



# **WOKINGHAM BOROUGH COUNCIL**

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 14 FEBRUARY 2019 AT 5.00 PM**

*Heather Thwaites*

Heather Thwaites  
Interim Chief Executive  
Published on 6 February 2019

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## MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Debbie Milligan	NHS Berkshire West CGC
Parry Batth	Wokingham Borough Council
Carol Cammiss	Director of Childrens Services
Nick Campbell-White	Healthwatch
Philip Cook	Place and Community Partnership / Voluntary Sector
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
Shaun Virtue	Community Safety Partnership
Dr Cathy Winfield	NHS Berkshire West CCG

59. None Specific

### **ELECTION OF CHAIRMAN**

To elect a Chairman for the remainder of the municipal year. (5 mins)

60.

### **APOLOGIES**

To receive any apologies for absence

61. None Specific

### **MINUTES OF PREVIOUS MEETING**

To confirm the Minutes of the Meeting held on 8 November 2018.

5 - 12

62.

### **DECLARATION OF INTEREST**

To receive any declarations of interest

63.

### **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](http://www.wokingham.gov.uk/publicquestions)

64.

### **MEMBER QUESTION TIME**

To answer any member questions

<b>65.</b>	None Specific	<b>APPOINTMENT TO WOKINGHAM BOROUGH WELLBEING BOARD</b> To appoint an additional Board member to the Wokingham Borough Wellbeing Board. <i>(10 mins)</i>	<b>13 - 14</b>
<b>66.</b>	None Specific	<b>WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017-18</b> To receive the West of Berkshire Safeguarding Adults Board Annual Report 2017-18.	<b>15 - 22</b>
<b>67.</b>	None Specific	<b>DATA AVAILABLE FOR SERVICE PLANNING FOR VETERANS AND THE DELIVERY OF THE ARMED FORCES COVENANT</b> To discuss data available for service planning for veterans and the delivery of the Armed Forces Covenant. <i>(10 mins)</i>	<b>23 - 48</b>
<b>68.</b>	None Specific	<b>GUIDING PRINCIPLES, WOKINGHAM INTEGRATED PARTNERSHIP</b> To consider the Guiding Principles, Wokingham Integrated Partnership. <i>(5 mins)</i>	<b>49 - 68</b>
<b>69.</b>	None Specific	<b>BETTER CARE FUND QUARTER 3 REPORT</b> To receive the Better Care Fund Quarter 3 report. <i>(10 mins)</i>	<b>69 - 90</b>
<b>70.</b>	None Specific	<b>UPDATE FROM BOARD MEMBERS</b> To receive updates on the work of the following Board members: <ul style="list-style-type: none"> <li>• Community Safety Partnership;</li> <li>• Healthwatch Wokingham Borough;</li> <li>• Place and Community Partnership and Voluntary Sector.</li> </ul> <i>(30 mins)</i>	<b>91 - 106</b>
<b>71.</b>	None Specific	<b>THE NHS LONG TERM PLAN - SUMMARY</b> To receive a summary of the NHS Long Term Plan. <i>(30 mins)</i>	<b>107 - 130</b>
<b>72.</b>	None Specific	<b>FORWARD PROGRAMME</b> To consider the Board's work programme for the remainder of the municipal year. <i>(5 mins)</i>	<b>131 - 132</b>

**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 8 NOVEMBER 2018 FROM 5.00 PM TO 7.00 PM**

**Present**

Richard Dolinski	Executive Member for Adult Social Care
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director of Childrens Services
Nick Campbell-White	Healthwatch
David Hare	Opposition Member
Pauline Helliar-Symons	Executive Member for Children's Services
Clare Rebbeck	Voluntary Sector and Place and Community Partnership Representative
Katie Summers	Director of Operations, Berkshire West CCG
Julie Hotchkiss (substituting Tessa Lindfield)	Interim Consultant in Public Health

**Also Present:**

Madeleine Shopland	Democratic and Electoral Services Specialist
Carol-Anne Bidwell	Public Health Project Officer
Jenny Lamprell	Category Manager, (People Commissioning)
Hayley Rees	Category Manager, Prevention & Early Intervention
Charlotte Seymour	Health and Wellbeing Board Manager
Rhosyn Harris	Specialist Registrar, Public Health

**28. APOLOGIES**

Apologies for absence were submitted from Councillor Charlotte Haitham Taylor, Tessa Lindfield, Angela Morris, Martin Sloan, Jim Stockley and Dr Cathy Winfield.

**29. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Board held on 9 August 2018 were confirmed as a correct record and signed by the Chairman.

**30. DECLARATION OF INTEREST**

There were no declarations of interest.

**31. PUBLIC QUESTION TIME**

There were no public questions.

**32. MEMBER QUESTION TIME**

There were no Member questions.

**33. DISCUSSION ITEM: NAME OF THE HEALTH AND WELLBEING BOARD**

The Board were of the view that there needed to be a greater focus on wellbeing and felt that the name of the Health and Wellbeing Board should reflect this. It was noted that

Slough Borough Council had named their Health and Wellbeing Board, the Slough Wellbeing Board.

**RESOLVED:** That the Wokingham Health and Wellbeing Board be renamed the Wokingham Wellbeing Board.

### **34. APPOINTMENT TO HEALTH AND WELLBEING BOARD**

The Board received a report proposing the appointment of the Director Locality and Customer Services, Wokingham Borough Council, to the Health and Wellbeing Board.

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

- Councillor Dolinski reminded Board members that discussions had been held previously regarding the need for an insight into wellbeing and the built environment.
- Councillor Helliard Symons suggested that a representative from the Berkshire Fire and Rescue Service also be invited to sit on the Board. Clare Rebbeck indicated that the Fire Service was represented on the Place and Community Partnership. However, the partnership was being restructured and its role with regards to the Board, was being looked at. It was agreed to revisit the possibility of appointing a representative from the Fire and Rescue Service following the outcome of this review.

**RESOLVED:** That

- 1) the Director (from Wokingham Borough Council) with responsibility for Planning and Localities be appointed to the Health and Wellbeing Board;
- 2) it be recommended to Council via Constitution Review Working Group that section 4.4.23 of the Constitution be amended to reflect the change in the Health and Wellbeing Board membership.

### **35. CHILDREN'S EMOTIONAL WELLBEING STRATEGY**

Hayley Rees, Category Manager, Prevention & Early Intervention, presented the Children's Emotional Wellbeing Strategy.

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

- The Strategy had been developed in order to promote an integrated and holistic approach to Children and Young People's Emotional Wellbeing.
- Consultation had been undertaken with stakeholders.
- Hayley Rees highlighted some of the key priorities and next steps.
- The priority areas that the Strategy focused on had been grouped together under four themes; better intelligence to aid and improve decision making; support for schools and additional universal settings; early identification and self-help; and improving access.
- Resilience at the earliest opportunity would be promoted.
- The Strategy looked to develop stronger links between the local authority, voluntary sector and health, with regards to delivering on the health and wellbeing agenda for children and young people.
- The Board was informed of the School Link Project. Officers would be meeting with schools in the near future to discuss its delivery. Training would be provided.
- The Needs Assessment would help to inform commissioning decisions.

- It was noted that one of the priorities was to improve and better coordinate the offer of services within the community in order to help identify and support emotional wellbeing and mental health in the right place and at the earliest opportunity.
- Nick Campbell-White commented that Healthwatch had previously undertaken a piece of work with St Crispin's School on young people's emotional wellbeing and the data produced did not wholly agree with that in the Emotional Wellbeing Strategy. More children than expected had been identified as carers. He felt that greater use could be made of data that Healthwatch provided. Hayley Rees indicated that there was a commitment in place to collect better data. Healthwatch Wokingham now had a new contract in place and the Council would receive this data as a matter of course as part of the contract monitoring meetings.
- Nick Campbell-White stated that there was a high turnover in staff at the Council and Healthwatch did not always know who to address its concerns to. Hayley Rees advised that questions should be addressed to herself.
- With regards to working with schools, Councillor Helliar-Symons asked if the schools were willing to participate, if it had been made clear who they should contact if they had any issues and whether the work included information on cyber bullying and social media. Hayley Rees indicated that the lead officer, prior to leaving the Council, had undertaken a lot of work with the schools to agree the principles. It was appreciated that the school staff were not mental health professionals. Officers would discuss with the schools how specific actions could be achieved and discussions would be had about the response towards cyber bullying.
- Clare Rebbeck stated that that things had moved on with CAMHS over the last three years and that she felt that the Strategy pulled together what had happened in the past, the current picture and also looked to the future.
- Katie Summers agreed that it was a good document. She asked when an action plan would be produced. Hayley Rees indicated that there had been a gap between approval of the Strategy and the lead officer leaving the Council. A wider action plan would be brought back to the Board.
- Councillor Dolinski requested that the impact of the Strategy be reviewed in a year's time.

**RESOLVED:** That the report and the new Emotional Wellbeing Strategy be noted.

### **36. HEALTH AND WELLBEING STRATEGY**

The Board received a report regarding the Health and Wellbeing Strategy.

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

- Julie Hotchkiss, Interim Consultant in Public Health, presented the Health and Wellbeing Strategy and accompanying chapters from the Joint Strategic Needs Assessment.
- The page for partners would be updated as other organisations adopted the Strategy.
- Julie Hotchkiss took the Board through the three priorities which had been selected: Priority 1 – Creating Physically Active Communities, Priority 2 – Reducing Social Isolation and Priority 3 – Narrowing the Health Inequalities Gap.
- With regards to Priority 1, Carol Cammiss, Director Children's Services, suggested it would be helpful to carry out work about some of the Borough's more vulnerable young people such as the SEN cohort.
- With regards to Priority 2 the Board discussed a television programme 'Old People's Home for 4 year olds' and felt that the possibility of undertaking something similar in Wokingham should be examined.

- With regards to Priority 3, it was noted that although Wokingham was on the whole, affluent, there were pockets of inequalities. The difference in life expectancy for the most affluent and the most deprived was 5.5 years for men and 4.5 years for women.
- Although Wokingham had low levels of smoking, smoking levels in manual workers were comparatively high.
- Charlotte Seymour, Wellbeing Board Manager advised the Board that a stakeholder mapping exercise had been undertaken regarding the implementation of the strategy, to identify the key stakeholders and then to determine their level of interest, influence and involvement.
- Charlotte Seymour proposed a workshop or event in order to flesh out the engagement plan to ensure that all stakeholders felt involved; to establish the wealth of work already going on relating to the three priority areas; establish what the Board wanted to work towards and also; to co-produce an Action Plan to deliver the Strategy.
- Board members were informed that there would be Wellbeing Board representation at the Council Plan event on 6 December.
- Councillor Dolinski requested that the list of proposed stakeholders be sent to Board members for comment and that Board members inform the Wellbeing Board Manager if there were any others who they felt should be included.

**RESOLVED:** That

- 1) the focused Joint Strategic Needs Assessment chapters attached as Appendix 2 to the report be approved;
- 2) the Health and Wellbeing Board review and support the refreshed strategy and accompanying focused Joint Strategic Needs Assessment chapters and recommend the strategy's approval to Council;
- 3) the Board considers how to engage with wider partners on delivery of actions to achieve the strategy.

### **37. ADULT SOCIAL CARE MARKET POSITION STATEMENT**

Jenny Lamprell, Category Manager, (People Commissioning) presented a report regarding the Adult Social Care Market Position Statement.

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

- The Care Act 2014 had introduced a duty for local authorities to shape their local market for adult social care. The Market Position Statement was a mechanism for this. It summarised supply and demand in the local area, highlighting any gaps, and was informed by the Joint Strategic Needs Assessment.
- The Council last published a Market Position Statement in 2013 so it was very out of date. Since this publication, guidance had been provided on incorporating information on self-funders, which was one of the largest parts of the Borough.
- Lots of consultation had been carried out, including two provider events and the Carers Survey.
- The Board noted the proposed chapter headings and were informed that seven chapters had already been drafted so far. Julie Hotchkiss questioned whether Chapter 4 would include information regarding the different care homes and the number of available beds. She was informed that whilst it could, it was more likely that information about the predicted model of need and direction of travel would be included



as the number of care homes and beds available, changed. However, information on this was available on the Berkshire Care Directory.

- With regards to Chapter 7 Local Care and Support Workforce, Clare Rebbeck questioned how the Board could influence matters such as reducing staff sickness levels. Jenny Lamprell indicated that the Quality Assurance Team did offer support to the work force.
- It was agreed that action plans for delivery would need to be developed.
- Some Board members expressed concern about the concept of the Board owning the Market Position Statement and felt it more appropriate for the Board to be kept updated.
- Katie Summers indicated that a wider conversation about adult social care services going forwards, needed to be had across the Berkshire West community and that collaborative work was vital. Jenny Lamprell indicated that some of the joint working which was already in train would be reflected in the final position statement which would be presented to the Board at its February meeting.
- Katie Summers suggested that the Board's priorities were represented within the Position Statement. She wanted to know how providers would help achieve outcomes.
- Dr Milligan asked that the Position Statement provide information on how it was anticipated that care would be provided in the future.

**RESOLVED:** That the progress of the Adult Social Care Market Position Statement be noted and the final product brought to the Board's February meeting.

### **38. WOKINGHAM'S INTEGRATION POSITION STATEMENT**

Katie Summers, Director of Operations (Wokingham), CCG presented a report regarding Wokingham's Integration Position Statement.

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

- Wokingham Integration Position Statement was owned by the Wokingham Integrated Partnership.
- Integration meant different things to different people. Extensive consultation had been carried out over what integration meant.
- Board members were referred to the High Level Plan which set out the key ambitions and deliverables.
- There was a desire to ensure that integration was centred on people and that people were able to discuss their own health and social care.
- Katie Summers commented that there was a need to get better at using available data. She went on to state that a collaborative conversation regarding workforce was needed as this area was key.
- Clare Rebbeck stated that she felt that the document was quite health orientated and that she would like to see more regarding community resilience. Katie Summers indicated that she would feed this back to the Wokingham Leaders Board.
- Further discussion regarding how the Position Statement would be adopted, needed to be had with partners. It was important that it was owned by the relevant statutory organisations.

**RESOLVED:** That the Integration Position Statement be agreed and endorsed and that the Board recognise that it was an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham.

### **39. MEMORANDUM OF UNDERSTANDING**

The Board considered the Wokingham Integrated Partnership Memorandum of Understanding.

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

- A Memorandum of Understanding (MoU) between Wokingham Borough Council, Berkshire West CCG (Wokingham Locality), Berkshire Healthcare NHS Foundation Trust, Wokingham GP Alliance and Royal Berkshire NHS Foundation Trust, had been developed for the provision of integrated adult health and social care services.
- It was proposed that the Memorandum of Understanding would bolster the existing Section 75 agreement between partners.
- Katie Summers suggested that the Board note the Memorandum of Understanding and then reconsider it at a future meeting once it had been considered and adopted by the Clinical Commissioning Group.

**RESOLVED:** That

- 1) the Memorandum of Understanding be noted;
- 2) the Board recognise that it [the MOU] was an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham;
- 3) the Board reconsider the Memorandum of Understanding after it had been adopted by the Clinical Commissioning Group.

### **40. INFLUENZA VACCINE CAMPAIGN 2017-18 REVIEW**

The Board received the Influenza Vaccine Campaign 2017-18 Review.

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

- Dr Milligan advised Board members that originally the new type of flu vaccines were to be provided to over 75's. The Government had extended this to over 65's. There had been problems with sufficient supply for the relevant vaccination.
- Julie Hotchkiss clarified that Public Health England policy was that flu vaccinations be provided to over 65's, children and vulnerable individuals (e.g. those with diabetes or asthma) and pregnant women.
- Katie Summers commented that frontline staff, such as those working with children, carers, nursing home staff, NHS staff and emergency services workers should also be considered vulnerable groups. She suggested that the take up of the flu vaccination could be promoted more through the voluntary sector.
- Carol-Anne Bidwell, Public Health Project Officer, outlined lessons learnt from 2017-18.
- A collaborative multi-agency approach to planning for and delivering the flu programme had been taken in Berkshire, beginning with a flu workshop in June.
- Local authority and CCG flu plans had been developed based on a shared approach across the West of Berkshire.
- There had been participation in a twice-monthly Thames Valley Flu teleconference led by NHS England to share flu data, best practice and ability to raise concerns with representation locally.
- With regards to the vaccination of patients in clinical risk groups, uptake had reduced by between 0.9% and 3.1% in this group, with the exception of Royal Borough Windsor

and Maidenhead and West Berkshire where uptake had been similar to the previous season. Nationally uptake was very similar to the previous season.

- There had been an increase in the take up of the flu vaccination amongst over 65's.
- It was noted that Berkshire Healthcare Foundation Trust had engaged well with schools.
- There had been an increase in the take up of the flu vaccination amongst NHS staff.
- The Board felt that a lot of good work had been undertaken with regards to planning for the influenza vaccine campaign.
- Carol-Anne Bidwell asked the Board to promote the flu vaccination and to dispel myths around it. She encouraged Board members who had not yet been vaccinated to book an appointment.
- In response to a question, Carol-Anne Bidwell indicated that children in Year 5 were now eligible under the school aged programme and that in addition vaccinations were free for care home and hospice workers.

**RESOLVED:** That

- 1) the multi agency approach be endorsed and agreed;
- 2) the Board seeks assurance that respective organisations were taking steps to fulfil their responsibilities as set out in the national flu plan;
- 3) Board members be flu champions and take every opportunity to promote the vaccine and to debunk myths;
- 4) Board members lead by example, taking up the offer of a vaccine where eligible.

#### **41. UPDATES FROM BOARD MEMBERS**

The Board was updated on the work of a number of Board members.

##### *Place and Community Partnership:*

- Clare Rebbeck encouraged Board members to participate in the social media campaign that the Partnership was promoting. She would relook at the hashtag used now that the Board had changed its name.

##### *Voluntary Sector:*

- Clare Rebbeck commented that Involve and partners such as Optalis had held a successful wellbeing event. The theme had been children's emotional wellbeing. They hoped to hold a similar event next year.
- She asked Board members to think of suggestions for themes for community events for the next year. She had already received a suggestion for an event around the menopause.

##### *Community Safety Partnership:*

- The Board noted the update from the Community Safety Partnership.

### *Healthwatch Wokingham Borough:*

- Nick Campbell-White advised the Board that Healthwatch Wokingham Borough Community Interest Company had been awarded the Healthwatch contract for three years. A series of relaunch events would be held.
- In the next year Healthwatch would be focusing on adult mental health. They had received evidence of individuals 'falling through the gaps' as they transitioned from CAMHS to adult mental health services.
- Bids were being sought from organisations looking for small grants. The deadline was 4 December 2018.

**RESOVLED:** That the updates on the work of Board members be noted.

### **42. 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:

- The Board agreed that it would discuss the 'Old People's Homes for 4 year olds' concept and whether something similar could be done locally, at the informal meeting in January.
- The CCG Plan would be brought to the Board's April meeting.

**RESOLVED:** That the forward programme be noted.

### **43. BOROUGH PROFILE (PART OF JOINT STRATEGIC NEEDS ASSESSMENT)**

Julie Hotchkiss presented the Borough Profile which was part of the Joint Strategic Needs Assessment.

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

- The amended Borough Profile reflected comments previously made.
- Board members were advised that the Joint Strategic Needs Assessment would include four life course specific chapters, which would be presented differently to other chapters, with several pages of infographics followed by information. There would also be a final chapter.
- Katie Summers asked about how alcohol related admission to hospital would be referenced within the Joint Strategic Needs Assessment and was informed that this would be included in the 'Living and working well' chapter.

**RESOLVED:** That the Borough Profile be approved for publishing.

# Agenda Item 65.

<b>TITLE</b>	<b>Appointment to Wokingham Borough Wellbeing Board</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on Thursday, 14 February 2019
<b>WARD</b>	None Specific;
<b>DIRECTOR/ KEY OFFICER</b>	Madeleine Shopland, Democratic Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	All
Key outcomes achieved against the Strategy priority/priorities	Appointment of additional Wokingham Borough Wellbeing Board members.

Reason for consideration by Health and Wellbeing Board	The Wokingham Borough Wellbeing Board is required to formally approve the appointment of any additional members to it.
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None

<p><b>RECOMMENDATION</b></p> <p>1) That the Deputy Chief Executive (from Wokingham Borough Council) be appointed to the Wokingham Borough Wellbeing Board.</p> <p>2) That 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.</p>
<p><b>SUMMARY OF REPORT</b></p> <p>The purpose of the report is to appoint an additional member to the Wokingham Borough Wellbeing Board.</p>

## Background

Under the Health and Social Care Act 2012, top tier local authorities were required to have a Health and Wellbeing Board in place from 1st April 2013.

Section 194 (2) of the Health and Social Care Act 2012 sets out the required 'core membership' of the Health and Wellbeing Board, such as a representative of each relevant clinical commissioning group and a representative of the Local Healthwatch organisation for the local authority area.

Health and Wellbeing Boards can appoint additional members to the Board beyond that set out in the legislation, as it considers appropriate. This could include representatives from other groups, officers or stakeholders who can bring in particular skills or perspectives, or have key responsibilities which can support the work of the Board. The appointment of any additional members to the Wokingham Borough Wellbeing Board must take place at formal Board meetings, in line with the Board's terms of reference.

