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WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 8 NOVEMBER 2018** AT **5.00 PM**

Heather Thwaites
Acting Chief Executive
Published on 31 October 2018

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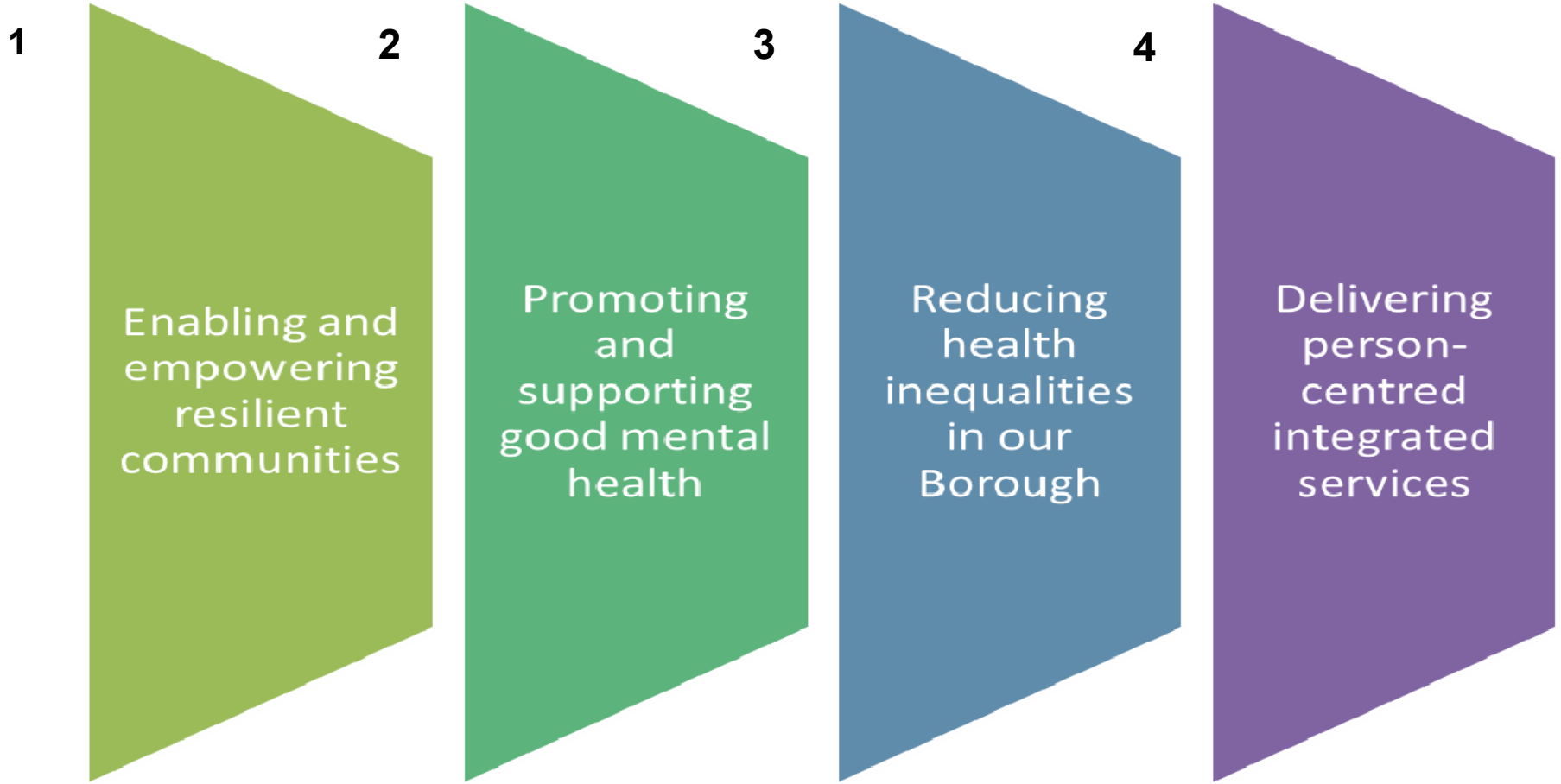
Our Priorities



MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Richard Dolinski	Executive Member for Adult Social Care
Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director of Childrens Services
Nick Campbell-White	Healthwatch
Charlotte Haitham Taylor	Leader of the Council
David Hare	Opposition Member
Pauline Helliar-Symons	Executive Member for Children's Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Nikki Luffingham	NHS England
Angela Morris	Director Adult Services
Clare Rebbeck	Voluntary Sector and Place and Community Partnership Representative
Katie Summers	Director of Operations, Berkshire West CCG
Shaun Virtue	Community Safety Partnership
Dr Cathy Winfield	NHS Berkshire West CCG

ITEM NO.	WARD	SUBJECT	PAGE NO.
34.		**APOLOGIES** To receive any apologies for absence	
35.	None Specific	**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Meeting held on 9 August 2018.	**7 - 12**
36.		**DECLARATION OF INTEREST** To receive any declarations of interest	
37.		**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	
38.		**MEMBER QUESTION TIME** To answer any member questions	

39.	None Specific	**DISCUSSION ITEM: NAME OF THE HEALTH AND WELLBEING BOARD** To discuss a possible change of name for the Health and Wellbeing Board. *(10 mins)*	**Verbal Report**
40.	None Specific	**APPOINTMENT TO HEALTH AND WELLBEING BOARD** To consider a report regarding the appointment of additional members to the Health and Wellbeing Board. *(5 mins)*	**13 - 14**
41.	None Specific	**CHILDREN'S EMOTIONAL WELLBEING STRATEGY** To receive the Children's Emotional Wellbeing Strategy. *(15 mins)*	**15 - 50**
42.	None Specific	**HEALTH AND WELLBEING STRATEGY** To consider the Health and Wellbeing Strategy. *(15 mins)*	**51 - 106**
43.	None Specific	**ADULT SOCIAL CARE MARKET POSITION STATEMENT** To receive the Adult Social Care Market Position Statement. *(15 mins)*	**107 - 120**
44.	None Specific	**WOKINGHAM'S INTEGRATION POSITION STATEMENT** To receive a report regarding the Wokingham's Integration Position Statement. *(15 mins)*	**121 - 168**
45.	None Specific	**MEMORANDUM OF UNDERSTANDING** To receive a Memorandum of Understanding. *(15 mins)*	**169 - 204**
46.	None Specific	**INFLUENZA VACCINE CAMPAIGN 2017-18 REVIEW** To consider the Influenza Vaccine Campaign 2017-18 Review. *(15 mins)*	**205 - 210**
47.	None Specific	**UPDATES FROM BOARD MEMBERS** To receive updates on the work of the following Board members: • Place and Community Partnership; • Voluntary Sector; • Community Safety Partnership; • Healthwatch Wokingham Borough. *(20 mins)*	**211 - 214**
48.	None Specific	**FORWARD PROGRAMME** To consider the Board's work programme for the remainder of the municipal year. *(5 mins)*	**215 - 218**

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

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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9 AUGUST 2018 FROM 5.00 PM TO 7.00 PM

Present

Richard Dolinski	Executive Member for Adult Social Care
Debbie Milligan	NHS Berkshire West CGC
Nick Campbell-White	Healthwatch
David Hare	Opposition Member
Tessa Lindfield	Strategic Director Public Health Berkshire
Katie Summers	Director of Operations, NHS Berkshire West CCG
Martin Sloan (substituting Angela Morris)	Assistant Director Adult Services

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Julie Hotchkiss	Interim Consultant Public Health
Natalie Mears	Public Health Project Officer
Charlotte Seymour	Health and Wellbeing Board Manager
Beverley Thompson	Service Manager, Sports & Leisure
Laura Blumenthal	
Sian Attard	GP Referral and Long Term Conditions Manager
Glenn Goudie	Physical Activity Co-ordinator
Julie Pillai	Road Safety Officer
Ian Black	Highways & Transport Consultant
Brian Wooldridge	Resident
Ian Clayton	Tai Chi Instructor

17. APOLOGIES

Apologies for absence were submitted from Councillors Charlotte Haitham Taylor and Pauline Helliar Symons and Lisa Humphreys, Angela Morris, Nicola Strudley, Clare Rebbeck, Jim Stockley and Dr Cathy Winfield.

18. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 14 June 2018 were confirmed as a correct record and signed by the Chairman.

19. DECLARATION OF INTEREST

There were no declarations of interest.

20. PUBLIC QUESTION TIME

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

20.1 Anne Marie Gawen asked the Chairman of the Health and Wellbeing Board the following question. Due to her inability to attend the meeting a written answer was provided:

We understand that Councils appoint an elected Member as a "Mental Health Champion" and we would like to know who that is in Wokingham and also each Council identifies a

member of staff within the Council as "Lead Officer" for mental health - again we would like to know who that is please?

Answer
As the Executive Member for Adult Social Care I champion Mental Health. All the Members across all the parties within the Council, in exactly the same way as they would do as Corporate Parents for our looked after children, it is all of our collective responsibility to champion mental health. I do not need to tell you what the figures are of people that are actually living with mental health on a daily basis. We need to be working together to support them. In terms of a lead officer, we have a lead officer and her name is Christine Dale. I know that she is doing some amazing work already. I heard that recently she was looking at developing an in-house recovery college, which I think is a really good step forwards.

21. MEMBER QUESTION TIME

There were no Member questions.

22. GET ACTIVE: CREATING PHYSICALLY ACTIVE COMMUNITIES IN WOKINGHAM

The Board received a presentation on Get Active: Creating Physically Active Communities in Wokingham.

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

- Julie Hotchkiss, Interim Public Consultant, outlined the benefits of physical activity in the short, medium and long term. Physical activity also boosted recovery and rehabilitation once a condition such as diabetes and stroke had developed.
- Risks associated with inactivity went right across the life course and could include mental health problems and poor core strength, balance and skeletal health.
- Board members were informed of the recommended levels of physical activity. The recommended level for adults was 150 minutes a week, or 30 minutes of moderate activity 5 days a week. This could be in bouts of 10 minutes if the heart rate increased.
- Beverley Thompson, Service Manager Sports and Leisure, informed the Board of the investment in leisure. Ryeish Green Sports Hub would be opening in August 2018 and Bulmershe Leisure Centre was being rebuilt and was due for completion in July 2020. Carnival Pool would be redeveloped from approximately September 2020 and Loddon Valley Leisure Centre would be enhanced from October 2018. The Board was also informed of Arborfield Green Leisure Centre and 3G football pitches.
- Beverley outlined some of the benefits of the leisure contract including free membership to children in care, care leavers and foster children/siblings and free swimming for children in receipt of free school meals during the school holidays.
- Glenn Goudie, Physical Activity Co-ordinator, informed the Board of the SHINE activities programme for over 60s. There were currently 2,400 active members and 66 different classes on offer. Classes ranged from between 10 and 30 people.
- Glenn also highlighted some of the parks and green spaces within the Borough.
- Sian Attard, GP Referral and Long Term Conditions Manager, highlighted the long term conditions programme. The Health promotion offer consisted of the GP Referral Physical Activity Scheme, Steady Steps (Falls Prevention), Mindful Health and Wellbeing, Cardiac Rehab Phase 4 and the Long Term Health Conditions

Programme. It was noted that there was a rehabilitation gym at Loddon Valley Leisure Centre.

- Brian Wooldridge, Health walk leader, stated that he had been involved in health walks for 20 years and now led approximately 5 walks a week. They were a good way to make friends and to get fit.
- Julie Pillai, Road Safety Officer, encouraged the Board to make use of the My Journey Wokingham page which promoted active and sustainable travel. Councillor Dolinski questioned whether the routes suggested for travel included dedicated cycle paths and was informed that they did.
- Julie went on to outline some of the work undertaken including Bikeability cycle training in schools and the SHINE cycling session around California Country Park.
- Natalie Mears, Public Health Project Officer, informed the Board of Public Health campaigns.
- Ian Clayton led the Board in a Tai Chi session.
- Nick Campbell-White asked if all of the GP surgeries within the Borough referred to the Long Term Health Conditions Programme. Sian Attard indicated that Parkside and Brookside surgeries were the main referrers but approximately 8 surgeries made referrals. In response to a Member question Sian emphasised that the programme was for 24 weeks but not all participants stayed to the end.
- Tessa Lindfield asked what the Board could do to help encourage people to undertake further physical activity. Beverley Thompson commented that it would be helpful if all surgeries within the Borough could be encouraged to make referrals where appropriate. Dr Milligan requested that a presentation be made at a GP Council meeting. Katie Summers suggested that information about the services available could also be put up on the television screens within the GP surgeries.

RESOLVED: That the presentation on Get Active: Creating Physically Active Communities in Wokingham be noted.

23. HEALTH AND WELLBEING BOARD REFRESH

The Board received a presentation on the Health and Wellbeing Board Refresh.

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

- Katie Summers advised that the Board was learning from good practice such as the Bicester Healthy New Town Programme.
- The Health and Wellbeing Strategy was being redesigned. It was proposed that the Board's vision be 'Creating healthy and resilient communities' and that the Health and Wellbeing Strategy focus on three key priorities:
    - Narrowing the health inequalities gap;
    - Reducing isolation; and
    - Creating Physically Active Communities.
- Reference was made to potential partners who were considered vital to the progression of the vision.
- With regards to the priority 'Creating Physically Active Communities,' the aim was to get people of all ages and abilities more physically active by: getting more people out and using green and blue spaces; promoting more active travel; and encouraging more children to get at least one hour of physical activity every day.
- With regards to the priority 'Reducing Social Isolation,' the aim was to reduce social isolation and loneliness particularly in: Older people; People with mental illness; and Carers in order to improve their mental and physical wellbeing.

- With regards to the priority 'Narrowing the health inequalities gap' the aim was to close the gap between what a child who was born today in the most deprived areas and those in the least deprived areas would experience over their life time.
- Board members considered how the Board as a whole could influence these priorities through various different means; policy, physical environment, organisations and institutions, social environment and individual.
- Dr Milligan and Councillor Dolinski indicated that they had been impressed by the principles of the Wigan Deal model and that they and Martin Sloan would be visiting Wigan in the autumn to hear about examples of good practice.
- Councillor Dolinski stated that a cross party Adult Social Care Working Group had recently been established and that it would report back to the Board.
- The following was proposed which was agreed by the Board.
    - To invite Housing to be a member of the Board;
    - Development of an engagement plan for the new approach;
    - Reviewing the Health and Wellbeing Strategy and to adopt this approach as the revised strategy;
    - To review existing partnerships and to consider any gaps or duplications and to identify areas where we may need to revise or cease approaches.

RESOLVED: That the proposed approach to developing the Health and Wellbeing Strategy and the establishment of mechanisms for its delivery, be agreed.

24. BERKSHIRE WEST INTEGRATED CARE SYSTEM OPERATING PLAN

The Board considered the Berkshire West Integrated Care System Operating Plan 2018/19.

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

- The Berkshire West Integrated Care System Operating Plan 2018/19 was the first operating plan jointly written by the Integrated Care System (or ICS).
- The Operating Plan outlined the key requirements and deliverables for the ICS in 2018/19 and focused on six key areas of transformation.
- Board members were informed that the contractual arrangements with Royal Berkshire Hospital had changed.
- Katie Summers stated that Board members would be sent a simplified plan on a page. She asked that they send her any comments that they might have on the Plan. Updates on the delivery of the Plan would be provided on a quarterly basis.

RESOLVED: That the Berkshire West Integrated Care System Operating Plan 2018/19 be noted.

25. BETTER CARE FUND QUARTER 1 SUBMISSION

The Board received the Better Care Fund Quarter 1 Submission.

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

- Performance continued to be good. Whilst Wokingham was not meeting the target for non-elective admission rates, Wokingham continued to be second best performing area in the country with regards to non-elective admissions.

RESOLVED: That the performance of the Better Care Fund for Q1 2018/19 be noted.

26. UPDATE FROM BOARD MEMBERS

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

Healthwatch Wokingham Borough:

- Nick Campbell-White commented that Healthwatch Wokingham Borough was waiting to hear the outcome regarding the Healthwatch service contract which was out to tender.
- He also indicated that Healthwatch Wokingham Borough had been invited to join the Wokingham Leader Partnership Board.
- In response to a question from Katie Summers Nick Campbell-White commented that CAMHS waiting times continued to be a common reason for enquiries.

Community Safety Partnership:

- The update from the Community Safety Partnership was noted.

RESOLVED: That the updates from Board members be noted.

27. 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 Children's Emotional Wellbeing Strategy would be considered at the Board's October meeting. Dr Milligan suggested that a representative from CAMHS and a representative from the schools also be invited to highlight issues in this area.
- The Adult Social Care Strategy 2020 would potentially be deferred to the Board's December meeting.
- Katie Summers proposed that each meeting have a theme, linking in with one of the three new priorities. It was suggested that themes for future public meetings be discussed at the next informal meeting on 13 September.
- Julie Hotchkiss advised that the Health and Wellbeing Board would be considering the revised Joint Strategic Needs Assessment. She suggested that it be focused on the three new priorities.

RESOLVED: That the forward programme be noted.

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TITLE	**Appointment to Health and Wellbeing Board**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific;
KEY OFFICER	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 Health and Wellbeing Board members.

Reason for consideration by Health and Wellbeing Board	The Health and 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

RECOMMENDATION

1) That the Director (from Wokingham Borough Council) with responsibility for Planning and Localities be appointed to the Health and Wellbeing Board.

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 Health and Wellbeing Board membership.

SUMMARY OF REPORT

The purpose of the report is to appoint additional members to the Health and Wellbeing Board.

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 thinks appropriate. This could include representatives from other groups or stakeholders who can bring in particular skills or perspectives, or have key statutory responsibilities which can support the work of Boards. The appointment of any additional members to the Health and Wellbeing Board will take place at formal Board meetings.

It is proposed to appoint the Director with responsibility for Planning and Localities (currently Sarah Hollamby, the Interim Director Locality and Customer Services) to the Health and Wellbeing Board. As the Health and Wellbeing Board focuses increasingly on enabling and supporting resilient local communities and the wellbeing of residents, the relevant Director will be able to provide the Board with a useful perspective particularly with regards to wellbeing and the built environment. This will assist the Board in the delivery of its objectives.

The membership of the Health and 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.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

Contact Madeleine Shopland	**Service** Governance
Telephone No 0118 974 6319	**Email** madeleine.shopland@wokingham.gov.uk

TITLE	**Children's Emotional Wellbeing Strategy**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday 8 November 2018
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Carol Cammiss, Director Children Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	The priorities most progressed are: • Enabling and empowering resilient communities • Promoting and supporting good mental health • Reducing health inequalities in the borough • Delivering person-centred integrated services
Key outcomes achieved against the Strategy priority/priorities	• Better intelligence to aid and improve decision making • Improved support for schools and additional universal settings • Early identification and self-help • Improving access to services

Reason for consideration by Health and Wellbeing Board	This strategy is for the Health and Wellbeing Board's information.
What (if any) public engagement has been carried out?	A wide range of partners and Young People have been consulted as part of the strategy development. The consultation has involved; Secondary and Primary Head Teachers, Corporate Parenting Board, Children in Care Council, Voluntary Sector and the CCG.
State the financial implications of the decision	No financial implications

RECOMMENDATION

To note the content of the report and the new Emotional Wellbeing Strategy.

SUMMARY OF REPORT

The purpose of this paper is to introduce the new Emotional Wellbeing Strategy.
The priority areas that the strategy focuses on have 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

- Improving Access

Indicators of a successful strategy:

- Children and young people receive emotional and mental health support at the earliest opportunity
- Parents feel supported to support their child's emotional and mental health needs
- Children, young people and families experience a joined up approach across all agencies to support emotional and mental health
- Schools are supported to develop a positive culture around emotional and mental health through signposting and utilising best practice
- Schools and Universal settings have access to high quality training around emotional and mental health
- Young People are able and more willing to talk about emotional and mental health
- Evidence based commissioning - decisions will be based on relevant and up-to-date data and local intelligence
- Access to support and information is made easier
- SEND and wider mental health support work together in partnership

Background

The strategy was developed in order to promote an integrated and holistic approach to Children and Young People's Emotional Wellbeing. We know that children and young people's mental and physical health are intertwined and a whole system approach will help to ensure the right support is available at the earliest opportunity, helping to build resilience and effectively coping mechanisms.

There is a continuum of need within mental health and emotional wellbeing and whilst the strategy recognises the importance of the entire continuum this strategy has prioritised the lower levels of need, and chooses to focus on prevention, resilience and early help.

The strategy draws attention to the importance of emotional wellbeing and mental health and highlights how this can help children and young people realise their dreams and aspirations, providing them with the best foundation on which to progress and grow.

The Borough is choosing to invest, protect and promote mental health and emotional wellbeing because:

- Half of all mental health problems manifest by the age of 14, with 75% by age 24 (Kessler et al., 2005)
- Almost 1 in 4 children and young people show some evidence of mental ill health (including anxiety and depression) (ONS, 2016)
- Suicide is the most common cause of death for boys aged between 5-19 years, and the second most common for girls of this age (Wolfe et al., 2014)

Taking into account the vision for children's emotional and mental health and current national guidance Wokingham Borough aims to:

- Better understand the emotional and mental health needs within the Borough
- Identify need and promote good emotional health, wellbeing and resilience from the earliest opportunity
- Work to change the culture around emotional and mental health
- Help schools support children and young people's emotional and mental health
- Work towards providing services that are evidenced based. We want to give children and young people what they need, when they need it, in a coordinated manner that is easy to access
- Build stronger links and communication between health, voluntary sector, the local authority and schools

In order to achieve this, the Local Authority, schools, CAMHs, the CCG, and the voluntary sector will need to work towards a shared goal. In order to achieve this we will build upon existing assets and examples of good work that already exist within the Borough and nationally. The ambition to improve and provide the best possible support for children and young people needs to be realised within the confines of a restricted and shrinking resource pool. The partnerships will need to work smarter and work together.

The strategy complements the West of Berkshire Local Transformation Plan, which is led by the CCG and updated annually. The Local Transformation Plan covers the West of Berkshire and all mental health services through to the complex and severe mental health needs. The latest iteration of the Local Transformation Plan was published on the 31 October 2018 and can be found here.

The Vision

Wokingham Borough Council and our wider partners are committed to supporting every child and young person with their emotional and mental health needs at the right time and place. The Borough believes that every child and young person has the right to good mental and emotional wellbeing and support them to achieve this.

Priorities & Action

The priority areas that the strategy focuses on have 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**
- **Improving Access**

PRIORITY 1: Better Intelligence to aid and improve decision making	
Key Outcomes	**How will we know we have made a difference?**
Evidence based commissioning – decisions are based on relevant and up-to-date Local and National data and intelligence	Development of a needs assessment and a JSNA that reflects the needs within the Borough
Key Actions	

 The Local Authority will work to improve its sharing of treatment/ support data between key stakeholders to create a greater understanding of those within services
 The Local Authority will identify the gaps in the data around children's emotional and mental health and work to fill these
 Collate all available data and explore gaps and areas for targeted intervention
 Develop a needs assessment for children and young people's emotional and mental health
 Review the allocated resources and spend within the Local Authority for children and young people's emotional and mental health
 Assess and identify the value for money provided by the services within the Borough

PRIORITY 2: Support for schools and Additional Universal Settings	
Key Outcomes	**How will we know we have made a difference?**
Schools are supported to develop a positive culture around emotional and mental health through signposting and utilising best practice	A jointly agreed set of resources is developed and provided to schools
Schools and Universal settings have access to high quality and actionable training around emotional and mental health	Creation of an annual programme of training on mental and emotional health
Children and young people within the Borough have access to a consistent level of support for their emotional and mental health	Wokingham Borough Council in partnership with schools develop a recommended criteria for support in education settings which is shared with schools
Key Actions	

 Review and analyse the outcomes from the School Link Project
 Review national and neighbouring authority findings from School Link projects
 Work in partnership with schools to develop a baseline for emotional and mental health support through the development of a working group with teachers
 Trial support to schools as part of the wider emotional and mental health service
 Develop a status/recognition that can be awarded to schools to demonstrate their commitment to emotional and mental health
 With key partners review and map the emotional and mental health training provided to professionals within the Borough with a view to better coordinate this offer
 Identify key professionals within the Borough to roll out emotional and mental health training
 Support the redesign of the school nursing service
 Work with school nurses and health visitors to increase resilience and training

PRIORITY 3: Early Identification and self-help	
Key Outcomes	**How will we know we have made a difference?**

Increase Young People's ability and willingness to talk about emotional and mental health	Surveys completed by pupils
Children and young people receive evidenced based emotional and mental health support at the earliest opportunity	Redesign the current universal and tier 2 mental health support offer providing a clear emotional and mental health evidenced based stepped care support structure within the community
Children, young people and families can access support and information easily	Feedback from children and families using the redesigned early help services
Parents feel supported to support their child's emotional and mental health needs	Feedback from children and families using the redesigned early help services

Key Actions

- Work with partners to map the current emotional and mental health offer within the Borough and ensure there are robust pathways between services
- Consult with young people about how best to communicate what support and services there are
- Ensure the Local Offer accurately reflects the emotional and mental health support available
- Communicate the emotional and mental health offer to the community and professionals
- Review current self-help advice available, including the BHFT online resource with a view to address any gaps
- Re-design the tier two CAMHs support to create a stepped care approach to supporting emotional wellbeing providing advice and early help
- Review the Webster Stratton research project parenting programme and look to integrate it into the redesign of emotional and mental health services along with other existing parenting support
- Rename the tiers 1 and 2 CAMHs to better reflect the emotional and mental health offer
- Re-write the specification for tier 2 CAMHs to co-locate the primary mental wellbeing workers into the Local Authority Early Help Services
- Expand the remit of the Early Health Hub to become the main place in which traditional tier 1 and 2 CAMHs referrals are discussed
- Review national anti-stigma campaigns and agree with partners which to promote within the Borough

PRIORITY 4: Improving Access	
Key Outcomes	**How will we know we have made a difference?**
Bring the Youth Counselling service into the multi-agency triage system	Youth Counselling start receiving referrals through the multi-agency triage
Children, young people and families experience a joined up approach across all agencies to support emotional and mental health	Feedback from children and young people
SEND and wider mental health support work together in partnership	Feedback from children, young people and professionals

Work to continually improve the emotional and mental health service and offer within the Borough	Contract monitoring meetings are undertaken quarterly and the service is has clear governance that receives regular updates

Key Actions

- Support the delivery of the SEND strategy in particular the review of early help provision of emotional and mental health for children and young people with additional needs but below statutory services
- Support the ongoing work to link SEND datasets and implement a data dashboard for children with SEND
- Review SEND support for children and young people with social, emotional and mental health needs
- Link with the CCG regarding the ongoing work around SEND datasets Recommission the Youth Counselling service with a view to bring it into the multi-agency triage system
- Support the development and implementation of the LTP
- Review the Government's green paper due to be published in early 2018
- Take young people's thoughts and feedback into consideration when reviewing the service
- Continuously monitor the redesigned service through contract monitoring meetings and data analysis
- Develop robust governance arrangements for emotional and mental health within the Local Authority

Analysis of Issues

The issues and pressures that we face are around managing the demand within the current financial envelope across the local area. We have looked at the effectiveness of approaches and pathways and have proposed how we can improve these for our children, young people and their families by redesigning the way in which services are delivered.

We will work closely with our schools to ensure we are supporting them to develop a positive culture around emotional and mental health. We recognise that we need to support Schools and Universal settings to have better access to high quality training, as well as ensure that children and young people have access to a consistent 'offer' of support for their emotional and wellbeing needs.

There are additional challenges with ensuring that we are working in partnership with other agencies and partners to secure the best outcomes for our children and young people.

Partner Implications

For the delivery of the strategy to be successful, it requires support from our Partners. Work has already commenced around implementing the new approach to supporting emotional wellbeing and our partners and voluntary sector have been integral to this.

The Local Authority is also in the process of setting up a working group with schools to begin delivery of priority 2 and 3.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Emotional Wellbeing Strategy

Contact: Holli Dalgliesh	**Service**: People Commissioning
Telephone No: 0118 974 6308	**Email**: Holli.dalgliesh@wokingham.gov.uk

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WOKINGHAM BOROUGH COUNCIL'S EMOTIONAL WELLBEING STRATEGY 2018-2021

Universal and Early Help

Contents

Strategy Overview

Our Vision

Wokingham Borough Council and the wider partners are committed to supporting every child and young person with their emotional and mental health needs at the right time and place. The Borough will work towards the belief that every child and young person has the right to good mental and emotional wellbeing and support them to achieve this.

Priority theme – Better intelligence to aid our decision making	Priority theme – Support for schools and additional early help settings	Priority theme – Early identification and self-help	Priority theme – Improving access
Priority 1- Improve our understanding of the needs and impact of children's emotional and mental health in order to help the commissioning process and service improvement	Priority 2- Create an environment in schools that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting Priority 3- Provide and coordinate training for front line workers within the community, schools and Local Authority in order to increase understanding which in turn can help to improve early identification and appropriate referrals to services	Priority 4- Empower children, young people and families to support their emotional and mental health leading to greater self-help within the Borough Priority 5- Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity	Priority 6- Work to improve joint working between schools, the voluntary sector, the Local Authority and CAMHs allowing a comprehensive step-up and step-down offer Priority 7- Better integrate SEND and Mental Health support to in order to coordinate resources Priority 8- Continually review and improve pathways for children and young people's emotional and mental health in order to provide the best outcomes possible

Executive Summary

Our vision is that Wokingham Borough Council and partners are committed to supporting every child and young person with their emotional and mental health needs at the right time and place.

This strategy sets out how Wokingham Borough Council, alongside health and the voluntary sector, will improve early help for children and young people's emotional and mental health. This strategy sits alongside the Local Transformation Plan for Berkshire West and the wider agenda of transforming mental health services. We have taken into consideration both national and local strategies.

The data in relation to children's mental health requires significant investment and improvement both nationally and locally. Data estimates that Wokingham has a lower prevalence of children aged 5-16 with a mental health disorder (7.3%), compared with the national (9.2%) and regional (8.5%) estimates. When analysing data from the Primary CAMHs service it shows the greatest presenting need is anxiety followed by issues relating to ASD and ADHD.

This strategy has set out the following priorities to be achieved by 2021/22.

- Better intelligence to aid and improve decision making
    - Improve our understanding of the needs and impact of children's emotional and mental health in order to help the commissioning process and service improvement
- Support for schools and additional universal settings
    - Create an environment in schools that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting
    - Provide and coordinate training for front line workers within the community, schools and Local Authority in order to increase understanding which in turn can help to improve early identification and appropriate referrals to services
- Early identification and self-help
    - Empower children, young people and families to support their emotional and mental health leading to greater self-help within the Borough
    - Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity
- Improving Access
    - Work to improve joint working between schools, the voluntary sector, the Local Authority and CAMHs allowing a comprehensive step-up and step-down offer
    - Better integrate SEND and Mental Health support to in order to coordinate resources
    - Continually review and improve pathways for children and young people's emotional and mental health in order to provide the best outcomes possible

Why have a Children and Young People Mental and Emotional Health Strategy?

Children and young people's mental and physical health are intertwined and require an integrated and holistic approach that supports the need and helps to build the ability to cope. There is a continuum of need within mental health and emotional wellbeing and whilst this strategy recognises the importance of the entire continuum this strategy has prioritised the lower levels of need, and chooses to focus on prevention, resilience and early help.

This strategy draws attention to the importance of emotional wellbeing and mental health and highlights how this can help children realise their dreams and aspirations, providing them with the best foundation on which to progress and grow.

The Borough is choosing to invest, protect and promote mental health and emotional wellbeing because:

- Half of all mental health problems manifest by the age of 14, with 75% by age 24 (Kessler et al., 2005)
- Almost 1 in 4 children and young people show some evidence of mental ill health (including anxiety and depression) (ONS, 2016)
- Suicide is the most common cause of death for boys aged between 5-19 years, and the second most common for girls of this age (Wolfe et al., 2014)

Vision and Aims

Our vision

Wokingham Borough Council and our wider partners are committed to supporting every child and young person with their emotional and mental health needs at the right time and place. The Borough believes that every child and young person has the right to good mental and emotional wellbeing and support them to achieve this.

The local authority recognises that this cannot be achieved in isolation, this vision can only be achieved by working in partnership across the Borough. This strategy recognises that partnership working with both schools and health partners is essential to achieving this vision. Schools and educational settings are an essential part of a child's development, they hold an enormous responsibility juggling competing priorities and external pressures.

What are we going to do?

Taking into account the vision for children's emotional and mental health and current national guidance Wokingham Borough aims to:

- Better understand the emotional and mental health needs within the Borough
- Identify need and promote good emotional health, wellbeing and resilience from the earliest opportunity
- Work to change the culture around emotional and mental health
- Help schools support children and young people's emotional and mental health

- Work towards providing a service that is evidenced based and gives children and young people what they need when they need it in a coordinated manner that is easy to access
- Build stronger links and communication between health, voluntary sector, the local authority and schools

In order to achieve this, the Local Authority, schools, CAMHs, the CCG, and the voluntary sector will need to work towards a shared goal. This will need to be done using and building upon the existing assets and examples of good work that already exists within the Borough and nationally. The ambition to improve and provide the best possible support for children and young people needs to be realised within the confines of a restricted and shrinking resource pool. The partnership will need to work smarter and work together. No one service, partner or agency can solve this and provide the answers that are being asked both nationally and locally.

Who are the Children and Young People with Emotional and Mental Health needs?

Nationally there are two main terms that are often used interchangeably, mental health and emotional wellbeing. This strategy uses both terms and aims to distinguish between the two.

1. Emotional Health/Wellbeing

Emotional wellbeing has been defined by the World Health Organisation (WHO) as:

'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'

This term is increasing risen in popularity and is often used alongside mental health. Schools and those whose main contribution is around prevention tend to favour this term. It helps to remove some of the stigma barriers associated with the term mental health.

2. Mental Health

Mental health was defined by WHO as:

'a state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO, 2014)

National and Local Context

National Context

The government with the NHS have set out some key strategies and reports that are leading and shaping the future of how the country supports and responds to children and young people's mental and emotional health.

The direction set by the national strategy and reports includes;

- Bringing parity between mental and physical health
- Developing a tier-less service that is quick and easy to access
- Building a more resilient community
- Helping families to understand what support and services are available
- Reducing stigma attached to mental health
- Ensuring that those who are vulnerable and need further support can access services in a timely manner

The key strategies are set out below.

Future in Mind
In March 2015 'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing' made a number of proposals for 2020. These included:

- Tackling stigma and improving attitudes to mental illness
- Introducing more access and waiting time standards for services
- Establishing 'one stop shop' support services in the community
- Improving access for children and young people who are particularly vulnerable

The report sets out that much of this can be achieved through improved partnership working between the NHS, local authorities, voluntary organisations, schools and other local services.

Five Year Forward View for Mental Health
In February 2016 the Five Tear Forward View for Mental Health was published by the Independent Mental Health Taskforce to the NHS. This strategy took a life course approach to mental health. This forward view signified the first time that there was a strategic approach to improving mental health outcomes across the health and care system in partnership with other bodies. This strategy calls to create parity between physical and mental health, facilitate 24 hour 7 days a week access to support via the NHS, promote and prevent good mental health, create mental healthy communities and build a better future.

A copy of this report can be found here - https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

An example of the response to national direction
THRIVE – The AFC-Tavistock model for CAMHS

The THRIVE document was developed by the Anna Freud National centre for children and families and the Tavistock and Portman and released in November 2015. The document proposed a model for the delivery of child and adolescent mental health services to be delivered under, it moved away from the traditional tiered system into a needs based model that was organised around the needs and strengths of children and their parents.

Children and Families Act 2014 – SEND reforms
In 2014 the government passed the Children and Families Act that offered new legislation that aimed to transform provision and support for children and young people with SEND, which includes social, emotional and mental health. The legislation made the following changes from the 1st of September 2014;

- Look to include the views and thoughts of children, young people and their families in the decision making
- Replace the Statements of Special Educational Needs with the more joined up Education, Health and Care (EHC) plans
- The EHC plan can continue until a young person is 25 years
- Prepare children and young people better of adulthood
- Start planning for transition between children and adult services from the age of 14 years
- Local authorities must publish a 'local offer' that provides information about the support available for SEN in their area

Government Green Paper – Transforming Children and Young People's Mental Health Provision
A green paper has been released by the Government outlining its future plans and legislation around children's mental health. In this paper three core principles are detailed, these are;

- Designated senior lead for mental health within schools – these roles will have oversight of a whole schools approach to mental health and wellbeing, provide clear links into children and young people's mental health services, coordination of the mental health needs of young people in the school/college, support staff and oversee the outcomes of interventions on children and young people's education and wellbeing
- Mental health support teams – these teams will provide specific extra capacity for early interventions and ongoing self-help for mild to moderate mental health issues
- Reduce specialist support waiting times

This document can be found here -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf
The response of the green paper can be found here –
https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

Local context

Locally, there has been an increased focus on mental and emotional health. There is a commitment from the local authority and partners to support children's mental health and emotional wellbeing. This commitment has been laid out in a number of different local strategies.

The local priorities and strategies support one another and ensure that mental and emotional wellbeing and health is driven forward across the Borough through partnership working. This strategy will bring together many of the priorities and aims set out below. However some of the priorities described will relate to the higher levels of need for mental health which this strategy will support but does not focus upon.

Health and Wellbeing Board Strategy
The health and wellbeing strategy for the Borough has four main priority areas, one of these priorities is focused on promoting and supporting good mental health. The strategy takes a life course approach and so views mental health in the same vain.

The strategy calls for improved access to services and increased provision for prevention and early intervention. The strategy looks to help to increase community resilience, as well as help deliver on the national 5 year forward view.

Children and Young People's Partnership Priorities
The children and young people's partnership priorities includes a focus on children and young people's emotional wellbeing. The priorities call for the following outcomes;

- Every one of the services in Wokingham Borough promotes good mental health and emotional wellbeing for all children and young people
- High quality early help services respond effectively to children and young people with emerging emotional or mental health difficulties
- Wokingham Borough offer more effective and responsive specialise care for children and young people with complex mental health problems.

Local Transformation Plan
The local transformation plan (LTP) provides an update on the local systems for children's mental and emotional health and set out how the Borough intends to transform support for children and young people. Wokingham is part of the Berkshire West LTP alongside Reading and West Berkshire. The LTP calls for all tiers and agencies supporting children and young people's mental health work together to identify early and support them. The LTP looks to drive improvements in services such as reducing waiting times, improving information available, increasing provision in schools, improving crisis and post diagnostic support.

