 2016)	
	Recruitment and retention of Royal Berkshire NHS Foundation Trust Workforce, expressed as a % RBFT workforce turnover	3%	3.6%	
	Recruitment and retention of Royal Berkshire Healthcare NHS Foundation Trust Workforce, expressed as a % vacancy rate	<10%	12.7% (May 2016)	
	Recruitment and retention of Royal Berkshire Healthcare NHS Foundation Trust Workforce, expressed as a % of RBHFT workforce turnover	15.2%	17.1% annual(May 2016)	
Care Quality Commission (CQC)	Independent inspections and ratings for Berkshire Healthcare NHS Foundation Trust.	For medical and social care providers to be rated as good or outstanding	Varied. Most rated good or above	
Berkshire Healthcare NHS Foundation Trust (BHFT)	Referrals to Social Care Rapid Response	75	N/A	
	Waiting time exceeding 20 weeks for Tier 2 Children and Adolescent mental Health Service, CAMHS.	73% (May 2016)	Being Set	
Economic Profile	Unemployment (model based), measured as a % of economically active over 16 years	N/A	3%	
	Unemployment, Claimant Count, on out of work benefits	N/A	0.5% (June 2016)	
	Number of young people not in education, employment or training (NEET) calculated as number plus 8% (assumed not known)	N/A	2.1% (June 2016)	

	Earnings by residence, measured as gross weekly pay of full time workers	N/A	£ 679.20	
	House prices	N/A	£411,306 (May 2016)	
Domestic Abuse Strategy Group	Number of Domestic Incidents reported to Thames Valley Police -Recordable Crimes (Domestic Qualifier only)	N/A	135	?
	Number of Domestic Incidents reported to Thames Valley Police – Non - Recordable Crimes (Domestic Qualifier only)	N/A	341	?
	Number of cases reviewed by Wokingham Borough MARAC	N/A	13	?
	Number of repeat cases reviewed by Wokingham Borough MARAC	N/A	19%	?
Adult Social Care	Number of referrals to the Community Navigators Programme	N/A	42	?
Transport	Green routes and cycle path completion	None	N/A	

References: NHS England, 2015. Monthly Delays Transfer of Care Situation Record, Definitions and Guidance

NHS Guidance, 2012. Rapid Response Services: intermediate tier, multidisciplinary health and social care service.

NHS Digital, 2016. General and Personal Medical Services, England 2005-2015, as at 30 September, Provisional Experimental statistics

Commentary- Area: Housing	
Number of affordable dwellings completed	
<p>This indicator describes the number of built self-contained unit of accommodation. Dwellings can be houses, flats, bungalows and maisonettes. The target within the Housing Strategy 2015 – 2018 is to complete 1000 new affordable homes. Whilst the number of completions was lower than expected in 2015/16, as development progresses within the larger SDL sites over 500 completions are anticipated during 2017/18. This year (2016/17) a further 53 completions in Q2, 57 in Q3 and 147 in Q4, on target to achieving over 230 completions. Predictions are liable to change and are based on the best available information provided by Registered Providers and developers at the beginning of each year. Officers hold quarterly meetings with the RPs to closely monitor the delivery programme.</p>	
Reporting Frequency: Quarterly	Senior Lead: Director HWB
Homelessness (Temporary Accommodation)	
<p>Council seek to avoid placements out of Borough (OBPs) wherever possible due to the disruption to peoples' lives. OBPs are more expensive than other forms of temporary accommodation and so are minimised wherever possible. Going forward WBC have a strategy for increasing the portfolio of in-Borough provision and it is anticipated that in coming years the need for OBPs will reduce.</p>	
Reporting Frequency: Quarterly	Senior Lead: Director HWB
Homelessness (decisions, part V11 of the Housing Act 1996) made within 45 working days	
<p>Time taken to make a formal decision under Part VII of the Housing Act 1996 has a bearing on the customer experience and also on the council's finances and use of resources. The target of 70% for 16/17 has been set taking into account the recent increase in homelessness numbers and expected continuation of high numbers.</p>	
Reporting Frequency: Quarterly	Senior Lead: Director HWB
Housing Register (Waiting List)	
<p>For people applying for housing on medical grounds, timeliness in decision-making about priority is crucial so that where priority is awarded the start of the process of finding a family a more suitable home can begin as early as is possible.</p>	
Reporting Frequency: Quarterly	Senior Lead: Director HWB

Commentary- Area: Children's Services

Parent/Carer mental health issue in a child and family assessment

This indicator is not monitored on a national level by the Department for Education and it has not previously been monitored locally, therefore, a target has **not** been agreed.

