



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in LGF4 - Civic Offices on **THURSDAY 11 APRIL 2019 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', with a long, sweeping flourish at the end.

Susan Parsonage
Chief Executive
Published on 3 April 2019

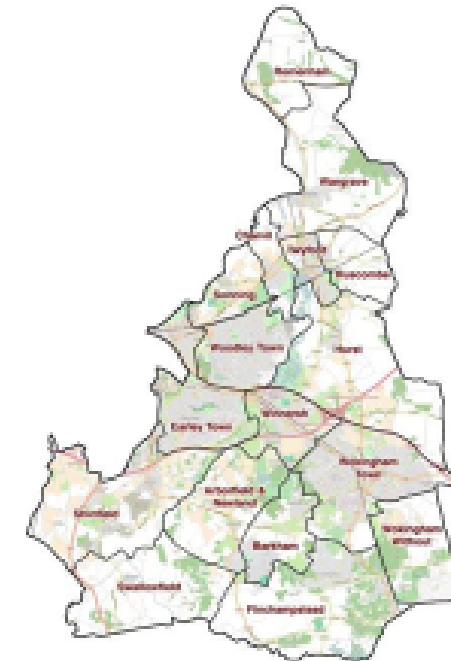
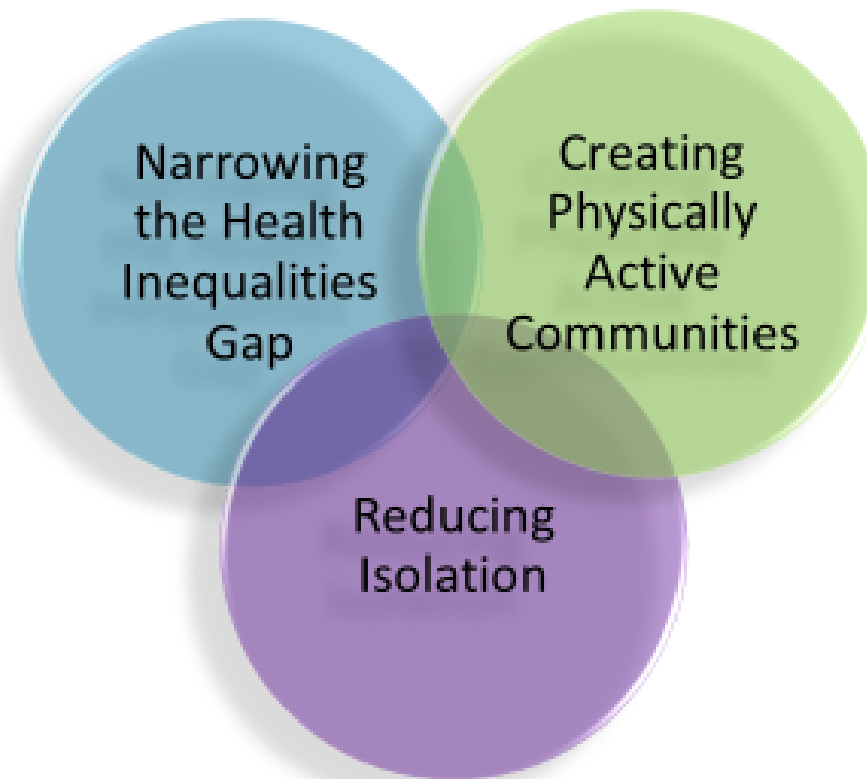
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Creating Health Equity

Narrowing
the Health
Inequity

Key Priorities



WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Parry Batth	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director of Childrens Services
Nick Campbell-White	Healthwatch
Philip Cook	Voluntry Sector and Community Partnership / Voluntary Sector
Graham Ebers	Deputy Chief Executive
David Hare	Wokingham Borough Council
Pauline Helliard-Symons	Wokingham Borough Council
Sarah Hollamby	Director of Locality and Customer Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Nikki Luffingham	NHS England
Julian McGhee-Sumner	Wokingham Borough Council
Angela Morris	Director Adult Services
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG
Vacancy	Community Safety Representative

ITEM NO.	WARD	SUBJECT	PAGE NO.
73.		APOLOGIES To receive any apologies for absence	
74.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 14 February 2019.	5 - 10
75.		DECLARATION OF INTEREST To receive any declarations of interest	
76.		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.		MEMBER QUESTION TIME To answer any member questions	

78.	None Specific	FUTURE IN MIND UPDATE To receive an update on Future in Mind. <i>(15 mins)</i>	11 - 22
79.	None Specific	LOCALITIES PLUS To receive a report regarding Localities Plus. <i>(15 mins)</i>	23 - 42
80.	None Specific	WELLBEING BOARD REFRESH / STRATEGY INTO ACTION To consider the Wellbeing Board Refresh/Strategy into Action <i>(15 mins)</i>	43 - 48
81.	None Specific	JSNA 2018 SUMMARY AND PRESENTATION OF NEW JSNA MODEL To receive JSNA 2018 summary and presentation of new JSNA model. <i>(15 mins)</i>	
81.1	None Specific	JSNA Key messages	49 - 60
81.2	None Specific	New Approach to JSNA	61 - 66
82.	None Specific	REVIEW OF TERMS OF REFERENCE To review the terms of reference of the Wokingham Borough Wellbeing Board. <i>(15 mins)</i>	67 - 76
83.	None Specific	UPDATES FROM BOARD MEMBERS To receive an update on the work of the following Board members: <i>(10 mins)</i>	
83.1	None Specific	Community Safety Partnership update March 2019	77 - 80

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

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 14 FEBRUARY 2019 FROM 5.00 PM TO 6.45 PM**

Present

Parry Batth
Nick Campbell-White
Philip Cook

Tessa Lindfield
Dr Cathy Winfield
Paul Doherty (substituting Carol Cammiss)
Martin Sloan (substituting Angela Morris)

Wokingham Borough Council
Healthwatch
Voluntry Sector and Community
Partnership
Strategic Director Public Health Berkshire
NHS Berkshire West CCG
Assistant Director Education
Assistant Director Adult Services

Also Present:

Madeleine Shopland

UllaKarin Clark
Graham Ebers
Rhosyn Harris
Charlotte Seymour
Teresa Bell

Democratic and Electoral Services
Specialist

Deputy Chief Executive
Public Health
Wellbeing Board Manager
Independent Chairman of the West of
Berkshire Safeguarding Adults Board

44. ELECTION OF CHAIRMAN

RESOLVED: That Councillor Parry Batth be elected Chairman for the remainder of the municipal year.

45. APOLOGIES

Apologies for absence were submitted from Councillors David Hare, Pauline Helliard Symons and Julian McGhee-Sumner, Carol Cammiss, Sarah Hollamby, Dr Debbie Milligan, Angela Morris and Katie Summers.

46. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 8 November 2019 were confirmed as a correct record and signed by the Chairman.

47. DECLARATION OF INTEREST

Tessa Lindfield declared a Personal Interest in Item 67 Data Available for service planning for veterans and the delivery of the Armed Force Covenant on the grounds that her husband served in the Armed Forces.

48. PUBLIC QUESTION TIME

There were no public questions.

49. MEMBER QUESTION TIME

There were no Member questions.

50. APPOINTMENT TO WOKINGHAM BOROUGH WELLBEING BOARD

The Board considered a report proposing the appointment of the Deputy Chief Executive to the Wokingham Borough Wellbeing Board.

RESOLVED: That

- 1) the Deputy Chief Executive (from Wokingham Borough Council) be appointed to the Wokingham Borough Wellbeing Board.
- 2) it be recommended to Council, via the Constitution Review Working Group that section 4.4.23 of the Council's Constitution be amended to reflect the change in the Wokingham Borough Wellbeing Board membership.

51. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017-18

Teresa Bell, Independent Chairman of the West of Berkshire Safeguarding Adults Board, presented the West of Berkshire Safeguarding Adults Board Annual Report 2017-18.

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

- The establishment of a Safeguarding Adults Board was statutory under the Care Act 2014.
- Core duties of the Board included undertaking safeguarding adults reviews, producing an annual report and producing a business plan.
- Board members were informed that the number of safeguarding concerns reported had reduced across Berkshire West. Work was being undertaken to establish the cause of this. It was noted that there were slight differences in the way the triage system was operated in the three areas in Berkshire West. Common methodology in order to avoid disparity was being encouraged.
- There had been little change in the referral for safeguarding enquiry pattern. People were mostly over 65, many were female and the majority were white.
- The most common type of abuse across Berkshire West was neglect, followed by physical abuse.
- There had been an increase in self-neglect cases. Dr Winfield questioned whether this was linked to social isolation. Teresa Bell indicated that it was in some cases but in others people were very independent and did not wish to accept help. She went on to state that it would be helpful to explore the matter further with Public Health.
- Councillor Batth questioned why less referrals were being received from ethnic minorities. Teresa Bell commented that the level of referrals from ethnic minorities was not high in Berkshire West, even in Reading which had a larger ethnic community. The Board was focusing on engaging with local community groups. Tessa Lindfield suggested that the Board could learn good practice from other areas regarding engaging with people from ethnic minorities and encouraging them to make a safeguarding enquiry when required. Councillor Clark commented that a language barrier may be an issue in some cases when it came to considering making a report.

RESOLVED: That the West of Berkshire Safeguarding Adults Board Annual Report 2017-18 be noted.

52. DATA AVAILABLE FOR SERVICE PLANNING FOR VETERANS AND THE DELIVERY OF THE ARMED FORCES COVENANT

Rhosyn Harris, Public Health, presented a report regarding data available for service planning for veterans and the delivery of the Armed Forces Covenant.

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

- Estimates suggested that there were 1,720 working- aged (aged 16-64) Armed Forces veterans living in Wokingham Borough. A veteran could be anyone who had served in the Armed Forces for a day or more. Younger veterans in particular may not recognise themselves as such.
- Consideration of veterans' needs in the Joint Strategic Needs Assessment was key to ensuring that the commitment to local veterans set out in the Armed Forces Covenant was fulfilled.
- The Board was informed that health services for Armed Forces were commissioned by a number of different bodies.
- Board members were provided with information around the number of veterans in the Borough. It was noted that veterans could be in receipt of the Armed Forces Pension or registered with their GP as a veteran. The Clinical Commissioning Group had actively sought information regarding the number of veterans in the Borough, asking people attending for a flu vaccination whether they had served in the Armed Forces.
- Compared with the England averages, working-aged veterans living in Wokingham Borough were estimated to have better health, were more likely to be home owners and hold higher education qualifications and were less likely to be unemployed.
- Compared with the rest of the population veterans tended to be fit and healthy but reported higher levels of smoking prevalence, depressive illness, hearing loss and muscular skeletal problems.
- Graham Ebers commented that it was important to recognise that the JSNA was an evolving document and that the data regarding veterans could help shape the JSNA and the Wellbeing Strategy.

RESOLVED: That

- 1) the newly published data released by ONS/MoD be considered;
- 2) the call to action from the NHS Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning and Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention, specifically that veterans should be considered in JSNA refresh, to note the recent publication of "Our Community, Our Covenant" a guide for local authorities to support the delivery of the Armed Forces Covenant and to note the availability of the Covenant Fund, be considered.

53. GUIDING PRINCIPLES, WOKINGHAM INTEGRATED PARTNERSHIP

The Board considered the Guiding Principles: Wokingham Integrated Partnership.

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

- The Guiding Principles had been developed by the Council and partners for working together for the provision of integrated adult health and social care services. It was a light touch agreement and not legally binding.
- Nick Campbell White was of the view that the governance structure and some of the names of the various Board was overly complex and confusing. Dr Winfield indicated that work was being done on the governance structure and the outcome of which could be reported back to the Wellbeing Board.

RESOLVED: That the Guiding Principles be agreed and endorsed and it be recognised that it was an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham.

54. BETTER CARE FUND QUARTER 3 REPORT

Martin Sloan, Assistant Director Adult Services, presented the Better Care Fund Quarter 3 report.

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

- Each Better Care Fund was required to submit quarterly reports to NHS England and the Ministry for Housing, Community and Local Government. These were signed off by the Wellbeing Board.
- There were 4 national metrics that the Better Care Fund was measured against;
 - *Reduction in Non-Elective Admissions (NEAs)* – although this target was not being met Wokingham performed very well in this area;
 - *Rate of Permanent admissions to care homes* – this target was on track;
 - *Proportion of older people (aged over 65) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services* – Although this target was on track to be met, Martin Sloan explained that this target only took into account those referred to social care for reablement services whereas many of those who were referred for reablement services from Royal Berkshire Hospital, were referred to Berkshire Healthcare NHS Trust.
 - *Delayed Transfers of Care (DToC)* – this target was on track.
- Paul Doherty asked how much the Better Care Fund would be next year. Martin Sloan indicated that it was not currently known although it was hoped that it would be similar to current levels of approximately £10million. Approximately £8million would go towards core services and £2million would be allocated to invest in particular areas. A review was carried out each year to ensure that money was being spent in the right areas.

RESOLVED: That the performance of the Better Care Fund in Q3 2018/19 be noted.

55. UPDATE FROM BOARD MEMBERS

The Board received an update on the work of the following Board members.

Community Safety Partnership:

- Charlotte Seymour outlined the Partnership's priorities and the next steps that would be taken.

Healthwatch Wokingham Borough:

- Nick Campbell-White indicated that Healthwatch's main priority would be mental health, particularly the transition from children's to adults' mental health services. Healthwatch would be working with the Citizens Advice Bureau on this matter.
- Healthwatch had agreed nine small projects from organisations including Relax Kids and Age Concern Twyford, from its Community Chest to fund engagement with the hard to reach for the provision of integrated adult health and social care services. An event to celebrate the projects would be held on 25 March.

Place and Community Partnership and Voluntary Sector:

- Philip Cook indicated that he would seek further clarification about the position of the Place and Community Partnership.
- With regards to the Voluntary Sector he went on to update the Board on the restructure of Involve and the service it offered.

RESOLVED: That the updates from Board members be noted.

56. THE NHS LONG TERM PLAN - SUMMARY

Dr Winfield provided a presentation on a summary of the NHS Long Term Plan.

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

- The Plan had been published in January and was the plan for the NHS for the next 5-10 years.
- The Plan outlined a 21st century model for care, the aims of which were to provide more joined up and better co-ordinated care, more proactive care and being more differentiated in the support of individuals.
- Various actions would be taken to achieve this including boosting out of hospital care. Nationally £4bn would be invested to help achieve this.
- In addition there was a desire to reduce the pressure on emergency hospital services, to better promote more personalised care and to increase digitally enabled primary and outpatient care.
- There would be a greater focus on population health. Berkshire West was piloting a population health system working around the frail elderly.
- Primary care networks and their role in boosting out of hospital care was highlighted. Dr Winfield indicated that primary care networks would be developed covering approximately 30-40,000 patients. The network would be contracted and a single fund would be in place hosted by a single practice within the network.
- Practices would be staffed by a wide range of staff including clinical physicians, social prescribers and first contact physios. There would be expanded neighbourhood teams for wider services such as district nurses. Board members were also informed of the development of community hubs for a range of integrated locality services.
- It was noted that GP practices could hold some appointments back which could be used by NHS 111 to refer directly to GPs, to help improve the use of NHS 111. If they were not used they could be released back for general use.
- Reducing unwarranted variations between practices would also be considered.
- Measures to help reduce pressure on emergency hospital services included working to reduce ambulance handover times.
- The Plan focused more on working at a higher level footprint. Dr Winfield referred to ICS, Place, Locality and Neighbourhoods. Martin Sloan commented that Berkshire West and the local authority were currently working well on the integration of health and social care. He expressed concern that should the focus shift to working on a larger scale Wokingham's voice may not be heard. Dr Winfield stated that the arrangements for Berkshire West were unlikely to change greatly. It was sensible to address some matters such as workforce and digitalisation, at a larger scale, but the majority of matters would continue to be dealt with at 'Place' level (Berkshire West).
- Dr Winfield referred to the 'Design our Neighbourhoods' around population health management,
- Tessa Lindfield emphasised that she felt that the Plan provided an opportunity to maximise the prevention agenda.

- In response to a question from Paul Doherty, Dr Winfield clarified that much of the money attached to the NHS Long Term Plan was revenue.
- Philip Cook commented that the voluntary sector needed to be involved earlier in the process. Dr Winfield stated that there could be better joint commissioning between the local authority and the Clinical Commissioning Group. It was important that the Voluntary Sector was involved in the Design the Neighbourhood work.
- Board members were informed that the Clinical Commissioning Group would be required to produce a Strategy in response to the Plan, by autumn. This Strategy would also align to the Berkshire West Health and Wellbeing Strategies.
- Graham Ebers stated that the trajectory around localism and integration aligned with the developing Wellbeing Strategy and the principles of 21st century Council. The local authority would work with the Clinical Commissioning Group to align its neighbourhoods with theirs and ideally they would be co-terminus.

RESOLVED: That the presentation on the NHS Long Term Plan be noted.

57. FORWARD PROGRAMME

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

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

- Councillor Hare had requested that the Learning Disability Partnership Board be invited to present to the Board's next meeting.
- It was proposed that a review of the Board's terms of reference be taken to the next meeting.
- It was noted that the JSNA summary and JSNA model forward plan would also be taken to the Board's April meeting.

RESOLVED: That the forward programme be noted.