Growing up with Emotional and Mental Health Needs in Wokingham Borough

Emotional and Mental Health Need

Both locally and nationally there is an incomplete picture of the emotional and mental health needs of children and young people. This strategy aims to address this issue and look to build a more compete profile of the level of need within the Borough.

Emotional Wellbeing

Nationally, in addition to estimates children's and young people's wellbeing has been measured by the ONS. A report released in March 2016 found that 80.2% of children and young people had high or very high levels of satisfaction with their lives overall.

Table 1 shows prevalence data relating to emotional wellbeing. The colours indicate the statistical significance of the data compared with the England average. Amber indicates that statistically there is no significant difference and green indicates that it is statically significantly better.

Table 1 - Wokingham measures of emotional wellbeing

Source	Indicator	Period	Wokingham
What about YOUth (WAY) survey 2014/15	Percentage who think they're the right size	2014/15	53
What about YOUth (WAY) survey 2014/16	Mean score (14-70) of the 14 WEMWBS statements	2014/15	47.6
What about YOUth (WAY) survey 2014/17	Percentage reporting low life satisfaction	2014/15	10.5
What about YOUth (WAY) survey 2014/18	Percentage who were bullied in the past couple of months	2014/15	49.9
What about YOUth (WAY) survey 2014/19	Percentage who had bullied others in the past couple of months	2014/15	9.2

Mental Health

As is common with many Local Areas across the country there is a lack of reliable and good quality data that provides a clear understanding of mental health within the Borough. Prevalence estimates for mental health disorders are estimated using data that was collected in 2004 and has since been manipulated to account for changes in the population and services.

Nationally this found that prevalence varied by both ages and sex, with boys more likely to have experienced or be experiencing a mental health problem when compared with girls (11.4% and 7.8%

respectively). The most common age group to experience a mental health problem are children aged 11 to 16 years (11.5%) when compared with 5 to 10 year olds (7.7%).

Locally this data estimates that Wokingham has a lower prevalence of children aged 5-16 with a mental health disorder (7.3%), compared with the national (9.2%) and region (8.5%) estimates.

Whilst there is no clear understanding of children and young people's mental health within the Borough it is very clear that the impact of mental health is significant and can begin to have a significant burden on children as young as 5 years old.

Table 2 below provides the prevalence of children and young people's mental health I Wokingham Borough.

Table 2 - Prevalence of children and young people's mental health

	Wokingham	South East	England	
Estimated prevalence of mental health disorders in children and young people (aged 5-16)	7.3%	8.5	9.2	2015
Estimated prevalence of emotional disorders (aged 5-16)	2.9%	3.3	3.6	2015
Estimated prevalence of conduct disorders (aged 5-16)	4.1%	5.0	5.6	2015
Estimated prevalence of hyperkinetic disorders (aged 5-16)	1.1%	1.4	1.5	2015
Pupils with social, emotional and mental health needs (primary school age)	1.63%	2.20	2.19	2018
Pupils with social, emotional and mental health needs (secondary school age)	1.57%	2.31	2.31	2018

Source: Public Health England (Fingertips - https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh)

In addition to prevalence estimates treatment data also provides an insight into the mental health needs of children and young people in the Borough. Table 3 provides a breakdown of the reasons for referral to Primary CAMHs (Tier 2). It shows that the greatest reason for referral is for issues

relating to anxiety (including OCD), with issues relating to ADHD and ASD being the second largest reason for referral.

Table 3 - Reason for referral to Tier 2 in 2017/18

Reason for Referral	Total
Low Mood	33
Anxiety inc OCD	61
Phobias	*
Emotional Dysregulation inc Anger	27
Issues related to ADHD /ASD	38
Other	*
Systemic Difficulties	12

*Number suppressed

Where we are locally

Within Wokingham there are a number of services that support children and young people's emotional and mental health across the community, however partnership and pathways between service could be stronger and waiting times continue to be long.

A breakdown of the current provision can be found in Appendix 1.

Our Priorities

Wokingham Borough Council will achieve this vision by focusing on a number of specific priorities. These priorities will help maintain the focus of Wokingham Borough Council for universal and low to moderate level emotional and mental health difficulties and disorders.

The priority areas that this strategy will focus on have been grouped together under themes.

- Better intelligence to aid and improve decision making
    - Improve our understanding of the needs and impact of children's emotional and mental health in order to help the commissioning process and service improvement
- Support for schools and additional universal settings
    - Create an environment in schools that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting
    - Provide and coordinate training for front line workers within the community, schools and Local Authority in order to increase understanding which in turn can help to improve early identification and appropriate referrals to services
- Early identification and self-help
    - Empower children, young people and families to support their emotional and mental health leading to greater self-help within the Borough
    - Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity
- Improving Access
    - Work to improve joint working between schools, the voluntary sector, the Local Authority and CAMHs allowing a comprehensive step-up and step-down offer
    - Better integrate SEND and Mental Health support in order to coordinate resources
    - Continually review and improve pathways for children and young people's emotional and mental health in order to provide the best outcomes possible

Better Intelligence to aid and improve decision making

In order to better meet the needs of the children and young people within the Borough there has to be a clear understanding of what those needs are. Currently this is not the case. Both nationally and locally there is an incomplete picture of the coverage of services and of those that are not receiving the help and support they need.

What we want to achieve:

- Improve our understanding of the needs and impact of children's emotional and mental health in order to help the commissioning process and service improvement

Priority 1: Improve our understanding of the needs and impact of children's emotional and mental health in order to help the commissioning process and service improvement

Why is this a priority? In order to improve the intelligence both the data of children and young people receiving treatment/support and those not receiving any support need to be greatly improved. Currently there is a wide range of data collected for those children and young people receiving support however, the sharing of that data between stakeholders is inconsistent. In addition

to this, the data for children and young people not currently receiving support/treatment is very limited.

We recognise the importance of bringing key partners and stakeholders together to share intelligence and create a better picture of children and young people's emotional and mental health across the Borough. After which gaps in intelligence can be identified and ways in which to fill these can be explored.

If the Local Authority is to be successful the resource allocation and governance for children and young people's mental health needs to be reviewed.

Better Intelligence to aid and improve decision making	
Key Outcomes	**How will we know we have made a difference?**
Commissioning and service improvement decisions are based on relevant and up-to-date data and local intelligence	Development of a needs assessment and a JSNA that reflects the needs within the Borough
Key Actions	
• The Local Authority will work to improve its sharing of treatment/ support data between key stakeholders to create a greater understand of those within services • The Local Authority will identify the gaps in the data around children's emotional and mental health and work to fill these • Collate all available data and explore gaps and areas for targeted intervention • Develop a needs assessment for children and young people's emotional and mental health • Review the allocated resources and spend within the Local Authority for children and young people's emotional and mental health • Assess and identify the value for money provided by the services within the Borough	

Support for Schools and Additional Universal Settings

To make a lasting and sustainable impact on children and young people's emotional and mental health requires an approach that looks wider than the traditional CAMHS treatment providers and clinical services to that of the community and schools. Schools have a responsibility to support their children and young people and with support need to build capacity and capability to support emotional and mental health. Future in Mind recognises the importance that schools have when promoting, identifying and supporting children or young people's emotional and mental health and the report calls for local areas to fill the gaps in the fragmented mental health system.

What we want to achieve:

- Create an environment in schools that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting
- Provide and coordinate training for front line workers within the community, schools and Local Authority in order to increase understanding which in turn can help to improve early identification and appropriate referrals to services

Priority 2: Create an environment in schools that promotes good emotional and mental health leading to a system that supports children at the earliest opportunity, in the most appropriate setting

Why is this a priority? For children and young people to achieve and thrive in schools they need to be both physically and mentally able to take on information and learn. In order for this to happen there needs to be parity of provision between both physical and emotional support. As a Local Authority we recognise the burden and increasingly difficult times facing schools where resources are limited and time is precious, however if we do not act now there cannot be an improvement, and without this improvement it will likely lead to further pressures on schools and their resources.

Schools need to be supported to create an environment and culture where both staff, children and young people feel comfortable talking about their emotional and mental health. Where children and young people understand where they can go for help and feel able to do this without fear of stigmatisation and where staff feel confident that they have an important role in supporting emotional and mental health and that they can safely execute that role.

An important resource that is available across all schools is the school nursing service. Whilst their resources are limited they are a skilled and valuable team that help support the emotional and mental health of children and young people. The service is going through a redesign in 2018 and we will help build the school nursing service into the pathway for emotional and mental health support.

Currently across the Borough we are piloting a School Link Project in 5 Secondary Schools which has four main aims; to create stepped care approach within the school setting, train school staff around mental health, create key link staff between CAMHs and the schools and provide schools with clinical consultations from Mental Health clinicians. This project is looking how best to support schools and will measure which aspects of the pilot are having the greatest impact on the children and young people within the school. The learning from this project will feed into the development of recommended practice for schools.

In addition to the school link pilot, many schools have implemented support for children and young people, however this support is inconsistent across the Borough. For example some schools pay for in-house counselling services which are open to the children and young people, others have very established peer mentoring and pastoral support. Whilst this is extremely positive, this is leading to inequalities between schools and disadvantaging some children and young people within the Borough. In light of this we will establish a clear baseline of emotional and mental health support that should be offered at all schools. This will be developed in partnership with schools. We will also explore how this could be rolled out to the wider early help settings.

Once the recommended practice for schools has been developed the local authority and partnership will explore ways in which schools can be encouraged to take up the offer and in turn be recognised for their efforts.

Priority 3: Provide and coordinate training for front line workers within the community, schools and Local Authority in order to increase understanding, which in turn can help to improve early identification and appropriate referrals to services

Why is this a priority? We want to help widen the response to emotional and mental health and ask the community, schools and health sector to help identify children and young people's emotional and mental health needs and problems, as early as possible. In order to achieve this we need to support partners to do this.

We need to shift from being a reactive system to a proactive system. By utilising and providing training we can increase professional's understanding and ultimately confidence to identify and support, where appropriate, children and young people who may be struggling and need extra help.

Currently within the Local Authority there is a number of different training options available and utilised. These include Psychological Perspectives in Education and Primary Care (PPEP care) training, Nurture Assistant training, Exam Stress, Anxiety workshops for parents and Mental Health First Aid. These training offers have been commissioned and delivered by a variety of partners within the Borough. For example, PPEP care has been commissioned by the Berkshire West and East CCGs to be delivered across the whole of Berkshire, and is the training that is currently used in the School Link project. Whilst having a range of training on offer is positive, without proper coordination it has the potential to cause a lot of confusion and mixed skills levels and understanding. It will be the intention of this strategy to formalise and coordinate the training on offer and ensure there is a clear and consistent message communicated across the Borough.

It is not enough to provide training and expect things to improve. There needs to be a clear and robust structure and pathways for children and young people's emotional and mental health both within the school and out into the community. This will allow schools to support those that they can and escalate those children and young people that require further support. This will be discussed in further detail in priority 8.

Support for schools and Additional Universal Settings	
Key Outcomes	**How will we know we have made a difference?**
Schools are supported to develop a positive culture around emotional and mental health through signposting and utilising best practice	A jointly agreed set of resources is developed and provided to schools
Schools and Universal settings have access to high quality and actionable training around emotional and mental health	Create an annual programme of training on offer to the Borough on mental and emotional health
Children and young people within the Borough have access to a consistent level of support for their emotional and mental health	Wokingham Borough Council in partnership with schools develop a recommended criteria for support in education settings which is shared with schools
Key Actions	
• Review and analyse the outcomes from the School Link Project • Review national and neighbouring authority findings from School Link projects • Work in partnership with schools to develop a baseline for emotional and mental health support through the development of a working group with teachers • Trial support to with schools as part of the wider emotional and mental health service • Develop a status/recognition that can be awarded to schools to demonstrate their commitment to emotional and mental health • With key partners review and map the emotional and mental health training provided to professionals within the Borough with a view to better coordinate this offer • Identify key professionals within the Borough to target with emotional and mental health training • Support the redesign of the school nursing service • Work with school nurses and health visitors to increase resilience and training	

Early identification and Self-help

It is widely recognised that with many health factors the earlier you receive support/treatment the better the outcome. This is the same for children's mental health. The earlier we can support children and young people with their emotional and mental health needs the greater the chance to prevent that child or young person escalating and maybe eventually requiring crisis support. In addition to this there is also the opportunity to prevent children and young people carrying their mental health needs into adulthood. As already highlighted half of all mental health problems manifest by the age of 14, with 75% by age 24.

What we want to achieve:

- Empower children, young people and families to support their emotional and mental health
- Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity

Priority 4: Empower children, young people and families to support their emotional and mental health

Why is this a priority? As a community we should recognise our emotional and mental health needs and look after them as we do our physical needs. Support for children and young people's emotional and mental health should not rest solely with professionals, it should continually be supported and cared for in the home by the family and the child and or young person.

In order to empower families, children and young people we need to address the stigma attached to mental health. Nationally a lot of effort is being put into this and mental health has increasingly come under the national spot light. As a Borough we need to ensure we are supporting these messages and delivering them locally.

We also need to create a structure within the community to help empowered individuals access the right support or information when they need it. It is important that the community know where to go. If possible families should look for self-help resources initially.

Work has begun on this across the West of Berkshire with the development on an online resource that has been developed with the help of CAMHs service users. This needs to be widely publicised and communicated to the community and professionals.

It is important to highlight that it is not only the children and young people that may need support with their emotional and mental health, parents and carers may also need support with their mental health, their parenting and how to support their family. With this in mind it is important that parenting support is built into the offer to support children and young people's emotional and mental health. Currently there are a number of evidenced based parenting programmes on offer and we will be working to build these into the emotional and mental health pathways. One such offer is the Webster Stratton Incredible Years programme, this is a research-based programme for reducing children's aggression and behaviour problems as well as increasing social competence at home and school. The objectives of the intervention is to help parents and teachers provide young children (0-12) with a strong emotional, academic and social foundation so as to achieve the longer term goal of reducing the development of depression, school dropout, violence, drug abuse and delinquency in later years.

Priority 5: Improve and better coordinate the offer of services within the community in order to help identify and support emotional and mental health in the right place and at the earliest opportunity

Why is this a priority? In addition to supporting children and young people within schools there needs to be a wider community based system that provides evidenced based stepped care support at the right time. This structure needs to link seamlessly with the schools and should include a wide range of professionals from the Local Authority, the Voluntary Sector and Health. A clear stepped care pathway (alongside training) will help provide clarity about what support is available, helping professionals to identify children and young people earlier.

Currently within the Borough there are a number of different services and a mixed understanding of what is available and who delivers what. The services are delivered by a wide range of services from Health, the local authority and the voluntary sectors. We will bring these services together to provide a stepped care approach to delivering emotional and mental health support through a multi-agency triage system. This will be done by expanding the current Early Help Hub and using this forum to discuss and allocate support for emotional and mental health. This is a forum which brings together a range of partners that allocate support based on the expressed needs and families and young people. This model is similar to models within Berkshire in which BHFT currently operate. This process will enable children and young people to voice what support they want and for professionals to provide a whole family approach.

For those services that are not in the multi-agency triage (e.g. school nurses, health visitors etc) we will look to improve the communication and understanding of what the multi-agency triage can deliver and how they can work towards supporting children and young people emotional and mental health.

To support the multi-agency triage we will co-locate the Primary Mental Health workers in the Local Authority Early Help services. This will foster closer working relationships between the local authority and health. It will enable the Mental Health workers to provide essential training and consultations to other Early Help professionals, and deliver support outside of a hospital setting within the community.

Our aims is to provide proactive support to children and young people with and without a diagnosable mental health condition. The support will be needs lead and will be modelled on the THRIVE framework developed by Wolpert et al in the Anna Freud Centre (AFC) and Tavistock & Portman NHS Trust. The multi-agency triage will be focused around the 'getting advice' and getting help' sections of the framework.

Early Identification and self-help	
Key Outcomes	**How will we know we have made a difference?**
Increase Young People's ability and willingness to talk about emotional and mental health	Surveys completed by pupils
Children and young people receive evidenced based emotional and mental health support at the earliest opportunity	Redesign the current universal and tier 2 mental health support offer providing a clear emotional and mental health evidenced based stepped care support structure within the community
Children, young people and families can access support and information easily	Feedback from children and families using the redesigned early help services
Parents feel supported to support their child's emotional and mental health needs	Feedback from children and families using the redesigned early help services

Key Actions
• Work with partners to map the current emotional and mental health offer within the Borough and ensure there are robust pathways between services • Consult with young people about how best to communicate what support and services there are • Ensure the Local Offer accurately reflects the emotional and mental health support available • Communicate the emotional and mental health offer to the community and professionals • Review current self-help advice available, including the BHFT online resource with a view to address any gaps • Re-design the tier two CAMHs support to create a stepped care approach to supporting emotional wellbeing providing advice and early help • Review the Webster Stratton research project parenting programme and look to integrate it into the redesign of emotional and mental health services along with other existing parenting support • Rename the tiers 1 and 2 CAMHs to better reflect the emotional and mental health offer • Re-write the specification for tier 2 CAMHs to co-locate the primary mental wellbeing workers into the Local Authority Early Help Services • Expand the remit of the Early Health Hub to become the main place in which traditional tier 1 and 2 CAMHs referrals are discussed • Review national anti-stigma campaigns and agree with partners which to promote within the Borough

Improving Access

Children and young people need to be able to access new arrangements with ease without being bounced around the system. This will require strong partnership working that puts the family and child/young person at the centre of decisions and continually works to improve the offer and outcomes for children, young people and families within the Borough.

What we want to achieve:

- Work to improve joint working between schools, the voluntary sector, the Local Authority and CAMHs
- Better integrate SEND and Mental Health support in order to coordinate resources
- Continually review and improve pathways for children and young people's emotional and mental health in order to provide the best outcomes possible

Priority 6: Work to improve joint working between schools, the voluntary sector, the Local Authority and CAMHs

Why is this a priority? Schools, the Voluntary Sector, the Local Authority and Health all have a vital role to play in supporting emotional and mental health and need to work together to do so. With extremely limited resources and finances it is important to ensure services are not duplicating one another. We need to work together as a Borough so we can appropriately allocate resources, providing step up and down pathways, which will lead to the best outcomes for children and young people.

Currently within the Borough the Youth Counselling Service run through a voluntary organisation isn't delivered as part of a joined up provision with other mental health support services and the current grant arrangement is due to expire in March 2018. The Local Authority intends to bring together the youth counselling service into the multi-agency triage system ensuring that children

and young people can benefit from this service, helping to create a more robust step up and down provision for children and young people. It is also important that the any arrangements the Local Authority make regarding youth counselling align with those of Berkshire West CCG.

It is important that our emotional and mental health support isn't there just to support those children and young people that need early help, but also to support those that are stepping down from getting more help or risk support. Through strong multi-agency working we can support families whose needs were initially outside the scope of early help. It would be the aim to prevent these children, young people and families from relapsing and requiring more intensive support.

Across the West of Berkshire, Berkshire Healthcare Trust's Young SHaRON online platform has been developed and is now operational for a wider range of service users including those experiencing perinatal mental health issues, families who are waiting for or have undertaken an autism assessment, advice and consultation for professionals who are worried about children and young people and adults with eating disorders and advice and support to trainers delivering the PPEP Care programme. A new network which will provide on-line access to advice and consultation for workers on CAMHS and children's health care issues is currently in the piloting phase. Feedback about the service so far has been incredibly positive and as a local authority we need to ensure that we embrace these improvements and link in with them.

Priority 7: Better integrate SEND and Mental Health support in order to coordinate resources

Why is this a priority? In 2014 the SEND code of practice replaced the term 'Behavioural, Emotional and Social difficulties' with 'Social, Emotional and Mental Health', this reflects the growing importance being placed on support for children with emotional and mental health needs. In addition to this the SEND code of practice places a clear responsibility on Schools to support children and young people, which includes managing the effect of any behaviour that may adversely affect other pupils. Given the strong connection and links between SEND and emotional and mental health support there needs to be strong communication, joint working and clarity between services and so that children and young people aren't supported in isolation.

Currently, children and young people with issues relating to ASD/ADHD are the second largest cohort of referrals to PCAMHs. Whilst not all these young people will have EHC plans, for those that do it is important for mental health workers to link in with other lead professionals, in particular any educational psychologists providing social and emotional support. This will ensure their support compliments the wider help received by the child/young person and family.

As well as supporting children and young people with a mental health difficulty and additional needs the multi-agency triage can work to prevent children and young people with additional needs developing a mental health issue or difficulty. For example, we know that 71% of children or young people with ASD will develop a mental health condition. This is recognised in the SEND strategy which calls to review the early help provision for children and young people with additional needs but are below statutory services, this will include support for social and emotional needs. We can use this intelligence to further improve our offer and ensure that children and young people with additional needs are fully supported.

We will also work to ensure that support available to mainstream schools should also be available to special schools and support the linking of SEND data sets work detailed within the LTP. We can then take forward the learning from this and use it to inform decisions regarding the offer moving forward.

Priority 8: Continually review and improve pathways for children and young people's emotional and mental health in order to provide the best outcomes possible

Why is this a priority? As time passes needs change and evolve, national guidance/policies are published and new evidence released. It is important that services keep up to date with this and that we offer support that will have an impact on the children and young people who use it. Therefore it is important to continually review and work to improve pathways for children and young people's emotional and mental health. The Local Authority and wider partnership need to stay on top of national and local learning and best practice. We need to review evidence and policies, review the data relating to the current services and also listen to the children and young people within the Borough to help inform these service and pathway developments. One such policy document that will have a significant impact is the government's green paper and impending white paper that is moving towards evidenced based support and learning from best practice.

Across the West of Berkshire the Local Transformation Plan (LTP) will also have an influence on the local support available. This plan is led on by the CCG and sets out the area's plans to transform children and young people's mental health services. As a Local Authority we have a duty to feed into this and support the transformation of services.

Improving Access	
Key Outcomes	**How will we know we have made a difference?**
Bring the Youth Counselling service into the multi-agency triage system	Youth Counselling start receiving referrals through the multi-agency triage
Children, young people and families experience a joined up approach across all agencies to support emotional and mental health	Feedback from children and young people
SEND and wider mental health support work together in partnership	Feedback from children, young people and professionals
Work to continually improve the emotional and mental health service and offer within the Borough	Contract monitoring meetings are undertaken quarterly and the service is has clear governance that receives regular updates
Key Actions	
• Support the delivery of the SEND strategy in particular the review of early help provision of emotional and mental health for children and young people with additional needs but below statutory services • Support the ongoing work to link SEND datasets and implement a data dashboard for children with SEND • Review SEND support for children and young people with social, emotional and mental health needs • Link with the CCG regarding the ongoing work around SEND datasets Recommission the Youth Counselling service with a view to bring it into the multi-agency triage system • Support the development and implementation of the LTP • Review the Government's green paper due to be published in early 2018 • Take young people's thoughts and feedback into consideration when reviewing the service • Continuously monitor the redesigned service through contract monitoring meetings and data analysis • Develop robust governance arrangements for emotional and mental health within the Local Authority	

Action Plan – year 2018/19

Action
The Local Authority will work to improve its sharing of treatment/ support data between key stakeholders to create a greater understand of those within services
The Local Authority will identify the gaps in the data around children's emotional and mental health and work to fill these
Collate all available data and explore gaps and areas for targeted intervention
Develop a needs assessment for children and young people's emotional and mental health
Review the allocated resources and spend within the Local Authority for children and young people's emotional and mental health
Assess and identify the value for money provided by the services within the Borough
Review and analyse the outcomes from the School Link Project
Review national and neighbouring authority findings from School Link projects
Work in partnership with schools to develop a baseline for emotional and mental health support through the development of a working group with teachers
Trial support to with schools as part of the wider emotional and mental health service
Develop a status/recognition that can be awarded to schools to demonstrate their commitment to emotional and mental health
With key partners review and map the emotional and mental health training provided to professionals within the Borough with a view to better coordinate this offer
Identify key professionals within the Borough to target with emotional and mental health training
Support the redesign of the school nursing service
Work with school nurses and health visitors to increase resilience and training
Work with partners to map the current emotional and mental health offer within the Borough and ensure there are robust pathways between services
Consult with young people about how best to communicate what support and services there are
Ensure the Local Offer accurately reflects the emotional and mental health support available
Communicate the emotional and mental health offer to the community and professionals
Review current self-help advice available, including the BHFT online resource with a view to address any gaps
Re-design the tier two CAMHs support to create a stepped care approach to supporting emotional wellbeing providing advice and early help
Review the Webster Stratton research project parenting programme and look to integrate it into the redesign of emotional and mental health services along with other existing parenting support
Rename the tiers 1 and 2 CAMHs to better reflect the emotional and mental health offer
Re-write the specification for tier 2 CAMHs to co-locate the primary mental wellbeing workers into the Local Authority Early Help Services
Expand the remit of the Early Health Hub to become the main place in which traditional tier 1 and 2 CAMHs referrals are discussed
Review national anti-stigma campaigns and agree with partners which to promote within the Borough
Support the delivery of the SEND strategy in particular the review of early help provision of emotional and mental health for children and young people with additional needs but below statutory services
Support the ongoing work to link SEND datasets and implement a data dashboard for children with SEND
Review SEND support for children and young people with social, emotional and mental health needs
Link with the CCG regarding the ongoing work around SEND datasets Recommission the Youth Counselling service with a view to bring it into the multi-agency triage system
Support the development and implementation of the LTP

Review the Government's green paper due to be published in early 2018
Take young people's thoughts and feedback into consideration when reviewing the service
Continuously monitor the redesigned service through contract monitoring meetings and data analysis
Develop robust governance arrangements for emotional and mental health within the Local Authority

A SMARTER action plan with timescales and accountable agencies and officers will be developed once this strategy has been signed off and will be monitored through the Local Authority.

References

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Wolfe. I, Macfarlane. A, Donkin. A, Marmot. M, Viner. R. (2014) *'Why children die: death in infants, children and young people in the UK'* Available at: https://www.ncb.org.uk/sites/default/files/uploads/documents/Policy_docs/why_children_die_full_report.pdf (Accessed at:16 January 2018)

Appendix

Appendix 1 - Overview of Current System

The current provision for emotional and mental health in Wokingham Borough is one of tiers. There are four tiers that make up the support system with their own defined boundaries, budgets and accountability.

The first tier is the universal system that is available to all children and young people, it is very low level support for is aimed at prevention as well as low level support. This is the responsibility of the local authorities. Within Wokingham this level of support is offered through schools, GPs and services such as the children centres, health visitors and school nurses.

CAMHS

The local authority is also responsible for tier 2, this services is targeted towards mild to moderate mental health difficulties and disorders. Tier 2 support is more targeted and often requires a referral. In Wokingham this is an early intervention team delivered in the community for children and adolescents. The main services provided include the Primary CAMHs (PCAMHs) team and Counselling. The PCAMHs team provide individual assessments and therapeutic intervention, CBT, family therapy and group treatment for children, young people and parents.

Tier 3 is funded by the Berkshire West CCG and offers specialist treatment pathways, such as, eating disorders, autistic spectrum disorder diagnosis and the anxiety and depression pathway. This service covers Wokingham, Reading and West Berkshire.

Tier 4 services is funded by NHS England. Within Berkshire this is offered at the Berkshire Adolescent Unit (BAU). Tier 4 services include inpatient, outpatient and day support for eating disorders and psychotic symptoms.

School Link

In addition the tiered service further services and projects are being provided. These include;
School Link Project – The School Link Project has been funded through Future in Mind. The project looks to support schools to identify and respond to emotional and mental health needs in a consistent manner. The main objectives of the project are to;

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

Counselling

The local authority in partnership with the CCG fund a counselling service that provides a free and confidential service to children and young people under the age of 18. The service is currently provided by ARC. In addition to the funding received from the Local Authority ARC have a number of additional funding streams ranging from other voluntary organisations to schools that pay for in-house counselling.

Early Help Services

Wokingham Borough Council have a wealth of early help service who provide support for children, young people and families that do not reach the threshold for statutory intervention. These services range from youth clubs and social groups to parenting support and prevention of youth offending.

Currently the youth offending service has support to employ a CAMHs worker for one day a week. Whilst other teams do not have employed clinicians a great number of these early help services will support families and young people with their emotional and mental health and contribute towards building the resilience of the families.

Educational Psychologists

The Educational Psychology service would cover both tier 2 and 3 support. This service is offered through the local authority and supports children and young people with special educational needs and disabilities within the school setting, including those with social and emotional needs. The educational psychologists also provide a number of training sessions throughout the years in schools and train school staff to become Nurture Assistants.

Incredible years

The Incredible Years Programmes are research-based, effective programmes for reducing children's aggression and behaviour problems as well as increasing social competence at home and school. The objectives of these interventions are to help parents and teachers provide young children (0-12) with a strong emotional, academic and social foundation so as to achieve the longer term goal of reducing the development of depression, school dropout, violence, drug abuse and delinquency in later years. These programmes were developed by clinical psychologist Carolyn Webster Stratton and have been subject to numerous randomized control evaluations and evidenced excellent effectiveness and attained high overall ratings.

The Webster Stratton Research Project aims to develop personalised assessment and intervention packages for children with conduct problems. It involves working with parents to develop a new product that is personalised to the parents and their children's needs. The personalised approach will then be trialled by leading researchers and parenting practitioners in order to assess their impact.

SENCOs

A Special Educational Needs Coordinator (SENCO) is a qualified teacher who is responsible for the schools Special Educational Needs policy within the school and coordinates the provision for children with special educational needs and or disabilities in schools. Depending on the school some SENCOs may also have teaching duties as well as those within their SECNO role.

SEND 0-25

Wokingham Borough Council is the lead agency for all children and young people's services in Wokingham. This means that the Council brings together all local public services and other stakeholders and supports them in working together to help local children and young people achieve the best possible outcomes. The Council and its public sector partners are responsible for giving additional support to children and young people with SEND and their families.

School Nurses

School nursing teams are made up of school nurses, staff nurses, nursery nurses, school health assistants and administrators. School nurses are qualified nurses that hold a post graduate qualification in public health, they are the senior members of the teams and supervise and oversee the work of the other members of the team.

The team undertake screening of children and young people such as, height, weight, hearing etc. The screening process includes sending parents a health questionnaire to be returned via their child's school. This provides parents with the opportunity to ask for support and indicate their child's needs, e.g. bed wetting. The staff nurses contact all parents who have indicated that they wish

support from the school nursing service, this may be concerns around their child's behaviour, sleeping, they may be a fussy eater or they may have a medical condition which may impact on their learning and school attendance.

Schools

Some schools, at their own discretion, also fund extra support for emotional and mental wellbeing. For example Counselling, individual therapies, peer support and other voluntary bodies to come in and provide support to children, staff and management.

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TITLE	**Health and Wellbeing Strategy**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Charlotte Seymour, Project Support Officer

Health and Wellbeing Strategy priority/priorities most progressed through the report	This will cover all three of the prospective priorities.
Key outcomes achieved against the Strategy priority/priorities	It ***is*** the strategy.

Reason for consideration by Health and Wellbeing Board	Production and publication of the joint health and wellbeing strategy is one of the mandated duties of the Health and Wellbeing Board.
What (if any) public engagement has been carried out?	None to date. The Board may decide carry out some engagement with this Strategy.
State the financial implications of the decision	None.

RECOMMENDATION

That:

1) the focused Joint Strategic Needs Assessment chapters attached as Appendix 2 be approved;

2) the Health and Wellbeing Board (HWB) review and support the refreshed strategy and accompanying focused Joint Strategic Needs Assessment (JSNA) chapters and recommend its approval to Council.

3) the Board considers how to engage with wider partners on delivery of actions to achieve the strategy.

SUMMARY OF REPORT

The proposed Joint Health and Wellbeing Strategy has 3 priorities: creating physically active communities, reducing social isolation and loneliness and narrowing the health

inequalities gap. For each of these priorities a focused JSNA chapter has been produced. The key findings are:

Creating physically active communities:

- Only 16% of teenagers achieve the recommended physical activity level of one hour of moderate to physical activity every day.
- In 2016/17, 71% of adults aged 19 and over in Wokingham achieved at least 150 minutes of physical activity per week in accordance with the recommended guidelines. This was significantly better than the England figure of 66% and similar to the other least deprivation authorities (70%).
- On 27/10/2017, 8,350 patients in Wokingham CCG were on the GP Obesity Register. This was 6.6% of the population aged 18 or over, which was lower than the comparator CCG Group but significantly lower than the national figure of 9.7%. We know that obesity is seriously under-reported by GPs.
- Wokingham's Local Transport Plan aims to achieve 60% of all pupils traveling to school by walking or cycling by 2026 and to improve cycle parking by schools.
- The Reception year (aged 4-5) prevalence of overweight (including obese) children in Wokingham for 2016/17 was nearly a fifth (18%).
- The year 6 (aged 10-11) prevalence of overweight (including obese) children in Wokingham for 2016/17 was 26.6%.

Reducing social isolation and loneliness:

- Living alone is strongly associated with social isolation. The estimated number of elderly population living alone in Wokingham borough is 10,442. This number is estimated to increase by 25% by 2025.
- Adults who are users of social care can be quite socially isolated; less than half (48%) had as much social contact was they wanted.
- Adults who provide unpaid care to friends and relatives area also at risk of isolation. Just over a third (36%) of adult carers who had as much social contact as they wanted.
- 7.3% of children and young people in Wokingham are estimated to have a diagnosable mental health disorder. This would equate to 1828 children and young people.
- There are around 443 children and 465 adults in Wokingham who need support for learning disabilities. It's estimated that 85% of young disabled adults from the 18-34 year old age group feel lonely. (Scope, 2017).
- Over 1 in 10 mothers are thought to be affected by post-natal depression which can be exacerbated by social isolation. It is estimated that around 300 mothers in Wokingham are affected each year.

Narrowing the health inequalities gap:

- Wokingham is the least deprived Borough in Berkshire and is the 2nd least deprived out of 326 local authorities in the country – but inequalities still exist!
- Men among the most deprived 10% of the Borough can expect to live an average of 4.5 fewer years than the least deprived and over 7 fewer years in full health. For women the gap is wider at 5.5 years.
- As well as the deprivation gap, inequalities in health outcomes also exist according to ethnicity, age, gender and sexual identity, disability and mental health.
- Health in pregnancy and early years is generally good, however, only half of children receiving free school meals are 'ready for school' aged five compared with over three quarters of their peers.

- Wokingham's average KS4 results (GCSE equivalent) are among the top 10% in the country, however, young people receiving free school meals are scoring almost 40% lower than their peers.
- Despite one of the lowest rates of smoking in the country, routine and manual workers are twice as likely to smoke as those in other occupation groups.
- Compared with other local authorities in the South East employment rates across all sectors in society are good in, however, big gaps in employment remain for the most vulnerable in society.
- Availability and affordability of housing in Wokingham is a challenge. In winter heating costs are a significant burden for the 4,446 of households that are classified as fuel poor.

Background

The Health and Wellbeing Board is currently undergoing a refresh and development process. It has developed this strategy for 2018 – 2021. The underlying vision of the strategy is to "create healthy and resilient communities" by focussing on the three key priorities:

- Creating physically active communities
- Reducing social isolation and loneliness
- Narrowing the health inequalities gap

On the 9 August 2018, the Health and Wellbeing Board considered and supported the proposed strategy and since then this has been refined and updated. The strategy is in the form of a presentation which is intended for distribution after sign off from the Board with the intension of getting adopted from organisations in the Wokingham Borough.

Analysis of Issues

This is the latest iteration of the Health and Wellbeing strategy. The three priorities are analysed in the accompanying focused Joint Strategic Needs Assessment Chapters.