There is no guidance to ascertain if high or low is good or bad performance.

Wokingham has decreased the % of parent/carers with mental health issues identified during a Child and Family Assessment, however, for the national combined indicator, which includes mental health of the child and other members of the household, Wokingham is higher than Statistical Neighbours and South East Region performance.

Reporting Frequency: Quarterly

Senior Lead: Director, Children's Services

Education (Narrowing the Gap)

Reduce the education gap at key stage 2 between disadvantaged and other pupils for reading, writing and maths. Performance gaps in WBC is greater than national but performance of WBC Disadvantaged pupils is already in most cases above their national peers

Reporting Frequency: Annual

Senior Lead: Director, Children's Services

Commentary- Area: Physical Activity	
SHINE participants, for adults 60 plus living in Wokingham	
This physical activity programme for adults 60 and over living in the Wokingham Borough is lead through the Sport and Leisure Team at WBC and returns revenue from the classes back to the council. It has been in place since 2000 and is a WBC initiative .Increased referrals are noted, and there are varied activities delivered throughout the Borough.	
Reporting Frequency: Quarterly	Senior Lead: Director HWB
Leisure centres attendance numbers	
All leisure centres bring revenue into the council, managed by 1life with the contract management with sport and leisure. There is seasonal variation in the numbers using leisure centres.	
Reporting Frequency: Quarterly	Senior Lead: Director HWB

Commentary-Area: Public Health	
Adult Obesity Rate, those with a BMI > 30	
Wokingham Borough Council is better than both the national and the regional indicators, this reflects the effective coordination between public health, sport and leisure team and CCG.	
Reporting Frequency: Annual	Senior Lead: Director Berkshire Public Health

Area: Better Care Fund	
Non Elective admissions : This indicator reflects the effective collaboration across the health and care system. There should be shared responsibility across the system so that all parts of the health and care system improve the quality of care and reduce the frequency and necessity for non-elective admissions. (NHS England, 2015). Wokingham are slightly behind target, but with an improving position. The RRAT scheme is having a positive effect and is on target. WISH schemes are in their infancy, but expected to be on target.	
Reporting Frequency: Quarterly	Senior Lead : CCG
Delayed transfers of care : A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when: ◦A clinical decision has been made that patient is ready for transfer AND ◦A multi-disciplinary team decision has been made that patient is ready for transfer AND ◦The patient is safe to discharge/transfer. Aim: Realise the opportunities of integrated working, brought about by Better Care Funding to reduce the number of delayed transfer of care.	
Reporting Frequency: Monthly	Senior Lead: CCG/HWB

Commentary- Area: CCG	
General Practice Workforce vacancy rate for General Practitioners (GPs) A survey is to be undertaken in Autumn 2016	
Reporting Frequency: 6 monthly	Senior Lead : CCG
Number of patients per GP A survey is to be undertaken in Autumn 2016	
Reporting Frequency:6 Monthly	Senior Lead: CCG

Commentary- Area: Trust Board Reports	
Recruitment and retention of Royal Berkshire NHS Foundation Trust Workforce, expressed as a % vacancy rate "There is an increase of approximately 25 increasing the total vacancies to 380 from 355. We are currently re-evaluating our recruitment and retention strategies to help reduce vacancy rates and turnover". Source Integrated Performance Report to Board of Directors July 2016	
Reporting Frequency: Monthly	Senior Lead : CCG
Recruitment and retention of Royal Berkshire NHS Foundation Trust Workforce, expressed as a % RBFT workforce turnover No commentary	
Reporting Frequency: Quarterly	Senior Lead: CCG
Recruitment and retention of Royal Berkshire Healthcare NHS Foundation Trust Workforce, expressed as a % vacancy rate Increase this month due to impacts from new investments and recruitment to posts taking place. Source Performance Report to Board of Directors July 2016	
Reporting Frequency: Monthly	Senior Lead : CCG
Recruitment and retention of Royal Berkshire Healthcare NHS Foundation Trust Workforce, expressed as a % of RBHFT workforce turnover Remained same as April 2016. The Trust has introduced incentives for services where it is hard to recruit and retain staff. Source Performance Report to Board of Directors July 2016	
Reporting Frequency: Monthly	Senior Lead : CCG

Commentary- Area: CQC	
Independent inspections and ratings for Berkshire Healthcare NHS Foundation Trust. CQC is the independent regulator of health and social care in England. CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, reports including performance ratings are published to help people choose care. Inspections are implemented routinely and/or complaints are arisen. The aim is to have all health and social care providers to be rated good or above.	
Reporting Frequency: Based on inspections	Senior Lead : CCG/ Director of HWB