TITLE	Future in mind update
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific
DIRECTOR/ KEY OFFICER	Carol Cammiss, Director of Children's Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	Priority 1: Creating Physically Active Communities Priority 2: Reducing Social Isolation Priority 3: Narrowing the Health Inequalities Gap
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • Promotion and Prevention • Getting Help • Early Intervention • Improved Identification • Collaborative Working

Reason for consideration by Wokingham Borough Wellbeing Board	To note the updated Local Transformation Plan.
What (if any) public engagement has been carried out?	The report provides an update on the Local Transformation Plan
State the financial implications of the decision	n/a

<p>RECOMMENDATION</p> <p>To note the content of the report and the updated Local Transformation Plan.</p>
<p>SUMMARY OF REPORT</p> <p><u>Overview</u></p> <p>The full document describes how as a local system we are improving the emotional wellbeing and mental health of all Children and Young People across Reading, West Berkshire and Wokingham in line with the national ambition and principles set out in the government document “Future in Mind– <i>promoting, protecting and improving our children and young people’s mental health and wellbeing</i>” (2015).</p> <p>We are an ambitious partnership with collaboration at its centre. Over recent years there has been a marked culture shift to a mature thriving system which has a collaborative solution focussed approach to improving services for children, young people and families. We are bidding to become a Trailblazer site for the Green Paper Reforms with the confidence of already being cited by the Children’s Commissioner for England as an area of good practise. Our intention is to build on well-established joint working arrangements with Local Authorities to achieve further sustainable whole system change. We are bidding for 2 Trailblazer lots- creating new local Mental Health Support</p>

Teams (MHSTs) and reducing our waiting times for Specialist CAMHs and the Anxiety and Depression pathway.

Our Local Transformation Plan is reviewed, refreshed and published annually. Our plan has been refreshed in line with the requirements of Five Year Forward View for Mental Health and the Green Paper.

This document provides a brief summary of the full plan.

The full document builds on the 2017 plan and provides an update through a THRIVE lens of

- What we have achieved so far
- Our commitment to undertake the further work that is required
- Local need and trends
- Resources required

The full document is available on the CCG website

<https://www.berkshirewestccg.nhs.uk/media/2516/berkshire-west-future-in-mind-ltp-refresh-oct2018.pdf>

Our Ambition

We will ensure that every child and young person experiences positive mental health and wellbeing, using the right help, when and where needed.

By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing. We have already made good progress in this. We want to go further.

Our Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. Our goal is to reduce the number of children, young people and mothers whose needs escalate to require specialist intervention, a crisis response or in-patient admission.

Successful delivery of the plans will mean that:

Promotion and prevention

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible
- Children, young people and their families are emotionally resilient
- Everyone who works with children and young people is able to identify issues early, enable families to find solutions, provide advice and access help
- Staff feel supported in their own emotional health, wellbeing and resilience through nurturing working environments
- We will work with the wider system to reduce isolation, increase physical activity and reduce health inequalities

Getting help

- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Agencies work more closely together so that vulnerable children can access the help that they need easily. Vulnerable children and young people often require a more collaborative multiagency approach in order to successfully engage with services. Vulnerable groups include children in care and those subject to a child protection plan; children who have experienced abuse and multiple trauma, victims of crime, young people who are in contact with the criminal justice system, those with Special Educational Needs and Disabilities, young people who are at risk of exclusion from school and traveller communities. Children and young people who have experienced multiple Adverse Childhood Events (ACEs) are at particular risk of poor outcomes.
- Fewer children and young people's needs escalate into crisis, but for those that do, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible.
- Fewer children and young people require in patient admission but for those that do, this is provided as close to home as possible.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners. This will also reduce the impact on the child.

Collaborative working

- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. Help provided takes account of the family's circumstances and the child or young person's views.
- The child's journey is seamless. While there may be transfer of provision between providers, the child and their family experience joined up support with the child's needs at the heart of care.
- There is a smooth and safe transition into and out of inpatient services. Local services remain involved and support transition back into local community services so that there is timely discharge from in patient care.
- We learn together on a multiagency basis and when needed, change the way in which we work
- The number of young people who need services into adulthood is reduced, but for those who do, young people and families report a positive experience of transition.

Background

Transformation in Berkshire West- impact and extent of transformation to date

The extent of our transformation so far has been recognised by CQC, OFSTED, NHS England Regional Team and the Children's Commissioner for England. We are an ambitious partnership committed to continuous improvement.

Ethos

We have shifted from a traditional escalator style tiered system to a systems approach informed by the THRIVE framework.

We are promoting a whole system framework of care, moving away from a specialist single agency mental health response to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience. The same partnership approach applies to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). This inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and treatment. We are interested in expanding the use of Restorative Practice across partners.

We have found multiagency emotional health triage at an earlier stage to be a particularly effective way of harnessing a swift community response before needs escalate. This approach alongside regular consultation and surgeries for schools are at the heart of the Green Paper bid.

Building skills in the community

We have invested in workforce training across schools, primary care, the voluntary sector and social care. We have grown an evidence informed workforce across the whole system so that issues are identified and responded to earlier.

The Reading Emotional Well-Being Partnership, West Berkshire Emotional Health Academy and Wokingham School Link Project have built skills and support in schools and the community. There is a growing understanding that a GP referral to Specialist CAMHs is not always the best solution as there is a stronger community response available. There is more work to be done on ensuring that pathways meet the needs of all children and young people.

Voluntary sector organisations provide important parts of our care pathways and these organisations are more connected with other partners through meetings and training. Organisations are learning from each other and reporting against the same outcomes framework and audit tools.

We have increased the number of Care Education and Treatment Reviews to avoid hospital admissions and reduce hospital stays for young people with learning difficulties and or autism, unless there is no alternative. In conjunction with NHS England we have supported a number of people with a learning disability and/or autism to step down from secure beds into community settings. We are working with Local Authority partners to

increase tailored housing provision for adults with Learning Difficulties and/or autism with behaviour that challenges and implemented an intensive support service for adults. Joint learning across the system has led to workers speaking the same language more frequently. This in turn has built relationships and furthered collaborative working.

Focus on outcomes and the voice of children and young people

We developed an outcomes framework across all providers 2 years ago. Our focus on outcomes is driving service improvement. We learn from children and young people who use our services, their families and partners as to what is working well, how things might need to change, the impact of interventions, whether support needs are being met.

We are better at using data to inform service planning and provision more consistently. This is underpinned by consistent data and outcomes reporting across different parts of the system and different providers. We know that we need to find a technical solution to flowing all of our activity onto the national dataset and are working to resolve this.

Partnership

Our culture of joint ownership and accountability is driving transformation. In August 2018, partners described how the culture has shifted to a thriving, mature system over recent years. Partners report that the partnership feels collaborative, supportive of each other and respectful. Barriers have been broken down between organisations and services, there is greater understanding of how each other contribute to meeting the needs of children and young people, language barriers between organisations have significantly reduced and there is greater trust between partners. New partnerships have been forged and this is further driving transformation. An example is the relationship with the University of Reading which is proving to be beneficial to all parties as well as increasing the body of research in this field. Joint clinical governance has helped to drive joint working at a cultural, organisational and practical level. We acknowledge that there is further to go, especially given the context of rising demand and financial constraints across the system.

Cross cutting agenda

Delivering Future In Mind is embedded into related work streams and strategies that are driving and supporting transformation in Local Authorities and Health's Integrated Care System. Strategies include SEND, Early Help and Transforming Care.

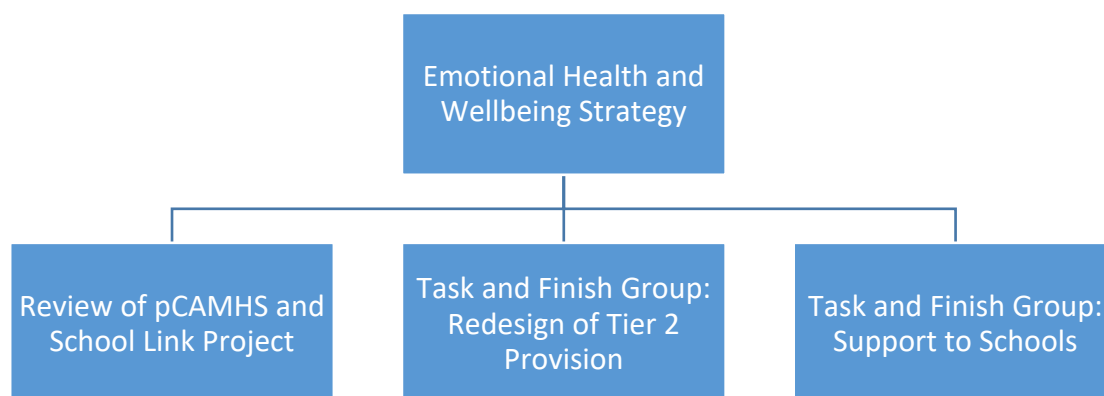
What next? Developments in Wokingham for 2019 and beyond

Wokingham Borough Council has established a number of task and finish groups to drive forward priorities set out in the Council's Emotional Health and Wellbeing Strategy.

Specifically the work of the Task and Finish Groups, will aim to

- Improve our understanding of the needs and impact of children's emotional and mental health in order to help the commissioning process and service improvement
- Create an environment in schools that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting

- Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity
- Improve joint working between schools, the voluntary sector, the Local Authority and CAMHS allowing a comprehensive step-up and step-down offer
- Better integrate SEND and Mental Health support to in order to coordinate resources
- Improve pathways for children and young people's emotional and mental health in order to provide the best outcomes possible



pCAMHS & School Link Project

Berkshire Healthcare Foundation Trust is commissioned to provide Tier 2 Primary Child and Mental Health Services (PCAMHS) in Wokingham. A small team of Primary Mental Health Practitioners offers direct treatment of mild to moderate mental health issues to children, young people (CYP) and their families, consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 and Tier 2 to support service delivery. The team works closely with the Specialist (Tier 3) CAMHS teams to ensure safe and timely step up and step down from Tier 3 specialist CAMH services.

The Service is made up of 2.4 WTE clinicians, all of whom are registered CAMHS professionals and collectively have a significant experience of working with children and families. Clinical skills include a broad scope of experience and training; this includes individual treatments such as Cognitive Behavioural Therapy (CBT) for Anxiety and Depression, individualised Psychological interventions, and Family and Systemic interventions.

PCAMHS provides intervention for anxiety management to parents with young people under the age of 11 years within a group setting. This is an intensive 10 week programme providing parents with Cognitive Behavioural Strategies.

In addition to direct work with families, the team offers consultation and training to other frontline services and individual staff who provide care to CYP and their families. Consultation offers the opportunity for professionals to discuss their concerns about the mental health of CYP and to be supported in understanding their difficulties and utilising strategies and skills to support them. These CYP will often not have an open referral to the CAMHS service. Our direct work is also frequently integrated with other frontline Tier 2 services as part of holistic care.

The team offer specific days of consultation to the Looked after children and Early Integrated Help Hub teams. They engage with local opportunities to discuss the more

vulnerable CYP on a case by case basis by attending the Multi Professional meetings, in order to offer a CAMHS perspective on more complex CYP and families.

With the aim of increasing capacity of pCAMHS and as a training opportunity to increase skill base, pCAMHS invite an observer to each group. This has been well received and Student support staff from a school has been invited with the intention that they can take back learning into their school setting.

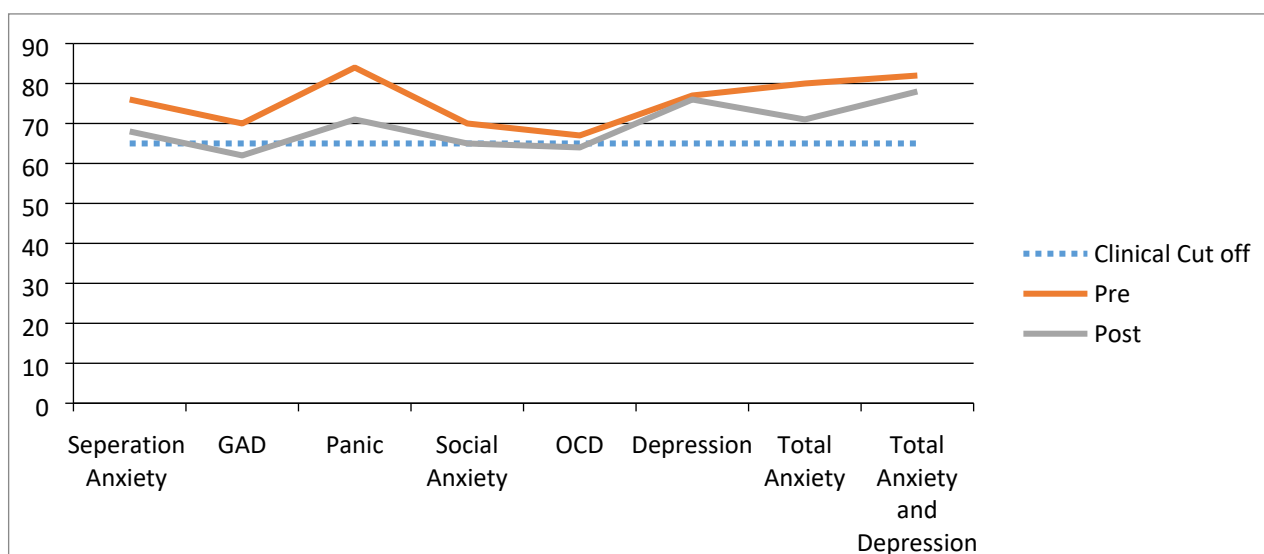
Furthermore Consultation surgeries (approx. every 6 weeks) have been offered to Young Carers' staff to help support them in their own 'early intervention' regarding emotional wellbeing with young people.

Referrals to the service from April 2018 – December 2018 totalled 124, a reduction of 11% compared to the same period Apr 17 –Dec 17. For the same period in 16/17 we saw a significant increase in referrals, 88 (16/17) to 140 (17/18) representing an increase of 59%.

The majority of referrals to the service are for anxiety (inc. OCD) related conditions, followed by issues related to ASD/ADHD and then low mood.

Reason for referral	Apr 18 – Dec 18	Apr 17 – Dec 17
Anxiety (inc OCD)	48	50
Issues related to ASD/ADHD	29	28
Low Mood	27	25

In order to measure the impact of an intervention/s that children or young people receive they complete a questionnaire pre and post treatment. The questionnaire used is the Revised Children's Anxiety and Depression Scale (RCADS). Below is the RCADS scores for children and young people from October 2018 – December 2018 which shows an improvement in their RCADs score.



As part of the wider tier 2 offer we commission BHFT to run the School Link Project. This project is funded through Future in Mind and supports schools to identify and

respond to emotional and mental health needs in a consistent manner. The main objectives of the project are to;

- Provide evidence based training to school staff in a mental health
- Identify, train and support a key person within a school setting to lead on emotional and mental health
- Develop a model of school based stepped care
- Provide regular consultation sessions to schools
- Hold regular joint consultation sessions

For 2019 our aim is to merge the school link project with the pCAMHS service in order that it becomes part of the core service offer of pCAMHS. In addition to this, we will also be providing additional funding to the Educational Psychology Service to offer additional support to this service.

In 2019 we will also be undertaking a full service review of the pCAMHS service.

Educational Psychology Service

We have established a Capacity Group that is looking at how the local authority can provide a range of training to support children with SEND, included in this will be online supported training on ASD, Attachment and Behaviour to name a few. The plan is that staff based in the setting can access this training at their own level and LA staff (Educational Psychology Service, Early Years' Service, Learning Shared Support)

Addington staff, Foundry staff and ASSIST will act as tutors to support the participants. Participants are expected to complete a case study on a child they are working with as part of the training so the training will have a direct impact on children. Nurture Assistant training and supervision will continue. The next course will run from October to December with termly group supervisions.

The Holt have commissioned another exam stress group from the EPS this term. This is a group intervention using CBT techniques to manage anxiety sitting public exams.

Our specialist Educational Psychologist for children in care is offering two workshops this academic year again for foster carers emphasis on behaviour and emotional well-being.

ASSIST offer wide range of training and support for children and families with ASD. Their Healthy Minds training specifically focuses on understanding anxiety in children and young people with ASD.

Foundry College offer a range of training and interventions, including Theraplay. Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge. Theraplay sessions create an active, emotional connection between the child and parent or caregiver, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.