Partner Implications
All partners to review and acknowledge the strategy and utilise this in policy.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Health and Wellbeing Strategy 2018-2021 Focused JSNA chapters

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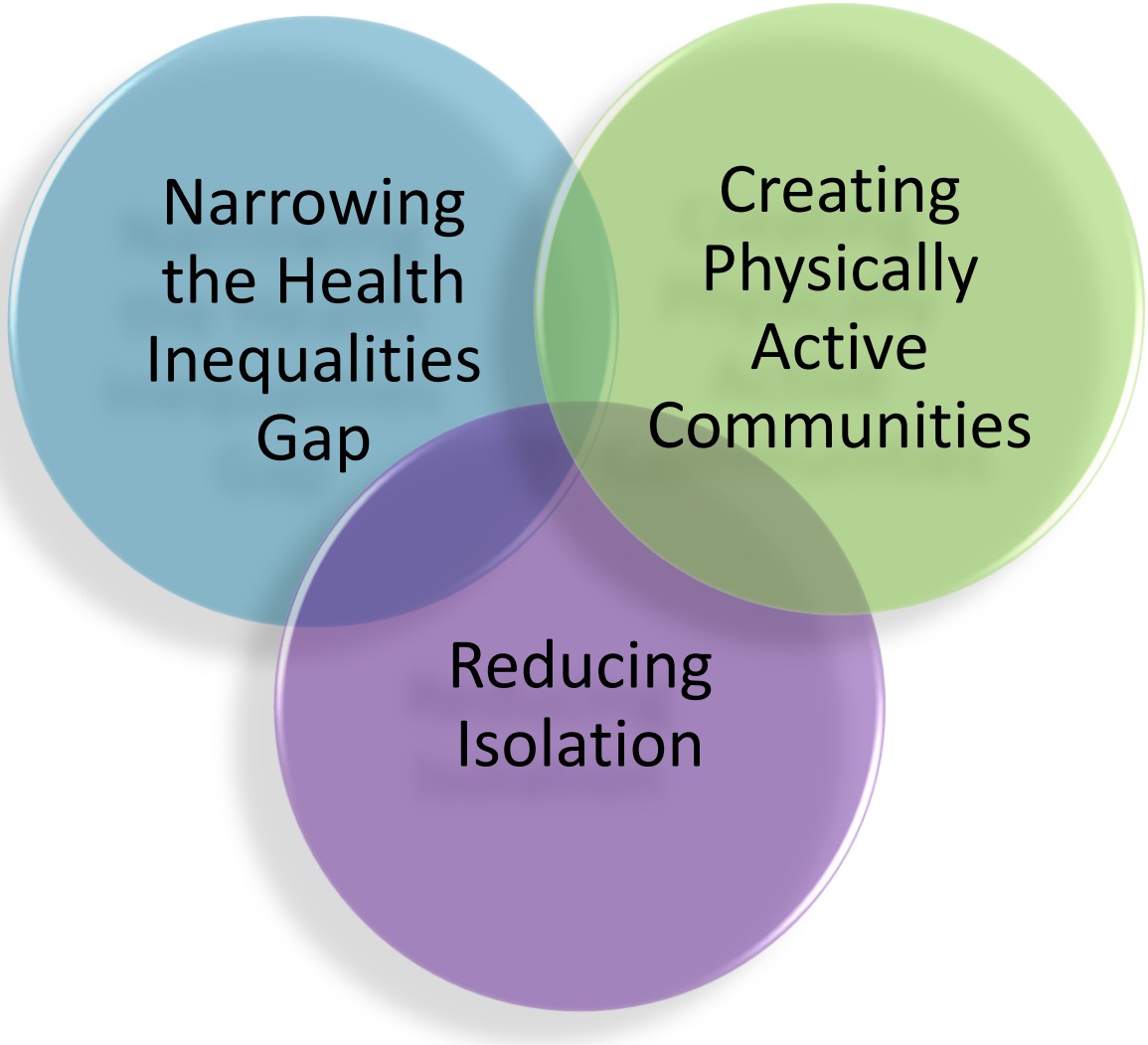
Proposed Wokingham Joint Health and Wellbeing Strategy 2018 - 2021

Health and Wellbeing Board Meeting
8 November 2018

WOKINGHAM
BOROUGH COUNCIL

Creating Healthy & Resilient Communities

Key Priorities



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NHS
Berkshire West
Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

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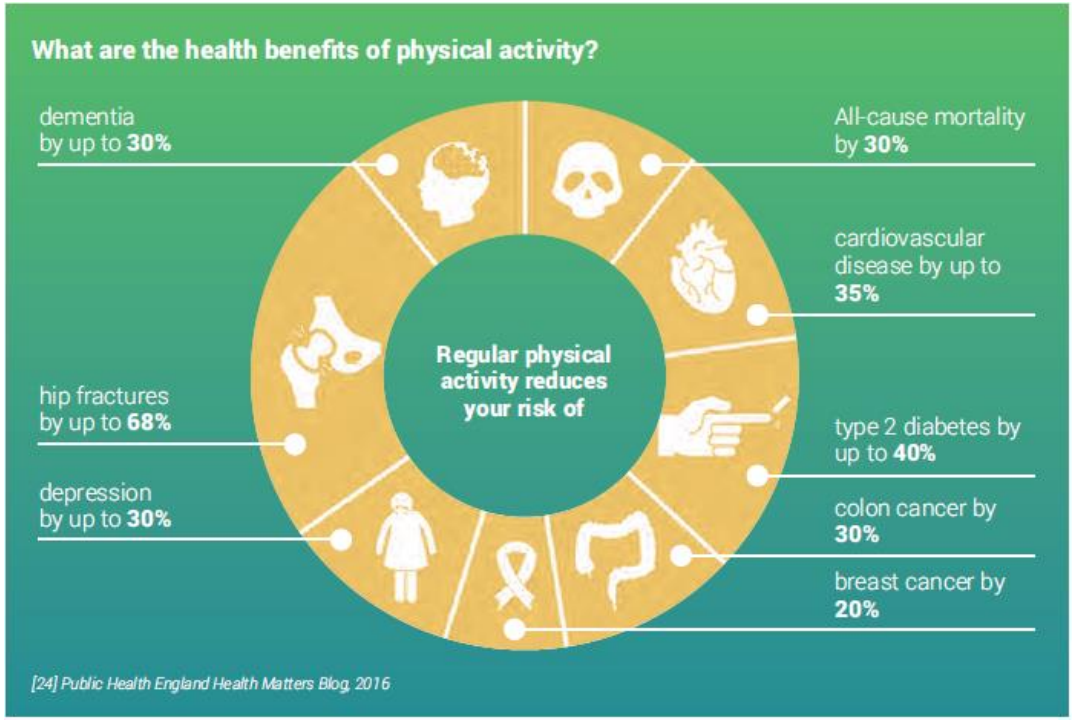
Other organisations will be added if they choose to adopt the strategy

Priority 1: Creating Physically Active Communities

Aim: To get people of all ages and abilities more physically active by:

- Getting more people out and using green and blue spaces
- Promoting more active travel
- Encouraging more children to get at least one hour of physical activity every day



Outcomes:

- Improved physical and mental health for all ages
- Full utilisation of new green and blue spaces
- Supporting and partnering with local sports clubs
- Lower percentage of overweight people

Current Situation & Targets:

- % of adults physically inactive (completing less than 30 minutes of physical activity per week) = 17.3%. Target = 14% by 2021
- % of teenagers with an average sedentary time of over 7 hours per day = 63%. Target = 52% by 2021

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Priority 1: Creating Physically Active Communities

13.8% of 10-11 year olds in Wokingham are considered obese (2016/17)

Only 16% of Wokingham's young people were physically active for 1 hour per day
2014/15 YOUth Survey

Being more physically active can reduce the risk of diabetes

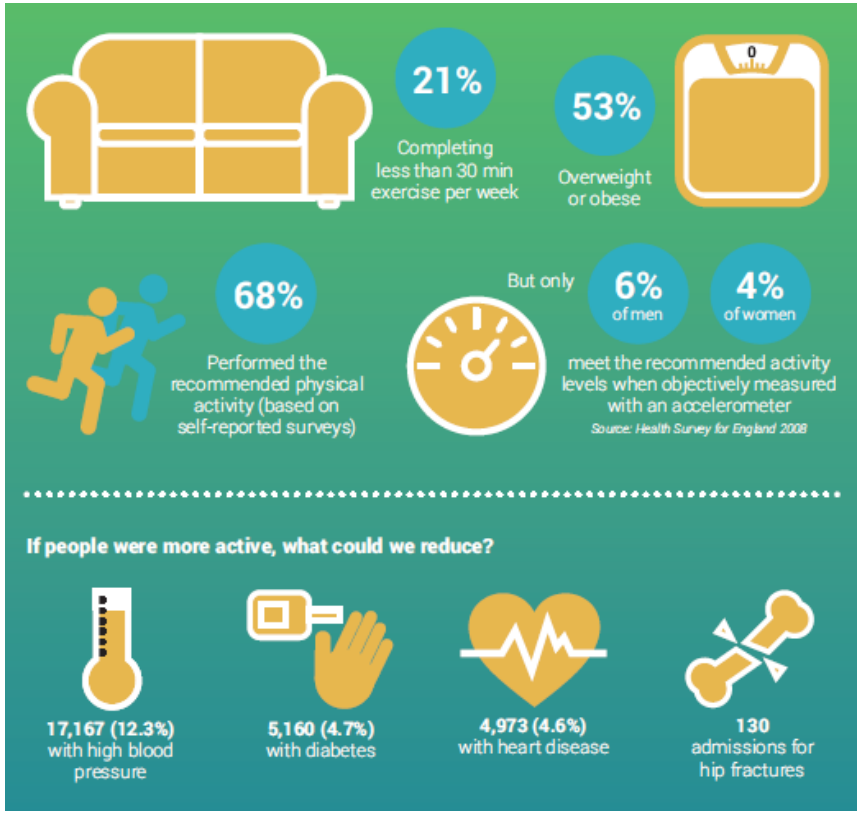
My Journey – Helping Wokingham Get Around

Borough wide campaign to help and inspire resident to travel by alternative modes. Promotes local events for all ages and abilities.

- Better points – gain rewards for travelling!
- Cycle streets route planner

A wide variety of sports and leisure facilities and activities for all abilities.

Wealth of green and blue space in the Borough.



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Priority 2: Reducing Social Isolation

1 in 3 older people in England are affected by loneliness

25% of people in Wokingham live alone

Loneliness is linked to poor mental and physical health

Aim: To reduce social isolation and loneliness in:

- Older people
- People with mental illness
- Carers

in order to improve their mental and physical wellbeing.

Outcomes:

- Creating resilient communities
- Linking up with the new development programme to ensure information on activities and group activities are correctly distributed

Current Situation & Targets:

- % of adult carers who had as much social contact as they wanted = 42.2%.
  Target up to = 46% by 2021
- % adult social care users who had as much social contact as they wanted = 44.5%
  Target up to = 48% by 2021

Wokingham Outreach Carers Service
provided by carerstrust a Network Partner

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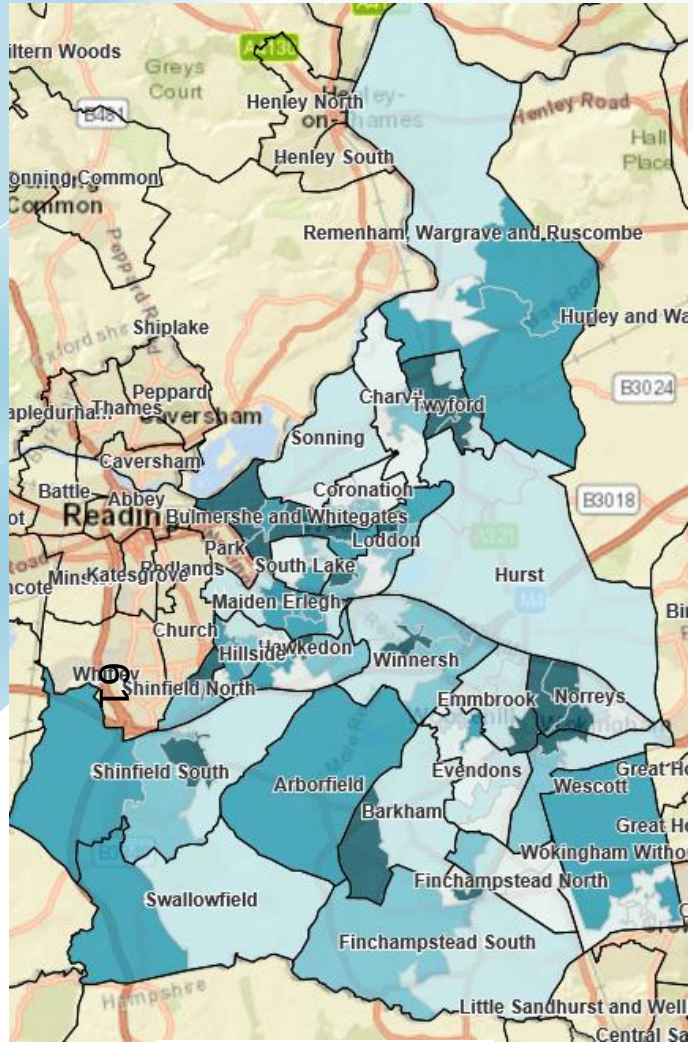
Priority 2: Reducing Social Isolation

These are some of the ways we are currently tackling social isolation



Source: AgeUK, 2016

The Government has brought in a new strategy for tackling loneliness with the vision is for this country to be a place where everyone can have strong social relationships. The strategy marks a turning point in how we see and act on loneliness in society.

Wokingham Borough Libraries

Wokingham library is tackling loneliness with a list of books perfect for people struggling with their mental health with the Reading Well scheme.

Wokingham's Link visiting scheme is a perfect example of how we can join together as one community to eradicate social isolation for the elderly.

the Link visiting scheme

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Priority 3: Narrowing the Health Inequalities Gap

Aim: To close the gap between what a child who is born today in the most deprived areas and those in the least deprived areas will experience over their life time.

Outcome:

- Those most deprived will enjoy more years in good health
- Greater access to health promoting resources

Health inequalities are linked to deprivation, illness and protected characteristics. Wokingham is the least deprived borough in Berkshire but inequalities still exist!

Current Situation & Targets:

- Gap in employment rate between those in contact with secondary mental health services and the overall employment rate = 66%
  Target = 60% by 2021

- Gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not = 11%
  Target = 8% by 2021

Early years of life are key to reducing health inequalities

Children in receipt of free school meals do not reach the same levels of attainment at various stages of their school careers

Income deprivation in Wokingham (2015) was 5.2%

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Priority 3: Narrowing the Health Inequalities Gap

Wokingham Your Way is a community mental health support service which is tailored to suit individual needs. This service is available to anyone in the borough aged 18-70 who has a diagnosed mental health problem or is concerned about their mental health.

Average Life Expectancy in Wokingham (years)

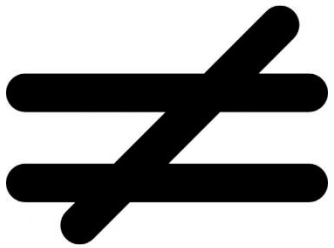
Male	Female
81.6	85.1

The difference in life expectancy between most affluent and most deprived tenth of the population:

Male	Female
5.5	4.5

Preventing Ill Mental Health

- It has been shown that exposure to natural environments can reduce stress, anxiety, blood pressure and anger
- There is an approximately 20-30% lower risk for depression and dementia for adults participating in daily physical activity.
- Investment in community support and transport services to keep people connected



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How the Health and Wellbeing Board can influence these Priorities

Policy	Physical Environment	Organisations and Institutions	Social Environment	Individual
What is currently happening? ❖ Wokingham Borough Plan ❖ HWB Strategy Action Plan in development	What is currently happening? ❖ New housing and infrastructure (roads, schools, parks)	What is currently happening? ❖ Berkshire West 10 Integration Board	What is currently happening? ❖ Community engagement	What is currently happening? ❖ Significant positive progress made in areas such as smoking
What needs to change? ❖ Partnerships in Health and Wellbeing Board ❖ Commitment to priorities ❖ Improved Governance	What needs to change? ❖ Need to include Housing ❖ Development of local plans linked with HWB overarching aims	What needs to change? ❖ Encouraging greater Board membership ❖ Review of current Partners – what is their role? What do they deliver?	What needs to change? ❖ Encouraging town and parish councils to promote the HWB priorities – Councillor champions for promoting health and wellbeing!	What needs to change? ❖ Enhanced engagement with community support ❖ Raising awareness of available services

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The Canterbury Health System

WOKINGHAM BOROUGH COUNCIL

Accompanying this strategy are 3 specific JSNA chapters, one for each priority:

- Creating physically active communities
- Reducing social isolation and loneliness
- Narrowing the health inequalities gap

WOKINGHAM BOROUGH COUNCIL

Focused Joint Strategic Needs Assessment (JSNA)

"Creating Healthy and Resilient Communities"

2017/18

Public Health Intelligence

Table of Contents

What is a Health and Wellbeing Board?

Under the Health and Social Care Act 2012, each local authority is required to establish a Health and Wellbeing Board.

We are responsible for identifying the current and future social care and health needs of the local area through a Joint Strategic Needs Assessment and setting strategies which influence decisions taken in the Council and health services.

The Board meetings are held in public and the public can submit questions to be Board so long as they are following the Council regulations for submitting questions.

Our vision

Creating healthy and resilient communities

Our Priorities

- Creating physically active communities
- Reducing social isolation and loneliness
- Narrowing the health inequalities gap

Underlying Principles of the Health and Wellbeing Boards

Shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations.

A commitment to driving real action and change to improve services and outcomes.

Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities.

Shared ownership of the board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves.
Openness and transparency in the way that the board carried out its work.

Inclusiveness in the way it engages with the local people

1. Creating physically active communities

Key Messages

- Only 16% of teenagers achieve the recommended physical activity level of one hour of moderate to physical activity every day.
- In 2016/17, 71.2% of adults aged 19 and over in Wokingham achieved at least 150 minutes of physical activity per week in accordance with the recommended guidelines. This was significantly better than the England figure of 66.0% and similar to the deprivation decile average of 70.0%.
- In 2017, 8,350 patients in Wokingham CCG were on the GP Obesity Register. This was 6.6% of the population aged 18 or over, which was lower than the comparator CCG Group but significantly lower than the national figure of 9.7%.
- Wokingham's Local Transport Plan 3 aims to achieve 60% of all pupils traveling to school by walking or cycling by 2026 and to improve cycle parking by schools.
- The reception year (aged 4-5) prevalence of overweight (including obese) children in Wokingham for 2016/17 was 18%.
- The year 6 (aged 10-11) prevalence of overweight (including obese) children in Wokingham for 2016/17 was 26.6%.

1.1 Introduction

Physical inactivity is a global health crisis, responsible for an estimated 5 million deaths worldwide. Around 16.8 million adults in England are insufficiently active, putting them at a significantly greater risk of heart and circulatory disease and premature death. In contrast, physical activity contributes to a wide range of health benefits and can improve health outcomes irrespective of whether individuals achieve weight loss. Research shows that doing regular physical activity can reduce the risk of coronary heart disease and stroke by as much as 35%. Keeping physically active can also reduce the risk of early death by as much as 30%.

Being physical active is important across the life course, from the youngest children to the oldest adults, all people benefit from moving more; especially those who face barriers to being more active including people with disabilities. Reducing inactivity in the population can deliver cost savings for health and social care services but the benefits of physical activity extend further to improved productivity in the workplace, reduced congestion and pollution through active travel, and healthy development of children and young people, including diversion from anti-social behaviour.

Sedentary behaviour is an independent risk factor to physical inactivity. It refers to a number of individual behaviours in which energy expenditure is very low and sitting or lying is the dominant mode of posture. The BHF estimates that the average man in the UK spends the equivalent of 78 days each year sitting. The average woman in the UK spends around 74 days each year sitting

Related to physical inactivity and sedentary behaviour is the issue of overweight and obesity. The UK is experiencing an epidemic of obesity and there is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood.. The government's National Child Measurement Programme (NCMP) measures the heights and weights of children in Reception (aged 4-5) and Year 6 (aged 10-11) in state schools for population monitoring of child BMI and in order to engage parents in discussions about their child's weight. The total NCMP participation rate in Wokingham was 97% in 2016/16.

Young people in Wokingham live comparatively healthy lifestyles compared to other areas, but there is little room for complacency as overall lifestyle risks in England contribute to around 40% of ill health and early death. There are predictions that the generation who are children now will have shorter life expectancies than their parents if current trends in physical activity and obesity continue on their current trajectory.

We also know that access to green spaces considerably increases people's likelihood of being physically active. Wokingham Borough Council Countryside Services look after 381 hectares of countryside sides, which includes 217 hectares of country parks, 105 hectares of nature reserves and 59 hectares of Suitable Alternative Natural Greenspaces (SANGs).

The built and natural environment in which we live strongly influences our behaviour, including our travel patterns and physical activity levels as well as our social connectivity. Wokingham is in the process of going through some major developments in terms of new housing. By 2026 there will be in excess of 13,500 new homes in the Wokingham Borough. This presents an opportunity to plan new spaces that promote healthy behaviours including physical activity.

1.2 Starting Well

Early Years

The government guidelines for those under the age of 5 is that physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. All under 5 year olds should minimise the amount of time spent being sedentary for extended periods of time.

The benefits of movement include:

- Development of motor skills
- Improves cognitive development
- Contributes to a healthy weight
- Enhances bone and muscular development
- Supports learning of social skills

Source: Department of Health and Social Care, 2011

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Preschool Age

Children of preschool age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours) spread throughout the day. Most UK pre-school children currently spend 120-150 minutes a day in physical activity, so achieving this guideline would mean adding another 30-60 minutes a day.

The benefits of being active for at least 180 minutes a day include:

- Improved cardiovascular health
- Contributes to a healthy weight
- Improved bone health
- Supported learning of social skills
- Developed movement and co-ordination

Source: Department of Health and Social Care, 2011

Obese Young Children

Around one in five (18%) children aged 4 to 5 (Reception year) in Wokingham were overweight or obese in 2016/17. Wokingham had one of the lowest prevalence's of obese children aged 4-5 years in 2016/17 with 6%. This was lower than the South East region with 8.5% and the prevalence in England of 9.6%.

Source: NHS Digital, National Child Measurement Programme

1.3 Developing Well

Children and Adolescent Lifestyle

The government guidelines for physical activity state that young people aged 5-18 years should have 60 minutes and up to several hours every day of moderate to vigorous intensity activities. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at last three days a week.

Source: Department for Health and Social Care, 2011

Being regularly physically active is vital for a child's development and will help to lay the foundations for a healthy and active life. There are many physical benefits for children such as improving cardiovascular fitness, assisting with the development of fine motor skills and helping to establish connections between different parts of the brain.

Physical activity also has important benefits for wider wellbeing; research has shown that regular physical activity can help children to concentrate better at school, learn skills in cooperating and improve their mental health. Exercise has been found to have a positive effect on creating mentally healthy children by releasing feel-good brain chemicals that may ease depression.

Source: Healthline, 2017

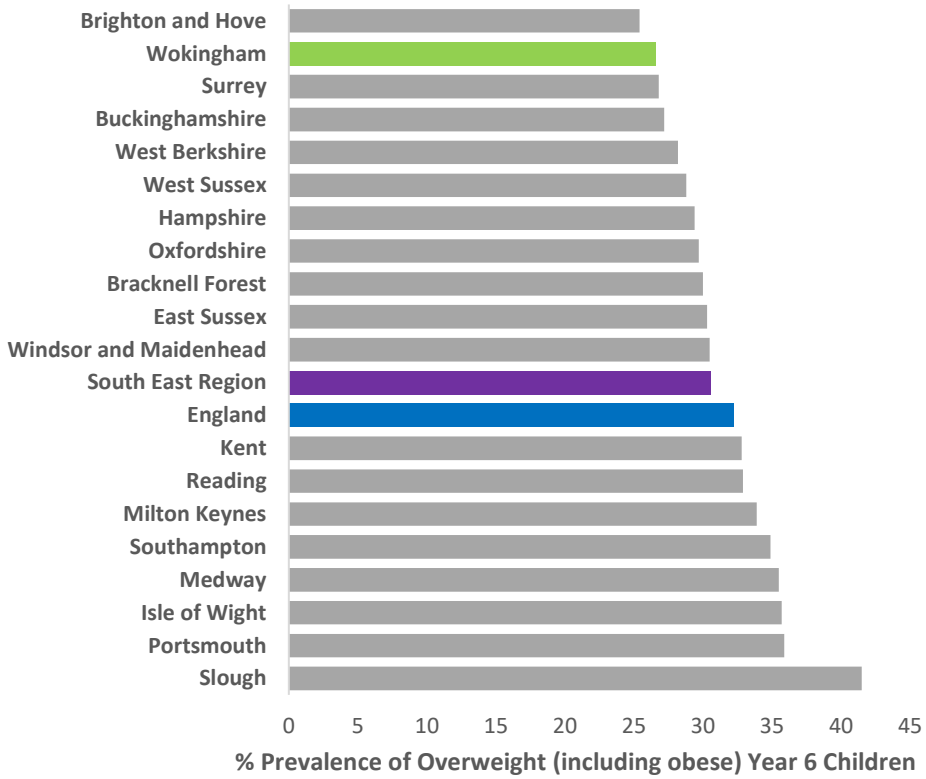
In Wokingham, the percentage of 15 year olds that are physically active for at least one hour per day seven days a week is just 15.5%. Although this is greater than England at 13.9%, is it around the average for the whole of the South East Region.

Moreover, when looking at sedentary time (somewhat inactive), the percentage of 15 year olds with a mean daily sedentary time which is over 7 hours per day is at 62.9%. This is lower than both England (67.8%) and the South East region (68.6%) and is among the lowest in the region which is between 76.3% and 60.8%.

Obesity in Children and Adolescents

Around one in four (26.6%) children aged 10-11 (Year 6) in Wokingham were either overweight or obese in 2016/17. This is among the lowest rate in the South East Region and lower than the England prevalence of 34.2%.

Figure 1 Prevalence of overweight (including obese) Year 6 children in the South East



Source: NHS Digital, National Child Measurement Programme, 2016/17

Children with Disabilities

It can be more challenging for children and young people with physical or learning disabilities to meet physically activity recommendations than it is for other children. Research shows that many barriers to participation exist for children with disabilities. Understanding and removing these barriers is crucial to ensuring all children enjoy the many health benefits of being physically active.

Parents of children with a disability report that one of the biggest barriers to participation in sports is social stigma. The children's charity Variety fund that nationally, over a third (36%) of parents reported that their child had experienced negative social attitudes to their health problem or disability in relation to sport.

Source: Variety, The Children's Charity

Taking part in physical activities with others of similar ability could help to boost confidence and social interaction. There has been countless research papers highlighting the positive impact that physical activity can have on the mental wellbeing of a person of any age, for example a paper written by the Mental Health Foundation in 2013.

Travel to School

An important contributor to our level of activity is how we get about day-to-day. If children (or adults) do not regularly walk anywhere, they are missing one of the fundamental activities which contributes to health. The same factors apply to wheel-chair users or others with impaired mobility – using one's own body to provide the energy to get around. Travel to school is a good marker of children's active travel patterns.

Wokingham Picture

Opportunities for walking are well developed in the urban areas of the Borough. Footways are generally well surfaced, lit and connected by a range of crossing paths. This is reflected by the overall numbers of children that walk to school. The latest school census data regarding travel to school was collected in 2012.

Table 1. How pupils travel to Wokingham Schools (2012)

	Walk	Cycle	Car	Car Share	School Bus	Public Bus	Train	Taxi	Other
2010	46.53%	6.31%	31.89%	4.19%	5.36%	1.82%	1.19%	0.7%	0.47%
2011	48.24%	5.87%	30.83%	4.42%	5.14%	1.68%	1.17%	0.75%	0.22%
2012	49.50%	5.50%	30.0%	4.40%	5.27%	1.72%	1.15%	0.64%	0.12%

Source: Wokingham Borough Council

This latest data shows that walking to school has increased by nearly 3% between 2010 and 2012 and travel by car reduced by almost 2%. Wokingham's Local Transport Plan 3 aims to achieve 60% of all pupils traveling to school by walking or cycling by 2026 and to improve cycle parking by schools.

Wokingham Services

Wokingham Children's Centre play sessions are aimed at improving the physical health of children. The activities are planned to help children achieve their developmental milestones. Children are also encouraged to eat healthy between play sessions. The centre also provides 'cooking healthy on a budget' and 'cooking from scratch' programs to targeted families which are offered in partnership with Bracknell and Wokingham College.

The Kicks programme aims to encourage young males and females, who may otherwise be difficult to reach, to be a part of a team and uses physical activity to bring them together. The scheme offers free football sessions and offers a number of additional workshops on a range of topics including bullying, healthy eating and substance misuse.

The government's physical activity guidelines for adults (aged 18-64) is to have at least 150 minutes, over a week, of moderate to vigorous intensity activity. It is also advised that adults should undertake physical activity to improve muscle strength on at least two days a week.

Research suggests the benefits of being active on a daily basis include:

- Reduces risk of a range of diseases e.g. coronary heart disease, stroke, type 2 diabetes
- Helps maintain a healthy weight
- Helps maintain ability to perform everyday asks with ease
- Improves self-esteem
- Reduces symptoms of depression and anxiety.

The cost of inactivity has consequences for health and also places a substantial cost burden on health services through the treatment of long-term conditions and associated acute events such as heart attacks, strokes and falls.

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Wokingham Picture

In 2016/17, 71.2% of adults aged 19 and over in Wokingham achieved at least 150 minutes of physical activity per week in accordance with the recommended guidelines. This was significantly better than the England figure of 66.0% and similar to the deprivation decile average of 70.0%.

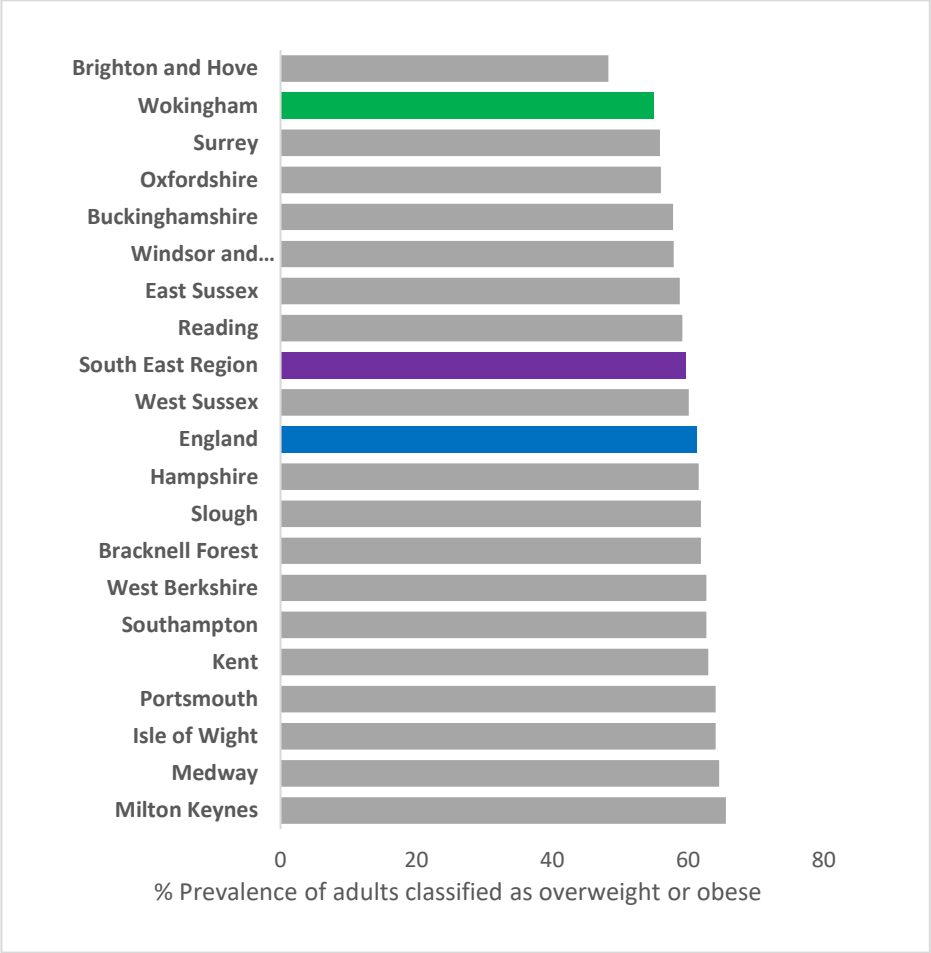
In 2016/17, 17.3% of adults aged 19 and over in Wokingham completed less than 30 minutes of physical activity per week and were therefore defined as 'physically inactive'. This was significantly better than the England figure of 22.2% and similar to the deprivation decile average of 18.4%.

Source: *Public Health England (based on Active Lives Survey, Sport England) 2016/17*

Overweight and Obesity in Adults

Over half (55%) of adults in Wokingham are either overweight or obese. Though Wokingham has one of the lowest rates of overweight and obesity in the region, this is a significant proportion of the adult population at greater risk of preventable long term illness and reduced life expectancy.

Figure 2 Prevalence of adults (aged 18+) classified as overweight or obese in the South East Region



In October of 2017, 8,350 patients in Wokingham CCG were on the GP Obesity Register. This was 6.6% of the population aged 18 and over, which was lower than the national figure of 9.7% (QOF, 2017)

Transport

Transport across the U.K is monitored by the Department for Transport (DfT). Transport includes travel by car, bus, tram, rail, air, walking or cycling. As a local highways authority, Wokingham Borough Council has a responsibility to monitor how people commute to work in or through the borough.

Walking and cycling, also known as 'active travel' not only provide health benefits to the individual through increasing physical activity, but also have positive impacts on the wider community including reducing air pollution, and increases the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction.

(PHE working together to promote active travel)

Wokingham Picture

In Wokingham in 2014/15, around 82% of adults were walking for more than 10 minutes at least once per week was which is around average for the South East Region, and higher than the national figure of around 81% but only 47% walked for more than 10 minutes at least five times per week. This

Wokingham has the second highest percentage of adults who do any cycling at least once a month at 23.3% with the South East Region at 16.8% and England only 14.7%. Around 8% of adults in Wokingham cycle at least three times per week.

Source: Department for Transport, Active People Survey, Sport England, 2014/15

With excess of 13,000 new homes in development in the Wokingham Borough, there is plenty of opportunity for utilisation of new green spaces.

Wokingham Services

My Journey Wokingham is a borough-wide sustainable travel campaign that aims to help and inspire Wokingham residents, employees and students to travel by alternative modes. My Journey helps residents and employees of Wokingham borough, travel by modes other than single car use. This is done through a range of projects including creating maps, attending community events, organising cycle training, led walks & bike maintenance sessions and producing personalised travel packs for residents.

1.5 Ageing Well

According to NICE guidelines, in order to stay healthy or to improve health, older adults need to do two types of physical activity each week. These are aerobic and strength exercises. It also advises that older people should be exercising in a safe environment for 30 minutes a day (which can be broken down into 10 minute bursts) on at least 5 days a week; this could be shopping, doing housework, gardening, walking or cycling for example.

Older adults at risk of falls, such as people with weaker legs, poor balance and some medical conditions, should do exercises to improve balance and co-ordination on at least two days a week. This could be doing yoga, tai chi or dancing.

Physical activity in older age has benefits to physical health, in particular musculoskeletal health and reducing risk of falls as well as having a positive effect on mental health and wellbeing, and increasing social contact.

1 in 5 people are over 65 and this is set to rise to 1 in 3 by 2033. The number of "oldest old" (over 85) has doubled in the past decade and the percentage of people dying before 65 has remained constant for the past 20 years.

Wokingham Picture

Wokingham Borough Council offer two sports and leisure services specifically designed for people aged over 60. These are SHINE and Steady Steps. SHINE offer 67 classes and 19 different activities such as aquacise, bowls, line dancing, pilates and many more. In January 2018 there were 1,261 active service users.

In Wokingham there were around 570 hospital admissions due to falls in those aged over 65 in 2016/17. This represents around 2% of adults over 65 in the area and is a similar rate to the England average. Around 130 adults over 65 who fell suffered a hip fracture a rate of 0.47%, lower than the England average of 0.58%.

Source Public Health Outcomes Framework

The Steady Steps, Falls Prevention exercise programme 60+ currently has 519 names on the database; of these 88 are currently active participants and 21 on a waiting list. There are 3 venues with 9 sessions running a week under this service. The table below breaks down the Steady steps participants by age group. The highest number of participants comes from the 81-90 age group.

Table 2: Participants in the Steady Steps falls prevention programme (2018)

Age group	Number
60 - 70	36
71 - 80	164
81 - 90	243
90+	31
Total	**474**

Source: Wokingham Borough Council, 2018

There are also a number of transport services that assist the older people of Wokingham in getting out and about and giving them the opportunity to visit other areas of the borough as well as attend any medical appointments or simply to go shopping.

Wokingham Services

The Earley Volunteer Driver Bureau (EVDB) is a local charity who use volunteer drivers to provide lifts in their private cars for elderly and/or mobility-restricted Earley residents to places such as the hospital, dentist or to other medical appointments. They also undertake trips to clubs, shops and day centres.

Keep Mobile provides transport for elderly and people with disabilities within the Wokingham and Bracknell boroughs. Keep Mobile can also offer a passenger assistant to travel with them if needed.

1.6 The Environment

The environment can shape our behaviour, so there is opportunity to design the neighbourhoods and towns with activity in mind. The links between access to green space and levels of physical activity are well-established in research, which shows higher levels of physical activity in areas with more green spaces (Ellaway et al. 2005).

The ways in which the natural environment can improve health are complex and intertwined with many factors. These are broad themes that have appeared from the research in this field, namely:

- Stress reduction
- Improved environmental quality
- Greater social cohesion
- Increased physical activity

Source: WHO, 2016

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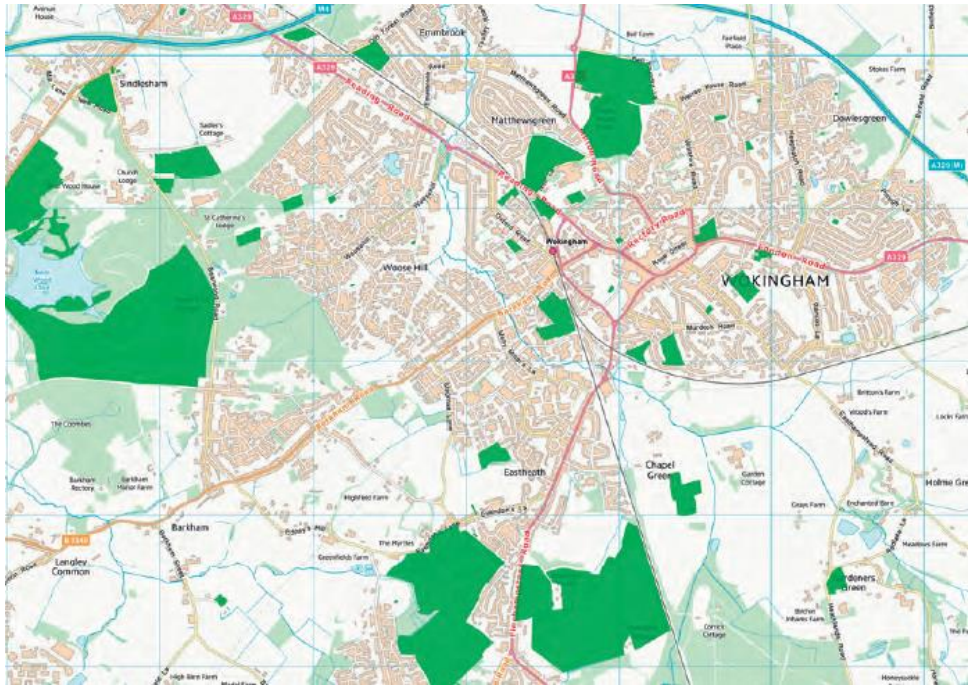
Wokingham Picture

Wokingham Borough had 96,100 registered cars in 2017, equivalent to approximately 1.5 cars per household. This was the third highest out of all of the Berkshire authorities. As Wokingham is a more urbanized borough (classed as predominantly urban), the roads are classed as less rural than neighbouring authorities such as West Berkshire. As a result, our residents are exposed to more roads than other local authority populations.

Wokingham, benefits from a well-connected rail network, with easy access to Reading, a major rail hub, Gatwick airport, one of the U.K's busiest airports and the capital city London. Having easy access to reading ensures Wokingham rail users are never far away from getting to any destination in the U.K.

