



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices on **THURSDAY 5 APRIL 2018 AT 5.00 PM**

Manjeet Gill
Interim Chief Executive
Published on 26 March 2018

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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

Dr Johan Zylstra	NHS Wokingham CCG
Mark Ashwell	Executive Member for Children's Services
Nick Campbell-White	Healthwatch
Richard Dolinski	Executive member for Adults' Services
Charlotte Haitham Taylor	Leader of the Council
Nikki Luffingham	NHS England
Ian Pittock	Opposition Member
Clare Rebbeck	Voluntary Sector representative
Paul Senior	Interim Director People Services
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

ITEM NO.	WARD	SUBJECT	PAGE NO.
74.		APOLOGIES To receive any apologies for absence	
75.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 8 February 2018.	7 - 16
76.		DECLARATION OF INTEREST To receive any declarations of interest	
77.		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	
77.1	None Specific	Tracey Stone asked the Chairman of the Health and Wellbeing Board the following question: Question: I am hearing conflicting information on the waiting list	

for CAHMs support in Wokingham. My daughter is eleven and suffers from anxiety and OCD and I was told by my GP that the waiting list for CAHMs could be up to eighteen months so I was offered support from ARC counselling for six sessions instead which we took but now their funding also seems to have been cut as that is no longer available to me either. Upon attending the workshop on children and young people's mental health on 14 March in Woodley I heard from the CAHMs team presenting there on two occasions during their talks both on stage and in the workshops that the waiting list is around one year. I was then informed that at the last meeting of the Health and Wellbeing Board it was stated the waiting list was now only six weeks. I am now having to pay Cardinal Clinic £350 for each psychiatrist appointment and then £100 for each psychologist appointment following that, can you clarify the time frames for the waiting list and also what is being to address the long waits in the Borough?

77.2 None Specific

Anne-Marie Gawen asked the Chairman of the Health and Wellbeing Board the following question:

Question

"The "Together - Wokingham Your Way" service - (which supported people in Wokingham Borough who were recovering from mental illness in the community, individually or in groups,) has had its service ended prematurely.

What interim service is there in place now to replace it, manage the impact of its closure and to avoid any risks to those in need of the withdrawn service, and how is the "saved" allocated budget being used to provide alternative services to those who need them now?

I understand that there is an aspiration for a mental health Recovery College in Wokingham Borough and that it is hoped to be opened in September 2018. This will provide recovery services, though not the one to one support provided by Wokingham Your Way. September is a long way off, and there are no guarantees that September will see the Recovery College opening. On opening it will inevitably need to build up slowly, so a full service will not all be immediately available then.

I am very concerned that those existing clients of Wokingham Your Way will be required to travel further (I understand Reading Your Way has an interim role until June) and new people may fall through the gap

and not receive a service at all. I am aware that people are currently in distress and struggling following the closure of Wokingham Your Way and would like to be able to let them know what support is available to them.

78.		MEMBER QUESTION TIME To answer any member questions	
79.	None Specific	HEALTH AND WELLBEING BOARD REFRESH To receive a report regarding a Health and Wellbeing Board refresh (<i>25 mins</i>)	17 - 30
80.	None Specific	ADULT SOCIAL CARE STRATEGY PROPOSED PRIORITIES To consider the Adult Social Care Strategy Proposed Priorities. (<i>15 mins</i>)	To Follow
81.	None Specific	BERKSHIRE WEST HEALTHY WEIGHT STRATEGY: DEVELOPING A LOCALISED ACTION PLAN To consider a report regarding Berkshire West Healthy Weight Strategy: developing a localised action plan (<i>15 mins</i>).	31 - 40
82.	None Specific	UPDATES FROM BOARD MEMBERS To receive updates on the work of the following Board members: <ul style="list-style-type: none"> • Place and Community Partnership; • Community Safety Partnership; • Voluntary Sector; • Healthwatch Wokingham Borough. (<i>20 mins</i>)	41 - 46

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading

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**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING BOARD
HELD ON 8 FEBRUARY 2018 FROM 5.00 PM TO 7.00 PM**

Present

Dr Johan Zylstra
Mark Ashwell
Richard Dolinski
Darrell Gale

NHS Wokingham CCG
Executive Member for Children's Services
Executive member for Adults' Services
Acting Strategic Director of Public Health
for Berkshire
Leader of the Council
Opposition Member
Interim Director People Services
Director of Operations, Wokingham CCG
NHS Wokingham CCG
Healthwatch

Charlotte Haitham Taylor
Ian Pittock
Paul Senior
Katie Summers
Dr Cathy Winfield
Jim Stockley (substituting Nick Campbell-
White)

Also Present:

Madeleine Shopland

Democratic and Electoral Services
Specialist

Graham Ebers
Natalie Mears
Holli Dalgliesh

Director of Corporate Services
Public Health Project Officer
Specialist Strategy & Commissioning
People

Sally Murray

Head of Children's Commissioning
Wokingham CCG

Sean Rafferty

Category Manager Community-Based
Care

Abdul Loyes

57. ELECTION OF CHAIRMAN FOR REMAINDER OF THE 2017-18 MUNICIPAL YEAR

RESOLVED: That Councillor Richard Dolinski be elected Chairman of the Health and Wellbeing Board for the remainder of the 2017/18 municipal year.

58. APOLOGIES

An apology for absence was submitted from Nick Campbell-White.

59. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 14 December 2017 were confirmed as a correct record and signed by the Chairman.

60. DECLARATION OF INTEREST

Dr Zylstra declared a Personal Interest in Item 68 Wokingham Pharmaceutical Needs Assessment 2018-2021 on the grounds that his practice had an attached pharmacy.

61. PUBLIC QUESTION TIME

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

61.1 Anne-Marie Gawen asked the Chairman of Health and Wellbeing Board the following question which was answered by the Interim Director of People Services:

Question:

At this moment in time, for an adult being discharged from CMHT or Crisis Home Treatment Team or Hospital (Prospect Park or A&E following a mental health crisis), what services are available to support them in Wokingham Borough or even whilst they are receiving care in the community from CMHT or CRHTT?

Answer:

For clients being discharged from the CMHT there is access to a Duty Worker for 6 months. There is a self-referral process that is currently in place, when in distress.

For clients accessing the CRHTT, they are able to contact the Crisis Response Treatment Team 24 hours a day, 7 days a week.

In the Hospital, every client is to be seen within 7 days of discharge but the Berkshire Healthcare Foundation Trust are trying to improve this to 3 days, but at the moment it is an intention to be seen within 7 days.

Services available do depend on individual assessment to assist in the client's recovery, working in partnership with family, friends and carers where appropriate. This may include social care needs and review of packages of care.

Supplementary Question:

What are the services and who provides the services?

Supplementary Answer:

In terms of who provides the services, it is a mixture from the Berkshire Healthcare Foundation Trust. There is also a combination of our services in terms of Adult Mental Health Services as well. So in terms of the actual teams; the Crisis Response Home Treatment Team, as well as the CMHT.

Longer term we have the Integrated Adult Mental Health Services. In terms of my portfolio, I have a team led by an Assistant Director, Christine Dale, who is responsible for that service.

61.2 Alison Sellers asked the Chairman of the Health and Wellbeing Board the following question which was answered by the Executive Member for Children's Services:

Question

1: 3 children in every Primary School classroom is affected by Mental Health. We know that children with Mental Health difficulties face unequal chances in their lives and that 50% of adults with Mental Health experienced their first symptoms before the age of 14 years old and 75% before 18 years old.