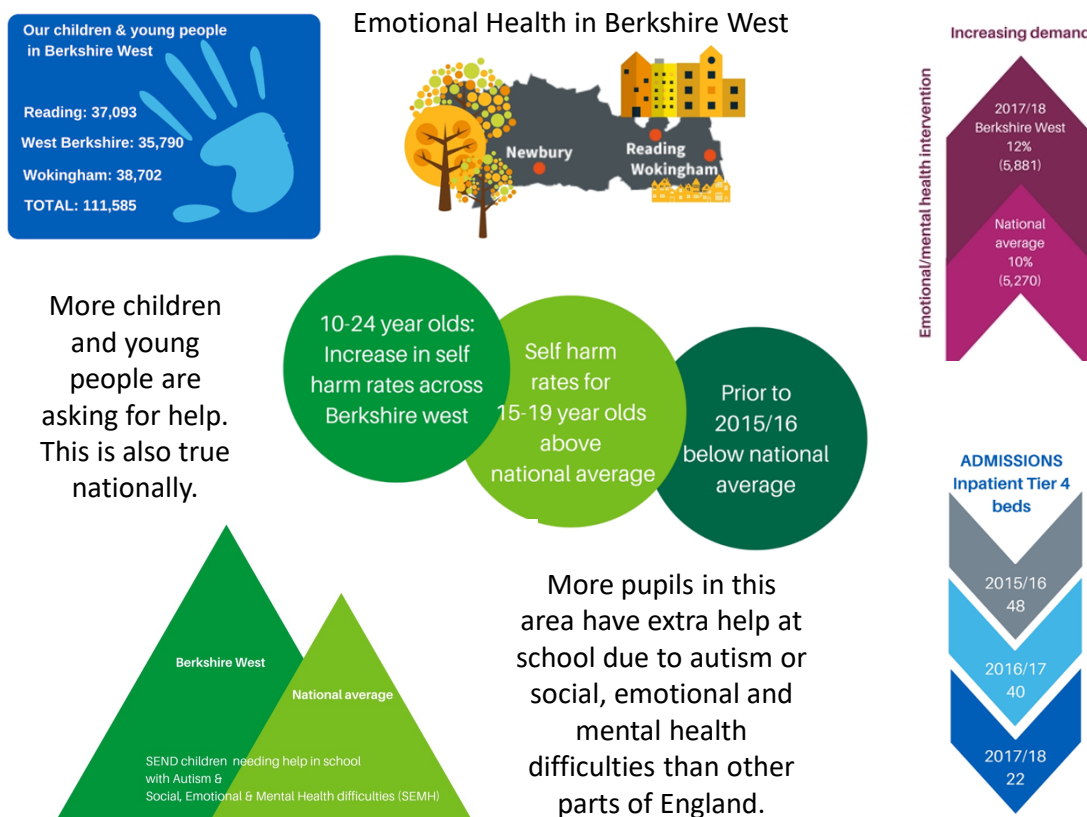
Children and Young People Partnership

Over the last few months we have been working with our partners to determine the new priorities for the Children and Young People Partnership. Four priorities were identified:

- Early intervention and prevention
- Emotional Wellbeing
- SEND
- Transitions

Over the next few weeks we will be developing these priority areas further and as part of this work we are developing a vision and mission statement which will set the direction and guide the work of the CYPP.

How does the emotional health and wellbeing of children and young people in Reading, Wokingham and West Berkshire compare with the rest of the country?



Headline messages for financial year 2017/18

It has been a very busy this year in delivering our transformation plan and we are proud of what we have been able to achieve alongside young people, parents and our strategic partners from the local authority, health, education and the voluntary sector. What follows is a synopsis of the headline messages for this year. More detailed descriptions of the actions we are taking to further improve services are described in the main document.

- Transforming emotional health and wellbeing services through whole system partnership working continues to be strength in Berkshire West. Anne Longfield, Children's Commissioner for England, cited the work she had seen in our area as good practice in her evidence to the Commons Select Committee in November 2017.
- We have continued to develop outcomes reporting and can evidence that most children and young people have positive outcomes across providers.
- We can evidence that most children and young people feel listened to across providers.
- We can evidence the impact of large scale training across partners. This will continue.
- We have been successful in our application to become a Green Paper trailblazer site to create new local Mental Health Support Teams. This will put even more early help into schools.
- A number of service users and young ambassadors have received recognition for the work they have done in promoting good mental health.
- Demand for emotional health and wellbeing services across the system has increased at all levels of need.
- Increased demand is having an impact on waiting times. We have been successful in a bid for additional resources to reduce waiting times. However this is short term funding only.
- Increased demand may demonstrate that stigma associated with emotional health and wellbeing has reduced and that partners are more able to identify issues as a result of the training provided.
- Providers are seeing more children and young people for evidence informed help than ever before. We cannot currently flow all of these numbers onto the national dataset and are seeking a technical solution to this.
- The number of children and young people with autism or seeking autism assessment in Berkshire West is higher than in other areas. While autism is not a mental health condition, it is estimated that 71% of people with autism also have mental health difficulties. We are reviewing our neurodevelopment service and whole system response to meeting the needs of children and young people with autism and ADHD.
- We have seen an increase in self-harm rates in all three Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas are higher than the national average with the biggest jump being in Reading. Prior to 2015/16 all three LA's were below or in line with the national average.
- Children and young people with mild to moderate needs are having their needs met at an earlier stage as we have focussed on improvements at the early help stage.
- Children and young people who are under Specialist CAMHs tend to experience more severe symptoms and have more complex presentations than in comparator areas. We wonder whether this is related to earlier help being more embedded in Berkshire West as we have rolled out Future In Mind.
- There is better working with specialist agencies to meet the needs of vulnerable children such as those who have been abused or are victims of crime. We know that these children do not always fit traditional care pathways and that there is more work that we could do. This is a priority for the coming year. We are also bidding to become a pilot site for a research project on improving mental health assessment for Looked After Children.
- We are ensuring that the legacy of the Transforming Care Programme for People with Learning Difficulties is built into our Future In Mind work. The programme

includes seeking opportunities to expand the adult intensive support function to children and young people; continuing to work with partners to build a wider, more tailored range of local placements and support for people with Learning Difficulties and/ or autism; working with health and social care colleagues on a pledge to improve the use of medicines for people with a learning disability, autism or both.

- Since the CAMHS Rapid Response/ crisis service was implemented, fewer children and young people have been admitted to inpatient beds. Those who are admitted have a shorter length of stay. We are seeking additional resources to extend the Rapid Response service.
- We are considering how to develop a local DBT service for young people with emerging personality disorders, self-harm, suicide attempts and intractable depression
- We are proactive in whole system learning from cases to inform crisis prevention and to inform further system change and development.
- For Eating Disorders the current trend suggests that demand continues to be greater than the nationally modelled estimates on which our Berkshire service was commissioned. The risk and acuity of referrals has increased. We are reviewing this service.
- As with other areas, there are ongoing challenges relating to availability of appropriate in patient Eating Disorder beds. This can have an impact on the use of beds at Royal Berkshire Hospital while suitable placements are found.
- We are working with partners on new Tier 4 inpatient network that is being developed to enable improved flow and access to inpatient beds within the geographical patch. This means that young people will be more likely to stay in the area when they require a bed. We are looking for an opportunity to expand our inpatient unit.
- We have increased the number of Care Education and Treatment Reviews undertaken for adults and children, in line with NHS England policy.
- BHFT have secured funding from NHS England to build a new inpatient facility to replace Willow House in Wokingham. This will provide more capacity and reduce the number of children who have to be placed out of area.

Next steps

We will continue to work on our plans over the next 12 months in conjunction with children, young people, parents and carers. We will review and refresh our plans in autumn 2019.

If you are a young person or parent/carer and would like to share your views on how you feel emotional health support could be provided please contact bwccg.enquiries@nhs.net.

If you want to speak to someone urgently about a mental health concern, CAMHS and other healthcare professionals are available between the hours of 8am-8pm Monday-Friday for telephone discussion 0300 365 1234.

Information about the CAMHS service, other BHFT children's services and the on-line referral form can all be found on the BHFT website:

<https://cypf.berkshirehealthcare.nhs.uk>. However call 999 if you are worried about your immediate safety, or go straight to the nearest A&E department

Analysis of Issues, including any financial implications

See above.

No financial implications.

Partner Implications

The local transformation plan promotes a whole system framework of care; moving away from a specialist single agency mental health response to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience.

The same partnership approach applies to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). This inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and treatment. We are interested in expanding the use of Restorative Practice across partners.

We have found multiagency emotional health triage at an earlier stage to be a particularly effective way of harnessing a swift community response before needs escalate.

Reasons for considering the report in Part 2

n/a

List of Background Papers

Link to full Local Transformation Plan document:

<https://www.berkshirewestccg.nhs.uk/media/2516/berkshire-west-future-in-mind-ltp-refresh-oct2018.pdf>

Contact Hayley Rees	Service
Telephone No Tel: 0118 974 6705	Email Hayley.rees@wokingham.gov.uk

TITLE	Localities Plus
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	All priorities will be addressed: Priority 1 – Creating physical active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Overall vision of “creating healthy and resilient communities” is being addressed with this project.

Reason for consideration by Wokingham Borough Wellbeing Board	To introduce the proposed localities for the Wokingham Borough, provide background, national and local context and introduce the Localities Plus group.
What (if any) public engagement has been carried out?	None currently.
State the financial implications of the decision	None currently.

RECOMMENDATION

That the Board reviews and acknowledges the aims of the Localities Plus project and the benefits this will produce for the Borough and for the Board to support the ongoing project.

SUMMARY OF REPORT

This paper introduces the proposed place-based approach to be taken in the Wokingham Borough and proposes this approach to be championed by a new “Localities Plus Group”. This approach would see services and teams being networked around North, East and West localities.

The paper outlines proposed actions to be taken by the group and next steps for the project.

Background

The King's Fund published a report in 2015 called [Place-based Systems of Care](#) which argues that providers of services should work together to improve health and care for the population they serve. This would mean that organisations collaborate to manage the common resources available to them rather than each organisation adopting a 'fortress mentality' in which it acts to secure its own future regardless of the impact of others.

Adopting a place-based approach enables a community to maximise its assets and aims to address issues at a neighbourhood level. From a healthcare and social care perspective this means bringing services together and offering support at a community level, shifting the focus away from hospital and long term residential care. We know, however, that wellbeing is dependent on much more than just healthcare and social care services; the built, natural environment and social environment have as much of an impact if not more.

Not only is Wokingham a leader in integrated care, it has also led the way in shaping healthy new communities during a period of huge housing growth. By focusing on planned development within sustainable development locations (SDLs) and recognising that the success of new developments depends on community engagement and activation.

The Customer and Localities Directorate work closely with local community groups and organisations including the town and parish councils and are currently involved in strategic planning for the coming years.

National Context

The NHS Long Term Plan was released in January 2019 and signals a strong shift towards a neighbourhood-based health and care. The plan focuses on:

- **Population Health Management** will be a triple integration of primary and specialist care, physical and mental health and health and social care. ICSs will work alongside Local Authority partners to develop proactive and preventative approaches which will enable early intervention and targeted support. Population Health Management will include primary care, urgent care and planned care.
- The development of multidisciplinary **Primary Care Networks** (PCNs) of local GPs and community teams working together to serve populations of up to 50,000. PCNs have 3 core functions: resilient primary care, proactive care and reducing pressure on hospital services.
- The expansion of **Social Prescribing** (also known as Community Navigation) so that each Network of practices will have strong links with community services and community support officers.
- More **personalised care** through personal health budgets, social prescribing and personalised care plans.

With a huge focus on prevention and health inequalities, it is important for the Wellbeing Board to understand and align with the developments of the NHS Long Term Plan.

Local Context

Primary Care Networks

As part of the Wokingham Integrated Partnership's work of joining together health and social care to provide a seamless service for residents, 18 months ago a project began which mapped out the localities within Wokingham Borough based on GP surgery footprints. This involved working with the CCG to look at areas of deprivation and strategic development locations (SDLs) to examine if these localities were appropriate.

A key focus of the NHS Long Term Plan are Primary Care Networks (PCNs) which is what Wokingham has been developing for a number of years. These PCNs currently sit at Integrated Care System (ICS) level and also takes directive from Berkshire West 7 as one of their key focuses is on building neighbourhoods.

This integration which is a place-based approach for Wokingham works on a footprint of three localities covering a population of around 50,000 people each and these are North, East and West localities (**Appendix 1**).

Each locality will have a GP hub which will act as a lead practice for the neighbourhood. The GP leads are as follows:

North – TBC either Twyford Surgery or Woodley Surgery

East – Wokingham Medical Centre (Wokingham town centre)

West – Chalfont Surgery (Lower Earley)

Appendix 2 highlights which surgeries will be under each locality.

Appendix 3 shows the SDL areas, focus areas and other priority areas in the Borough.

3 Conversations Model

The 3 Conversations (3C) model is a nationally recognised approach to responding to adults seeking support from local authority services. This framework is about returning to spending time with people and understanding what a 'good life' looks like to them. It focuses on the people we are helping and getting them the right support as seamlessly as possible.

The 3C approach is being introduced in Wokingham and is not just about Adult Social Care as a stand-alone service, it is about Wokingham Borough Council working together as an organisation and using all the resources, knowledge and links into the community we have, to help our residents.

The Adults Services team are already working with our newly formed Localities service who have strong and established links into our local communities which the 3C approach will build upon further.

21st Century Council Programme – Localities (within the Customer and Localities Directorate)

The Localities Service: Community driven working with the resident at the heart of everything we do. Creating a resilient and flexible workforce to meet the ever changing needs of our customers and the physical environment.

- **Community Hubs** - operational management of the borough's nine libraries offering an enhanced range of service delivery capabilities; delivering a programme of events for residents including book festivals, children's holiday activities and literacy schemes; and the delivery of new community facilities within our new communities.
- **Community Environmental** – inspection, monitoring and enforcement of local environmental issues, including trees, street cleansing, play areas, public rights of way, fly tipping, new homes, grounds maintenance work on Council property including reactive and programmed works management of council owned play areas, events fields, sports pitches and associated recreational facilities.
- **Community Engagement** – supporting both geographical communities and communities of interest in establishing sustainable practices that promote the achievement of increased community capacity and self-sufficiency. Maintaining a constructive dialogue with people and groups within our towns and parishes so that they are able to shape their local areas according to their own identity and aspirations.

During April and May 2019, the Council's Neighbourhood Housing Officers will join the Engagement Team offering a first point of contact service to our tenants. Similarly the Sheltered Housing Service will move across in to Localities offering a frontline service to the Borough's sheltered housing tenants.

As well as ensuring the functions are operating smoothly, effectively and responsively Localities have plans for improvement and development of the Service.

Information will be utilised from engagement and consultation to develop a detailed programme of services and activities that our residents can expect and will disaggregate information to a neighbourhood level in a way that can inform decision-making and service responses. Within this development "You said.....we did" opportunities will be used to reinforce our commitment to community contribution and partnership on shaping and delivering services. For example, customer need data at a local level will influence the type and frequency of surgery or single-issue events in our communities.

Our further development of Community Hubs will see a larger span of front-line services and mediated services delivered out in our neighbourhoods, easily accessed by local people and will use successes in channel-shift in our libraries to promote self-service more widely.

The Localities approach is designed to take account of the varying need and aspiration in the wards and parishes of our Borough.

Aims and Objectives

The focus of Localities Plus is to **enable self-sufficient, healthy and resilient communities**.

We want to achieve this though supporting existing initiatives seeking to achieve these same outcomes, specifically:

- WBC's 3 Conversations model work;
- The 21st Century Council Localities Service redesign;
- Wokingham Integration Partnership programmes;
- And the delivery of the NHS Long Term Plan

A localities plus group or network, with representatives from each project area, will provide an opportunity for shared learning and strategic planning as well as driving greater connectivity within our communities.

Work Streams

Resource Connection

An impact assessment has been carried out for Localities Plus from a 21st Century council perspective and this identified no issues with the creation of the three localities. The assessment showed the 8 Localities Officers (Community Engagement) and that these assets are already present in the locality areas. Wokingham has an existing Community Navigation function which is commissioned by Involve. With social prescribing being central to the NHS Long Term Plan's vision for community health, it is important to build on our Community Navigation offer to ensure stronger links and networks. Currently Wokingham Borough does not have any Social Prescribers but there will be national funding to cover this. There is an opportunity here for the Community Engagement Officers, Community Navigators and Social Prescribers to connect and provide a collective service and resource.

Intelligence Gathering

A great deal is already underway in the Borough and it is essential for this work to be identified and ensure that strong links are established and maintained. Intelligence gathering will be key for Localities Plus to get underway as it will highlight the current utilisation of projects and assets. Once information is mapped out and joined together, it can provide an illuminating picture of the Wokingham Borough communities and what assets are currently available for utilisation with the Localities Plus project.

It is important that Localities Plus has distinct outcomes and a framework that clearly show the various work streams that come out of it, such as mapping projects, intelligence sharing and Wellbeing Board and sub board outcomes; this will be driven by the intelligence gathered from applicable sources.

Work Programmes

Localities Plus will be aligned with the Council Plan as well as the Wokingham Borough Wellbeing Board's Joint Health and Wellbeing Strategy 2018-2021. Furthermore, the Joint Strategic Needs Assessment (JSNA) that drives the Wellbeing Strategy and influenced the key priorities and also alignment with the Population Health Management model emphasised in the NHS Long Term Plan is key and will be maintained.

Summary

The current work streams are as follows:

- Resource connectivity
- Intelligence gathering and sharing
- Alignment with work programmes

Next Steps

- Assess feasibility of the creation of a map highlighting the applicable primary physical assets in Wokingham Borough to gauge the present situation identify any gaps in provision.
- Bring together the various department analysts within Wokingham Borough Council to share knowledge and key information on the communities.
- Reviewing and taking learnings from previous successful projects that were carried out in Rainbow Park (Winnersh) and Norreys wards.
- Being aware of the NHS Long Term Plan developments and area responses and the timelines for bidding opportunities.
- Connect with the Wokingham Leader Partnership Board (WLPB) and the Wokingham Management Partnership Board (WMPB)



The Canterbury Health System

Analysis of Issues, including any financial implications

None currently.