Local Transport Plan setting out the long-term transport strategy for the borough; particularly for the four new communities being created to accommodate the majority of the construction of over 13,000 new homes in the borough as identified in the Local Development Framework Core Strategy. A big part of the local strategy is to improve the quality of life for residents by having transport in the borough that is inclusive and enhances the economic, social and environmental prospects of the borough whilst promoting the safety and health and wellbeing of the residents that use it. (WBC Local transport plan 2011-2026)

Figure 3 showing the current green space in Wokingham town centre



Source: Ordnance Survey OpenData (2018)

Wokingham Borough has a number of country parks that are enjoyed by those within the borough and people who travel a distance to visit them, such as:

- California Country Park
- Dinton Pastures Country Park
- Aldermoore Nature Reserve
- Highwood Nature Reserve
- Healthlake – Special Scientific Interest Site
- Rook's Nest Wood Country Park
- Charvil Country Park
- Keephatch Park Nature Reserve
- Lavell's Lake Nature Reserve

2. Reducing Social Isolation and Loneliness

Key Messages

- Living alone is strongly associated with social isolation. The estimated number of elderly population living alone in Wokingham borough is 10,442. This number is estimated to increase by 25% by 2025.
- Adults who are users of social care can be quite socially isolated; less than half (48%) have as much social contact was they would like.
- Adults who provide unpaid care to friends and relatives area also at risk of isolation. Just over a third (36%) of adult carers have as much social contact as they would like.
- 7.3% of children and young people in Wokingham are estimated to have a diagnosable mental health disorder; this equates to a total of 1,828.
- There are around 443 children and 465 adults in Wokingham who need support for their learning disabilities. It's estimated that 85% of young disabled adults aged 18-34 feel lonely. (Scope, 2017).
- Over 1 in 10 mothers are thought to be affected by post-natal depression which can be exacerbated by social isolation. It is estimated that around 300 mothers in Wokingham are affected each year.

2.1 Introduction

Social isolation is about separation from social or familial contact, community involvement or access to services, whilst loneliness is a subjective feeling which may or may not relate to observable isolation. People can be isolated without feeling lonely, and can be lonely without being isolated, although the two often go together.

Social relationships and interactions are vital to human health and wellbeing, and without them the stress response triggered can have a significant impact on both physical and mental health.

Research suggests that weak social connections carry a health risk that is more harmful than not exercising, twice as harmful as obesity, and is comparable to smoking 15 cigarettes. A report collating evidence of the effects of loneliness and isolation found that socially isolated people are:

- 3.4 times more likely to suffer depression
- 1.9 times more likely to develop dementia in the following 15 years
- 1.8 times more likely to visit a GP
- 1.6 times more likely to visit A&E
- 1.3 times more likely to have emergency admissions
- 3.5 times more likely to enter local authority funded residential care.

Though often associated with ageing, social isolation and loneliness does not just affect the older population; anyone of any age can suffer. Groups that are more vulnerable to social isolation include people who:

- Live in rural communities or deprived urban communities
- Live alone; widowed or divorced;
- Are retired or not employed
- Are struggling financially
- Are In poor health physical or mental health,
- Have limited mobility, visual or hearing impairment
- Have a change in life e.g. new baby or family bereavement

By the very nature of these issues the scale of the suffering is often hidden. Social isolation can be measured by asking the population about the frequency of their social contacts, also by measuring participation in social activities and. Loneliness is usually assessed by asking questions about experience of feelings, for example: “How often do you feel you lack companionship?”

The likelihood of people experiencing social isolation and loneliness can also be measured by identifying risk factors for social isolation in the population, including those characteristics listed above.

2.2 Starting Well

The arrival of a baby can leave new parents feeling isolated. While pregnancy does offer opportunities to create new social networks, for example through antenatal groups, surveys suggest that around one in five mothers feel they don't have friends or family or friends nearby who they can turn to.

Social isolation is a known risk factor for postnatal depression and is associated with poor self-rated health in mothers. Postnatal depression is thought to affect around 1 in every 10 women within a year of giving birth, though some surveys suggest the figure might be closer to 3 in 10. It can also affect fathers and partners, although this is less common.

Perinatal mental health refers to the mental health of mothers during pregnancy and after birth of the child. Postnatal depression and anxiety are common perinatal mental health issues. Other less common but serious conditions include postpartum psychosis and post-traumatic stress disorder.

Table 2. Estimated incidence of perinatal mental health issues in Wokingham

Total number of live births (2016)	**1,809**
Estimated number of cases each year of:	
depression and anxiety (mild-moderate)	270
depression (severe)	55
Post-traumatic stress disorder (PTSD)	55
Postpartum psychosis	5

Source: Perinatal Mental Health Profiles, Public Health England

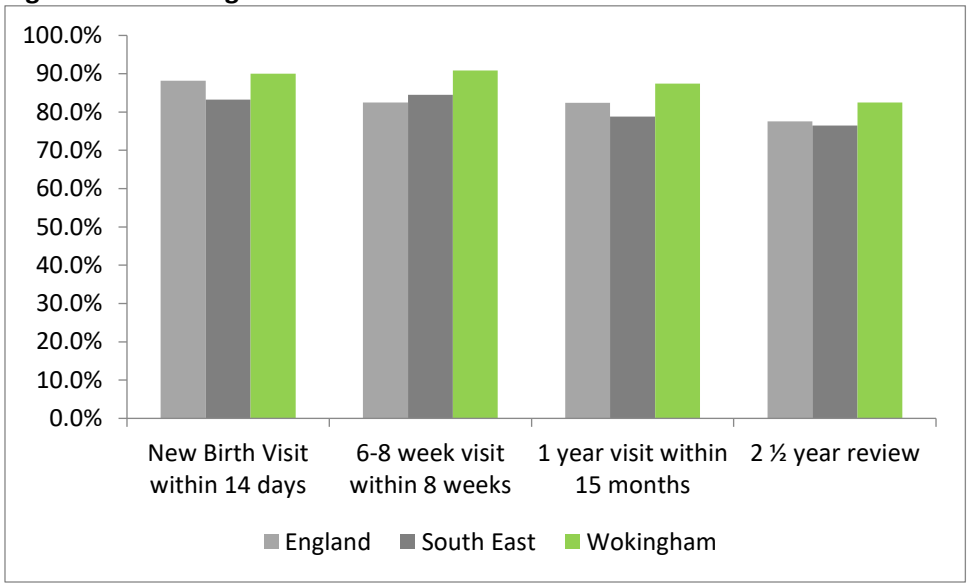
Health Visitors have a crucial role in assessing and promoting perinatal mental health. Face-to-face contact with a health visitor offers an opportunity to assess and provide support to mothers struggling with mental health issues.

Health Visitors typically have five points of contact with mothers and babies from before birth to age 2½ years. Around 37% mothers in Wokingham received a first face-to-face contact with a health visitor before birth of the baby during 2016/17, compared to the average in England of approximately 40%.

Coverage of visits after the birth is much higher; 90% of women and children receive a face-to-face New Birth Visit (NBV) within 14 days which is higher than the national average; 91% of infants received a 6-8 week review by the time they were 8 weeks old, also higher than the national average.

Around 7% of mothers are referred onwards following a maternal mood assessment at the 6-8 week review. This equates to 123 mothers from Wokingham

Figure 4. Percentage of Health Visitor visits within recommended timeframe



Source: Health visitor service delivery metrics 2016 to 2017

Maternal depression can severely impact early childhood development, and development in early childhood in turn has a significant impact on factors such as educational attainment, employment and health and wellbeing.

Social disadvantage is a risk factor for postnatal depression; the impact of which can exacerbate health inequalities over the life course and lead to disadvantage across generations.

Wokingham Services

The National Childbirth Trust (NCT) is a national charity with branches in Wokingham and in Crowthorne and Sandhurst, providing new parents support and impartial advice so that they can decide what is best for their family, also introducing them to a network of local parents to gain practical and emotional support.

Home Start is a family support charity. Home Start offers visits and free support to young families with at least one child under five years old; this can involve emotional support, practical help with getting to appointments or shopping or information and links to other organisations including health and educational services.

2.3 Developing Well

Children and young people can become socially isolated due to adverse life events or circumstances, including experience of abuse and neglect, domestic violence or substance misuse in a parent.

Having a long term condition or a disability or being a carer are also risk factors for having less social contact. An estimated 85% of disabled young adults from the 18-34 year old age group feel lonely (Scope, 2017).

Young people may also become socially isolated as a result of bullying. Bullying is often related to socially ascribed identities, such as those related to gender, ethnicity, sexuality or physical appearance.

Homophobic and racially motivated bullying and harassment are common in schools, as well as bullying related to weight. Nearly half of lesbian, gay, bisexual and trans young people have been bullied for being LGBT at school and more than 16,000 young people miss school due to bullying (NSPCC Bullying statistics).

Social isolation in childhood is associated with poor mental health. Children who experience social isolation are more likely to have poor educational attainment and lower incomes in adulthood; they are also at greater risk of smoking, obesity and psychological distress in adulthood. (PHE Reducing social isolation across the life-course)

Wokingham Picture

In 2017 there were 443 children with a learning disability known to schools in Wokingham borough. This equates to a rate of around 15 per 1,000 children which is significantly lower than the England rate of 35 per 1,000 children. Around 2,800 children were assessed to have special educational needs (SEN).

There were 20 children in Wokingham with parents in treatment for alcohol addiction and 16 children with parents in treatment for drug addiction, with around 230 children aged under 16 providing unpaid care for friends and relatives in 2011/12.

Around half of 15 year olds in Wokingham reported having been bullied in 2015/16 compared with the 57% average across the South East. School absenteeism rates are significantly lower in Wokingham than the England average, though even with low rates over 2015/16 there were around 680 primary and around 970 secondary school children persistently absent from school (missing more than 10% of classes).

(Source: Public Health England Child and Maternal Health Profiles)

Children in Need

A 'child in need' is a child who requires support of local authority social services to support health or development. This includes children on child protection plans or who are looked after, children who are young carers as well as children with disabilities. There were a total of 667 children assessed to be in need of local authority support in Wokingham in 2017.

Table 3. Children in Need in Wokingham according to type of need (2017)

Primary need identified	Number
Abuse or neglect	193
Child's disability or illness	157
Family dysfunction, stress or absent parenting	128
Parent's disability or illness	30
not stated	158

Around a third of children in need in Wokingham (33%) are persistently absent from school (defined as missing more than 10% of classes) compared to the national average of 30%. Absence from school can lead children and young people to having fewer social contacts and becoming more isolated.

(Source: Department for Education characteristics of Children in Need (2016/17)

Prevalence of mental health problems

Poor mental health is both a risk factor for and a potential outcome of social isolation in children and young people. Measuring the true prevalence of mental health problems in the population is challenging but for this age group is especially difficult. Estimates are largely from national and local surveys and from records of service use.

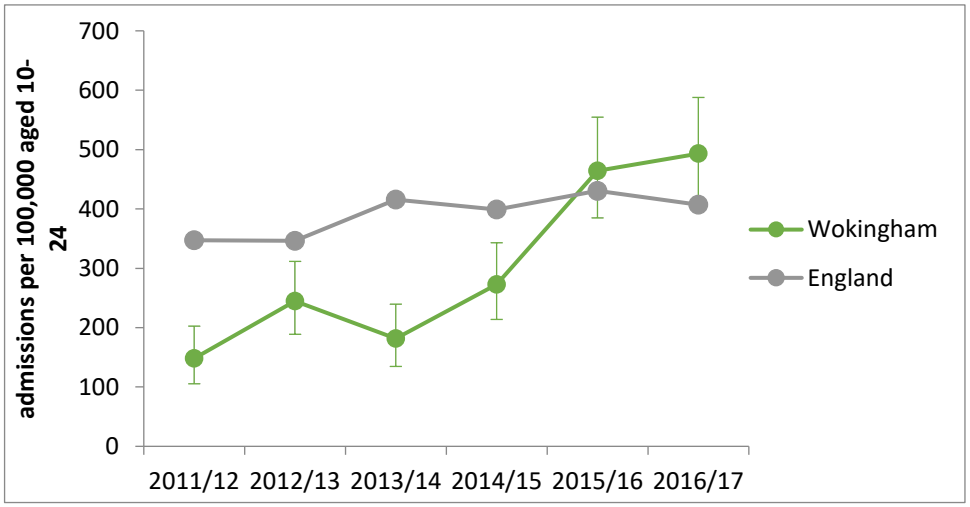
Based on surveys of mental health of children and young people it is estimated that 7.3%, of those aged 5-16 (around 1,800 children) in Wokingham have a mental health disorder. This is lower than the estimates for the South East (8.5%) and England (9.3%).

Conduct disorders (including aggression and anti-social behaviour) are the most common type of mental health disorder affecting an estimated 4.1%. Around 730 children (2.9%) are thought to have an emotional disorder (anxiety and depression) and a further 1.1% have hyperkinetic disorders.

(Source: Children and Young People's Mental Health and Wellbeing Profile, PHE)

Figure 5. Hospital admissions due to self-harm in those aged 10-24*

Source: Public Health England, 2015 *data quality concerns



There were 128 hospital admissions in young people aged 10-24 from Wokingham recorded over 2016/17. This equates to a rate of 493 per 100,000 population, higher than the England average of 407 per 100,000 (Figure 2). There are some concerns over the quality of the data and so these figures should be interpreted with caution.

The Mental Health Services Dataset reports data on use of mental health services. These reports show that as of March 2017 there were 1,315 active referrals to general mental health services for those aged up to 18 and 2,825 open referrals to children's and young people's mental health services.

(Source: Mental Health Services Monthly Statistics, NHS Digital)

Wokingham Services

Relax Kids helps children, young people and families to manage stress, anxiety and difficult feelings whilst boosting self-esteem, confidence and improving sleep whilst in a relaxed environment. Relax Kids provides classes that focus on mindfulness for children whilst encouraging creativity, confidence and calm, and promoting healthy habits. They also run a Story Massage stand-alone session as part of a group or 1:1 which involves combing the benefits of positive touch with the creativity of words.

More Arts is an independent arts development charity that champions all art forms. More Arts fund workshops at Wokingham Hospital and workshops via Soulscape which all use the medium of art to enable children to freely express themselves and live in the moment.

SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service) is a free, confidential service that is offered for parents, carers, children and young people. SENDIASS provides impartial information, advice and support relating to all aspects of SEN and Disabilities, including health, social care, and personal budgets to children and young people up to the age of 25 with SEND and their parents/carers.

ASD Family Help charity is a 'User Led' independent and voluntary group that offers support, advice and activities for individuals on the autistic spectrum, their parents, carers and professionals within Wokingham and West Berkshire Boroughs in Berkshire. Support can include activities for autistic children and young people, life and relationship skills for teens and social activities to include siblings and young carers.

Building for the Future provides play, therapy and support for children with additional needs and their families. This includes multiple leisure activities in their specially adapted community centre. Parents and carers can also find support and socialise.

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Berkshire Vision is a charity for the blind and visually impaired. For visually impaired children and their families, Berkshire Vision have organised events approximately once a month which is supported either by staff members of volunteers. The charity has a sports programme which delivers specially adapted activities for visually impaired adults.

2.4 Living and Working Well

Adults aged 16-64 are thought to be less likely to experience loneliness or social isolation, though loneliness is less well studied in this age group. We do know that men at greater risk of social isolation and tend to have fewer local social connections.

Life transitions are also important and can lead to isolation. Loss of employment or housing or breakdown of a relationship can all have a significant effect on social connectedness.

Being in work protects against social isolation both through providing income and access to social networks. Employment rates in people with long-term health conditions, disabilities, and in people with mental health disorders are lower than for others in the population, increasing risk of isolation in these groups.

As well as the association between isolation and deprivation, there is also a link between isolation and various social identities. People who identify as black or ethnic minority (BME) are at greater risk of social isolation and are more likely to be diagnosed with mental condition. Lesbian, gay, bisexual and transgender (LGBT) people are also at increased risk of being socially isolated.

(Source: PHE Reducing social isolation across the life-course)

Both people who *receive* social care support and those who *provide* unpaid care for friends or relatives may lack the social contact and support that they would like. Providing care and support can also have a direct impact on health and wellbeing independent to the effect of social isolation.

Almost three quarters of respondents to Carers UK's the State of Caring 2018 survey who are currently providing care said they had experienced stress or depression as a result of caring, while over half said their physical health had worsened as a result of caring.

Wokingham Picture

Adults with a disability or long term physical or mental health conditions

Around 18,000 people in Wokingham responding to the 2011 census reported having a long term physical or mental health condition or a disability.

GP records also provide a useful source of data on health needs, though often underestimate true population needs as they only measure those seeking care. GP records over 2016/17 show that in Wokingham there are around 8,600 adults (7.8% of the adult population) recorded as having a diagnosis of depression. This is significantly lower than England average (9.1%). Around 780 people were recorded as having a diagnosis of schizophrenia, bipolar affective disorder or other psychoses.

(Source: Public Health England: Mental Health and Wellbeing JSNA)

In Wokingham in 2016/17 there were around 480 people of all ages recorded on GP Practice registers as having a learning disability. Estimates based on the Health Survey for England suggest that around 11,500 adults in Wokingham had a physical disability (2012). A total of 2,120 working age people in Wokingham were in receipt of Disability Living allowance as of 2014.

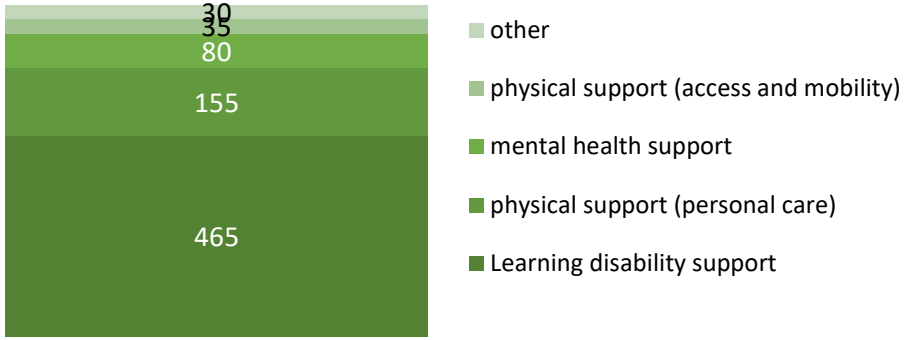
Adults supported by local authority adult social care services

Adult social care services in Wokingham received over 4,600 requests for support from new clients in the 2017/18 financial year. A quarter of these requests (1,145) were from adults aged between 18 and 64. Of the 1,145 working age adults requesting support, around 14% (165) received long term care, 5% received short term care, 8% received low level support and 50% were signposted to universal services.

A total of 765 adults in this age group were accessing long term social care support over 2017/18. The majority of these adults (60%) required support for a learning disability [Figure 6].

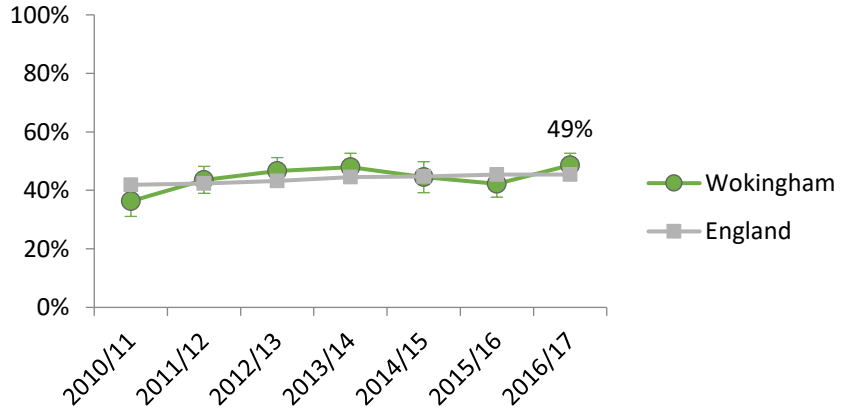
(Source: Adult Social Care Activity and Finance Report, NHS Digital)

Figure 6. Adults aged 18-64 accessing long term social care support according to primary support need 2017/18



The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF draws on data collected as part of Adult Social Care Survey. This asks service users about their experiences of care, including their experiences of social connectedness. Figure 4 shows that only around half of service users in Wokingham felt they had as much social contact as they would like.

Figure 7. Proportion of adult social care users who have as much social contact as they would like (2016/17) *Source: Adult Social Care Survey – England (NHS digital)*

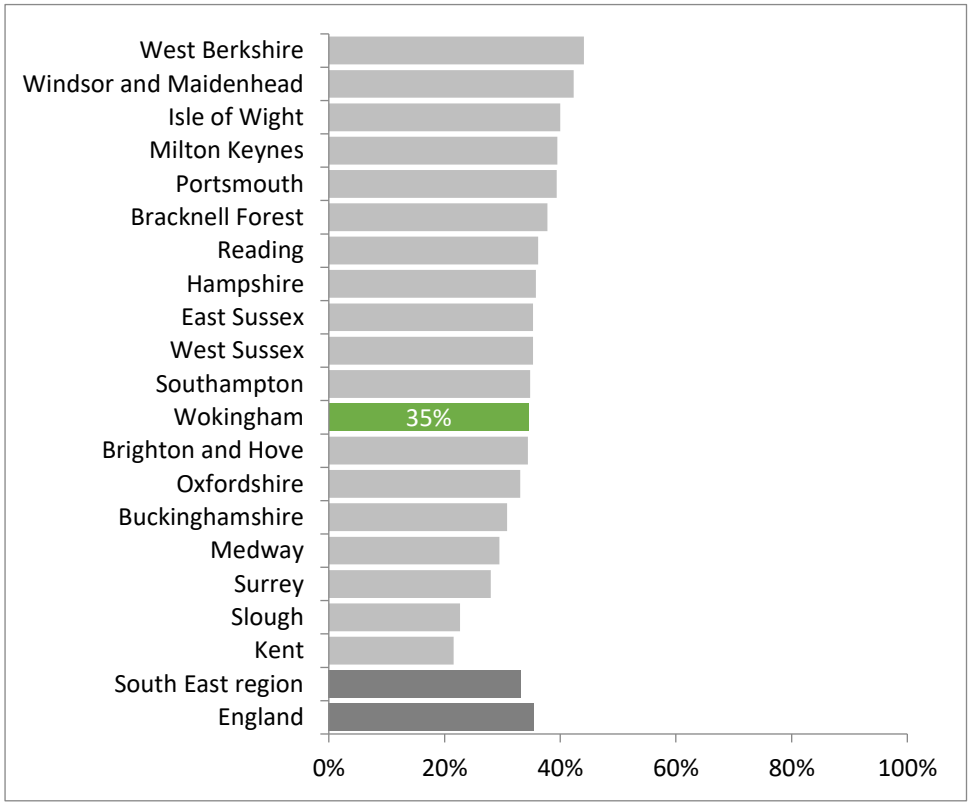


Adults providing unpaid care

The 2011 census estimated that around 2,300 adults in Wokingham were providing unpaid care for friends or relatives. The Personal Social Services Survey focuses on a smaller group of carers; those who provide unpaid care to adult social care service users. Figure 5 shows that only 35% of carers surveyed in Wokingham have as much social contact as they would like. This is similar to the national average.

Figure 8. Proportion of adult carers (age 18+) who have as much social contact as they would like (2016/17)

Source: Personal Social Services Survey of Adult Carers (NHS digital)



Wokingham Services

Unlock Your Wellbeing provides training in mental health first aid, wellbeing, stress management, resilience, happiness, mental health recovery and life coaching.

Depression Xpression holds a monthly support group which is run by peers, for anyone who is affected by depression or anxiety.

The Berkshire MS Therapy Centre provides information and support alongside a wide range of therapies to help local people living with MS and their families and carers.

Parity for Disability provides developmental day services for people with profound and multiple disabilities aged 18 and over. They also provide a music therapy service.

CLASP (Caring, Listening and Supporting Partnership) is a self-advocacy group for people with learning disabilities in the Wokingham Borough. CLASP runs a weekly drop in coffee shop and offer a signposting service and support for adults. The group develop independence plans with their members based on their specific needs.

Dementia Care is a service provided to Wokingham residents aged 65 and over with a dementia diagnosis, their carers and families. They also provide support groups and an Understanding Dementia course for carers.

SEAP have an IMHA (Independent Mental Health Advocacy) service which helps people who have been detained under the Mental Health Act which includes compulsory treatment orders in the community.

Crossroads Care provides 1:1 home based respite breaks to support carers who provide unpaid care to a family member or friends who are suffering illness, disability, frailty, a mental health problem or an addiction. The care worker will take over the carer's responsibilities to give them a break. Crossroads Care also provides cover for carers to attend any health related appointments or any hospital admissions.

The MS Society has a support group for carers of people with MS, who meet on the monthly at various venues to have a couple of hours of respite from caring and enjoy a lunch in the company of others who understand the problems of caring.

2.5 Ageing Well

For older adults, retirement and/or unemployment can result in losing connections with colleagues and friends which can lead to social isolation. Retirement may also mean living on a lower income, which can also have an impact on likelihood of participating in social events.

Living alone is strongly associated with social isolation. Older people living alone are particularly vulnerable to social isolation if they also have a long term physical or mental health condition, reduced mobility or a visual or hearing impairment. People who live alone are not always visible to services and may be hard to reach to provide advice and support.

Older people are particularly affected by transport links; a report by the International Longevity Centre found that 12% of older people would like to visit their family more often and over three quarters cited transport or mobility issues as the reason for not being able to do so. Assisted travel arrangements can provide a means for older people with restricted mobility to get out and about.

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Wokingham Picture

The number of people aged over 65 in Wokingham borough is estimated to increase by 17% between 2018 and 2025 from 29,600 to 34,514.

(Source: ONS)

People in Wokingham live long and comparatively healthy lives. Life expectancy at 65 in Wokingham is 22.3 years for females and 19.7 years for males; this is higher than both England and the South East. Healthy life expectancy is an estimate of how many years a person might live in a 'healthy state'. For Wokingham, healthy life expectancy a 65 is 14.1 years for females and 13.4 years for males.

(Source: Public Health England Outcomes Framework)

People with long term conditions and disabilities

The Health Survey for England has been used to estimate the prevalence of sensory impairment:

- 27,929 people are estimated to have some hearing loss. 64.3% of these people are aged 65 and over.
- 2,576 people aged 65 and over are estimated to have a moderate or serious visual impairment.

While it has been found that generally older people report higher levels of happiness than those of working age or younger (Measuring National Well-being Programme conducted ONS April 2018), mental health problems including dementia are an important cause of ill health.

As shown by the table, the estimated prevalence of dementia and depression amongst those aged 65 and over is going to increase; this is also likely to be linked with the anticipated growth of the number of older people in Wokingham.

Table 4. Number of estimated population aged 65 and over with dementia and depression: *Source: POPPI, June 2018*

	2017	2020	2025	2030	2035
Wokingham: Total Population aged 65+ and predicted to have dementia	2,013	2,212	2,682	3,204	3,726
Wokingham: Total Population aged 65+ and predicted to have severe depression	784	843	977	1,098	1,117
Wokingham: Total Population aged 65+ and predicted to have depression	2,485	2,656	2,965	3,363	3,670

People living alone

In 2017 it was estimated that there were 10,442 people aged 65 and over in the Wokingham borough who lived alone which is equal to 36% of this population group (Source: POPPI). This number is estimated to increase by 25% by 2025 which would be around 13,099 older people living alone.

Table 5. Estimated numbers of Wokingham population aged 65 and over who live alone by gender and age group *Source: POPPI, June 2018*

	2017	2020	2025	2030	2035
Males aged 65-74	1,500	1,520	1,580	1,820	1,920
Males aged 75 and over	1,938	2,210	2,686	3,026	3,434
Females aged 65-74	2,490	2,550	2,520	2,880	3,120
Females Aged 75 and over	4,514	5,063	6,283	7,015	7,747
Total population aged 65-74	3,990	4,070	4,100	4,700	5,040
Total population aged 75 and over	6,452	7,273	8,969	10,041	11,181

The 2011 census showed that Bulmershe and Whitegates and Twyford wards had the highest proportion of one-person households aged 65 and over.

People accessing social care services

During the year 2016/17, 415 people aged 65 and over in the Wokingham borough accessed support met by a nursing or residential care setting funded by Wokingham Borough Council.

During 2016/17, only 48% of Wokingham service users aged 65 and over reported that they felt that they had as much social contact as they would like. This can be compared against the average for England of 43%. Although Wokingham has a slightly higher percent than the England average, this still shows that over half of service users in Wokingham aged 65 and over do not have as much social contact as they would like.

In a residential care setting in 2016/17, 56.9% of people reported having as much social contact as they want with the people that they like, 32.5% reported that they had adequate social contact with people, 8.7% felt they had some social contact but not enough and 1.9% felt they had little contact and felt socially isolated. For those in a nursing care setting, these were 50.5%, 34.5%, 11.5% and 3.5% respectively.

Wokingham Services

Wokingham Volunteer Centre runs a Transport Scheme which provides residents of the borough a means to attend a wide range of destinations for all types of medical appointments and treatments. Volunteer drivers stay with the client for the duration of their appointment, acting as a companion.

Crowthorne Community Minibus provides a social amenity bus for the disabled and elderly residents of Crowthorne; enabling them to get out and about with likeminded people and enjoy a variety of trips.

The Earley Volunteer Driver Bureau (EVDB) is a local charity who use volunteer drivers to provide lifts in their private cars for elderly and/or mobility-restricted Earley residents to places such as the hospital, dentist or to other medical appointments. They also undertake trips to clubs, shops and day centres.

Keep Mobile provides transport for elderly and disabled people within the Wokingham and Bracknell boroughs. Keep Mobile can also offer a passenger assistant to travel with them if needed.

COATS (Crowthorne Old Age to Teen Society) is a charity that seeks to promote the welfare of the older people in and around the Crowthorne area. Run at Pinewood Avenue, the charity provides companionship and services for local older people. At the centre, professional staff provide healthy freshly prepared lunches, teas and stimulating activities in a warm and friendly environment.

Men's Shed is a project charity aimed at older men in the Wokingham Borough. The Project aims to shares skills and interests including woodwork and furniture restoration, tool renovation, milling and gardening.

St Sebastian's Church run the Jubilee club which is a weekly group for the over 60s. The group holds talks, games, outings and tea and cake. The club also offers home communion to house-bound members of the congregation. There is also a 'Friends' group which is run to encourage friendships between people with similar interests and situations who are on their own.

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3. Narrowing the Health Inequalities Gap

Key Messages

- Wokingham is the least deprived borough in Berkshire and is the 2nd least deprived out of 326 local authorities in the country – but inequalities still exist!
- Men among the most deprived 10% of the borough can expect to live an average of 4.5 fewer years than the least deprived and over 7 fewer years in full health. For women the gap is wider at 5.5 years.
- As well as the deprivation gap, inequalities in health outcomes also exist according to ethnicity, age, gender and sexual identity, disability and mental health.
- Health in pregnancy and early years is generally good, however, only half of children receiving free school meals are 'ready for school' aged five compared with over three quarters of their peers.
- Wokingham's average KS4 results (GCSE equivalent) are among the top 10% in the country, however, young people receiving free school meals are scoring almost 40% lower than their peers.
- Despite one of the lowest rates of smoking in the country, routine and manual workers are twice as likely to smoke as those in other occupation groups
- Compared with other local authorities in the South East employment rates across all sectors in society are good in, however, big gaps in employment remain for the most vulnerable in society.
- Availability and affordability of housing in Wokingham is a challenge. In winter heating costs are a significant burden for the 4,446 of households that are classified as fuel poor.

3.1 Introduction

Health inequalities are avoidable differences in health outcomes between different groups in the population, that arise due to the social and environmental conditions in which people are born, grow, live, work and age.

The Marmot Review 'Fair Society, Healthy Lives' commissioned by the Department of Health and published in 2010 described the health inequalities facing England, and identified actions that were likely to have the biggest impact on reducing those inequalities:

1. Give every child the best start in life
2. Enable all children and young people to maximise their capabilities
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Marmot also described how reducing inequalities will not be achieved by focusing solely on the most disadvantaged in society. We need to address the social and environmental determinants of health for the whole population, but actions should be at "*a scale and intensity that is proportionate to the level of disadvantage".*

As well as the deprivation gap, inequalities in health outcomes also exist according to ethnicity, age, gender, disability, gender identity and sexual identity.

The life expectancy gap

Men among the 10% least deprived in Wokingham are expected to live 4.5 years longer than those among the 10% most deprived. The difference in life expectancy for women between the most and least deprived in Wokingham is 5.5 years. Both men and women in these most affluent areas are expected to live an extra 7.1 years of full health compared with those in the most deprived

Figure 9. Wokingham's Deprivation Gap in Life Expectancy

(Source: PHE Public Health Outcomes Framework 2014-2016)

Breakdown of the Life Expectancy Gap by Cause of Death

In Wokingham the gap in life expectancy between most deprived fifth and the least deprived fifth of the population is due in large part to cancer deaths, which accounts for 41% of the gap in life expectancy.

This is followed by circulatory disease (in males just over 25% and in females around 15% of the difference is due to circulatory diseases and respiratory diseases (in males around 11% and in females around 18% of the difference is due to respiratory diseases.

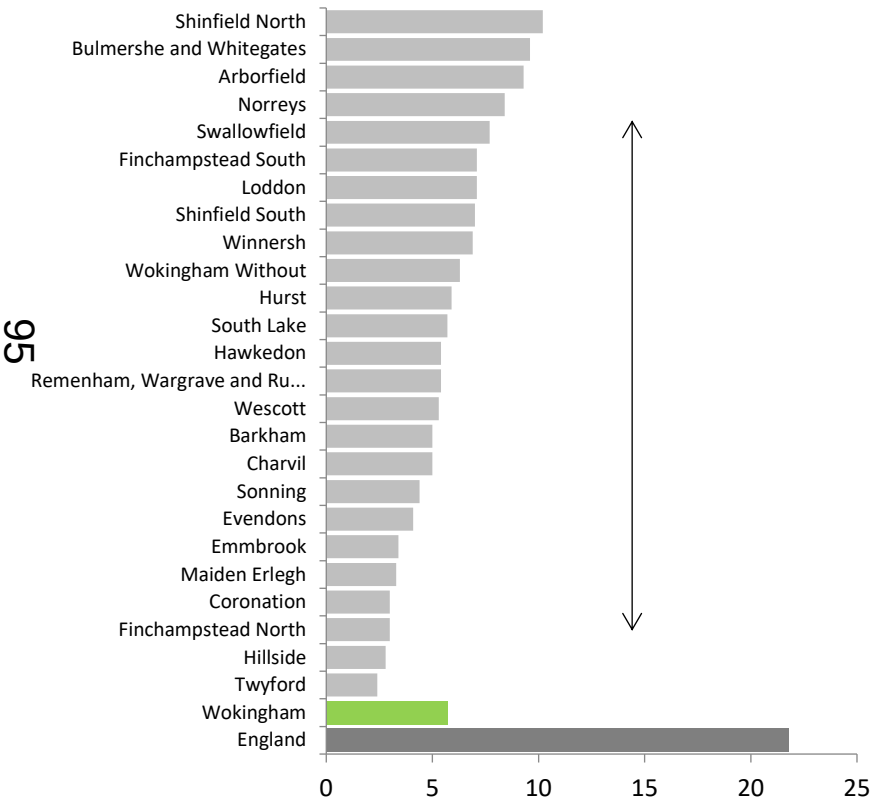
All of these conditions are collectively known as "non-communicable diseases" and share many of the same behavioural risk factors including unhealthy diet, physical inactivity, smoking and excess alcohol consumption.

(Source: PHE Segment Tool)

3.2 Measuring Deprivation

In order to understand how social disadvantage or deprivation affects health and wellbeing it is important to be able to describe it and measure it.

Figure 10. Wokingham wards according to deprivation score (IMD 2015) (Source:



PHE)

Deprivation relates not only to the amount of money you have, but also your access to resources and services. The Index of Multiple Deprivation (IMD) measures relative deprivation for small areas across England across seven domains of deprivation including; Income; Employment; Education, Skills and Training; Health Deprivation and Disability; Crime; Barriers to Housing and Services; and Living Environment. According to IMD scores Wokingham is the least deprived borough in Berkshire and the second least deprived out of 326 local authorities in the country.

Local Deprivation Analysis

In 2017 Wokingham United Charities (WUC) produced a local analysis of deprivation by very small area – the lowest level at which data is available – the Lower Super Output Area. They used the national ranking of IMD 2015 for the nine wards within the five parishes which cover the charity's "areas of benefit". When they ranked the LSOAs the three wards that contained Wokingham's most deprived small areas were Wokingham Without, Norreys and Finchampstead South.

The table below shows these wards according to their ranking in each domain and suggests that employment, child education, child income and geographical barriers as the greatest challenges in these wards.

(Source: Wokingham United Charities)

Table 6. Deprivation domain ranking in three deprived wards in Wokingham

Ward Name	Wokingham Without		Norreys		Finchampstead South	
LSOA	Wokingham 020A		Wokingham 013C		Wokingham 018D	
Overall Deprivation	4		4		5	
Lowest Score	Employment	2	Geographical Barriers	2	Child Income	3
	Child Education	3	Employment	3	Geographical Barriers	3
	Geographical Barriers	4	Child Income	3	Crime	4
	Adult Income	5	Adult Income	4	Employment	4
	Health and Disability	5	Crime	4	Adult Income	5
	Crime	6	Health and Disability	6	Health and Disability	8
	Child Income	7	Outdoors Environment	10	Outdoors Environment	8
	Outdoors Environment	7	Child Education	10	Child Education	9
	Adult Skills	8	Adult Skills	10	Indoors Environment	10
	Indoors Environment	8	Wider Barriers	10	Wider Barriers	10
Highest Score	Wider Barriers	9	Indoor Environment	10	Adult Skills	10
	Key:	Top 30% nationally		Bottom 30% nationally		

3.3 Starting Well

Children in poverty

Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0 to 15 living in income deprived families. In Wokingham 6.8% (a total of 2,176) children under 16 were living in income deprived families which is significantly lower than the England average (PHE 2018a). Analysis by the charity End Child Poverty suggests that when housing costs are taken into account a total of 3,718 children were living in poverty in Wokingham, with rates ranging from 4.1% in Hurst to 17.6% in Swallowfield and 24% in Bulmershe and Whitegates [See Appendix A]

(Source: End Child Poverty Percentage of children in poverty, July-Sept 2017)

Pregnancy and Birth

A healthy woman is more likely to give birth to a healthy baby. Factors such as smoking, alcohol consumption, obesity, social isolation and stress can have a significant impact on the health of both the mother and the unborn child.

