



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 14 DECEMBER 2017 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Manjeet Gill', is positioned above the name and title.

Manjeet Gill
Interim Chief Executive
Published on 6 December 2017

This meeting may be filmed for inclusion on the Council's website.

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Our Priorities

1

Enabling and
empowering
resilient
communities

2

Promoting
and
supporting
good mental
health

3

Reducing
health
inequalities
in our
Borough

4

Delivering
person-
centred
integrated
services

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Mark Ashwell	WBC
Nick Campbell-White	Healthwatch
Beverley Graves	Business Skills and Enterprise Partnership
Charlotte Haitham Taylor	WBC
Paul Senior	WBC
Nikki Luffingham	NHS England
Ian Pittock	WBC
Clare Rebbeck	Voluntary Sector representative
Katie Summers	Director of Operations, Wokingham CCG
Shaun Virtue	Community Safety Partnership
Kevin Ward	Place and Community Partnership Representative
Dr Cathy Winfield	NHS Wokingham CCG
Judith Wright	Interim Director of Public Health

46.

APOLOGIES

To receive any apologies for absence

47. None Specific

MINUTES OF PREVIOUS MEETING

To confirm the Minutes of the Meeting held on 12 October 2017.

7 - 14

48.

DECLARATION OF INTEREST

To receive any declarations of interest

49.

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

49.1 None Specific

Anna Cousins has asked the Chairman of the Health and Wellbeing Board the following question:

Question:

I am a Personal Trainer with GP Referral - I am

qualified to accept GP referrals for common conditions such as diabetes, anxiety, mental health issues, hypertension and obesity, and also able to provide a more comprehensive, specialist service to non-referred clients who also suffer from these conditions. With this qualification, I can provide consultations to GP referred patients and work with them to overcome common health problems. By providing the correct nutritional advice and specific exercise programmes, my expertise will help referred and existing clients to manage their medical conditions and live longer, healthier lives. I am struggling to get meetings set up with local medical practices and would like to know what the committee is doing to support this type of work?

- | | | | |
|------------|---------------|---|----------------|
| 50. | | MEMBER QUESTION TIME
To answer any member questions | |
| 51. | None Specific | HEALTH & WELLBEING BOARD REFRESH
To be updated on the Health and Wellbeing Board refresh. (30 mins)

<i>Priority 1 – Enabling and empowering resilient communities;</i>
<i>Priority 2 – Promoting and supporting good mental health;</i>
<i>Priority 3 - Reducing health inequalities in our Borough;</i>
<i>Priority 4 – Delivering person-centred integrated services.</i> | 15 - 18 |
| 52. | None Specific | COMMUNITY HEALTH & SOCIAL CARE (CHASC) WORKSHOP
To receive an update regarding the Community, Health and Social Care workshop. (10 mins)

<i>Priority 1 – Enabling and empowering resilient communities</i> | 19 - 22 |
| 53. | None Specific | BOB STP PREVENTION UPDATE
To be updated on the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan - prevention. (10 mins) | 23 - 30 |
| 54. | None Specific | PUBLIC HEALTH OUTCOMES FRAMEWORK
To consider a report regarding the Public Health Outcomes Framework. (10 mins)

<i>Priorities 1-4</i> | 31 - 34 |

- 55.** None Specific **UPDATES FROM BOARD MEMBERS** **35 - 36**
To receive an update on the work of the following:
- Community Safety Partnership;
Priority 1 – Enabling and empowering resilient communities
 - Healthwatch Wokingham Borough;
Priorities 1-4
 - Voluntary Sector;
 - Business, Skills and Enterprise Partnership;
 - Place and Community Partnership.
- (25 mins)*

- 56.** None Specific **FORWARD PROGRAMME** **37 - 54**
To consider the Board's work programme for the remainder of the municipal year. *(15 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

CONTACT OFFICER

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON 12 OCTOBER 2017 FROM 5.00 PM TO 7.00 PM**

Present

Dr Johan Zylstra	NHS Wokingham CCG
Nick Campbell-White	Healthwatch
Beverley Graves	Business Skills and Enterprise Partnership
Charlotte Haitham Taylor	WBC
Ian Pittock	WBC
Katie Summers	Director of Operations, Wokingham CCG
Darrell Gale (substituting Judith Wright)	Consultant in Public Health
Philip Sharpe (substituting Judith Ramsden)	WBC
Jeremy Sharpe (substituting Kevin Ward)	Place and Community Partnership

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Carol-Anne Bidwell	Public Health Project Officer
Graham Ebers	Director of Corporate Services
Manjeet Gill	Interim Chief Executive
Julia Mlambo	Interim Community Safety Partnership Manager
Chrisa Tsiarigli	Public Health Intelligence Specialist

31. APOLOGIES

Apologies for absence were submitted from Councillors Mark Ashwell and Julian McGhee-Sumner and Judith Ramsden, Clare Rebbeck, Jim Stockley, Superintendent Shaun Virtue, Kevin Ward, Dr Cathy Winfield and Judith Wright.

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 10 August 2017 were confirmed as a correct record and signed by the Chairman.

33. DECLARATION OF INTEREST

There were no declarations of interest.

34. PUBLIC QUESTION TIME

There were no public questions.

35. MEMBER QUESTION TIME

There were no Member questions.

**36. DEVELOPMENT OF THE WOKINGHAM COMMUNITY SAFETY STRATEGY
2018/21**

Julia Mlambo, Interim Community Safety Partnership Manager updated the Board on the development of the Wokingham Community Safety Strategy 2018/21.

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

- The aim of the strategy would be to reduce crime within Wokingham by supporting victims, reducing offending and diverting individuals away from the criminal justice system, by directing resources and interventions to people and communities most in need.
- The 1998 Crime and Disorder Act (as amended by Police and Social Responsibility Act 2011) placed a statutory duty on all Community Safety Partnerships to prepare and implement a partnership plan to reduce crime, substance misuse and Anti-Social Behaviour within their areas. Whilst the Council did not currently have a Strategy in place, a strategic assessment which comprised of local data which aimed to provide a comprehensive picture of crime and disorder related need in the Borough, had been produced in 2016.
- Data would be gathered and analysed to help further identify priorities. A draft Strategy would be produced and consulted on early in the new year. The Community Safety Partnership Manager would be part of the Joint Strategic Needs Assessments working group, which would facilitate the sharing of relevant data key intelligence leads.
- The Community Safety Partnership would consult with partners including Public Health when setting its priorities for 2018 to 2021.
- Councillor Haitham Taylor commented that she was pleased to see that domestic abuse was a priority for the Partnership but that she would like to see greater mention of the rehabilitation of perpetrators. She went on to question whether Priority 2 – Serious Organised Crime could also include reference to gang crime and problems around new illegal substances such as Spice. With regards to Priority 3 – Child Sexual Exploitation, she questioned whether reference should be made to Female Genital Mutilation.

RESOLVED: That the Health and Wellbeing Board support the development of a Community Safety Strategy to drive forward the Borough’s crime reduction activities from 2018 to 2021.

37. UPDATES FROM BOARD MEMBERS

The Board received updates on the work of the following Board members:

Business, Skills and Enterprise Partnership:

- Beverley Graves updated the Board on an event that the Central Berkshire Education Business Partnership had hosted on 20 July at Bulmershe School to encourage young people to pursue careers in Science, Technology, Engineering and Maths. 115 young people had participated and had been set the task of designing an app to support young people with mental health concerns. Positive feedback had been received. Beverley thanked Healthwatch for their contribution to the event.

Place and Community Partnership:

- Jeremy Sharpe commented that there would be a discussion on the Partnership’s involvement in the Health and Wellbeing Board, at the next Board meeting.