Partner Implications

All partners to be aware of Localities Plus and the opportunities it presents to the Wokingham Borough.

Reasons for considering the report in Part 2

N/A

List of Background Papers

Appendix 1 – Wokingham Borough map of localities and GP practices
 Appendix 2 – Wokingham Borough map of localities and wards
 Appendix 3 – Wokingham Borough map of localities and SDL areas

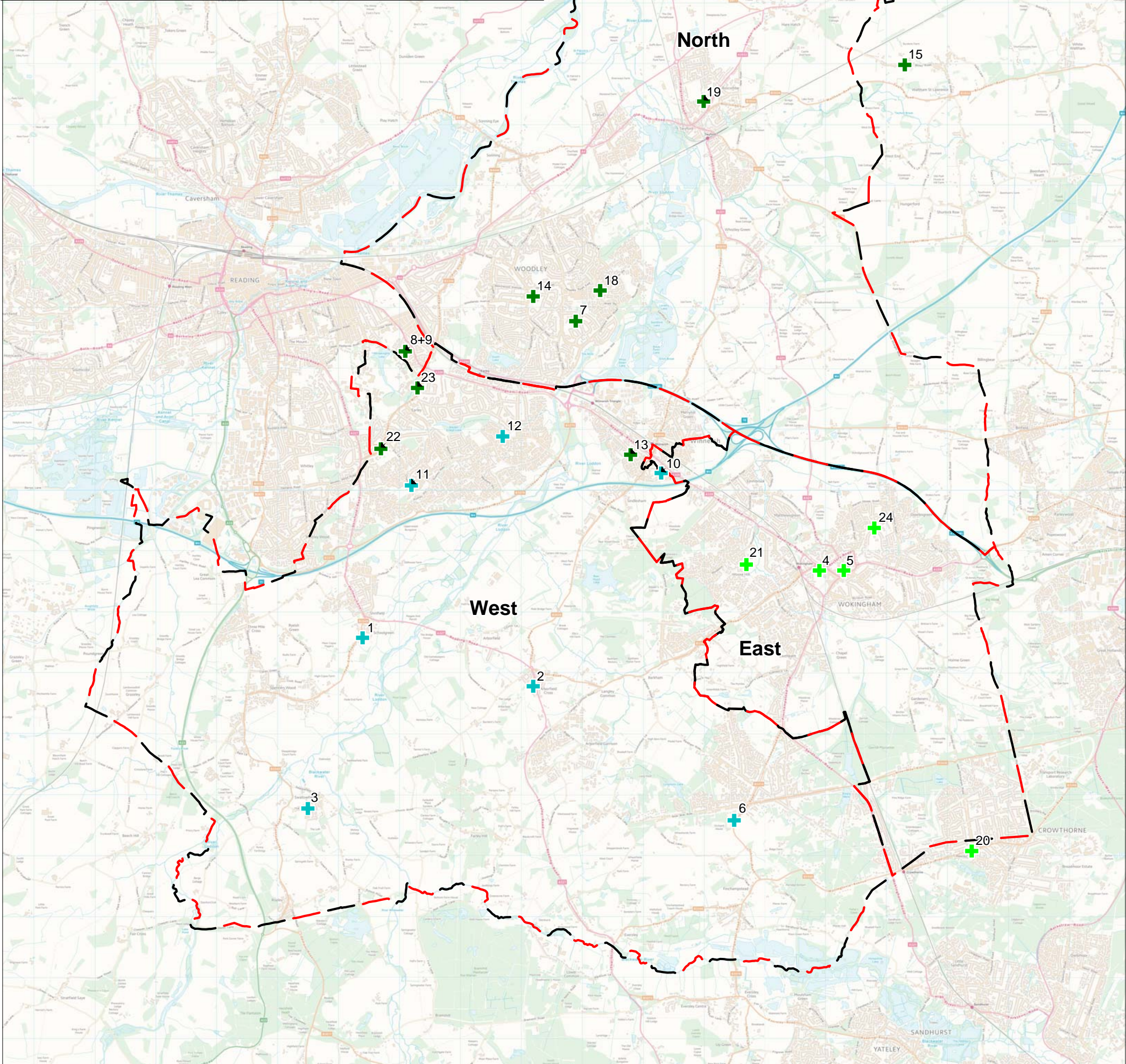
Appendix 4 – Localities Plus Terms of Reference

Contact Charlotte Seymour	Service
Telephone No Tel: 0118 974 6050	Email charlotte.seymour@wokingham.gov.uk

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Wokingham BCF

ID	ORG_CODE	NAME	ADDRESS_TYP	Postcode	Area
1	K81003	Swallowfield Medical Practice	Branch	RG2 9EN	South
2	K81003	Swallowfield Medical Practice	Branch	RG2 9PQ	South
3	K81003	Swallowfield Medical Practice	Main	RG7 1QY	South
4	K81022	Wokingham Medical Centre	Branch	RG40 1BE	Town
5	K81022	Wokingham Medical Centre	Main	RG40 1XS	Town
6	K81025	Finchampstead Practice	Main	RG40 3RG	South
7	K81045	Parkside Practice	Branch	RG5 4EJ	North
8	K81045	Parkside Practice	Main	RG6 1JS	North
9	K81045	Parkside Practice	Branch	RG6 1JS	North
10	K81047	Brookside Practice	Branch	RG41 5EL	South
11	K81047	Brookside Practice	Branch	RG6 5HZ	South
12	K81047	Brookside Practice	Main	RG6 7HG	South
13	K81051	Woodley Practice	Branch	RG41 5ES	North
14	K81051	Woodley Practice	Main	RG5 4JA	North
15	K81055	Wargrave Practice	Branch	RG10 0JP	North
16	K81055	Wargrave Practice	Main	RG10 8BP	North
17	K81055	Wargrave Practice	Branch	RG10 9XB	North
18	K81069	Loddon Vale Practice	Main	RG5 4UX	North
19	K81070	Twyford Surgery	Main	RG10 9JA	North
20	K81080	The New Surgery	Main	RG45 6JL	Town
21	K81092	Woosehill Practice	Main	RG41 3DR	Town
22	K81622	Wilderness Practice	Branch	RG6 5UF	North
23	K81622	Wilderness Practice	Main	RG6 7RU	North
24	K81638	Burma Hill Practice	Main	RG40 1PH	Town

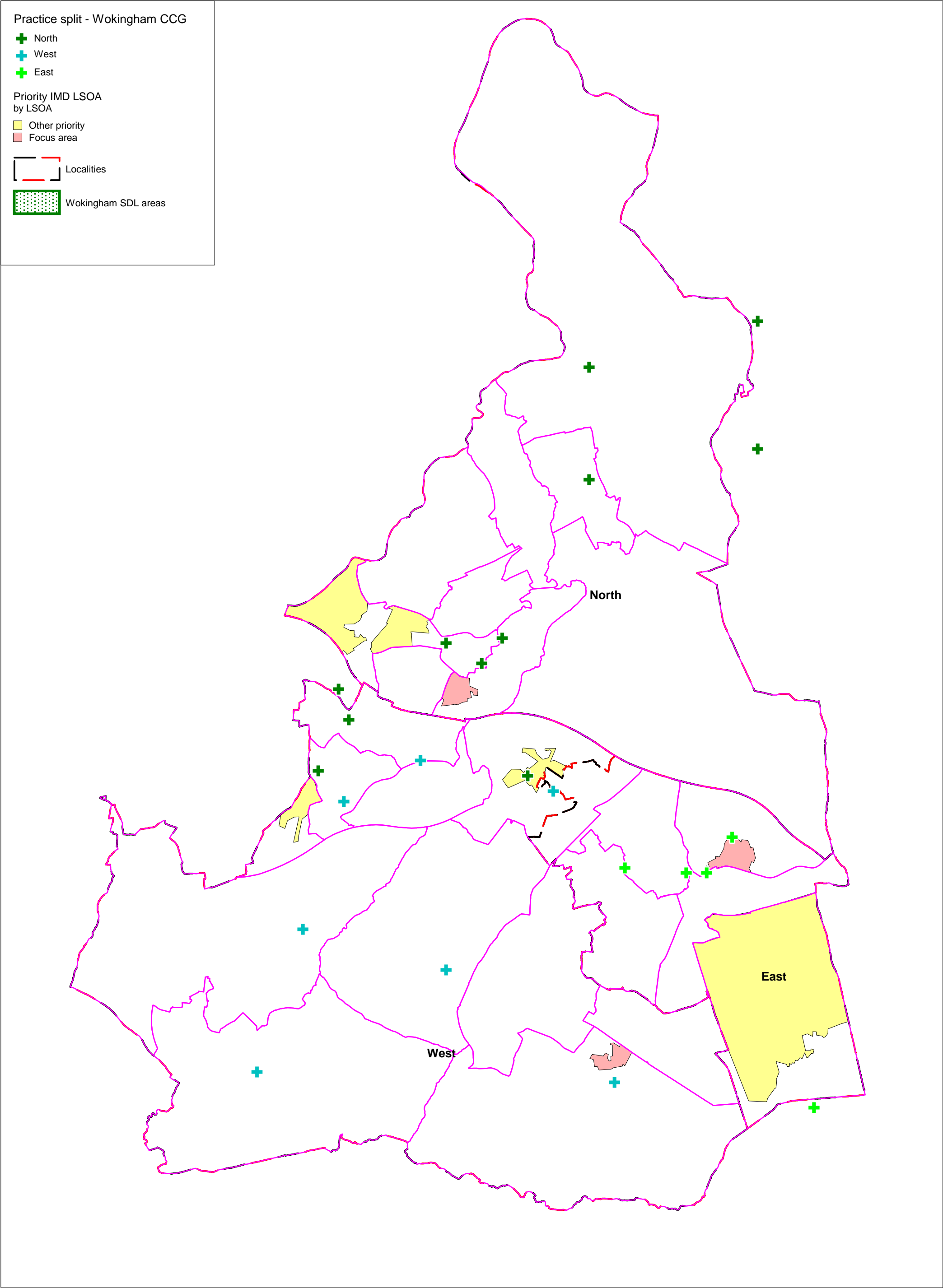


Practice split - Wokingham CCG

- North
- South
- Town
- Localities

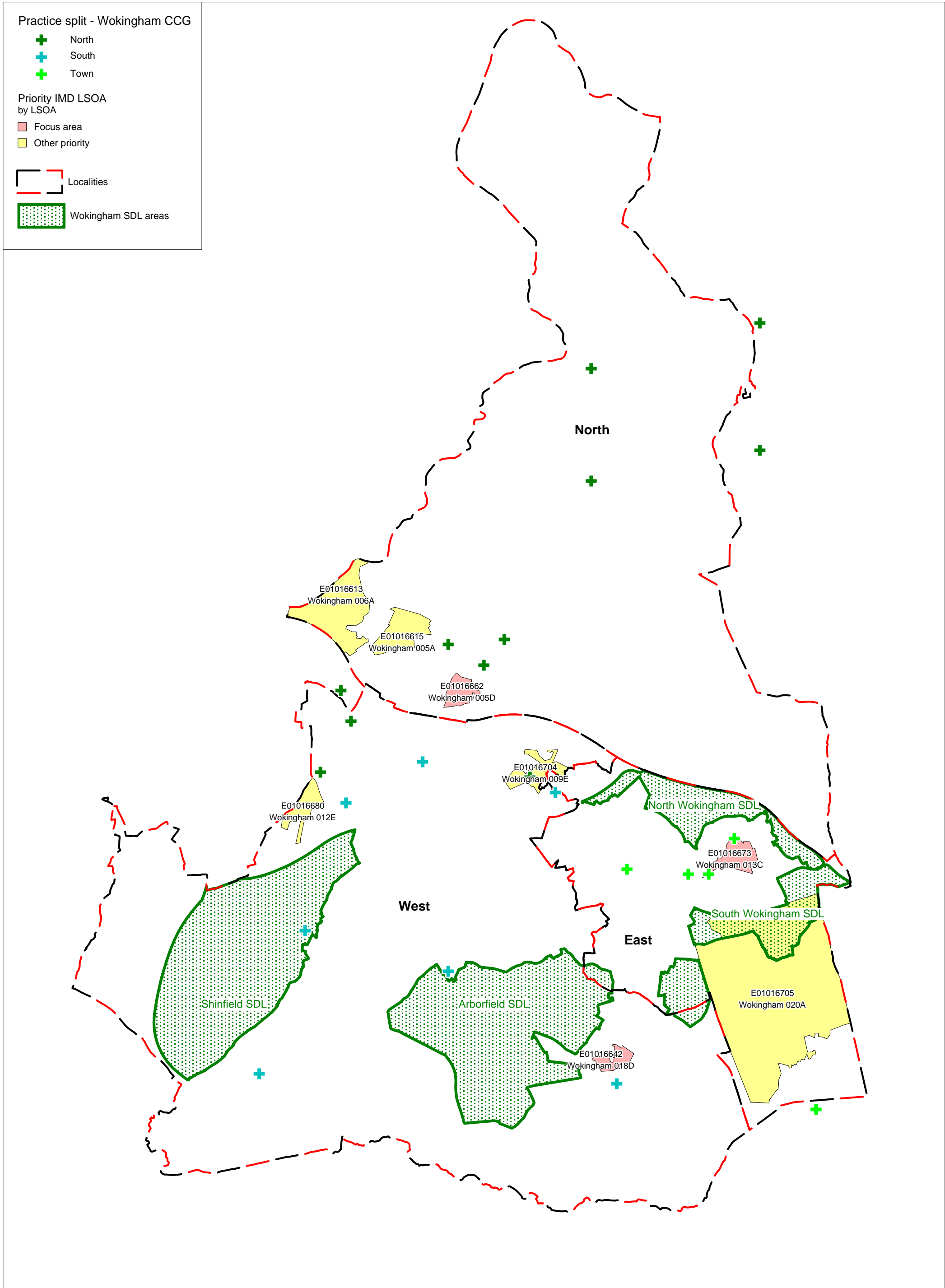
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LOCALITIES PLUS

TERMS OF REFERENCE

1.1 Purpose

The purpose of the Localities Plus group is to ensure connectivity between the 3 Conversations mode, 21st Century Council and the NHS Long Term Plan and to support and co-ordinate the transition to the three localities. Through this connectivity, the Localities Plus group will design and implement the creation of the three Wokingham Borough localities of North, East and West through the Localities Plus project.

1.2 Aims and Objectives

To take a place-based approach in the Wokingham Borough which will aim to address issues at a neighbourhood level which will enable more personalised and proactive care. Alignment of the three elements of work is imperative to deliver the following objectives of the NHS Long Term Plan and create healthy and resilient communities:

- Boost out of hospital care
- Reducing pressure on emergency hospital services
- Increased personalised care
- Digitally enabled primary and outpatient care
- Focus on population health management

The work streams for Localities Plus are the following:

- Resource connectivity
- Intelligence gathering and sharing
- Alignment with work programmes

The work streams will evolve and cascade down as the project develops and will allow for robust progression and connectivity.

The desired outcome is to enable the residents of Wokingham Borough to maximise quality of life by enabling self-sufficient, healthy and resilient communities.

1.3 Responsibilities

Design and implementation of the three localities of North, East and West in the Wokingham Borough.

1.4 Accountability

The delivery of key milestones as per the overall project plan.

1.5 Membership and Areas Covered

- Deputy Chief Executive (Chair, Corporate Services)
- Assistant Director of Adult Services (Adult Social Care)
- Service Manager Disabled Children and Early Help (Children's Services)
- Assistant Director of Customer and Localities (21st Century Council)
- Head of Service of Wokingham Integrated Social Care & Health Team (3 Conversations Model)
- Assistant Director of Integrated Mental Health (Mental health services)
- Specialist Registrar (Public Health)

LOCALITIES PLUS

TERMS OF REFERENCE

- Better Care Fund Programme Manager (NHS Long Term Plan)

For the governance and stability of Localities Plus, a nominated substitute has been identified for each area.

1.6 Dependencies

The following dependencies will be connected with Localities Plus:

- Wokingham Borough Council Plan
- Adult Social Care business case
- Customer and Localities Service Improvement Plan
- 21st Century Council
- NHS Long Term Plan
- 3 Conversation Model

As the work streams progress, the dependencies for Localities Plus will expand with it.