These factors in pregnancy may lead to babies being born early or at very low birth weight. Low birth weight in babies (defined as weight at birth <2.5kg) can be an indicator of poor health in later life. Disadvantaged mothers are more likely to have low birth weight babies than mothers from less deprived backgrounds.

Wokingham Picture

Wokingham has the lowest low birth weight rate in Berkshire at 4.8% which is significantly lower than the average for England. In 2016 there were 81 babies born weighing less than 2.5kg in Wokingham.

Over 2016/17 only 3.8% of mothers in Wokingham were smokers at the time of delivery. This is amongst the lowest rate in the country, however, performance

hasn't always been this good – in 2011/12 there were over double the number of women still smoking at the time of delivery.

(Source: PHE Child and Maternal Health Profiles)

Early Years

Approximately 80% of brain development takes place by the age of 3. These early years in a child's life are crucial in shaping physical, social, emotional and educational development.

(Source: Wave Trust. 2013. From Conception to Age Two: the Age of Opportunity.)

Health Visiting teams lead and deliver the Healthy Child Program for all children aged 0-5. This is a service that delivers screening, immunisations, health and development reviews, and advice around health, wellbeing and parenting.

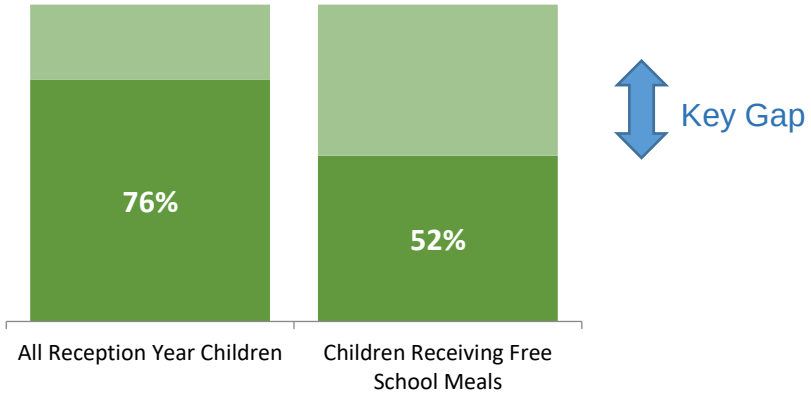
Child development including communication and language; physical, personal, social and emotional development; literacy; and mathematics is also measured in Reception Year of School. This measure is known as "school readiness".

Wokingham Picture

Over three quarters of five year olds in the academic year 2016/17 achieved a "good level of development" on assessment at the end of Reception year compared with 52.3% of children receiving free school meals.

Despite having amongst the highest levels of school readiness across the South East, the levels of school readiness in those receiving free school meals is among the poorest in the South East.

Figure 11. School Readiness of 5 year-olds in Wokingham



Wokingham Services

Stop smoking services in Wokingham supported 5 pregnant women to quit over the last year.

Wokingham Children's Centre gets children ready for school by offering support to targeted families via workshops and programs which help with this significant transition in a child's life.

Wokingham has a high uptake in health visiting reviews, compared to other local authorities in the South East region and in England as a whole. 87.2% of new birth visits by Health Visitors were conducted within first 14 days – similar to the England average.

3.4 Developing Well

Looked After Children

Children under the care of local authorities (looked after children) often have greater health needs, in particular emotional and mental health needs, than those of their peers. They are also less likely to have their needs met by health services and suffer poorer health outcomes than their peers.

(Source: Local Government Association)

As of March 2017, there were 77 children and young people in the care of Wokingham Borough Council, the majority aged 11 years or older. Wokingham has a rate of children in care of 20 per 10,000, significantly lower than the England average of 60 per 10,000 and the South East average of 48 per 10,000.

(Source: Wokingham Borough Council)

Children in Need

A child in need is one who has been assessed by children's social care to be in need of services. These services can include, for example, family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support, or disabled children's services. The rate of children in need in Wokingham was 175.40 per 10,000 in 2017 and the trend is increasing.

Children with Special Educational Needs (SEN)

In January 2018, of the approximately 2,800 children and young people assessed to have a special educational need in Wokingham, 867 had a Statement of Special Educational Needs (SEN) or Education, Health and Care (EHC) plan. This was an increase on figures from January 2017 when there were 802 statements or plans in place. The majority of children and young people with statements/plans are placed in Special schools (22.7%); followed by Post 16 education (17.1%).

(Source: Local Government Association)

Children Eligible for Free School Meals (FSM)

Free school meals (FSM) are available in England to children who receive, or whose parents receive various benefits.

Since September 2014, state funded schools in England have been required to also provide free lunches to all pupils in Reception, Year 1 and Year 2, who are not otherwise entitled to benefits-related free school meals. Data related to children eligible for FSM only relates to those children entitled to benefits-related FSM.

Wokingham has the lowest proportion of primary school children eligible for FSM in the South East Region at 5.1% compared with 6.6% in neighbouring Bracknell Forest and over 18% in Southampton.

Childhood Obesity

Children who are overweight are more likely to be overweight or obese in adulthood. Obese adults are at twice the risk of dying prematurely than the rest of the population. Evidence also shows that at the time of leaving primary school children from the most deprived 10% areas in England are three times as likely to be obese than those from the least deprived.

(Source: National Obesity Observatory and Childhood Obesity: A Plan for Action)

On leaving primary school around a quarter of children in Wokingham are either overweight or obese. This is significantly lower than the average in England (one in three children) and is among the lowest in the South East though remains a significant number of children at risk of poor health.

Education and Training

As of January 2018 there were a total of 80 schools in Wokingham. 53 of these are state-funded Primary schools, 10 are state-funded Secondary Schools, and 2 are state-funded Special Schools. Nearly 30,000 pupils attend schools in Wokingham.

Success in education brings many advantages for health and wellbeing and improving educational outcomes across the social gradient, including in children from the most deprived families, is crucial to reducing health inequalities.

Studies have shown that in young people, the time spent not in education employment or training (NEET) can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life

(Source: Parliamentary Report Young People Not in Education Employment or Training)

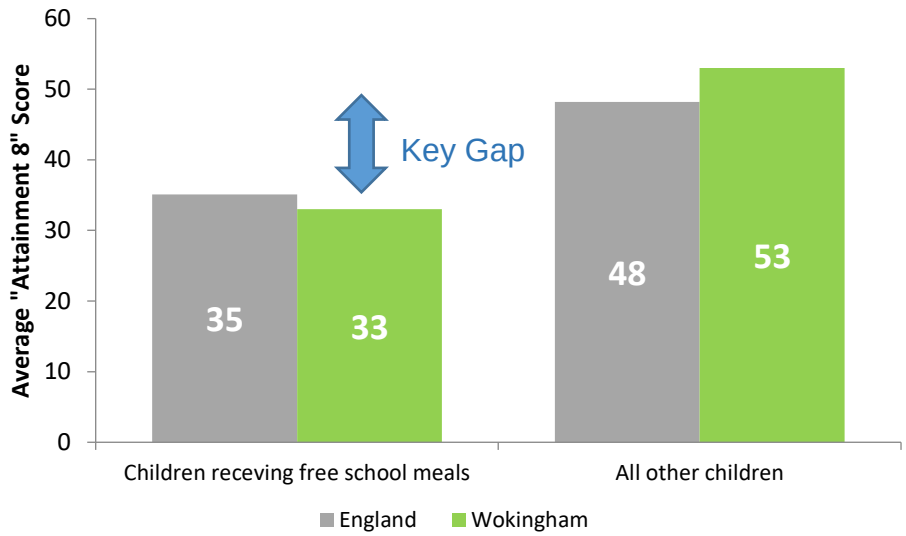
Wokingham Picture

The results of GCSEs or equivalent qualifications are measured as "Attainment 8 Scores" a measure of average performance across 8 topics including Maths and English. In 2016/17 the average Attainment 8 Score for all children in Wokingham was 51.7, while children eligible for free school meals achieved an average score of 33.3 (non FSM eligible scored an average 53) and children in care achieving 28.3.

In 2016 almost all (96%) State school pupils completing key stage 4 (GCSE or equivalent) in Wokingham went on to an education or employment/training destination. Percentages are lower for disadvantaged pupils (88%). This means that in 2016 there were a total of 140 teens aged 16-17 in Wokingham not in education, employment or training (NEET).

(Source: Department for Education, 2018)

Figure 12. Average GCSE or equivalent scores across 8 subjects in 2016/17



Wokingham Services

ABC to Read provides schools with volunteer reading mentors, train parent helpers so they have the skills and understanding to support children and train parents to enable them to help their own children to read at home. ABC to Read provide 1:1 support within primary school settings for children that struggle to read and lack confidence.

3.5 Living and Working Well

Severe Mental Illness

As well as the gap in life expectancy associated with deprivation there is also an important gap in life expectancy associated with severe mental illness. Those with a severe mental illness (SMI) have around a 5 times greater risk of death in middle age than the rest of the population.

Over the year 2016/17 there were 892 people registered with Wokingham CCG GPs who were recorded as having serious mental illnesses including schizophrenia, bipolar affective disorder and other psychoses. This is equivalent of 0.55% of the population, significantly lower than 0.81% of the population affected across the South East.

(Source: NHS Digital; Qof 2016/17)

Physical and Learning Disability

People with physical and or learning disabilities are more likely to experience poor health than others in the population. They are also more likely to experience barriers to access to services including health care services.

The Understanding Society Survey demonstrated that people with a learning disability were more likely to experience socioeconomic disadvantage including poor employment, low income and poor or insecure housing, than those without a learning disability.

In 2015/16 there were 480 adults in with a learning disability getting long term support in Wokingham and around 18,000 people according to the 2011 census who considered themselves to have a disability or a long term health problem.

(Source: Wokingham Health Profile 2017 and PHE Learning Disability Profiles)

Smoking

Smoking is the biggest single cause of preventable death in England and is an important contributor to the gap in life expectancy between the most and least deprived groups in the country. Smoking causes nearly a fifth of all cancer cases in the UK.

(Sources: PHE Health Matters and Cancer Research UK)

Smoking doesn't just affect the individual; it can also impact on the wider household. Research by the Royal College of Physicians estimates that around 300,000 GP visits and around 9,500 hospital admissions in the UK each year are due to childhood illnesses related to second-hand smoke exposure.

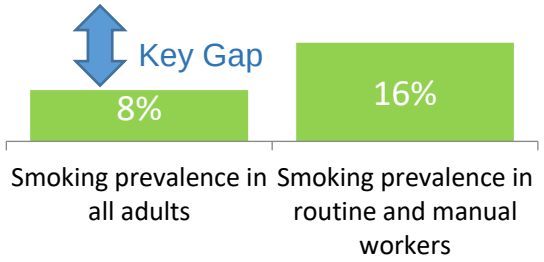
Wokingham Picture

In 2107 the rate of cigarette smoking in Wokingham (8.1%) was significantly lower than the England average, and the lowest across the East Region. Despite this relatively low rate there are still over 10,000 people in Wokingham who are current smokers and at risk of smoking related diseases.

Routine and manual workers in Wokingham are twice as likely to smoke as those in other occupations; this is a similar socioeconomic gap to the England average.

(Source: PHE Tobacco Control Profile)

Figure 13. Prevalence of smoking (current smokers) 2017



Employment

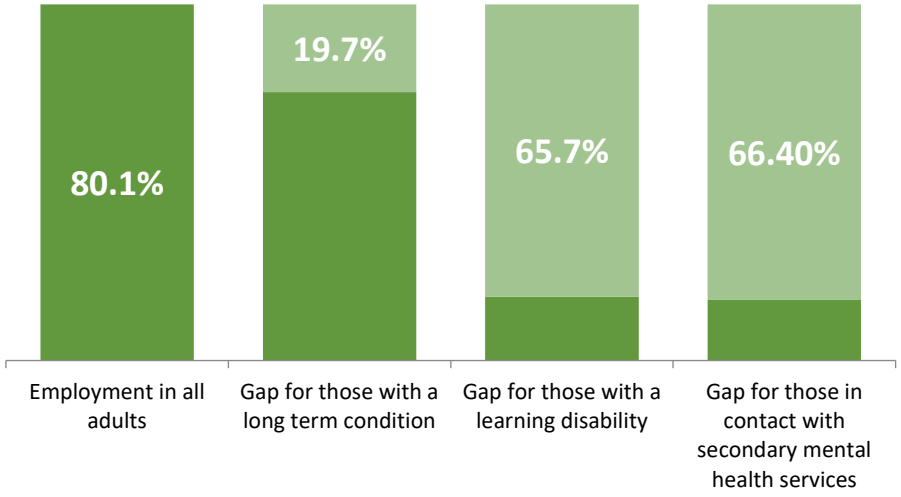
As outlined by PHE and LGA in its Guide for Local Authorities on health and work part of supporting people to achieve their potential in life is looking at how to enable them to enter the job market and maintain economic independence for themselves and their families. This is especially important for individuals with long term conditions and disabilities.

Wokingham Picture

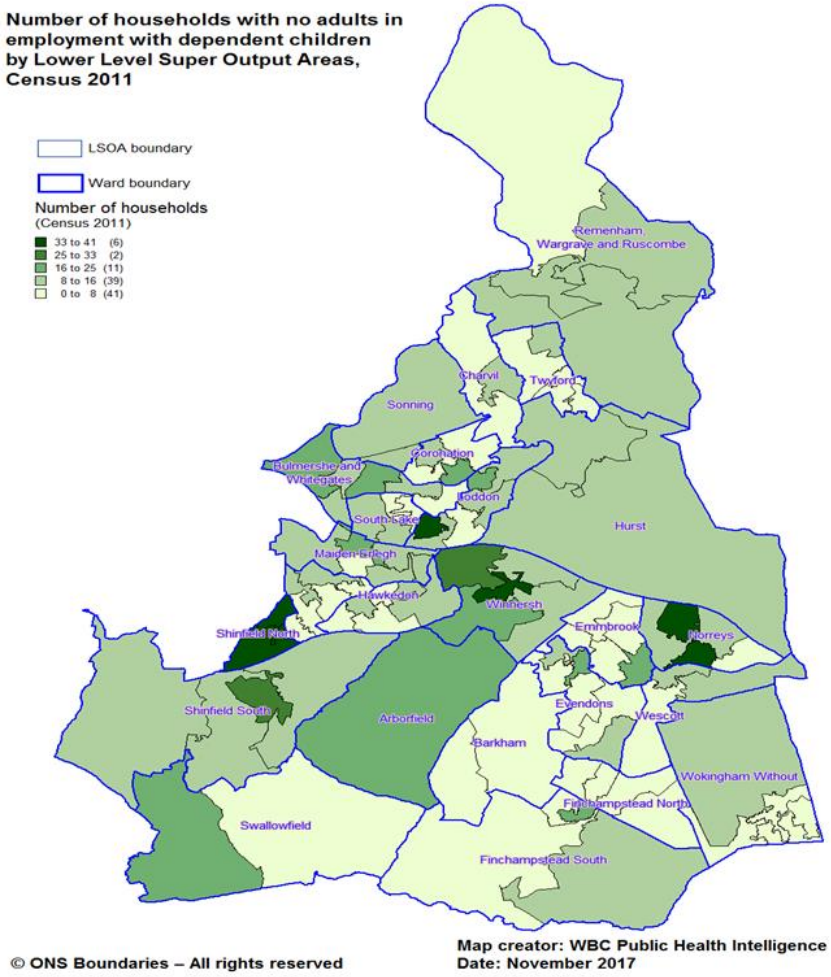
In 2016/17 over 80% of adults aged 16-64 in Wokingham were employed, among the highest employment rates in the South East.

Not all groups in the community have equal opportunities for employment; the figure below illustrates inequalities in employment for those with long term conditions, receiving secondary mental health care and with a learning disability.

Figure 14. Gap in employment between population groups and overall employment rate in Wokingham 2016/17



The map below shows the number of households with no adults in employment that have dependent children in each small area in Wokingham. This is based on 2011 Census; more recent data on household composition is not available. The areas with the highest concentration of households with no adults in employment with dependent children are Winnersh, Norreys, Shinfield North and South Lake wards (rates of 33-41%).



Housing and Homelessness

Having safe and secure housing is essential to health and wellbeing. Risks to health come from living in homes that are cold and damp, are overcrowded or inaccessible to those with disabilities, or do not provide a sense of safety and security.

Housing affordability is also a key factor. Evidence suggests that there is an association between unaffordable housing and poor mental health, over and above the effects of financial hardship on mental health. Housing affordability affects where people live and work and therefore can impact on quality of housing, community cohesion, and time spent commuting.

Wokingham Picture

The 2011 Census counted 60,332 households in Wokingham; this figure has increased to 64,409 households in 2017. The number is due to increase substantially over the next decade as Wokingham Council is required to set aside land for house building. The household mix of new housing developments is up to the developers, so it is difficult to project with any degree of accuracy. Wokingham Council uses the ONS population projections, while bearing in mind that they are broad brush, rather than precise.

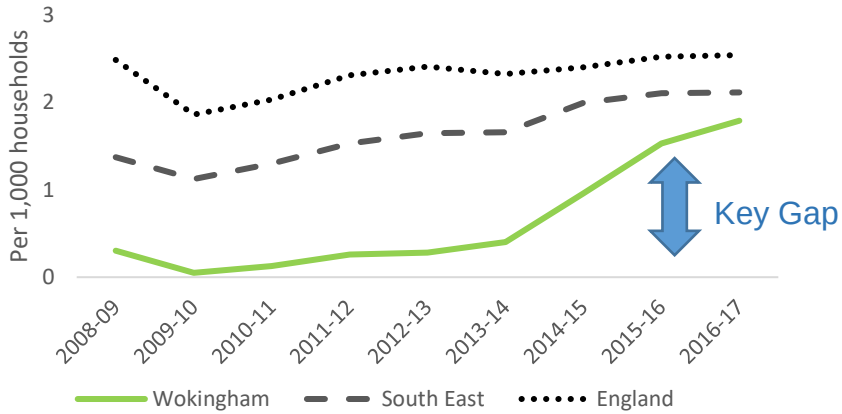
Wokingham borough has two traveller caravan sites with a combined capacity of 35 caravans. The Gypsy and Traveller Accommodation Assessment (2017) projected a need for 90 pitches in the borough by 2036.

As of March 2017 there were 1,876 people on Wokingham Borough Council's Housing Register. This compares to 1,759 recorded in the previous quarter; an increase of 117 people. The majority of applicants on the register are in need of a 1 bed property (50%), with 32% in need of a 2 bed property.

The number of households in Wokingham borough becoming homeless or in priority need is rising. More temporary accommodation is now available within Wokingham borough so that homeless households can be offered temporary accommodation locally.

Despite numbers remaining below regional and national average, there has been a rise in the number of households being accepted as homeless and in priority need in recent years. In fact, the rate of increase within Wokingham borough has been higher than national trends since 2014/15 though overall figures remain relatively low (Figure 15 below).

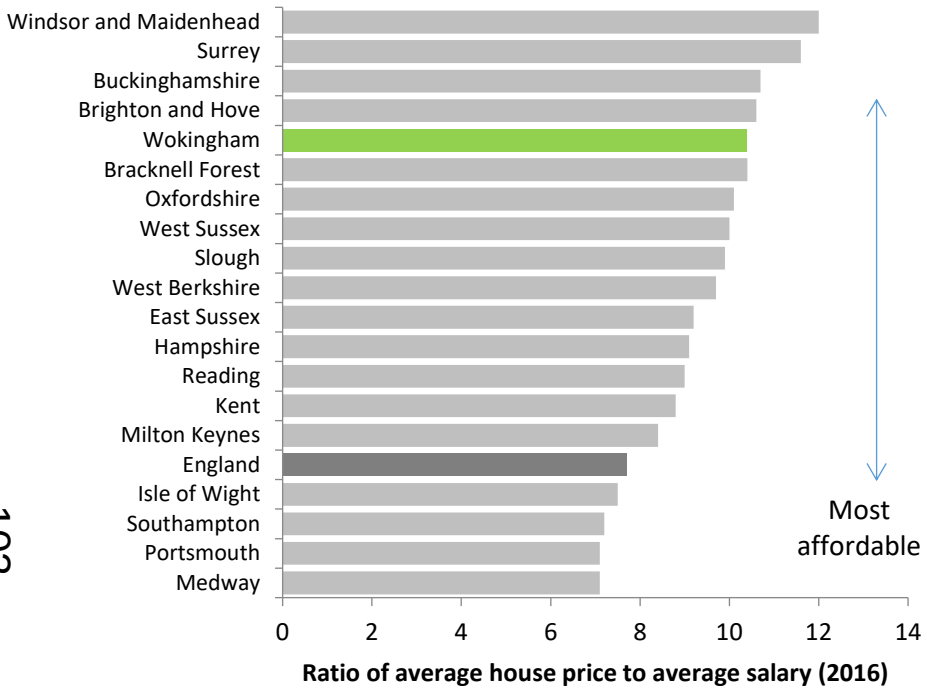
Figure 15. Numbers accepted as homeless and in priority need per 1,000 households 2008/9 – 2016/17



(Source: Wokingham Homelessness Strategy 2014-19)

In 2015/16, 23% of supported working adults with learning disabilities were living in unsettled accommodation in Wokingham borough. Despite this being in-line with regional South East trends, it is above the national average. However, improvements have been made in recent years with 78% of adults with a learning disability living in stable and appropriate accommodation in 2016/17; which is better than both regional and national average.

Figure 16. Affordability of homes in the South East (Ratio of house price:salary)



Wokingham Services

Berkshire West Your Way aims to make support genuinely self-directed for everyone they work with. Your Way works alongside individuals as they overcome obstacles and move forward with their life. This includes managing their mental health along with entering education, returning to work, solving housing issues or organising finances.

The Community Council Berkshire provides advice to communities that are considering community-led housing projects, including evidencing need and advice on the different models of the scheme.

Wokingham Mental Health Association serves the Wokingham locality and provides a drop-in centre for company, advice, relaxation and friendship. They also have a befriending service for those who are recovering from mental health problems.

Wokingham Children's Centre also links in with the benefits advisor from the Troubled Families program who helps the homeless claims and any benefits they may be entitled to.

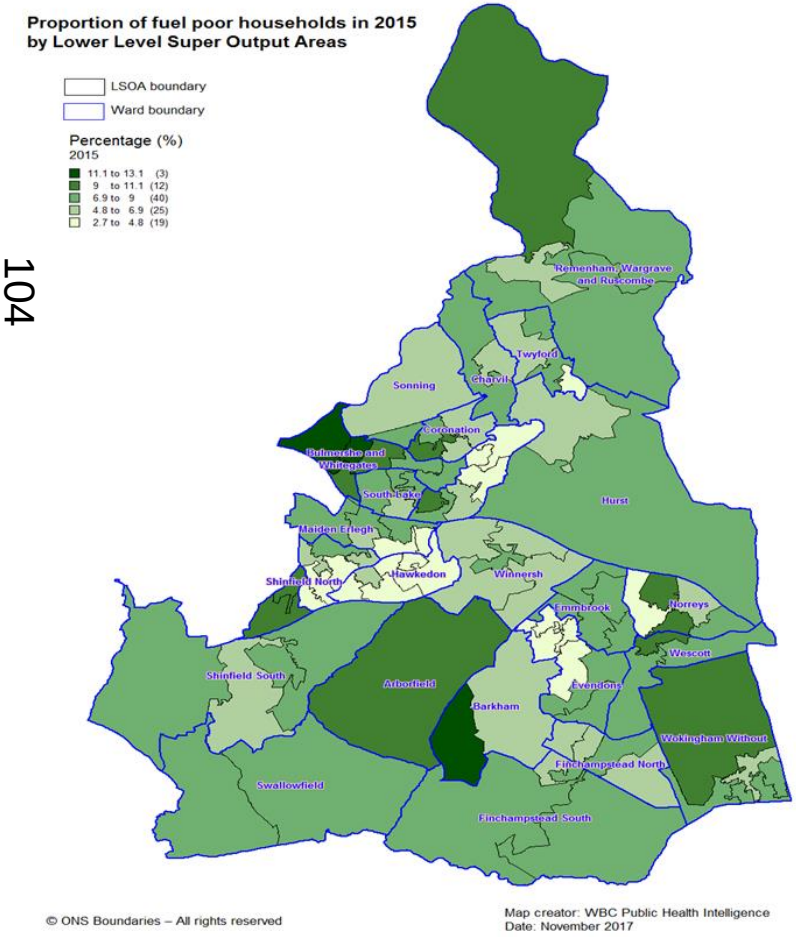
The Wokingham Direct Family Information Service, hosted by Wokingham Borough Council, signposts residents to the council tax, benefits and housing section of the WBC website and the Housing section of the services directory. Within this, WBC provide support around registering for council housing, homelessness, housing benefit, shared ownership and tenant services. The service also includes an adult directory which holds information relating to housing for the elderly, adults with a disability and vulnerable adults.

Wokingham Foodbank works with 70 Agents who support a wide variety of people in need who encompass many of the groups mentioned in the JSNA. Whilst the foodbank does not directly work with people, they indirectly help by providing food parcels and financial help with gas and electricity.

3.6 Ageing Well

Fuel Poverty

Fuel poverty is a state when members of a household cannot afford to keep adequately warm at a reasonable cost, given their income. This means that it's affected not only by income but also by the energy efficiency of the home, and cost of fuel. People who are vulnerable to poor health as a result of fuel poverty and cold homes are the elderly, the very young and those with a disability or a chronic illness



As of 2015 there were 4,446 (7.1%) households in Wokingham classified as fuel poor. This number has been increasing since 2011. The map illustrates the proportion of fuel poverty across the borough by LSOA in 2015 and shows high levels of fuel poverty in parts of Bulmershe and Whitegates as well as in parts of Barkham where between 11.5 and 13.1% of households were fuel poor. Lower rates of fuel poverty were seen in Hawkedon.

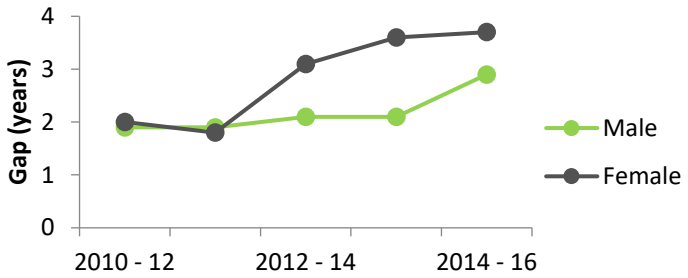
Excess Winter Deaths

Cold weather can increase the risk of heart attacks, strokes, lung illnesses, flu and other diseases, as well as risk of slips and falls for vulnerable people. The number of 'excess winter deaths', measures the number of deaths in winter above that expected according to summer death rates and is an indicator of the impact of winter conditions on population health. There were an additional 11.2% deaths in Wokingham over the winter months of 2015/16 compared to the summer months. This is similar to the average excess winter deaths in England.

Health Status for Adults over 65

Women aged 65 years in Wokingham can expect an additional 22.3 years life expectancy and males an additional 19.7 years. The gap between life expectancy in the most and least deprived groups in Wokingham is 2.9 years in men and 3.7 years in women. Unfortunately this trend is towards an increasing gap in life expectancy between the most and least deprived 20% of the borough at age 65 for both men and women as illustrated in figure 17 below.

Figure 17. Gap in life expectancy at age 65 between most and least deprived quintiles *(Source: Public Health England)*



Appendix A Additional Tables and Figures

Table 2 Estimated number and proportion of children in poverty by ward

(Source: End Child Poverty Percentage of children in poverty, July-Sept 2017)

	BEFORE HOUSING COSTS		AFTER HOUSING COSTS	
Ward Name	**Number**	**%**	**Number**	**%**
Arborfield	45	5.4%	73	9.0%
Barkham	26	2.9%	43	4.8%
Bulmershe and Whitegates	270	15.2%	426	24.0%
Charvil	49	6.5%	80	10.6%
Coronation	64	5.2%	107	8.6%
Emmbrook	88	5.1%	146	8.5%
Evendons	97	4.8%	161	7.9%
Finchampstead North	51	4.0%	85	6.7%
Finchampstead South	89	7.6%	145	12.5%
Hawkedon	135	6.0%	222	10.0%
Hillside	53	3.3%	88	5.4%
Hurst	17	2.5%	29	4.1%
Loddon	154	7.3%	252	11.9%
Maiden Erlegh	104	5.0%	173	8.4%
Norreys	192	10.1%	311	16.4%
Remenham, Wargrave and Ruscombe	61	5.7%	100	9.4%
Shinfield North	82	9.2%	133	15.0%
Shinfield South	132	8.0%	216	13.2%
Sonning	33	5.3%	56	8.9%
South Lake	62	6.3%	103	10.4%
Swallowfield	67	10.9%	108	17.6%
Twyford	57	4.6%	95	7.7%
Wescott	45	4.1%	74	6.8%
Winnersh	174	7.6%	284	12.4%
Wokingham Without	80	4.5%	133	7.4%
Wokingham	**2,259**	**6.5%**	**3,718**	**10.8%**

TITLE	**Adult Social Care Market Position Statement**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Angela Morris/ Martin Sloan

Health and Wellbeing Strategy priority/priorities most progressed through the report	Narrowing the Gap of Health Inequality and Social Isolation
Key outcomes achieved against the Strategy priority/priorities	The Market Position Statement (MPS) advises providers of social care and community services about gaps in provision and future trends. This enables them to develop and tailor services to support vulnerable adults to live good lives, stay independent and safe.

Reason for consideration by Health and Wellbeing Board	The Care Act 2014 introduced a duty for Local Authorities to shape their local market for adult social care. The Market Position Statement (MPS) is a mechanism for doing this. The governance of this sits with the Health and Wellbeing Board who must approve its content and publication.
What (if any) public engagement has been carried out?	Consultation with Carers through the Carers Forum and Annual Carers Survey. Service Users with Learning Disabilities – attendance at events run by CLASP July 2018 Care and support providers – 2 workshops: July and September Visits to 4 Care home providers in the borough
State the financial implications of the decision	A well developed, competitive market should give the best rates for adult care and support services at a fair cost of care.

RECOMMENDATION

That the Health and Wellbeing Board note the progress of the Market Position Statement and advise of any issues prior to bringing the final product for sign off to the meeting in February 2019.

SUMMARY OF REPORT

Outline of actions and milestones for Adult Social Care and the People Strategy and Commissioning Team to deliver a published Market Position Statement for Adult Social Care in line with Wokingham Borough Council's Care Act market shaping duties.

Background

The Care Act 2014 introduced a duty for Local Authorities to shape their local market for adult social care. As a mechanism to achieve this, local authorities were recommended to publish a Market Position Statement (MPS).

The MPS is a document which summarises supply and demand in a local authority area. It should tell providers what commissioners' plans are. It is intended to be used by providers to inform business choices and plans such as investment in capital or personnel. This information will enable providers to work with commissioners to plan their business development.

An MPS should:

- contain a picture of current demand and supply, what that might look like in the future and how strategic commissioners will support and intervene in a local or regional market.
- support its analysis by bringing together material from a range of sources such as JSNAs, surveys, contract monitoring, market reviews and statistics in one place.
- present the data that the market needs to know and use and helps providers develop effective business plans.
- cover all actual and potential users of services in the local area, not just those that receive local authority funding.
- is provided in a straightforward and easy to use format, in a brief document that analyses as well as describes.

Wokingham Borough Council last published a Market Position Statement for 2013/14:

https://search3.openobjects.com/mediamanager/wokingham/info/files/wbc_market_position_statement_2013-14_-_5_8_141.pdf

Since this publication, the Institute for Public Care, Oxford Brookes University, has published best practice guidance on the production of a MPS and guidance on how to incorporate information on the self-funder market.

It is proposed to produce an updated MPS for Wokingham incorporating this best practice and up to date data from the Joint Strategic Needs Assessment (JSNA). There has been consultation with local care providers, service users, their families and carers.

Analysis of Issues

1. **Proposed Chapter Headings**:

Chapter 1	Analysis of the current Population and Projections for future Demand
Chapter 2	Number of people supported by the Local Authority and Spend *Where we are spending funds broken down by need / How many people are we supporting / customer types*
Chapter 3	Understanding of demand has been informed by current and potential users, their families and their carers *How do/will we involve people in commissioning projects / What policies to we have regard for / What have we done to engage with people when producing the MPS*
Chapter 4	What services are available locally and who provides them, including the state of the local care market *Breakdown into service areas, include things like NRS View of the stability of the market*
Chapter 5	Unmet demand and shortfall of supply, models of care we would like to see in the local area & future business opportunities *Alignment / Integration of health and social care Dynamic Purchasing System*
Chapter 6	Self-Funders
Chapter 7	Local Care and Support Workforce
Chapter 8	Quality of the Local Market *Quality Assurance / CQC data*
Chapter 9	Resources likely to be available and support the LA offers to Providers *What do the Strategy and Commissioning team do for providers now* *As a Council what do we give providers (e.g. My Learning)* *What going forward can we offer (e.g. provider forums)*

2. **Progress so far**:

- Gathered data from Finance, Performance, Optalis and unpublished JSNA
- Held 2 provider consultation events with homecare, supported living and voluntary sector organisations
- Held a LD Service User consultation event
- Attended the Carers strategic group
- Added to annual survey sent out to carers

- Met with the OPTALIS self-funder broker to give us a better understanding of demand
- Met with Adult Social Care staff to discuss service provision
- Met with 4 of our Care Home providers to get insights into the market and workforce
- Drafted 7 chapters
- Met with Digital Solutions to plan the branding and design process

3. Timetable to Complete

Research and analysis of Self funder market including information and advice.	*Understanding of large sector of the local market beyond WBC funding*	December 2018
Complete remaining chapters	*Chapters 4 and 5*	November/December 2018
Design and branding	*For web pages*	December 2018
ASCSLT approval		January 2019
Health and Well-being Board approval		Signoff at February 2019 Meeting
Publish MPS	*On Council web site*	March 2019

Partner Implications
Providers and potential providers of Adult Social Care and prevention services will be better informed of the current and predicted markets. They will understand the opportunities for new and developing business in Wokingham and the support they can expect from the Council.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Attached Power Point slides with examples of MPS data. The Institute for Public Care, Oxford Brookes University, has published best practice guidance on the production of a MPS: https://ipc.brookes.ac.uk/docs/market-shaping/Market%20Position%20Statement%20guidance.pdf and also guidance on how to incorporate information on the self funder market: https://ipc.brookes.ac.uk/publications/Self_Funders_Toolkit_October_2015_v2.pdf

Contact Jenny Lamprell	**Service** Strategy and Commissioning
Telephone No Tel: 0118 974 6586	**Email** jenny.lamprell@wokingham.gov.uk

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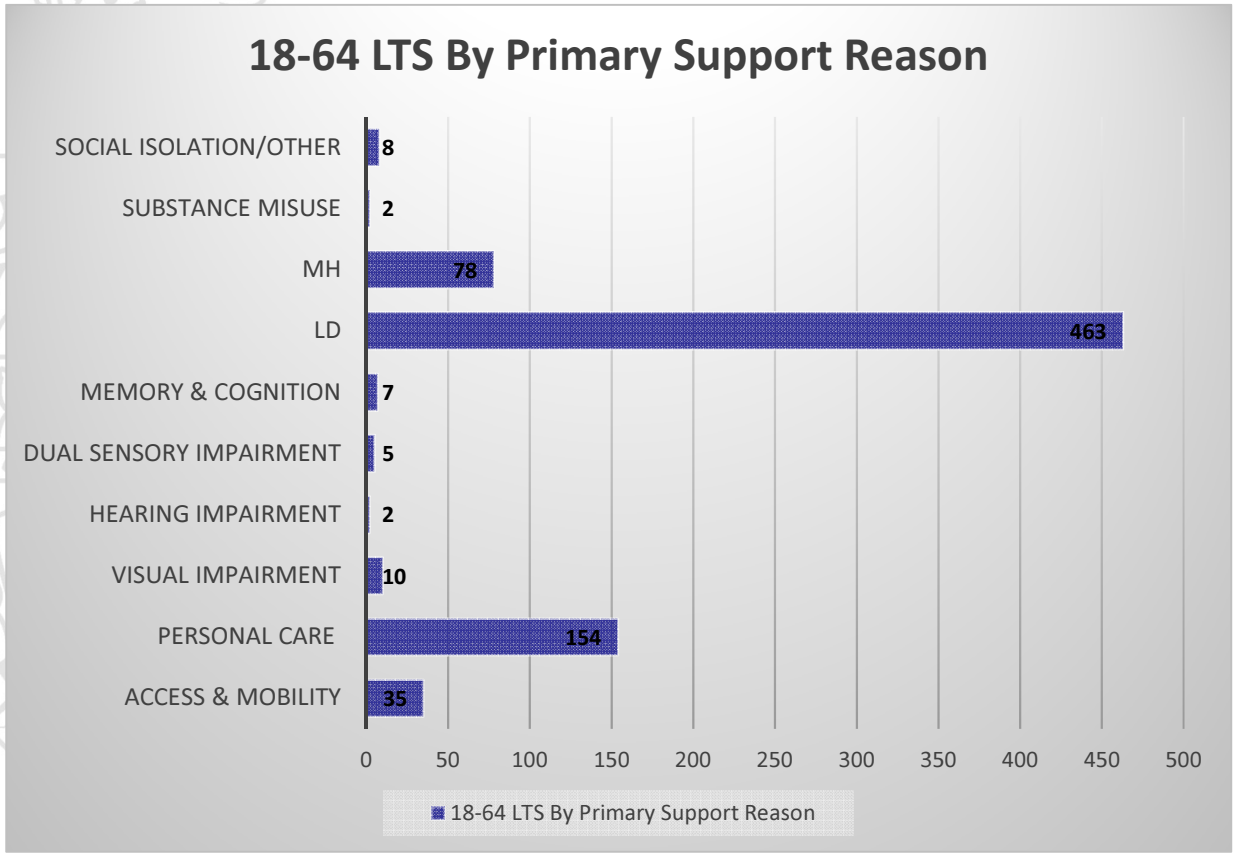
Market Position Statement Report