Healthwatch Wokingham Borough:

- Nick Campbell-White stated that feedback had been received on Healthwatch Wokingham Borough’s report on extra care and that it was clear that many people

did not understand what was meant by extra care. Dr Zylstra commented that it was important to understand what was being offered and to communicate this effectively to the public. Darrell Gale indicated that a definition could be included in the Health and Wellbeing Board's glossary of terms to assist Board members.

- In response to a query from Nick Campbell-White regarding a response to how the CCG would be prescribing gluten free products, Katie Summers commented that this had been passed to the Head of Prescribing, who would respond.
- Board members were updated on a number of Enter and Views including a forthcoming visit to Prospect Park which would be a joint visit of 5 Healthwatches.
- Healthwatch Wokingham Borough had supported Brighter Berkshire in raising mental health issues.
- Katie Summers thanked Healthwatch Wokingham Borough for their support in the engagement work around the Community Health & Social Care.

RESOLVED: That the updates from Board members be noted.

38. LOCAL ACCOUNT OF ADULT SOCIAL CARE SERVICES 2016-17

Phillip Sharpe, Interim Assistant Director Adults' Services presented the Local Account of Adult Social Care Services 2016-17.

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

- In 2016 the Adult Social Care teams were contacted by 4,988 people. 275 new clients went on to receive Short Term Support to maximise independence whilst 1,776 accessed Long Term Support.
- In 2016-17 Wokingham had scored 19.3 out of a maximum of 24 for the overall measure for enhancing the quality of life. This was up from 19.0 in 2015-16 and above the national average of 19.1.
- The number of people with a learning disability in paid employment had increased to 14.4%, up from 11.8% in the previous year, which compared well with the South East England figure of 6.2%.
- With regards to the percentage of people who had been given reablement services when they left hospital who were still at home 91 days later, the figure for Wokingham for 2016-17 had been 72.7%, down from 76.8% in the previous year. This decrease was thought to be the result of a recording issue.
- Katie Summers commented that Wokingham performed very well with regards to delayed discharges.
- The Board was pleased to note that the proportion of service users who said that those services made them feel safe and secure had increased from 78.8% in 2015-16 to 90% in 2016-17.
- 37.5% of carers had reported that they were extremely or very satisfied with the support services they received in 2016-17 which was a decrease from 39.7% in 2015-16 and lower than the South East region average of 41.2%. The reason for this was not yet known but the Carers Strategy was being refreshed.
- It was noted that 5 formal complaints had been received in 2015-16 and 2016-17. Board members questioned whether they related to similar matters.
- In response to a question, Phillip Sharpe agreed to feed back on the definition of secondary mental health services.
- The Board requested further information regarding the 510 safeguarding concerns received.

- The Board was informed that this was the last year that the Local Account would be presented in the present format.

RESOLVED: That the report be reviewed and noted.

39. MERGER OF THE FOUR BERKSHIRE WEST CCGS

The Health and Wellbeing Board received a briefing on the merger of the four Berkshire West CCGs.

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

- Katie Summers indicated that the four GP councils had voted to merge. Ratification from NHS England was awaited. The Health and Wellbeing Boards were unlikely to see any change should the merge proceed.
- One of the primary reasons for the merger was to reduce bureaucracy.
- Darrell Gale commented that the governance structure did not include the Director of Public Health and that many CCG Boards included this officer as a non-voting member. Katie Summers indicated that Lise Llewellyn and Judith Wright had been regular attendees of the Executive Committee. Dr Zylstra emphasised that there was a strong recognition that Public Health needed to be involved in the Accountable Care System.
- Councillor Haitham Taylor commented that residents may see the merger as a step away from a local focus and that should the merger proceed, a clear message needed to be put out that residents should not see any change.
- Board members were assured that there would still be locality boards.

RESOLVED: That the update on the merger of the four Berkshire West CCGs be noted.

40. HEALTH AND WELLBEING STRATEGY ACTION PLAN AND DASHBOARD

The Board considered the Health and Wellbeing Strategy action plan and dashboard.

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

- Darrell Gale reminded Board members that the purpose of the Key Performance Indicators (KPIs) dashboard was to monitor the overall performance in the four key Health and Wellbeing priority areas.
- At present there were 44 proposed KPIs; 8 relating to Key Priority Area 1, 11 to Key Priority Area 2, 18 in Key Priority Area 3 and 7 to Key Priority Area 4. It was proposed that the KPIs be presented on a six monthly basis and that local targets be set for all KPIs.
- It was anticipated that the final dashboard would be signed off at the Board's December meeting.
- Councillor Pittock emphasised that it was important that each KPI was worded in such a way as to be easy for the public to understand.
- Councillor Haitham Taylor commented that many of the KPIs relating to mental health referred to the higher tier services. She questioned whether the impact of Talking Therapies could be monitored. Darrell Gale stated that the number of people using the service was still quite small.
- Councillor Haitham Taylor went on to request that there be more specific KPIs relating to Looked After Children and also more indicators relating to children and young people.

- Katie Summers suggested that those KPIs which purely measured activity numbers, be removed.
- Nick Campbell-White indicated that he would feed back Healthwatch Wokingham Borough's comments on the KPIs separately.
- Chrisa Tsiarigli, Public Health Intelligence Specialist, would have further discussions with individual Board members in order to develop the dashboard.

RESOLVED: That the current proposed list of KPIs Health and Wellbeing Dashboard Draft be noted.

41. RESOURCES AND INITIATIVES WHICH SUPPORT THE HEALTH & WELLBEING STRATEGY ACTION PLAN.

The Board was updated on the resources and initiatives which supported the Health & Wellbeing Strategy Action Plan.

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

- The report had been produced as a response to a specific question from a Member who had wished to understand the resource allocation for the range of projects funded in line with the Health and Wellbeing Strategy priorities.
- Darrell Gale explained that the Public Health grant was currently ring-fenced but that the Government was looking to remove this ring-fence from April 2019. The 21st century Council project would also have an impact with regards to funding.
- Councillor Pittock commented that the majority of initiatives related to health rather than wellbeing.
- In response to a Member question regarding the use of 'no specific resources allocated' and 'no specific resources allocated as yet' Darrell Gale clarified that in these instances the initiative was provided as part of the general service delivery work.
- With regards to the priority area 'Reducing the gap in school achievement between identified disadvantaged children and the wider population', Beverley Graves stated that although schools were not charged for all school improvement team activities with this focus, there was a cost associated with officers' time.

RESOLVED: That the report be noted.

42. INFLUENZA VACCINE CAMPAIGN 2016-17 REVIEW

Carol-Anne Bidwell, Public Health Project Officer updated the Board on the Influenza Vaccine Campaign 2016-17 Review.

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

- Flu had a huge impact each year on the NHS and Social Care. A Flu Plan was developed to reduce the burden locally and to help plan business resilience.
- Planning for the 2017-18 flu season had begun in June.
- The Board's support for a multi-agency approach was requested.
- The key aims of the immunisation programme in 2016-17 were outlined. These had included to actively offer the flu vaccine to 100% of people in the eligible groups and to immunise 60% of children, with a minimum 40% uptake in each school.
- Board members were informed that uptake had improved across all areas in 2016 from 2015.

- Take up of flu vaccines amongst NHS workers had improved, except in Frimley NHS Foundation Trust.
- There was a variation in uptake between GP surgeries.
- Whilst uptake among school children was good, uptake in other risk groups remained below the desired level; this was in line with other areas of the country.
- Board members were informed that it was difficult to accurately measure the uptake amongst front line staff as some people chose to go private. If an individual chose to have a flu vaccination privately their GP was not notified of this.
- It was noted that providers of residential and nursing care were not consistently offering flu vaccines to employees in line with national recommendations, which remained a challenge for local authorities and CCGs to influence.
- Work was being carried out to improve take up by council staff. Flu clinics were being offered in satellite sites in addition to Shute End.
- The Board discussed the immunisation of children. The Board was informed that children aged 2 to 4 years old in particular were 'super spreaders.'