1.7 Conduct of Business

1.62 Supplying information to the Wokingham Borough Wellbeing Board

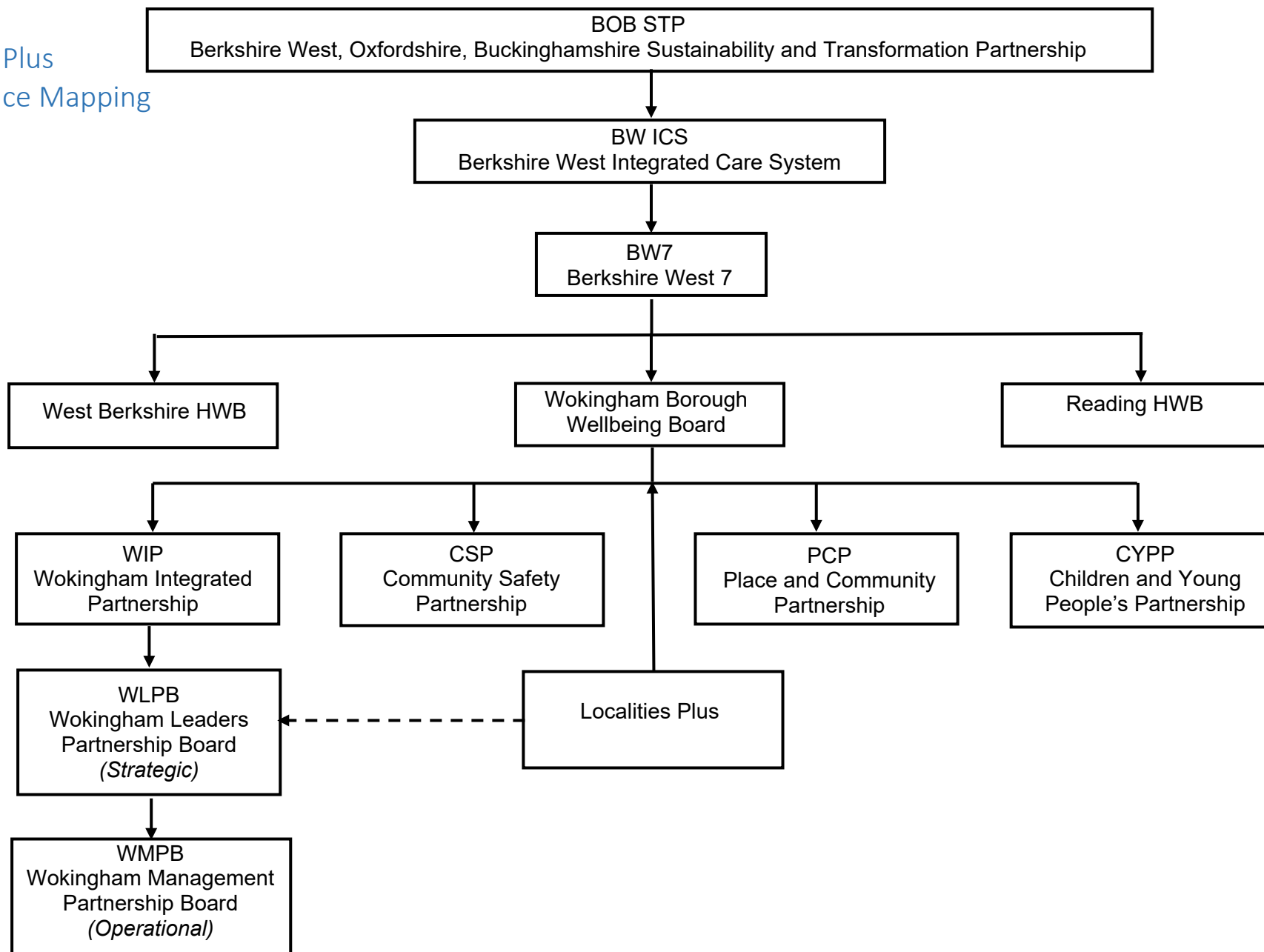
Localities Plus will be a standing item on the Wellbeing Board agenda with the view to merge this item with Strategy into Action once the project is fully underway.

1.8 Review of TOR

The Terms of Reference is a progressing document and will evolve as the Localities Plus project does.

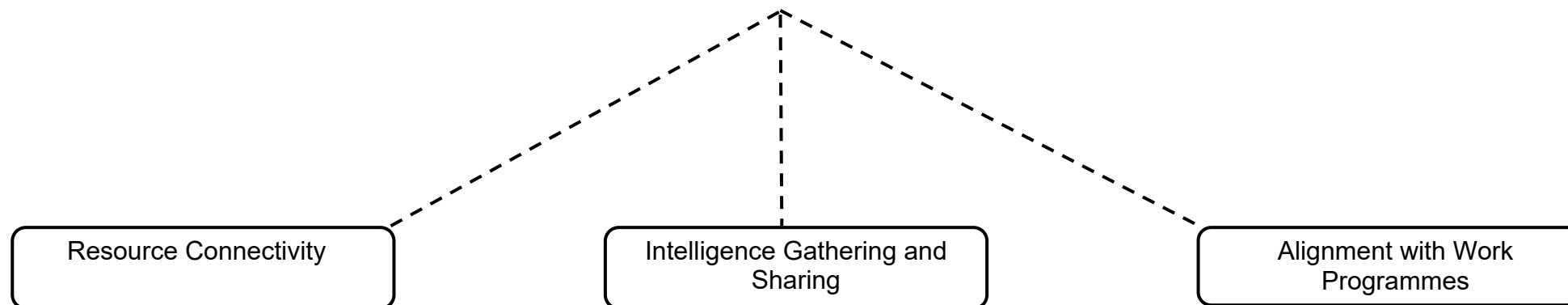
LOCALITIES PLUS
TERMS OF REFERENCE

Localities Plus
Governance Mapping



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Localities Plus Work Streams



LOCALITIES PLUS
TERMS OF REFERENCE

Version Control

No.	Date	Version	Author	Comments
1	27/03/2019	1.0	Charlotte Seymour	Creation of Localities Plus Terms of Reference

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TITLE	Strategy into Action
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive and Charlotte Seymour, Project Support Officer

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Update the Board on actions taken towards implementing Strategy into Action and proposals for the development of the action plan.

Reason for consideration by Wokingham Borough Wellbeing Board	Update the Wellbeing Board on the progress of the Wellbeing Agenda 'refresh' and implementation of the strategy through the action plan. To seek views and ideas with regards to potential actions for the delivery of the strategy.
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION
That the Board acknowledges the update and progress to date for the Wellbeing Strategy and supports the implementation of Strategy into Action.
SUMMARY OF REPORT
The purpose of this paper is to provide the Wellbeing Board with an update for the implementation of Strategy into Action and future actions to create and implement the action plan.

Background

The Wellbeing Board has considered proposals to refresh its 'agenda' since 2017. These considerations have been in relation to governance, partnership working and other issues seen to be relevant to improving the effectiveness of the Board and enhancing its community engagement. It was decided that in order to ensure enhanced focus, vibrancy and engagement with the community, the agenda for the Wellbeing Board should facilitate this, with this in mind an agenda setting group has been set up to review and discuss papers to be presented to formal Board meetings to determine if the paper is appropriate for inclusion. There will be close monitoring of prospective items to ensure the Board are clear on what is being asked of them and how the items fit in with the refreshed strategy and delivery against its key priorities.

Through the refresh, the Wellbeing Board have created a revised and more meaningful Joint Health and Wellbeing Strategy 2018-21. This strategy was designed around the over arching vision of “**creating healthy and resilient communities**”, within which are three key priorities:

1. **Creating physically active communities**
2. **Reducing social isolation and loneliness**
3. **Narrowing the health inequalities gap**

Although these are they key priorities, they are also an umbrella that covers a large range of areas and issues that related to the local needs of the Borough. Some examples of these are: the mental health of all ages, support for carers, utilising green spaces, transport availability, school readiness, employment and vulnerable people.

Strategy into Action

The action plan, which has been named 'Strategy into Action' will be developed further by the Wellbeing Board and the key stakeholders in Spring 2019. This collaboration for the development of the action plan will aim to enhance relationships and enable our partners to decide on their level of involvement against particular actions.

A Strategy into Action group has been established which will be utilised to support, co-ordinate and help turn the strategy into tangible and meaningful actions, taking a localised and whole system approach. It is about identifying the issues and gaps then developing appropriate responses for them with our stakeholders.

In order to turn strategy into action, a two pronged approach will be undertaken. The first is to examine the themes against each priority, the focus action areas and actions that would follow on from these areas of focus. The second is background work which will gather information from key stakeholders to gauge their current level of activity against the key priorities and determine any gaps in provision from their perspective. Email correspondence will initially be sent to the appropriate stakeholders with an information paper explaining what the Wellbeing Board is and outlining our strategy and will also include a table to complete of their projects and activities. This feedback will aid in the creation of actions and identify key stakeholder contacts.

Under each priority, the Strategy into action group have identified the following themes

Reducing Social Isolation and Loneliness
Key Themes: <ul style="list-style-type: none">• Identifying lonely and isolated people• Creating links• Strengthening the community• Providing interventions and services

Creating Physically Active Communities
Key Themes: <ul style="list-style-type: none">• Creating active environments• Professionals encouraging activity• Providing services and interventions• Creating a 'social movement'

Narrowing the Health Inequalities Gap
Key Themes: <ul style="list-style-type: none">• Pre-school• School attainment• Jobs for all• Unhealthy lifestyles

The Strategy into Action group identified three core action areas against each priority (informed by the key themes).

Social Isolation

Wokingham benefits from a vibrant community and voluntary sector with social groups and clubs offering opportunities to people whatever their interests. The focus of the Wellbeing Board, therefore, should be on facilitating the links between isolated and lonely people and the existing local offer.

1. **Social Prescribing** is central to the NHS Long Term Plan's vision for community health. Wokingham has an existing Community Navigation function which can be strengthened by the NHS LTP. Building on our Community Navigation offer will ensure stronger links and networks between people in the community and is consistent with the council's Localities Plus agenda.
2. **Technology** - Access to technology can be key in enabling social connection, not only in supporting older people to maintain their existing relationships, but also in enabling the development of new connections. Wokingham borough benefits from links with large technology companies have a corporate social responsibility in their policy which could be utilised. For example, IT training for older people or vulnerable adults to raise confidence for prospective jobs.

- 3. Groups and Clubs** – As well as providing opportunities for social contact and thereby reducing loneliness and isolation, some groups e.g. support groups and religious groups can be useful identifiers of individuals at risk of loneliness and/or isolation. With strong links into the community and local knowledge and access to a broader support network, religious organisations should also be engaged with.

Physical Activity

A substantial investment in Sport and Leisure facilities has been made across the Borough with Places Leisure focusing on community engagement to increase access by target groups. While Wokingham residents tend to engage in active pursuits for leisure, being active in day to day life and for transport is far less common.

- 1. Active transport environments** – congestion and poor air quality are key concerns for the borough. Increasing walking and cycling positively impacts a range of areas such as reducing congestion and getting people fitter and more active. Wokingham has already made huge strides in creating active transport environments in the new SDLs and town centre redevelopment and through the planned Greenways. More people in Wokingham are active in their leisure time but challenges still exist in encouraging active transport to work.
- 2. Schools and Early Years** – we know that good habits are formed in the early years and that exposure to pollution from car emissions has a particularly important impact on the lungs of young children. The My Journey team work successfully with schools to support more walking/scooting/cycling but challenges exist where schools are more rural and/or isolated and lack pedestrian infrastructure.
- 3. Media Campaign** – while creating a built environment that supports physical activity is key, without supporting a *culture change* impact will be limited. The use of a local campaign slogan and branding has been demonstrated to have a positive impact in creating this “social movement”. An example is the #MoveMore campaign that other local authorities use. Sheffield currently have a #MoveMore campaign which aims to be the most active city by 2020.
<https://www.movemoresheffield.com/> <https://twitter.com/movemoresheff?lang=en>

Closing the Gap

Health inequalities result from social inequalities. Reducing the gap in healthy life expectancy requires action across the social determinants of health. Good schools and plenty of jobs are some of the reasons Wokingham is such an attractive place to live and work – these opportunities should be available to all.

- 1. Early Help (Early Intervention and Prevention)** – For all children to meet their potential, no matter where they’re born, good quality universal education, including pre-school education is key. Evidence suggests that, in addition to universal services, programmes that provide more intensive targeted input for children in need are effective in reducing the gap in attainment and wellbeing. Early Intervention and Prevention is a Children and Young People’s Partnership Board (CYPP) priority.
- 2. ‘Whole Child’ school approach** – linked to targeted Early Intervention and Prevention work, it is important that schools are supported to promote health and

wellbeing. This might could include teacher training, provision of resources or planning support. Both the School Improvement Team and Public Health Teams are currently looking in to the support provided to schools by Wokingham Borough Council with public health looking to pilot a “Healthy School” programme offer.

- 3. Training and Employment advice & work-based training (apprenticeships) –** Having meaningful employment is important for health and wellbeing. Some groups have fewer opportunities to develop the necessary skills or gain relevant experience and training. The Supported Employment service commissioned by Wokingham Borough Council

Proposed action areas:

1. Technology
2. Social prescribing
3. Groups and clubs
4. Active transport
5. Schools physical activity
6. Media campaign
7. Early help
8. ‘Whole child’ school approach
9. Training, employment advice & work-based training (apprenticeships)

The meeting highlighted that there is a lot of activity and vital assets in the Wokingham Borough and a focus should be on using these local strengths to the greatest effect; improving communications to ensure that communities are informed about what services are available to the and increasing signposting of the right people to the right assets.

Next Steps

- Discussion between the Strategy into Action group and the wider Wellbeing Board of logical actions which derive from the action areas.
- Engage with key stakeholders to gauge their levels of current activity around the key priorities and gather information around their perspective on the Borough, where the gaps are and in a best case scenario what could be done to address them.
- Metrics and measures using national guidelines and local needs are being identified and will be assigned to actions to ensure governance and progress is maintained.
- A mapping project of the subgroups of the Wellbeing Board will be undertaken to ensure alignment and acknowledge their individual priorities and how these link in with the Wellbeing Board priorities. This will also highlight any work being carried out under the action areas or ways to utilise the partner boards.

The Strategy into Action group will continue to meet to maintain governance and progress the action plan.

Analysis of Issues, including any financial implications

None at present.

Partner Implications
All partners to review and acknowledge the strategy and utilise this in policy. It is essential that all partners feel engaged with and contribute to the action plan and thus are well informed about the Wellbeing Board and its purpose, strategy and key priorities.

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

Contact Charlotte Seymour	Service
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TITLE	JSNA Key Messages
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Director of Corporate Services and Rhosyn Harris, Acting Consultant Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report supports all three of the strategic priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Update the Board on the Key Messages of the Joint Strategic Needs Assessment (JSNA) 2018 products previously presented to the board and the new infographic summary.

Reason for consideration by Wokingham Borough Wellbeing Board	For the Board's information
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION

That the Board notes the update on Wokingham's Joint Strategic Needs Assessment (JSNA) 2018.

SUMMARY OF REPORT

Wokingham continues to have among the highest life expectancy and highest healthy life expectancy in England. Compared with national and regional figures Wokingham ranks well according to a number of health and wellbeing indicators and indicators of wider determinants of health.

Areas that require improvement, however, include; high traffic volume and poor air quality, mental and emotional wellbeing (and related to this unhealthy lifestyles including physical activity and alcohol as well as social isolation and loneliness), as well as the gap in life chances between more deprived and less deprived groups in the Borough.

The JSNA 2018 products has been presented to the Wellbeing Board.

JSNA 2018 Key Messages

Population

Wokingham is an affluent and healthy Borough. With a population of about 165,000 it is the least deprived borough in England¹ and its residents enjoy among the highest life expectancy² and years lived in full health³ in the country.

Compared with the national picture, there are fewer young adults in their 20s and 30s living in Wokingham than there are older adults in their 40s and 50s.⁴ While new developments in the area are a mixture of smaller flats and “family sized” homes, expected to attract more young couples and families a significant change in the demographics is yet to be seen.

Place

Wokingham has an abundance of public green space⁵ and sits among beautiful countryside as well as having excellent transport links. While good rail links to London and Reading exist in Wokingham town and good bus links in the western border of the borough on the outskirts of Reading, there is a limited public transport service for those in rural parts of the Borough.

Car ownership in Wokingham is among the top 10% in the country⁶ and with new housing and highways developments in the borough car usage is likely to increase. Three air quality management areas (AQMA) have been declared in the borough due levels of nitrogen dioxide (NO₂) exceeding target levels. These are located in Wokingham Town Centre, Twyford Crossroads and along the M4.⁷ It is estimated that 5.7% of deaths in Wokingham can be attributed to poor air quality⁸.

Residents have access to high quality education⁹ and employment¹⁰ opportunities both within Wokingham and in neighbouring boroughs, however, gaps in school attainment and employment rates remain for groups that are vulnerable or marginalised.

Around new 10,000 homes are expected to be built by 2026¹¹. Many will be affordable homes though it is important to note that Wokingham is 3rd least affordable local authority to live in across the South East Region¹². During 2015/16, 97 households in Wokingham were identified as statutorily homeless¹³. In winter, heating costs are also a significant burden for the 4,446 of households that are classified as fuel poor¹⁴.

Starting Well

There is a general good level of health in pregnant mothers and babies in Wokingham. With continued low rates of smoking during pregnancy (among the lowest decile in England)¹⁵.

Perinatal mental health is crucial factor in health and wellbeing of both mother and infant, estimates suggest that around 325 women each year in Wokingham experience post-natal depression (around 20% of births)¹⁶. Evidence suggests that post-natal depression is associated with and can be exacerbated by social isolation¹⁷

While pre-school children in Wokingham generally develop well there is a gap in good level of development at age 5 for those eligible for free school meals (FSM)¹⁸.

Childhood immunisation coverage is improving with MMR uptake slowly increasing¹⁹ but nationally 2018 saw a steep rise in cases of measles due to historic low MMR uptake²⁰.