Health and Well Being Board

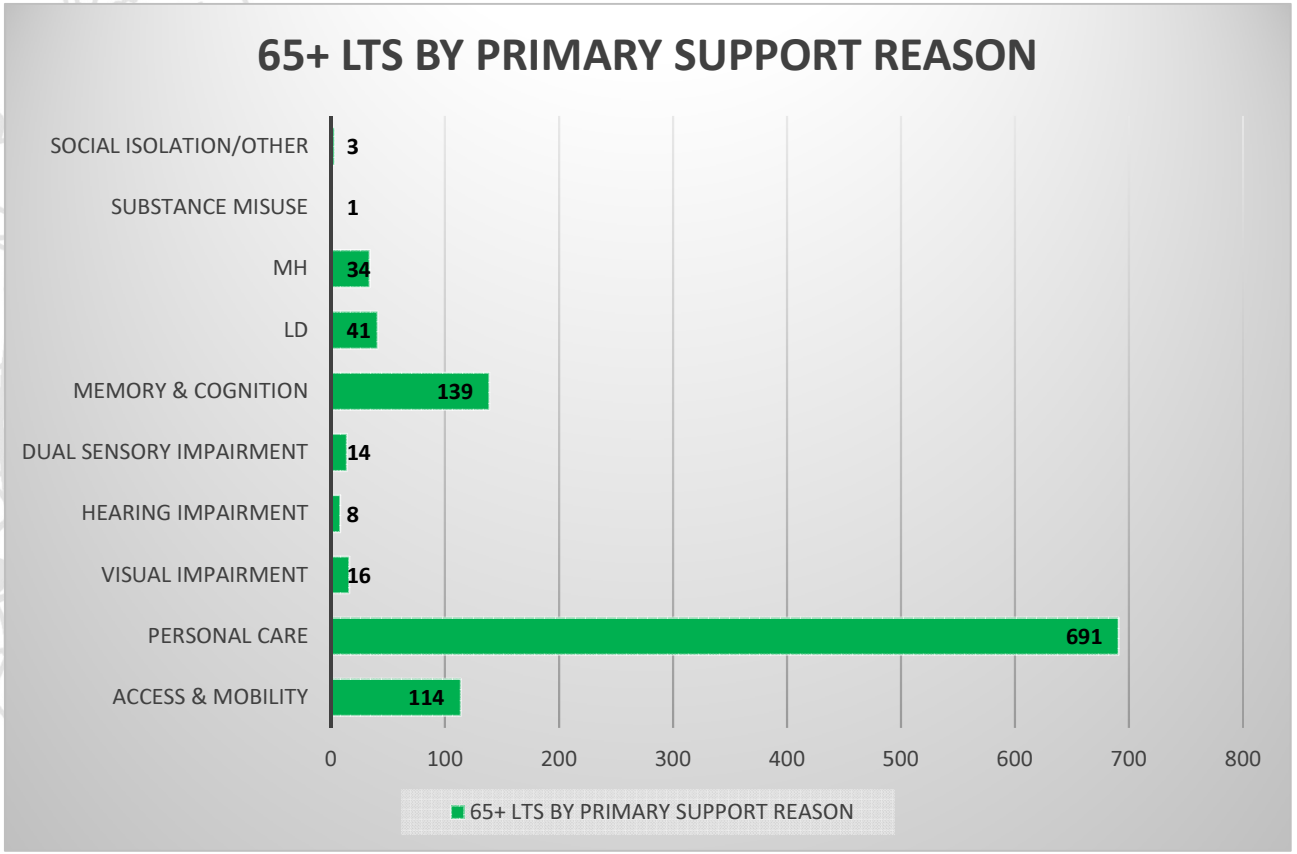
November 2018

WOKINGHAM BOROUGH COUNCIL

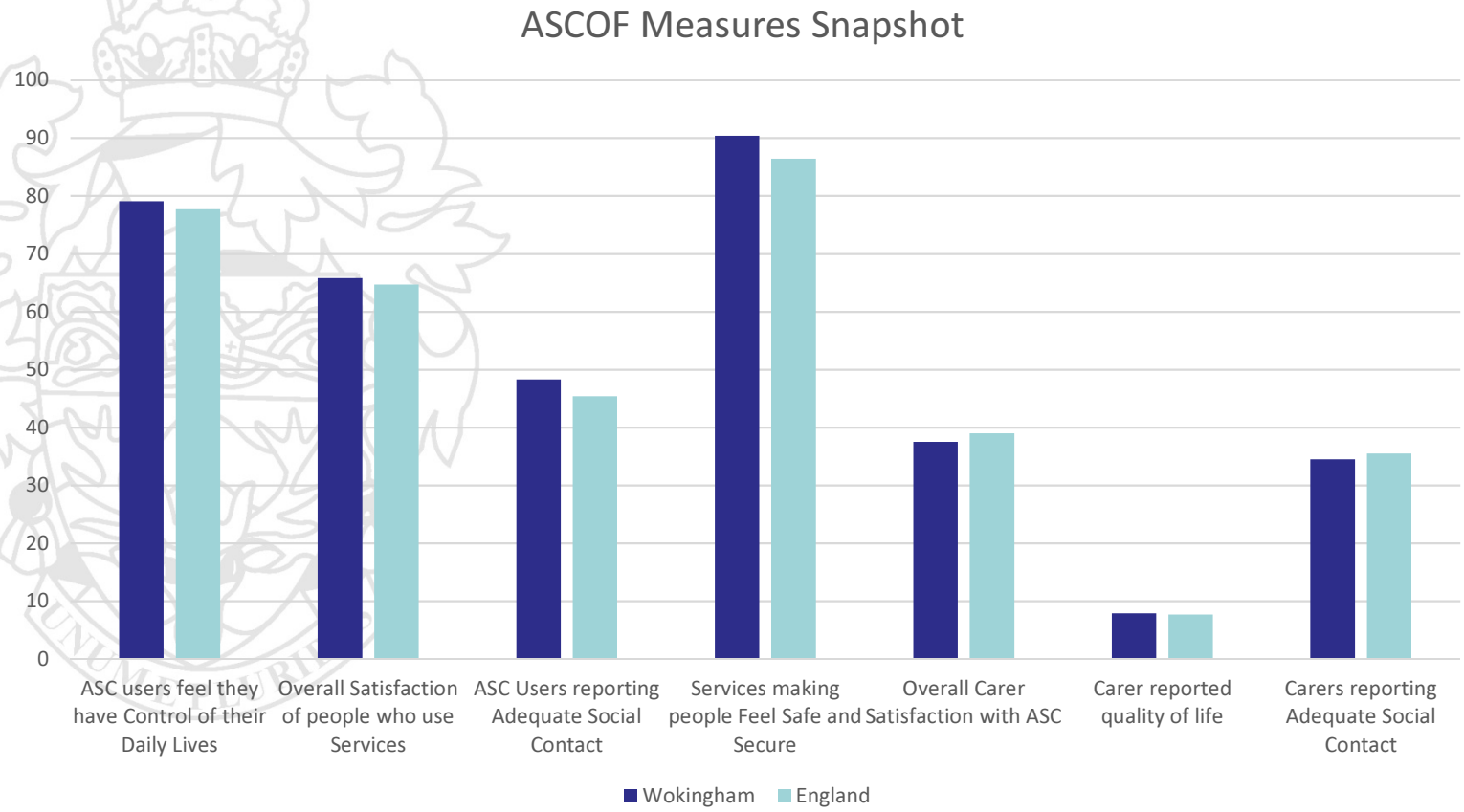
Chapter 2 – People supported by WBC



Chapter 2 – People supported by WBC



Chapter 3 – What our residents are telling us



WOKINGHAM BOROUGH COUNCIL

Chapter 3 - What our residents are telling us

Families advise they could not cope without the support they receive

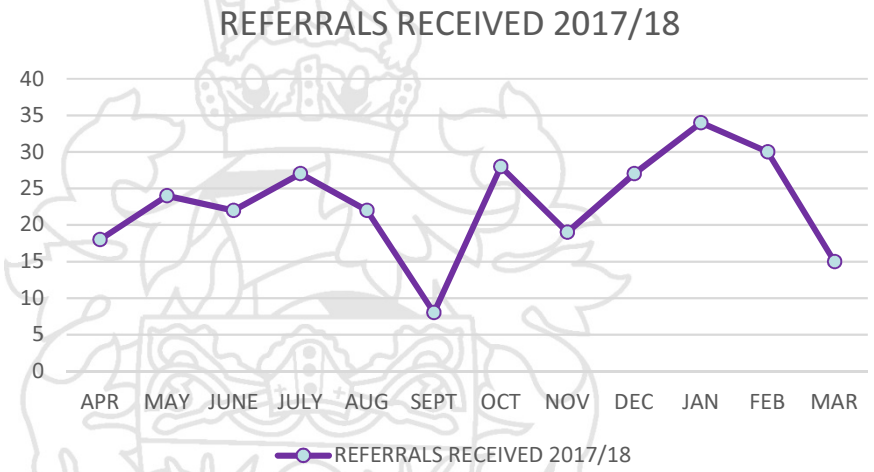
Meeting friends, being in a safe place & planned activities help them improve their speech, memory and concentration

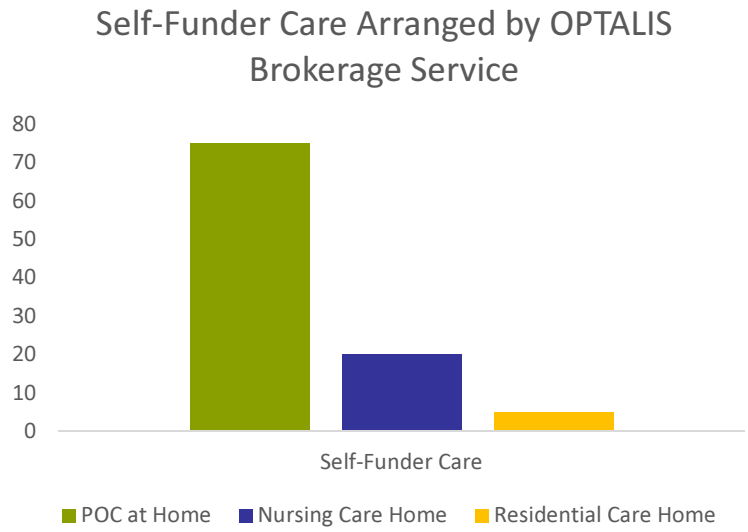
Family workers have seen an increase in families' confidence and self-esteem and managing their day to day lives more positively

"Increased confidence, voice is heard, made me more independent and able to travel on my own"

Enjoy living in Wokingham and feels that there are plenty of services available to help live an active and fulfilling life

Chapter 6 – Self Funders





Chapter 7 - Workforce

Skills For Care 2016/17 data	Wokingham	South East	England
Vacancies	7.7% (300)	6.8%	6.6%
Turnover rate	27.5%	28.5%	27.8%
Sickness	7.3% (29,000 lost days)	4.6%	5.2%
Full Time	55%	51.8%	51.3%
Part Time	36%	35%	36.6%
No fixed Hours	9%	13.1%	12.1%
Zero Hours Contracts	20%	25%	26%
British Nationality	68% (13% EU – 19% Non EU)	77%	83%
Relevant ASC Qualification held	41%	46%	50%

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TITLE	**Wokingham's Adult Integration Position Statement (IPS)**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, Wokingham Locality, NHS Berkshire West CCG and Martin Sloan, Interim Director of Adult Social Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all four priorities of the Health and Wellbeing Strategy: Priority 1 – Enabling and empowering resilient communities; Priority 2 – Promoting and supporting good mental health; Priority 3 – Reducing health inequalities in our Borough; Priority 4 – Delivering person-centred integrated services
Key outcomes achieved against the Strategy priority/priorities	This is the first Integration Position Statement (IPS) for Wokingham which we developed with partners and other stakeholders so that it: • is as up to date as possible; • reflects the strong partnership in Wokingham between the commissioners, providers and the voluntary sector that form the Wokingham Integrated Partnership; • sets out as clearly as possible the vision and strategy which will shape integration going forward. We see this IPS as an increasingly vital part of our partner relationship – to set out our long-term vision for the future of public services in Wokingham, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business.

Reason for consideration by Health and 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

RECOMMENDATION

That the Health and Wellbeing Board agree and endorse the IPS 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.

SUMMARY OF REPORT

Wokingham Borough, like other areas throughout the country, is in the midst of a period of significant change in the delivery of public services. Simply continuing with business as usual is not an option. Coupled with the increases in demand associated with an ageing population, it is clear that the borough's health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken.

This is the first Integration Position Statement (IPS) for Wokingham. We have been developing the document carefully with partners and other stakeholders so that it:

- is as up to date as possible;
- reflects the strong partnership in Wokingham between the commissioners , providers and the voluntary sector that form the Wokingham Integrated Partnership;
- sets out as clearly as possible the vision and strategy which will shape integration going forward.

We see this IPS as an increasingly vital part of our partner relationship – to set out our long-term vision for the future of public services in Wokingham, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business.

Background

Wokingham Integrated Partnership, as the sub-group of the Health and Wellbeing Board (HWB) responsible for the Integration of Adult Health and Social Care, we support the move away from a competitive landscape of autonomous providers towards more integrated, collaborative and placed-based care. However, understanding of these changes has been hampered by poor communication and a confusing acronym spaghetti of changing titles and terminology, poorly understood even by those working within the system. This has fuelled a climate of suspicion about the underlying purpose of the proposals and missed opportunities to build goodwill for the co-design of local systems that work more effectively in the best interests of those who depend on services.

The purpose of this statement is to let people know where we in Wokingham stand with regards Integration of Adult Health and Social Care. It aims to set out clear concise messages to be communicated to all stakeholders about:

- What is Integration in Adult Health and Social Care?
- Why should Integration be a focus for all?
- Where have we got with Integration in Wokingham?
- Where are we heading with Integration?
- How are we going to get there?

This IPS has been developed jointly by Wokingham's Integrated Partnership (referred to in this document as "we") on behalf of Wokingham' Health and Wellbeing Board. Wokingham's Integrated Partnership is a partnership between:

- Wokingham Borough Council
- NHS Berkshire West Clinical Commissioning Group (CCG)
- Berkshire Healthcare Foundation Trust
- Wokingham GP Alliance
- Royal Berkshire NHS Foundation Trust

And whose membership also includes:

- Involve (representing Wokingham's Voluntary and Community sector)
- Healthwatch (the independent consumer champion for Wokingham residents)
- Optalis (the Local Authority trading company delivering adult social care services across Wokingham)

The IPS covers Adult Health and Social Care. Its task is to inform current and potential partners, as well as members of the community, about the future direction of health and social care services and how they will be put in place.

It brings together, in one place the integrated way in which we will work with partners to commission services that better meet the health and care needs of our population, as well as ensuring that they work as effectively as possible. We are strongly committed to the value of joint integrated commissioning, and will continue to develop this approach in all our work.

This is the first IPS for Wokingham, which has been developed with the help of all our partners. It will be regularly reviewed and updated in the same way i.e. with stakeholders.

The process steps for developing our IPS were:

- Research (national and local evidence) and meetings with stakeholders May, June and July 2018
- Draft IPS – August 2018
- Consult – 18th September 2018 for 2 weeks
- Publish – following approval from Health and Wellbeing Board November 2018
- Workshops with all Stakeholders – from December 2018

Next Steps

Following agreement to the approach suggested in the IPS by Wokingham's Health and Wellbeing Board, further stakeholder conversations are planned to share the IPS and use the conversations to get input from all stakeholders into:

- Our mission, vision and values
- Wokingham Integrated Care Networks
- Our outcomes
- Our barriers and enablers
- Our plan

1.1 Our Mission

Wokingham Integrated Partnership is a pioneering public sector partnership bringing together the NHS community health, primary care, social care and voluntary sector services in the borough. We have been set up to make a positive contribution to help people in Wokingham live longer and enjoy healthier lives than they do now.

Our Mission sums up what we do:

Leading local care, improving lives in Wokingham, with you – right care, right time and right place

1.2 Our Vision

It is proposed that we refresh our vision to:

We believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- *Receive services that meet their needs at the earliest possible opportunity*
- *Have equal access to health and social care*
- *Receive safe, effective and compassionate care closer to their homes*
- *Live healthy, fulfilling and independent lives*
- *Be part of dynamic, thriving and supportive local communities*

At the core of our new system there will be a focus on Proactive and Preventative Care and Urgent on the Day Access that is delivered across Integrated Care Networks, with primary care at the centre (each covering circa 50,000 people); this is to ensure that local needs are met by local services, and that specific community priorities are being met.

1.3 Our Values

Our values are important because they describe the culture we are creating in our organisation and describe how we will behave with each other, with our users and with our partners.

- *Partnership - we will work in partnership with other health, social and voluntary sector providers working towards integration and collaboration*

- *Better Care - we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all*
- *Better Health - we will improve everyone's health and wellbeing by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management*
- *Better Value - we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention*

1.4 Our Integrated Care Statements

To provide clarity for all our stakeholders we have developed Our Integrated Care Statements to provide clarity for everyone about what integrated care is in Wokingham.

- *Care that is focused on the needs of people, not the needs of organisations*
- *The person's perspective is at the heart of any discussion about integrated care.*
- *Achieving integrated care requires those involved with planning and providing services to 'impose the persons perspective as the organising principle of service delivery'*
- *The ambition to deliver services across providers with minimal duplication and disruption, and with high-quality outcomes and user experience*
- *Care that acts as early as possible in the disease journey*
- *Care that takes a whole population approach, intervening differently to meet the needs of different groups*

1.5 Our Integrated Care Expectations

It is also important to be clear as to what expectations around our model are, including:

- *Individual organisations working in partnership and sharing teams to provide a single service offer, known as Integrated Care Networks*
- *Primary care at the centre of the integrated care network and in particular the GP surgery acting as a the foundational block that the network is built on with other services being delivered in conjunction and closely aligned to primary care*
- *Co-location where possible and virtual alignment of teams*
- *Delivery around 3 network areas, North, East and West Wokingham*
- *Operating at scale, across organisations and acting as one system that maximises the people, buildings and financials*
- *Utilising existing resources more effectively through a shared approach that requires the system to pull together as one*
- *Investing in organisational development and cultural change to ensure more people are cared for in their own home, to proactively plan care for people rather than reacting to unplanned crises.*
- *Implementing a strengths based approach - how services respond to the local community and this approach places more emphasis on working with the individual strengths and the community links they have to keep them in the right environment for them.*

1.6 Our outcomes for our residents

In Wokingham we want to deliver the following outcomes for our residents

People's Experience	Services	System
Taken together, my care and support help me live the life I want to the best of my ability	The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place	Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
I have the information, and support to use it, that I need to make decisions and choices about my care and support	The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings	Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
I am as involved in discussions and decisions about my care, support and treatment as I want to be	Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways	Integrated care shifts service capacity and resources from higher cost hospital settings to community settings
When I move between services or care settings, there is a plan in place for what happens next	Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users	The system enables personalisation by supporting personal budgets and IPC, where appropriate
I have access to a range of support that helps me to live the life I want and remain a contributing member of my community	Transfers of care between care settings are readily managed without delays	
Carers report they feel supported and have a good quality of life		

1.7 Our outcomes for our system

In Wokingham we want to deliver the following outcomes for the Wokingham system

Improved Health and Wellbeing	Enhanced Quality of Care	Value and Sustainability
Improved health of the population	Improved experience of care	Cost effective service model
Improved quality of life	People feel more empowered	Care is provided in the right place at the right time
Reduction in health inequalities	Care is personal and joined up	Demand is well managed
	People receive better quality care	Sustainable fit between needs and resources

1.8 Our Plan to 2020

The Wokingham Integrated Partnership agreed its Plan to 2020 in June 2018. At present our plan focusses on our Quadruple Aims, which aligns with the objectives of the ICS and will support the delivery of the 3 key priorities of the HWB.

1. Further develop Partnership Working
2. Further improving the Quality of Care that we provide (ICS Objective - Enhancement of patient experience and outcomes)
3. Improving the Health of the Population (ICS Objective - An improvement in the health and wellbeing of our population)
4. Securing the Value and Financial Sustainability of health and social care services we provide (ICS Objective - Financial sustainability for all constituent organisations and the ICS)

The Wokingham Management Partnership will be responsible for ensuring its implementation and will monitor the plan on a quarterly basis. The plan will be updated and refreshed on a quarterly basis.

Partner Implications
Nil

Reasons for considering the report in Part 2
N/A

List of Background Papers
Vs 1.2 Wokingham's Adult Integration Position Statement Oct 2018 Embedded within the IPS Document: Wokingham's Adult Integration Position Statement - Stakeholder Conversations-Feedback BCF High Level Programme Plan/Roadmap for Integration of Adult Health and Social Care Services 2018 to 2020

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Wokingham's Integrated Partnership

Integrated Adult Health and Social Care

Integration Position Statement 2018 to 2021

Foreword

Wokingham Borough, like other areas throughout the country, is in the midst of a period of significant change in the delivery of public services. Simply continuing with business as usual is not an option. Coupled with the increases in demand associated with an ageing population, it is clear that the borough's health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken.

This is the first Integration Position Statement (IPS) for Wokingham. We have been developing the document carefully with partners and other stakeholders so that it:

- is as up to date as possible;
- reflects the strong partnership in Wokingham between the commissioners, providers and the voluntary sector that form the Wokingham Integrated Partnership;
- sets out as clearly as possible the vision and strategy which will shape integration going forward.

A central part of the Wokingham vision is that all services, whoever provides them, will work together closely, especially at a place and network level. Collaboration between providers will be key. Imagination and creativity will be vital in putting these ambitious plans into action.

The IPS needs to be an ongoing working document, and regularly updated. It is crucial that anyone reading it, whether an existing provider, a potential new provider, a service user, or a carer, has a clear picture of what we want to achieve and how we are going about it.

The IPS should be seen as a clear statement, available to everyone, about our approach to making sure that Adult Social Care and Health in Wokingham is the best that it can be, focusing on the development of Integrated Care Networks which brings together a partnership of health and social care providers and a network of voluntary and community sector organisations. We aim to support people to maintain and improve their physical and mental wellbeing, to live independent and fulfilled lives and to access high quality care when needed. As the journey continues we want everyone to use it as the foundation for our detailed thinking and project development.

In this context, we see this IPS as an increasingly vital part of our partner relationship – to set out our long-term vision for the future of public services in Wokingham, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business.

Councillor Richard Dolinski
Chair of Health and Wellbeing Board and Executive Member for Adult Social Care, Health and Wellbeing.

Table of Contents

1. Introduction

1.1 Purpose

Wokingham's Integrated Partnership, as the sub-group of the Health and Wellbeing Board (HWB) is responsible for the Integration of Adult Health and Social Care. We support the move away from a competitive landscape of autonomous providers towards more integrated, collaborative and placed-based care. However, understanding of these changes has been hampered by poor communication and a confusing acronym spaghetti of changing titles and terminology, poorly understood even by those working within the system. This has fuelled a climate of suspicion about the underlying purpose of the proposals and missed opportunities to build goodwill for the co-design of local systems that work more effectively in the best interests of those who depend on services.

The purpose of this statement is to let people know where we in Wokingham stand with regards to Integration of Adult Health and Social Care. It aims to set out clear, concise messages to be communicated to all stakeholders about:

- What is Integration in Adult Health and Social Care?
- Why should Integration be a focus for all?
- Where have we got to with Integration in Wokingham?
- Where are we heading with Integration?
- How are we going to get there?

1.2 Who is this document for and how has it been developed?

This IPS has been developed jointly by Wokingham's Integrated Partnership (referred to in this document as "we") on behalf of Wokingham's Health and Wellbeing Board. Wokingham's Integrated Partnership is a partnership between:

- Wokingham Borough Council
- NHS Berkshire West Clinical Commissioning Group (CCG)
- Berkshire Healthcare Foundation Trust
- Wokingham GP Alliance
- Royal Berkshire NHS Foundation Trust

And whose membership also includes:

- Involve (representing Wokingham's Voluntary and Community sector)
- Healthwatch (the independent consumer champion for Wokingham residents)
- Optalis (the Local Authority trading company delivering adult social care services across Wokingham)

The IPS covers adult health and social care. Its task is to inform current and potential partners, as well as members of the community, about the future direction of health and social care services and how they will be put in place.

It brings together, in one place the integrated way in which we will work with partners to commission services that better meet the health and care needs of our population, as well as ensuring that they work as effectively as possible. We are strongly committed to the value of joint integrated commissioning, and will continue to develop this approach in all our work.

This is the first IPS for Wokingham, which has been developed with the help of all our partners. It will be regularly reviewed and updated in the same way i.e. with stakeholders.

The process steps for developing our IPS were:

- Research (national and local evidence) and meetings with stakeholders May, June & July 2018
- Draft IPS – August 2018

- Consult – 18th September 2018 for 2 weeks
- Publish – following approval from HWB November 2018
- Workshops with all stakeholders – from December 2018

The outputs from the meetings with stakeholders to support the development of this IPS can be seen in Appendix 1.

1.2 National Context

Proposals for the integration of health and care services go back at least to the 1970's. Despite numerous policy and legislative developments since then, joint working has not worked well in all parts of the country. In addition demographic change has resulted in a new impetus for change. Recent policy developments have included:

- The Care Act 2014
- The Better Care Fund 2015
- The NHS Five Year Forward View 2014
- General Practice Forward View 2016

However, as yet, the scale of this ambition has not been matched by the time and resources required to deliver it. Countries that have made the move to more collaborative, integrated care have done so over 10–15 years and with dedicated upfront investment e.g. New Zealand, Scotland.

The strategic plan for health and care delivery in England is outlined in NHS England's Five Year Forward View. The aim is to shift the focus away from ill health, disease and illness led services to focus on promoting health and wellbeing and preventing ill health. Health care, social care, independent, voluntary and charitable sectors all need to collaborate with each other to improve the overall health of the local populations they serve.

Local health and social care systems are dealing with a growing population with changing needs, a challenging financial position and workforce pressures, along with other factors. There has also been a significant focus on driving integration forward through initiatives such as devolution and a continuation of the Better Care Fund. Building on this, the government has pledged to integrate health and social care services by 2020.

1.3 Local Context

Following the introduction of the Health and Social Care Act in 2012, Wokingham formed its HWB in 2013 with the main aim to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up" care.

Wokingham Integration Strategic Partnership (WISP) was set up as a subgroup of the HWB, with the responsibility for the business and overall performance of projects within Wokingham's Better Care Fund (BCF) Programme as well as informing and leading Wokingham's contribution to Berkshire West 10 (BW10) integration work. In 2014 Wokingham Clinical Commissioning Group (CCG) and Wokingham Borough Council (WBC) made a commitment to work in partnership towards true integration through a Section 75 agreement and our Better Care Fund plans in 2014, 2016 and 2017.

In April 2018 we formed a partnership, to strengthen our existing relationships formed by the Better Care Fund Programme and Section 75 agreement, in which commissioners and providers collaborate rather than compete. These partnerships are becoming increasingly prevalent across England, often building on the national new care models programme and pre-existing collaborations between services.

1.5 Wokingham's Story

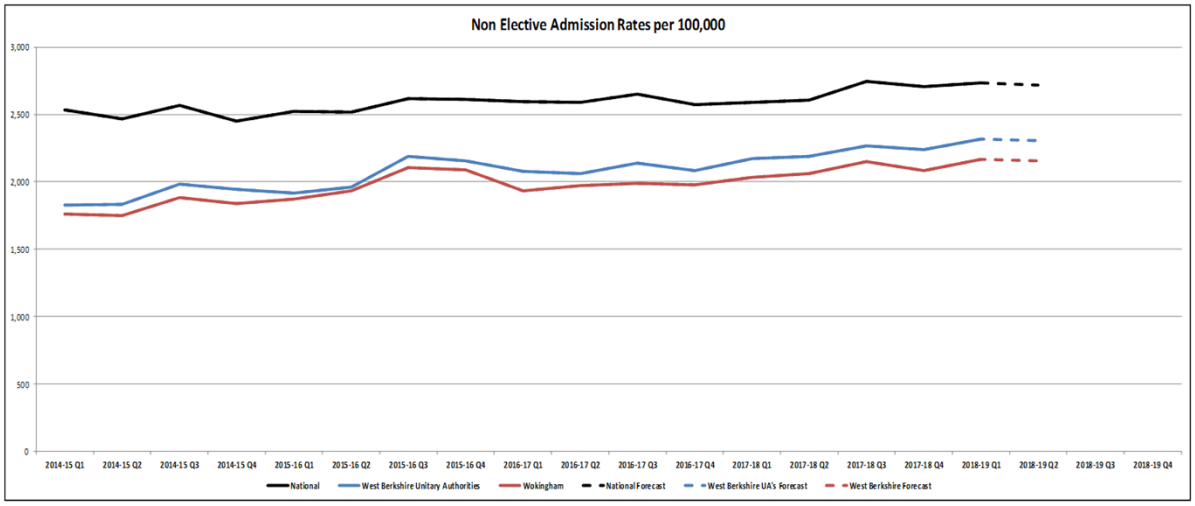
Through the BCF we have been measuring our performance against 4 National Metrics which focus on demand on health and social care and we have achieved a great deal of success to date, demonstrating why integration should be a focus for all.

Non-Elective Admissions (NEAs)

Figure 1 – Comparison of NEA admission rates

Non - Elective admissions (general and acute) - Actuals - Unitary Authority Based

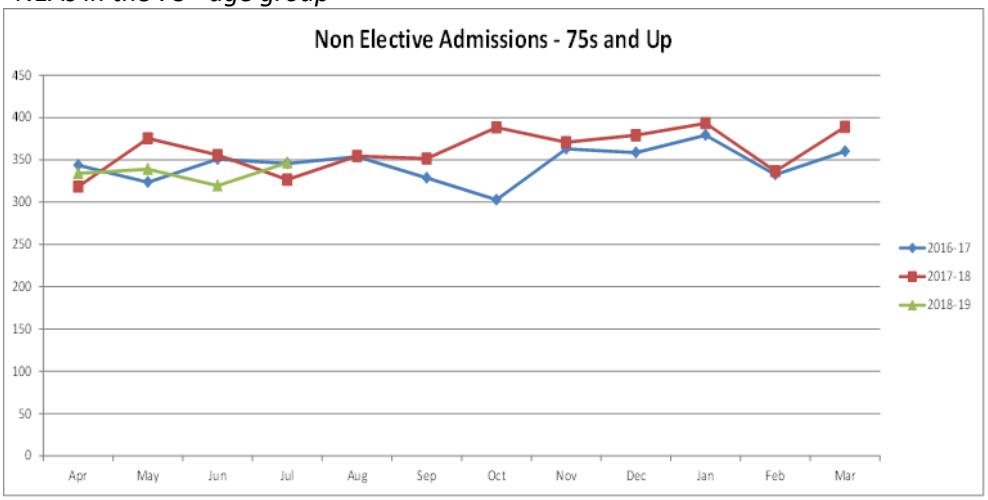
Metric		Actuals & Forecast																			
		2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4	2015-16 Q1	2015-16 Q2	2015-16 Q3	2015-16 Q4	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4
Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	National	2,536	2,468	2,565	2,452	2,525	2,519	2,615	2,614	2,593	2,587	2,649	2,575	2,590	2,606	2,744	2,708	2,736	2,715		
	West Berkshire Unitary Authorities	1,828	1,831	1,981	1,943	1,916	1,964	2,187	2,158	2,080	2,063	2,138	2,085	2,173	2,187	2,269	2,237	2,318	2,306		
	Wokingham	1,760	1,752	1,881	1,839	1,870	1,936	2,104	2,088	1,933	1,975	1,991	1,977	2,035	2,061	2,150	2,081	2,166	2,155		



As can be seen in the above graph, Wokingham's NEAs (red line) have consistently been below both the national average (black line) and the other Berkshire West CCGs (blue line). We have compared our performance regionally and nationally over 2017/18 and Wokingham's Normalised for Population Monthly NEA rate is ranked 1st best (out of 207 CCGs) for performance, the best performance of the 4 Berkshire West CCG areas. Wokingham has consistently been in the top 10 best performing CCGs nationally for NEAs. Given this position, it is challenging to improve.

Our BCF investments have been focussed on the Frail Elderly, who account for a disproportionate number of NEAs and overall cost. We monitor each month the number of NEAs for the >75 age band and for a defined group of target diagnosis. The work of our Wokingham Integrated Social Care and Health (WISH) team is particularly focussed on this target group.

Figure 2 – NEAs in the 75+ age group



As the graph in Figure 2 shows, in Wokingham, NEAs for our target group over the past three years have been remarkably stable, despite an underlying 6% demographic growth for this age group.

Delayed Transfers of Care (DToC)

We have compared our performance regionally and nationally over 2017/18:

- Wokingham's Normalised for Population DToC ranking April 2017 to Feb 2018 is in the top third nationally (49th out of 152 LA areas)
- Wokingham's Normalised for Population SE and SW only ranking, April 2017 to Feb 2018 was 4th out of 34 LA areas

As the table in Figure 3 shows, in Quarter 3 2017/18 Wokingham's delayed days per day were 9.1 days, the second lowest in Berkshire.

Figure 3 – Comparison of DToC day rates in Berkshire

Provisional expectations for 2018/19 – Delayed days per day

		nhs	SC	both		nhs	SC	both		Total DTOC Rate per 100k pop
HWB	Revised 2016	2017/18 Q3				2018/19 expectations				
Bracknell Forest	91,556	7.2	3.2	2.0	12.5	**5.1**	**2.4**	**2.0**	**9.5**	**10.4**
Oxfordshire	535,686	60.9	24.3	37.4	122.6	**42.6**	**14.6**	**37.4**	**94.6**	**17.7**
Reading	126,045	9.6	9.6	1.1	20.3	**6.9**	**5.8**	**1.1**	**13.8**	**10.9**
Slough	106,307	5.2	1.8	0.0	7.0	**5.2**	**1.8**	**0.0**	**7.0**	**6.6**
West Berkshire	122,531	9.5	4.7	6.5	20.6	**6.7**	**3.2**	**6.5**	**16.4**	**13.4**
Windsor and Maidenhead	115,443	11.1	4.1	0.4	15.7	**7.8**	**3.0**	**0.4**	**11.2**	**9.7**
Wokingham	124,920	4.4	4.4	0.2	9.1	**4.4**	**3.2**	**0.2**	**7.9**	**6.3**

However, we are not satisfied with our current ranking, or performance, and are working with the other Berkshire West Localities to further imbed the High Impact Change Model and to share good practice and move towards a consolidated hospital discharge model.

In particular we have set challenging targets for the number of delayed days due to social care for 2018/19.

Permanent Admissions to Care Homes

For the 12 months to March 2018 admissions were 123, compared to target of 132 (9 less). This is 1 more than in 2016/17. Whilst we have reduced the demand on admissions to care homes year on year, we recognise that due to increasing care home costs WBC remain financially challenged, but without the work of the BCF schemes would be in an even more financially challenged position.

Percentage of users who remain at home 91 days after discharge

In August 2018 our performance was 100%, having risen from 57% in April, through 82% in May and 80% in June, against a target of 78% for Q2 & Q3 for 17/18. Q4 target is higher at 85%.

2 What is Integration in Adult Health and Social Care?

2.1 Integration and Integrated Care Definitions

Integration and integrated care can mean different things to different people and we want to provide a clear meaning for all stakeholders. Figure 4 shows the key components, as recognised nationally, of integration and integrated care.

Figure 4 – What is integrated care/integration?

What is integrated care?	What is integration?
Care that is focused on the needs of people, not the needs of organisations	It is the processes, methods and tools of integration that facilitate integrated care.
The patient's perspective is at the heart of any discussion about integrated care.	The methods and approaches used to align goals across professional groups, teams and organisations.
Achieving integrated care requires those involved with planning and providing services to 'impose the patient perspective as the organising principle of service delivery'	Integration involves connecting the health care system (acute, community and primary medical) with social care systems (such as long-term care, assessment teams or housing services)
The ambition to deliver services across providers with minimal duplication and disruption, and with high-quality outcomes and patient experience	

Integration is the combination of processes, methods and tools that facilitate integrated care. Integrated care results when the culmination of these processes directly benefits communities, patients or service users – it is by definition 'person-centred' and 'population oriented' Integrated care may be judged successful if it contributes to better care experiences and/or improved care outcomes, delivered more cost effectively.

In Wokingham when we talk about integration what we actually mean is delivering integrated care. Integrated care is services working together to ensure people can plan their care to achieve the outcomes that are important to them. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

National Voices 'A narrative for person-centred, co-ordinated care' provides a definition of what good integrated care and support looks and feels like for people.

> *I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.*

Integration is more than just a name; it is the operationalization of services at the front line which had previously been the responsibility of multiple statutory organisations.

2.2 Wokingham's Current Approach

Our vision for integrated health and social care was developed in 2014 after Call to Action consultation events and in partnership with all stakeholders in view of the impact of the Care Act

2014, utilising Wokingham's Joint Strategic Needs Assessment (JSNA)[1] and Berkshire West CCG's Primary Care Strategy.

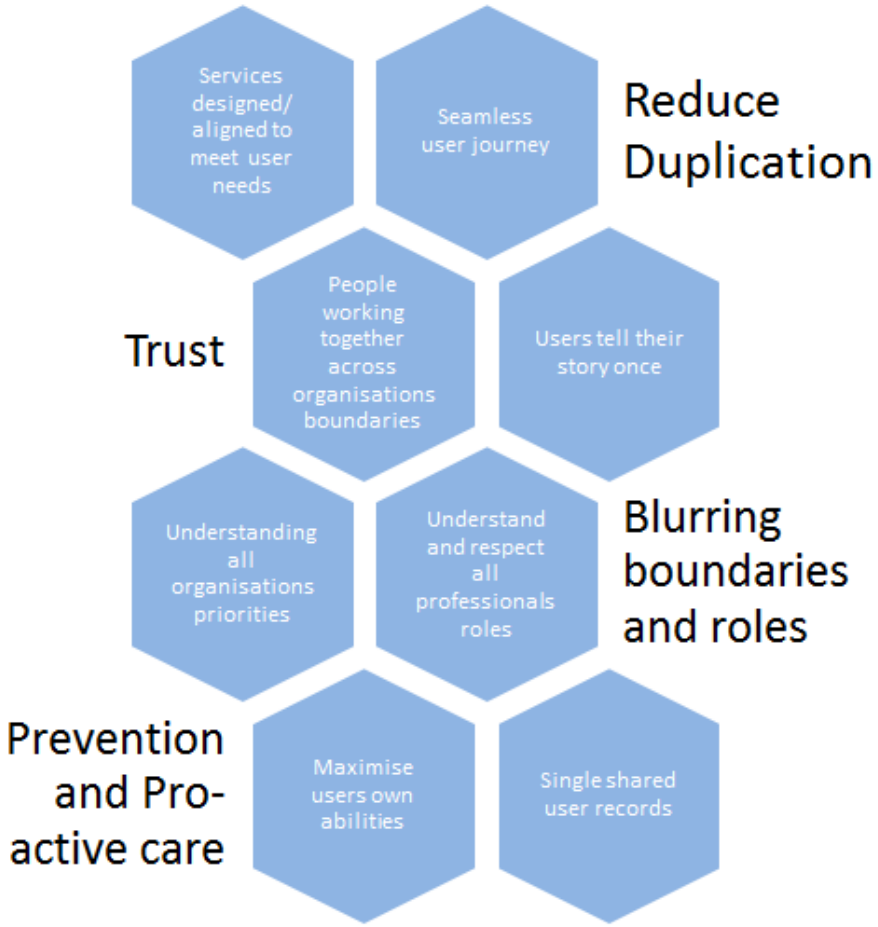
Our current vision statement is: 'Preventing ill health within a growing population and supporting people with more complex needs within the community.' Our integration programme is centred on the service users' journey, as illustrated in 'Sam's Story' https://youtu.be/Z3XDy2jzSb4

Our approach to integration to date has focused on:

- supporting Wokingham residents in only telling their story once
- working on keeping people at their usual place of residence
- shifting traditional, hospital-provided, care delivery into the community

2.3 Key Themes from Stakeholder Conversations

The following infographic pulls together the key recurrent themes from the stakeholder holder conversations, when asked what they thought integration is.