As the lead Council officer for the Wokingham Borough Wellbeing Board and the Director with responsibility for commissioning it is proposed to appoint Graham Ebers, Deputy Chief Executive to the Wokingham Borough Wellbeing Board. Graham will be able to provide the Board with a useful perspective on his areas of responsibility. This will assist the Board in the delivery of its aims and objectives.

The membership of the Wokingham Borough Wellbeing Board is detailed within section 4.4.23 of the Council's Constitution. This will require amendment to reflect the updated membership of the Board.

<b>Partner Implications</b>
N/A

<b>Reasons for considering the report in Part 2</b>
N/A

<b>List of Background Papers</b>
None

<b>Contact</b> Madeleine Shopland	<b>Service</b> Democratic Services
<b>Telephone No</b> Tel: 0118 974 6319	<b>Email</b> madeleine.shopland@wokingham.gov.uk



West of Berkshire Safeguarding Adults Board

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Annual Report 2017-18

If you would like this document in a different format or require any of the appendices as a word document, contact [Lynne.Mason@Reading.gov.uk](mailto:Lynne.Mason@Reading.gov.uk)

I am very pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2017/18. As the Independent Chair of the Board, I continue to be very grateful to all partners for their support and contributions to the Board. The Annual Report reflects the partner's commitment and enthusiasm for taking forward shared vision and actions over the past year. There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. In these increasingly challenging times of resource constraints and growing demand on services, the work of our partnership demonstrates a real willingness to work together to make the West of Berkshire a safe place for everyone.

This Report shows what the Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2017/18, together as a partnership as well as through the work of individual partners. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. The Report helps us to know what we should be focussing on for the future. It includes the Business Plan for the next three years, which will be reviewed and updated as we continue to identify new priorities for improvement, as well as ensuring that we maintain good performance and quality across the area.

During the year we looked at cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We want to make sure that the lessons learned are making a difference and the recommendations from the SARs have directly informed our Business Plan. We are keen to ensure that the work of the Board is accountable to local people and we need to find better ways of hearing from and engaging with local individuals and community groups, so that our work is directly informed by learning from people's experience of local services.

I am very aware of the pressures on partners in terms of resources and capacity so would like to thank all those who have engaged in the work of the Board, for their time and effort. I would also like to thank Lynne Mason, the Safeguarding Board's new Business Manager, who joined us in June 2018. Lynne has quickly and efficiently moved into her pivotal role, bringing the excellent organisational direction and support which is so essential in helping this large partnership deliver its aims and objectives. I am confident that the Board's partners have the vision and dedication to continue to strive for our shared aims and I look forward to continuing to chair the partnership in the next year to progress our work.

**Teresa Bell**  
**Independent Chair, West of Berkshire Safeguarding Adults Board**

**Concerned about an adult?**

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives:

**Reading 0118 937 3747**

**West Berkshire 01635 519056 Wokingham 0118 974 6800**

**Out of normal working hours, contact the Emergency Duty Team 01344 786 543**



## Introduction

### **Our vision**

People are able to live independently and are able to manage risks and protect themselves; they are treated with dignity and respect and are properly supported when they need protection.

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### **What is safeguarding adults?**

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs. There are many different forms of abuse, including but not exclusively: Physical, Domestic, Sexual, Psychological or Emotional, Financial or Material, Modern Slavery, Discriminatory, Organisational or Institutional, Neglect or Acts of Omission, Self-neglect.

### **What is the Safeguarding Adults Board?**

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. The Board is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. From April 2015 mandatory partners on the Board are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the Board such as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. ***A full list of partners is given in Appendix A.***

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

### **Who do we support?**

Under the Care Act, safeguarding duties apply to an adult who:

- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

### **Safeguarding Adults Policy and Procedures**

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter:

<https://www.berkshiresafeguardingadults.co.uk/>

## **Trends across the area in 2017-18**

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There has been a shift in trends from last year. The Board is aware of these changes and will consider the implications and address within the Board's Business Plan.

- There has been a 22% reduction in the number of safeguarding concerns from last year. This is the first time there has been a decrease in the number of safeguarding concerns. This shift in trend has been added to the Board's Risk and Mitigation Log, Local Authority Safeguarding Leads have been tasked to work together to understand the reasons for the drop in referrals and report back to the Board. The Board will decide if any further work is required in this area and add to the 2018/21 Business Plan.
- As in previous years, 62% of cases concerns relate to older people over 65 years.
- More women were the subject of a safeguarding enquiry than males as in previous years; however the difference has reduced by 2%.
- 81% of referrals were for individuals whose ethnicity is White. There has been a slight increase in referrals for individuals whose ethnicity is Mixed, Asian, Black or Other.
- For 11% of referrals made, the individual's ethnicity was not known. This has increased by 3%.
- As in previous years the most common type of abuse for concluded enquires were for Neglect and Acts of Omission. This was followed by Physical, Psychological or Emotional abuse and Financial abuse.
- For the majority of cases, the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.

Challenges or areas of risk that have arisen during the year are recorded on the Board's risk register, along with actions to mitigate the risks. These are some of the potential risks that the Board has addressed:

- We want to make sure that people who experience the Safeguarding Adults Process as Adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the Board. Local Authorities are required to collect feedback on individual experience of the Safeguarding Process. In addition an action has been set in the 2018/21 Business Plan, to increase the public's voice in at the Board.
- We want to ensure that people who make safeguarding referrals receive feedback. This has been incorporated within the 2018/21 Business Plan.
- We want to make sure that there is consistent use of advocacy services to support adults through their safeguarding experience. A key performance indicator is in place to monitor performance across the local authorities. Performance in has improved by 5% compared with previous years (84% - 89%).
- We want to ensure that responsibilities under the Mental Capacity Act 2005 are fully understood and applied in practice as a safeguard for people who may lack capacity. Partners' were required within their self-assessment audits to assure the SAB that partner agencies are compliant with Mental Capacity Act.
- The Board was made aware of capacity issues within the supervisory bodies to obtain timely Deprivation of Liberty Safeguards (DoLs) assessments and provide appropriate authorisations. This situation and numbers of DoLs applications continue to be monitored by the board.
- To ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements has been presented to the Board and updates will be provided on a six monthly basis.
- We want to make sure that local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are fully understood. Understanding and working together to prevent and address Domestic Abuse is a priority within the 2018-21 Business Plan.
- We want to ensure that effective measures are in place across the locality to support people who self-neglect. An independent audit was commissioned and due to be presented to the board in December 2018, Understanding and addressing Self Neglect is also a priority within the, 2018-21 Business Plan.

Further safeguarding information is presented in the annual reports by partner agencies in **Appendix E**.

## **Achievements through working together**

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Partners have worked together to deliver the agreed priorities and outcomes of the Business Plan 2017-18:

**Priority 1 – We have oversight of the quality of safeguarding performance**

- A core set of questions has been agreed to collect feedback to ascertain the extent to which service users felt that they had been involved, supported, consulted and empowered during the safeguarding process, to ensure it is in line with Making Safeguarding Personal and the well-being principle.
- Principles of Making Safeguarding Personal are well embedded in the peer review case file audit.
- The Board understand what data tells them about where the risks are and who are most vulnerable; a Dashboard has been created and presented at Board meetings.

**Priority 2 – We listen to service users, raise awareness of safeguarding adults and help people engage**

- There is a housing representative for each local authority on the Board.
- The Board have raised awareness for safeguarding adults and the work of the board across the communities and partner organisations.

**Priority 3 – We learn from experience and have a skilled and knowledgeable workforce**

- Ensured consistency raising awareness of Domestic Abuse in in training.
- Promoted good record keeping by ensuring the message is embedded across all training standards.
- Promote tools and training resources via Board's website and Briefing.
- Delivered Safeguarding Adults Train the Trainer programme
- Held a joint Children's and Adults Safeguarding Conference on theme of Mental Health. There were 140 attendees with at least 80% of delegates rating the event as good or excellent
- Established programme of Safeguarding Bite Size Workshops for multi-agency professionals – attended by a wide range of professionals
- Seek assurance of the quality of training across the partnerships, by ensuring agreed standards are met and measuring the impact of training.
- Workforce Development Strategy has been reviewed and published.
- Evaluation template for training to include question to evaluate how practitioners have taken on and embedded learning.

**Priority 4 – We work together effectively to support people at risk**

- Raised awareness of the importance of involving advocates and Independent Mental Capacity Advocate's (IMCA's) to ensure person centred responses are promoted within Safeguarding.
- Assurances provided by Commissioners that robust safeguarding processes are adhered to by commissioned services in line with Care Act requirements.
- A workshop was delivered at the joint conference to raise awareness of the issues and improve practice for working with those who self-neglect.
- Information on self neglect added to the Boards Website.

There are a number of actions in this Business Plan that are Red and Amber. Progress has not been made as expected due to a significant number of staff changes in partner organisations in Quarter 4, and the absence of a Safeguarding Adults Board Business Manager from January 2018 until June 2018. Membership of the Board and Subgroups is under review and outstanding actions will be carried over to the 2018/21 Business Plan.

More information on how we have delivered these priorities:

- Additional achievements by partner agencies are presented in **Appendix B.**
- The completed Business Plan 2017-18 is provided in **Appendix C.**

## Safeguarding Adults Reviews

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The Board has a legal duty to carry out a Safeguarding Adults Review when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died, and abuse or neglect is suspected to be a factor in their death; or when an adult has not died but suffered serious abuse or neglect. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The West of Berkshire Safeguarding Adults Board has a Safeguarding Adults Review Panel that oversees this work.

During the reporting year, the Board commissioned 3 Safeguarding Adult Reviews. These reviews were not published during the reporting year but will be published in 2018/19. For one review the issues identified appeared to be similar to issues highlighted in previous review therefore the Board took a different approach to this review by asking is there evidence that practitioners are learning from messages in reviews? If not, what are the challenges in practice preventing application to safeguard? Valuable learning has emerged from the all reviews and has fed into the Boards Business Plan for 2018/21.

There is a dedicated page on the Board's website for case reviews:

<http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/>

## Key priorities for 2018-19

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A Safeguarding Adults Review, which is due to be published in 2018/19, focused on how learning from previous SARs had been embedded within the partnership. This highlighted to the Board that agreed actions set as a result of learning from SARS and/or commissioned audits need to be tested after completion to ensure that the desired outcome has been achieved and improvements are sustained. In order to do this and the Board have implemented a 3 year business plan, and have allowed the plan to be adapted throughout to ensure that learning is prioritised appropriately. The agreed priorities set for 2018/19 are listed below:

### **Priority 1 – We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people**

- Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector are engaged and inform the work of the Board.
- The Board has strong links with Local Safeguarding Childrens Board, Safer Communities and Health and Wellbeing boards.
- People who use services are able to influence the work of the Board.

### **Priority 2 – We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community**

- The Board are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control.
- The Board are assured that relevant staff, across agencies, know how to identify risk of significant harm or escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this respect.
- All agencies recognise and respond appropriately where there are interdependencies in relationships that mean intervention with one person has implications for another, including recognition and response to carers and other complex relationships.
- There are local safeguarding arrangements for people who have Mental Health issues that are effective.
- Partners have in place policies and processes to manage allegations against persons in position of trust.
- There are arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of complex cases and outcomes for individuals.

**Priority 3 We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice**

- Adult safeguarding services are person led and outcomes are focused because people are encouraged and supported to make their own decisions
- A range of options for undertaking SARs have been considered
- Learning from SARs is shared in a timely manner and agencies embed this in their practice
- Partners training plans reflect the priorities in the Business Plan
- The board is assured that effective supervision is taking place within agencies
- Staff and volunteers are supported to improve their skills and confidence
- Feedback is provided to those who raise a safeguarding concern
- Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act requirements
- The board is assured that all stakeholders are following the *Berkshire Pressure Ulcer Pathway* to ensure effective delivery of care and robust consideration of safeguarding concerns in this context

**Priority 4 - We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly**

- The board has verified that the workforce is accessing and using the Pan Berkshire policies and procedures following their launch.
- The Board understands what the data tells us about where the risks are and who are the most vulnerable groups.
- Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the Board.
- The Board is assured that local arrangements to support and minimise risks are effective
- The Board is assured that Adult Safeguarding interventions are compliant with the MCA 2005 and that the principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred responses

The Business Plan for 2018-21 is attached as **Appendix D**.

**Strategic Plan 2018-21**

The Board's Strategic Plan has been revised and published. It will shape the work of the Board for the next three years and will be informed by need. Partners, service users, carers and local communities were invited to give

their views on priority areas for development. A copy of the Strategic Plan can be found here:  
<http://www.sabberkshirewest.co.uk/board-members/priorities-plans-and-reports/>

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## Appendices

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**Appendix A**    [Safeguarding Adults Board Member Organisations](#)

**Appendix B**    [Achievements by partner agencies](#)

**Appendix C**    [Completed 2017-18 Business Plan](#)

**Appendix D**    [Business Plan 2018-21 as at 18.12.18](#)

**Appendix E**    Partners' Safeguarding Performance Annual Reports:

- [Berkshire Healthcare Foundation Trust](#)
- [Reading Borough Council](#)
- [Royal Berkshire NHS Foundation Trust](#)
- [West Berkshire Council](#)
- [Wokingham Borough Council](#)

# Agenda Item 67.

<b>TITLE</b>	<b>Data available for service planning for veterans and the delivery of the armed forces covenant.</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on 14 February 2019
<b>WARD</b>	None
<b>DIRECTOR/ KEY OFFICER</b>	Julie Hotchkiss Consultant in Public Health

<b>Reason for consideration by Health and Wellbeing Board</b>	Letter received from the Parliamentary Under Secretary of State for Mental Health, Inequalities and Suicide Prevention and Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning.
<b>Relevant Health and Wellbeing Strategy Priority</b>	Reducing social isolation and reducing the health gap.
<b>What (if any) public engagement has been carried out?</b>	None at this stage.
<b>State the financial implications of the decision</b>	No decision is required. However, the information will be useful to inform discussion.

## **OUTCOME / BENEFITS TO THE COMMUNITY**

Newly published data and supporting guidance will support local partners in delivering the Armed Forces Covenant pledge, thereby promoting the health and wellbeing of veterans and their families in Wokingham Borough.

## **RECOMMENDATION**

- 1) That the Wellbeing Board consider the newly published data released by ONS/MoD;
- 2) That the Wellbeing Board consider 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

## **SUMMARY OF REPORT**

New Office for National Statistics and Ministry of Defence estimates suggest that there are 1,720 working- aged (aged 16-64) Armed Forces veterans living in Wokingham.

Compared with the England averages, working-aged veterans living in Wokingham Borough are estimated to have better health, are more likely to be home owners and hold higher education qualifications and are less likely to be unemployed.

The Armed Forces Covenant requires public bodies to ensure that veterans and their families face no disadvantage compared to other citizens in accessing services and that special consideration is given to those who require it such as the injured and the bereaved.

Consideration of veterans needs in the Joint Strategic Needs Assessment (JSNA) is key to ensuring that the commitment to local veterans is fulfilled. This recent data release will support the development of future veterans' needs assessments.

## **Background**

It is important that the sacrifices and contributions to society made by Armed Forces personnel and their families are recognised.

As a consequence of their service, veterans may face physical and mental health problems. These can be exacerbated by prolonged separation from family and stresses associated with the transition to civilian life.

Having to frequently relocate, sometimes at short notice, can also affect the continuity of education of children of service personnel as well as the employment opportunities of their spouses.

The Armed Forces Covenant is a promise from the nation that those who serve or have served in the armed forces, and their families, are treated fairly.

Wokingham Borough Council signed the Armed Forces Covenant in 2013 and pledged to ensure that the Armed Forces Community:

- face no disadvantage compared to other citizens in the provision of public services.
- receive special consideration in some cases, especially for those who have given most such as the injured and the bereaved.

## **Delivery Health and Care Services for the Armed Forces Community**

### Serving Personnel

The Ministry of Defence is responsible for primary medical care for the serving Armed Forces personnel. NHS England is responsible for commissioning hospital and community health services for members of the Armed Forces, mobilised Reservists and their families (if registered with military medical centres).

### Armed Forces Veterans and their families

The CCG is responsible for commissioning hospital and community health services required by Armed Forces' Families (where registered with NHS GP practices) and services for Veterans and Reservists when not mobilised. NHS England also commissions specialised services, including specialist limb prosthesis and rehabilitation services for Veterans.



The Borough Council has the responsibility for promoting the health and wellbeing of its residents. It also has responsibility over safeguarding and promoting the welfare of children, including those in service families or leaving care to join the Armed Forces.

**Table – Responsibility for delivery of healthcare services to Armed Forces personnel<sup>1</sup>**

	<b>Serving Armed Forces &amp; Reservists when mobilised</b>	<b>Serving Armed Forces families registered with DMS</b>	<b>Serving Armed Forces Families registered with NHS GP Practices</b>	<b>Veterans &amp; Reservists when not mobilised</b>
<b>Primary Care</b>	Defence Medical Services	Defence Medical Services	NHS England/ CCG	NHS England/ CCG
<b>Community Mental Health</b>	Defence Medical Services	NHS England	CCG	CCG
<b>Secondary acute &amp; community care</b>	NHS England	NHS England	CCG	CCG

### **Data on Armed Forces Veterans**

Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.

While data on the number of serving personnel in each local authority is readily available, data on veterans for this geography is not available. Closest estimates come from records of those claiming Armed Forces pensions and those listed as veterans on GP registers.

Both of these methods of counting tend to severely underestimate the number of veterans in a particular area. This is because not all veterans, particularly those of working age, are claiming their Armed Forces pension and not all veterans report their veteran status to their GP.

### **Veterans in Wokingham**

Arborfield Garrison was the only Ministry of Defence (MoD) establishment within Wokingham Borough, before its closure in 2015. Though there may be some military families still living in the area according to NHS England commissioning data, in November 2018 there were no active serving personnel living Wokingham<sup>2</sup> compared with 680 in 2013/14<sup>3</sup>.

MoD sites in surrounding areas include the Territorial Army Brock Barracks, Oxford Road, Reading (Seven Rifles), the Hermitage Denison Barracks, near Chieveley in West Berkshire and the Royal Military Academy Sandhurst to the South of the Borough.

<sup>1</sup> Source: Andrew Price, Veterans Lead Berkshire West CCG

<sup>2</sup> Defence personnel NHS commissioning bi-annual statistics: financial year 2017/18

<sup>3</sup> Defence personnel NHS commissioning quarterly statistics: financial year 2013/14

In March 2018, there were 920 people in Wokingham in receipt of an Armed Forces pension or other compensation, of whom 788 were veterans.<sup>4</sup> GP records in January 2018 showed 544 veterans registered with Wokingham GPs<sup>5</sup>.

### **Newly published estimates of working-aged veterans in Wokingham**

By linking electronic records of those leaving the Armed Forces (as recorded in the MoD'S Service Leavers Database) to the Census 2011, the Office for National Statistics (ONS) and MoD have produced estimates of the total number of working-aged veterans living in each local authority in the UK<sup>6</sup>.

These estimates suggest that there are 1,720 Armed Forces veterans aged between 16 and 64 years of age living in Wokingham and of these 93% are male and 97% white.

Around 150 (9%) report are limited to some degree in their daily activities by a chronic health condition.

Around 395 (21%) rent properties in the Borough, of whom 100 rent from the council or housing association and 175 are private renters.

Around 100 have no academic qualifications and 50 are unemployed (excluding those who are retired early).

Compared with the England averages, veterans living in Wokingham Borough are estimated to have better health, are more likely to be home owners and hold higher education qualifications and are less likely to be unemployed.

### **Next Steps**

The UK government have made a commitment to improving the data that its departments hold on UK Armed Forces veterans and are asking that Health and Wellbeing Boards play their part by working with local government to use the available data on veterans to maximum effect.

The refreshed joint strategic needs assessment (JSNA) offer across Berkshire Public Health is currently under review. The interim JSNA products for Wokingham are soon to be published. This recent ONS/MoD data release will help inform future JSNA chapters.

<b>Partner Implications</b>
No decision required – item for discussion only

<b>Reasons for considering the report in Part 2</b>
Not applicable

<b>List of Background Papers</b>
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<sup>4</sup> [Location of armed forces pension and compensation recipients: 2018](#)

<sup>5</sup> This is compared with only 21 veterans recorded in 2015; the increase in registrations followed a successful programme run during the 2017 flu campaign to improve GP register data. Source: presentation to Berkshire West CCG Commissioning Committee, Tuesday 24 July 2018

<sup>6</sup> <https://www.gov.uk/government/statistics/census-2011-working-age-uk-armed-forces-veterans-residing-in-england-and-wales>

Slide set
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<b>Contact</b> Rhosyn Harris	<b>Service</b> Public Health & Leisure Services
<b>Telephone No</b>	<b>Email</b> rhosyn.harris@wokingham.gov.uk
<b>Date</b> 10 December 2018	<b>Version No.</b> 1

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Department  
of Health &  
Social Care



Jackie Doyle-Price MP  
Parliamentary Under Secretary of  
State for Mental Health,  
Inequalities and Suicide Prevention

39 Victoria Street  
London  
SW1H 0EU

Kate Davies OBE  
Director of Health & Justice,  
Armed Forces and Sexual  
Assault Services Commissioning

NHS England  
PO Box 16738  
B97 9PT

To: Chairs of Health and Wellbeing Boards

Sent via email

13<sup>th</sup> November 2018

Dear Chairs,

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

We are proud of the courage and dedication of our armed forces and for the vast majority their experience of serving is positive and their life chances are enhanced. The Armed Forces Covenant reminds us it is our duty to ensure they continue to receive the very best possible support and care as veterans. Carrying this out effectively requires a solid foundation of data to inform strategic policy direction and needs assessment at both national and local levels.