How is Wokingham supporting and empowering children's' Mental Health and Emotional Wellbeing and their families, in particular bridging the gap before a crisis situation e.g. meeting CAMHs threshold, so that it doesn't reach that point?

Noted that:

Health & Wellbeing Strategy Action Plan for 2017-2020 mentions children and Young people **twice**.

Promoting and supporting good mental health 1.8 – *Scope the potential of schools nursing service to contribute to development of resilience in children and young people.*

Enabling and empowering resilient communities 2.2 – *Berkshire Health Trust Mental Health strategy implementation plans for child and adolescence mental health.*

Berkshire Health Trust Mental Health strategy 2016 – 2020 – *Improve the transition to adult mental health services for **young people** in CAMH service.*

No mention of children.

Answer:

There are a number of strategic developments ongoing and that will be progressed over the next few years with regards to improving the life chances and choices for children and young people with mental health needs.

The Wokingham Borough Council School Nursing Service is currently being redesigned. The new service will be effective at the beginning of the autumn term, fairly soon. The Public Health Team are working in partnership with other key agencies and stakeholders to strengthen prevention pathways by linking into, and between, services such as CAMHS, sexual health services, substance misuse, domestic abuse services, Police, health, GPs, education and the youth offending service.

In addition to the School Nurse Service redesign the universal and tier 2 mental health services for children and young people are also going through a redesign. We are proposing to align children's emotional and mental health support and the wider early help offer with the aim of bringing better outcomes to children and young people earlier. We are exploring the best way to do this and have been linking in with key stakeholders including schools and yourselves.

The ambitions for children and young people's emotional and mental health of this Borough and Berkshire West is set out in the Local Transformation Plan – and there is a link on our website. The Local Authority is also working on a localised mental health strategy that is in development and links with the Local Transformation Plan.

In addition to the redesign work there are a number of other initiatives that are taking place across the Borough to support children and young people's emotional and mental health. For example, we are currently piloting the School Link project which aims to build up knowledge and support in schools to identify and support emotional and mental health needs earlier before they require specialist clinical support. This aligns with the new government ambitions that have been set out in the Children's Mental Health Green Paper. We can give you a link to that. Another example of our initiatives is the Psychological Perspectives in Education and Primary Care (PPEP) training programme, this provides training and actionable strategies for professionals to employ to identify and support emotional and mental health needs. We also have a very active voluntary sector that contributes to this Board and both the Local Authority and Clinical Commissioning Group support. For example ARC Youth Counselling offer a free counselling service across the Borough in a number of locations, including some schools.

Lastly, we thought we would add, we are talking about preventing crisis. If a crisis does occur we have a service in place to help and prevent further crises. This service is called the CAMHS rapid response and urgent care service and supports children and young people within the Borough and across Berkshire West. The service provides short term intensive interventions in the community to support young people who have experienced a mental health crisis with the aim of reducing the number of children and young people who have a second or subsequent crisis.

Supplementary Question:

Recently we have been to an event in West Berkshire and they have got a fantastic plan in place, they have a wellbeing team and wellbeing champions. Is this something that Wokingham will also offer? I understand that Wokingham and West Berkshire have the Wellbeing Academy but that this starts at the age of 11, and we know early intervention, that we should be supporting the children a lot earlier and I wondered what plans we have in place for that.

Supplementary Answer which was provided by the Interim Director People Services:

That is a good suggestion, the West Berkshire model. We are duty bound as a local authority and a local area with our partners and the CCG, the NHS and the voluntary community, to look at what works, and if there is evidence based practice out there to improve our systems and processes, then absolutely we are duty bound to look at how we can bring those processes to this authority. So if it is evidence based, has a positive impact on improving the life chances and choices for our children and young people, we are very open minded, but rest assured we are aware of the West Berkshire model.

62. MEMBER QUESTION TIME

Councillor Pittock asked a question about what was being done locally regarding homelessness.

63. UPDATE ON PROGRESS TOWARDS PROMOTING POSITIVE MENTAL HEALTH AND WELLBEING IN CHILDREN AND YOUNG PEOPLE

Sally Murray, Head of Children's Commissioning, Berkshire West CCGs, provided an update on progress being made towards promoting Positive Mental Health and Wellbeing in Children and Young People.

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

- NHS England had approved the revised Future in Mind Local Transformation Plan. A short summary was required to be produced which would be available online shortly.
- Sally Murray advised the Board that locally there was movement away from a tiered model and movement towards the THRIVE model.
- Sally Murray highlighted what had been achieved so far with regards to children's emotional and mental health.
- There had been a continued focus on reducing waiting times for specialist CAMHS since additional investment was put into the service in 2015. Demand was still increasing. According to NHS England, the average waiting time for specialist treatment was 73 days. Sally Murray outlined the average Berkshire Healthcare Foundation Trust CAMHS waiting times as of September 2017. The current average wait time for referrals to the Specialist Community Teams was 6 weeks.
- Locally the average waiting time for those currently waiting for an autism assessment was 44 weeks. The national average was 3 years.

RESOVLED: That the update on progress towards promoting positive Mental Health and Wellbeing in Children and Young People be noted.

64. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016-17

The Board received the West of Berkshire Safeguarding Adults Board Annual report 2016-17.

RESOLVED: That the West of Berkshire Safeguarding Adults Board Annual Report 2016-17 be noted.

65. BETTER CARE FUND REVIEW OF SCHEMES 2017-18

Katie Summers updated the Board on the progress of the Better Care Fund review schemes 2017-18.

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

- Board members were reminded that a revised Plan was required to be submitted annually.
- Wokingham's Better Care Fund programme had achieved many successes in the move towards delivering its original aims. It was one of only seven systems to be shortlisted for Graduation status. In addition Wokingham had been recognised as an example of good integrated care in action and had been invited to shape national policy on health and social care integration.
- Katie Summers took the Board through the individual schemes and progress made against them. The success of the schemes and whether the best outcome was being achieved was monitored each year by the Wokingham Integrated Strategic Partnership (WISP).
- It was noted that the Step Up scheme had been running 8 weeks
- The Community Health and Social Care (CHASC) had been running since September and had seen 180 people; of these there had been 66 reductions in Non-Elective admissions and 61 less visits to A&E.
- Councillor Dolinski commented that he had visited the Berkshire Integrated Hub and had been pleased with what he had viewed.
- Dr Winfield indicated that the Berkshire West Accountable Care System was now known as the Integrated Care System. Under this it was anticipated that outpatients would be redesigned and there was an aspiration for some of outpatients to be managed digitally and some also to be managed in the community.
- Councillor Haitham Taylor questioned why KPIs had not yet been agreed for the Step Up Programme when the planned completion date was 31 January 2018. Katie Summers commented that at the time of the review confirmation from the provider around staffing had remained outstanding, which had since been given.
- Councillor Ashwell asked about how people were updated on the Better Care Fund messages. Dr Winfield referred to communication work on the CCG website, including Sam's Story. Healthwatch Wokingham Borough were also part of the WISP and had done a lot of work to update.

RESOLVED: That the progress of the Better Care Fund schemes and the continuing work to progress integration and user experience through the schemes, be noted.