[1] A JSNA provides local policy-makers and commissioners with a profile of the health and wellbeing needs of the local population. The aim of the JSNA is to improve commissioning and reduce health inequalities by identifying current and future health trends within a local population.

The 4 main themes from the conversations were:
1. Prevention and pro-active care
2. Reduce duplication
3. Trust
4. Blurring boundaries and roles

Stakeholders were also clear about what integration isn't, which included:
- A single health and social care organisation
- Suspicion – needs to be trust
- Blame
- Silos

2.4 High Level Key Integration Factors

At a high level, key factors to integration are:
- Collaboration across organisations to tackle system-wide challenges with the creation of the Berkshire West Integrated Care System and Wokingham's Integrated Partnership
- Developing a place-based approach (Integrated Care Networks) to care by alignment of services to meet the needs of a population or community
- Joining up public funding
- Unlocking different ways of working together e.g. new care models (NCMs), co-location as per many NHSE studies
- Empowering users
- Ensuring the workforce is able to meet the needs of the health and social care system, with the right number of staff at the right time and in the right place

3 Why should Integration be a focus for all?

3.1 Background

It is one of the greatest triumphs of our age that people are living longer. Many more of us are doing so with complex health and care needs, including multiple long-term conditions. To meet these needs, people rely on a range of health and care services, which are mostly public but also provided by non-statutory services (charities, social enterprises, community services and private providers), as well as dedicated informal support from families and carers. If these services and sources of support don't join up, don't share information, are not coordinated and fail to put the individual front and centre then this can not only result in a poor experience, but risks health and social care problems escalating and an inefficient use of increasingly stretched resources.

As health spending across the developed world looks set to consume an increasing share of Gross Domestic Product (GDP) in the years ahead, integrated care provides a way of getting more value out of the resources we put in and a better experience for those who use services. There have been positive early signs from the new care models about the benefits that more integrated health and care services can bring to people.

NHS England New Model Case Study Results

Primary and Acute Care Systems (PACS) and Multi-specialty Community Providers (MCP) Vanguards have seen slower growth in emergency admissions…

Emergency admissions growth 2017/18:

- Rest of England: +5.7%
- MCP average: +1.4%
- PACS average: +1.7%

Care Home Vanguards reduced admissions

Emergency admissions growth from care home residents 2017/18:

- Rest of England: +6.7%
- Enhanced Health in Care Homes (EHCH) Vanguards: -1.4%

Simply continuing with business as usual is not an option. Coupled with the increases in demand associated with an ageing population, it is clear that our health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken.

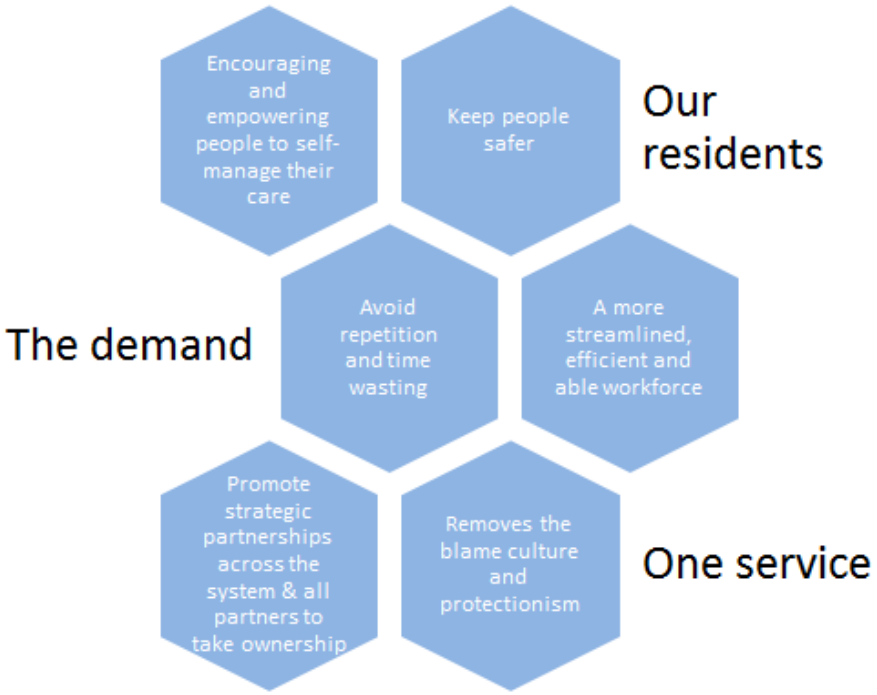
Integrated care is about providing a more holistic, joined-up and coordinated experience for users. Whilst there is not sufficient national evidence that integrated care saves money or improves outcomes in the short-term, there are other compelling reasons to believe it is worthwhile. The successful integration of health and social care is thought to offer:

- better outcomes for people, e.g. living independently at home with maximum choice and control
- more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time
- improved access to, experience of, and satisfaction with, health and social care services

Locally we have demonstrated that integration does reduce delayed transfers of care, permanent placements to care homes and the number of people at home 91 days after discharge who have had reablement services (refer to Section 1.5 Wokingham's Story).

3.2 Key themes from stakeholder conversations

The following infographic pulls together the key recurrent themes from the stakeholder conversations, when asked why integration should be a focus for all.



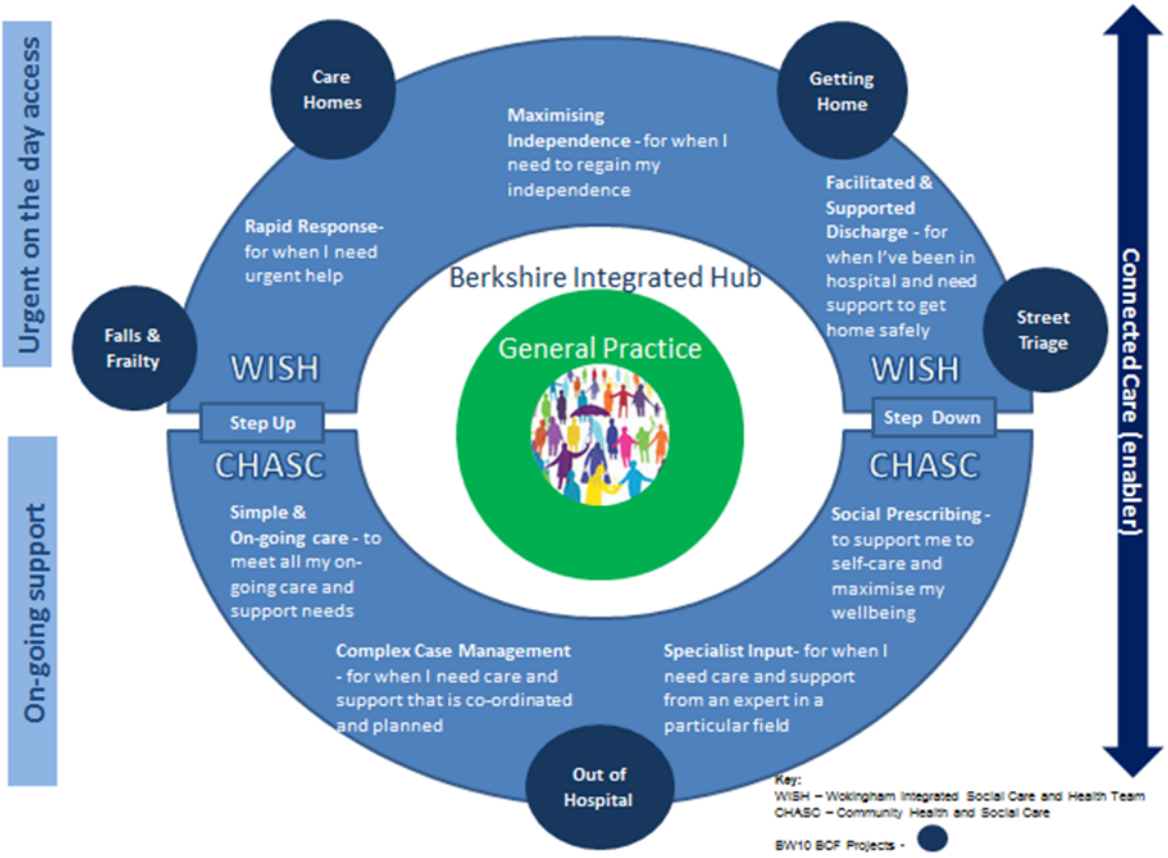
4 Where have we got with Integration in Wokingham?

4.1 The Better Care Fund

Wokingham, like other areas throughout the country, is in the midst of a period of significant change in the delivery of health and social care services, with the Better Care Fund being our main vehicle to deliver integrated care, on behalf of the HWB. Since 2014 we have shaped our vision to reflect stakeholder feedback, developing three core aims:

- to tell your story once
- to remain in your own residence
- to shift care to the community

We have translated our vision of Wokingham's integrated services as illustrated below:
Figure 5 – Wokingham: User-Focused Health and Social Care System



We are delivering our BCF both locally and through a wider Berkshire West approach. The Berkshire West 10 (BW10) system first came together in 2013, and has continued to progress with the development of a BW10 Integration Programme. The Programme identified three priority areas of work following an initial review of demand and capacity across the health and social care system - Frail Elderly, Children and Young Peoples services and Mental Health.

Our partners within the BW10 Programme consist of the CCG, the three Berkshire local authorities, Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare NHS Foundation Trust (BHFT) and South Central Ambulance Service (SCAS). Some of our providers - RBFT, BHFT and SCAS provide services across a large footprint, therefore our Programme feeds into a wider BW10 vision for integration of health and social care.

The Wokingham health and social care system also sits within the Berkshire West Integrated Care System (ICS), which is one of the exemplar sites identified within the Five Year Forward View Next Steps and will support our drive for integrated health and social care.

4.2 Wokingham's Successes to date

Staff across all our partner services have been working hard for the last 4 years on the journey to integrated care and we have achieved the following:

- Developed a new partnership model and governance structure in Wokingham
- Completed the integration of our urgent on the day access services, known as WISH (Wokingham Integrated Social care and Health) team
- Our GPs formed the Wokingham GP Alliance in 2017/18
- 1 of 7 areas shortlisted for BCF graduation in 2017/18
- Developed 3 networks (localities), North, East and West around primary care practices which will form the basis of our planned Integrated Care Networks
- Invited to provide our expertise to the Health and Social Care Green Paper, NHSE's Integrating Better support offer
- Introduced a social prescribing service, known as Community Navigators
- Implemented a new Multi-Disciplinary Team (MDT) meeting process
- An integrated discharge team at RBFT went live in February 2018
- The Integrated Care Homes Service supporting care homes pro-actively and reactively

4.3 Wokingham's Challenges to date

Whilst we have seen success we still have many challenges and barriers to overcome, including:

- Not always putting the user at the centre during redesign
- No single user record/system yet, but have a Berkshire-wide programme, Connected Care, with the remit to deliver this
- Communication for both staff and users does need to be better
- Slow decision making, which wastes time and money
- Culture change does not happen overnight
- Differing organisational priorities
- Moving from competing to collaborating
- Clear leadership at all levels - national, system and locality
- Not able to share the management of pressure points across services and organisations
- Handoffs – passing users from one service to another with multiple referral criteria and many different waiting lists
- Skills and workforce shortages

4.4 Key themes from stakeholder conversations

The feedback from the conversations with stakeholders was very honest and whilst all staff recognised we have made some strides forward, it was felt:

- We still have a long way to go
- What are we benchmarking ourselves against? If it was gold standard integration then we are not anywhere near
- We need a clear and understandable vision and outcomes to work towards

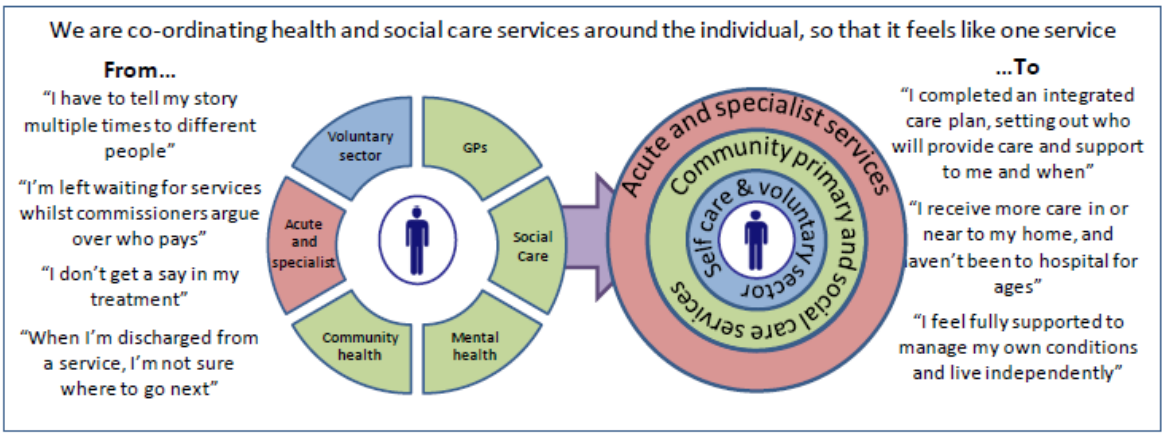
5. Where are we heading with Integration? And how are we going to get there?

5.1 Where are we heading?

The Better Care Fund and Integration, is an opportunity to make radical and urgent changes happen. The successful way forward is one of 'connecting care' across sectors, requiring partnership, collaboration, and new and better ways of working together. We have a partnership and governance in place to move integrated care forward in Wokingham.

Individuals will have access to the right services and will be supported to manage their health and social care needs. We will do this by having our organisations working collaboratively together with voluntary care sector bodies, to deliver well-coordinated services for individuals.

Figure 6 – From and To Service Infographic



N.B. The voluntary and community sector spans across all sectors even though only shown in one ring in the '…To' part of the diagram.

To deliver the best outcomes for the public, health, social care and other local services must work together. Where services integrate well across organisational boundaries their clinical and social outcomes are better. Moreover, people prefer local services that join up and that support them to be as independent as possible for as long as possible. Putting these principles into practice will benefit everyone, although the case for integrating better is most compelling amongst older adults who need the support of multiple services.

As part of the work underway to develop the national Health and Social Care Green Paper, the following has been developed to demonstrate the core elements to move forward with integration and we must ensure we consider these.

Figure 7 – Taking Integration Forward

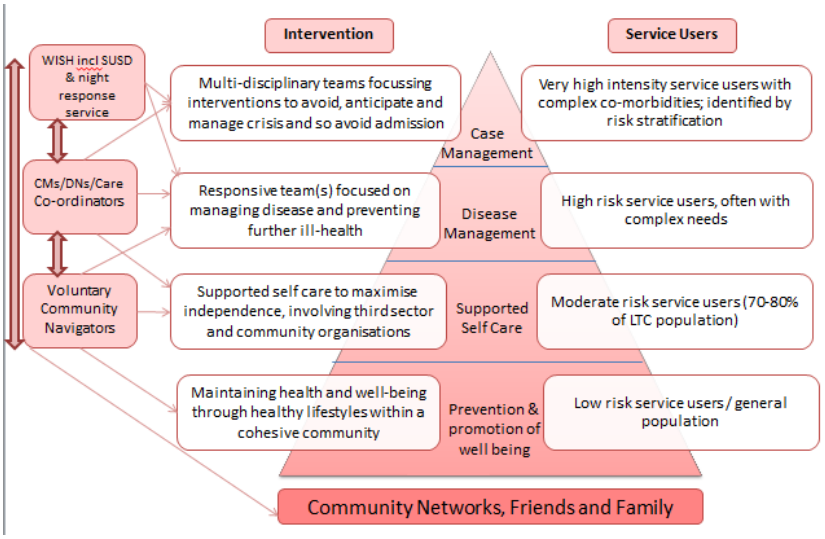
5.2 Revisit our shared vision

A shared vision provides a rationale and justification for pursuing integrated services. It should be aspirational and reflect what all partners (local authorities, NHS organisations, voluntary and community sectors, providers and patient representatives) want to achieve in their medium to long-term future. Being clear about what we want to achieve provides the context for change. We can deliver a vision that is inclusive for the public by:

- Developing a shared, multi-year vision through regular consultation
- Consulting should be with key partners (including staff) and local user representatives
- Asking key questions that relate to the outcomes everyone wants
- Create a vision that references intended benefits and challenges for staff and individuals
- Agreeing terms jointly from both a health and social care perspective and use this as a common language
- Including the vision in all job descriptions
- Publicising the vision through team meetings, induction documents and all relevant forums
- Revisiting the vision every three years or so, to check its relevance and commitment to implementation

We will need to ensure that when we consider our refreshed vision that we keep in mind our Pyramid of Need as health and social care needs of the tiers also differ in crucial ways, meaning each tier requires a set of targeted interventions to support people to keep them well. It is important to note that these tiers are fluid. People can and will move between the different levels of care as they experience periods of instability and recover from them. The system response designed will need to be proportionate to the individual's requirements i.e. resources in the right place at the right time and it will not be a 'one-size-fits-all' solution.

Figure 8 – Pyramid of Need



We need to provide clarity for our stakeholders as to what integrated care is for Wokingham users, a simple statement may not be sufficient enough to describe clearly what we are aiming to do. A set of statements may be better able to be used to help all stakeholders understand what we mean by integrated care. It is also important to be clear as to the expectations around our model.

5.3 How are we going to get there?
Whilst we have made some progress there is still more to do, which needs to be agreed and disseminated. We have created a Plan/Roadmap to 2020 (Appendix 2), which is a high level plan as to how we are going to deliver our integration agenda. It was developed around 4 main aims:

- Further develop Partnership Working
- Further improving the Quality of Care that we provide
- Improving the Health of the Population
- Securing the Value and Financial Sustainability of health and social care services we provide

At present the HWB and BCF programme are our main tools to support the continued development of integrated services. The successful way forward is one of 'connecting care' across sectors, requiring partnership, collaboration, and new and better ways of working together.

We do need to ensure that the following areas are clearly defined and shared with all stakeholders:

- Leadership
- Develop and agree the outcomes we want to deliver for our people
- Our barriers and enablers
- Wider fit at a Berkshire West system level and above

5.3.1 Leadership
Leaders create and sustain the environment for integrating services. It is up to our leaders to enable integration and ensure it can outlast their roles. Providing leadership for integration is not a 'one-off' way or a one-way street. To be meaningful there must be a visible ongoing commitment from senior leaders, and regular dialogue between leaders, staff and the public.

Engagement - Engagement between leaders, their staff and the public is essential to changing the conversation on how services are delivered. Meaningful engagement should start when setting the vision and include planning and delivery - rather than consulting before changes happen.

Leadership by example - Management need to be open to, and be seen to be open to, service changes that may involve their losing elements of direct control but driving the empowerment of their staff. Leaders must be brave enough to see through new approaches even when it may not be delivering the results you wanted as quickly as you need and communicate upwards that the tangible benefits will take time to achieve.

Culture - Shifting the way that people work across organisations is challenging when delivering integrated services. Our leaders should consider developing a joint organisational development (OD) strategy that supports delivery of the vision, and considers staff at different levels. This means there is consistent messaging for all partners and can address concerns of staff at all levels early on in change processes. It can also design ways of working that allay any fears.

5.3.2 Outcomes
Setting clear outcomes are essential as they describe 'the way a thing turns out; a consequence'. We need to provide what the clear end results are in order to reorganise and redesign our services.

The Scottish integration journey is further along than England's. They have developed National Health and Wellbeing Outcomes (Figure 9), which are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

Figure 9 – Scotland's National Health and Wellbeing Outcomes 2014

The Social Care Institute for Excellence was asked to carry out research in April 2017 to support the Department of Health and Social Care to develop an overarching framework, building on the original Integration Standard, which would help local areas understand what good integration looks like. They developed a logic model having the overall purpose of 'right care, right place, right time', starting with the patient/service user, and that this should drive the underlying logic within the model. They proposed service user outcomes (short-term) and impacts and the impact on the health and social care system, which can be seen in Figures 10 and 11.

Figure 10 – System Impacts

Improved Health and Wellbeing	Enhanced Quality of Care	Value and Sustainability
Improved health of the population	Improved experience of care	Cost effective service model
Improved quality of life	People feel more empowered	Care is provided in the right place at the right time
Reduction in health inequalities	Care is personal and joined up	Demand is well managed
	People receive better quality care	Sustainable fit between needs and resources

Figure 11 - Service user outcomes

People's Experience	Services	System
Taken together, my care and support help me live the life I want to the best of my ability	The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place	Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
I have the information, and support to use it, that I need to make decisions and choices about my care and support	The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings	Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
I am as involved in discussions and decisions about my care, support and treatment as I want to be	Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways	Integrated care shifts service capacity and resources from higher cost hospital settings to community settings
When I move between services or care settings, there is a plan in place for what happens next	Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users	The system enables personalisation by supporting personal budgets and IPC, where appropriate
I have access to a range of support that helps me to live the life I want and remain a contributing member of my community	Transfers of care between care settings are readily managed without delays	
Carers report they feel supported and have a good quality of life		

By using both Social Care Institute for Excellence (SCIE) and the Scottish approach we can agree a clear set of outcomes we wish to deliver in Wokingham.

5.3.3 Barriers and Enablers

To successfully make change happen, we need to understand the types of barriers faced in integrating health and social care. Using this knowledge, we can consider which barriers and levers may operate in our organisations and locality, which may be relevant to a particular problem. Following careful consideration, it is possible to develop a tailored approach to overcome the barriers, encourage changes in behaviour and ultimately implement the change needed.

Systemic barriers to integrated care must be addressed if integrated care is to become a reality. There are numerous barriers that we must be aware of and agree how we manage/overcome them in order to ensure we can deliver integrated care:

- Managing demand and developing new care models
- Establishing effective clinical leadership for change
- Overcoming professional tribalism and turf wars
- Addressing the lack of good data and IT to drive integration, e.g., in targeting the right people to receive it
- Involving the public and creating a narrative about new models of care
- Establishing new forms of organisation and governance (where these are needed)
- Scale and pace of change could undermine local achievements in integrated care
- Clinical commissioner's commitment to integrated care
- Strength of health and wellbeing boards to promote integration and exert influence/leadership
- Whether financial pressures will promote the shared planning and use of resources
- Whether separate outcomes frameworks will offer sufficient incentives for aligning services around the needs of people rather than organisations

- Payment policy that encourages acute providers to expand activity within hospitals (rather than across the care continuum)
- Payment policy that is about episodes of care in a particular institution (rather than payment to incentivise integration, such as payments for care pathways and other forms of payment bundling)
- Under-developed commissioning that often lacks real clinical engagement and leadership
- Policy on choice and competition
- Regulation that focuses on episodic or single-organisational care
- Lack of political will to support changes to local care, including conversion or closure of hospitals

Achieving integrated care is challenging and highly context dependent. There is no 'one-size-fits-all' solution; rather, a tailored approach must be used that utilizes a variety of key enabling factors.

Figure 12 – The Integration Logic Model - Key Enablers

5.3.4 System Fit

It is essential to ensure that the direction, plans and delivery of local integration aligns with the strategic priorities of the HWB, the Berkshire West 10 Partnership, the emerging Berkshire West Integrated Care System (ICS) and the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Partnership, supporting and enabling personalised, preventative approaches to care.

Wokingham's Health and Wellbeing Board is currently refreshing its vision and its key priorities. The proposed vision is to create healthy and resilient communities focussing on 3 key priorities:

1. Creating physically active communities
2. Narrowing the health inequalities gap
3. Reducing isolation

The Berkshire West ICS 2018/19 strategic priorities are:

1. Develop a resilient urgent care system that meets the on the day need of patients and is consistent with our constitutional requirements

2. To redesign care pathways to improve patient experience, clinical outcomes and make the best use of clinical and digital resources
3. Progress a whole system approach to transforming primary care to deliver resilience, better patient outcomes and experience and efficiency
4. Develop the ICS supporting infrastructure to deliver better value for money and reduce duplication
5. Deliver the ICS financial control total agreed to by the Boards of the constituent statutory organisations

We need to maximise opportunities to work at scale more effectively and do more things at a Berkshire West level with local implementation plans e.g.

- Preferably commission things once only (not three times or six times).
- Bring the machinery of Local Government services up to the same scale (circa 500,000 population) as Berkshire West CCG and the Royal Berkshire NHS Foundation Trust, or maybe at an even a larger scale to mirror that of Berkshire Healthcare Foundation Trust.

6. Next Steps

Following agreement to the approach suggested in the IPS by Wokingham's Health and Wellbeing Board, further stakeholder conversations are planned to share the IPS and use the conversations to get input from all stakeholders into the development of:

- Our mission, vision and values
- Wokingham Integrated Care Networks
- Our outcomes
- Our barriers and enablers
- Our plan

6.1 Our Mission, Vision and Values

6.1.1 Our Mission

Wokingham Integrated Partnership is a pioneering public sector partnership bringing together the NHS community health, primary care, social care and voluntary sector services in the borough. We have been set up to make a positive contribution to help people in Wokingham live longer and enjoy healthier lives than they do now.

Our Mission sums up what we do:

> Leading local care, improving lives in Wokingham, with you – right care, right time and right place

6.1.2 Our Vision

It is proposed that we refresh our vision to:
We believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- Receive services that meet their needs at the earliest possible opportunity
- Have equal access to health and social care
- Receive safe, effective and compassionate care closer to their homes
- Live healthy, fulfilling and independent lives
- Be part of dynamic, thriving and supportive local communities

At the core of our new system there will be a focus on Proactive and Preventative Care and Urgent on-the-Day Access that is delivered across Integrated Care Networks, with primary care at the centre (each covering circa 50,000 people); this is to ensure that local needs are met by local services, and that specific community priorities are being met.

6.1.3 Our Values

Our values are important because they describe the culture we are creating in our organisation and describe how we will behave with each other, with our users and with our partners.

- Partnership - we will work in partnership with other health, social and voluntary sector providers working towards integration and collaboration
- Better Care - we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all
- Better Health - we will improve everyone's health and wellbeing by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management
- Better Value - we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent

delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention

6.2 Integrated Care Networks

Integrated care is about joining up the range of different health and social care services people may receive to ensure they experience it as one seamless service, with their needs placed at the centre.

At the core of our system there will be a focus on Proactive and Preventative Care that is delivered across integrated care networks (each covering around 50,000 people), with primary care being at the centre of the integrated care network and in particular the GP surgery acting as a the foundational block that the network is built on with other services being delivered in conjunction with, and closely aligned to primary care; this is to ensure that local needs are met by local services, and that specific community priorities are being met.

6.2.1 Our Integrated Care Statements

To provide clarity for all our stakeholders we have developed Our Integrated Care Statements to provide clarity for everyone about what integrated care is in Wokingham.

Figure 13 – Our Integrated Care Statements

Care that is focused on the needs of people, not the needs of organisations
The person's perspective is at the heart of any discussion about integrated care.
Achieving integrated care requires those involved with planning and providing services to 'impose the persons perspective as the organising principle of service delivery'
The ambition to deliver services across providers with minimal duplication and disruption, and with high-quality outcomes and user experience
Care that acts as early as possible in the disease journey
Care that takes a whole population approach, intervening differently to meet the needs of different groups

6.2.2 Our Integrated Care Expectations

It is also important to be clear as to what expectations around our model are, including:

- Individual organisations working in partnership and sharing teams to provide a single service offer, known as Integrated Care Networks
- Primary care at the centre of the integrated care network and in particular the GP surgery acting as the foundational block that the network is built on, with other services being delivered in conjunction with and closely aligned to primary care
- Co-location where possible and virtual alignment of teams
- Delivery around 3 network areas, North, East and West Wokingham
- Operating at scale, across organisations and acting as one system that maximises the people, buildings and financials
- Utilising existing resources more effectively through a shared approach that requires the system to pull together as one
- Investing in organisational development and cultural change to ensure more people are cared for in their own home, and to proactively plan care for people rather than reacting to unplanned crises.
- Implementing a strengths-based approach - how services respond to the local community and this approach places more emphasis on working with the individual strengths and the community links they have to keep them in the right environment for them.

6.3 Our Outcomes

6.3.1 Our outcomes for our residents

In Wokingham we want to deliver the following outcomes for our residents:

People's Experience	Services	System
Taken together, my care and support help me live the life I want to the best of my ability	The integrated care delivery model is available 24/7 for all service users, providing timely access to care in the right place	Integrated care improves efficiency because, by promoting best value services in the right setting, it eliminates service duplication, reduces delays and improves services user flow
I have the information, and support to use it, that I need to make decisions and choices about my care and support	The model is proactive in identifying and addressing care needs as well as responsive to urgent needs, with more services provided in primary and community care settings	Effective provision of integrated care helps to manage demand for higher cost hospital care and to control growth in spending
I am as involved in discussions and decisions about my care, support and treatment as I want to be	Professionals and staff are supported to work collaboratively and to coordinate care through ready access to shared user records, joint care management protocols and agreed integrated care pathways	Integrated care shifts service capacity and resources from higher cost hospital settings to community settings
When I move between services or care settings, there is a plan in place for what happens next	Integrated assessment, care and discharge teams report they are readily able to access joint resources to meet the needs of service users	The system enables personalisation by supporting personal budgets and IPC, where appropriate
I have access to a range of support that helps me to live the life I want and remain a contributing member of my community	Transfers of care between care settings are readily managed without delays	
Carers report they feel supported and have a good quality of life		

6.3.2 Our outcomes for our system

In Wokingham we want to deliver the following outcomes for the Wokingham system:

Improved Health and Wellbeing	Enhanced Quality of Care	Value and Sustainability
Improved health of the population	Improved experience of care	Cost effective service model
Improved quality of life	People feel more empowered	Care is provided in the right place at the right time
Reduction in health inequalities	Care is personal and joined up	Demand is well managed
	People receive better quality care	Sustainable fit between needs and resources

6.4 Our Barriers and Enablers

We will use the further stakeholder conversations to map all barriers and enablers to ensure our programme moving forwards addresses these.

6.5 Our Plan to 2020

The Wokingham Integrated Partnership agreed its Plan to 2020 in June 2018. At present our plan focusses on our Quadruple Aims, which aligns with the objectives of the ICS and will support the delivery of the 3 key priorities of the HWB.

1. Further develop Partnership Working
2. Further improving the Quality of Care that we provide (ICS Objective - Enhancement of patient experience and outcomes)
3. Improving the Health of the Population (ICS Objective - An improvement in the health and wellbeing of our population)
4. Securing the Value and Financial Sustainability of health and social care services we provide (ICS Objective - Financial sustainability for all constituent organisations and the ICS)

The Wokingham Management Partnership will be responsible for ensuring its implementation and will monitor the plan on a quarterly basis. The plan will be updated and refreshed on a quarterly basis. The plan is attached in Appendix 2.

7. References

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8. Appendices

Appendix 1 - Wokingham's Adult Integration Position Statement - Stakeholder Conversations-Feedback

Wokingham's IPS - Stakeholder Conversat

Appendix 2 - BCF High Level Programme Plan/Roadmap for Integration of Adult Health and Social Care Services 2018 to 2020

High Level Programme Plan 2018

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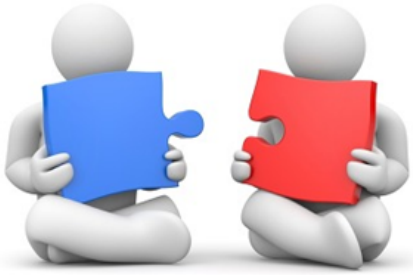
Wokingham's Integration Position Statement



Stakeholder Conversations, June & July 2018 - Feedback

Introduction

The conversations were designed to enable stakeholders to consider 5 key questions about Integration in the context of Wokingham.
Each stakeholder meeting considered the same 5 questions, which were discussed individually or in small groups facilitated by the Better Care Fund Programme Manager. The notes in this paper bring together the suggestions from notes made in each group.

1. What is Integration in adult health and social care?

- People working together across organisational boundaries – working as one for the people.
- Two views of integration – local and BW10. Pathways/Patients/core. Integration of services – locality and or system. Scaling of services, locality flavours
- Taking responsibility
- Pooled budgets (Single funding to break down barriers of different funding streams e.g. CHC or WBC – harder for workers to get approval for more than one funding stream)
- Ability to compromise
- Understanding all organisations priorities etc.
- Single model of service, with health and social care and the voluntary sector being part of that one combined service.
- Integration would mean less battles between organisations, too many barriers and hoops currently
- Lack of drive and clarity from a system level currently. Look at what works in other areas e.g. Manchester – integration of commissioning and provision teams (pooled health and social care budget), driven by Great Manchester health and social care partnership. They have combined working with LA & Health, and promoting that fact – e.g. branded lanyards, TUPE'ing of staff. And Oldham – neighbourhood integrated teams – based in GP surgeries, divided into 6 clusters and teams based around those clusters.
- What do we need for our population? E.g. LD – health and social care.
- For relatively small amounts of money have to do an awful lot.
- Need to be involved strategically
- Who pulls together? Why are you doing it? Clear purpose needed
- Using overview and scrutiny committee to support the strengths based approach – what can you do for yourself?
- Is it integration if it is just health and local authority making decisions? Silos still.
- Cultural change across all organisations e.g. consultant deciding and information re care destination, then has to be unpicked by community H&SC teams. We are here for the people.
- Clear leadership and governance
- Objectives of the service are the same – as opposed to just their organisation
- Alignment to avoid pulling of staff and services by organisations
- Strategic roles to play – objectives for leaders should align – meets all organisations leads
- Partnership working
- Opportunities to share and learn from other professionals/organisations
- Linking up of systems
- Streamlining pathways
- Southampton – DTA model – 3 pathways – simple – rehab/reable, complex – safeguarding, CHC etc.
- Learning organisation e.g. removal of risk averseness
- It would get rid of burn out as staff get so frustrated
- Modifying behaviour – looking at where people feel pressure – how people manage their time? Effectiveness e.g. if managed properly by air traffic control, no air crashes.
- Trusted assessor and single assessment paperwork - users only have 1 plan and organisations have access to the same information about users
- Trust – professional judgement, 2 way conversations, good, supportive relationships and communications
- Shouldn't be – this is my client, not yours. Not what we do and fob off.

- No more silo working or old fashioned-ness e.g. who the key holder is
- Recognising plurality and recognising the benefit for the user
- Understanding and respecting all professional roles and not being precious about roles
- Expansion of roles and increasing staff skills-base. Blurring of roles - fluidity
- There is a 'village' of knowledge and expertise – foot clinic, vascular, endocrine, podiatry, orthotics
- Communicating clear messages to users and professionals to maximise engagement.
- Truly integrated - removal of all boundaries
- Seems like one organisation
- Workforce – generic – HCA acute, comm etc.
- Fit of the acute model – how to take specialist services out into the community
- Single model of service, health and social care part and parcel of one service. More than just health and social care – combination of everyone coming together e.g. voluntary sector partnership
- A broader partnership with voluntary sector
- Voluntary sector – one team – use a simple form
- Smarter working and clarity – a single commissioner of voluntary sector, not health and social care commissioning separately
- Process for engaging voluntary sector isn't right
- Engaging with voluntary sector in the right way – really have a voice
- Seamless user journey – LEAN - navigated easily through the system, no handoffs or duplication, no lengthy referral forms, continuity of care to support better patient outcomes
- Wraparound services for the customer
- Best outcomes for the individual!
- Referrals made to the appropriate professional at the appropriate time, right person does the right part of care
- Customers only tell their story once
- Services designed/aligned to meet user and not organisational needs
- Users receive care in the most effective, holistic and consistent way irrespective of who they are sat in front of (reducing duplication, reducing confusion for users, only sending one person as opposed to many)
- Maximising users own abilities
- Greater focus on prevention and pro-active care. Bracknell have 'Bracknell Help Yourself'
- Sharing of (relevant) user information and access to records, to join up a person's care and safeguard
- The customer doesn't know that there are different people/organisations involved in their care – they shouldn't feel like they are 'handed over'.
- Patients don't really see the separate organisations e.g. ACU
- Person/patient centred e.g. IDT team – doesn't matter who employs them.
- One message – helps manage user expectations.
- 50-60% of patients don't need ongoing care after rehabilitation/reablement
- Building resilient communities – Education in schools? Link in with WBC – project
- People want simplification – things need to make sense
- Person and brand

Stakeholders also described what integrated care wasn't:

- A single health and social care organisation
- Suspicion – needs to be trust
- Blame
- Doesn't feel like a reality - more aspirational
- Challenges around cascading/sharing information
- Patients don't really see the separate organisations e.g. ACU

Barriers/ways to improve:

- Use the Integrated Hub
- Band 2/3 staff working as administrator

- Don't have the tools to guide or navigate through patients on the system
- Every patient is primary care's problem
- Other services have a more defined caseload of patients/users
- Need to stop batting off patients between services e.g. "not my remit", "not my problem", "doesn't meet our criteria"
- GP/District Nurse interface would be key for primary care and would improve care and organisational relationships e.g. core/non-core DN contract is stiffening the boundaries and not adding flexibility – risk to integration. For the patient – just help them.