Following the introduction of the Armed Forces Covenant, there has been a real national commitment to helping the armed forces community across the public, charitable and private sectors. This was endorsed during the Ministerial Covenant and Veterans Board in April 2018, and it was agreed government will commit to a joint approach to improving the data that its departments hold on UK Armed Forces veterans, to ensure we can offer the services they deserve.

The first step of this was for the Ministry of Defence to publish the veteran data from the 2011 England and Wales Census at local authority and clinical commissioning group (CCG) levels for the working age UK Armed Forces veteran population. The data was published at the beginning of October 2018, in time for planning for 2019/20 and can be found on gov.uk, searching for: *Census 2011: Working age UK armed forces veterans residing in England and Wales: index.*

Joint Strategic Needs Assessments (JSNAs) are essential for evaluating the needs of the local population when planning and commissioning health, well-being and social care services. The inclusion of addressing the health and social care needs of veterans within JSNAs was a commitment made in the Armed Forces Covenant and Health and Social Care Act 2012, so we are keen to ensure this is carried out to its full effect.

The level of data currently used is not sufficient to fully inform decisions and the “*Call to Mind report: A UK Wide review: Common issues in meeting the mental and related health needs of veterans and their families*”, carried out by Forces in Mind Trust, found that there were significant gaps in the coverage of veterans’ health needs in JSNAs.

We do not believe this is an isolated issue. Problems around the identification of veterans and the armed forces community can further impact on the ability to provide the required health and social care. Our joint effort is required to improve this, which is why we are working with the Royal College of GPs (RCGP) to improve clinical awareness in primary care through the veteran friendly GP practice accreditation scheme, and in hospitals via NHS Improvement’s Veterans Covenant Hospital Alliance, to accredit ‘veteran aware’ hospitals. We have also improved GP registration forms to capture more information to make it easier to identify veterans, reservists and armed forces families, and launched a range of online training modules on armed forces health, which can be found on *e-learning for Healthcare*.

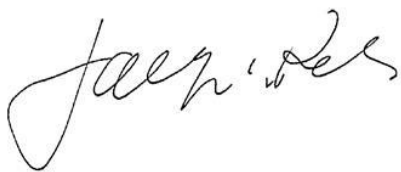
It is also important how the data is used. There is a diverse population spread of veterans, so an aggregated collection of data will not work as effectively as when broken down to address the local issues. A number of services provided to

veterans are tailored to address their specific needs, and we believe a tailored approach is the most suitable in many cases.

It seems appropriate that plans should be reviewed in response to this improved level of data from the Census. We are therefore asking that Health and Wellbeing Boards play their part by working with local government to use the available data to maximum effect, and that this is cascaded to the relevant bodies. We ask that there is a refreshment of joint strategic needs assessment criteria, reflecting the recently updated alcohol, drugs and tobacco Commissioning Support Pack, to include this additional data; all of which should contribute to ensuring there is no disadvantage to veterans.

We understand and support the importance of local decision making and so think it should be up to each Board how this is put into practice, however, do believe input from service charities and CCGs will be vital. Best practice and learning should be shared across a wide range of stakeholders and as illustrated by the *“Our Covenant, Our Community”*; a joint report between Forces in Mind Trusts and the Local Government Association.

We look forward to seeing how your plans will ensure that this improved dataset is incorporated into JSNAs ready for 2019/20.



**JACKIE DOYLE-PRICE**



**KATE DAVIES OBE**

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# Data to support delivery of the Armed Forces Covenant

Dr Rhosyn Harris

Public Health Registrar

Wokingham Borough Wellbeing Board

# The Armed Forces Covenant

The Armed Forces community should:

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- **face no disadvantage** compared to other citizens in the provision of public and commercial services.
- receive **special consideration in some cases**, especially for those who have given most such as the injured and the bereaved.

# The Armed Forces Community

- Serving personnel (regular and reserve)
- Veterans
- Families

# Veterans and their families may experience:

- Health consequences of active service
- Separation from families
- Frequent relocations
- Adjustment to a new way of life
- Bereavement

# Veterans' Needs

Compared with the general population, working aged veterans are:

- Generally fit, strong and healthy
- Do report relatively high levels of:
  - Smoking<sup>1</sup>
  - depressive illness<sup>2</sup>
  - hearing loss and musculoskeletal problems<sup>2</sup>

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Sources:

1. Based on % smokers serving personnel in 2013 (statistical significance not reported) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/249547/20131010-PUBLIC\\_0000002-FOI.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/249547/20131010-PUBLIC_0000002-FOI.pdf)

2. (statistical significance not reported) <https://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-a-household-survey/>

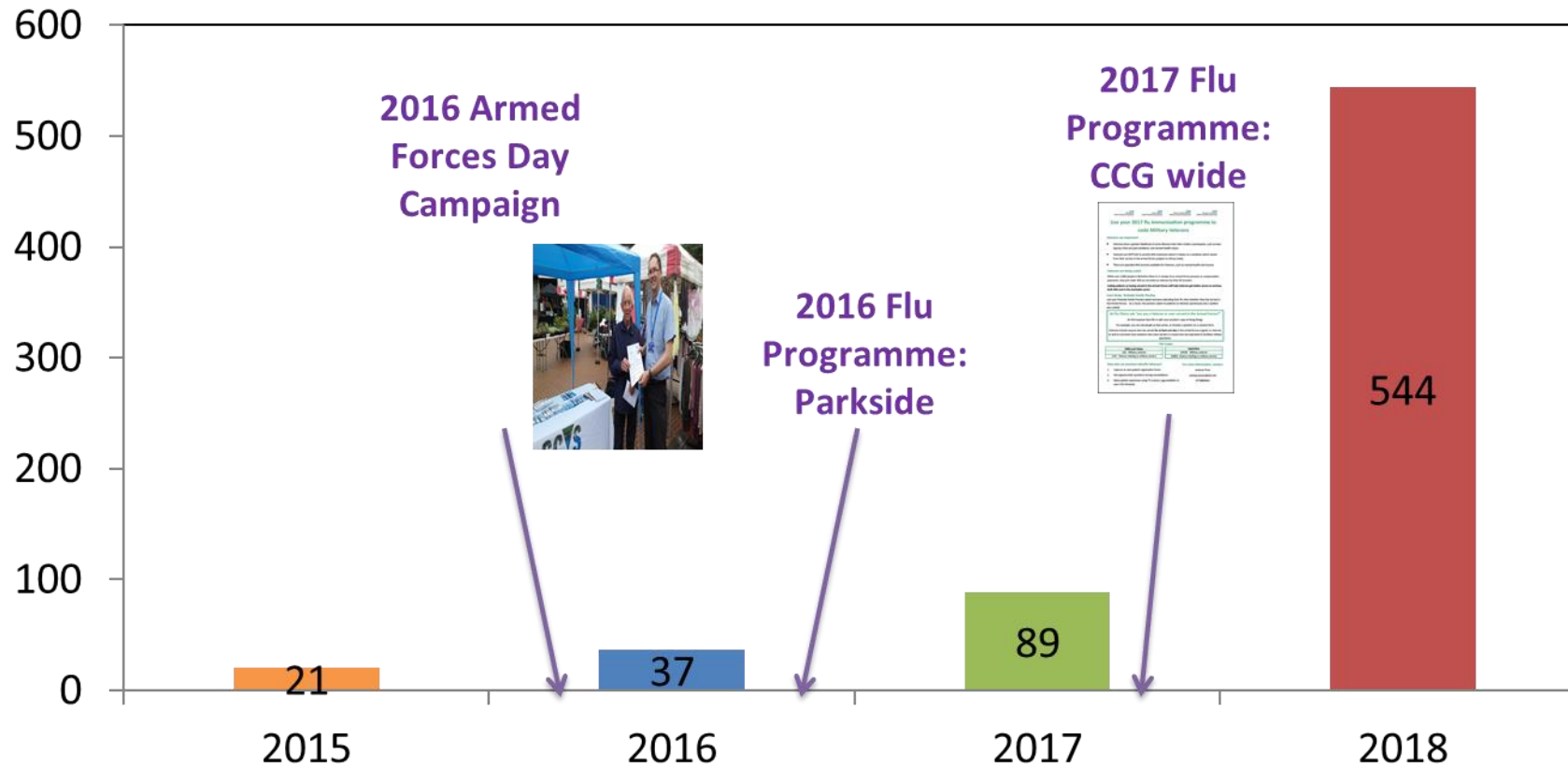
# Health Services for the Armed Forces

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	<b>Serving Armed Forces &amp; Reservists when mobilised</b>	<b>Serving Armed Forces families registered with DMS</b>	<b>Serving Armed Forces Families registered with NHS GP Practices</b>	<b>Veterans &amp; Reservists when not mobilised</b>
<b>Primary Care</b>	Defence Medical Services	Defence Medical Services	NHS England/ CCG	NHS England/ CCG
<b>Community Mental Health</b>	Defence Medical Services	NHS England	CCG	CCG
<b>Secondary acute &amp; community care</b>	NHS England	NHS England	CCG	CCG

# Veterans in Wokingham

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Area	Veterans in Receipt of AF Pension (Mar 2017)	Veterans Registered with GP (Jan 2018)	
Wokingham LA	816	544	67%

Census 2011: Working age UK armed forces veterans residing in England and Wales: index.



# National Picture

As at 27 March 2011:

There were an estimated **three quarters of a million UK Armed Forces veterans of working age** in England and Wales, making up **2% of the working age population**

(Table A1, Annex A)



Of the working age veterans;

- **92%** were **male**
- **98%** reported their ethnicity as **white**
- **Three quarters** were aged between **40 and 64**

(Table B1, Annex A)



**Higher numbers** of working age veterans were living in the **South West and South East Regions**

(Table A1, Annex A)



**Four out of five** working age veterans **reported good or very good health**

(Table C1, Annex A)



Over **two-thirds** of working age veterans **owned their own property**

(Table E1, Annex A)



Almost **one third** of veterans were **educated to degree level or above**

(Table G1, Annex A)

Of working age veterans;

**Four out of five** were **employed**;



**One-third** were currently, or had previously worked, in **skilled trades** or as **process, plant and machine operatives**



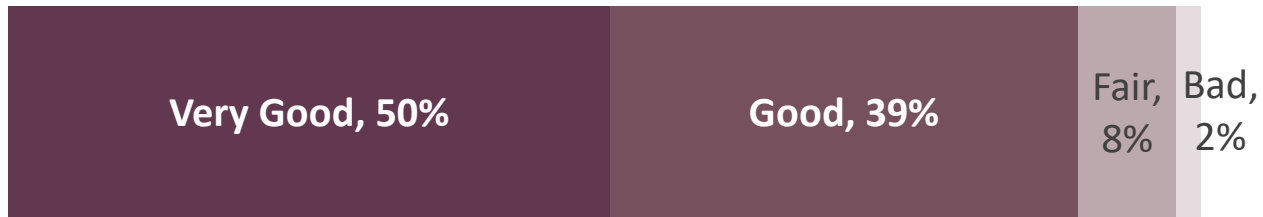
**One-third** were currently, or had previously worked, in **professional, or associate professional and technical occupations**

(Tables H1 & I1, Annex A)

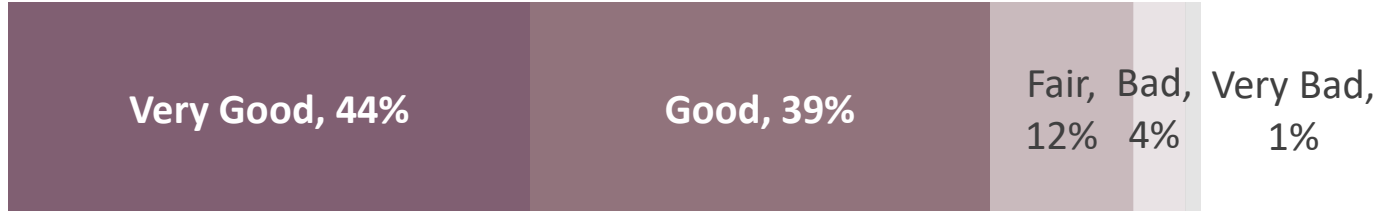
# Health

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## Wokingham



## England



# Housing

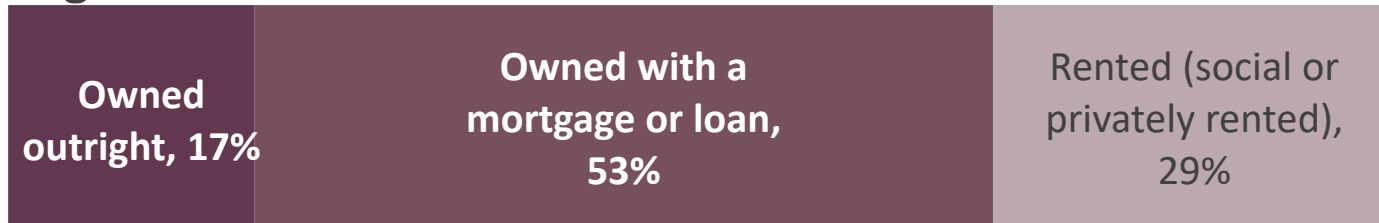
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## Wokingham

Part owns and part rents  
(shared ownership), 1%



## England



# Landlords

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## Wokingham



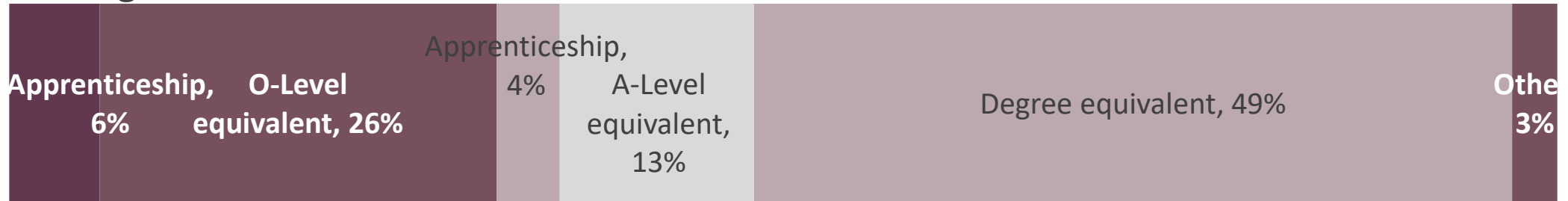
## England



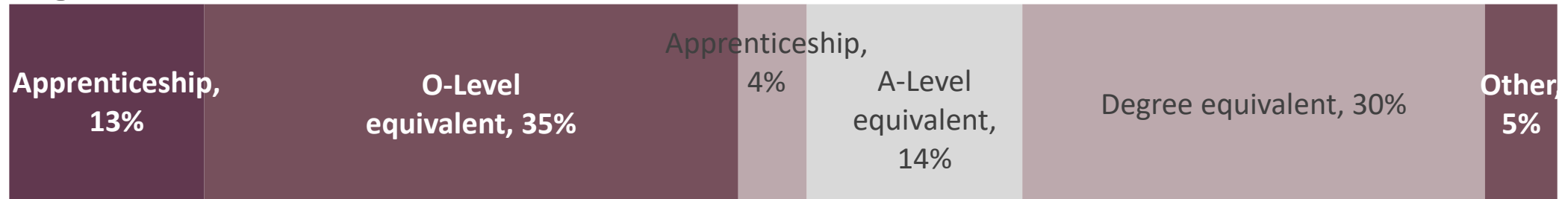
# Education

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## Wokingham

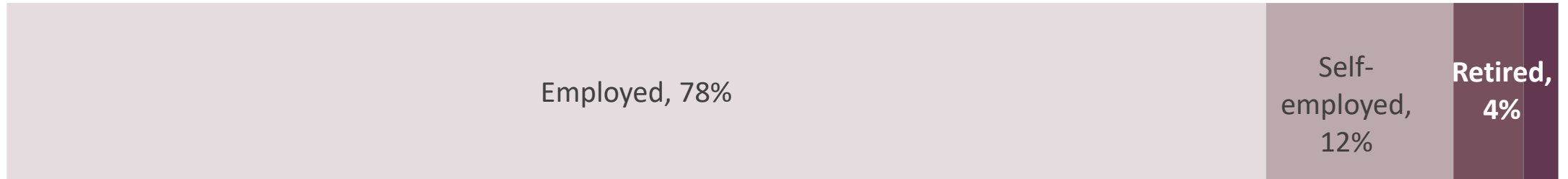


## England

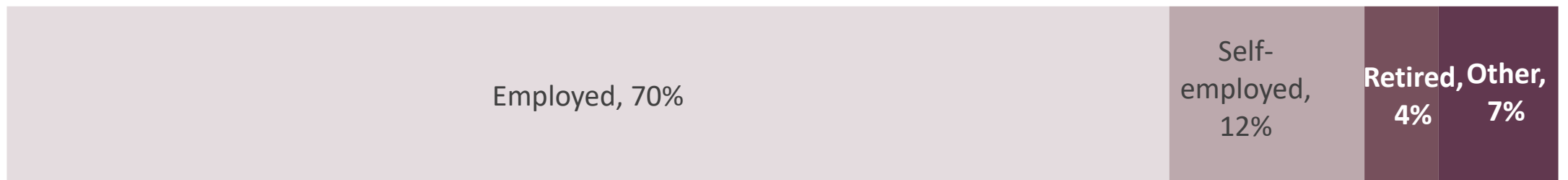


# Economic activity

## Wokingham

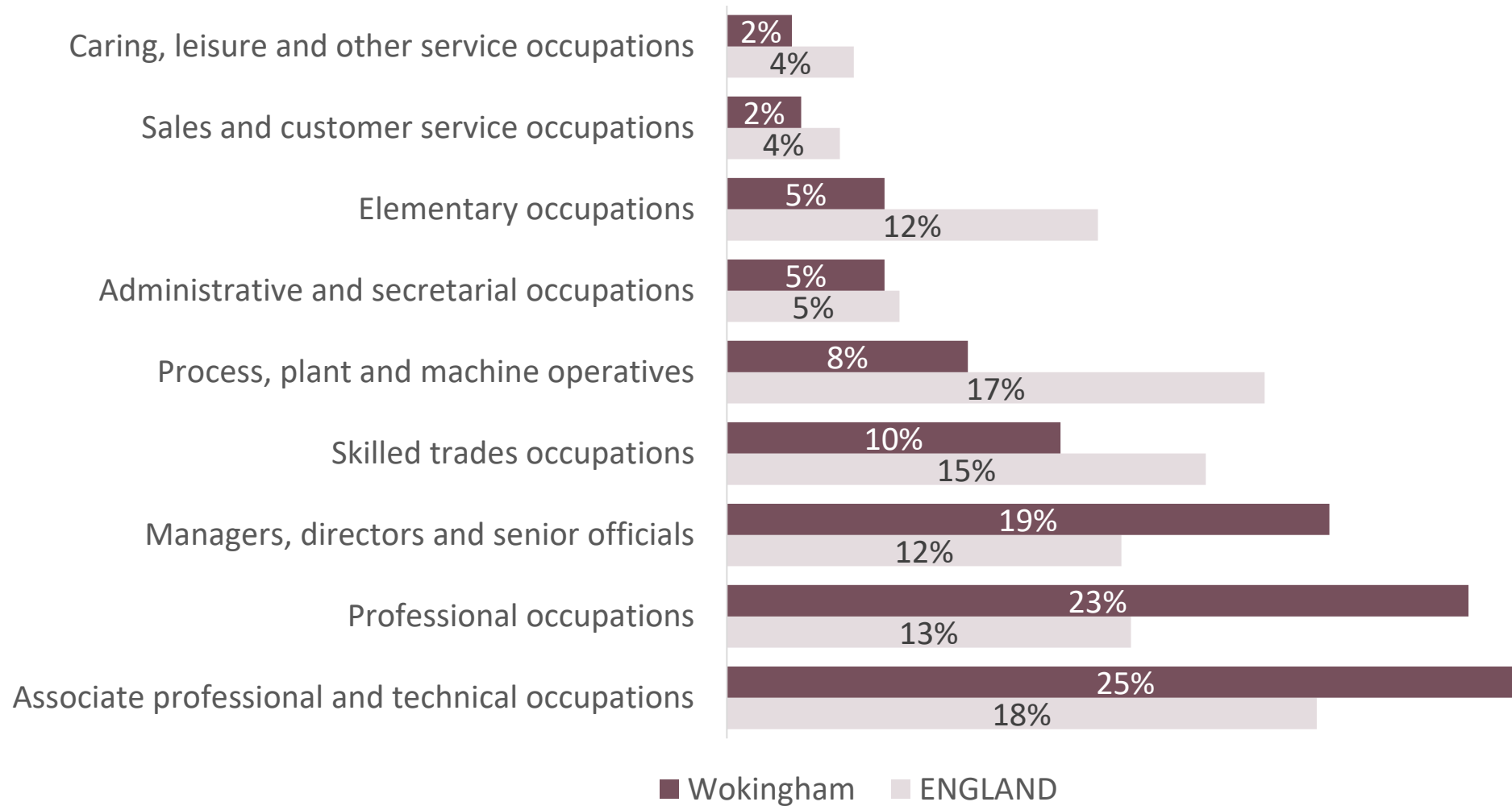


## England



# Employment

47



# Next Steps

- JSNA Refresh
- 48 • “Our Covenant, Our Community” Guidance
- Covenant Fund



# Agenda Item 68.

<b>TITLE</b>	<b>Guiding Principles, Wokingham Integrated Partnership</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on Thursday, 14 February 2019
<b>WARD</b>	None Specific;
<b>DIRECTOR/ KEY OFFICER</b>	Katie Summers, Director of Operations, Wokingham Locality, NHS Berkshire West CCG and Martin Sloan, Assistant Director of Adult Social Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three priorities of the HWB Strategy: Priority 1 - Creating physically active communities Priority 2 - Narrowing the health inequalities gap Priority 3 - Reducing isolation
Key outcomes achieved against the Strategy priority/priorities	Progression and further strengthen Wokingham's whole system approach through effective governance, with a clear understanding of the commissioner/provider relationship with the move to partnership working. The Guiding Principles will provide a robust contracting, commissioning and governance model that allows all Partners to work at the scale required to deliver integrated care for Wokingham's population to advance all 3 key priorities.