RESOLVED: That

- 1) the Board agrees and endorses the multi-agency approach;
- 2) the Board supports respective organisations to fulfil their responsibilities as set out in the national flu plan, be flu champions - take every opportunity to promote the vaccine and debunk myths and lead by example, take up the offer of a vaccine where eligible.

43. PUBLIC HEALTH OUTCOMES FRAMEWORK

The Board considered the Public Health Outcomes Framework.

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

- It was noted that there had been no significant improvement in the cumulative percentage of the eligible population aged 40-74 who were offered a Health Check; and no significant change in the Chlamydia detection rate in population aged 15-24.
- Work was in progress to invite the remaining eligible population to an NHS Health Check.
- Wokingham Borough was an area of low prevalence for chlamydia so detection rates would always be low.

RESOLVED: That the changes in performance outcomes contained in the Public Health Outcomes Framework be noted.

44. WOKINGHAM INTEGRATION AND BETTER CARE FUND (BCF) NARRATIVE PLAN 2017/19

Katie Summers presented the Wokingham Integration and Better Care Fund (BCF) Narrative Plan 2017/18.

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

- The Chairman of the Health and Wellbeing Board had signed off the Plan on behalf of the Board on 11 September 2017.
- Confirmation had been received of the first stage of NHS England assurance.

- It was hoped that Step Up beds would shortly be provided at Wokingham Hospital.
- Councillor Pittock commented that where the plan referred to a shortage of affordable housing it should read a shortage of social housing.

RESOLVED: That the narrative submission be ratified.

45. 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:

- An update from the Sustainable Transformation Plan Prevention Group would be presented at the Board's December meeting.
- Dr Zylstra indicated that a paper on the strategic role of local authority for health needs in future would be taken to the Board's December meeting.

RESOLVED: That the forward programme be noted.

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Agenda Item 51.

TITLE	Health & Wellbeing Board – Refresh
FOR CONSIDERATION BY	Health and Wellbeing Board on 14 December 2017
WARD	None Specific
DIRECTOR/ KEY OFFICER	Graham Ebers, Director Corporate Services, Darrell Gale, Public Health Consultant, Katie Summers, NHS Wokingham CCG

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report is intended to progress all 4 of the key priorities
Key outcomes achieved against the Strategy priority/priorities	Refresh of; Governance, partnership working, alignment of Business cycles and approach to advance all 4 key priorities

Reason for consideration by Health and Wellbeing Board	The Board's views and their support is considered to be critical to a successful refresh
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None specifically

<p>RECOMMENDATION</p> <p>The Health and Wellbeing Board are asked for the support of the refresh proposed, and for their thoughts about what might help reinvigorate the collective efforts of our partners in the delivery of the Health and Wellbeing Board's agreed 4 key priorities.</p>
<p>SUMMARY OF REPORT</p> <p>Although much has been achieved since the Health and Wellbeing Board became operational from April 2013, it is an opportune time to review the workings of the Board and the collective working of our partnerships in delivering on the Health and Wellbeing Board's 4 key priorities. Suggestions around Governance and Partnership working are suggested in the report for consideration and with the intention of creating a debate on some alternative ways of working in the context of the Health and Wellbeing Board's remit.</p>

Background

The Health and Wellbeing Board has been in operation since April 2013. Its key remit or terms of reference under the Council's Constitution is to:

- be responsible for bringing together public services in order to improve health and wellbeing. The Health and Wellbeing Board will work through exercising strategic leadership of public, private and community services in the promotion of healthy communities. It does not have executive budget control but will exercise influence by holding local authority and NHS organisations to account for how they apply their resources;
- ensure that wider influences on health and wellbeing such as housing, environment, a safe community and opportunities for employment are included in the plans to improve health, as well more obvious influences such as local GP provision, community health and social care services;
- lead the production of a Joint Strategic Needs Assessment which will identify the range of current and future health and wellbeing needs in the community. The Assessment will set out which issues and programmes will be prioritised by the Health and Wellbeing Board and incorporated into the Health and Wellbeing Strategy;
- lead the production of the Health and Wellbeing Strategy which details how the health and social care needs identified in the Joint Strategic Needs Assessment will be met and sets targets for health improvement and for the promotion of health and wellbeing;
- prepare and publish a local pharmaceutical needs assessment (an overview of local pharmaceutical needs, services and gaps in provision);
- support Healthwatch in its work, and ensure that public and consumer experiences are taken into account in the work of the Strategic Partnerships which will support the Health and Wellbeing Board.

A Local Government Association Peer Review of the effectiveness of Wokingham's Health and Wellbeing Board and the opportunities for joint working with the Reading and West Berkshire Health and Wellbeing Boards was conducted in March 2016. Its key recommendations were:

- 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.

Having made some progress against the actions arising from the Peer review, it would appear an opportune time to, review and refresh the overall approach to discharging the remit of the Health & Wellbeing board. This is not to say that the work overseen and carried out through the current arrangements have not been effective and successful, it is about taking stock and building from where we are.

Analysis of Issues

The terms of reference under the Council's Constitution are considered to be substantially relevant and are largely determined by statute. Furthermore the purpose of the Health and Wellbeing Board has recently been reviewed and this process established the 4 key priorities of:

- Priority 1 – Enabling and empowering resilient communities;
- Priority 2 - Promoting and supporting good mental health;
- Priority 3 - Reducing health inequalities in our Borough;
- Priority 4 - Delivering person-centred integrated services.

In considering the 'What' (purpose), 'How' and the 'Who' with regard to the Health and Wellbeing Agenda, it would appear the 'What' has been substantially attended to. The focus of this refresh is therefore more directed toward the 'How' and the 'Who', which is covered in the sections of Governance and Partnership Working below. Some of the suggestions put forward will be familiar as previous actions formulated in response to the 2016 Peer Review and others may be less familiar. The suggestions cover the realm of tactical (with 'quick wins') and strategic (often longer term), and all intended to help create the environment to help move the Health & Wellbeing Agenda forward.

Governance

It is suggested that an enhanced vibrancy and enhanced focus could be added to the Health and Wellbeing Board agenda through:

- (i) more focused and time limited agenda items;
- (ii) agenda items clearly linked to one of the 4 key priorities within the Health and Wellbeing Strategy with clearly stated intended outcomes;
- (iii) review of Terms of Reference of Health and Wellbeing Board;
- (iv) greater public engagement/attendance through greater publicity and a more vibrant meeting (e.g. including short presentations from 'external' organisations);
- (v) a longer term forward programme linked to delivering the 4 key priorities and visible to other partnership groups for awareness and contribution;
- (vi) seeking to achieve an equitable consideration of all 4 key priorities through the Board Member Updates which include a cover sheet with intended outcomes against priorities;
- (vii) review Health & Wellbeing performance dashboard based on best practice of other authorities.

Partnership Working

It is considered that an enhanced collective contribution toward the 4 key priorities could be achieved by:

- (i) a stronger alignment of our respective business cycles;
- (ii) renewed discussions with the sub groups of Health and Wellbeing Board around actions to achieve the 4 key priorities;
- (iii) review of the attendance/representation at Health & Wellbeing Board;
- (iv) visibility and input from 'external' organisations delivering on the Agenda (with a protocol for their contribution at the meeting).

Other

Further suggestions that may help with an ongoing 'refresh' include:

- (i) LGA to provide tailored training around best practice
- (ii) Site visits to other H&W Boards
- (iii) Review resourcing capacity to support the facilitation, co-ordination and policy issues in respect of the Board.