Commentary- Area: BHFT	
Referrals to Social Care Rapid Response	
The Rapid Response Service assesses, treats and supports the individual in their own home, avoiding an unnecessary and more costly admission into hospital or residential care.(NHS Guidance,2012,P1)	
Referral rates have been lower than anticipated, this is believed to be a result of staffing vacancies. Investment in this area is expected to see a significant increase in the numbers being referred.	
Reporting Frequency: Monthly	Senior Lead : Director of HWB
Waiting time exceeding 20 weeks for Tier 2 Children and Adolescent mental Health Service, CAMHS	
Although there are no current national standards, waiting time standards are being developed in line with 'Achieving better access to mental health services by 2020'.	
Children who are LAC are prioritised on the waiting list, this has a knock-on effect on the wait list. Management of tier 2 CAMHS has changed within BHFT, and a more enhanced service monitoring dataset is anticipated.	
Reporting Frequency: Monthly	Senior Lead: Director of Children's Services/CCG

Commentary- Area: Economic Profile	
Unemployment (model based) , measured as a % of economically active over 16 years	
The lower the rate, the more people in employment	
Reporting Frequency: Annually	Senior Lead : Director HWB
Unemployment, Claimant Count, on out of work benefits	
The lower the rate, the more people in employment	
Reporting Frequency: Monthly	Senior Lead: Director HWB
Number of young people not in education, employment or training(NEET) calculated as number plus 8% (assumed not known)	
The lower the rate, the more people in employment, education or training.	
Reporting Frequency: Monthly	Senior Lead: Director Children's Services
Earnings by residence, measured as gross weekly pay of full time workers	
The higher the amount, the wealthier the population is.	
Reporting Frequency: Annually	Senior Lead: Director Children's Services
House prices	
Higher property prices indicate an affluent population as well as demand for housing.	
Reporting Frequency: Monthly	Senior Lead: Director Children's Services

Commentary- Area: Domestic Abuse Strategy Group	
Number of Domestic Incidents reported to Thames Valley Police -Recordable Crimes (Domestic Qualifier only)	
The number of crimes recorded by the Thames Valley Police (TVP), which are flagged as domestic abuse related. This is increasing in the Thames Valley Police Area, this reflects improved reporting and/or data accuracy, and required support is provided to more people.	
Reporting Frequency: Monthly	Senior Lead : Community Safety Partnership
Number of Domestic Incidents reported to Thames Valley Police – Non - Recordable Crimes (Domestic Qualifier only)	
The number of incidents recorded by the Thames Valley police (TVP), which are not classified as a crime, but flagged as domestic abuse related. This is increasing in the Thames Valley Police Area, this reflects improved reporting and/or data accuracy and required support is provided to more people.	
Reporting Frequency: Monthly	Senior Lead: Community Safety Partnership
Number of cases reviewed by Wokingham Borough MARAC	
The number of highest risk domestic abuse cases discussed at Wokingham MARAC during the reporting period. The increase reflects improved reporting and/or data accuracy, and required support is provided.	
Reporting Frequency: Quarterly	Senior Lead: Community Safety Partnership
Number of repeat cases reviewed by Wokingham Borough MARAC	
The percentage of Wokingham MARAC cases in the past 12 months, which have been cases at a previous Wokingham MARAC.	
Reporting Frequency: Quarterly	Senior Lead: Community Safety Partnership

Commentary- Area: Adult Social Care	
Number of referrals to the Community Navigators Programme	
Aimed to connect people, especially those with chronic illnesses, with the local community services and activities that can improve their health and wellbeing. Social prescribing or community referral relies essentially on the empowerment of the individuals to be independent and make the best use of the community available assets. GPs are able to refer their patients through their navigators (link workers) to non-medical services that are provided by either voluntary sector or other statutory services provided by councils such as housing associations.	
Reporting Frequency: Quarterly	Senior Lead : CCG

Commentary- Area: Transport

Green routes and cycle path completion

None of Greenways is completed as yet, detailed design is in process on the first one (Arborfield Garrison to FBC via California CP) this year with a view to implementing the scheme in the next financial year.

Reporting Frequency: Annually

Senior Lead : Director HWB

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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
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
	Draft Better Care Fund Plan 2017-18	To enable sufficient time to influence draft	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	
	SEND Self-Assessment & Action Plan	To receive the SEND Self-Assessment & Action Plan	To update Board Members	Jo Jolly, Impact and Inspection Team Leader	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	