Reason for consideration by Wokingham Borough Wellbeing Board	For agreement and sign off
What (if any) public engagement has been carried out?	Nil
State the financial implications of the decision	Nil

<p><b>RECOMMENDATION</b></p> <p>To agree and endorse the Guiding Principles and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Wokingham.</p>
<p><b>SUMMARY OF REPORT</b></p> <p>The purpose of this paper is to present and gain sign off of the Guiding Principles developed between Wokingham Borough Council, Berkshire West CCG (Wokingham Locality), Berkshire Healthcare NHS Foundation Trust, Wokingham GP Alliance and Royal Berkshire NHS Foundation Trust for the provision of integrated adult health and social care services.</p>

## Background

### 1. Introduction

1.1 Wokingham residents need health, social care, housing and other public services to work seamlessly together to deliver high quality care, value for money and safe care. More joined up services will help Wokingham and the Berkshire West system improve the health and care of local population. The overarching aim is to create an integrated health and care system for our population, which is sustainable for the long term.

1.2 Wokingham have been working on integrating Adult Health and Social Care through the Better Care Fund since 2014 and have successfully been able to integrate Urgent Health and Social care services during this time period which has led to maintaining performance on Delayed Transfers of Care (DTocS) and placements for permanent residential care. Our programme has been nominated for graduation status, in recognition as a leading centre in England for health and social care integration and which supports the acceleration of our aspirations.

1.3 Although significant strides have been made to improve quality and safety in most services, and building capacity within our programme of integration, the financial position across the system has deteriorated. Within this changing context, the original Better Care Fund Programme, whilst still contributing significantly to our collective vision, now needs to be enhanced and supplemented by a fuller consideration of what else can be done to address the full scope of system challenges.

1.4 Our Better Care Fund Programme submission for 2017 to 2019 set out the future for health and care services in Wokingham and to build on our success in Wokingham to date through enhanced governance, aligning with the emerging Berkshire West Integrated Care System (ICS) Memorandum of Understanding. It proposes to bolster the existing Section 75 Partnership (between commissioners only) through Wokingham Integrated Partnership (between commissioners and statutory providers) Guiding Principles.

1.5 This is seen as a potentially helpful and necessary vehicle to cement our partnership working and provide a framework to mobilise our effort; and remove the barriers to integration necessary to achieve our aspirations.

1.6 Agreement was given in principle by partner organisations and Wokingham's Health and Wellbeing Board to establish a 'shadow' Partnership from April 2018 (operating under the collective description of Wokingham Integrated Partnership) subject to agreement of supporting Guiding Principles.

1.7 This paper sets out Guiding Principles to build the foundation for, and define, our next phase of development during the shadow period. It is intended to provide a clear signal of intent for our direction of travel and the work programme to support this. It also sets out the high level implications for leadership, decision making and governance during the 'shadow' period.

1.8 The distinction between what we are proposing is in place from 1st April 2018 during the 'shadow' phase and what we might over time move to, is set out, with the work programme (Wokingham BCF Programme Plan/Roadmap to 2020) necessary to support this. The work programme builds in a number of 'gateways' where further Board

approval would be needed to enable movement to the next phase. This will require ongoing refinement and consideration of the Guiding Principles as we mature and develop our shared approach.

1.9 This version of the Guiding Principles, therefore, is intended to be 'light touch'. It is seeking commitment and sign up from partner organisations to the next phase of work and how we work with each other over the next year, rather than a formal binding agreement. It has no legal status.

## 2. Purpose of the Guiding Principles

2.1 The purpose of the Guiding Principles is to set out how the Wokingham Integrated Partnership will work together over the next year within a 'shadow' Partnership. The Guiding Principles seek to describe:

- Our ambition – what we are trying to achieve and why;
- What a 'shadow' Partnership is and its scope and purpose;
- The governance that will be in place from the 1st April 2018 and implications for accountability to individual partner Boards;
- A summary of our collective work programme including a proposed timetable for the further development and implementation of Partnership arrangements. This includes work to scope the options for future organisational delivery vehicles;
- How we develop our joint leadership arrangements in support of the delivery of our shared programme of work, and a proposed framework for considering this.

2.2 It will support the further development of partnership structures to create stronger collaboration across public services; the opportunity to place integration of health and social care services at the heart of a wider reform agenda for public services; to create the framework where new incentives and flexibilities can help address many of these challenges;

2.3 It will reduce the impact of fragmented leadership structures which creates an inability to focus on place, and regulation that focuses on institutional outcomes not systems and communities.

2.4 The Guiding Principles is not exhaustive and is not intended to be legally binding between any of the partners. Accountability during the shadow period remains with partner organisations and will be discharged through the nominated members of partner organisations on the shadow Wokingham Leader Partnership Board supported by a shared Mandate set out within the Guiding Principles.

2.5 Any further changes to the governance will need to be approved by Partner Boards and supported by a refinement of the Guiding Principles.

2.6 All Partners to the current Better Care Fund programme are encouraged to sign up to the Guiding Principles at this stage.

2.7 The Guiding Principles provide a framework to describe the changes that are necessary to all elements of the system including both provision and commissioning in order to establish a Partnership.

2.8 The Guiding Principles aim to remove the artificial barriers between primary care, secondary care, social care, self-care and social support.

### 3. Key Points

3.1 We recognise the need to align our integration approach with the Berkshire West Integrated Care System, as a key locality focus for the Berkshire, Oxfordshire and Buckinghamshire (BOB) STP.

3.2 The Social Care Institute for Excellence Logic Model (2018)<sup>1</sup>, which has been adopted by NHS England, describes 9 key enablers to successful integration. By introducing a Partnership it will support Wokingham's ability to strengthen these and delivery better integrated care and services. The 5 enablers the Partnership supports are:

1. Strong, system-wide governance and systems leadership
2. Joined-up regulatory approach
3. Pooled or aligned resources
4. Joint commissioning of health and social care
5. Integrated workforce: joint approach to training and upskilling of workforce

3.3 The main aims for our approach is to develop a Partnership that can:

- hold partners to account for outcomes
- hold partners to account for streamlining the delivery of patient care across the gaps between service providers
- shift the flow of money between partners
- drive and deliver efficiency and/or cashable savings

3.4 It enables the collaboration of commissioners and providers together around a common aspiration for joint working across the system. It sets out a number of shared objectives and principles, and a set of shared governance allowing commissioners and providers to come together to take decisions.

3.5 It should be noted that, as Guiding Principles, the document sets out the broad principles that the parties have agreed, the objectives, a proposed governance structure and a timeline for implementation all of which are explained in more detail below. It does not make any changes to the statutory accountabilities or duties of local authorities or CCGs nor will the accountabilities or existing financial flows to CCGs or local authorities be affected.

<b>Partner Implications</b>
Within the Guiding Principles - Nil
<b>Reasons for considering the report in Part 2</b>
N/A

<b>List of Background Papers</b>	
Vs 1.2 Wokingham Integrated Partnership Guiding Principles January 2019 Appendix 1 Wokingham Leader Partnership Board Terms of Reference v1.7 Jan 2019 Appendix 2 Wokingham Management Partnership Board Terms of Reference v1.7 Jan 2019	
<b>Contact</b> Gail King	<b>Service</b>
<b>Telephone No</b> Tel: 0118 979 6866	<b>Email</b> gail.king@wokingham.gov.uk

<sup>1</sup> <https://www.scie.org.uk/integrated-health-social-care/measuringprogress/scorecard/developing#logicmodel>

29<sup>th</sup> January 2019

## GUIDING PRINCIPLES FOR WOKINGHAM'S INTEGRATED PARTNERSHIP



### **Version Control**

No	Date	Version	Author	Comments
1	19/12/18	1.0	Rhian Warner	Change title from Statement of Purpose to Guiding Principles, add an objectives section and edit to make more concise
2	15/1/19	1.1	Rhian Warner	Changes as requested by BW CCC, added BW system to governance, scope of additional area, removing enhancing S75
3	29/1/19	1.2	Rhian Warner	

### **Approval History**

Approval Committee	Date Discussed	Comments
Wokingham Leader Partnership Board	10/1/19	
Berkshire West Clinical Commissioning Committee	21/1/19	Will be appended to the next Berkshire West Clinical Commissioning Committee
Wokingham Health and Wellbeing Board		

Date: 29<sup>th</sup> January 2019

These Guiding Principles are made between the following Partners:

1. NHS BERKSHIRE WEST CLINICAL COMMISSIONING GROUP of 57-59 Bath Road, Reading, RG30 2BA (the “**CCG**”);
2. WOKINGHAM BOROUGH COUNCIL Civic Offices Shute End Wokingham Berkshire RG40 1BN (the “**Council**”)
3. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST of Fitzwilliam House, Skimped Hill Lane, Bracknell, Berkshire, RG12 1BQ (“**BHFT**”)
4. WOKINGHAM GP ALLIANCE of Number 22 Mount Ephraim, Tunbridge Wells, Kent, TN4 8AS (“**WGPA**”)
5. ROYAL BERKSHIRE NHS FOUNDATION TRUST of London Road, Reading, RG1 5AN (“**RBFT**”)

- I. These Guiding Principles not legally binding, it is a statement of joint intent which indicates the broad principles that the Partners will seek to apply when making decisions.
- II. The Partners acknowledge the need to keep this document under review and consider as and when necessary, further flexible arrangements between Partners.

## BACKGROUND

- a) These Guiding Principles are an integral part of the vision to promote integrated services that deliver personalised care and it is anticipated that these Guiding Principles will facilitate these objectives.
- b) Section 75 of the National Health Services Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- c) The Partners are working towards further strengthening Wokingham’s whole system approach through effective governance, with a clear understanding of the commissioner/provider relationship with the move to partnership working. These Guiding Principles will provide a robust governance model that allows all Partners to work at the scale required to deliver integrated care for Wokingham’s population.
- d) The services in currently in scope of this Partnership are:

Community Nursing	Optalis Brokerage and Support
Intermediate Care	Adult Social Care
Primary Care	Community Navigators
Step-Up Beds	Public Health
and any other area subject to agreement by the Partners	

## KEY OBJECTIVES

The aims and benefits of the Partners having Guiding Principles are to:

- increase the emphasis on primary prevention, health and wellbeing and ensuring integrated, high quality, affordable and sustainable health and care services are delivered in the most appropriate way;
- improve quality of care through better outcomes and experience for patients and achieving constitutional standards and meet the BCF National Conditions and Local Objectives; and
- operate a financially sustainable system by making more effective use of resources.

In its first year the Wokingham Integrated Partnership achieved the following key deliverables:

1. The production of Wokingham's Roadmap to 2020.
2. Development and publication of Wokingham's Integration Position Statement.
3. Delivery against year 1 plans in the Roadmap

In its second year the Wokingham Integrated Partnership will need to achieve the following key deliverable:

1. Development of 3 Primary Care Networks
2. Delivery against year 2 plans in the Roadmap

## **PARTNERSHIP SHARED PRINCIPLES**

The shared principles which partners have agreed to apply are summarised below:

- a) work towards a shared vision of integrated service provision;
- b) work together to support the delivery of shared programmes and priorities, including national programmes such as the Better Care Fund and The NHS 10 Year Plan.
- c) commit to delivery of system outcomes in terms of clinical matters, patient experience and financial matters;
- d) commit to common processes, protocols and other system inputs;
- e) commit to work together and to make system decisions on a best for users and the Wokingham pound basis;
- f) take responsibility to make unanimous decisions on a 'Best for Service' basis;
- g) always demonstrate the Service Users' best interests are at the heart of our activities;
- h) adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
- i) establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance;
- j) adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations;
- k) co-produce with others, especially service users, families and carers, in designing and delivering the services.

## **PARTNERSHIP PRINCIPLES OF COLLABORATION**

The Partners agree to adopt the following principles when carrying out the development of the Wokingham Integrated Partnership:

- a) collaborate and co-operate. Establish and adhere to the governance structure to ensure that activities are delivered and actions taken as required to deliver change collectively;
- b) be accountable. Take on, manage and account to each other and the wider system e.g. The Berkshire West 10 and ICS for performance of the respective roles and responsibilities;
- c) be open. Communicate openly about major concerns, issues or opportunities relating to the Partnership and be transparent adopting an open book approach wherever possible;
- d) adhere to statutory requirements and best practice. Comply with applicable laws and standards including procurement rules, competition law, data protection, information governance and freedom of information legislation;
- e) act in a timely manner. Recognise the time-critical nature of the Partnership and respond accordingly to requests for support;
- f) manage stakeholders effectively with a clear intention to engage with all relevant stakeholders in the development of the Partnership and to look towards the future;
- g) deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil responsibilities; and

- h) act in good faith to support achievement of the Key Objectives and compliance with the Shared Principles and to develop appropriate “Rules of Engagement” between stakeholders in the Partnership.

## **GOVERNANCE AND REPORTING**

- a) Work in collaboration with the Berkshire West Delivery Group and the Berkshire West Integrated Care System.
- b) Overall strategic oversight of partnership working between the Partners is vested in the Wokingham Health and Wellbeing Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- c) The Partners have established the Wokingham Leader Partnership Board (WLPB) to provide strategic direction to the Partnership, to manage risk and to hold to account the Wokingham Management Partnership Board (WMPB) for the performance of the Partnership such that it achieves the objectives set for it. The current strategic areas include the Better Care Fund programme and the projects associated with it. The WLPB is accountable to the Wokingham Health and Wellbeing Board and will report progress on the Better Care Fund individual schemes and on any other pooled funds.
- d) WMPB has been established to provide the day to day senior management of the Partnership and Provider services, particularly in respect of the delivery of plans to achieve the objectives and strategies agreed by the WLPB, and to manage performance and risk.
- e) WLPB is based on a joint working group structure. Each voting member of the WLPB shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the WLPB to carry out its objectives, roles, duties and functions.
- f) The terms of reference of the WLPB as regards this Statement of Purpose shall be as set out in Appendix 1.
- g) The terms of reference of the WMPB as regards this Statement of Purpose shall be set out in Appendix 2.

## **APPENDICES**

### **APPENDIX 1 – Wokingham Leader Partnership Board Terms of Reference**



ToR WLPB vs 1.7 Jan  
2019 UNCLASSIFIED.

### **APPENDIX 2 – Wokingham Management Partnership Board Terms of Reference**



ToR WMPB vs 1.7  
Jan 2019 UNCLASSIF



## WOKINGHAM LEADER PARTNERSHIP BOARD

### TERMS of REFERENCE

#### 1.1 Purpose

The Wokingham Leader Partnership Board (WLPB) has been established to lead the development of and provide strategic direction to the Wokingham Integrated Partnership (in accordance with the Guiding Principles) in order to meet the Key Objectives. To manage risk and to hold to account the Wokingham Management Partnership Board (WMPB) for the performance of the Partnership such that it achieves the objectives set for it. WLPB is a sub-partnership of the Wokingham Health and Wellbeing Board and will send reports to every board meeting.

The Partnership will provide a financial and governance framework for the delivery of the Better Care Fund and is responsible for the business and overall performance of BCF projects within Wokingham's Health and Social Care Integration programme as well as informing and leading Wokingham's contribution to Berkshire West 10 integration work. The relationship with the BW10 governance is illustrated in the diagram on page 7 of the ToR document.

WLPB will also be represented at the Berkshire West 10 Integration Board and will receive reports on Berkshire West schemes as well as reporting on delivery of the WLPB objectives.

#### 1.2 Status and Authority

- 1.2.1 The Partnership is established by the Partners, who remain sovereign organisations, to provide a financial and governance framework for the delivery of the Services. The Partnership is not a separate legal entity, and as such is unable to take decisions separately from the Partners or bind its Partners; nor can one or more Partners 'overrule' any other Partner on any matter (although all Partners will be obliged to comply with the terms of Wokingham Integrated Partnership's Guiding Principles).
- 1.2.2 The Guiding Principles establishes the WLPB to lead the Partnership on behalf of the Partners. As a result of the status of the Partnership the WLPB is unable in law to bind any Partner so it will function as a forum for discussion of issues with the aim of reaching consensus among the Partners.
- 1.2.3 The WLPB will function through engagement between its members so that each Partner makes a decision in respect of, and expresses its views about, each matter considered by the WLPB. The decisions of the WLPB will, therefore, be the decisions of the Partners, the mechanism for which shall be authority delegated by the Partners to their representatives on the WLPB.
- 1.2.4 Each Partner shall delegate to its representative on the WLPB such authority as is agreed to be necessary in order for the WLPB to function effectively in discharging the duties within these ToR. The Partners shall ensure that each of their representatives has equivalent delegated authority. Authority delegated by the Partners shall be defined in writing and agreed by the Partners, and shall be recognised to the extent necessary in the Partners' own schemes of delegation (or similar).
- 1.2.5 The Partners shall ensure that the WLPB members understand the status of the WLPB and the limits of the authority delegated to them.
- 1.2.6 Delegated authority - The WLPB voting membership are authorised within the limit of delegated authority for its members (received through their respective organisation's execution of the Guiding Principles) to:
  - a) authorise commitments up to the aggregate contributions of the Partners to any Pooled Fund
  - b) authorise a Commissioner Partner to enter into any contract for services necessary for the provision of Services under an Individual Scheme
  - c) authorise additional/new schemes, modify or terminate existing schemes; and
  - d) the wiring of funds between pools, up to the aggregate contributions of the Partners to the Pooled Funds

## TERMS of REFERENCE

### 1.3 Shared Principles

Our shared principles are:

- a) work towards a shared vision of integrated service provision;
- b) work together to support the delivery of shared programmes and priorities, including national programmes such as the Better Care Fund and The NHS 10 Year Plan.
- c) commit to delivery of system outcomes in terms of clinical matters, patient experience and financial matters;
- d) commit to common processes, protocols and other system inputs;
- e) commit to work together and to make system decisions on a best for users and the Wokingham pound basis;
- f) take responsibility to make unanimous decisions on a 'Best for Service' basis;
- g) always demonstrate the Service Users' best interests are at the heart of our activities;
- h) adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
- i) establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance;
- j) adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations;
- k) co-produce with others, especially service users, families and carers, in designing and delivering the services.

### 1.4 Responsibilities

1.4.1 The WLPB will:

- a) ensure alignment of all organisations to Wokingham's Integrated Health and Social Care System vision and objectives;
- b) promote and encourage commitment to the Partnership Principles and Partnership Objectives amongst all Partners;
- c) formulate, agree and ensure that implementation of strategies for achieving the Partnership Objectives and the management of the Partnership;
- d) discuss strategic issues and resolve challenges such that the Partnership Objectives can be achieved;
- e) respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Partnership or any Partners to the extent that they affect the Partners' involvement in the Partnership;
- f) agree policy as required;
- g) agree performance outcomes/targets for the Partnership such that it achieves the Partnership Objectives;
- h) determine the Terms of Reference for the WMPB.
- i) review the performance of the Partnership, holding the WMPB to account, and determine strategies to improve performance or rectify poor performance;
- j) ensure that the WMPB identifies and manages the risks associated with the Partnership, integrating where necessary with the Partners' own risk management arrangements;
- k) generally ensure the continued effectiveness of the Partnership, including by managing relationships between the Partners and between the Partnership and its stakeholders;
- l) ensure that the Partnership accounts to relevant regulators and other stakeholders through whatever means are required by such regulators or are determined by the WLPB, including, to the extent relevant, integration with communications and accountability arrangements in place within the Partners;
- m) address any actual or potential conflicts of interests which arise for members of the WLPB or within the Partnership generally, in accordance with a protocol to be agreed between the Partners (such protocol to be consistent with the Partners' own arrangements in respect of declaration and conflicts of interests, and compliant with relevant statutory duties);

## TERMS of REFERENCE

- n) oversee the implementation of, and ensure the Partners' compliance with, the Guiding Principles and all other Services Contracts;
- o) review the governance arrangements for the Partnership at least annually.