The thoughts of the Health and Wellbeing Board are sought on the above proposals, and also how other partners are engaged in this 'refresh' in a timely manner.

Partner Implications
It is important that all relevant partners feel engaged with and contribute to both the 'refresh' and the new ways of working.

Reasons for considering the report in Part 2
None

List of Background Papers
Peer Review

Contact Graham Ebers	Service Corporate Services
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Date 30 November 2017	Version No. 0119 974 6557

Agenda Item 52.

TITLE	CHASC Workshop
FOR CONSIDERATION BY	Health and Wellbeing Board on 14 December 2017
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, Wokingham CCG

Reason for consideration by Health and Wellbeing Board	To feedback following recent CHASC development workshop
Relevant Health and Wellbeing Strategy Priority	<ul style="list-style-type: none"> • Promoting good health throughout life • Building health and wellbeing into new communities • Improving life chances • Older people and those with long term conditions
What (if any) public engagement has been carried out?	None at present - Starting to plan external communications
State the financial implications of the decision	

OUTCOME / BENEFITS TO THE COMMUNITY

To deliver better outcomes for Wokingham clients through an integrated pathway between Health and Social Care by making the most effective use of all resources in the system and working across traditional boundaries.

RECOMMENDATION

That the Board be informed about the CHASC workshop and next steps

SUMMARY OF REPORT

The report provides a summary of the CHASC workshop. The event was designed to bring together operational and management staff from all partner organisations. BHFT, WBC, Optalis, Wokingham CCG, General Practice, Involve and Healthwatch were all represented.

Background

The Community Health and Social Care projects overarching aim is:

“to keep the residents of Wokingham fit, well and living as independently as they can be in their own homes for as long as possible by working as a single health and social care system that supports people, promotes self-care and prevention and ultimately makes the most effective use of all resources in the system”

CHASC enables alignment of health and social care’s objectives for the next 5 years, as seen in the Five Year Forward View, Wokingham Borough Council’s 21st Century Council Programme and the CCG Objectives.

1. Health and Social Care integration – commissioning appropriate health and social care within available resources.
2. Smart working – locality working and dissolving organisational boundaries
3. Assets – making the best use of all public assets
4. Enabling Partnership working

CHASC is a single Long-term Health and social care team focused on early interventions and prevention specifically targeting the top 10% of Health and Social care users in Wokingham. The aim is that users will only tell their story once and will have a single key worker. Development of the teams will be around three localities and will involve close working with the 3rd Sector (Community Navigators).

THE WORKSHOP

Key personnel from all partner organisations have formed a steering group and meet monthly to agree strategic objectives and overarching principles, however as the implementation date draws nearer it was agreed that a workshop was needed to bring together operational staff from all partner organisations to start to:

- Develop relationships across organisational boundaries
- Identify any potential issues caused by integration
- Start to design pathways
- Learn about each other’s roles

BHFT, Wokingham Borough Council, GP practices, Involve and Healthwatch were all represented on the day. Dr Johan Zylstra (Chair of Wokingham CCG) welcomed all attendees to the workshop. He invited all present to use the Twitter hash tag #wokinghamCHASC for comments and to raise questions via Slido.

David Cahill (BHFT Wokingham Locality Director) and Phillip Sharp (WBC Interim Assistant Director) welcomed everyone to the workshop and encouraged everyone to use this opportunity to work together co-designing the future model and to give feedback. .

Presentations were delivered by:

- Dr Amit Sharma (Medical Director, GP Alliance) and Heidi Ilsley (head of CHASC)
- Martin Sloan (Head of the WISH team)

- John Weaver-Lovell (Community Matron, BHFT)
- Angela Morris (Operations Director, Optalis)
- Phil Cook (General Manager, Involve)

Following the presentations the delegates were divided into 3 groups forming the localities they will work in once CHASC goes live.

During these sessions delegates introduced themselves and discussed what is going well with their service.

Positive feedback included:

- Improved communication with GPs
- Close/joint Health and Social Care working
- Co-location of Health and social care e.g. Hub Wish
- All being together and starting to develop closer working relationships
- Proud of the Public Health work and their involvement in the MDT

All three groups highlighted:

- MDTs are working really well, with close and efficient MDT working. The MDT enables access to people, enabling good group discussions. The collaborative approach is such an improvement.
- What an asset the Community Navigators are.

Some of the barriers identified included:

- Lack of shared resources including paper records, costs, difficulties with confidentiality and patient consent
- The referral process – too many referral forms
- Need for clearer communication
- Governance

All three groups also discussed their aspirations for the future and outlined:

- Stop patients being stuck in the middle between services
- Better shared information so that patients/carers do not have to repeat themselves
- Patient has a single point of contact to access all health care in the community

The over-riding theme of the feedback was the positive outcomes created by bringing health and social care professionals together. The event provided a setting where stakeholders got to know each other and their respective roles in a locality setting building a basis for closer working relationships in the future.

The CHASC project will use the outcomes of the event to inform the further design CHASC model. Full involvement, effective engagement and detailed communication at each stage of the CHASC project will continue, to achieve agreement, support and commitment for the scheme from all stakeholders.

The next steps will be:

- To hold individual locality workshops to continue with this work.

- To work with the partnerships communications team to develop a communication strategy which will include the local population

Partner Implications
Interdependency with Adult Social Care, 21 st Council, Berkshire Healthcare Foundation trust, GP Alliance, Berkshire West 10, Involve

Reasons for considering the report in Part 2
N/A

List of Background Papers
CHASC PIDD

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Date 27/11/17	Version No. 1.0

Agenda Item 53.

TITLE	BOB STP Prevention Update
FOR CONSIDERATION BY	Health and Wellbeing Board on 14 December 2017
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations NHS Wokingham CCG and Darrel Gale, Public Health Consultant

Health and Wellbeing Strategy priority/priorities most progressed through the report	<p>This report meet all four priorities of the HWB Strategy</p> <p>Priority 1 – Enabling and empowering resilient communities;</p> <p>Priority 2 - Promoting and supporting good mental health;</p> <p>Priority 3 - Reducing health inequalities in our Borough;</p> <p>Priority 4 - Delivering person-centred integrated services.</p>
Key outcomes achieved against the Strategy priority/priorities	To provide assurance to the Board on the activities of the BOB STP prevention group and develop an understanding on how these activities could support and work alongside the Health and Wellbeing Priorities

Reason for consideration by Health and Wellbeing Board	The Board's views and their support to the STP Prevention Programme is key to success on moving from reactive care to proactive care
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None specifically

<p>RECOMMENDATION</p> <p>That the Board note progress against delivery of the six STP themes within the BOB STP Prevention Workstream</p>
<p>SUMMARY OF REPORT</p> <p>This report is intended to give the Health and Wellbeing Board an information update on the work of the Prevention Workstream that is part of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan (BOB STP). The report sets out the 6 themes that are the focus of this work, giving the vision, deliverables and progress</p>

to date. The 6 themes are: obesity, physical activity, tobacco, Making Every Contact Count, Digital solutions and Healthy Workforce. The work going on in the BOB STP Prevention Workstream is variable across the themes and is evolving continuously. Progress has been made and collaboration continues across the 3 geographical areas within BOB and the different disciplines. The Prevention Workstream group continues to have good buy-in from Directors of PH and their representatives from Buckinghamshire, Oxfordshire and Berkshire West.

Sustainability and transformation partnerships build on collaborative work that began under the NHS Shared Planning Guidance for 2016/17 – 2020/21, to support implementation of the Five Year Forward View. They are supported by six national health and care bodies: NHS England; NHS Improvement; the Care Quality Commission (CQC); Health Education England (HEE); Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE).