66. PROPOSAL FOR WOKINGHAM ADULTS INTEGRATED HEALTH AND SOCIAL CARE GOVERNANCE

The Board received a report regarding Wokingham's Adult Integrated Health and Social Care Governance proposal.

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

- Paul Senior, Interim Director People Services outlined the move towards integration.
- The Board was requested to support the approach to enhance the existing Section 75 Partnership Agreement to include Partners, Berkshire Healthcare Foundation Trust and Wokingham GP Alliance in order to further progress the integration of adult health and social care services.
- Dr Winfield commented that she was supportive in principle but discussions also needed to be had at CCG governance level. Further work was required before such an approach was enacted. She commented that a risk share arrangement referred to needed further clarification.
- Paul Senior commented that it was important that the Board see a proposed direction of travel.
- It was agreed that a further update would be provided once the proposal had been through the CCG governance process.

RESOLVED: That the approach to enhance the Section 75 Partnership to include our Partners, Berkshire Healthcare Foundation Trust and Wokingham GP Alliance in order to progress the integration of adult and social care services, be supported.

67. UPDATE ON HEALTH AND WELLBEING BOARD REFRESH

Graham Ebers, Director of Corporate Services provided an update on action being taken to refresh the Health and Wellbeing Board.

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

- Additional support was considered to be critical in sustaining momentum to the 'refresh' and providing the operational capacity needed to support the Board. The Interim Director of People's Services had reviewed the operational support across various strategic partnerships and recognised the need to enhance support to both the Health and Wellbeing Board and the Children's and Young People Strategic Partnership. The Interim Director of People Services was therefore seeking to create a resource that supported both partnerships (approximately 0.5 FTE each). A Job Description had been produced and it was hoped that recruitment would begin in February.
- Darrell Gale would approach the Local Government Association (LGA) in order to facilitate tailored training, following a skills audit. The scoping of this work would take place in February.
- With regards to good practice, Board members were asked what they felt were key criteria for this. Dr Winfield commented that the LGA had produced a document which set out good practice for Health and Wellbeing Boards, which could provide a good framework. She also suggested having a well supported Health and Wellbeing Strategy which was underpinned by the Joint Strategic Needs Assessment and also effective participation. Councillor Haitham Taylor suggested that influencing partnership policy and strategy, engagement with partners, strong governance and tangible delivery of the Health and Wellbeing Strategy, were key.
- Paul Senior, Interim Director People Services commented that there was a need for genuine co-production.

- With regards to integration and the Integrated Care System, the Board agreed that it would be helpful to have a workshop prior to the next Board meeting to discuss the implications.
- The key priorities, objectives, timescales and milestones in respect of an integrated Health and Social Care strategy would be presented at the Board's April meeting.
- The Board discussed public engagement and branding. Board members were asked what some of the Board's key achievements were, in order to shape future promotional activity. Councillor Haitham Taylor referred to the cost cutting agenda. Katie Summers referred to the work of some of the partnerships such as WISP. Darrell Gale highlighted the trust between partners particularly at a time of shrinking budgets.
- Councillor Dolinski stated that work needed to be carried out around the size of the Health and Wellbeing Board agenda and the language used in reports in order to make the work of the Board more accessible.
- The Board discussed KPI's. Katie Summers proposed that the indicators be more outcome focused and that the Sub Partnerships be asked to put forward one or two suggested indicators each.
- Graham Ebers advised that following the progression of the integrated Health and Social Care strategy and the appointment of support to the Board, other issues around the themes of Governance and Partnership Working could be progressed. This would lead to a complete Action Plan that would be presented at every Board meeting and would inform the Forward Programme of agenda items for future meetings.

RESOLVED: That the actions to refresh the Health and Wellbeing Board Agenda detailed within the report be noted and supported.

68. WOKINGHAM BOROUGH PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021

The Board received the Wokingham Borough Pharmaceutical Needs Assessment 2018-2021.

It was noted that a draft version of the Wokingham Borough Pharmaceutical Needs Assessment 2018-2021 had been presented to the Board previously.

RESOLVED: That the Pharmaceutical Needs Assessment for 2018 to 2021 be approved.

69. HEALTH AND WELLBEING BOARD DASHBOARD KPIS

This report was not considered following discussion of Key Performance Indicators under the Update on the Health and Wellbeing Board Refresh item.

70. UPDATE ON DIRECTOR OF PUBLIC HEALTH AND PUBLIC HEALTH

Darrell Gale, Acting Strategic Director of Public Health for Berkshire updated the Board with regards to the Director of Public Health post and the shared Berkshire Public Health service.

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

- Dr Lise Llewellyn, former Director of Public Health, had retired earlier in 2017 and Judith Wright had been in place as Interim Director Public Health until December 2017.
- Bracknell Forest Council was withdrawing from some of the shared Berkshire Public Health agreement functions and was looking to appoint its own Director of Public Health. The Royal Borough of Windsor and Maidenhead was also partly withdrawing from the agreement.

- Darrell Gale indicated that he was Acting Strategic Director for Public Health for the next 3-4 months until a permanent appointment was made.
- Dr Winfield expressed concern regarding the Public Health position and wanted to make sure that sufficient support was being provided by Public Health England.

RESOLVED: That the update on the Director of Public Health and Public Health be noted.

71. BERKSHIRE WEST HEALTHY WEIGHT STRATEGY

The Board received the Berkshire West Healthy Weight Strategy.

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

- Darrell Gale advised that the Strategy covered the Berkshire West footprint. He commented that the production of the Strategy was timely and referred to the redesign of the School Nurse Service, the new leisure centre provider beginning in May and the Mediterranean diet pilot undertaken by Wokingham Medical Centre with Type 2 diabetics.
- In response to a question from Dr Zylstra, Natalie Mears, Public Health Project Officer, confirmed that children and adults were separately referenced. Dr Zylstra also asked whether schools or parents would be expected to act with regards to children. Natalie Mears indicated that this could be detailed in the local action plan.
- Councillor Dolinski stated that greater reference could be made to those who were underweight in the local action plan.
- Katie Summers praised the Strategy and commented that it needed to be owned by public sector organisations such as the CCG, Wokingham Borough Council, Berkshire Healthcare Foundation Trust and the Royal Berkshire Hospital.
- Councillor Pittock questioned whether the government could be challenged with regards to the subsidising of large sugar companies.

RESOLVED: That

- 1) the Berkshire West Healthy Weight Strategy 2018-2020 be endorsed;
- 2) the development of a Healthy Weight action plan be supported;
- 3) an update on the development of a localised action plan be taken to the Board's April 2018 meeting.

72. UPDATES FROM BOARD MEMBERS

The Board was updated on the work of the following Board members:

Community Safety Partnership:

- The Community Safety Partnership partners had agreed to take on vulnerability and exploitation as one its priorities. This would include linking into local modern slavery partnerships, supporting the development of services to meet the needs of vulnerable offenders and victims, and improving referral pathways to appropriate services.
- The Domestic Violence Strategic Group had expanded its remit to include the wider violence against women and girls.
- Substance misuse amongst young people, particularly the increased use of high strength cannabis, was being addressed.

Healthwatch Wokingham Borough:

- Jim Stockley advised the Board of a proposal around the joint commissioning of Healthwatch services for Reading and Wokingham.
- An Enter and View was due to be undertaken at the Berkshire Care Home.