1.4.2 The Partners agree to adopt the following principles when carrying out the development of the Wokingham Integrated Partnership:

- a) collaborate and co-operate. Establish and adhere to the governance structure to ensure that activities are delivered and actions taken as required to deliver change collectively;
- b) be accountable. Take on, manage and account to each other and the wider system e.g. The Berkshire West 10 and ICS for performance of the respective roles and responsibilities;
- c) be open. Communicate openly about major concerns, issues or opportunities relating to the Partnership and be transparent adopting an open book approach wherever possible;
- d) adhere to statutory requirements and best practice. Comply with applicable laws and standards including procurement rules, competition law, data protection, information governance and freedom of information legislation;
- e) act in a timely manner. Recognise the time-critical nature of the Partnership and respond accordingly to requests for support;
- f) manage stakeholders effectively with a clear intention to engage with all relevant stakeholders in the development of the Partnership and to look towards the future;
- g) deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil responsibilities; and
- h) act in good faith to support achievement of the Key Objectives and compliance with the Shared Principles and to develop appropriate "Rules of Engagement" between stakeholders in the Partnership.

### 1.5 Accountability

- 1.5.1 The WLPB is accountable to the Partners and to address all regulatory requirements and accountability to relevant stakeholders.
- 1.5.2 The minutes of the WLPB will be sent to the Partners within one week following each meeting.
- 1.5.3 The minutes shall be accompanied by a report on any matters which the Chair considers to be material. It shall also address any minimum content for such reports agreed by the Partners.

### 1.6 Membership and Quorum

- 1.6.1 Each Partner will appoint one WLPB member and the Partners will at all times maintain their WLPB members on the WLPB. A Partner may remove or replace any of their respective WLPB Members at any time subject to the consent of the other WLPB Members, such consent not to be unreasonably withheld or delayed.
- 1.6.2 Unless otherwise agreed in writing by the WLPB, any such appointment or removal will take effect upon service of a notice in writing by the relevant Partner on the other Partners.
- 1.6.3 With respect to the matters contained in the Guiding Principles, the voting membership of the WLPB will comprise:
  - a) Director of Operations from NHS Berkshire West CCG, Wokingham Locality
  - b) Director of Adult Social Services from Wokingham Borough Council
  - c) Locality Director from Berkshire Healthcare Foundation Trust
  - d) Medical Director from Wokingham GP Alliance
  - e) Director of Operations, Networked Care, Royal Berkshire NHS Foundation Trust(N.B. as part of the formal annual review of the ToR, voting membership should be an employee from each of the above organisations with the appropriate authority and therefore may be subject to change)
- 1.6.4 The following persons may attend meetings of the WLPB as advisors/observers but will not have voting rights:

## TERMS of REFERENCE

- a) Partnership Programme Manager
- b) Partnership Finance Lead
- c) Partnership Project Support Officer
- d) Chief Executive from Optalis
- e) Representative from Healthwatch
- f) General Manager from Involve (on behalf of the voluntary sector)

1.6.5 Other members/attendees may be co-opted as necessary.

1.6.6 The WLPB will be quorate if three quarters of its voting members are present, subject to the members present being able to represent the views and decisions of the Partners who are not present at any meeting.

1.6.7 No matter will be recommended at any meeting unless all WLPB members are in agreement. If not all members are present at a meeting, decisions will be ratified via telephone or email following the meeting. A quorum will not be present unless at least one (1) WLPB member from CCG, Council, BHFT, RBFT and the WGPA WLPB members are in attendance.

1.6.8 Subject to the prior approval of the WLPB, any Leader Board Member may, appoint an alternate WLPB member to act on their behalf. An alternate WLPB member will be entitled to attend and be counted in the quorum at which the WLPB member appointing them is not personally present and do all the things which their appointing WLPB member is entitled to do.

1.6.9 The Partners will all ensure that, except for urgent or unavoidable reasons that their respective WLPB members (or their appointed alternate) attend and fully participate in the meetings of the WLPB.

### 1.7 Conduct of Business

1.7.1 Meetings will be held monthly.

1.7.2 The WLPB members shall agree and appoint a person with suitable experience to be the Chair of the WLPB (the 'Chair') and until such appointment is made the role of Chair shall be filled by the nominated CCG member (who will also act as a member of the WLPB).

1.7.3 Where the Chair is absent, the Deputy Chair (CCG Director of Operations or WBC Director of Adult Social Services) shall take on the role of the Chair.

1.7.4 The agenda will be developed in discussion with the Chair. Circulation of the meeting agenda and papers via email will take place one week before the meeting is scheduled to take place. In the event members wish to add an item to the agenda they need to notify the Partnership Programme Manager who will confirm this with the Chair accordingly.

1.7.5 At the discretion of the Chair business may be transacted through a teleconference or videoconference provided that all members present are able to hear all other parties and where an agenda has been issued in advance.

1.7.6 At the discretion of the Chair a decision may be made on any matter within these ToR through the written approval of every member, following circulation to every member of appropriate papers and a written resolution. Such a decision shall be as valid as any taken at a quorate meeting but shall be reported for information to, and shall be recorded in the minutes of, the next meeting.

### 1.8 Decision Making and Voting

1.8.1 The WLPB will aim to achieve consensus for all decisions of the Partners.

1.8.2 Decisions pertaining to the provision of Services and Individual Schemes within the Guiding Principles shall be made by unanimous agreement of the voting membership. Where unanimity is

## TERMS of REFERENCE

not reached then the decision in question will in the first instance be referred to the next meeting of the group. If no unanimity is reached on the second occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Guiding Principles.

- 1.8.3 Where one or more of the following criteria is met a decision may be made outside of a formal WLPB meeting, subject to the unanimous agreement of all partners:
- a) The delay in decision making is anticipated to have a significant detrimental impact on one or more partner organisations ability to deliver their integration programme objectives; and / or,
  - b) The financial impact or expenditure is not anticipated to exceed £50,000
- 1.8.4 Decisions made in this manner must be accompanied by a retrospective business case at the next scheduled WLPB meeting to ensure a suitable audit trail and record of decisions made. Where unanimity cannot be reached clause 1.8.2 will apply.

### 1.9 Conflicts of Interests

- 1.9.1 The members of the WLPB must refrain from actions that are likely to create any actual or perceived conflicts of interests.
- 1.9.2 The WLPB shall develop and approve a protocol for addressing actual or potential conflicts of interests among its members (and those of the WMPB). The protocol shall at least include arrangements in respect of declaration of interests and the means by which they will be addressed. It shall be consistent with the Partners' own arrangements in respect of conflicts of interests, and any relevant statutory duties.

### 1.10 Confidentiality

- 1.10.1 Information obtained during the business of the WLPB must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g. performance management, securing competitive advantage in procurement).
- 1.10.2 Members of WLPB are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Partnership. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

### 1.11 Support

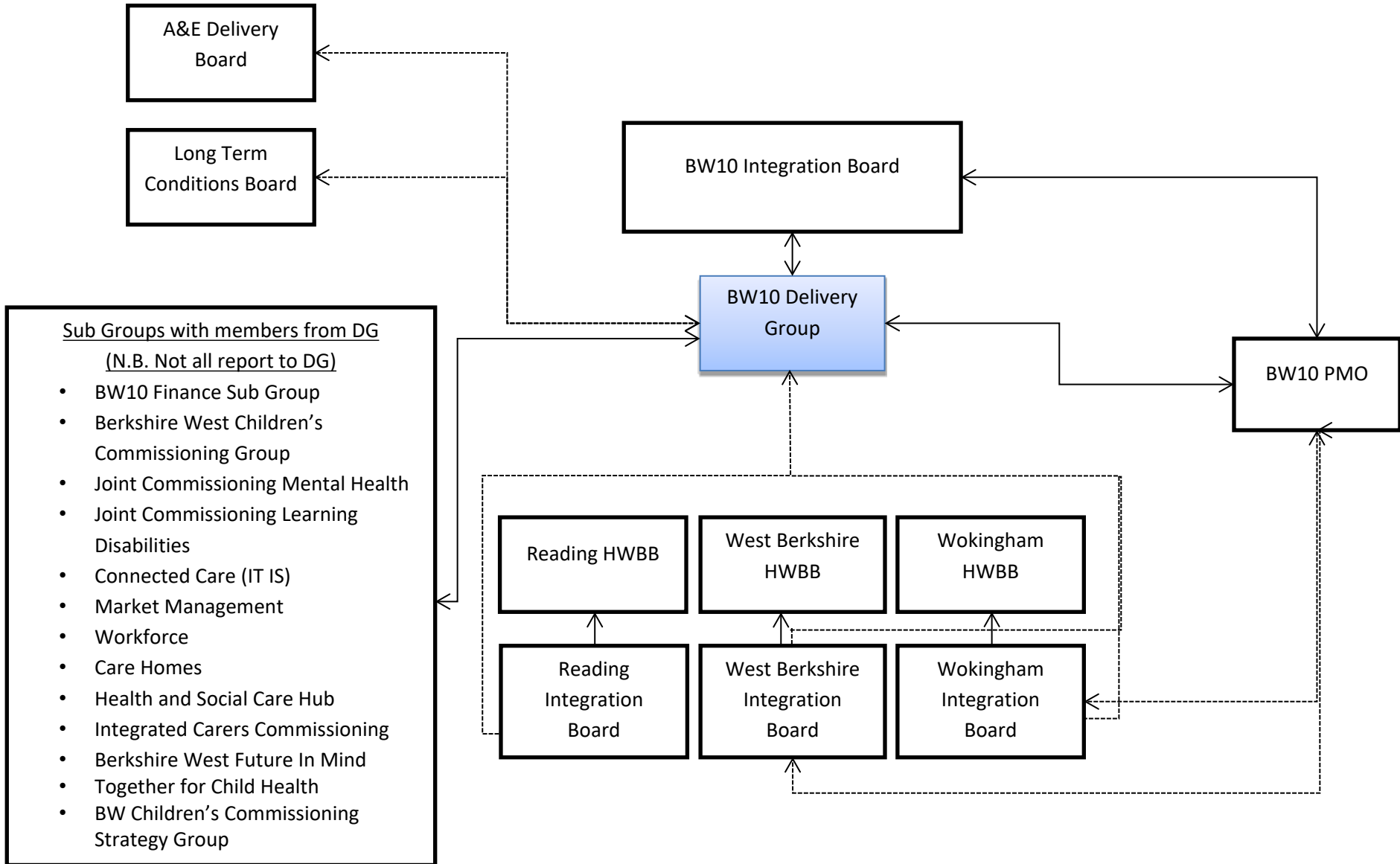
- 1.11.1 Support to the WLPB will be provided as part of a programme management approach.
- 1.11.2 The programme structure and supporting work groups will be developed and agreed as part of the WLPB work plan.

### 1.12 Review

- 1.12.1 These WLPB ToR will be formally reviewed annually in April.

# Berkshire West 10 (BW10) Integration Governance Map

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## Terms of Reference

### Wokingham Management Partnership Board (WMPB)

#### 1.1 Purpose

The Wokingham Management Partnership Board (WMPB) will be responsible for the day to day leadership, management and support of the activities of the Wokingham Integrated Partnership in accordance with our Guiding Principles in order to meet the Key Objectives agreed by the WLPB. The focus of the WMPB is to have a tactical level of detail, ensuring the processes are in place to support high quality outcomes for services and the population of the Wokingham Borough.

#### 1.2 Shared Principles

Our shared principles are:

- a) work towards a shared vision of integrated service provision;
- b) work together to support the delivery of shared programmes and priorities, including national programmes such as the Better Care Fund and The NHS 10 Year Plan.
- c) commit to delivery of system outcomes in terms of clinical matters, patient experience and financial matters;
- d) commit to common processes, protocols and other system inputs;
- e) commit to work together and to make system decisions on a best for users and the Wokingham pound basis;
- f) take responsibility to make unanimous decisions on a 'Best for Service' basis;
- g) always demonstrate the Service Users' best interests are at the heart of our activities;
- h) adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
- i) establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance;
- j) adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations;
- k) co-produce with others, especially service users, families and carers, in designing and delivering the services.

#### 1.3 Key Objectives

The Partnership Objectives agreed by the Partners are to deliver sustainable, effective and efficient Services with significant improvements over the Term. In particular the Partners have agreed the following:

*To further strengthen the whole system approach through effective governance, with clear understanding of the commissioner/provider relationship*

The Partners have three key objectives for the Wokingham Integrated Partnership to:

1. increase the emphasis on primary prevention, health and wellbeing and ensuring integrated, high quality, affordable and sustainable health and care services are delivered in the most appropriate way;
2. to improve quality of care through better outcomes and experience for patients and achieving constitutional standards and meet the BCF National Conditions and Local Objectives; and
3. to operate a financially sustainable system by making more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the Schemes.

## Terms of Reference

### Wokingham Management Partnership Board (WMPB)

#### 1.4 Status and Authority

- 1.4.1 The Wokingham Integrated Partnership is established by the Partners, who remain sovereign organisations, to provide a financial and governance framework for the delivery of the Services. The Partnership is not a separate legal entity, and as such is unable to take decisions separately from the Partners or bind its Partners; nor can one or more Partners 'override' any other Partner on any matter (although all Partners will be obliged to comply with the terms of the Guiding Principles).
- 1.4.2 The Guiding Principles establishes the WMPB to manage the Partnership on behalf of the Partners. As a result of the status of the Partnership the WMPB is unable in law to bind any Partner so it will function as a forum for discussion of issues with the aim of reaching consensus among the members.

#### 1.5 Partners

- 1.5.1 The WMPB will function through engagement between its members so that each Partner makes a decision in respect of, and expresses its views about, each matter considered by WMPB. The decisions of the WMPB will, therefore, be the decisions of the Partners, the mechanism for which shall be authority delegated by the Partners to their representatives on the WLPB.
- 1.5.2 Each Partner shall delegate to its representative on the WMPB such authority as is agreed to be necessary in order for the WMPB to function effectively in discharging the duties within these ToR. The Partners shall ensure that each of their representatives has equivalent delegated authority. Authority delegated by the Partners shall be defined in writing and agreed by the Partners, and shall be recognised to the extent necessary in the Partners' own schemes of delegation (or similar).
- 1.5.3 The Partners shall ensure that the WMPB members understand the status of the WMPB and the limits of the authority delegated to them.

#### 1.6 Responsibilities

- 1.6.1 The WMPB will:
- a) promote and encourage commitment to the Partnership Principles and Partnership Objectives amongst all Partners;
  - b) implement strategies agreed by the WLPB to achieve the Partnership Objectives;
  - c) identify and escalate to the WLPB strategic issues and resolve challenges such that the Partnership Objectives can be achieved;
  - d) implement decisions of the WLPB in response to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the Partnership or any Partners to the extent that they affect the Partners' involvement in the Partnership;
  - e) make recommendations to WLPB for its approval or rejection on how services could be better delivered;
  - f) provide clinical, professional and managerial leadership with regard to the services;
  - e) manage the performance of the Partnership, accounting to the WLPB in this respect; supplying to the WLPB on a monthly basis the financial and activity information as required under the Guiding Principles.
  - f) identify and manage the risks associated with the Partnership, integrating where necessary with the Partners' own risk management arrangements;



## Terms of Reference

### Wokingham Management Partnership Board (WMPB)

- g) implement arrangements through which the Partnership accounts to relevant regulators and other stakeholders through whatever means are required by such regulators or are determined by the WLPB, including, to the extent relevant, integration with communications and accountability arrangements in place within the Partners;
- h) address any actual or potential conflicts of interests which arise for members of the WMPB or within the Partnership generally, in accordance with a protocol to be agreed between the Partners (such protocol to be consistent with the Partners' own arrangements in respect of declaration and conflicts of interests, and compliant with relevant statutory duties).

#### 1.7 Accountability

- 1.7.1 The WMPB is accountable to the WLPB.
- 1.7.2 The minutes of the WMPB will be sent to the members and WLPB within 1 week following each meeting.
- 1.7.3 The minutes shall be accompanied by a report on any matters which the Chair considers to be material. It shall also address any minimum content for such reports agreed by the WLPB.

#### 1.8 Membership and Quorum

- 1.8.1 Each Partner will appoint and will at all times maintain WMPB member(s) on the WMPB. The Partnership Programme Manager (when acting as WMPB member) shall also act as the Chair of the WMPB and as the formal link between the WMPB and WLPB. Any Partner may remove or replace its WMPB member(s) by notice in writing to the other Partners at any time.
- 1.8.2 The WMPB Team will comprise:
  - a) Partnership Programme Manager
  - b) Head of CHASC
  - c) Assistant Director of Integrated Adult Health and Social Care/Head of WISH
  - d) Head of Head of Urgent Access Services, BHFT
  - e) Head of CMHT, WBC/BHFT
  - f) Head of Operations, Optalis
  - g) Business Development Manager, Wokingham GP Alliance
  - h) General Manager, Involve
  - i) Head of Service, Royal Berkshire NHS Foundation Trust
  - j) Public Health Consultant, Public Health, WBC
  - k) Representative, Healthwatch, Wokingham
- 1.8.3 The following persons may attend meetings of the WMPB as observers but will not participate in decisions:
  - a) Service Transformation Lead for CHASC, BCF Programme
  - b) Partnership Project Support Officer
  - c) Partnership Finance Lead
- 1.8.4 Other members/attendees may be co-opted as necessary, including:
  - a) Category Manager – Housing Operations, WBC
- 1.8.5 The WMPB will be quorate if two thirds of its members are present, subject to the members present being able to represent the views and decisions of the Partners who are not present at any meeting.

## **Terms of Reference**

### **Wokingham Management Partnership Board (WMPB)**

- 1.8.6 Subject to the prior approval of the WMPB, any WMPB member may appoint an alternate WMPB member to act on their behalf. An alternate WMPB member will be entitled to attend and be counted in the quorum at which the WMPB member appointing him is not personally present and do all the things which his appointing WMPB member is entitled to do.
- 1.8.7 The Partners will each ensure that, except for urgent or unavoidable reasons, their respective WMPB member (or their appointed alternate) attends and fully participates in all of the meetings of WMPB.
- 1.8.7 The WMPB will be chaired by Partnership Programme Manager (the 'Chair') and Assistant Director of Adult Health and Social Care will be the Deputy Chair.
- 1.8.8 Where the Chair is absent, the Deputy Chair shall take on the role of the Chair.

### **1.9 Conduct of Business**

- 1.9.1 Meetings will be held monthly.
- 1.9.2 The agenda will be developed in discussion with the Chair. Circulation of the meeting agenda and papers via email will take place one week before the meeting is scheduled to take place. In the event members wish to add an item to the agenda they need to notify Partnership Programme Manager and will confirm this accordingly.
- 1.9.3 At the discretion of the Chair business may be transacted through a teleconference or videoconference provided that all members present are able to hear all other parties and where an agenda has been issued in advance.
- 1.9.4 At the discretion of the Chair a decision may be made on any matter within these ToR through the written approval of every member, following circulation to every member of appropriate papers and a written resolution. Such a decision shall be as valid as any taken at a quorate meeting but shall be reported for information to, and shall be recorded in the minutes of, the next meeting.

### **1.10 Decision Making and Voting**

- 1.10.1 The WMPB will aim to achieve consensus for all decisions of the Partners.
- 1.10.2 Each WMPB member (or its alternate) will have an equal say in discussions and will look to agree recommendations on the basis of the Shared Principles.
- 1.10.3 To promote efficient decision making at meetings of the WMPB it shall develop and approve detailed arrangements through which proposals on any matter will be developed and considered by the Partners with the aim of reaching a consensus. These arrangements shall address circumstances in which one or more Partners decide not to adopt a decision reached by the other Partners.

### **1.11 Conflicts of Interests**

- 1.11.1 The members of WMPB must refrain from actions that are likely to create any actual or perceived conflicts of interests.
- 1.11.2 The WMPB shall adopt and comply with the protocol for addressing conflicts of interests as approved by the WLPB (Schedule 4).

## **Terms of Reference**

### **Wokingham Management Partnership Board (WMPB)**

#### **1.12 Confidentiality**

1.12.1 Information obtained during the business of the WMPB must only be used for the purpose it is intended. Particular sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g. performance management, securing competitive advantage in procurement).

1.12.2 Members of WMPB are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Partnership. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

#### **1.13 Support**

1.13.1 Support to WMPB will be provided as part of a programme management approach.

1.13.2 The programme structure and supporting work groups will be developed and agreed as part of the WMPB work plan.

#### **1.14 Review**

1.14.1 These WMPB ToR will be formally reviewed annually in April.

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# Agenda Item 69.

<b>TITLE</b>	<b>Better Care Fund Quarter 3 Report</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on Thursday, 14 February 2019
<b>WARD</b>	None Specific;
<b>DIRECTOR/ KEY OFFICER</b>	Katie Summers, Director of Operations, Wokingham Locality, NHS Berkshire West CCG and Martin Sloan, Assistant Director of Adult Social Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three priorities of the HWB Strategy: Priority 1 - Creating physically active communities Priority 2 - Narrowing the health inequalities gap Priority 3 - Reducing isolation
Key outcomes achieved against the Strategy priority/priorities	To provide assurance to the Board on the activities of the Better Care Fund Programme, this focuses on delivery of the Board's strategic priorities.