The development of STPs is driven by Joint Strategic Needs assessments and Health and Wellbeing Strategies. Wokingham is part of the Buckinghamshire, Oxfordshire and Berkshire West STP footprint (BOB STP).

The challenges and opportunities facing NHS and care services across Buckinghamshire, Oxfordshire and Berkshire West (BOB) are set out in a five-year Sustainability and Transformation Plan (STP). The plan demonstrates how the NHS will work to improve health and wellbeing within the funds available and also highlights how it will work in partnership with the Local Authorities to address the many challenges that exist including growing populations, higher proportion of older people, inequalities in health, increase in complex and costly treatments etc.

The BOB STP has as its focus the following areas:

- Shifting the focus of care from treatment to prevention
- Ensuring Access to the highest quality primary, community and urgent care
- Facilitating collaboration of the three acute trusts to deliver quality and efficiency
- Maximising value and patient outcomes from specialised commissioning
- Developing Mental health services to improve the overall value of care provided
- Establishing a flexible and collaborative approach to workforce
- Developing Digital interoperability to improve information flow and efficiency

The BOB STP Prevention Workstream

The vision for the STP Prevention programme is to provide ‘A proactive approach to disease prevention within all that we do, shifting the focus of care from treatment , addressing unhealthy behaviours that may lead to serious conditions further down the line and thus reducing the burden on the healthcare system. We will take action to motivate people to take ownership of their own health and encourage healthy environments to enhance the quality of life for our population’

There are a wide range of programmes that support the aim of shifting the focus of care from treatment to prevention in all settings. The programmes that have been identified for the BOB STP are:

- Obesity
- Physical activity
- Making Every Contact Count
- Tobacco

- Improving Workforce Health
- Digital self care
-

The overall objectives for all of these areas of work are twofold:

1. To embed prevention within the local transformation programmes
2. To collaborate across BOB on areas where there is benefit of working at scale.

There is also an aim to continue working together to identify other BOB wide opportunities that may include alcohol and social prescribing.

The most appropriate level at which each programme should be led and delivered within the health and care system has been agreed through the STP. This has been based on the partnerships and scale required to best implement the specific programmes. A stocktake of all initiatives was undertaken and schemes were chosen based on the following principles:

1. There is a clear opportunity/ benefit in doing it jointly, to deliver improvement in terms of finance, quality and/or capacity
2. Doing something once is more efficient and offers scale and pace
3. Collective system leadership is required to make the change happen

The case for change in Buckinghamshire, Oxfordshire and Berkshire West

The overall health and wellbeing of the populations across the BOB STP footprint is generally good however areas of deprivation and poor health are often masked. Inequalities in health exist across all three localities. Higher levels of obesity and smoking are more prevalent in certain groups including those on low incomes and living in deprived areas. There is a commitment in the BOB STP Prevention Workstream to focus on developing system wide initiatives to reduce the burden of ill health due to physical inactivity, poor diet and smoking as well as a recognition that this needs to be done in partnership with CCGs, Local Authorities, Public Health, NHS Trusts and The Academic Health Sciences Network (AHSN).

There is a strong evidence base showing that the health and wellbeing of residents can be improved and demand on health and social care services reduced through people changing to healthier lifestyle behaviours, including being more physically active, eating a healthier diet, maintaining a healthy weight and not smoking. Return on investment tools have shown that for the BOB footprint the savings could be as much as £9 million over a 4 year period.

There are already examples of joint commissioning in prevention across Berkshire West for smoking cessation and tier 2 weight management services and these demonstrate the advantages of commissioning at a wider level with multiple partners. There are also examples of joint commissioning with CCGs and LAs through the Better Care Fund. All this can be built upon and extended across the BOB STP.

Update on Progress to date in the six areas of work of the BOB STP Prevention Workstream

Throughout 2017/18 the work is being further developed and plans implemented..

Obesity

Vision: To agree and develop a pathway for commissioning obesity prevention and treatment services which is consistent across the BOB area.

- Milestone status is **green**.

A joint workshop was held at Reading Civic Centre bringing together Clinical Commissioning Group (CCG) and Public Health obesity leads from Berkshire West, Oxfordshire and Buckinghamshire. In addition there were clinicians from the main hospital trusts who deliver tier 4 bariatric services and providers of a community based tier 4 service in Buckinghamshire. This was a very productive meeting with the following aims:

1. To inform commissioning for Tier 3 and 4 weight management services in Buckinghamshire, Oxfordshire and Berkshire West, exploring any opportunities for collaborative commissioning.
2. To discuss current positive practice and learn from local and national experiences (good or bad) including how CCG commissioned services dovetail with local authority commissioned tier 1 and tier 2 services.
3. To provide a safe and informative environment to discuss and seek 'buy in' to vision and direction.

The workshop identified a number of key issues: that a clear pathway was needed across BOB linking all tiers of weight management and that LAs, CCGs and major providers must work collaboratively to provide this; that current tier 4 bariatric surgery includes an element of tier 3 whereby patients are helped to lose weight to prepare for their surgery but that a new focus for tier 3 services could also be helping bariatric patients to lose weight thus eliminating the need for surgery; any tier 3 service would have to be accessible to patients so a degree of local delivery would be needed; an addition to tier 3 services could be the use of apps, skype etc to improve accessibility.

A further meeting has been held to discuss the outcomes of the workshop and agree a way forward. The development of a business case for tier 3 weight management services across BOB is being carried out.

Physical inactivity

Vision: To maximise the use of the IT patient portal, identify through consultations, patients who are physically inactive and use technology and social media approaches to improve their activity levels. To incorporate Physical Activity as a treatment prescription for condition pathways.

- milestone status is **amber** and this group is in the pre-implementation phase.

A suggested focus for this group is to work with the cancer and diabetes clinical networks to develop model pathways showing where physical activity can be incorporated into disease pathways. Front line staff will be encouraged to get more proactive about including advice on physical activity as part of their advice to patients. This approach links in with the Public Health England (PHE) Physical Activity Champions initiative.

In addition a pilot is starting PHE is starting a pilot project, the Physical Activity Clinical Advice Pad pilot, whereby five local authority-Clinical Commissioning Group partnerships will test out the use of a clinical advice pad to aid clinicians in promoting physical activity as part of routine care in Primary Care.

The investigation of the use of physical activity apps and on-line advice and support to help people be more active is ongoing.

Tobacco

Vision: To reduce significantly the number of smokers who have surgical interventions.

- milestone status is **amber**.

The importance of addressing tobacco has been recognised by the BOB STP Prevention Group and this fits with the focus on reducing smoking prevalence of the Thames Valley Cancer Alliance. As the lead commissioners of smoking cessation services the LAs will be required to work with the CCGs to decrease smoking prevalence in routine and manual workers, where there is still a relatively high rate of smoking in comparison with the rest of the population. In addition there will also be a focus on further decreasing smoking in pregnancy as a key outcome. Further joint plans for smoking cessation and tobacco control are under development.

The programme is working with the Thames Valley Clinical Senate who are reviewing the smoking cessation services in the acute trusts within BOB and Frimley. The Senate have recognised the evidence of benefits to patient outcomes if they were able to stop smoking before an operation and looked at the level of support they were given, in hospital, to stop on a long or short term basis. The information obtained identified that there is much more that can be done in the acute sector. The next steps are to establish the blocks which are restricting this. The STP have looked at an example of work being done in Portsmouth which has significantly increased the smoking cessation conversations in the Trust, increased the referrals to stop smoking services and the number of patients quitting. We also looked at the work of the London Senate who initiated a major programme in 2014 and this is held up as an exemplar by NICE.