RESOLVED: That the updates from Board members be noted.

73. FORWARD PROGRAMME

The Board discussed the forward programme for the remainder of the municipal year.

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

- With regards to integration and the Integrated Care System, the Board agreed that it would be helpful to have a workshop prior to the next Board meeting to discuss the implications.
- An update on the development of a localised action plan regarding the Berkshire West Healthy Weight Strategy would be taken to the April meeting.
- The key priorities, objectives, timescales and milestones in respect of an integrated Health and Social Care strategy would be presented at the Board's April meeting.

RESOLVED: That the forward programme be noted.

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TITLE	Health & Wellbeing Board – Refresh
FOR CONSIDERATION BY	Health and Wellbeing Board on 5 April 2018
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

RECOMMENDATION

The Health and Wellbeing (H&W) Board are asked to note and support the actions to refresh the H&W Board Agenda.

SUMMARY OF REPORT

The Health and Wellbeing Board considered a paper to 'refresh' its activities and operations on 14 December and 8 February. This report provides an update on progress and actions to advance the key themes of: 'Governance', 'Partnership working' and 'other considerations'. The Health and Wellbeing Board are asked to note and support the actions to refresh the H&W Board Agenda and consider some related proposals.

Background

The Health and Wellbeing Board on the 14 December considered and supported the suggested enhancements below. The discussion that took place around these items re-enforced these suggestions and added key considerations of: building community capital (through organisations/groups with aligned purpose); importance of accurate data (to inform and measure what we do); tangible deliverables; Terms of reference linked to priorities; Brand management (of H&W Board); and building on the recent workshop event of CHASC. An update was provided to the Board on 8 February.

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.

Analysis of Issues

Key developments following the H&W Board meeting of 8 February are:

Health and Wellbeing Board Support

The Director of People's Services is seeking to create a resource that supports both the Health and Wellbeing Board and the Children's and Young People Strategic Partnership (approximately 0.5 FTE each). ***The post has been advertised, with interviews in early April and hopefully someone in post early May.***

Training

The Local Government Association (LGA) has been approached by the Acting Strategic Director of Public Health for Berkshire to facilitate training, following a skills audit. ***A bespoke training session for the H&W Board will be organised to take place before the end of June, a Leadership course will be attended by the Chairman and Vice chairman in July (they will be informed by the bespoke training), and a Self-Assessment workshop will be held in October (in the context of the 2020 integration strategy).***

Sites of Best Practice

The LGA were approached regarding a site of best practice and their advice was that it would be more productive to focus on the training suggested above. An appropriate site may flow from this training, but there is no suggested site at this stage.

Integration

There are 8 Integrated Care Systems across the country, 1 of which is Berkshire West (made up of West Berkshire, Reading and Wokingham). It is important that the Health and Wellbeing Board are sufficiently engaged in this work as the consequences are potentially significant for all partners. ***A workshop is being set up for the last week of May (date to be confirmed).***

A further significant integration consideration is that of the Health and Social Care Strategy. A best practice model of integration should be based on the collective amalgamation or 'joining up' of front line staff, systems and processes, and leadership and management. ***The draft programme for the integrated strategy is shown in Appendix A. Full integration is scheduled to be achieved by 31st March 2020.***

Public Engagement/Branding

Health and Wellbeing Board support, as previously referenced, will help with this on an ongoing basis (website presence etc.), however it is recognised that promotion is rather fruitless without a 'product' worth promoting. Some of this relates to how well the Health and Wellbeing Board works collectively, engaging with its partnership community, however much also relates to the deliverables and achievements of the Health and Wellbeing Board. It was agreed to seek achievements from the sub groups of the Health and Wellbeing Board.

The Community Safety Partnership have provided a list of key achievements as set out in Appendix B.

Effective promotion and engagement should include both targeted and universal events. Within this approach it is proposed that a 'Big Tent' event is run annually which can incorporate a range of relevant service providers. A combined Health and Wellbeing Board events calendar will also help to ensure opportunities are maximised and duplication avoided. The Sub Groups are therefore requested to report their respective events calendars to the Health and Wellbeing Board.

Dashboard of Key Indicators & Data for planning/outcomes

It is considered to more productive for Health and Wellbeing Board to have discussions around a small suite of meaningful indicators (ideally on 1 page), as opposed to pages of detail. If members of the Board required further detail, this could be provided outside of the meeting, or a particular area could be spotlighted at a future Board meeting. ***The proposed revised dashboard, focused on most significant outcomes, is set out in Appendix C.***

A project is currently underway to review our Joint Strategic Needs Assessment (JSNA) data sets. This project involves input from different services across the Council and from our key partners. JSNA data will be reported to the H&W Board and will provide information regarding trends, unmet needs and progress against measures taken to address. ***The timetable for the JSNA project is shown below:***

Mid November 2017 – Completion of Borough Profile draft

Early January 2018 – Completion of Starting Well (maternity and 0-4 year olds) draft

Mid March 2018 – Completion of Developing Well (children and young adults) draft

Late April 2018 – Completion of Living and Working Well (adult population) draft

Late May 2018 – Completion of Ageing Well (older population) and People and Places drafts

Late June 2018 – Reviewing all chapters, adding outstanding information. Get JSNA document ready for sign off

Early August 2018 – Uploading all chapters with latest data online

Health and Wellbeing Board Key Priorities

To enhance our governance it is suggested that each of the Health and Wellbeing Board key priorities are allocated to a Councillor Member of the Health and Wellbeing Board and an appropriate officer. This is intended to improve accountability and deliverability. ***It is proposed that the key priorities are allocated as follows:***

Enabling and empowering resilient communities (Charlotte Haitham Taylor/Graham Ebers); Promoting & Supporting good mental health (Ian Pittock/Paul Senior); Reducing Health inequalities in our Borough (Mark Ashwell/Darrell Gale); Delivering person centred integrated services (Richard Dolinski/Paul Senior/Katie Summers).

Other

Following the progression of the integrated Health and Social Care strategy and the appointment of the much needed support to the Board, other issues around the themes of Governance and Partnership Working can be taken forward. This will lead to a complete Action Plan that is reported back to every Board meeting and informs the Forward Programme of future agenda items. Specific issues yet to address, includes the mapping of all sub groups and task groups (how they align to the business of the Health and Wellbeing Board) and establishing a new terms of reference for the Health and Wellbeing Board aligned to its 4 key priorities (including a review of membership).