Generally there are relatively low rates of hospital attendance and admissions for childhood illnesses in Wokingham. Wokingham hospital admission rates for respiratory infections in the under 5s, however, are similar to national rates²¹ as are A&E attendances in the under 1s – a significant increase in recent years²².

Developing Well

Levels of obesity in children aged 10-11 in Wokingham have not increased in the past two years²³ but we know that societally there are groups that face greater barriers to being physically active than others, for example children with disabilities²⁴ and child carers.

Poor mental health is both a risk factor for and an outcome of social isolation in children and young people. Supporting the mental and emotional wellbeing of young people is a priority nationally as well as locally where we have seen an increase over recent years in young people seeking support for mental health problems²⁵.

Young people in Wokingham are less likely to regularly drink alcohol or use drugs than young people on average in England²⁶. The rates of alcohol-related hospital admissions in young people are lower in Wokingham than nationally though not reducing at the same rate as seen nationally²⁷. Measures of good sexual and reproductive health including rates of teenage conceptions, STI diagnoses and late diagnosis of HIV are also encouraging in Wokingham²⁸.

School attainment is good locally but gap between those receiving free school meals than their peers. At Key stage 4 children not eligible for school meals achieve a higher average score than their peers nationally, whereas those receiving free school meals achieve a lower average score than their peers nationally²⁹.

Living and working well

Adults in Wokingham have amongst the highest rates in the South East of regular alcohol drinking³⁰. While rates of dependent drinkers and alcohol-related deaths are significantly lower in Wokingham than in England³¹, alcohol-related hospital stays are increasing particularly for women aged under 40³².

Wokingham continues to have the lowest smoking prevalence in the country, however, there remains a large gap for routine and manual workers who are twice as likely to smoke as the rest of the population³³.

Rates of adult obesity and physical inactivity are increasing³⁴ as are rates of reported symptoms and diagnoses of anxiety and depression³⁵. While generally Wokingham residents report high levels of wellbeing, suicide rates locally are similar to the national average³⁶.

Cancers is the most common cause of death in Wokingham. Cancer screening rates locally are significantly better than England but for breast and cervical screening the nationally trend in reducing screening coverage is being mirrored locally³⁷.

Ageing well

Generally over 65s in Wokingham live longer and healthier lives than the England average³⁸. Permanent admissions to care homes continue to reduce with more care provided at home³⁹, however, hospital admissions due to falls and hip fractures continue to have a significant impact⁴⁰.

Evidence suggests that loneliness and isolation are significant contributors to ill health⁴¹. In older age risk factors for isolation such as living alone and/or having limited access to transport are more prevalent. There are over 10,000 older people estimated to live alone in the borough⁴².

People who receive support from adult social care as well as adult carers care givers are also at increased risk of becoming lonely or isolated and many report not having as much social interaction as they would like⁴³.

Supporting wellbeing over winter is important in preventing excess winter deaths and as well as promoting messages around keeping warm, flu vaccination is a key intervention. Uptake of flu vaccinations in the over 65s, since dip a few years ago, as has been increasing locally⁴⁴.

Summary

While Wokingham remains a Borough with generally high levels of health and wellbeing more focus is needed on prevention. Access to high quality medical care means we are increasingly successful at preventing deaths though less successfully preventing ill health.

Our population is ageing and likely to develop increasing needs for support in future years. New developments and housing growth may alter the population structure somewhat though it is difficult to predict the effects of this precisely.

The Borough is affluent, though there are pockets of deprivation as well as groups of who are harder to reach and may need greater support in accessing community or public services.

Reflecting the key themes emerging from Wokingham's JSNA across the life course the priorities for the Wokingham Wellbeing Board therefore are:

- To reduce social isolation and loneliness (particularly in older people, people with mental illness and carers) in order to improve their mental and physical wellbeing.
- To get people of all ages and abilities more physically active by: getting more people out and using green and blue space, promoting more active travel and encouraging more children to get at least one hour of physical activity every day.
- To close the gap between what a child who is born today in the most deprived areas and those in the least deprived areas will experience over their life time.

Partner Implications
Production of the Joint Strategic Needs Assessment (JSNA) is a shared responsibility of partners of the Wokingham Borough Wellbeing Board

Reasons for considering the report in Part 2
N/A

List of Background Papers
JSNA Infographics Focused JSNA Borough Profile

Contact Rhosyn Harris	Service
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¹ Deprivation Score IMD 2015 5.7 – rank 1 of 152

² Male Life expectancy at birth (2015-17) 81.5 years – rank 11 of 152

Female Life expectancy at birth (2015-17) 85.6 years – rank 7 of 152

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

³ Male Healthy life expectancy at birth (2015-17) 69.8 years – rank 2 of 152

Female Healthy life expectancy at birth (2015-17) 71.6 years – rank 1 of 152

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

⁴ 2016-based Subnational Population Projections, mid-2016 to mid-2041

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based>

⁵ Dinton Pastures is one of 14 country parks in Wokingham and covers approximately 450 acres

<http://www.wokingham.gov.uk/countryside-parks-and-conservation/country-parks/map-of-country-parks/>

⁶ Car ownership rates per local authority in England and Wales 2011 Census

https://www.racfoundation.org/assets/rac_foundation/content/downloadables/car%20ownership%20rates%20by%20local%20authority%20-%20december%202012.pdf

⁷ Wokingham Borough Council 2018 Air Quality Annual Status Report (ASR)

<https://publicprotectionpartnership.org.uk/media/1283/wokbcasr-2018.pdf>

⁸ Fraction of mortality attributable to particulate air pollution (2017) 5.7% - rank 45 of 152

⁹ 8 “outstanding” and 30 “good” primary schools and 5 “good” secondary schools - Department for Education

<https://get-information-schools.service.gov.uk/Establishments/Search?SelectedTab=Establishments&SearchType=ByLocalAuthority&LocalAuthorityToAdd=&d=114&OpenOnly=true&b=1&b=4>

¹⁰ Percentage of people aged 16-64 in employment (2017-18) 79.5% - rank 21 of 152

¹¹ <http://www.wokingham.gov.uk/major-developments/overview-of-major-developments/>

¹² Affordability of home ownership - Ratio of median house price to median gross annual residence-based earnings (2017) 11.5 – rank 3 of 19

¹³

¹⁴ Fuel Poverty (2015) 7.1% of households – a total of 4,446 <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

¹⁵ Smoking at the time of delivery (2016/17) 3.8% <https://fingertips.phe.org.uk/profile/child-health-profiles>

¹⁶ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/0/gid/1938132960/pat/6/par/E12000008/ati/102/are/E06000041>

¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

¹⁸ Percentage of children achieving a “good level of development” (2016/17) All Reception 76% rank 19

Percentage of children achieving a “good level of development” (2016/17) FSM children 52% - rank 114

Percentage of children achieving a “good level of development” (2016/17) non-FSM eligible 77% - rank 11

¹⁹ Population vaccination coverage – MMR for one dose at 5 years old (2017/18) 96.4%

Population vaccination coverage – MMR for two doses at 5 years old (2017/18) 89.3%

²⁰ <https://www.gov.uk/government/news/measles-outbreaks-across-england>

-
- ²¹ Respiratory tract infections admissions aged 1 year (2017/17) 104.3 per 10,000 (England 83.5)
Respiratory tract infections admissions aged 2, 3 and 4 years (2017/17) 24.9 per 10,000 (England 21.4)
<https://fingertips.phe.org.uk/profile/child-health-profiles/>
- ²² A&E Attendances (under 1 year) 863.3 per 1000 (2016/17) [compared with 391 per 1000 in 2011/12]
<https://fingertips.phe.org.uk/profile/child-health-profiles/>
- ²³ Obesity and overweight (Year 6) % of children in Year 6 who are obese and overweight (2017/18) 26.1%
<https://www.variety.org.uk/news/2017/07/level-playing-field>
- ²⁴ Hospital admissions as a result of self harm (people aged 10-24 years) 483.9 per 100,000 (2017/18)
[compared with 245 per 100,000 in 2012/13]
<https://fingertips.phe.org.uk/profile/child-health-profiles>
- Inpatient admission rate for mental health disorders (per 100,000 population aged 0-17 years) 90.4 per 100,000 (2017/18) [compared with 36.1 in 2012/13] <https://fingertips.phe.org.uk/profile/child-health-profiles>
- ²⁵ % of 15 year olds who have had an alcoholic drink at least once a week (WAY survey 2014-15) 4.4%
[compared with England 6.2%]
% of 15 year olds who took drunks in the last month (WAY survey 2014-15) Cannabis 2.9% other drugs 0.3%
<https://fingertips.phe.org.uk/profile/child-health-profiles>
- ²⁶ Hospital admissions for alcohol-specific conditions, under 18s, crude rate per 100,000 population
<https://fingertips.phe.org.uk/profile/child-health-profiles>
- ²⁷ Under 18 conceptions (2016) 8.3 per 1000 [compared with 18.8 per 1000 in England]
<https://fingertips.phe.org.uk/profile/child-health-profiles>
- ²⁸ Average attainment 8 score (2016/17) children receiving free school meals: 33 , all other children: 53
[source: Department for Health]
<https://fingertips.phe.org.uk/profile/child-health-profiles>
- ²⁹ Percentage of adults drinking over 14 units of alcohol a week (2011-14) 32% [compared with 25.7% England]
<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- ³⁰ Percentage of dependent drinkers (2014/15) 0.64% [compared with 1.39% England]
Alcohol-specific mortality (2015-17) 6.2 per 100,000 [compared with 10.6 England]
<https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- ³¹ Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Female) 203 per 100,000 (2017/18) <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- ³² Percentage smoking prevalence among persons aged 18+ (APS Survey 2017) 8.1% [compared with 14.9% England]
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- ³³ Percentage of adults (aged 18+) classified as overweight or obese (2016/17) 55% [compared with England 61%]
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- ³⁴ Percentage reporting anxiety or depression completing GP Patient Survey (2016/17) 9.1%
- ³⁵ Age-standardised mortality rate from suicide (2015/17) 8.1 per 100,000 [compared with England 9.6]
- ³⁶ Breast cancer screening – percentage of eligible women screened adequately within the previous 3 years (2017) 81.4% [compared with England 75.4%]
- ³⁷ Health related quality of life for adults aged 65 and over (2016/17) 0.779 [compared with England 0.735]
Life expectancy 65 (2015/17) Male 19.8 years; Female 22.8 years <https://fingertips.phe.org.uk/profile/older-people-health>
- ³⁸ Permanent admissions to residential and nursing homes per 100,000 population aged 65+ (2013/14) 570 [compared with England 651] Source: local BCF data
- ³⁹ Rate of emergency admissions for fractured neck of femur per 100,000 (2017/18) 589 [compared with England 578] <https://fingertips.phe.org.uk/profile/older-people-health>
- ⁴⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3_a_Social_isolation-Full-revised.pdf
- ⁴¹ Number of people aged 65+ who live alone. Source: POPPI estimates June 2018
- ⁴² Proportion of people who use services who reported that they had as much social contact as they would like (2016/17) 49% Proportion of adult carers who have as much social contact as they would like (2016/17) 35%
<https://fingertips.phe.org.uk/profile/adultsocialcare>
- ⁴³ Flu vaccination - % of eligible adults aged 65+ who have received the flu vaccine (2017/18) 73.3% [national target 75%]

Wokingham Starting Well

December-18

Recent Trends

- ↓ Decreasing /getting better
- ↑ Increasing/getting better
- No significant change

**Smoking status at time of delivery**

% of mothers who are smokers at the time of delivery (2017/18)

Wokingham: ↓ 4.1%
 Comparator: ● 7.2%
 England: ● 10.8%

**Teenage mothers**

% of delivery episodes where the mother is aged under 18 years in 2016/17

Wokingham: ● 0.4%
 Comparator: ● 0.5%
 England: ● 0.8%

**BME Deliveries**

% of deliveries to mothers from Black and Minority Ethnic (BME) groups in 2016/17

Wokingham: ● 17.6%
 Comparator: ● 15.8%
 England: ● 23.3%

**Low birth weight of term babies**

% of all live births at term in 2016 with low birth weight (<2500g)

Wokingham: ↓ 1.3%
 Comparator: ● 2.2%
 England: ● 2.8%

55

**Dtap/ IPV/ Hib coverage (1 year)**

% of eligible children who received 3 doses of Dtap/ IPV/ Hib vaccination by their 1st birthday (2017/18)

Wokingham: ● 95.7% → Compared against national target of 95%
 Comparator: ● 93.8%
 England: ● 93.1%

**Respiratory tract infection admissions aged 1 year**

Rate of emergency admissions in infants per 10,000 population (2016/17)

Wokingham: ● 104.3
 South East: ● 86.0
 England: ● 83.5

**Infant Mortality**

Rate of deaths in infants aged under 1 year per 1,000 live births (2015 - 17)

Wokingham: ● 3.5
 Comparator: ● 3.1
 England: ● 3.9

**Breastfeeding prevalence**

% of all infants due a 6-8 week check that are totally or partially breastfed (2017/18)

Wokingham: ● 61.8%
 Comparator: ● 51.5%
 England: ● 42.7%

**MMR – 1st dose**

% of children who received one dose of MMR vaccine on or after their 1st birthday and anytime to their 2nd birthday (2017/18)

Wokingham: ● 94.4% → Compared against national target of 95%
 Comparator: ● 92.0%
 England: ● 91.2%

**Respiratory tract infection admissions 2,3 and 4 years**

Rate of emergency admissions in infants per 10,000 population (2016/17)

Wokingham: ● 24.9
 South East: ● 24.1
 England: ● 21.4

**MMR – 2nd dose**

% of children who received two doses of MMR vaccine on or after their 1st birthday and at anytime to 5th birthday (2017/18)

Wokingham: ● 89.3% ↑ Compared against national target of 95%
 Comparator: ● 87.6%
 England: ● 87.2%

The latest available data is shown at a local authority level and compared against the England figure and the comparator group, least deprived decile (IMD 2015) figures:

- Significantly better
- Significantly worse
- Significantly lower
- No significant difference
- Significantly higher
- Not comparable/Value unknown

Where a national target has been set, data has been compared against this target.

Source:

[Public Health England Fingertips Profiles](#)

**School readiness**

% of children achieving a good level of development at the end of Year R (2016-17)

Wokingham:	↑ 76.2%
Comparator:	→ 74.7%
England:	● 70.7%

**Free school meals**

% of pupils eligible for and claiming free school meals who attend state funded school (2018)

Wokingham:	→ 5.3%
Comparator:	● 7.4%
England:	● 13.5%

**Obesity and overweight (Year R)**

% of children in Year R who are obese and overweight (2017/18)

Wokingham:	→ 16.2%
South East:	● 20.6%
England:	● 22.4%

**Pupils with special education needs (SEN)**

% of school pupils with special education needs (2018)

Wokingham:	↓ 10.8%
Comparator:	● 13.7%
England:	● 14.4%

**Sedentary for 7 hours or more per day**

% with a mean daily sedentary time in the last week over 7 hours per day (2014-15)

Wokingham:	● 62.9%
South East :	● 67.8%
England:	● 70.1%

**Physically Active (at least 1 hour every day in last week)**

% physically active for at least one hour per day seven days a week (2014-15)

Wokingham:	● 15.5%
South East :	● 14.8%
England:	● 13.9%

**Obesity and overweight (Year 6)**

% of children in Year 6 who are obese and overweight (2017/18)

Wokingham:	→ 26.1%
South East:	● 30.8%
England:	● 34.3%

**First time entrants to Youth Justice System (10-17 year olds)**

Rate per 100,000 population (2017)

Wokingham:	● 152.1
Comparator:	● 213.5
England:	● 292.5

**Regular drinker of alcohol (every week)**

% of 15 year old who have an alcoholic drink 'at least once a week' Way survey (2014-15)

Wokingham:	● 4.4%
South East:	● 6.2%
England:	● 6.2%

**Smoking prevalence (current smokers)**

% of smoking prevalence at age 15 Way survey (2014-15)

Wokingham:	● 4.9%
South East :	● 9.0%
England:	● 8.2%

**Drug Use (in the last month)**

% of 15 years old 'who took drugs' in the last month' Way survey (2014-15)

	Cannabis	Other drugs
Wokingham:	● 2.9%	● 0.3%
South East:	● 5.5%	● 1.0%
England:	● 4.6%	● 0.9%

The latest available data is shown at a local authority level.

This is compared against the England figure and the comparator group, least deprived decile (IMD 2015):

- Significantly better
- Significantly worse
- No significant difference
- Not comparable/Value unknown

Where a national target has been set, data has been compared against this target.