Reason for consideration by Wokingham Borough Wellbeing Board	To provide an update of Wokingham's Better Care Fund (BCF) Programme performance for Quarter 3 2018/19
What (if any) public engagement has been carried out?	None required
State the financial implications of the decision	Nil

<b>RECOMMENDATION</b> That the Board notes the performance of the Better Care Fund in Q3 2018/19.
<b>SUMMARY OF REPORT</b> The Q3 BCF submission provides a summary of Wokingham's Better Care Fund Programme performance for Q3 of 2018/19, including progress of milestones, challenges, performance metrics and delivery against the 8 High Impact Change Model to reduce delayed transfers of care (DToC).

## Background

As part of The Integration and Better Care Fund, Operating Guidance For 2017-19 (Published 18 July 2018) each BCF is required to submit quarterly reports to NHS England and Ministry for Housing, Community and Local Government.

The primary purpose of the BCF quarterly reporting is to provide national partners with a clear and accurate account of compliance with the key requirements and conditions of the fund as set out in the Policy and the Planning Requirements. The secondary purpose is to inform policy making and the national support offer by providing a fuller insight, based on narrative feedback from systems, on local progress, issues and highlights on implementation of the BCF plans.

It is expected that these reports are discussed and signed-off by HWBs (or with appropriate delegation) as part of their responsibility for overseeing BCF plans locally. In Wokingham we have agreed delegation from the HWB that the Chair signs off these submissions, but that the submission will be shared at the next HWB convened.

Section 195 of the Health and Social Care Act 2012 states that HWBs are expected to continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners.

In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it from a partnership board. HWBs can require CCGs that are represented on the HWB, and the LA that established the HWB, to provide it with relevant information, for example the quarterly reports and annual report.

### Quarterly Return Summary

#### 1. Metrics

- a) *Reduction in Non-Elective Admissions (NEAs) - Not on track to meet target*  
NEAs for the first seven months of 2018/19 were 8,397 compared to a Plan figure of 7,360 (14% higher) and for the same period in the prior year of 7,921 (6% higher).  
By Age Band cumulatively for the first 4 months of 2018/19, the percentage change on the prior year (17/18) is:
  - < 18      -12.0%
  - 19-74    +23.2%
  - > 75      - 2.7%
- b) *Rate of Permanent admissions to care homes – On track to meet target*  
Permanent Admissions to Care Homes for the 9 months to 31st December 2018 were 62 against a target 99 and 96 for the same period in 17/18.
- c) *Proportion of older people (aged over 65) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services – On track to meet target*  
91 day target was 100% in November and December, with an average of 89% for Q3. The average for the 9 months to December 2018 is 87%.
- d) *Delayed Transfers of Care (DToC) – On track to meet target*  
DToC days for Q3 were 546 days.

- Q1 Actual 927 Target 960
- Q2 Actual 591 Target 880
- Q3 Actual 546 Target 720

We have bettered target for each of the first three quarters. Year-to-date the total is 2,064 days compared to cumulative target of 2,640 days (a 22% reduction) and 17/18 performance of 2,566 days.

## 2. 8 High Impact Change Model.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)
Chg. 1	Early discharge planning	Not yet established	Mature	Mature	Mature
Chg. 2	Systems to monitor patient flow	Not yet established	Plans in place	Established	Established
Chg. 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Established
Chg. 4	Home first/discharge to assess	Plans in place	Plans in place	Plans in place	Established
Chg. 5	Seven-day service	Not yet established	Plans in place	Plans in place	Plans in place
Chg. 6	Trusted assessors	Not yet established	Plans in place	Plans in place	Plans in place
Chg. 7	Focus on choice	Not yet established	Plans in place	Mature	Mature
Chg. 8	Enhancing health in care homes	Established	Established	Established	Established

The 8 HICM is measures our performance in working towards improving Delayed Transfers of Care. We do this at a Berkshire West system level and the Berkshire West 10 Delivery Group is responsible for delivery. NHS England has set an expectation that we achieve a mature rating in all 8 changes by the 31<sup>st</sup> March 2019. As of Q3 we are predicting only achieving this in 2 of the 8 changes as can be seen in the table above.

When we compare our performance with our peers in the South our position is on a par with their performance.

## 3. Progress against our local plan

Wokingham's Integrated Care Networks - Q3 saw the start of the Networks Task and Finish group aimed at conveying this umbrella term to staff and partners. To ease the impact and have time to consult and engage with staff, a conservative timeline of 12 months was agreed to roll out the changes.

The Wokingham Integrated Partnership (CCG, WBC, BHFT, RBFT and Wokingham GP Alliance) continues to progress in shadow partnership. There is also representation from the voluntary sector, patient voice and commissioned services. Following a final review by the CCG in December 2018 and being mindful of the developing ICS and the NHS 10 year plan it was proposed that a set of Guiding Principles would be preferable to an MoU; this has been drafted and is expected to be formally signed off in Q4.

Wokingham's Integration Position Statement (IPS) for adult health and social care was shared with colleagues and signed off by the Wokingham Wellbeing Board in November. The IPS was recognised by the Board as important and significant steps in the development of the new collaborative partnership for health and social care in Wokingham.

In November, we participated in the BCST HICM Learning from Peer Review event for Hampshire, Isle of Wight and the Thames Valley organised by Natalie Jones. Wokingham, West Berkshire and Reading work closely together across Berkshire-West, and we were able to present our joint learning from the 2018 DToC Peer Review followed by a Q&A session.

Financially, a year-end forecast underspend of around £55k was reported in Q2. Discussion at Leader Partner Board resulted in an agreement to redistribute these monies into short term schemes, focussing on our areas of need – DToC and NEAs. In October we received 5 proposals to bid for forecasted underspend monies and we agreed to fund 3 short term schemes (4 month duration to 31.03.19) – Paramedic Acute Visiting Service, Therapy Demand for Reablement and Demand Management in ASC to support NEAs and DToC performance through the winter period. All 3 schemes outturn will be reviewed in Q4.

The Wokingham Leader Partnership Board (WLPB) agreed to use circa £400k of the DFG budget this year for Wokingham's share of the Berkshire-West contract with the Berkshire Community Equipment Service in order to support the sustainability of WBC's older peoples' services in helping people to recover or live well in their own home. It was also agreed that in future years a similar amount would be set aside to support this contract.

From 2019/20 onwards, circa £230k of the annual DFG budget will be allocated to fund the cost of the additional investment in the recently approved project – Enhanced Assistive Technology Service. This scheme was agreed in Q2, aiming to provide Assistive Technology for Wokingham as an in-house, bespoke service, rather than buying into a proposed Berkshire West-wide generic AT option through an external provider. Project planning for this scheme rollout has progressed through Q3, aiming to go live in Q4.

We completed our yearly BCF Review of Schemes in November 2018, all Wokingham BCF schemes were reviewed in detail by stakeholders to inform decisions as to how the schemes may progress in the next financial year – continue as is, with changes or for the schemes to cease. Final decisions for the 2019/20 scheme plan and funding allocations will be made in Q4 taking into account benefits realisation and (likely) funds available for the next financial year.

The Chief Officers Group for health and social care partners across Berkshire West have offered the following strategic priorities for integration having met in Q3:

1. Exploring opportunities for joint commissioning across Berkshire West - initial conversations between LAs and Berkshire West CCG have begun, to support this.
2. Exploring opportunities for integration around neighbourhoods and communities
3. Making more efficient use of the integration resources already in place across Berkshire West.
4. Success Story Highlights



At the end of Q3 our individual scheme performance is as follows:

- WISH- The Wokingham Integrated Social care and Health (WISH) team has stepped up to the mark to achieve the Q3 DToC target, despite this being a huge disparity between NHSE’s requirements against our original approved BCF Plan figures for 2018/19. NEAs are still rising in the Berkshire-West area, although our support to our largest NEA group of 70yrs and over is still producing excellent results and maintain progress despite the circa 6% demographic growth year on year.
- Time to Decide (Step Down) scheme is not achieving against the targets in the Business Plan and is unlikely to continue into the new financial year in its current format. An options paper is being prepared for presentation in Q4 to Wokingham Management Partnership Board to look at other alternatives to continue to provide a step down service to Wokingham Residents.
- CHASC – This scheme has progressed in the last 3 months, with our remaining East and North networks going live with cluster working around the GP practice, with multi-disciplinary team meetings (MDTs) being discussed in each locality base to promote the cluster working. The Wokingham Borough Newsletter included an interview with a local resident who had benefited greatly from the MDT involvement; the gentleman also partook voluntarily in a video to promote the MDT process and his story was shared at the Health and Care Innovation Expo in Manchester in September. Wokingham contributed to the ‘Primary Care Networks and their power to deliver better care’ session delivery at the expo, which included discussion around the MDT and wraparound services within the CHASC ‘umbrella’ and providing support to complex patients by involving a number of relevant multi-disciplinary professionals involved with the person’s health and care.
- The Community Navigator Service underwent a restructure in Q1/2 in order to streamline the service and better align with the needs of the borough. This work has been completed in Q3 and Q4 will see the new model service imbedding throughout the area.
- Connected Care – the work continues on our joined up patient records system. Following a hiatus of progress and information shared from the project board, a report was given in Q3 to BW10 and at our local WMPB.
- Step Up – Based at Wokingham Community Hospital achieved its target numbers for admissions to the maximum 7 day service throughout Q3. Some patients using the service are subsequently identified for reablement, which is then provided by the hospital in their targeted Step Down beds.
- Integrated Hub - KPIs are continuing to be delivered on Phase I of the project. The Hub is continuing to provide advice and information to clients, seeking to resolve as many calls as possible at the initial stage.

<b>Partner Implications</b>
N/A

<b>Reasons for considering the report in Part 2</b>
N/A

<b>List of Background Papers</b>
Enc. 1 – Wokingham HWB Better Care Fund Q3 Submission 2018/19

<b>Contact</b> Gail King	<b>Service</b> Better Care Fund Programme
<b>Telephone No</b> Tel: 0118 979 6866	<b>Email</b> <a href="mailto:gail.king@wokingham.gov.uk">gail.king@wokingham.gov.uk</a>

**Overview**

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements for 2017-19 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing integration and the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform delivery improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports are submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Quarterly reporting for the 'improved Better Care Fund' (iBCF grant) will be required in Q4 18/19 and is not required for the current quarter Q3 18/19.

**Note on entering information into this template**

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

**Note on viewing the sheets optimally**

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

**Checklist**

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.

6. Please ensure that all boxes on the checklist tab are green before submission.

### 1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net).

3. When submitting your template, please also copy in your Better Care Manager.

### 2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes confirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

### 3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 2017-19, planned targets have been agreed for these metrics. This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template

- Non Elective Admissions (NEA): The BCF plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)

Please note that while NEA activity is not currently being reported against CCG Operating Plans (due to comparability issues relating to specialised commissioning), HWBs can still use NEA activity to monitor progress for reducing NEAs.

- Delayed Transfers of Care (DToC): The BCF plan targets for DToC should be referenced against your current provisional trajectory. Further information on DToC trajectories for 2018-19 will be published shortly.

The progress narrative should be reported against this provisional monthly trajectory as part of the HWB's plan.

This sheet seeks a best estimate of confidence on progress against targets and the related narrative information and it is advised that:

- In making the confidence assessment on progress against targets, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges, Achievements and Support need, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this very useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

#### 4. High Impact Change Model

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, and anticipated trajectory in future quarters, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

In line with the intent of the published HICM model self assessment, the self assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making the HICM self-assessment, which could be useful in informing future design considerations.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for “Milestones met during the quarter / Observed impact” please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas’ implementation of the optional ‘Red Bag’ scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

- Please report on implementation of a Hospital Transfer Protocol (also known as the ‘Red Bag scheme’) to enhance communication and information sharing when residents move between care settings and hospital.

- Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

- Further information on the Red Bag / Hospital Transfer Protocol: A quick guide has been published:

<https://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>

Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team through [england.ohuc@nhs.net](mailto:england.ohuc@nhs.net). The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPXmULHE>

## 5. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area’s vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

1. Cover

Version 1.01

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board: Wokingham

Completed by: Rhian Warner

E-mail: rhian.warner@wokingham.gov.uk

Contact number: 07989 346744

Who signed off the report on behalf of the Health and Wellbeing Board: Parry Batth, Chair of Health and Wellbeing Board and Executive Me

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0



[<< Link to Guidance tab](#)

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete: Yes

2. National Conditions & s75 Pooled Budget

[^^ Link Back to top](#)

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes

Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes
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Sheet Complete:	Yes
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### 3. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes
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### 4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19	F15	Yes
Chg 5 - Seven-day service Q3 18/19	F16	Yes
Chg 6 - Trusted assessors Q3 18/19	F17	Yes
Chg 7 - Focus on choice Q3 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19	F19	Yes
UEC - Red Bag scheme Q3 18/19	F23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes
UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes



Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes

Sheet Complete:	Yes
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**5. Narrative**

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	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes
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## Better Care Fund Template Q3 2018/19

### 2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Wokingham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

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Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

## Better Care Fund Template Q3 2018/19

### Metrics

Selected Health and Wellbeing Board: Wokingham

- Challenges** Please describe any challenges faced in meeting the planned target  
**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the re  
**Support Needs** Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target	Challenges	Achievements	Support Needs						
83 NEA	Reduction in non-elective admissions	Not on track to meet target	<p>NEAs for the first seven months of 2018/19 were 8,397 compared to a Plan figure of 7,360 (14% higher) and for the same period in the prior year of 7,921( 6% higher).</p> <p>By Age Band cumulatively for the first 4 months of 2018/19, the percentage change on the prior year (17/18) is:</p> <table style="margin-left: 20px;"> <tr> <td>&lt; 18</td> <td>-12.0%</td> </tr> <tr> <td>19-74</td> <td>+23.2%</td> </tr> <tr> <td>&gt; 75</td> <td>- 2.7%</td> </tr> </table>	< 18	-12.0%	19-74	+23.2%	> 75	- 2.7%	<p>WISH team NEAs for the Target Conditions and &gt; 70 years of age are cumulatively 750 for the seven months to October 2018.</p> <p>This compares to 713 in the same period in 2017/18 and 715 for 2016/17. This represents a 5.2% increase on 2017/18 and 4.9% on 2016/17. Normal demographic growth in the &gt;70 age band would be of the order of 3% per annum. Therefore , when measuring over the longer two year period, the increase in admissions year-to-date is within the predicted rate of increase of the population</p>	We have identified a small underspend across our BCF and we agreed 1 proposal in October 2018 that will target NEAs
< 18	-12.0%										
19-74	+23.2%										
> 75	- 2.7%										
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Nil	Permanent Admissions to Care Homes for the 9 months to 31st December 2018 were 62 against a target 99 and 96 for the same period in 17/18.	Nil						

<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	At present the figure recorded only includes social care reablement patients, which are small numbers per month (4 to 6 per month). Such small numbers does significantly impact the overall percentage achieved, which was shown in 17/18. We are continuing to investigate the ability to include all the health reablement patients to get a more accurate view and double checking the allowable variation in this criteria	91 day target was 100% in November and December, with an average of 89% for Q3. The average for the 9 months to December 2018 is 87%.	Nil
<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days)	On track to meet target	Nil	DToC days for Q3 were 546 days. Qtr 1 Actual 927 Target 960 Qtr 2 Actual 591 Target 880 Qtr 3 Actual 546 Target 720 We have bettered target for each of the first three quarters. Year-to-date the total is 2,064 days compared to cumulative target of 2,640 days (a 22% reduction) and 17/18 performance of 2,566 days.	We have identified a small underspend across our BCF and we agreed 2 proposals in October 2018 that will target DToC

Better Care Fund Template Q3 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board:

Wokingham

**Challenges**

Please describe the key challenges faced by your system in the implementation of this change

**Milestones met during the quarter / Observed Impact**

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

**Support Needs**

Please indicate any support that may better facilitate or accelerate the implementation of this change

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Not yet established	Mature	Mature	Mature	AMU/SSU twice daily board rounds with provisional EDD ensures all patients have EDD set within 48 hours and all patients receive DC envelopes on these wards. Daily ward board rounds review EDD, a weekly stranded/super stranded review meeting and weekly Senior DToC meetings demonstrate that the acute trust and the Berkshire West system as a whole are committed to ensuring patients are discharged in a timely manner	Nil	Each change has been allocated an SRO to support the delivery of actions and ensure that the Berkshire West System matures. DC Envelope rolled out by RBFT on AMU/SSU and all Older Peoples Wards. The continued steady reduction in our DToC levels across the last few months is our most significant milestone.	Nil
Chg 2	Systems to monitor patient flow	Not yet established	Plans in place	Established	Established		This quarter, we have worked hard with all our Berkshire West partners to re-assess our performance. We have now gathered sufficient/appropriate evidence for each of the changes and have moved to a position of being confident in our rating of each change and we have an agreed evidence based baseline from which to update and agree our joint system-wide action plan for improving both our DToC performance and our progress against the HICM implementation. Our planned meeting in November with Sarah Mitchell to review current self-assessment position and agree any further actions to meet specific criteria was not held	The Chief Officers Group for Berkshire West met in December 2018 and agreed 4 key strategic priorities, one of which was joint commissioning. Joint commissioning across the 3 LAs will really support the ability to achieve matching capacity along the care pathway but we recognise that this will take a minimum of 12 months from LA agreement in 19/20. All actions required to achieve mature for the Berkshire West system have been identified and are now pending agreement.	Nil
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Established		In order to meet our "mature" criteria, we need to agree the best way to include the voluntary sector in MDTs. To facilitate this, we aspire to review options for improving integration with the voluntary sector as part of the SCIE Workshop (which will construct an action plan based on CQC's review of interfaces between health and social care in Reading) and in a future Berkshire West 10 Integration Delivery Board. We also aspire to agree actions for ensuring that discharge to assess arrangements are in place with the care sector and community health providers.	Following discussions with stakeholders, we are satisfied that we have met the first criteria for an "established" rating ("Joint NHS and ASC discharge team in place")	We would welcome examples of how other areas have successfully implemented discharge to assess arrangements with the care sector and community health providers.

Chg 4	Home first/discharge to assess	Plans in place	Plans in place	Plans in place	Established		From discussions across 3 LA's it has been acknowledged that the Reablement offer is commissioned differently in each locality but that there are some key principles that could be developed so that a suite of options for clients/patients are provided that continues to support independence and is inclusive across a range of diverse needs.	A piece of work has started across Berkshire West to look at CRT.	Workshop originally planned needs to be rescheduled to explore opportunities and challenges and identify priorities.
Chg 5	Seven-day service	Not yet established	Plans in place	Plans in place	Plans in place		In order to progress on from "Plans in Place", we need to ensure that we are meeting criteria 3. - " negotiate with care providers to assess and re-start care at weekends.	7 day services where needed and funded have been are in place in Acute, Community, ASC and Primary Care.	We would like examples from systems that have progressed with care providers
Chg 6	Trusted assessors	Not yet established	Plans in place	Plans in place	Plans in place		Trusted Assessor in Care Homes on hold subject to identifying funding.	Discussions taking place across 3 LA's to look at whether we can share Social Worker Resource at the Acute Hospital as part of the Integrated Discharge Service.	Understand what other areas are doing with the trusted assessor model in care homes.
Chg 7	Focus on choice	Not yet established	Plans in place	Mature	Mature	We have met the 3x criteria for a "Mature" rating - (a) Discharge leaflets being used at Royal Berkshire Hospital to emphasise the need to make arrangements for discharge quickly; (b) recent cases evidence that the Choice Policy is being used to proactively challenge people; (c) the voluntary sector is integrated in the discharge team by way of the CHS support service for self-funders which is in place within discharge teams, and via a voluntary sector care navigator who is funded to sit within RBH from December 2018 onwards.	In order to meet our final "exemplary" criteria, we need to agree the best way to ensure that the voluntary sector are fully integrated as part of health and social care team both in the Trust and community. To facilitate this, we aspire to review options as part of the SCIE Workshop (which will consturct an action plan based on CQC's review of interfaces between health and social care in Reading) and in a future Berkshire West 10 Integration Delivery Board. We also aspire to agree actions for ensuring that discharge to assess arrangements are in place with the care sector and community health providers.	Following discussions with stakeholders, we are satisfied that we have met all of the criteria to earn a "mature" rating.	We would welcome examples of how other areas have successfully integrated the voluntary sector into health and social care teams in the community and in Trusts.
Chg 8	Enhancing health in care homes	Established	Established	Established	Established		Care homes manage increased acuity– we aren't clear as to how/what evidence would be need to demonstrate 'mature' in this case. We could assume with support from RRaT they are/could manage, and the reduced NEA activity supports this, but we have no evidence to support this . No unnecessary admissions at weekend – Our RRaT services is 7 days a week, however, we don't have evidence to support this. We have had discussions about an audit, however, we would need to resource a clinician to clinically review all admissions over a weekend to determine whether they were necessary or not.	CQC rates – we have 2 care homes rated as 'outstanding' and majority are 'good'	Any ideas on how and what to evidence to support care homes managing increased acuity and evidencing unnecessary admissions at weekends would be great

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Hospital Transfer Protocol (or the Red Bag scheme)									
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.									
	Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs	

UEC	Red Bag scheme	Established	Established	Mature	Mature		<p>Ensuring that when a care resident passes away in hospital, the red bag is returned to the care home. This includes the local hospital and out of area hospital. A process in place to address this with local hospital initially. We are investigating whether the 'red bag' together with the capacity tracker be included in the care home contracts, as a way of embedding it formally.</p>	<p>All 52 care homes have care home red bags. Full engagement from all partners; care homes, SCAS, acute and community hospitals. Care home residents easily and quickly identified and documentation available within the bag to commence treatment/management.</p>	<p>Continue to reinforce the red bag scheme across all partners/agencies.</p>
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## Better Care Fund Template Q3 2018/19

### 5. Narrative

Selected Health and Wellbeing Board:

Wokingham

Remaining Character

#### Progress against local plan for integration of health and social care

Our local integration plan is based upon effectively developing and embedding our Integrated Hub, WISH Team and Time to Decide (Step Down) service, CHASC team and Step Up service alongside the Berkshire West 10 schemes in order to meet the National Metrics and deliver integrated health and social care services. At the end of Q4 17/18 we developed our Integration Plan/Roadmap to 2020, in order to provide further direction and drive for our integration agenda, we are broadly meeting our plan at present (further detail can be seen in Milestones below).