Partner Implications

It is important that all relevant partners feel engaged with and contribute to both the 'refresh' and the new ways of working.
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Reasons for considering the report in Part 2

None

List of Background Papers

Peer Review

Contact Graham Ebers	Service Corporate Services
Telephone No 0118 974 6557	Email graham.ebers@wokingham.gov.uk
Date 29 January 2018	Version No. 0119 974 6557

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BCF High Level Programme Plan/Roadmap for Integration of Health and Social Care Services 2018 to 2020

COMPLETE			Responsible Lead/s	Status	Milestones							
IN PROGRESS												
PLANNED												
OVER DUE/RISK												
Year Quarter												
			2018/19				2019/20					
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Quadruple Aim	Quality Ambitions	Key Deliverables for 2018 to 2020										
Further develop Partnership Working	Building an effective Integrated Health and Social Care Partnership - Working with CCG, local authority, provider organisations and third/ independent sector, ensuring alignment with the ICS and STP plans for Berkshire West	Enhanced S75 Partnership MOU and Governance	BCF Programme Manager & WLPB									
		Review of current Pooled Funding and opportunities to develop	BCF Programme Manager & WLPB									
		Overall model review to provide a single integrated health and social care service with urgent on the day access and long term support	BCF Programme Manager & WLPB									
			BCF Programme Manager									
		Stakeholder Engagement and Comms										
Further improving the Quality of Care that we provide with a particular focus on:	Person centred - Information and support to enable people at home and during times of transition	WISH - Business as usual for urgent on the day access to health and social care	WISH									
		CHASC -	CHASC									
		Fully integrated Health and Social Care Hub that can provide a wealth of information, support and advice to support this aim to keep individuals and families healthy and well in their communities.	Reva Stewart/ John Daniels (Berkshire Integrated Hub)									
		Single model of leadership and management for all health and social care services	WLPB		Stage 1			Stage 2				
	Increasing the role of primary care - focused on keeping people healthy in the community for as long as possible	Ongoing development of the newly formed Wokingham GP Alliance	GP Alliance									
		Implementation of place based 3 integrated localities (West, East and North) around GP Hubs	CHASC		West	East	North					
	Safe care - Accelerating our programme to improve safety in all health and social care environments	We will continue the ground-breaking extension of this programme into mental health										
	People-powered health and care services - to develop more person-centred health and care services we will promote personal responsibility for health and wellbeing, and support self-management so that people are better able to maintain their health and to manage periods of ill-health	Help people navigate and understand the system, so that they become more involved and engaged in their healthcare through continued development of our Social Prescribing service, known as the Community Navigator Service										
		reshaping the way voluntary sector are funded to ensure a coordinated approach to developing and providing services.										
		Support and clear accessible information will be available to enable people and their carers to manage confidently at home and during times of transition, through the information network (WIN)	Reva Stewart/ John Daniels (Berkshire Integrated Hub)									
	Improving our approach to supporting and treating people who have multiple and chronic illnesses - deliver improved outcomes for people living with multiple morbidities, including mental health conditions. We will consider the whole pathway of care with a focus on people aged under 65 in areas of deprivation and high levels of health inequalities	Key pressure points in all pathways will be identified through pathway mapping and actions for how we address these will be agreed to ensure optimisation.	AD of Integrated Health and Social Care		ASC			Health		ASC/Health		
Through more detailed analysis of existing data, people will be identified as 'at risk' and anticipatory plans will be agreed through the MDT process		CHASC										

Improving the Health of the Population with a particular focus on:	Reducing health inequalities – We will refocus our efforts on health inequalities particularly in the context of areas of deprivation which will impact those most at risk of ill-health.	There will be a new focus on targeting resources to the most deprived areas through the development of the locality model for long-term health and social care services	CHASC										
	Prevention and pro-active care - identifying risk factors to poor health and wellbeing early on to meet the ambition to shift more health care from hospitals to settings closer to people's homes	Care co-ordination implemented for individuals with long term needs and for those most at risk of hospital admission	CHASC										
Securing the Value and Financial Sustainability of health and social care services we provide	Establish a vision for the health and social care workforce for 2020, and setting out a clear plan of actions which will have an immediate effect – We will work in partnership with staff and partner organisations to establish and agree a vision for the health and care workforce required to realise the 2020 Vision.	Develop and publish an Integration Position Statement											
		A focus on workforce planning to ensure that we have the right people, in the right numbers in the right jobs. Developing the workforce and leadership capacity											
	Increase our investment in new innovations which both increase quality of care and reduce costs -	Connected Care											
		Review Assistive Technology											
	Increase efficiency and productivity through more effective use of unified approaches coupled with local solutions and decision making where appropriate - including a specific focus on implementing shared services where possible and appropriate and optimise the use of management information to highlight areas for improvement	Measurement of Performance											
		Identify and develop Joint commissioning opportunities creating the right incentives for providers to achieve these outcomes shift of care and stripping out duplication.	WLPB						Identify	Alignment of Commissioning Teams			
		Benefit realisation to be reported monthly and annually, through highlight reporting and annual scheme review	BCF Programme Office										
		Identify all opportunities for to alignment of services, which may be virtual or co-located and design and implement these opportunities.	CHASC and WISH SROs and transformation lead					Identify	Implement				
LOCAL BCF SCHEMES													
BCF 01 Berkshire Integrated Hub													
BCF 02 Wokingham Integrated Social and Health Care (WISH inc. Step Down) Short Term													
BCF 03 Step Up													
BCF 08 Community Health and Social Care (CHASC) - Long Term													
BW10 BCF SCHEMES													

Appendix B

Achievements of the Community Safety Partnership Overview

Community Safety Partnership Achievements in 2017/8

1. Funded a number of successful projects using Police and Crime Commissioner Grant including:

- **KICKS** – a sports based project which diverts at risk young people. Between September 2017 and January 2018 215 at risk young people accessed the service and on average engaged in almost 19 hours of activities. 15% of those young people identified as being Black and Ethnic Minority (BME).
- **Part funded YOS service - Which has resulted in a decrease** in the number of young people entering the criminal justice for the first time, which is currently down by 38%.
- **Chelsie's Choice** – a school based theatre production which targets year 8 and 9 pupils in maintained schools, academies and independents schools, warning them of the dangers of child sexual exploitation in particular exploitation linked to cybercrime. This includes sexting, online grooming etc. The Local Children's Safeguarding Board LCSB) has commissioned 10 shows over 2 weeks, all the allocation has been taken up.

2. Reduction in substance misuse - Wokingham Borough Council has a responsibility to reduce substance misuse within its locality. The borough is current doing well against this outcome as once local residents' access substance misuse treatment, they successfully stay in treatment. Our current figures show that 90% of young people complete treatment and 21% of adults' complete treatment, which is well above national and local averages.

3. Implementation of Prevent Strategy – the Prevent Strategy Group, a subgroup of the CSP is currently implementing a number of actions to Prevent Terrorism in Wokingham.

- Rolling out Prevent training programme both face to face and online
- Developing referral protocols to ensure that all vulnerable adults and young people, children who are at risk of radicalisation are referred to support services
- Developing and circulating good practice guidance, for example guidance for Cllrs on how to keep safe when they are out campaigning
- Engagement with BME and other vulnerable groups to promote social integration.

4. Integrated Offender Management (IOM) – Successful case management of offenders within the IOM cohort. Integrated Offender Management is a project where offenders are case managed in partnership with key agencies. Currently we are seeing a small increase in the number of offenders in the cohort who are re- arrested but it is for lesser crimes.

There are a number of individual successes. One offender recently successfully completed long term substance misuse rehab. Before being referred to the IOM programme they had an extensive history of offending over 20 years. They came to the attention of the IOM service as they were shoplifting over £500 worth of goods a day. Since attending rehab their offending has stopped and they have been resettled out of the borough.

5. Domestic Abuse/Violence is a CSP priority - The CSP commissions Berkshire Woman's Aid (BWA) to provide a range of interventions to address Domestic Violence which includes one to one support, refuge provision if a victim has to leave their home and a service that supports perpetrators to address their behaviour.

In Quarter 3 of 2018/9, the average length of intervention was 149 days, 57% of clients who accessed their services saw their risk level reduce and no clients risk level increased. In addition, the number perpetrators accessing service increased this year from less than 5 perpetrators last year to almost 10 accessing the service this quarter.