Source:

[Public Health Fingertips Profiles](#)

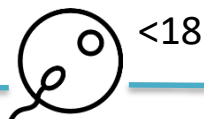
- ↑ Increasing /getting worse
- ↓ Decreasing/getting better
- ↗ Increasing / getting better
- No significant change



GCSEs achieved (5A*-C including English & Maths)

Educational attainment (5 or more GCSEs): % of all children (2015-16)

Wokingham:	70.9%
Comparator:	63.5%
England:	57.8%



Under 18 s conceptions

Rate of conceptions for females aged 15-17 per 1,000 population (2016)

Wokingham:	↓ 8.1
Comparator:	11.9
England:	18.8



Admissions as a result of self-harm (15 to 19 year olds)

Rate of admissions as a result of self-harm per 100,000 population (2016/17)

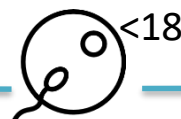
Wokingham:	↑ 720.6
Comparator:	652.3
England:	617.1



Chlamydia screened (15-24 year olds)

Proportion of population screened for chlamydia in specialist and non-specialist sexual health services (2017)

Wokingham:	↗ 15.0
Comparator:	16.4
England:	19.3



Under 18s conceptions leading to abortion

% of conception aged under 18 years that led to an abortion (2016)

Wokingham:	→ 56.5%
Comparator:	61.6%
England:	51.8%



NEET (16 to 17 year olds)

% of 16-17 year olds who are NEET or whose activity is not known (2016)

Wokingham:	4.4%
Comparator:	5.5%
England:	6.0%

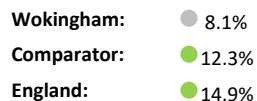
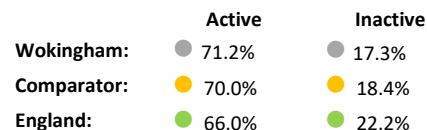
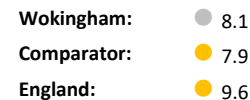
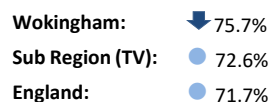
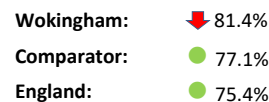
The latest available data is shown at a local authority level.
This is compared against the England figure and the comparator group, least deprived decile (IMD 2015):

- Significantly better than England
- Significantly worse than England
- No significant difference to England
- Not comparable/Value unknown

Where a national target has been set, data has been compared against this target.

Source:

[Public Health Fingertips Profiles](#)

**Smoking Prevalence (current smokers)***% of smoking prevalence among persons 18+ years from the APS survey (2017)***Adult drinkers of alcohol (18+ years)***% of adults drinking over 14 units of alcohol a week (2011-14)***Physically active and inactive (19+)***% of adults who are physically active / inactive by CMO recommendations (2016/17)***Obesity and overweight***% of adults (aged 18+) classified as overweight or obese (2016/17)***Preventable Mortality (all ages)***Rate of mortality from causes considered preventable per 100,000 population (2015/17)***Diabetes***Estimated diagnosis rate for people with diabetes aged 17 and over (2017)***Suicide 10 years+***Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (2015/17)***Depression or Anxiety 18+ years***% reporting depression or anxiety completing GP Patient Survey (2016/17)***Bowel cancer screening (60-74 years)***% of people eligible for bowel screening who were screened (2017)***Cervical Screening***% of female, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage) 2017/18***Breast cancer screening (53-70 years)***% of eligible women screened adequately with the previous 3 years on 31st March (2017)*

The latest available data is shown at a local authority level and compared against the England figure and the comparator group, least deprived decile (IMD 2015) figures:

- Significantly better
- Significantly worse
- No significant difference
- Significantly higher
- Not comparable/Value unknown

Where a national target has been set, data has been compared against this target.

Sources:

[Public Health England Fingertips Profiles](#)
[Cervical Screening Indicator](#)

- ↓ Decreasing /getting worse
- ↓ Decreasing/getting better
- No significant change

**Health related quality of life**

Average health status score for adults age 65 and over (2016/17)

Wokingham:	0.779
Comparator:	0.768
England:	0.735

**Life expectancy at 65**

Average number of years a person would expect to live (2015/17)

	Female	Male
Wokingham	22.8	19.8
South East:	21.7	19.3
England:	21.1	18.8

**Excess winter deaths**

Measured as the ratio of extra deaths from all causes that occur in the winter months (Aug 2014 - Jul 2017) (3 years, All Ages)

Wokingham:	18.1%
Comparator:	20.9%
England:	21.1%

**Flu vaccine**

% of eligible adults aged 65+ who have received the flu vaccine (2017/18)

Wokingham:	73.3%	↓	Compared against national target of 75%
Comparator:	73.7%		
England:	72.6%		

59

**Preventable sight loss (persons 65+)**

Rate of sight loss due to age related macular degeneration (AMD) in people aged 65+ per 100,000 population (2016/17)

Wokingham:	120.5
Comparator:	113.1
England:	111.3

**Dementia: Recorded prevalence**

Number of people with dementia recorded as a proportion of people aged 65+ registered at each GP Practice (2017)

Wokingham:	4.18%
Comparator:	4.16%
England:	4.33%

**Delayed transfer of care**

Rate of delayed transfer of care 18+ per 100,000 population (2017/18)

Wokingham:	8.1
South East:	15.7
England:	12.4

**Permanent admissions to residential and nursing homes**

Rate per 100,000 population aged 65+ (2013/14)

Wokingham:	570
Comparator:	602
England:	651

**Hospital admissions due to fall**

Rate of emergency hospital admissions for injuries due to falls in people aged 65+ per 100,000 population (2017/18)

Wokingham:	2,161
Comparator:	2,198
England:	2,170

**Hip fractures (65+)**

Rate of emergency admissions for fractured neck of femur per 100,000 population (2017/18)

Wokingham:	589
Comparator:	547
England:	578

**Cardiovascular Disease**

Rate of deaths from cardiovascular disease among people aged 65 and over (2015/17)

Wokingham:	916.2
Comparator:	973.9
England:	1,121.0

The latest available data is shown at a local authority level.
This is compared against the England figure and the comparator group, least deprived decile (IMD 2015):

- Significantly better
- Significantly worse
- No significant difference
- Not comparable/Value unknown

Where a national target has been set, data has been compared against this target.

Sources:

[Public Health England Fingertips Profiles](#)
[Delayed transfers of care](#)

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TITLE	New Approach to JSNA
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Tessa Lindfield, Strategic Director of Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report addresses all three of the JHWP Strategy priorities for 2018-2021
Key outcomes achieved against the Strategy priority/priorities	The new approach to JSNA will ensure that Wellbeing Board strategies and action plans are based on and address local needs

Reason for consideration by Wokingham Borough Wellbeing Board	For Wokingham Borough Wellbeing Board to approve the new approach to the JSNA from April 2019
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION

That the Board supports the proposals for the future approach to the JSNA for all Berkshire Unitary Authorities.

SUMMARY OF REPORT

The JSNA needs to evolve to be more efficiently produced, complement population health management and better meet the needs of its users with timely and useful information and intelligence.

As Population Health Management and the integration of health and care progresses, it is likely that the JSNA will evolve further. This model is intended to dovetail with new developments and suffice for the medium term and the development of the next Joint Health & Wellbeing Strategy

Whilst each Authority's JSNA will be individual, a unifying vision supported by a set of principles is proposed for JSNAs in Berkshire Unitary Authorities,

Local public health teams; the shared public health team; commissioners; health and wellbeing boards will actively work together to develop and promote the use of JSNAs as a suite of tools to identify health and wellbeing priorities and guide decision making, in order to reduce health inequalities and enable communities to live healthy lives.

Background

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The JSNA has been with us for the last 10 years or so and is a joint duty between the Local Authority and CCG on behalf of each Health & Wellbeing Board.

What is the JSNA?

The JSNA aims to provide a common view of health and care needs for the local community. As well as identifying the burden of ill health in a community it is also concerned with the social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment. A key focus is on the unacceptable variations we see in health and wellbeing between communities - health inequalities.

The JSNA also looks at opportunities for improving health by providing evidence of effectiveness for different interventions.

Who is the JSNA for?

The main audience for the JSNA is health and social care commissioners who use it to plan services.

It can also be used as an evidence base for preparing bids and business cases, by the voluntary and community sector to ensure that community needs and views are represented, by service providers to assist in the future development of their services, and by the public to scrutinise local health and wellbeing information, plans and commissioning recommendations.

Berkshire Unitary Authority JSNAs

Since 2013, Public Health Local Teams and the Public Health Shared Team have coproduced the JSNA's for each of the local authorities. Each LA JSNA has different content and emphasis as it needs to inform health and wellbeing for its own population, but the core structure and process have been similar. The JSNAs have taken the form of annual publications of locality profiles, for example for CCGs and ward areas alongside a comprehensive set of themed chapters, for example on children or mental health.

In 2017 a more uniform, life course chapter structure was adopted with a system of regular data updates from the shared team for local teams to interpret and incorporate into their local JSNAs.

In 2018, the Consultants in Public Health reviewed current arrangements. They noted the following:

- The JSNAs were taking a disproportionate amount of staff time to produce in relation to its use by commissioners and impact on evidence-based decision making.
- The format of pdf documents was rigid, not searchable and difficult to navigate.

- Commissioners were requesting information that was already in the JSNA. They were not turning to the JSNA as the first port of call for information because they felt that it was not timely or relevant when they were redesigning and recommissioning services.
- Not all elements were recognised as being part of the JSNA – eg the CCG profiles.
- The Berkshire JSNAs were out of step with developments across the country.

2018/19 JSNA Arrangements

In July 2018 a lighter touch JSNA refresh for 18/19 was proposed to free capacity to re-examine the model of JSNAs across the Berkshire Local Authorities and recommend improvements.

Concurrently NHS bodies were developing Population Health Management, a potentially powerful data and information system to inform clinical service design and delivery. There was a risk of duplication of effort and confusion of intelligence for commissioners.

Options Proposed

The JSNA needs to evolve to be more efficiently produced, complement population health management and better meet the needs of its users with timely and useful information and intelligence.

As Population Health Management and the integration of health and care progresses, it is likely that the JSNA will evolve further. This model is intended to dovetail with new developments and suffice for the medium term and the development of the next Joint Health & Wellbeing Strategy.

The new JSNA model

Whilst each Authority's JSNA will be individual, a unifying vision supported by a set of principles is proposed for JSNAs in Berkshire Unitary Authorities,

Local public health teams; the shared public health team; commissioners; health and wellbeing boards will actively work together to develop and promote the use of JSNAs as a suite of tools to identify health and wellbeing priorities and guide decision making, in order to reduce health inequalities and enable communities to live healthy lives.

Principles

The JSNA will be:

- Useful
- Accessible
- A combination of published & self-generated resources
- Relevant for our populations
- Reflective of the views of residents
- Agile and responsive to change
- Informed by detailed needs assessments
- Produced collaboratively, sharing where it makes sense and locally tailored

- Coherent with other health & care intelligence systems and programmes, including Population Health Management.

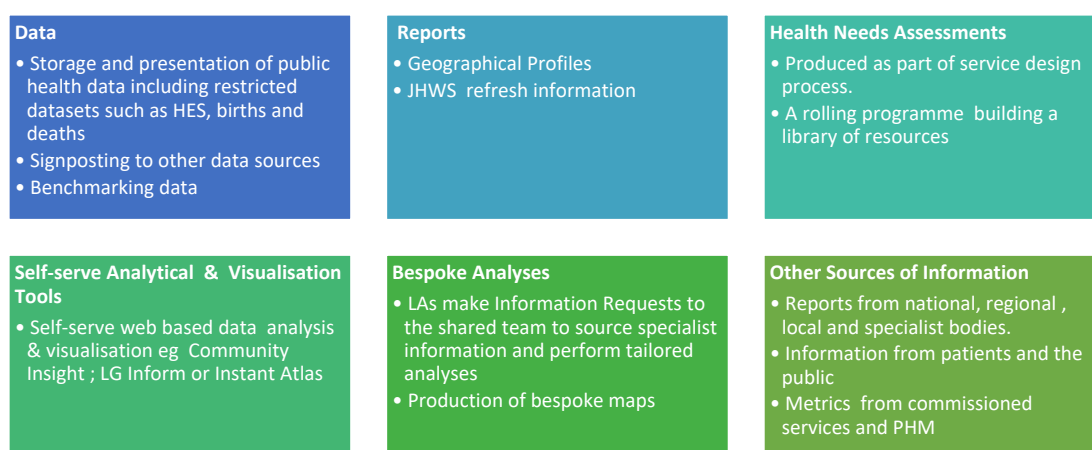
The new JSNA will require shifts in focus:

- away from *production* of data and intelligence towards *using* the JSNA to shape decisions about programmes to improve health and wellbeing.
- away from a programme of *writing* reports and chapters towards JSNA users *interrogating data themselves* to inform decisions.
- away from the scheduled production of thematic chapters towards fewer reports accompanied by analysis of local need and evidence of effectiveness as part of the design of interventions and pathways for health and wellbeing.
- away from a large number of reports and chapters refreshed each year towards steadily building a library of resources.
- away from public health teams producing the JSNA in relative isolation towards a more coordinated and integrated approach with all the statutory partners alongside other health and care intelligence programmes.

Building Blocks of the JSNA

The new JSNA will be a suite of resources as shown in Figure 1. Many of these are in place in some shape or form, but work will be needed to develop a new range of local routine reports; to roll out the self serve tool and build the library of resources. A key new area of work will be the inclusion of data from patients and residents.

Figure 1: JSNA Building Blocks



The work would be led by Public Health delivered by Local Teams and supported by the PH Shared Team. The costs can be absorbed within existing budgets. The JSNA steering group has been refreshed and invitations extended to partner organisations.

Partner Implications

N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers

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TITLE	Review of terms of reference
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific;
DIRECTOR	Graham Ebers, Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	Not applicable
Key outcomes achieved against the Strategy priority/priorities	To ensure that the Wokingham Borough Wellbeing Board terms of reference are uptodate and fully reflect the structure and responsibilities of the Board.

Reason for consideration by Wokingham Borough Wellbeing Board	To review the terms of reference of the Wokingham Borough Wellbeing Board.
What (if any) public engagement has been carried out?	No public engagement.
State the financial implications of the decision	No financial implications.

RECOMMENDATION

That the Wokingham Borough Wellbeing Board:

- 1) consider the proposed amendments to the terms of reference for the Wokingham Borough Wellbeing Board attached as Appendix 1 and recommend their approval to Council via the Constitution Review Working Group:
- 2) consider whether there are any further amendments that it wishes to make to the terms of reference.

SUMMARY OF REPORT

The purpose of the report is to review proposed amendments to the Wokingham Borough Wellbeing Board's terms of reference and to also consider whether any further amendments should be made.

Background

The Wokingham Borough Wellbeing Board is required to review its terms of reference to ensure that it continues to be relevant and up to date, and fully reflects the structure and responsibilities of the Board.

The Board is asked to consider proposed amendments as set out in Appendix 1. Changes are in bold italics or struck through.

Board members should also give consideration as to whether there are any other changes which they feel should be made to the terms of reference.

Partner Implications
Collaboration with partners is essential for the effective operation of the Wellbeing Board

List of Background Papers
N/A

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WOKINGHAM BOROUGH WELLBEING BOARD

4.4.22 Introduction

Under the Health and Social Care Act 2012 the Council is required to establish a Health and Wellbeing Board. The Health and Wellbeing Board is responsible for identifying the current and future social care and health needs of the local area through a Joint Strategic Needs Assessment. ~~(the Wokingham Needs Assessment).~~

The Health and Wellbeing Board is also responsible for developing a Joint Health and Wellbeing Strategy to set local social care and health priorities and provide a framework for the commissioning of local health and social care services.

4.4.23 Membership

The membership of the Wokingham Borough Wellbeing Board will be as follows:

- a) Leader of the Council
- b) Executive Member with responsibility for Children's Services
- c) Executive Member with responsibility for Health and Wellbeing
- d) Deputy Chief Executive**
- e) Director with statutory responsibility for Children's Services
- f) Director with statutory responsibility for Adult Social Services
- g) Director with responsibility for Planning and Localities
- h) Director of Public Health
- i) Three representatives from the Berkshire West Clinical Commissioning Group
- j) Representative from local Healthwatch
- k) Representative of National Health Service England (for the purpose of participating in the Board's preparation of the **Joint Strategic Wokingham Needs Assessment** and/or Joint Health and Wellbeing Strategy or if the Board is considering a matter which relates to the exercise or proposed exercise of the commissioning functions of the NHS England in relation to the local authority area covered by the Board).
- l) An elected Member from the Opposition
- m) Three representatives from the Strategic Partnerships, representing the Place and Community Partnership, the Community Safety Partnership and the Business, Skills and Enterprise Partnership
- n) Representative from the Voluntary Sector

The Wokingham Borough Wellbeing Board may appoint such additional persons to be members of the Board as it thinks appropriate. The appointment of any additional members to the Wokingham Borough Wellbeing Board will take place at Board meetings.

4.4.24 Co-optees

With the agreement of the Board, individuals may be co-opted to the Board for an agreed period.

Representatives from other key partners may be invited to attend the Board where there is a specific agenda item which includes their engagement. Representatives attending in this capacity will be non-voting attendees.

4.4.25 Appointment of Wokingham Borough Wellbeing Board

Elected Members of the Council will be appointed to the Board at the Council's Annual Council Meeting.

Nominations for the elected Member representative(s) **and their substitute** on the Wokingham Borough Wellbeing Board will be made by the Leader of the Council.

No member of the Wokingham Borough Wellbeing Board may be a member of the Health Overview and Scrutiny Committee.

The Director of Public Health, Director with statutory responsibility for Adult Social Services and the Director with statutory responsibility for Children's Services will be members of the Board by virtue of their office.

The **NHS** Berkshire West Clinical Commissioning Group will appoint three people to represent it on the Wokingham Borough Wellbeing Board.