Making Every Contact Count (MECC)

Vision: The programme of work aims to embed MECC across organisations to enable the workforce to recognise their role in prevention and reducing inequalities to support the sustainability of the health and social care system; building on existing initiatives in place across the BOB STP footprint.

- milestone status **green**.

A project approach has been agreed by the BOB STP Prevention Group and a Project lead has been appointed. A project plan and amalgamating intelligence gathered through the use of a MECC stocktake sent to NHS and LA organisations on the status of MECC is currently being used to co-produce and design a MECC training package. The model includes determining the number of MECC trainers that will be needed across BOB, setting up a train the trainer cascade for sustainability, employing MECC Co-ordinators in each locality and developing MECC Champions in all sectors. The MECC approach will be widely used and it is envisaged that front line workers in the NHS, LAs, police, fire service and voluntary and third sector organisations will all undergo MECC training and see it as part of their everyday role. MECC training could be included in staff induction programmes and this approach will be seen as the norm for front line staff.

The two health behaviours that can be identified and addressed through MECC in the first instance are smoking and obesity. MECC will also be a clear plank in the workforce health workstream.

Digital self care

Vision:

To Support the general wellbeing of service users and carers through the use of digital, supporting patients with managing their conditions. To use digital technology to lead

prioritisation of care by clinical and social care professionals. To make a joined up and informed investment around patient facing technology (opposite of as is state)

- Milestone status is **amber**

This work continues however a complete detailed review and specification of services has been deemed to be in scope of an Accountable Care System (ACS) corporate service. It will be of paramount importance as ACSs evolve that prevention is included within digital specifications across the board.

The work of the 12 month pilot project being developed in Berkshire involving the NHS and Microsoft is continuing, involving 400 volunteers who are NHS staff wearing a digital device (Garmin Watch) 24 hours a day for the period of one year. A number of parameters will be monitored including BP, HR, activity levels and sleep and the aim is to understand if the wearing of an electronic monitoring device can in fact have a positive effect on health and wellbeing.

The use of digital technology is a focus of all of the prevention workstreams.

Workforce health

Vision: To improve and sustain workforce health and wellbeing and employee confidence to promote healthy lifestyles to others

- milestone status is **green**

BOB Healthy workforce group has completed a benchmarking exercise to understand how public sector organisations are caring for the health and wellbeing of their staff. Links have been made with the MECC lead, the work of the STP Workforce stream and with Occupational Health Services.

The focus of the group has been mental health and wellbeing in the workplace. Berkshire Healthcare Foundation Trust (BHFT) has employed a dedicated mental health practitioner for staff wellbeing. The impact is being evaluated. In addition BHFT have action plans that incentivise staff health and wellbeing through their CQUIN programme and staff have been provided with resilience training in Frimley to support the launch of their staff wellbeing strategy.

Wherever innovative and effective workforce health strategies and initiatives are being implemented, these examples will be used to inform and encourage other organisations to utilise similar approaches. In this way we can embed good practice already in place to encourage consistency of wellbeing offer across BOB, through disseminating case studies, success and evaluation measures and offering peer support. In this way a culture is created where staff Health and Wellbeing is used proactively within organisations e.g. during organisational change and is considered in conjunction with other organisational activities e.g. Education and Training, retention programmes etc.

Partner Implications
It is important that all relevant partners feel engaged with and contribute to both the HWB Strategy and the STP Prevention programme .
Reasons for considering the report in Part 2
None
List of Background Papers

None

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Date 6 th December 2017	Version No.

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Agenda Item 54.

TITLE	Public Health Outcomes Framework
FOR CONSIDERATION BY	Health and Wellbeing Board on 14 December 2017
WARD	None Specific
DIRECTOR/ KEY OFFICER	Judith Wright, Interim Strategic Director of Public Health for Berkshire

Reason for consideration by Health and Wellbeing Board	It is agreed, as part of the performance metrics for the board, to update the Board when the quarterly update to the Public Health Outcomes Framework (PHOF) is received.
Relevant Health and Wellbeing Strategy Priority	All.
What (if any) public engagement has been carried out?	Not Necessary The PHOF is, like all Public Health England (PHE) health profiles, available for full public access.
State the financial implications of the decision	None directly. Investigation and new initiatives to change outcomes with which the Board is concerned may require shifts in resources for partners directly involved.

<p>OUTCOME / BENEFITS TO THE COMMUNITY</p> <p>Monitoring the PHOF will inform the Board of areas where performance is improving or deteriorating, and thus services and partners can be asked to intervene where necessary.</p>
<p>RECOMMENDATION</p> <p>That the Board notes the changes in performance outcomes contained in the PHOF.</p>
<p>SUMMARY OF REPORT</p> <p>Significant exceptions highlighted by this report are:</p> <ul style="list-style-type: none"> • The crude rate of households that are classified as statutory homeless in temporary accommodation is increasing • The proportion of fuel poverty is also increasing. • Similarly, the proportion of population aged 65+ who are vaccinated for PPV is decreasing. <p>All areas need further investigation as to identify what service improvements need to be made in order to achieve a better outcome in these areas.</p>

Background

The PHOF profile for Wokingham was last updated on 7th November 2017, and contains a number of indicators where performance had changed since the previous update. Updates are generally all based on annual measures, which are reported at different periods throughout the year, meaning that in each quarterly update there is usually some exception to report upon where performance has changed.

New indicators are sometimes added, or those that have formed part of the PHOF are updated. In the November 2017 there were no new indicators.











Data updates for all geographic areas were made to indicators 1.08iv - Percentage of people aged 16-64 in employment, 1.15ii - Statutory homelessness - households in temporary accommodation, and 1.17 - Fuel poverty.

Updates for England, regions and upper tier LAs only were made to 2.15i - Successful completion of drug treatment - opiate users, 2.15ii - Successful completion of drug treatment - non-opiate users, 2.15iii - Successful completion of alcohol treatment, and 3.03xiii - Population vaccination coverage – PPV.

Indicator 2.03 - Smoking status at time of delivery had a revision of its methodology following a policy refresh.

Analysis of Issues

The table below shows the changes in the indicators that have been updated/modified:

Indicator Name	Value type	Sex	Age	Time period	Value	Recent Trend	Compared to England value or percentiles
1.08iv - Percentage of people aged 16-64 in employment	Proportion	Male	16-64 yrs	2016/17	85.0		Better
1.08iv - Percentage of people aged 16-64 in employment	Proportion	Female	16-64 yrs	2016/17	75.1		Better
1.08iv - Percentage of people aged 16-64 in employment	Proportion	Persons	16-64 yrs	2016/17	80.1		Better
1.15ii - Statutory homelessness - households in temporary accommodation	Crude rate	Persons	N/A	2016/17	0.8		Better
1.17 - Fuel poverty	Proportion	Persons	All ages	2015	7.1		Not compared
2.03 - Smoking status at time of delivery - current method	Proportion	Female	All ages	2016/17	3.8		Better
2.15i - Successful completion of drug treatment - opiate users	Proportion	Persons	18-75 yrs	2016	13.5		Better
2.15ii - Successful completion of drug treatment - non-opiate users	Proportion	Persons	18-75 yrs	2016	50.0		Better
2.15iii - Successful completion of alcohol treatment	Proportion	Persons	18-75 yrs	2016	45.7		Same
3.03xiii - Population vaccination coverage - PPV	Proportion	Persons	65+ yrs	2016/17	74.0		Better

Red arrows indicate that the increase or decrease in a measure show a negative impact on the public health outcome.

Green arrows indicate that the increase or decrease in a measure show a positive impact on the public health outcome.

Amber arrows indicate that the increase or decrease in a measure show no significant change on the public health outcome.

Partner Implications
Partners are advised to note changes in the outcomes that affect their objectives and / or populations served.
Reasons for considering the report in Part 2
None.