Appendix B

6. **Problem Solving Tasking Group (PSTG)** – The CSP runs a Tasking Group that aims to address persistent ASB and Crime Problems in partnership with a number of agencies. Some of the actions include:

- **Implementing closure protocols** - which where the Council goes to court to close down a residential premises that has been involved in ASB. The partnership has seen the implementation of four closure orders since 2017, resulting in a reduction of substance misuse related ASB in the relevant area.
- **Supporting Police operations** – For example supporting the Police in implementing operation Possum, a project to reduce drug dealing on the Norrys Estate and surrounding areas. The operation targeted drug misuse on the estate with 3-4 arrests being made and good intelligence gathering achieved.

The PSTG's currently supporting the Police in implementing operation ORCA which aims to reduce substance misuse and related ASB by young people. The police provide the enforcement action, the Council and other services ensure support and diversion for identified vulnerable children and young people.

Appendix C

Health & Wellbeing Dashboard Indicators

Reporting format

A previous version of the dashboard gave suggestions for a range of graphics, but essentially RAG (Red; Amber; Green) ratings are useful in terms of direction of travel from the benchmark, as a sign of improvement or deterioration:

- Red is deterioration of the indicator (movement may be numerically up or down dependent on the indicator).
- Amber is no change to the indicator.
- Green is improvement of the indicator (movement may be numerically up or down dependent on the indicator).

Indicators are grouped under the Health and Wellbeing Strategy 2017-2020 objectives, with a suggestion of both Member and Officer responsibility for ensuring progress is made and reporting is correct. The strategy objectives are:

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

Proposed Indicators

1. Enabling and empowering resilient communities

Member Lead: Charlotte Haitham-Taylor

Officer Lead: Graham Ebers

1A	Population living with a long-term condition aged under and over 65
Definition	Population living with long-term conditions are more likely to suffer from poor mental health, be hospitalised and die prematurely.
Data source	PANSI and POPPI national datasets: Annually

1B	Emergency admissions for hip fractures in 65+
Definition	Older people require integrated care services in order to be more resilient and avoid hospitalisation
Data source	PHOF: Annually

1C	Resident's Perception of Fear of Crime
Definition	Requested by the Community Safety Partnership (a sub group of the HWB) to monitor performance against this cross-cutting theme.
Data source	A bespoke survey of residents is required for this: Annually

2. Promoting and supporting good mental health

Member Lead: Ian Pittock

Officer Lead: Paul Senior

2A	West of Berkshire; Five Year Forward View for Mental Health Delivery Plan
Definition	<p>This group is developing a series of measures tracking progress on the five year forward view for mental health, which incorporates Future in Mind work on CAMHS services. This indicator will give a synopsis of progress towards the delivery plan, based upon the detailed metrics behind it, which include:</p> <ul style="list-style-type: none"> • Perinatal Mental Health; • Children and Young people (CYP) Mental Health; • Adult mental health: common mental health problems - focus on Improving Access to Psychological Therapies (IAPT) services; • Adult mental health: community, acute and crisis care; • Adult mental health: secure care pathway & Health and Justice; • Suicide prevention; and • Dementia.
Data source	Berkshire West Mental Health Delivery Group (Five Year Forward View) Delivery Plan: Quarterly

2B	Self-reported wellbeing
Definition	It is a measure of overall wellbeing in the community
Data source	PHOF; ONS national datasets: Annually

2C	Prevalence (%) of Dementia (registered and estimated)
Definition	It is a measure of service need
Data source	QoF; POPPI national datasets: Annually

2D	Prevalence (%) of Mental Health illness (registered & estimated)
Definition	It is a measure of service need
Data source	QoF; POPPI; PANSI national datasets: Annually

3. Reducing health inequalities in our Borough

Member Lead: Mark Ashwell

Officer Lead: Darrell Gale

3A	Life Expectancy at Birth (Male/Female)
Definition	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.
Numerator	Number of deaths registered in the respective calendar years
Denominator	ONS mid-year population estimates for the respective calendar years
Data source	PHOF 0.1ii : Annually http://www.phoutcomes.info/public-health-outcomesframework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

3B	Children in Poverty (Under 16s)
Definition	Percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only.
Numerator	Number of children aged under 16 living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA.
Denominator	Number of children aged under 16 for whom Child Benefit was received in each local authority.
Data source	PHOF 1.01ii: Annually http://www.phoutcomes.info/public-health-outcomesframework#gid/1000049/pat/6/ati/102/page/6/par/E12000007/are/E09000023

3C	Overweight and obese school children in Reception (%) and at Year 6 (%)
Definition	Unhealthy weight is directly linked to poor diet and physical exercise. It can lead to poor health and child development, and can also cause mental health problems
Numerator	Children at Reception year who are weighed and measured who are recorded as overweight or obese. Same for Year 6 children.
Denominator	Children at Reception yr. and yr. 6 who are weighed and measured.
Data source	National Child Measurement Programme (NCMP): Annually

4. Delivering person-centred integrated services

Member Lead: Richard Dolinski

Officer Lead: Paul Senior & Katie Summers

4A	Wokingham Integrated Services Partnership (WISP) Local Performance
Definition	<p>Requested by WISP (a sub group of the HWB) to monitor performance against their priorities. This indicator will give a synopsis of progress based upon the detailed metrics as below:</p> <ul style="list-style-type: none"> • Non Elective (NEL) admissions for the Target Conditions and > 70 years of age; • Delayed Transfers of Care (DToC) in days, cumulative; • Average Length of Stay for Step Down Beds; • Adult social care call resolved upon first contact to The Hub; • CHASC indicator: number of new patients discussed each month at MDT; • CHASC Indicator: number of patients with a Health Improvement Plan in place.
Data source	Wokingham Integrated Services Partnership (WISP) Local Performance: Monthly

4B	Wokingham Integrated Services Partnership (WISP) National Performance
Definition	<p>Requested by WISP (a sub group of the HWB) to monitor performance against the national Better Care Fund priorities. This indicator will give a synopsis of progress based upon the detailed metrics as below:</p> <ul style="list-style-type: none"> • Total NEL admissions (General and acute) all ages; • Permanent Admissions to Care Homes; • Delayed Transfers of Care from Hospital (Delayed days); • Percentage of older people (65+) still at home 91 days after discharge from hospital into rehabilitation/reablement services;
Data source	Wokingham Integrated Services Partnership (WISP) National Performance: Quarterly

TITLE	Berkshire West Healthy Weight Strategy: developing a localised action plan
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 5 April 2018
WARD	None Specific
DIRECTOR/ KEY OFFICER	Graham Ebers, Director Corporate Services, Darrell Gale, Public Health Consultant

Health and Wellbeing Strategy priority/priorities most progressed through the report	Priority 3. Reducing health inequalities
Key outcomes achieved against the Strategy priority/priorities	<p>Tackling obesity contributes towards a number of Public Health Outcomes Framework indicators including:</p> <ul style="list-style-type: none"> • utilisation of outdoor space for exercise / leisure purposes • reducing excess weight in 4-5 year olds and 10-11 year olds • reducing excess weight in adults • percentage of physically (in)active adults • reducing obesity related co-morbidities such as diabetes.