The Local Healthwatch organisation for the local authority will appoint a person to represent it on the Wokingham Borough Wellbeing Board.

Each constituent organisation will notify Democratic Services of its nominated representative(s) and any changes made. ~~In order to ensure continuity, it is expected that the nominated representative will be elected for a period of two years. Appointment to the Wokingham Borough Wellbeing Board may be renewable.~~

Should Board members cease to be an elected Member of the Council, **or no longer hold the relevant Executive Member position** or to **represent any of the bodies set out in rule 4.4.23 above** the Berkshire West Clinical Commissioning Group, or Local Healthwatch **or cease to hold the relevant Director post** or cease to hold the office of Director of Public Health, or to be the Director with statutory responsibility for Children's Services or to be the Director with statutory responsibility for Adult Social Services, they will cease to be a member of the Wokingham Borough Wellbeing Board.

4.4.26 Voting

The Wokingham Borough Wellbeing Board will generally reach decisions by consensus, but in the event of a vote being required there will be one vote **per Board Member**. ~~each for the local authority, the Clinical Commissioning Group and Healthwatch.~~

~~Voting members will be an elected Member, a representative from the Clinical Commissioning Group and the Healthwatch representative. The member organisations~~

~~will identify and notify Democratic Services of the voting representative, prior to the first meeting of the Board of the municipal year.~~

~~All other Board members will be non-voting members.~~

4.4.27 Substitutes

~~Named substitutes are required to cover for representatives other than elected Members if they are unable to attend a meeting. In order to ensure continuity, it is expected that the nominated substitute will be appointed for a period of two years. Appointment as a substitute to the Wokingham Borough Wellbeing Board may be renewable. Organisations other than the Council represented on the Wokingham Borough Wellbeing Board will appoint a substitute for their representative(s) at the beginning of the municipal year.~~

~~If representatives from organisations other than the Council are unable to attend a Board meeting they should ask the nominated a substitute to act in their place (including vote on their behalf if applicable) at the meeting. The appointment shall only take effect if the representative unable to attend notifies the Democratic Services Manager **Democratic and Electoral Services Lead Specialist**, or their representative, no later than midday of the day of the meeting that they will be unable to attend the meeting and the name of the appointed substitute member.~~

~~***The substitute for the Executive Member representatives will be the Deputy Executive Member for that post and the substitute for the Leader of the Council will be the Deputy Leader of the Council. The substitute for the Opposition Member will be another member of the Opposition and will be advised at the Council's Annual Council Meeting.***~~

4.4.28 Changing Substitutes

~~Organisations other than the Council represented on the Wokingham Borough Wellbeing Board will inform Democratic Services should they change the substitute for their representative(s) on the Board during the municipal year.~~

4.4.28 4.4.29 Chairman and Vice Chairman

~~The Chairman will be an elected Member of Wokingham Borough Council. The Chairman of the Wokingham Borough Wellbeing Board will be appointed at the first meeting of the Wokingham Borough Wellbeing Board of the municipal year.~~

~~The Vice Chairman of the Board will be appointed at the first meeting of the Wokingham Borough Wellbeing Board of the municipal year and can be any other member of the Board.~~

4.4.29 4.4.30 Purpose of Wokingham Borough Wellbeing Board

~~The Wokingham Borough Wellbeing Board is responsible for:~~

- ~~a) improving the health and wellbeing of the population;~~
- ~~**b) *formulating and overseeing the delivery of a Wellbeing Strategy;***~~
- ~~c-b) reducing inequalities in health across the Borough such as the difference in life expectancy of 13 years between the more affluent and less affluent parts of the Borough;~~

- ~~d-e~~) making sure that there is joined up care for example for people with long term illness and high levels of dependency and that they can be looked after in their own homes for as long as is practical;
- ~~e-d~~) listening to and learning from people and communities about their experience of health and care services and involving them in planning services which meet their needs in the most appropriate way.

4.4.30 4.4.31 Roles and Responsibilities

The Wokingham Borough Wellbeing Board will:

- a) be responsible for bringing together public services in order to improve health and wellbeing. The Wokingham Borough 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;
- b) 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;
- c) lead the production of a ~~Wokingham~~ **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 Wokingham Borough Wellbeing Board and incorporated into the Health and Wellbeing Strategy;
- d) lead the production of the Joint Health and Wellbeing Strategy which details how the health and social care needs identified in the **Joint Strategic** ~~Wokingham~~ Needs Assessment will be met and sets targets for health improvement and for the promotion of health and wellbeing;
- e) prepare and publish a local pharmaceutical needs assessment (an overview of local pharmaceutical needs, services and gaps in provision);
- f) 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 Wokingham Borough Wellbeing Board.

The Board will monitor the targets set out in the Joint Health and Wellbeing Strategy and be accountable to the public for delivery of programmes within the Health and Wellbeing Strategy and to Government for the reduction of health inequalities within Wokingham Borough.

When producing the ~~Joint~~ Health and Wellbeing Strategy the Wokingham Borough Wellbeing Board must:

- a) consider how the needs identified in the ~~Wokingham~~ **Joint Strategic** Needs Assessment may be addressed through partnership arrangements between the Council and NHS bodies, such as pooled budgets;

- b) have regard to the mandate the NHS England has received from the Secretary of State;
- c) involve the Local Healthwatch and those who live or work in the local authority area
- d) have regard to any guidance issued by the Secretary of State;
- e) encourage joint working between the Council and NHS bodies regarding improvements in health and wellbeing and promote the integration of NHS and Council services where this will lead to better care for residents;
- f) review the ~~Wokingham~~ **NHS Berkshire West** Clinical Commissioning Plan each year against the priorities in the Joint Health and Wellbeing Strategy, assess whether the Plan has adequately taken the Strategy into account and question whether its programmes have led to improvements in those needs and priorities identified within the Borough;
- g) take account of and comment on the appropriateness of the NHS England plan for services within the Borough.
- h) review the contribution of local authority services and programmes to addressing the identified health and wellbeing needs and priorities;
- i) hold to account its constituent member organisations in meeting their responsibilities to promote the health and wellbeing of the community, to address the issues identified in the ~~Wokingham~~ **Joint Strategic** Needs Assessment and for implementation of the ~~Joint~~ Health and Wellbeing Strategy.

4.4.31 4.4.32 Accountability

The Wokingham Borough Wellbeing Board will be accountable to each of the Board's constituent member organisations for the quality and relevance of the process of identification of local health and social care needs and priorities and for the effectiveness of programmes to address these issues.

It will be accountable for its performance to the Local Authority through reporting to Council at least once a year.

4.4.32 4.4.33 Supply of Information to the Wokingham Borough Wellbeing Board

The Wokingham Borough Wellbeing Board may, for the purpose of enabling or assisting it to perform its functions, request specific information from the following:

- a) the local authority;
- b) any person who represents the Local Healthwatch on the Wokingham Borough Wellbeing Board;
- c) any person who represents the **NHS** Berkshire West Clinical Commissioning Group on the Wokingham Borough Wellbeing Board;

- d) any person appointed to the Wokingham Borough Wellbeing Board as an additional member.

Information must relate to:

- a) a function of the person (organisation) to whom the request is made; or
- b) a person in respect of whom a function is exercisable by that person (organisation).

4.4.33 4.4.34 Scrutiny

The priorities and programmes of the Wokingham Borough Wellbeing Board will be subject to scrutiny primarily by the Health Overview and Scrutiny Committee.

The Wokingham Borough Wellbeing Board will provide an update to the Health Overview and Scrutiny Committee on a quarterly basis to enable it to fulfil its responsibilities of scrutiny.

4.4.34 4.4.35 Quorum

The quorum of a meeting of the Wokingham Borough Wellbeing Board shall be four. Representatives from Wokingham Borough Council and the Clinical Commissioning Group must be in attendance at each meeting. If neither the Chairman nor Vice Chairman is present a Chairman will be elected for that meeting. Substitute voting members for the Chairman and Vice Chairman, for that meeting will be identified prior to the meeting.

If there is no quorum at the published start time for the meeting, a period of no more than 10 minutes will be allowed, and if there remains no quorum at the expiry of this period, the meeting will be declared null and void.

4.4.35 4.4.36 Frequency of Meetings

The Wokingham Borough Wellbeing Board ~~will meet~~ **shall schedule** a minimum of 6 **meetings** ~~times~~-a year. Additional (extraordinary) meetings may take place with the agreement of the Chairman. Dates, times and locations of meetings will be agreed by the Board and published.

The business to be conducted at an extraordinary meeting of the Wokingham Borough Wellbeing Board shall usually be a single item only and there shall be no consideration of previous minutes.

4.4.36 4.4.37 Attendance of Public and Press

The Wokingham Borough Wellbeing Board will meet in public, unless confidential or exempt information is to be discussed, and the Access to Information Rules contained in Chapter 3.2 of this Constitution set out the requirements covering public meetings. The principles of decision making set out in Chapter 1.4 will apply to meetings of the Board.

4.4.37 4.4.38 Public and Member Questions

Public and Member questions can be asked in accordance with the requirements set out in [Chapter 4.2](#) of this Constitution.

In addition questions may also be asked about matters for which the other member organisations have a responsibility.

The total time allotted questions from the public will be limited to 30 minutes and Member questions will be limited to 20 minutes. The total time allotted to public and Member Questions may be extended at the discretion of the Chairman.

4.4.38 4.4.39 Petitions

Petitions will not be accepted at meetings of the Wokingham Borough Wellbeing Board. Petitions relating to the Wokingham Borough Wellbeing Board's responsibilities may, however, be submitted at meetings of full Council. Details of the Council's Petition Protocol can be found at Chapter 3.5.

Petitions which relate to the responsibilities of the Wokingham Borough Wellbeing Board member organisations other than the Council will be forwarded to the appropriate organisation.

4.4.39 4.4.40 Speaking Rights

A Member of the Council who is not a member of the Board shall be entitled to attend and speak (but not vote) at any full public meeting ~~of the Petitions which relate to the responsibilities of the Wokingham Borough Wellbeing Board member organisations other than the Council will be forwarded to the appropriate organisation.~~ at the discretion of the Chairman. Members attending under this provision shall advise the Chairman of the Board in advance that they will be attending. Members of the public or other organisations shall only be entitled to speak **regarding presentation items** at a full meeting of the Board by invitation from the Chairman.

4.4.40 4.4.41 Disturbance by Public

If a member of the public interrupts proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room.

If there is a general disturbance in any part of the meeting room open to the public, the Chairman may call for that part to be cleared.

4.4.41 4.4.42 Signing the Minutes

The Chairman shall sign off the minutes as a true and accurate record of the meeting at the next suitable meeting. Where in relation to any meeting, the next meeting is an extraordinary meeting, then the next following ordinary meeting will be treated as a suitable meeting for the purpose of signing of minutes.

Minutes of meetings will be available on the websites of the Council and partner agencies.

4.4.42 4.4.43 Joint Health and Wellbeing Boards discharge of functions of Health and Wellbeing Boards

Two or more Health and Wellbeing Boards may make arrangements for

- a) any of their functions to be exercisable jointly;
- b) any of their functions to be exercisable by a joint sub-committee of the Boards;
- c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.

4.4.43 4.4.44 Wokingham Borough Wellbeing Board Partnership Groups

The work programme of the Wokingham Borough Wellbeing Board will be implemented through the following five Partnership Groups:

- a) Children and Young People Strategic Partnership
- b) Community Safety Partnership
- c) Place and Community Strategic Partnership
- d) Wokingham Integrated Partnership
- e) Business, Skills and Enterprise Partnership

The Partnership Groups will have responsibility for the implementation of designated programmes within the Wellbeing Strategy. The Partnership Groups will report periodically to the Wokingham Borough Wellbeing Board on the aspects of their work programme which are within the Health and Wellbeing Strategy, no less than twice a year. The Partnership Groups will agree their programmes of work, monitor progress and review performance in their respective areas.

4.4.44 4.4.45 Wokingham Borough Wellbeing Board Sub-Committees

The Wokingham Borough Wellbeing Board has the ability to set up sub-committees to undertake any of its functions. The Wokingham Borough Wellbeing Board will agree the terms of reference and membership of any such sub-committee and any such terms of reference will subsequently be included in the Council's Constitution.

4.4.45 4.4.46 Code of Conduct

All voting members of the Wokingham Borough Wellbeing Board will be subject to the Local Code of Conduct for Members set out in Chapter 9.2 of this Constitution.

4.4.46 4.4.47 Review of Terms of Reference

The terms of reference will be reviewed a year from the date of adoption and thereafter at least **biennially** bi-annually. Any changes proposed shall be submitted to Council for approval.

TITLE	Community Safety Partnership update March 2019
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 11 April 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	Creating resilient communities and preventing isolation.
Key outcomes achieved against the Strategy priority/priorities	Early intervention to prevent crime.

Reason for consideration by Wokingham Borough Wellbeing Board	Update to the Borough Wellbeing Board from the Community Safety Partnership
What (if any) public engagement has been carried out?	None specific to this report.
State the financial implications of the decision	No additional financial implications.

RECOMMENDATION
That the update on the work of the Community Safety Partnership be noted.
SUMMARY OF REPORT
Partnership work to progress the priorities of the Community Safety Partnership in regard to current issues in Wokingham and progress to early intervention work.

Background

The aim of the Wokingham Community Safety Partnership is to reduce crime, substance misuse, and anti-social behaviour, raising awareness and increasing reporting of hidden crime. This strategy will guide the partnership in delivering its vision during 2018 to 2021.

The partnership's statutory bodies include the Police, the Local Authority, the Probation Service and Health Services. These organisations work together to progress the work of the strategy and respond to emerging themes.

Analysis of Issues, including any financial implications

Superintendent Sean Virtue the Local Police Commander for Wokingham and Bracknell has retired from Thames Valley Police (TVP) and we look forward to welcoming the new co-Chair of the CSP will be Felicity Parker who has a background in protecting vulnerable people with the Police force.

The Anti-social Behaviour Panel and CSP Problem Solving Task Group will amalgamate in April 2019 as an efficiency to improve partner working and intelligence sharing.

Anti-social behaviour is an ongoing theme in Wokingham. The CSP has supported the request to explore and consult with Members and the general public in regard to the implementation of a Public Space Protection Order (PSPO); which would specifically give Police powers to remove alcohol from persons in public places across the Borough to reduce and respond to the instances of crime and ASB.

There would be a period of discussion and consultation to agree to the Order being implemented by the Local Authority. It was stressed that Police would use their discretion and only enforce where Officers are called to incidents or public disturbances. The Order would not affect the general public enjoying i.e. picnics or public events and would be in place for a maximum of 3 years if agreed.

A workshop with schools and multi-agency partners has been arranged in April 2019 to focus on a partnership approach to prevent school exclusion. Early intervention is key as exclusion and non- school attendance has strong links to child exploitation and anti-social behaviour.

Early Intervention work

Early Intervention work is being supported by a successful bid from the Police Crime Commissioners (PCC) Office for Berkshire. A third of Wokingham secondary schools will receive an Alter Ego performance of County Lines in 2019 to raise awareness and prevent children at risk of becoming involved in County Lines which is an increasing concern nationally.

The Police and Crime Commissioner (PCC) has awarded £800,000 to 14 organisations across the Thames Valley to deliver projects to tackle youth violence, knife crime and exploitation.

In November the Office of the PCC was awarded £822,000 from the Home Office Early Intervention Fund and is now leading on rolling out a programme of activities across Berkshire, Buckinghamshire and Oxfordshire.

The work will be delivered in partnership with a range of organisations including Community Safety Partnerships (CSPs), Youth Offending Teams (YOTs), Youth Service providers, Local Authorities and Secondary Schools, as well as community and voluntary groups.

The programme includes a range of interventions, from raising awareness of youth violence and exploitation across secondary schools to targeted intervention with young people already involved in gangs and knife crime.

To successfully deliver this work the PCC made available grant funding opportunities to organisations who can provide these interventions.

Organisations who have been successful in their bids for funding from the programme to deliver activity across the Thames Valley include:

- AlterEgo Creative Solutions – to deliver a ‘County Lines’ theatre performance to secondary schools, raising awareness of this issue and signposting young people to advice and support
- Crimestoppers – to deliver workshop sessions via their youth service Fearless, educating young people on gangs, knife crime, and county lines to reduce the risk of them becoming involved in criminality
- Reach Every Generation – to deliver training sessions about gangs to professionals that work with young people, sharing real life experiences to raise awareness and upskill staff

Funding has also been awarded to a number of organisations to deliver local activity, such as working with schools to tackle youth exclusion, youth outreach work and one-to-one or group programmes with young people involved in gangs or crime.

Given the recent increase in knife crime, we need to look at what more we can do to protect young people from violence and exploitation and how we can work even more closely in partnership with both statutory and community organisations to try to reverse this trend and hope the [project tackles these issues.

Police Tasking meetings

Police hold fortnightly tasking meetings to discuss how they will respond to current crime in the Bracknell and Wokingham area; crime themes from the Tasking Group will be a standing agenda item for the CSP in order to engage partners in problem solving and to work together to prevent crime across the Borough.

This work links with contextual safeguarding awareness raising across Council services; the CSP will present to the Customer & Localities Team to start the conversation to consider how services within the Local Authority work with agencies to prevent crime.

Partner Implications
A collective partnership approach is essential.

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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