Wokingham's Integrated Care Networks - Q3 saw the start of the Networks Task and Finish group aimed at conveying this umbrella term to staff and partners. To ease the impact and have time to consult and engage with staff, a conservative timeline of 12 months was agreed to roll out the changes.

The Wokingham Integrated Partnership (CCG, WBC, BHFT, RBFT and Wokingham GP Alliance) continues to progress in shadow partnership. There is also representation from the voluntary sector, patient voice and commissioned services. Following a final review by the CCG in December 2018 and being mindful of the developing ICS and the NHS 10 year plan it was proposed that a set of Guiding Principles would be preferable to an MoU; this has been drafted and is expected to be formally signed off in Q4.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Character

#### Integration success story highlight over the past quarter



Our key success stories for October 2018 to December 2018 are:

- National Metric Performance – we have sustained or improved our performance in three out of the four National Metrics: DToCs, people remaining at home 91 days after reablement and permanent admissions to care homes which has been evidenced in Tab 3. 91 day reablement data - a task and finish group has been set up to look into including health reablement figures as well as the social care figures that we currently report on, to align us with the majority of the UK's reporting stats. At the end of Q3 our individual scheme performance is as follows:
  - WISH- The Wokingham Integrated Social care and Health (WISH) team has stepped up to the mark to achieve the Q3 DToC target, despite this being a huge disparity between NHSE's requirements against our original approved BCF Plan figures for 2018/19. NEAs are still rising in the Berkshire-West area, although our support to our largest NEA group of 70yrs and over is still producing excellent results and maintain progress despite the circa 6% demographic growth year on year.
  - Time to Decide (Step Down) scheme is not achieving against the targets in the Business Plan and is unlikely to continue into the new financial year in its current format. An options paper is being prepared for presentation in Q4 to Wokingham Management Partnership Board to look at other alternatives to continue to provide a step down service to Wokingham Residents.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

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# Agenda Item 70.

<b>TITLE</b>	<b>Community Safety Partnership update</b>
<b>FOR CONSIDERATION BY</b>	Wokingham Borough Wellbeing Board on Thursday, 14 February 2019
<b>WARD</b>	None Specific;
<b>DIRECTOR/ KEY OFFICER</b>	Deputy Chief Executive - Graham Ebers

Health and Wellbeing Strategy priority/priorities most progressed through the report	
Key outcomes achieved against the Strategy priority/priorities	<p>The aim of the Wokingham Community Safety Partnership (CSP) 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.</p> <p>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.</p>

Reason for consideration by Health and Wellbeing Board	Community Safety Partnership are members of the Wokingham Borough Wellbeing Board.
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None

<p><b>RECOMMENDATION</b></p> <p>That the Wokingham Borough Wellbeing Board</p> <ol style="list-style-type: none"> <li>1) notes the contents of this report and support the Community Safety Partners in delivering its strategies.</li> <li>2) review the next steps and consider how they can support the CSP priorities and wider contextual safeguarding agenda.</li> </ol>
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**SUMMARY OF REPORT**

The report provides a summary of the CSP's progress in delivering current Wokingham Community Safety Priorities.

The report also provides an update on the CSPs planned developments, future priorities and emerging issues.

## **Background**

### National Community Safety Policy Context

The 1998 Crime and Disorder Act (as amended by Police and Social Responsibility Act 2011) places a statutory duty on all Community Safety Partnerships (CSPs) to prepare and implement a partnership strategy to reduce crime, substance misuse and Anti-Social Behaviour (ASB) within their areas.

The 1998 Act also requires that Community Safety strategies are informed by a document called a strategic assessment which comprises of local data aiming to provide a comprehensive picture of crime and disorder related need in their area. Strategic assessments comprise of data and information from the Police, Local Authority, Public Health, the Community Rehabilitation Company (CRC) and National Probation Services (NPS) etc

Under the 1998 Crime and Disorder Act, Statutory members of the CSP partnership have a legal obligation to mainstream actions to reduce crime within their local areas. The CSP strategy refreshed in aims to mainstream crime and community safety issues by integrating CSP priorities into wider Wokingham Borough Council and Partnership strategies and plans and link to other governance Boards

National guidance states that CSPs should review their priorities on an annual basis; therefore the current strategy has been refreshed to reflect changing central and local crime policies and evidence of emerging needs. This report assesses progress in meeting the current CSP priorities, the 2018/21 priorities are included at the end of this report.

Under the Police Reform and Social Responsibility Act 2011, the Police and Crime Commissioner has a duty to produce a Plan to reduce crime and related disorder within their localities.

In line with this duty, in 2017 the Thames Valley Police and Crime Commissioner published a Police and Crime Plan setting out his strategic priorities for the Thames Valley Region, these are set out below:

- Vulnerability - Managing demand on services through working together
- Prevention and Early Intervention - Improving safeguarding in physical and virtual space
- Reducing Re-Offending -Targeting and managing harm and risk
- Serious Organised Crime and Terrorism - Improving the local response
- Police Ethics and Reform - Increasing the pace of change

**New statutory guidance published in July 2018** sets out responsibilities for the Community Safety Partnership in Working Together 2018. There will need to be stronger links with the work of the Local safeguarding Children Board (LSCB) and new arrangements with the Multi-agency Safeguarding Arrangements (MASA) to fulfil the CSP obligations.

Link to Working Together 2018 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

## **Contextual Safeguarding**

Traditionally support and intervention is aimed at the child and their family/carers, contextual threat is within the community and parents do not have the influence outside of the home to keep children safe from risk of exploitation and abuse. Agencies and services will need to work together to agree an approach and ensure the right partners and services are linked to the group and this work.

The CSP will work with partner agencies, other partnership Boards, schools, Children's Social Care and services internally and externally to raise awareness and work together to reduce the risk of extra familial exploitation.

Link to What is Contextual Safeguarding

<https://www.contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

## **Progress against current priorities**

### **Priority One: Addressing Violence against Women and Girls (VAWG)**

The Wokingham Domestic Abuse Strategy is designed to support children, adults and families within Wokingham Borough, by developing an understanding of the needs of both victims and perpetrators of domestic abuse; men and boys are included in all work. The Substance Misuse and VAWG Subgroup of the CSP oversees this work and reports directly into the CSP Board.

The VAWG strategy is designed to enable Wokingham Council to meet its statutory duties for example the Care Act 2014 and the Children and Families Act 2014. The main role of the CSP is to hold the Domestic Abuse Strategic Group in delivering the current domestic abuse strategy.

Domestic abuse continues to be the highest number of contacts to Children's Services 'front door' and support in Wokingham is provided in a number of ways:

Wokingham's main domestic abuse provider is Berkshire Women's Aid (BWA). BWA are funded to provide a range of services for people affected by domestic violence. This includes outreach, a family support programme, one to one support for victims, and a helpline and refuge provision. BWA work very closely with children's services in Wokingham to ensure that children who are identified as being at risk of domestic violence are supported.

The VAWG subgroup and Commissioning Team meet with BWA to review the impact of the support service provided.

- A 'pilot' legal drop in clinic for victims of domestic abuse is held monthly.
- A Police led MARAC (Multi Agency Risk Assessment Conference), which ensures that high risk victims are identified supported and referred to appropriate support. In 2016/17 the MARAC saw 84 cases.
- Victim support is offered by a range of council services and other workers including Housing Officers, Social Workers, and Probation Officers etc.

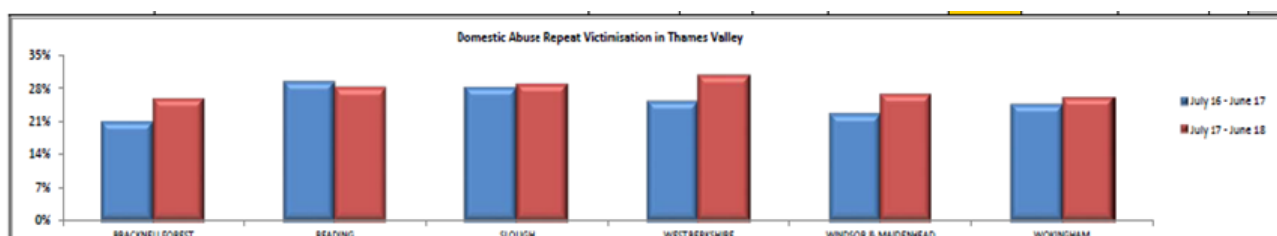
## Multi-Agency Tasking and Co-ordination (MATAC)

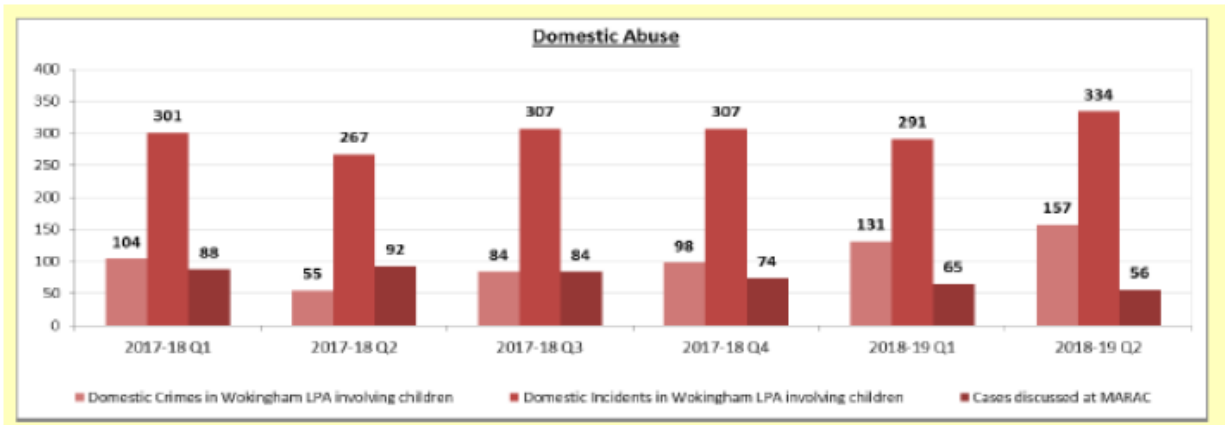
The MATAC will replace the DARIM in Wokingham where the medium and low risk repeat D.A. offenders are reviewed. The model has been adopted from Northumberland where they have seen a 60% reduction in repeat domestic abuse incidents by implementing the same model.

Police will work will target perpetrators to reduce the repeat offences of domestic abuse as previously there has been focus on supporting victims of domestic abuse but not the perpetrator. Identified perpetrators will be referred into the MATAC process where key partners will agree a bespoke set of interventions using a domestic abuse 'toolkit'. This can include targeting and disrupting perpetrators and or supporting them to address their behaviour. Victims of D.A. will continue to receive the same support.

- D.A. training for multi-agency professionals is delivered by Berkshire Women's Aid.
- Tough Love an Alter Ego performance will be delivered to secondary schools in Wokingham as a medium to prevent young people being coerced into abusive relationships by the recognising the signs and making the right choice of partner.
- Behind Closed Doors has been commissioned, this is a training performance for multi-agency professionals for them to understand the lived experience of those people living and witnessing domestic abuse.
- Children living with domestic abuse are supported in groups in schools by Berkshire Women's Aid.
- Victim and perpetrator Choices group work is a six week programme devised by BWA and provides women with the opportunity to engage in working promoting understanding of domestic abuse. The programmes aims to empower women to develop their understanding of domestic abuse and move forward from their experiences in a safe and secure group setting. There is a perpetrator Family Choices course which has seen a significant increase in referrals.

Repeat cases of D.A. continue to rise.





### Next steps and future developments

- A refresh of the D.A. strategy and action plan.
- Outcome based reporting.
- Understand the demand for services and monitor the impact of the MATAC process.
- Develop outcome based reporting

### Priority Two: Tackling Anti-Social Behaviour, Harmful Misuse and Organised Crime

These issues can often be interlinked and this priority is aimed at reducing all and to prevent members of our community from exploitation and their risk and involvement in Anti-Social Behaviour (ASB) and/or harmful misuse escalating to serious organised crime.

Instances of Anti-Social Behaviour have been of concern across the Borough during the start of 2018 and the Community Safety Partnership (CSP) and Thames Valley Police have been working together to address this. This priority will aim to address the causes of ASB and the CSP Problem Solving Task Group will be tasked with managing geographical areas and individuals of concern on a multiagency level.

Work to tackle these issues cannot be in isolation – see *Contextual safeguarding* and a project plan to raise awareness and develop a strategy across Council services and partner agencies will be developed.

Nationally and locally, the rates of serious organised crime; specifically county line dealing has had a direct bearing on the increased crime levels in the area.

The Police have been proactive in addressing county line dealing for example running successful operations such as ‘Operation Stronghold’ which aims to decrease the risk from organised crime by reducing vulnerabilities and criminal opportunities and have focus weeks planned to target this crime in Wokingham.

Police, Local Safeguarding Children Board (LSCB), CSP, Anti-Social Behaviour Group, schools and Problem Solving Task Group are working collaboratively to reduce incidents.

In a bid to safeguard children from exploitation and anti-social behaviour the following initiatives have been commissioned.



## **KICKS PROJECT**

The CSP have funded the KICKS project from Reading Football Club; the aim of the work is to engage hard to reach young people aged 11-19 years, all sessions are free. By giving young people information, raise participant's awareness about how to keep themselves safe within the community and try to help them make informed choices now and later in life.

Sessions are mainly football based and from 1st April 2018 to 13th January 2019 worked with 328 unique participants; on average each group reaches 26 young people. The CSP receive regular data report as to the numbers of children reached in Wokingham schools and the outcomes.

## **POSITIVE PATHWAYS**

This project is commissioned by the CSP and is delivered to 5 Wokingham schools to work with students in years 6, 7 and 8 where children may be involved or at risk of involvement with County Lines.

Schools provide baseline behaviour and the success is measured during and at the end of the project, behaviours will be measured at intervals and up to 12 months after completion with students scoring themselves.

Schools refer children to the programme and only those children who will positively engage with the project are accepted.

### **Next Steps**

- Work with schools to consider additional support to target those who may be less willing to engage.
- Projects to engage girls as exclusion and challenging behaviours are increasing
- Identify those children on the cusp of exclusion

## **SEMRAC/EMRAC Conference**

The CSP is funding and participating in a training event for multi-agency partners to improve the response to those children discussed at the Sexual /Exploitation Multi-Agency Conferences (SEMRAC/EMRAC). The aim of this work is to improve the multi-agency response when children are involved with or at risk of sexual/criminal exploitation, to ensure that timely, robust multi-agency plans are in place and that they are monitored and followed through to improve the life chances/experience for the child.

## **Priority Three - Reduce and prevent exploitation and address the needs of vulnerable victims and offenders**

The Police and Crime Commissioner (PCC) recognised that vulnerability of both victims and offenders has an impact on demand for police and other emergency services. Supporting victims, particularly repeat victims of crime will improve their resilience. Supporting vulnerable offenders will decrease their level of offending. This will have a positive impact on crime rates, but most importantly ensure people have access to services which will improve the quality of their lives.

Data from that service has provided the CSP with information about local victims' needs, including for example Wokingham victims are more likely to be young, under 19 and be victims of violence, theft or harassment. A small number of victims have a disproportionate

impact on public services and a number of repeat victims are known to other support services such as Local Authority, Police and Health Services.

#### **Vulnerable Offenders**

Like victims, national figures show that offenders are more likely have greater support needs than the general population. Offenders have higher than average levels of substance misuse, physical and mental health need, and are more likely to have lower rates of engagement in education employment and training.

#### **Safer Places**

This is a national initiative and will be relaunched at the end of February with new logo's, flyers and information. Volunteers promote the scheme in Wokingham.

The CSP have funded the Safer Places Scheme to give people a safe place to go if they feel unsafe; people can ask for help and they will be offered somewhere quiet to sit. They can also phone a person for help, be assisted in returning home, or call the police if necessary.

<http://www.wokingham.gov.uk/community-and-safety/community-safety/find-a-safe-place/>

#### **The CLICK Project**

Research suggests that children need to be educated at a younger age as to the dangers of on-line grooming and risk of exploitation. The cybercrime theatre production "Click" was originally commissioned by Thames Valley Police and Crime Commissioner in conjunction with Thames Valley Local Authorities.

The CSP funded the school drama specialists AlterEgo Creative Solutions to deliver the 'click' project as prevention to exploitation; the play was developed to be suitable for children in Year's 5 & 6 to help them learn about online risk and healthy online behaviour and relationships.

Wokingham had 28 performances in total over 14 days and involved 45 primary schools. It is estimated that the shows will have reached 2315 pupils in state + independent schools. An evaluation of the production proved successful with children having more awareness around the dangers and more confident to speak out. Schools will have access to online learning resources to continue this to work to raise awareness of the dangers online for children and their parents.

Delivery Group	DESCRIPTION	Rolling 12 months			% DIFFERENCE TARGET	TRAFFIC LIGHT	% CHANGE PREVIOUS YEAR	DIRECTION OF TRAVEL	MSG Rank 1=best	COMMENTARY
		2016-2017	2017-2018							
		ACTUAL	TARGET	ACTUAL						
CSIG - Community Safety Impact Group	Increase number of racist incidents reported to Thames Valley Police - Recordable Crimes	51	51	97	90%	Green	90%	Improving	↑	
CSIG - Community Safety Impact Group	Increase number of racist incidents reported to Thames Valley Police - Non-Recordable Crimes	65	65	34	-48%	Red	-48%	Deteriorating	↓	
CSIG - Community Safety Impact Group	Increase number of religious incidents reported to Thames Valley Police - Recordable Crimes	4	4	5	25%	Green	25%	Improving	↑	
CSIG - Community Safety Impact Group	Increase number of religious incidents reported to Thames Valley Police - Non-Recordable Crimes	0	0	5	NA	Green	NA	Improving	↑	
CSIG - Community Safety Impact Group	Increase number of homophobic incidents reported to Thames Valley Police - Recordable Crimes	16	16	8	-50%	Red	-50%	Deteriorating	↓	
CSIG - Community Safety Impact Group	Increase number of homophobic incidents reported to Thames Valley Police - Non-Recordable Crimes	13	13	6	-54%	Red	-54%	Deteriorating	↓	
CSIG - Community Safety Impact Group	Increase number of transphobic incidents reported to Thames Valley Police - Recordable Crimes	2	2	4	100%	Green	100%	Improving	↑	
CSIG - Community Safety Impact Group	Increase number of transphobic incidents reported to Thames Valley Police - Non-Recordable Crimes	1	1	2	100%	Green	100%	Improving	↑	
CSIG - Community Safety Impact Group	Increase number of disability hate incidents reported to Thames Valley Police - Recordable Crimes	12	12	12	0%	Green	0%	No change	→	
CSIG - Community Safety Impact Group	Increase number of disability hate incidents reported to Thames Valley Police - Non-Recordable Crimes	9	9	5	-44%	Red	-44%	Deteriorating	↓	
ASB - Anti-social behaviour prevention group	Monitor the repeat cases referred to the Anti-Social Behaviour Panel		0		NA	Green	No change			Monitoring began in April 2015. No repeat referrals for the current reporting period.
ASB - Anti-social behaviour prevention group	Monitor number of Community Triggers		0		NA	Green	No change			The community trigger legislation was introduced in October 2014. To date Wokingham has not had a community trigger

## Priority Four: Empower and enable the resilience of local communities

The focus of this priority is the relationship with the wider Wokingham Community. In addition to reducing crime, substance misuse and disorder, central government guidance states Community Safety Strategies should work to reduce the fear of crime, improve community cohesion, build the relationship with the voluntary and community sector and support community engagement

Involve will be working with the Neighbourhood Action Groups (NAGs) to progress this work over the coming months

### Next steps:

- Progress work with the NAGs and Rural Crime Group  
Link with Contextual Safeguarding work

## Performance and Intelligence

### Burglary Non-Dwelling

Comparing Oct 17 – Sept 2018 to Oct 16 – Sept 2017 there has been an increase (6%) in the number of non-dwelling burglaries in the Wokingham borough.

The Police neighbourhood in Fields and Twyford have had a higher number of non-dwelling burglaries in 2018 than 2017. Early and Winnersh had a substantial number of rise in non-dwelling burglaries.

The most commonly stolen item in a non-dwelling burglary was building materials in 2017/18.

### Rural related theft

There has been a decrease (6%) in the number of rural related theft in the Wokingham borough during Oct to Sep 2017/18 compared to 2016/17.

Wokingham Town saw a significant higher number of incidents in 2018 (11%) than 2017/18. The number of incidents in Fields has decreased by 15% in 2017/18.