Reason for consideration by Health and Wellbeing Board	For information
What (if any) public engagement has been carried out?	No public engagement has been carried out relating to the development of localising the action plan.
State the financial implications of the decision	It will be an imperative that the action plan drives the efficient use of resources and identifies clear health benefits on investment so as to protect a sustainable local health and care system.

RECOMMENDATION

That the Board supports the development of the localised Healthy Weight action plan for Wokingham.

SUMMARY OF REPORT

This report seeks the Board's support in the development of a localised Healthy Weight action plan for Wokingham in order to deliver Berkshire West's Healthy Weight Strategy 2018-2020. The report provides an outline/framework of the localised action plan for Wokingham and next steps to develop a comprehensive action plan.

Background

National context

National data suggests that almost two-thirds of adults in England and approximately one-third of children aged 10-11 were overweight/obese in 2015¹, see figure 1. Obesity increases someone's risk of developing a number of diseases, for example, three times more likely to develop colon cancer, 2.5 times more likely to develop high blood pressure (a risk factor for heart disease) and 5 times more likely to develop type 2 diabetes.

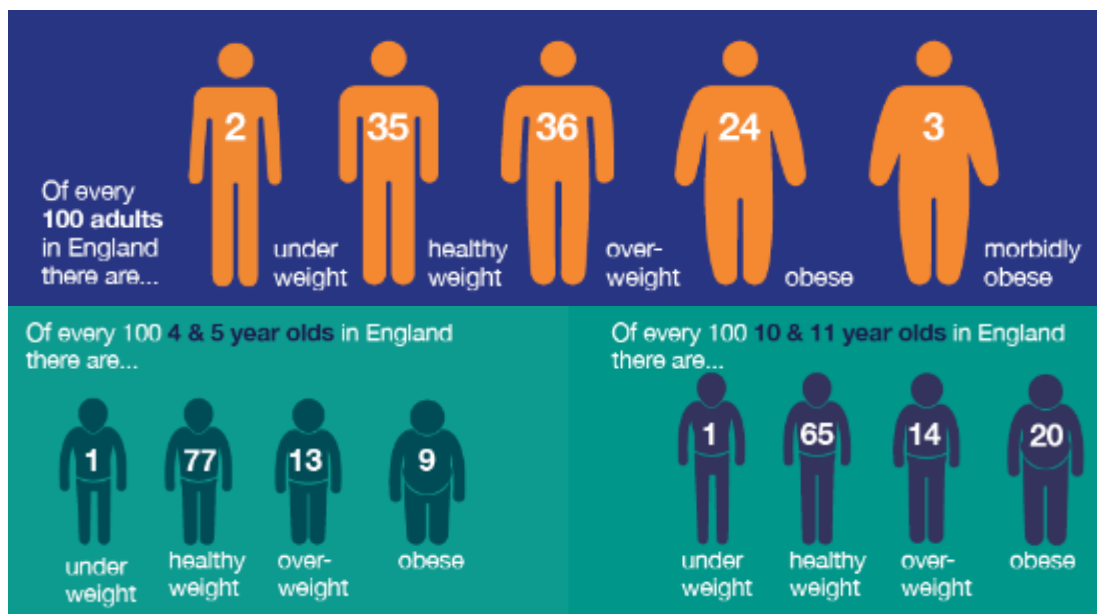


Figure 1. Proportion of adults, 4-5 year olds and 10-11 years olds weight (2015, England)

It is estimates that obesity is responsible for over 30,000 deaths each year in England. Younger generations are becoming obese at earlier ages and staying obese for longer. If this trend continues obesity will overtake tobacco smoking as the biggest cause of preventable deaths.

Local context

- Berkshire West's Healthy Weight Strategy 2018 – 2020 was endorsed by Wokingham Borough Council's Health and Wellbeing Board in Feb 2018.
- The Strategy provides a framework to co-ordinate work to tackle obesity in the locality.

Analysis of Issues

The Berkshire West Healthy Weight Strategy 2018 – 2020 identified:

- Six priorities outlined in the Strategy:
- Providing information and support to help people manage their weight
- Helping the least active members of the population move more

¹ Public Health England (2017). Health matters: obesity and the food environment. Available at: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2> [Accessed 15/03/2018]

- Working with schools and families to help more children be a healthy weight
- Providing more support for parents in early years settings
- Ensuring our leisure centred offer support and activities to help people maintain a healthy weight throughout life
- key actions relating to unmet needs in the area. These key actions will form the basis of the action plan.

Tier 1 / Primary prevention: To prevent children and adults from becoming overweight or obese through supporting healthy eating and active lifestyle habits throughout life.

- Raise awareness of why a healthy weight is important, what a healthy weight is for all ages and how to maintain this
- Promote healthy eating and an active lifestyle for all children in schools and at home
- Enable and encourage people of all ages to move more on a daily basis through structured or unstructured physical activity, in line with Chief Medical Officer Guidelines
- Encourage children and adults to minimise prolonged periods of sedentary behaviour such as screen time
- Ensure that residents can access advice about preparing or buying affordable, culturally acceptable, healthy meals and snacks.

Tier 2 services / Community Weight Management Programmes.

- Continue to ensure that commissioned Lifestyle based programmes for overweight or obese adults and children in the community adhere to NICE guidance
- Ensure that providers of these programmes encourage sustainable behaviour change by signposting people to Tier 1 healthy eating and physical activity programmes or to their GP if more intensive support is required
- Work to provide more healthy weight support for families in early years settings and for teenagers.

Tier 3 services: Commissioned by CCGs

- Continue to work with our partners to consider how gaps in Tier 3 provision could be addressed
- Ensure that providers of Tier 2 commissioned services recognise when to refer obese patients or those with significant health conditions to their GP to access specialist clinical support; for example Dietetic services or clinical psychology.

Nest steps:

- Develop a localised Healthy Weight Management action plan, including engagement/input from key stakeholders and to report back to the HWB in April with a draft action plan.
- To develop a Berkshire West Healthy Weight steering group to ensure co-ordinated action across the locality.

Partner Implications

It is important that all partners feel engaged with and contribute the localised action plan.

Given the breadth of influences on obesity, this is an opportunity to maximise use of resources across different partner agencies, in terms of work on the delivery of shared priority agendas.

The outcomes are beneficial for all partners in respect to reducing obesity and thus the impact on the health and social care system.

Reasons for considering the report in Part 2

N/A

List of Background Papers

Wokingham Borough Council's Joint Strategic Needs Assessment Wokingham Borough Council's Health and Wellbeing Strategy 2018 - 2020

Contact Darrell Gale	Service Public Health
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Appendix A: Berkshire West Healthy Weight Strategy 2018-2020, Wokingham Borough Council's Action Plan Phase 1

The tables below details work in progress by the council that contributes to the healthy weight agenda. However, to tackle overweight and obesity effectively requires a multi-agency approach. We will therefore invite partners to join an Implementation Plan group to help shape and agree a comprehensive delivery plan.