List of Background Papers
PHOF Wokingham Borough Profile 2017 PHE PHOF Indicators at a glance (November 2017)

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Date: 5 th December 2017	Version No: 3

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Healthwatch Wokingham Borough:

- **Priority 1 – Enabling and empowering resilient communities;**

Healthwatch will be running a #SpeakUp campaign to encourage people to share their experiences in order to improve local health and care services.

Healthwatch have awarded 6 Community Research Grants to local organisations to undertake targeted pieces of work to access the views of the lesser heard e.g LINK visiting scheme will be running a Sunday kitchen, bringing together the isolated/lonely to cook and eat together for 8 weeks.

- **Priority 2 - Promoting and supporting good mental health;**

Healthwatch will continue to promote the co-produced Appyness App providing information and signposting to local and national mental health groups.

Brighter Berkshire Wokingham event that ran in November was sponsored by Healthwatch. Call for more holistic mental health care. Encouraging the commissioning of a Recovery College style model.

- **Priority 3 - Reducing health inequalities in our Borough;**

Healthwatch is liaising with low income/socio economic background individuals about the impact of the CCG's decision to stop prescribing Gluten free products on their long term health outcomes.

Healthwatch has just undertaken a survey of how the Accessibility Standard is being implemented (with a focus on deaf people) in health services local – due to report early 2018.

- **Priority 4 - Delivering person-centred integrated services.**

Healthwatch are currently putting together a case study of lady who is caring for her mum with dementia – highlighting the contrast to “Sam’s Story” showing how care is still not integrated nor person nor family centred.

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HEALTH AND WELLBEING BOARD

Forward Programme from June 2017

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.

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

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2017/18

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
8 February 2018	Pharmaceutical Needs Assessment	To agree the Pharmaceutical Needs Assessment	Sign off	Public Health	Organisation and governance
	Tobacco control plan	Update	Update	Public Health	
	West of Berkshire Adult Safeguarding Report 2016-17	Update	Update	Adult Social Care	Performance
	Public Health Outcomes Framework - exceptions from each quarter	To monitor performance	To monitor performance	Darrell Gale, Consultant in Public Health	Performance
	Health and Wellbeing Strategy Action Plan dashboard	To monitor performance	To monitor performance	Darrell Gale, Consultant in Public Health	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
5 April 2018	Health and Wellbeing Action Plan dashboard	To monitor performance	To monitor performance	Health and Wellbeing Board	Performance
	Public Health Outcomes Framework - exceptions from each quarter	To monitor performance	To monitor performance	Darrell Gale, Consultant in Public Health	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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**HEALTH AND WELLBEING BOARD
TRACKING NOTE 2017/18**

ITEM NO.	ITEM/SUBJECT	PERSON RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	WHAT EXPECT TO SEE
1.	<p>Minute 4 – Minutes of the Previous meeting</p> <ul style="list-style-type: none"> Judith Ramsden proposed that a paper be presented at a future meeting regarding energising and focusing the Health and Wellbeing Board. 	Darrell Gale	15.06.17	TBC		
2. 41	<p>Minute 8 - Health and Wellbeing Strategy Strategic Delivery Plan</p> <ul style="list-style-type: none"> A short progress report on the action plan would be presented to the Board every other meeting (October; February and June meetings). The Board would receive exceptions from each quarter's Public Health Outcomes Framework at each Board meeting and also the high-level metrics. Board members felt that the metrics needed to be worked up more so that they linked more coherently with the Health and Wellbeing Strategy. Actions from the Better Care Fund action plan would be incorporated into the Health and Wellbeing Strategy action plan. Board members felt that the [high level] metrics needed to be worked up more so that they linked more coherently with the Health and Wellbeing Strategy. 	Darrell Gale	15.06.17	Ongoing		
		Darrell Gale		10.08.17		
		Darrell Gale		10.08.17		

ITEM NO.	ITEM/SUBJECT	PERSON RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	WHAT EXPECT TO SEE
42	<ul style="list-style-type: none"> It was important to agree what was needed for Borough residents. The Board agreed that specific messages could be better communicated. Judith Ramsden suggested that community engagement events be planned. Katie Summers suggested that there needed to be greater PR and communication work around the Health and Wellbeing Strategy. Judith Ramsden commented that a resource could be made available to further working with the communities. It was also proposed that Healthwatch Wokingham Borough assist in the promotion of the Health and Wellbeing Strategy. 	<p>Health and Wellbeing Board</p> <p>Judith Ramsden/ Healthwatch/CCG</p>		<p>Ongoing</p> <p>Ongoing</p>		
3.	<p>Minute 10 Update on Community Navigators/ CHASC</p> <ul style="list-style-type: none"> Katie Summers emphasised that those referred would often be higher users and that it was an invest to save opportunity. She would ask Involve to send the names of those patients who had been referred by the Community Navigators, to the Commissioning Support Unit who would be able to ascertain the number of GP contacts the individual had had over the past 2 years, to 	<p>Katie Summers</p>	<p>15.06.17</p>	<p>10.08.17</p>		

ITEM NO.	ITEM/SUBJECT	PERSON RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	WHAT EXPECT TO SEE
	<p>better assess the impact of the Community Navigators.</p> <ul style="list-style-type: none"> Nicola Strudley questioned whether postmen could also be encouraged to be Community Navigators. It was suggested that this be discussed at WISP. 	<p>WISP</p>		<p>Future WISP meeting</p>		
<p>43</p>	<p>4. Minute 11 - Healthwatch Wokingham Borough - Extra Care</p> <ul style="list-style-type: none"> Councillor Haitham Taylor commented that new providers coming into the Borough might have different views on provision. She suggested that Healthwatch Wokingham Borough engage with other providers at an early stage, where possible. 	<p>Healthwatch</p>	<p>15.06.17</p>	<p>Ongoing</p>		
<p>5.</p>	<p>Minute 13 - Independent Annual Report of the Director of Public Health</p> <ul style="list-style-type: none"> The Board discussed the impact of alcohol. In response to a question, Darrell Gale commented that in the Borough, middle aged, middle class working men and women were at risk of alcohol related issues. However, further information would be required to gain a clearer picture of the situation. Judith Ramsden proposed that a communication strategy be developed and that the Board agree when during the year particular messages should be amplified. 	<p>Public Health</p> <p>Health and Wellbeing Board</p>	<p>15.06.17</p>	<p>Ongoing</p> <p>10.08.17</p>		

ITEM NO.	ITEM/SUBJECT	PERSON RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	WHAT EXPECT TO SEE
6.	<p>Minute 37 – Update from Board members</p> <ul style="list-style-type: none"> • Darrell Gale indicated that a definition [of extra care] could be included in the Health and Wellbeing Board's glossary of terms to assist Board members. 	Darrell Gale	12.10.17	14.12.17		
7. 44	<p>Minute 38 - Local Account of Adult Social Care Services 2016-17</p> <ul style="list-style-type: none"> • It was noted that 5 formal complaints had been received in 2015-16 and 2016-17. Board members questioned whether they related to similar matters. • In response to a question from Councillor Haitham Taylor, Phillip Sharpe agreed to feed back on the definition of secondary mental health services. • The Board requested further information regarding the 510 safeguarding concerns received. 	Adult Social Care	12.10.17	ASAP		
8.	<p>Minute 40 - Health and Wellbeing Strategy action plan and dashboard</p> <ul style="list-style-type: none"> • Councillor Haitham Taylor commented that many of the KPIs relating to mental health referred to 	Chrisa Tsiarigli/Darrell Gale	12.10.17	14.12.17		

ITEM NO.	ITEM/SUBJECT	PERSON RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	WHAT EXPECT TO SEE
45	<p>the higher tier services. She questioned whether the impact of Talking Therapies could be monitored. Darrell Gale stated that the number of people using the service was still quite small.</p> <ul style="list-style-type: none"> • Councillor Haitham Taylor went on to request that there be more specific KPIs relating to Looked After Children and also more indicators relating to children and young people. • Katie Summers suggested that those KPIs which purely measured activity numbers, be removed. • Chrisa Tsiarigli, Public Health Intelligence Specialist, would have further discussions with individual Board members in order to develop the dashboard. 					