The most commonly stolen item in a rural related theft was Fuel followed by Personal Accessories.

## Criminal Damage

There was a decrease (1%) in the number of criminal damage incidents in the Wokingham borough in 2017/18 compared to 2016/17.

Wokingham Town and Winnersh neighbourhoods experienced a significant higher number of incidents in 2017/18 than 2016/17.

The most commonly damaged item was vehicle accessories followed by building materials.

## Anti-social behaviour

There has been a 2.6% increase in the number of ASB reports in Wokingham borough for the period Oct to Sep 2017/18, compared to the previous year.

As shown in the “Location of ASB incidents” chart attached, the majority of ASB reports occur within Wokingham Town Area (21.5% and increased by 7%); Woodley has the second highest number of ASB reports for this period and has decreased by 21% compared to last year. Twyford neighbourhood area has the lowest number of reports of ASB for the current reporting period. Winnersh has seen a 34% increase compared to the previous year.

## Fire

Secondary fire - An incident that did not occur at a Primary location, was not a chimney fire in an occupied building, did not involve casualties (otherwise categorised as a Primary incident) and was attended by four or fewer pumping appliances (otherwise categorised as a Primary incident).

During 2017/18 there were 134 secondary fires - 67% were accidental, 25% were deliberate and 4% had a cause unknown.

## Fly-Tipping

There has been a 9% increase in fly-tipping incidents for the current reporting period (Oct to Sept 2017/18) compared to the previous year.

The main types of waste being fly-tipped from Oct 17 – Sep 18 year are Other Household wastes and Construction/Demolition/Excavation.

In the last year, the highest number of fly-tipping incidents occurred in Wokingham. Conversely, Sonning and Twyford and Crowthorne had the lowest number of incidents in this period.

Priority 4: Identify and understand the issues affecting residents of all ages and to communicate the work of the partnership effectively to make them feel safer										
CSIG - Community Safety Impact Group	Reduction in Dwelling Burglary Offences	227	216	0	N/A	N/A	N/A	N/A	N/A	
RCAG - Rural crime action group	Reduction in Non-Dwelling Burglary Offences	386	378	0	N/A	N/A	N/A	N/A	N/A	
CSIG - Community Safety Impact Group	Reduction in Residential burglary Offences	0	0	323	N/A	N/A	N/A	N/A	N/A	3
RCAG - Rural crime action group	Reduction in Business/Community Burglary Offences	0	0	193	N/A	N/A	N/A	N/A	N/A	5
CSIG - Community Safety Impact Group	Reduction in Theft From Vehicle Offences	425	412	359	-13%	Green	-16%	Improving	↓	4
CSIG - Community Safety Impact Group	Reduction in Theft Of Vehicle Offences	115	113	126	12%	Red	10%	Deteriorating	↑	5
CSIG - Community Safety Impact Group	Reduction in Violence Against the Person With Injury	463	440	571	30%	Red	23%	Deteriorating	↑	1
CSIG - Community Safety Impact Group	Reduction in Violence Against the Person Without Injury	544	517	877	70%	Red	61%	Deteriorating	↑	1

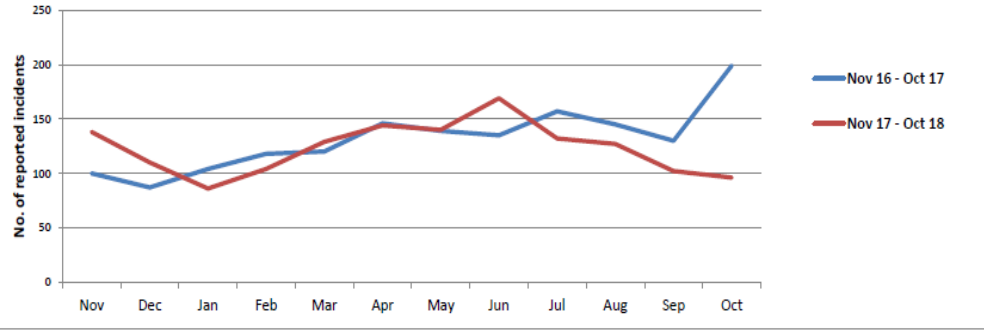
Antisocial behaviour saw an increase over the Christmas period. Police colleagues advised that we have since Christmas had a spate of incidents in the town centre. There was no build up to this criminality as we would normally expect, which suggests it may have been linked to youths being on holiday over the Christmas period. However, Wokingham still remains to have low level incidences of crime and anti-social behaviour compared to our neighbouring Local Authorities.

The neighbourhood Police team are investigating these offences, conducting house to house enquires and checking for CCTV in the offence locations. In response to this criminality the team implemented an operation targeting anti-social behaviour in the area. The Police neighbourhood team have changed their working duties and working rest days to provide additional cover in the evenings and weekends around the town. Police will continue with their response until satisfied that the situation has significantly improved.

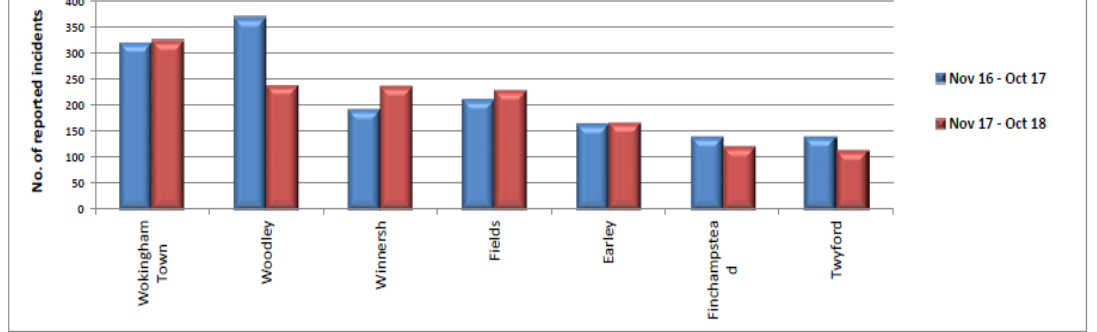
Concern has been raised previously by the Police neighbourhood team regarding the walk ways around Carnival pool and the railway crossing as these areas are often used as 'rat runs' by local youths and provide routes where they can easily disperse to avoid Police patrols. The Police will support any action that the Local Authority or developers can take to make the locality area safer for the community and discourage youths congregating there.

We have discussed and raised the issues at the Community Safety Partnership Problem Solving Group for consideration to promote a multi partner approach to resolving this issue. We would suggest that residents report any anti-social behaviour to the Police as they will continue to target these offences.

ASB - Monthly Comparison



ASB - Neighbourgoods Comparison



**Next steps:** Contact the Planning/Traffic Highway Team to report to the CSP what risk assessment and planning is considered to keep the neighbourhood safe; and to understand what developer responsibility or sanctions are put in place to protect the site equipment and workers tools from theft.

## Substance Misuse

The CSP questioned the number of successful completions in drug treatment (young people) as substance misuse is linked to the increase in anti-social behaviour, crime school exclusion, crime and exploitation. Figures showed successful completions had reduced from 89% (Apr 17 – Mar 18 rolling 12 months) to 57% (Jul 17 – Jun 18).

The percentage shows a decline is due to the low number of young people who are engaging with Substance Misuse services. Due to low numbers if one young person drops out of the service prior to the 12 weeks successful completion it has a significant impact on the %; the decline in numbers can also be linked to school holidays.

SMART the commissioned services for substance misuse have delivered workshops in schools reaching a total of 300 pupils. SMART are now in discussion with the schools to plan delivery of further workshops.

Young people with parents who misuse – ‘How About Me (HAM)’ programme receives referrals from schools and the social work teams. 8 young people have been seen during quarter 3.

Table 1. Qtr1 2018-2019

Intervention exits (structured interventions only)	Intervention exited		Mutually agreed planned exit		Unilateral unplanned exit		Intervention withdrawn		Intervention exited		Mutually agreed planned exit		Unilateral unplanned exit		Intervention withdrawn	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Community	4	100%	4	100%	0	0%	0	0%	4405	100%	3760	85%	429	10%	130	3%
Home	0	0%	0	0%	0	0%	0	0%	124	100%	102	82%	12	10%	3	2%
Inpatient - substance misuse specific	0	0%	0	0%	0	0%	0	0%	2	100%	0	0%	1	50%	0	0%
Inpatient - not substance misuse specific	0	0%	0	0%	0	0%	0	0%	1	100%	1	100%	0	0%	0	0%
Residential - substance misuse specific	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Residential - not substance misuse specific	0	0%	0	0%	0	0%	0	0%	3	100%	3	100%	0	0%	0	0%
Other setting	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Secure estate	0	0%	0	0%	0	0%	0	0%	1	100%	1	100%	0	0%	0	0%
<b>Total</b>	<b>4</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>4536</b>	<b>100%</b>	<b>3867</b>	<b>85%</b>	<b>442</b>	<b>10%</b>	<b>133</b>	<b>3%</b>

## Next steps:

- Police and CSP to send a letter via the schools to parents in regard to the risk/dangers of alcohol, cannabis and Xanax for young people.

## Staffing

The Business Manager for the CSP Jo Castro left Wokingham in December 2018. From 2nd January 2019 the Local safeguarding Children Board Manager Sherrie Newell will also hold the CSP agenda.

The Community Safety Partnership work is funded by the Police & Crime Commissioner (PCC)

## Funding

The Community Safety Partnership is funded by the Police & Crime Commissioner (PCC) and will retain the same funding for 2019/20 as 2018/19 £ 104,205 to develop interventions to reduce crime, substance misuse and ASB within the locality. This funding is monitored on a regular basis, to ensure that funds are spent in line with Home Office finance rules.

The CSP will consider how to allocate funds when to ensure the best value for money and provide the best outcomes to the priority areas of work and evidence the impact of this work.

Wokingham will benefit from a pan Berkshire early intervention fund, the PCC will commission performances to schools and support work with those young people in the YOS service

<p><b>Partner Implications</b></p> <p>The Local Authority have responsibilities set out in Working Together 2018, PREVENT duty 2015, Anti-social Behaviour, Crime and Policing Act 2014:</p> <p><b>Health and Wellbeing Board</b> - The Health and Wellbeing Board is set up to co-ordinate health and wellbeing activity in Wokingham. The CSP supports the Health and Wellbeing Board in delivering its 'Enabling and empowering resilient communities' theme.</p> <p>Work with the Local Safeguarding Children Board will align to ensure best use of resource and avoid duplication of work.</p>
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<p><b>Reasons for considering the report in Part 2</b></p> <p>N/A</p>
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<p><b>List of Background Papers</b></p> <p>None</p>
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<p><b>Contact</b> Sherrie Newell</p>	<p><b>Service</b> Children's Services</p>
<p><b>Telephone No</b> Tel: 0118 974 6319</p>	<p><b>Email</b> sherrie.newell@wokingham.gov.uk</p>



## **Healthwatch Wokingham Borough.**

The first half of January involved following up stories and leads from our successful launch before Christmas.

We have now agreed 9 small projects from our Community Chest to fund hard to reach groups which should both improve their wellbeing and give us useful information.

Our full time Engagement Officer is ill & likely to be out of action for 2 months. Because WBC reduced our grant by £9000 we have had to make our part time coordinator redundant, leaving us without regular back up. The directors and our volunteers will cover as many engagements as possible. Help & Care will produce our stats and monitor emails, CRM & website.

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# The NHS Long Term Plan

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Agenda Item 11



Berkshire West

Clinical Commissioning Group

# Summary

- \* A new model of care for the 21<sup>st</sup> century
- \* Increasing effort on prevention and tackling health inequalities
- 108 \* Care quality and outcomes improvement
- \* Workforce
- \* Technology and the digitally enabled NHS
- \* Financial sustainability

# 21<sup>st</sup> century service model

## AIMS:

- \* More joined up and better co-ordinated care
- \* More pro active care
- \* More differentiated in the support of individuals

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## ACTIONS:

1. Boost out of hospital care
2. Reduce pressure on emergency hospital services
3. More personalised care
4. Digitally enabled primary and out patient care
5. Focus on population health

# Boost out of hospital care



## Primary care networks:

- \* Network contract – CCGs can add existing enhanced services
- \* Single fund, hosted by one practice
- \* 70% funding for network workforce e.g. clinical pharmacists, social prescribers, first contact physios, Physician's associates
- \* Expanded neighbourhood teams e.g. DN, community geriatrician, dementia care, social care and voluntary care, configured on network foot print as “the required norm”
- \* Community hubs for a range of integrated locality services
- \* Direct booking from NHS 111
- \* Promote self care and self mgt
- \* Changes to QOF
- \* “Shared savings” scheme
- \* Support to care homes

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- \* Reduce unwarranted variation
- \* Use a proactive population health approach to enable early intervention and targeted support
- \* Use of technology to support home based monitoring linked to the Personal Health Record
- \* Greater recognition and support for carers
- \* Improve care to people with dementia

# Reduce pressure on emergency hospital services



- \* Expand and reform urgent and emergency care services to ensure pts get the care they need fast and relieve pressure on ED
- \* Single CAS across 1s, 9s, and GP OOH to navigate pts to the optimal response
- \* UTCs by Autumn 2020 – consistent model, appointments via 111, accessible and convenient alternative to ED
- \* 112 Ambulance service – national framework to reduce fragmentation of commissioning, eliminate handover delays, paramedics treating pts at home/ community setting
- \* SDEC – same day emergency care, 0 LOS from 20% to 33%
- \* Clinical Standards Review
- \* Pathways for stroke, heart attack, major trauma, severe asthma, sepsis
- \* Reduce DTOCs – social work and therapy teams at the front of the pathway, EDD within 14 hours, SAFER pt flow bundle, daily MDT reviews



# In Berkshire West . . . .

- \* Need a shared understanding of how we cut this and an agreed taxonomy:

113 \* ICS = BOB

- \* Place = Berkshire West

- \* Locality = Reading, West Berkshire and Wokingham

- \* PCNs = the current 4 GP Alliances

- \* Neighbourhoods = clusters of practices within PCNs

- \* PCNs have 3 functions: resilient primary care, pro active care, reducing pressure on hospital services

# Personalised Care



- \* Genomics
- \* Shared decision making, pts as partners
- \* Personal Health Budgets
- \* Social prescribing
- \* Personalised care planning

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# Digitally enabled care



- \* Pts can access advice and care – the NHS App
- \* Telephone and video consultations
- \* Innovative devices e.g. smart inhalers for remote monitoring
- \* Out patient services will be fundamentally redesigned: better support to GPs to avoid referral, online booking, appointments in the community, alternatives to hospital appts.

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# Focus on Population Health through ICSs

- \* Triple integration: primary and specialist care, physical and mental health, health and social care
- \* By April 2021 ICSs across the country
- \* Will work at “place” with LA partners
- 116 \* Shared decisions with providers on use of resources, service design and popn health
- \* Single set of commissioning decisions at system level
- \* **Typically** a single CCG for each ICS area, leaner, more strategic organisations, support partners to work together to improve population health and implement the LTP

# DESIGN OUR NEIGHBOURHOODS

## PRIMARY CARE

- Continue to develop PCNs
- Wrap around community, social and voluntary care
- Identify and develop community hubs
- Increase and diversify workforce
- Implement the digital front door
- Make better use of technology
- Stream urgent care and provide on the day appointments

## URGENT CARE

- Ambulatory care at the front door
- 24/7 specialist mental health
- Maintain patient flow and trusted assessor models
- Real time predictive operational demand and capacity metrics

## PLANNED CARE

- Redesign OPD with 50% of appointments removed from the RBFT site
- Redesign LTC management, using PHM approach, to reduce OPD
- Deliver a new model of MSK services
- Hospital consultants working with primary care and out of community hubs
- Undertake diagnostic modelling and identify what should be available in community hubs

# POPULATION HEALTH MANAGEMENT

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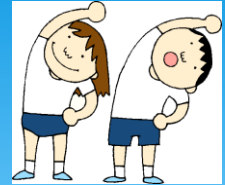
# ICSs will have

- \* A partnership Board
- \* A non exec Chair
- \* Clinical and management capacity from across member organisations
- 118 \* Engagement of primary care via PCN Clinical Director
- \* All partners committed to ICS goals and performance
- \* Clinical leadership aligned to the ICS
- \* ICS and HWBs will work closely together

# Enabling reforms

- \* Funding flows and contract reforms
- \* New ICS accountability and performance framework
- \* ICSs will agree system wide objectives with NHSE/I
- \* Support for “blending” health and social care budgets
- \* Review of BCF

# Prevention and Health Inequalities



## PREVENTION

- \* Commissioning of sexual health services, health visiting and school nursing
- \* Smoking cessation: all smokers admitted to hospital, expectant mums and partners, mental health and LD
- 120 \* Obesity: weight mgt services in primary care for Type 2 and BMI 30+, doubling of Diabetes Prevention Programme
- \* Healthy NHS premises
- \* Nutrition training for Drs
- \* Alcohol: specialist Alcohol Care Teams
- \* Air pollution – cut business mileage and fleet air pollution
- \* Antimicrobial resistance



## HEALTH INEQUALITIES

- \* Targeted funding
- \* Specific measurable goals for reducing health inequalities
- \* Improve outcomes for vulnerable mums and babies
- \* Support to quit for pregnant smokers
- \* Increase physical health checks
- \* People with LD and autism lead healthier, happier and longer lives
- \* Access to specialist MH support for rough sleepers
- \* Identify and support carers – out of hours options for support and contingency planning, top tips for young carers
- \* Help for people with gambling problems
- \* Commission, partner and champion, voluntary sector
- \* Improving access to MH support to keep people in NHS employment

# CARE QUALITY AND OUTCOMES



## Children and Young People:

Maternity and neonatal services: saving babies lives care bundle, avoiding pre term birth, continuity of care, lessons learned, perinatal MH, post natal physio, infant feeding programme, redesign NICU.

CYP Mental Health: expanding CYP MH services, invest in eating disorder services, supporting schools, supporting transition 18-25

## LD and Autism:

Tackle morbidity and premature deaths

Improve health and well being

Reduce waiting times for specialist services

123 More care in the community

Providers to take control of local budgets based on New Care Models learning

Access to PHBs

Increase in intensive, crisis, and forensic support

CYP with cancer:

Genome sequencing – CAR-T therapy and proton beam therapy

Clinical trials

HPV vaccination for boys ref oral, throat and anal cancer

Children's palliative care services

Other children's priorities:

Childhood immunisations

Reduce ED attendances

Improved care for LTC such as asthma, epilepsy and diabetes

0-25 services

# Better care for major health conditions

## Cancer:

75% diagnosed at Stage 1 and 2

Screening: bowel, HPV, lung checks

Rapid Diagnostic Centres

Safer and more precise treatments: radiotherapy, immunotherapy

Molecular diagnostics and genomic testing

Follow up pathway

## Cardiovascular:

- \* Early detection and treatment
- \* NHS health checks
- \* HF and heart valve disease supported by MDT as part of PCNs
- \* CPR training

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## Stroke:

- \* Hyper acute stroke care
- \* 90% of pts on a specialist stroke unit
- \* Higher intensity stroke rehab
- \* Scaling technology to support life changing treatments

## Diabetes:

- \* Structured education and digital self mgt
- \* Glucose monitors for Type 1
- \* Diabetes treatment targets

## Respiratory Disease:

- 127 Detect and diagnose lung conditions earlier
- \* Expand pulmonary rehab
- \* Improve prescribing
- \* Pneumonia – reduce avoidable admissions
- \* Education and exercise to improve capacity and quality of life

## Adult MH:

- \* Increase investment
- \* Expand access to IAPT, focus on LTC
- \* New access standards
- \* New, integrated models of primary and community mental health to support severe mental illness, aligned with PCNs. (NB racial disparities)
- \* Expand crisis services – 24/7 community based, offering intensive home treatment, Core 24 MH liaison service, single point of access and timely crisis care for everyone
- \* Alternative provision: sanctuaries, safe havens, crisis cafes, crisis houses, acute day care services
- \* Waiting time targets for emergency MH from 2020
- \* Joint work with LAs and voluntary sector
- \* Ambulance staff trained in MH crisis
- \* End acute out of area placements by 2021
- \* Continue to reduce suicide and offer bereavement support

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## Planned Care:

- \* Direct access to MSK first contact physios
- \* On line support for people with arthritis
- \* Mett RTT
- \* 129 Maintain choice, including IS, those waiting 6/12 offered choice
- \* Hot and cold split

# Enablers

- \* Workforce
- \* Digital
- \* Funding changes
- \* New ways of working
- \* Possible legislative change
- \* Engaging people

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**WOKINGHAM BOROUGH WELLBEING BOARD**

**Forward Programme from June 2018**

**Please note that the forward programme is a 'live' document and subject to change at short notice.**

*The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.*

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

## WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2018/19

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
11 April 2019	<b>Wokingham Borough Wellbeing Board Refresh</b>	To monitor performance	To monitor performance	Deputy Chief Executive	Performance
	<b>CCG Plan</b>	To approve	To approve	CCG	Organisation and governance
	<b>Updates from Board members</b>	To receive an update on the work of Board members	To update on the work of Board members	Wokingham Borough Wellbeing Board	Organisation and governance
	<b>Forward Programme</b>	Standing item.	Consider items for future consideration	Democratic Services	