1. Providing information and support to help people manage their weight						
What will be done – the task	Tier of service	Who will do it	By when	Outcomes	Milestones	National indicators

2. Helping the least active members of the population move more

What will be done – the task	Tier of service	Who will do it	By when	Outcomes	Milestones	National indicators

Appendix A: Berkshire West Healthy Weight Strategy 2018-2020, Wokingham Borough Council's Action Plan Phase 1

3. Working with schools and families to help more children be a healthy weight

What will be done – the task	Tier of service	Who will do it	By when	Outcomes	Milestones	National indicators

4. Providing more support for parents in early years settings

What will be done – the task	Tier of service	Who will do it	By when	Outcomes	Milestones	National indicators

Appendix A: Berkshire West Healthy Weight Strategy 2018-2020, Wokingham Borough Council's Action Plan Phase 1

5. Supporting/encouraging teenagers to eat healthily and have an active lifestyle

What will be done – the task	Tier of service	Who will do it	By when	Outcomes	Milestones	National indicators

Appendix A: Berkshire West Healthy Weight Strategy 2018-2020, Wokingham Borough Council's Action Plan Phase 1

6. Ensuring our leisure centres offer support and activities to help people maintain a healthy weight throughout life						
What will be done – the task	Tier of service	Who will do it	By when	Outcomes	Milestones	National indicators

TITLE	Place and Community Partnership Update and call to Members for their support
FOR CONSIDERATION BY	Health & Wellbeing Board on 5 April 2018
WARD	None Specific
DIRECTOR/ KEY OFFICER –	Place & Community Partnership Chair, Clare Rebbeck

Health and Wellbeing Strategy priority/priorities most progressed through the report	All
Key outcomes achieved against the Strategy priority/priorities	Communication and awareness of Health and Wellbeing Board and Key Community Themes

SUMMARY OF REPORT

The Place and Community Partnership has now been revived with a communications project starting in Apr 2018. 2nd Monday of each month. Themes have been chosen but remain flexible for input from Board Members. Raising awareness of the HWBB and its role and key priorities will be central to the wider engagement piece but a theme each month to highlight positive resources and support available across the WB will be delivered. HWBB members will be informed on how to participate and are encouraged to do so through their media platforms.

Feedback of the project will be delivered at future HWBB's by involve.

Themes;

April: Active April – leisure, country sides and parks, local activity classes/schemes

May: Events in the Community, May Fayre, Arts and Culture, MH Awareness week

June: Carers – Carers week

July: Summertime – holiday schemes, safe in the sun

August: Continued Learning and Development, Back to School

September: Food for all, Nutrition, Harvest, Food Banks

October: Diversity, Black History Month

November: Heritage , Arts, History

December: Happiness, Emotional Wellbeing

January: Keep Safe and Healthy

February: Friendships

March: De-clutter, De-stress

Partner Implications

Call to participate

List of Background Papers

Project outline attached

Proposal from Place & Community Partnership members to the HWBB – 16th March 2017

Aim: Run a pilot of monthly online awareness on given topics which enhance knowledge of the role of the HWBB and awareness of a given subject which all members can participate in using their Facebook, Twitter and LinkedIn accounts.

Objective: All members participate in 'one day a month' of interactive activity online to promote awareness on a given subject and promote opportunities and support available to enhance knowledge and well-being for residents of WB.

Members: Meet to agree strategy – receive regular electronic updates on participation and evaluation.

HWBB: Guide PCP on what topics of interest and content of Boards role they would like to be raised, members to join in with online activity where possible.

Resources: Staffed 20 hours per month to support the creation of materials needed, create posts, monitor activity online and report evaluation information to the members and the HWBB.

The involve Voluntary Sector Development Broker to Chair the PCP meetings, the involve Administrator to administer the information for meetings and involve team to create feedback for the HWBB.

An estimated reach for these campaigns is 30,000+ per post sourced from the number of followers for members and local statutory bodies able to participate.

Cost agreed £5k for 12 months.

TITLE	Community Safety Partnership update
FOR CONSIDERATION BY	Health & Wellbeing Board on 5 April 2018
WARD	None Specific
DIRECTOR/ KEY OFFICER	Shaun Virtue, Graham Ebers (Joint Chairs of CSP)

Health and Wellbeing Strategy priority/priorities most progressed through the report	Enabling and empowering resilient communities
Key outcomes achieved against the Strategy priority/priorities	Community safety and crime reduction priorities can support the achievement of health improvement outcomes and vice versa.

SUMMARY OF REPORT The Community Safety Partnership (CSP) continues to deliver its work plan through the actions of the various subgroups which report into it. Health partners including Public Health Officers, the Clinical Commissioning Groups (CCG), and the Mental Health Trusts are actively engaged in each subgroup, supporting the operational delivery of key projects.

Some of the main priorities that the CSP has been addressing through its subgroups include:

- The Police, young people services and members of the public are reporting increased levels of substance misuse within both Wokingham and neighbouring areas such as Bracknell. This includes the use of cannabis and alcohol as well as Xanax (benzodiazepine) and in some instances traces of Class A substances (heroin and cocaine) have been found. The increase in substance misuse is also linked to increased ASB by young people in Wokingham.

In addition, cannabis has become more of a cause for concern for professionals. Health professionals have reported that some mothers have stated that they are using cannabis during their pregnancies. Further, our domestic violence service reports that cannabis use is implicated in a number of their recent cases.

The CSP plans to address this in two ways:

- a) to address young people's substance misuse the police and partners are implementing a multi-agency project called Project Orca which includes enforcement, diversion activities and referring young people to support services if needed.
 - b) the CSP will also be running a substance misuse awareness campaign in partnership with the Public Health service to alert parents and professionals of the dangers of substance misuse. The campaign will be launched in April 2018.
- There has been a renewed emphasis on Prevent (the government counter terrorism strategy) by the Home Office and the Police. There are two trends that

central government is particularly concerned about a) British families returning from warzones and resettling within the UK, as they are likely to have a high level of mental and physical health need and b) young unaccompanied asylum seekers who may be vulnerable to radicalisation.

The Home Office has recently issued guidance to local Authority Chief Executives and Directors of Children' Services on how to support returning families as well as address the needs of young asylum seekers.

- In keeping with the new emphasis on addressing vulnerability and demand management Thames Valley Police and the CSP are working together to ensure that vulnerable children, victims and offenders who come into frequent contact with the Police service receive appropriate support and interventions.

The plan is to review and identify the most vulnerable cohort of victims, offenders and children and work together to ensure that they are appropriately case managed.

Partner Implications

Health partners are fully engaged in the CSP and its various subgroups, and are therefore well placed to support the Police, Council and other partners to deliver the crime reduction priorities in the following ways:

Recommendations

- The increase in substance misuse will require a long term multi-faceted approach. It may be worth looking at substance misuse in depth at a Health and Wellbeing Board meeting to ensure our approach is addressing all current and emerging issues.
- The implementation of the next iteration of the Prevent Strategy will require the support of health partners. This includes supporting and training GPs and other frontline professionals who may come into contact with families returning from Syria and making sure that mental health services in particular understand how to refer vulnerable people to the Channel Panel process.

There is currently good and engaged attendance by health partners at the Prevent Strategy groups, and they are committed to taking actions, for example rolling out the Prevent e-training.

However it is worth raising Prevent issues at a more strategic level to ensure a consistent approach across health organisations, and if appropriate circulate relevant Home Office and other guidance documents to ensure practice is always consistent.

- Health services are a key partner in the development of interventions to support vulnerable people, particularly those who have frequent contact with public services. It would be useful if health partners could support the CSP and Police by:

- Sharing information on vulnerable people where appropriate.
- Including the CSP in any health and social service demand reduction projects to ensure the needs of people who make high demands on crime related agencies are included.

List of Background Papers
None

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