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Wokingham Borough Health & Wellbeing Board

Glossary of Terms: Updated 1st August 2017

- **ACS** – Accountable Care System: These involve a provider or, more usually, an alliance of providers that collaborate to meet the needs of a defined population. These providers take responsibility for a budget allocated by a commissioner or alliance of commissioners to deliver a range of services to that population, and then work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget, often extending over a number of years. Variations on these core elements centre on the involvement of general practitioners in the network of providers delivering care and of local authorities as providers and commissioners of services. (Kings Fund, 2017)
- **ARP** – Ambulance Response Programme
- **AUD** – Alcohol Use Disorders
- **BCF** – Better Care Fund: The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.
- **BHFT** – Berkshire Healthcare NHS Foundation Trust: The community and mental health provider Trust for Berkshire.
- **BSEP** – Business, Skills and Enterprise Partnership
- **C&B** – (**Choose and Book**): A national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CALM** – Campaign Against Living Miserably: A suicide prevention organisation targeting men
- **CAM** - Confusion Assessment Method
- **CAMHS** – Child and Adolescent Mental Health Services
- **CBNRT** - Community Neuro Rehabilitation Team
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHASC** - Community Health and Social Care

- **CHD** – Coronary heart disease
- **CHIMAT** – Child Health Profiles
- **CNS** – Clinical Nurse Specialist
- **Community Enhanced Service:** A service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice:-** A specific action taken by the commissioner against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COF** - Commissioning Outcomes Framework
- **Commissioning:** The process used by health services and local authorities to: identify the need for local services; assess this need against the services and resources available from public, private and voluntary organisations; decide priorities; and set up contracts and service agreements to buy services. As part of the commissioning process, services are regularly evaluated.
- **COPD** – Chronic obstructive pulmonary disease
- **CoSRR** - Continuity of Services risk rating
- **CPA - Care Programme Approach:** A system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission
- **CQUIN – Commissioning for Quality and Innovation:** An incentivised financial reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **DALYs** – Disability Adjusted Life Years: One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability (WHO).
- **DAAT** – Drugs and Alcohol Team
- **DHR** – Domestic Homicide Reviews

- **DPH** – Director of Public Health
- **DTOC** – Delayed Transfer of Care
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EDT** – Electronic Document Transfer
- **EIP** – Early Intervention Psychosis
- **EOL** – end of life care
- **EPR** – **Electronic Patient Record**: Means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service: Pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- Frimley
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GRACe** - General Referral Assessment Centre
- **Health inequalities**: The gap in health status and in access to health services between different groups, for example, those with different socioeconomic status or different ethnicity, or populations in different geographical areas.
- **Health-related quality of life**: A combination of a person’s physical, mental and social well-being; not merely the absence of disease.
- **HCA** – Health Care Assistants
- **HIPI** – Health Impact of Physical Inactivity
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust (Now part of Frimley Health)
- **IAPT** - Improving Access to Psychological Therapies
- **Incidence**: The number of new cases of a disease among a certain group of people during a specific period of time. It is different from prevalence.

- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LAC** – Looked After Children
- **LD** – Learning Difficulties
- **LES** – Local Enhanced Service
- **LOS** - Length of Stay
- **LSCB** – Local Safeguarding Children’s Board
- **LSOA** – Lower Layer Super Output Area
- **LTC** – long term conditions
- **MARAC** - Multi Agency Risk Assessment Conference
- **MASH** – Multi Agency Safeguarding Hub
- **MDT** – multi disciplinary team
- **MECC** – Making Every Contact Count:
- **MH** – Mental Health
- **MHFA** – Mental Health First Aid
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **MSLC** - Maternity Services Liaison Committees
- **MVPA** – Moderate to vigorous physical activity
- **Never Events:** Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHS Safety Thermometer:** Tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NICE advice:** NICE products that update healthcare, public health and social care practitioners on new evidence, or help put NICE guidance into context. They do not contain recommendations. Examples of NICE advice include local government

briefings, evidence summaries - new medicines, and evidence summaries - unlicensed and off-label medicines.

- **NICE guidance:** Evidence-based recommendations produced by NICE. There are 6 types of guidance: guidelines covering clinical topics, medicines practice, public health and social care; diagnostics guidance; highly specialised technology guidance; interventional procedures guidance; medical technologies guidance; technology appraisals guidance.

All guidance is developed by independent committees and is consulted on. NICE may also publish a range of supporting documents for each piece of guidance, including advice on how to put the guidance into practice, and on its costs, and the evidence it is based on.

- **NEET** – Not in Education, Employment, or Training
- **NEA/ NEL** - Non elected admissions
- **OBPs** – Out of Borough Placements
- **ONS** – Office of National Statistics
- **OOH** – Out of Hours
- **OPMHS** – Older Persons Mental Health Services
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England: An executive agency that delivers services to protect the public's health through a nationwide integrated health protection service, provides information and intelligence to support local public health services, and supports the public in making healthier choices.
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services/ Psychological Medicine Service
- **Prevalence:** How common a disease or condition is within a population, either at a point in time or over a given period of time (it includes new and existing cases). It is different from incidence.
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.

- **QALY - Quality-Adjusted Life Year:** A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality-of-life score (on a 0 to 1 scale). It is often measured in terms of the person's ability to carry out the activities of daily life, and freedom from pain and mental disturbance.
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **QOF - Quality and Outcomes Framework :** A national incentive scheme for all GP practices in the UK, which rewards them financially for how well they care for patients. Under the scheme, GP practices score points according to their level of achievement against a series of indicators, such as the percentage of patients with a new diagnosis of a disease who are referred for certain tests. NICE makes sure the clinical and health improvement indicators used in the scheme reflect new evidence and rising service standards.
- **RAT – Rapid Access Treatment**
- **RBFT/ RBH:** Royal Berkshire NHS Foundation Trust. Acute hospital trust working from the Royal Berkshire Hospital
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RCT - Randomised controlled trial:** A study in which a number of similar people are randomly assigned to 2 (or more) groups to test a specific drug, treatment or other intervention. One group (the experimental group) has the intervention being tested, the other (the comparison or control group) has an alternative intervention, a dummy intervention (placebo) or no intervention at all. The groups are followed up to see how effective the experimental intervention was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time:** Waiting time between being referred and beginning treatment.
- **SCAS – South Central Ambulance Service**
- **SCR – Summary Care Record:** Electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.

- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SME** – Small and Medium Enterprises
- **SOBS** - Survivors of Bereavement by Suicide: A national charity providing local support to those bereaved by suicide. There are groups in Wokingham & Newbury
- **SPIN** – Suicide Prevention and Intervention Network
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units:** A way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **START** – Short Term Assessment and Reablement Team
- **STP** – Sustainability and Transformation Plan
- **SUSD** – Step Up Step Down
- **Tertiary care:** Care for people needing complex treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
- **TVPCA** – Thames Valley Primary Care Agency
- **TVPS** – Thames Valley Positive Support – support to those affected by HIV and HIV testing in Berkshire.
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis - blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WIC** – Walk in Centre
- **WISP** – Wokingham Integration Strategic Partnership
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost
- **YPWD** - Younger People with Dementia
- **YTD** – Year to date

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