2. Why should Integration be a focus for all?

- Thinking about collaborative working e.g. speciality services will often go for discharge.
- To avoid repetition and time wasting
- To give a wraparound service for the user and improve outcomes
- Single assessments would benefit the user – telling their story only once, trusting the assessment is to the same level across boundaries
- Safeguarding – integration would keep people safer e.g. knowing which other services were involved in the person's case.
- One communication channel works; open dialogue is the only way at the moment – key enablers – people involved, nature of the care and one person driving it.
- To better manage spend and have a more streamlined, efficient and able workforce & to meet demand
- To reduce repeated non-elective attendances – encouraging and empowering people to self-manage their care
- Moving away from the demand-led provision of service will future proof services and enable better planning of resources and give opportunities to improve services to the user. Proactive rather than reactive.
- To reduce complaints
- To reduce waiting times – look at what services can be provided in the community instead of acute.
- Facilitating a more timely and seamless service to the user, reduce their frustration and prevent re-referrals
- To reduce unnecessary paperwork
- To break down barriers
- To promote strategic partnerships across the system & all partners to take ownership
- Why wouldn't you integrate?
- Seen that it is best practice across the country; finances – how best to spend the money to deliver the right service.
- Remember the patient is at the heart – all about the people that we serve and look after and care should be the same for everyone.
- Relinquishing control and stop playing one organisation off against another
- Protectionism – stopping it
- Working together to one common aim of delivery of best service.
- Put the user first
- Maximise outcomes
- Personally/professionally richer
- Economy of scale
- Employee perspective – benefits to working collaboratively
- Dysfunctional system and ways of working – opportunities needed for efficiencies and better patient care; if issues were sorted, e.g. Hub & DNs = faster integration as GPs values workload, system savings, turnaround thinking
- Need to stop silo working
- Avoid the crisis for the person
- Behave differently, fix things, the ripple effect
- Working together, creatively, holistically, efficiently
- More time for those that need it most.

- Best outcomes- communities, societies etc.
- Improve patient care
- Enjoyable for workforce – recruit and retain, 'together we achieve more'
- Modern healthcare is MDT – team based approach

Barriers/challenges –

- Historically, services have been insular and done their own thing for a long time.
- IT systems don't speak to each other, resorting to using printed information
- Different people have different levels of access to user information, which could impact on the person's care/safety.
- Private funders add complications as more limited to make changes or increases or don't want to pay for care at all
- Knowing who to go to, understanding different roles and responsibilities.
- No evidence that it saves money, so difficult to do – underestimate the difference, legislative frameworks are different
- Variations between other local authorities. LAs share political leadership, who decides how money is spent and collected
- No combined authority at a Berkshire West level – what is their commitment?
- Conflicting organisational priorities – what are they?
- Stop-start services being seen as the solution – old culture to new culture – created nanny state
- Will it understand, hear, listen, what the person needs? Will it have an outcome? Will we be able to travel the journey to the end?

3. Where have we got to with Integration?

- MDTs have made a real positive change to partner working and improving outcomes for the person and relationship development with practices and wider system; people are trying to help with problems that primary care have.
- Improved cross-organisational relationships
- Approximately 50% staff have access to Connected Care
- Recognition that integration is needed and the path we will be following; still a long way to go and scale and pace needs to be considered carefully.
- Opportunity to be involved and embrace some of the vanguards and new models
- Our key enablers are: IT systems, facilities and the infrastructure behind that, joint workforce plan, joint training
- Co-located teams, empowering staff to look towards change and engagement. Works well with the teams based at The Old Forge for example – easier to communicate with colleagues. Multi-disciplinary triage at 'front door'.
- The CCG are considered good at dealing with projects, changes etc. How does the NHS bring the Local Authorities along with it?
- Health and wellbeing board are multi-organisational, although few constants (CCG & Healthwatch)
- Starting to share good news
- SPA located
- HWB facilitated workshop – how the board drives improvement of health in the borough.
- More aware of CHASC than WISH
- The Hub ability has been good
- Got a model but it needs work, to be more integrated
- GP Alliance involvement and not just from commissioning
- Conversations with BHFT around shared services
- CNS – feelings are positive and helpful but some Practice Managers moan about them as it creates more work for them.
- Health and social care pockets of excellence (though some areas are still battling)

- Care Homes, Getting Home, IDT
- Learnt from experience – ICS – tried things and stopped if not working
- Functional integration of WISH joint (senior) leadership – there was a united management front, which was a driving force
- Limited with the acute sector
- Single CCG across Berkshire West
- Clearly steps have been made through BCF, HWB, and Wokingham Integrated Partnership
- Integration through CHASC and WISH
- Some people are not sure really how far we have gone/got
- Locality and system flavour
- Some new and different steps, some are more of the same.
- Critical partners – voluntary sector
- Building relationships
- Integration means different things to different people, therefore we are in different places
- GPs think we are somewhere that we aren't
- We have a vehicle in place to start to deliver and at scale we can do
- By-products of MDTs – informal integration and relationship development

Barriers/Improvements needed:

- No resolution with record sharing; Connected Care is 'patchy', dependent on user level access, can't copy/print. Restriction on records of people/residents who have refused to be involved.
- IT systems don't talk to one another
- Still hard to find out who is involved in a person's care.
- Communication re services e.g. changes to hospital or other services, between acute and community hospitals, pathways
- Communications to staff – multiple methods would help spread of information e.g. newsletters, intranet, emails, team meetings
- Inappropriate use of services e.g. GPs misusing RRAT service
- A number of 'false starts' – wasting money, ROI, benefits etc.
- Better transparency for information sharing – keep it clear and simple; everyone's responsibility.
- Cultural change can take a number of years to embed – there will be a time of testing and adjusting and it is imperative to get buy in from everyone – workforce, strategic management, Members and the public.
- Still see a big divide with Local Authorities and NHS
- Turnaround of staff in the Local Authority is a key issue – lots of interim staff (all levels)
- Different statutory duties between organisations.
- Different organisations have different priorities.
- Competitive market for providers
- Differences between NHS free at point of access & then means tested with social care – work and time taken to determine what is paid for and by whom.
- Pathway processes need improvement.
- Can be difficult to co-locate teams
- Shouldn't be a divide between CHASC and WISH
- How to integrate with long-term service? Hand offs
- Barrier with acute – not really included
- Co-location of WISH team at the Old Forge has created a divide elsewhere
- Two different team names has created a divide (social care)
- Is WISH really integrated or just co-located with other services?
- From a primary care point of view – the negative view of the WISH team is purely because of calling capacity
- New members of staff may struggle – with other social care staff/teams.
- Need to plan ahead. Divide between strategic and operational
- Values – need to collaborate, not compete
- Primary care on the ground have not really bought into it yet – been pulled along a little but not all the way
- Funding is an issue for GPs – they don't get the numbers

- Section 117 & CHC – what is the criteria? Joined up conversations needed
- Political issues – blame culture from politicians
- Pressure points and flexing across the system
- Empire building
- Look at culture change
- Not hearing about major changes that have worked (or not)
- Still have many of the same issues – people falling through gaps. GPs feeling the pressure, people still going to A&E
- Voluntary sector still feel overwhelmed.
- Voluntary sector – single services across the borough
- How do we get the voluntary sector to work together?
- Transition – Children's
- Single door that everyone comes through
- Still multiple departments
- Still examples of lack of team work – e.g. receiving a call this isn't for you, telling the caller to call someone else who may be sat next to them!
- One way referral e.g. A&E – specialty; specialty says no and refers back to A&E

4. Where are we heading?

- More discussion around seamless provision of care.
- More facilities in the community for sub-acute care for patients to prevent hospital admission
- Organisation barriers are beginning to break down, we need to continue with this way of thinking to fully integrate
- All the services have the same understanding – clear purpose and proposal
- Integration has begun but will take an immeasurable amount of time to embed
- Encouraging early intervention - increasing support needed from the voluntary sector and to educate / encourage service users to self-help and take responsibility.
- Look at the wider picture, not just focussing on health and social care – extend to housing, education, fire, police etc.
- Scope for prevention with LTCs in CHASC – targeted approach e.g. COPD prevention and stop smoking support.
- Referral processes – 1 single referral for all, 1 single assessment
- Need to progress with minimising bureaucracy, form filling, methods of referral to make it easier for staff on the front line and for users to access appropriate services quicker.
- Think about targets for all parts of the system e.g. reduction in primary care activity.
- Positive outcomes have been seen [for the patient]
- Locality team joint working is positive
- See localities functioning as localities – need to include the admin side of things.
- Partnership working – locality, system-wide, thinking strategically.
- Be more proactive than reactive
- Always looking at ways to improve, although it doesn't feel like it's embedded across all as yet.
- Planning 80% plans & comms (continual cycle of comms and sharing) 20% in delivery
- We should be heading towards absolute integration, in theory the best place
- Local need says we need to do something
- Heading to a happy medium – influences
- Collaborative approach to delivering integrated care – is that what we are talking about?
- What is the remit? Use SCIE model
- Commissioning – who/which services need to come together
- Currently shaping commissioning for WBC – move from reactive to strategic between CCGs and Local Authorities.

Barriers/ways to improve:

- Keep heading in the same direction as in the last 10 years – where/when/how to successfully implement change
- Main barrier – IT systems not talking to one another, lack of information in Connected Care, Framework I etc. Single IT solution would help.
- New workforce members need to understand roles and responsibilities of their own and other services, how we are all dependent on each other – as part of inductions perhaps?
- Staff can be 'protected' by managers due to workload pressures – doesn't tie in with open/honest communications.
- Make time for face to face interaction
- Incentives have to be right to get to where we want e.g. GP funding
- Organisations need to buy in to integration
- With ICS taking over and the focus on the ICS and the difficulties linked with that – based on goodwill of the partners
- Direction of travel could change with the government changing
- How do we incorporate Children's Services into the mix, who takes responsibility for that? If we don't get in early to educate young people it would be a waste – how do we get the message across?
- Funding will always be an issue – there isn't an infinite amount of monies to fund progress e.g. financial support to voluntary sector which could affect response times.
- Support and development of community enablers, to avoid the voluntary sector being left behind.
- No reward/incentives for volunteers.
- Use assets better e.g. community transport
- Ability to network and develop relationships – need the time to do this
- Paperwork/Pathways/Systems all need to be aligned to improve relationships
- Champions – organisations – roles and responsibilities
- 'Singing off the same hymn sheet'
- Tension between locality and system working, how do you resolve e.g. Berks-wide Hub, Community Nursing?
- Have all partners really bought into the model?
- Bureaucracy with larger organisations; different size organisations have different levels of flexibility – need to reduce the bureaucracy.
- Reduce workload with referrals and management
- Need to build on trust across all organisations – GPs feel that they aren't trusted which creates angst.
- Risks – insular organisations due to finance pressures
- Pilot schemes should be pilots – people are afraid to try things out.
- Should know better after the 8HICM this is really valuable and realistic
- Acute bought into the process
- Is it clear at the moment as to where we are heading?
- How do messages get to the relevant areas and filter down?
- Still large hurdles to overcome – articulation/comms (linking ambitions), on-boarding, one team – one message
- Consider the political agenda
- Not articulated well where we are heading e.g. services wrapping around the individual
- What is in the Wokingham gift?
- What is in the BW10 gift?
- What is in the ICS gift?
- Mindful of tricky things – what do we really need to do/quick wins/what is difficult to do
- ICS approach - alignment
- System – topped out
- Unified Execs
- Pull model – pilot/roll out – proper Discharge to Assess – Trusted Assessor model
- Ask the right questions of the client e.g. what is the reason you need support overnight?
- Understand funding dependencies

5. How are we going to get there?

- At meetings – networking
- Informal and formal meetings and team briefings to support joined up thinking - People need the motivation and will power to push forward.
- Imperative that system leadership sets the tone and supports the direction of travel. There must be buy in! Not just from Wokingham leaders, but there needs to be national consideration to change how organisations can integrate and work together better (including shared records and paperwork).
- Lead by example – have a clear vision, clear road map to where you want to go, align elements as you go. (sustainability/ownership/drive/time)
- Build on the philosophy
- Independent review of services/systems to identify inefficiencies
- SMART planning – 2/5/10 year vision/plan/strategy
- Turn multiple initiatives into a single initiative e.g. Dementia Town, Healthy Towns etc. – would need to look at how to pull it all together.
- Consider the utopian view and how could we achieve that. Need a clear direction and share that with workforce/public. Public aren't really interested in 'how' we get there, but 'when' and how it will impact on them.
- Information sharing needs to be understandable and comprehensible – 'plain English'. Use various methods of communication, timely and clear for both the public and staff. Don't forget about Sam's Story – move him forward (our original IPS for Wokingham).
- There needs to be mutual trust between organisations and colleagues.
- Implement the social care pathway
- Look at the practicalities of how to move forward – need the time for prep and planning the steps on how to progress, including the detail and support for staff with the change in directional shift
- Clarity of direction of travel between Berkshire West and local levels
- Closer working with Public Health
- Clarity of purpose – be clear about what we can do, but also what we can't
- Strengthening the MDT teams in clusters around GP localities, GPs managing demand
- Virtual or co-located teams – good communication between services is key to success
- Economy of scale – big issue – no resilience. Things have to be at a certain scale for efficiency and things working – single pathway.
- Greater engagement of GPs, to better support the acute service.
- Be able to hold ourselves to account in terms of delivery.
- Creating a common shared vision – who does it mean?
- Clear scope for integration – set basic parameters to move onto how we can work better at an operational level.
- Aim for best delivery – e.g. ways practices are developed and employed e.g. for mental health it would be service or specific interventions.
- Access to IT systems wherever practical – log in for others systems? Giving people permission to do what they need to.
- Investing up front
- Needs to be really well thought out and really clear, good direction
- Think about how to remove barriers for:
    1. IT
    2. Funding
    3. Comms
    4. Pathways
    5. Make sure you are sorted in house
- Fundamental changes to processes e.g. Hub
- Let localities function as localities

- Commissioning of services – what works at system level, what works at locality level
- Organisational politics – need to be aware of sustainability of organisations but don't let them hold it over to not deliver the most ideal model
- Contracting for outcomes – less prescriptive? E.g. core/non-core
- Think about branding e.g. when you buy ketchup from Heinz, it is the same end product everywhere. That builds customer confidence and brings things together. Leadership to give this type of message.
- Things have to make sense to the people e.g. Bracknell Health Space has 1 reception but 2 staff, 1 for FPH and 1 for RBFT – why?
- Think of the simple things – shared training and staff recruitment, still sharing seconding etc.
- Inclusive to the voluntary sector, care sector
- Bold and radical – starting again. The world has changed so much, why are we adapting and tweaking.
- How much money do we have in the Wokingham system? For health and social care
- Look at the borough – what does it need/want?
- What is within local control to deliver, what is in the system control to deliver?
- Consistent commissioning – SMART
- What are we really doing about early intervention and prevention? Catch early on - from birth with families
- Smarter thinking, smarter one off things
- Who are the right partners?
- Buy-in from all stakeholders for consistency; don't keep adding/bolting on.
- Learning – how we get there, don't disregard anything, don't be afraid to test, be pragmatic.
- What do we want to achieve? Strengthening resistance e.g. public health
- Single set of objectives
- Removing variance
- Ethos, Core Values, Culture Change, Communications - articulated cascade of info
- Workforce – gain a collective view about how we plan for the future – creative view
- Not asking people to work outside professional boundaries – just to work holistically.
- SDs – signposting, holistically treat/manage patients
- What it should mean for each area e.g. brokerage, community nurses, RRAT etc.
- All staff introduce themselves as working for Wokingham Integrated Care – not their own organisation
- Building relationships and trust are essential
- Permission for those at the bottom to take risks
- Leadership – topped out
- Working as a whole system – why should Local Authorities do DTA? It's all about reablement – supporting Local Authorities to deliver 'Home First'
- People shouldn't come into hospital and never go back home
- Breaking down barriers – rotating staff – transition of users
- Joint commissioning – links between BCF and Commissioning. Who is leading on joint commissioning now? What to joint commission?
- How do we engage members in decision making early on? How to 'warm them up'

Barriers/ways to improve:

- WISH team not bought in and not communicated to about CHASC
- RR, ICT, Criteria – more info needed
- Referrals – making processes quicker and easier; a single, simple form
- Quid pro quo too – what deals are there to be had? E.g. primary care and BHFT
- Ideological – when not involved in it, it can be very different when looking from the outside.
- Politics from joint commissioning e.g. Local Authorities that won't agree – which pair up People need warming up, politically
- Needs to be strategic
- Transition – how do we do it, don't destabilise or overlook unintended consequences

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

COMPLETE	
IN PROGRESS	
PLANNED	
OVER DUE/RISK	

Year					Milestones							
					2018/19				2019/20			
Quarter					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Quadruple Aim	**Quality Ambitions**	**Key Deliverables for 2018 to 2020**	**Responsible Lead/s**	**Status**								
Further develop **Partnership Working**	**Building an effective Integrated Health and Social Care Partnership** - Working with CCG, local authority, provider organisations and third/ independent sector, to reduce organisational barriers and ensuring alignment with other local authorities , BW10, the ICS and STP plans for Berkshire West	Strengthening Governance by development of an Integrated Partnership between commissioner and provider partners through an MOU that sits above the S75	BCF Programme Manager & WLPB		Implement	Implement	Sign off MoU	Review for 19/20				Review for 20/21
		Review of current Pooled Funding and opportunities to develop	BCF Programme Manager & WLPB								Investigate	Agree
		Overall model review to provide a single integrated health and social care service delivering both urgent on the day access and long term support services	BCF Programme Manager & WLPB			Agreed to Integrated Care Networks	Task and Finish Group					
		Stakeholder Engagement and Comms delivered through the agreed framework on a regular basis	BCF Programme Manager		WBC News	YouTube Vidoe	WBC News, Website					
		Review of requirements for information sharing agreements and look to develop a single agreement between partners	BCF Programme Office				Finalised in SOPP					
		Explore opportunities to further develop the partnership with non-voting partners e.g. Optalis, Involve, Healthwatch	WLPB and WMPB									
		Continue working as part BW10 governance, developments and programme, ensuring delivery and benefits realisation and exploring opportunities for further development and maintaining alignment with West Berks and Reading.	WLPB, BW10 DG, BCF Programme Leads		BCF Leads meetings, BW10 DG, 8HICM	BCF Leads meetings, BW10 DG, 8HICM	ICS Linkages					
	Person centred - Information and support to enable people at home and during times of transition	Facilitate business as usual as BCF schemes demonstrate that they are at this point, including how they are embedded into existing structures and ensure simplification of all processes through service specifications/SLAs for Integrated Care Networks	ICN Leads		Work has commenced on elements of BAU, invoicing, rationalising meetings	FSG meetings moved to quarterly			Review	Complete		
		CHASC - Locality model around primary care fully implemented by 31st March 2019	CHASC PM			West	East & North					
		Fully integrated Health and Social Care Hub that can provide a wealth of information, support and advice to support this aim to keep individuals and families healthy and well in their communities.	BHFT Locality Director/ Head of Hub (Berkshire Integrated Hub)				Agree way forward as part of scheme reviews					
		Single model of leadership and management for all health and social care services	RW/WLPB					Stage 1				
	Increasing the role of primary care - focused on keeping people healthy in the community for as long as possible	Ongoing development of the newly formed Wokingham GP Alliance and exploration of further opportunities for partnership working	GP Alliance			MDTs	Funding of paramedic visiting service					
		Implementation of place based 3 integrated localities (West, East and North) around GP Hubs	CHASC			West	East and North					
	Safe care - Accelerating our programme to improve safety in all health and social care environments	Develop a single Health and Social Care duty teams to minimise duplication and to avoid patients slipping between services	CHASC PM		Investigate	Consult	Implement					
		We will continue the ground-breaking extension of this programme into mental health	WLPB									
Further improving the **Quality of Care** that we provide with a particular focus on:	**People-powered health and care services** - to develop more person-centred health and care services we will promote personal responsibility for health and wellbeing, and support self-management so that people are better able to maintain their health and to manage periods of ill-health	Help people navigate and understand the system, so that they become more involved and engaged in their healthcare through continued development of our Social Prescribing service, known as the Community Navigator Service	CHASC PM		Redesign of the CNS Service	Redesign of the CNS Service		Explore opportunities for 19/20 as per WLPB proposals				
		Reshaping the way voluntary sector are funded to ensure a coordinated approach to developing and providing services.	BCF Programme Office		Review of VS funding			Review of VS services funded by CCG and WBC to look at opportunities				
		Using patient feedback to help shape our services. Developing an integration scorecard (SCIE) and explore input from Healthwatch.	BCF Programme Office		Investigate and collate	Share scorecard	Healthwatch Opportunities					

		Support and clear accessible information will be available to enable people and their carers to manage confidently at home and during times of transition, through the information network (WIN)	BHFT Locality Director/ Head of Hub (Berkshire Integrated Hub)			WIN post vacant and awaiting WBC feedback on plans						
	Improving our approach to supporting and treating people who have multiple and chronic illnesses - deliver improved outcomes for people living with multiple morbidities, including mental health conditions. We will consider the whole pathway of care with a focus on people aged on all adults (aged 18 and over) in areas of deprivation and high levels of health inequalities	Key pressure points in all pathways will be identified through pathway mapping and actions for how we address these will be agreed to ensure optimisation.	AD of Integrated Health and Social Care		ASC	ASC - update/visbility req	ASC	ASC	Health	Health	ASC/Health	
		Through more detailed analysis of existing data, people will be identified as 'at risk' and anticipatory plans will be agreed through the MDT process	CHASC Ops Group			Stalled and to be picked up in Q3						
		Develop single shared assessments/ documentation for health and social care users in conjunction with the BW10 Trusted assessment and Connected Care developments in this area so that there is no duplication	WISH and CHASC SRO						Review of documents	Develop documents	Consult	Implement
		Develop a strengths based approach to care - collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.	CHASC & WISH									
Improving the **Health of the Population** with a particular focus on:	**Reducing health inequalities** – We will refocus our efforts on health inequalities particularly in the context of areas of deprivation which will impact those most at risk of ill-health.	There will be a new focus on targeting resources to the most deprived areas through the development of the locality model for long-term health and social care services	ICN Leads									
	Prevention and pro-active care - identifying risk factors to poor health and wellbeing early on to meet the ambition to shift more health care from hospitals to settings closer to people's homes	Formalise a link with SQIG to understand the housing population growth planned and its effects/plans required for health and social care services	WLPB					Forward agenda				
		Care co-ordination model implemented for individuals with long term needs and for those most at risk of hospital admission	CHASC/ICN Leads						Develop	Consult	Implement	
Securing the **Value and Financial Sustainability** of health and social care services we provide	**Establish a vision for the health and social care workforce for 2020, and setting out a clear plan of actions which will have an immediate effect** – We will work in partnership with staff and partner organisations to establish and agree a vision for the health and care workforce required to realise the 2020 Vision.	Develop and publish an Integration Position Statement - including refresh and agree Wokingham's Integrated Care Vision for Adults which may include; a name/logo	BCF Programme Manager		Develop	Consult	Publish					
		A focus on workforce planning to ensure that we have the right people, in the right numbers in the right jobs.	BW10/ICS									
		Developing the workforce and leadership capacity for integration and single service offer whilst still employed by multiple organisations, programme of culture change	WMPB				Using outputs of IPS for staff workshops	Using outputs of IPS for staff workshops				
	Increase our investment in new innovations which both increase quality of care and reduce costs	Connected Care - enabling the sharing and having a shared health and social care record for all user focussed staff to access	CC SRO									
		Review of all organisations abilities to enable remote working between organisations e.g. Optalis staff accessing IT at BHFT sites	WLPB				Add to November WLPB Agenda					
		Review of current Assistive Technology offer and explore options to improve and ensure alignment with BW10	BCF Programme Manager		Explore	Business Case	Develop	Implement				
	Increase efficiency and productivity through more effective use of unified approaches coupled with local solutions and decision making where appropriate - including a specific focus on implementing shared services where possible and appropriate and optimise the use of management information to highlight areas for improvement	Performance measured through dashboard of local and national metrics to include patient experience measures which demonstrate move to integration as per SCIE recommendations. Reported monthly and quarterly	BCF Finance Lead									
		Identify and develop Joint commissioning opportunities creating the right incentives for providers to achieve these outcomes shift of care and stripping out duplication.	COG/BW10 DG/WLPB				COG meeting to discuss jt commissioining					
		Benefit realisation to be reported monthly and annually, through highlight reporting and annual scheme review	BCF Programme Office		WISH	CHASC	Scheme Reviews					
		Identify all opportunities for alignment of services, which may be virtual or co-located and design and implement these opportunities.	ICN Leads				Identify - use ICN task and finish group			Implement		

TITLE	**Wokingham Integrated Partnership MEMORANDUM OF UNDERSTANDING**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, Wokingham Locality, NHS Berkshire West CCG and Martin Sloan, Interim Deputy Director of Adult Social Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all four priorities of the HWB Strategy: Priority 1 – Enabling and empowering resilient communities; Priority 2 – Promoting and supporting good mental health; Priority 3 – Reducing health inequalities in our Borough; Priority 4 – Delivering person-centred integrated services
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 new enhanced Agreement 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 4 key priorities.

Reason for consideration by Health and 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

RECOMMENDATION

To agree and endorse the MoU 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.

SUMMARY OF REPORT

The purpose of this paper is to present and gain sign off of the Memorandum of Understanding (MoU) 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.

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). It proposes to bolster the existing Section 75 Partnership (between commissioners only) through a Wokingham Integrated Partnership (between commissioners and statutory providers) Memorandum of Understanding (MoU).

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 a supporting Memorandum of Agreement (MoU).

1.7 This paper sets out a Memorandum of Understanding (MoU) 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 MoU as we mature and develop our shared approach.

1.9 This version of the MoU, 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 MoU

2.1 The purpose of this MoU is to set out how the Wokingham Integrated Partnership will work together over the next year within a 'shadow' Partnership. The MoU seeks 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 This MoU 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 MoU.

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

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

2.7 The MoU provides 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 MoU aims 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)[1], 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 an MoU, 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.

Partner Implications
Within the MoU - Nil

Reasons for considering the report in Part 2
N/A

List of Background Papers
Vs 1.6 Wokingham Integrated Partnership MoU July 2018

Contact Rhian Warner	**Service**
Telephone No	**Email** rhian.warner@wokingham.gov.uk

[1] https://www.scie.org.uk/integrated-health-social-care/measuringprogress/scorecard/developing#logicmodel

DATE: 31st July 2018

1. **NHS BERKSHIRE WEST CLINICAL COMMISSIONING GROUP, WOKINGHAM LOCALITY**
2. **WOKINGHAM BOROUGH COUNCIL**
3. **BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**
4. **WOKINGHAM GP ALLIANCE**
5. **ROYAL BERKSHIRE NHS FOUNDATION TRUST**

MEMORANDUM OF UNDERSTANDING FOR THE DEVELOPMENT OF AN INTEGRATED PARTNERSHIP FOR THE WOKINGHAM BOROUGH HEALTH AND SOCIAL CARE ECONOMY

Version Control

No	Date	Version	Author	Comments
1	29/3/18	1.0	Rhian Warner	1st draft for PMO comments
2	9/4/18	1.1	Rhian Warner	2nd draft for WLPB comments
3	23/4/18	1.2	Rhian Warner	3rd Draft for WLPB agreement
4	2/5/18	1.3	Rhian Warner	Final Draft for Approval at Exec Boards
5	12/6/18	1.4	Rhian Warner	Addition of Voting rights and quorum into main body of MoU, minor amendments to WLPB ToR, renumbered
6	18/6/18	1.5	Rhian Warner	Amendments to ToR WLPB and WMPB to reflect MoU body information
7	31/7/18	1.6		Final with all approvals prior to HWBB

Approval History

Approval Committee	Date Discussed	Comments
Wokingham Leader Partnership Board	1/5/18	Final Draft Approved
Wokingham Borough Council - CLT	18/6/18	Approved – 18th June
Wokingham Borough Council - Executive	26/7/18	Approved – Exec Briefing 2nd July and then 26th July
Berkshire West CCG Commissioning Committee	24/7/18	For Approval – planned 26th June, moved to 24th July
Berkshire Healthcare NHS Foundation Trust - Executive	5/7/18	Approved – initially taken 7th June 2018, change request made. Agreed 5th July
Wokingham GP Alliance	2/8/18	Approved – initially taken 5th June, planned for 13th July
Royal Berkshire NHS Foundation Trust – Executive Management Committee	23/7/18	For Approval – initially taken 11th June, to go back 23rd July for sign off
Integrated Care System Leadership		For Information only
BW10 Integration Board	25/7/18	For Information – Planned for 25/7/18
Wokingham Health and Wellbeing Board	08/11/18	For Final Approval – Planned 9th August, to go back 8th November

CONTENTS TABLE

Date: 31st July 2018

This Memorandum of Understanding (MoU) is 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. This MoU is 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) The Better Care Fund (BCF) has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose.

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. Enhancing the Section 75 by way of joint working under this MoU enables the local authority and clinical commissioning groups to include additional Partners from the local system.

c) In entering into and performing their obligations under this MoU, 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. The MoU 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.

d) This MoU is focussed on how the Partners may tackle a number of significant operational, clinical and financial challenges for residents in Wokingham Borough. These significant operational, clinical and financial challenges include: providers coming under increasing financial, performance and quality pressures, demand management programmes with variable levels of success, workforce issues in recruitment across health and social care, and commissioners facing significant affordability pressures given the current configuration of services.

e) The Partners intend to ensure integrated, high quality, affordable and sustainable health and care services are delivered in the most appropriate way for all adults resident in Wokingham Borough. The services in currently in scope of this Partnership are:

- Community Nursing
- Intermediate Care
- Adult Social Care
- Primary Care
- Optalis Brokerage and Support
- Step-Up Beds
- Time to Decide Beds
- Community Navigators
- Public Health
- and any other area which the Partners collectively wish to include in scope

f) The Partners as both providers and commissioners of healthcare in Wokingham Borough are challenged to ensure the provision of high quality care to an ageing and growing population, within its financial envelope. This MoU is an integral part of the vision to promote integrated services that deliver personalised care and it is anticipated that this MoU will facilitate these objectives. The aims and benefits of the Partners in entering in to this MoU 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 through the establishment and maintenance of a pooled fund for revenue expenditure on the Individual Schemes.

g) Over the period of this MoU, the Partners will work together positively and in good faith in accordance with the Partnership Shared Principles (below) to achieve the Partnership Objectives (set out in Schedule 1).

h) This MoU supplements and operates in conjunction with existing Services Contracts between the one or more of the Commissioner Partners and each of the Provider Partners.

i) The Partners and Wokingham Integrated Partnership will ensure that whilst developing integrated services for Wokingham, which aligns with the direction of the Partners organisations and the Berkshire West system.

j) The CCG has primary responsibility for commissioning health services pursuant to the 2006 Act in the Wokingham Borough.

k) The Council has primary responsibility for commissioning and/or providing social care services on behalf of the population of the Wokingham Borough.

l) BHFT has primary responsibility for delivering community health services.

m) WGPA has primary responsibility for delivering primary care services.

n) RBFT has primary responsibility for delivering acute care health services.

PARTNERSHIP SHARED PRINCIPLES
This MoU includes a range of principles which partners have agreed to apply. These 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.
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.

OPERATIVE PROVISIONS

1. Definitions and Interpretation
1.1 In this MoU, save where the context requires otherwise, the words, terms and expressions identified in section 1.3 below shall have the meanings as described.

1.2 In this MoU, unless the context requires otherwise, the following rules of construction shall apply:
1.2.1 a reference to a "Partner" is a reference to a partner to this MoU and includes its personal representatives, successors or permitted assigns and a reference to "Partners" is a reference to all partners to this MoU;
1.2.2 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
1.2.3 any phrase introduced by the terms "including", "include", "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms; and
1.2.4 a reference to writing or written includes faxes and e-mails.

1.3 Definitions
Berkshire West 10 Delivery Group means the body which has responsibility for operational delivery of the Berkshire West Integration Programme.

Berkshire West 10 Finance Sub Group means the subordinate body of the Berkshire West 10 Delivery Group which has delegated responsibility for the overall financial management of the Berkshire West 10 Integration Programme.

Berkshire West Integrated Care System ("ICS") means the partnership of local NHS organisations (both Commissioners and Providers) with collective responsibility for resources and population health in Berkshire West, providing joined up, better co-ordinated care.

Better Care Fund means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners.

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any law, or any amendment or variation to any law, or any judgment of a relevant court of law which changes binding precedent in England after the date of Commencement.

Commencement Date means 00:01 hrs on 1st June 2018.

Commissioner Partner means each of the CCG and the Council and references to "Commissioner Partners" shall be construed accordingly

Confidential Information means information, data and/or material of any nature which any Partner may receive or obtain in connection with the operation of this MoU and the Services and:

(a) which comprises personal data or sensitive personal data or which relates to any patient or his treatment or medical history;
(b) the release of which is likely to prejudice the commercial interests of a Partner or the interests of a Service User respectively; or
(c) which is a trade secret.

Ethical Wall means an environment in which a Partner is isolated from particular information to avoid a conflict of interest or to protect another Partner's sensitive information.

Health and Wellbeing Board means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

Individual Scheme means one of the schemes which is agreed by the Partners to be included within this MoU using the powers under Section 75 as documented in a Scheme Specification.

Partner means each of the CCG, the Council, GP Alliance, RBFT and BHFT and references to "Partners" shall be construed accordingly.

Provider Partner means a provider of any Services commissioned under the arrangements set out in this MoU, with the exception of the CCG.

Services means such health and social care services as agreed from time to time by the Partners as commissioned under the arrangements set out in this MoU and more specifically defined in each Individual Scheme specification.

Services Contract means an agreement for the provision of Services entered into with a Provider by one or more of the Partners in accordance with the relevant Individual Scheme.

Service Users means those individual for whom the Partners have a responsibility to commission the Services.

The Wokingham Integrated Partnership and the Wokingham Leader Partnership Board ("WLPB") means the group responsible for review of performance and oversight of this MoU as set out in Schedule 2.

Wokingham Management Partnership Board ("WMPB") means the group responsible for the day to day leadership, management and support of the activities of the Wokingham Integrated Partnership in accordance with the Partnership Shared Principles in order to meet the Key Objectives agreed by the WLPB.

2. Purpose and Effect of MoU

2.1 The Partners have agreed to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for Wokingham Borough. The intention is for the Partners to organise themselves around the needs of the Wokingham Borough population rather than planning at an individual organisational level so as to deliver more integrated care for patients.

2.2 The Partners wish to record the basis on which they will collaborate with each other on the Wokingham Integrated Partnership in this MoU.

2.3 This MoU sets out:
- 2.3.1 the key objectives for the development of the Wokingham Integrated Partnership;
- 2.3.2 the principles of collaboration;
- 2.3.3 the governance structures the Partners will put in place; and
- 2.3.4 the respective roles and responsibilities the Partners will have during the development of the Wokingham Integrated Partnership.

2.4 The Partners agree that, notwithstanding the good faith consideration that each Partner has afforded the terms set out in this MoU, save as provided in paragraph 2.5 below, this MoU shall not be legally binding.

2.5 Paragraphs 13, 15 and 16 shall come into force from the date hereof and shall give rise to legally binding commitments between the Partners.

2.6 In addition to this MoU the Partners have developed the following additional documents to manage the relationships and any sharing of information between them:
- (i) a confidentiality agreement (Schedule 3);
- (ii) a protocol to manage conflicts of interest between the Partners; and to manage the sharing of information in accordance with information governance principles and competition law requirements (Schedule 4).

3. Key Objectives

3.1 The Partners shall undertake the development of the Wokingham Integrated Partnership to achieve the key objectives set out in Schedule 1.

3.2 The Partners acknowledge that the current position with regard to the Wokingham Integrated Partnership is set out in Schedule 1.

4. Principles of Collaboration

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

4.1.1 collaborate and co-operate. Establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required to deliver change collectively;
4.1.2 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 set out in this MoU;
4.1.3 be open. Communicate openly about major concerns, issues or opportunities relating to the Partnership and be transparent adopting an open book approach wherever possible (acknowledging the Partners requirements under paragraph 4.1.4 below);
4.1.4 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;
4.1.5 act in a timely manner. Recognise the time-critical nature of the Partnership and respond accordingly to requests for support;
4.1.6 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;
4.1.7 deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU; and
4.1.8 act in good faith to support achievement of the Key Objectives and compliance with these Shared Principles and to develop appropriate “Rules of Engagement” between stakeholders in the Partnership.

5. Governance and reporting

5.1 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.

5.2 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.

5.3 The 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.

5.4 The 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 as set out in this clause 5 and Schedule 2.

5.5 The terms of reference of the WLPB as regards this MoU shall be as set out in Schedule 2.

5.6 The terms of reference of the WMPB as regards this MoU shall be set out in Schedule 2.

5.7 Each Partner has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Partner's own statutory duties and organisation are complied with.

5.8 The WLPB shall be responsible for the overall approval of the Wokingham hosted Individual Schemes within the Wokingham Better Care Fund and for any other pooled funds covered by this MoU.

5.9 Each Individual Scheme's schedule shall confirm the governance arrangements in respect of the Individual Scheme and how that Individual Scheme is reported to the WLPB; the Berkshire West 10 Delivery Group; the Berkshire West 10 Finance Sub Group and the Wokingham Health and Wellbeing Board.

6. Voting Rights and Quorum at Meetings

6.1 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.

6.2 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.

7. Dispute Resolution

7.1 In the event of a dispute between the Partners arising out of this MoU, any Partner may serve written notice of the dispute on the other Partner, setting out full details of the dispute, a copy of which should be received by the Chair of the WLPB.

7.2 The Chair shall meet in good faith as soon as possible and in any event within ten (10) days of notice of the dispute being served pursuant to clause 7.1, at a meeting convened for the purpose of resolving the dispute.

7.3 The Partners agree that the WLPB, on a 'Best for Services' basis, may determine whatever action it believes is necessary including the following:

(a) If the dispute remains after the meeting detailed in clause 7.2 has taken place, the Partners' respective Chief Executives or nominees shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.

(b) If the dispute remains after the meeting detailed in clause 7.3 (a), it may select an independent facilitator to assist with resolving the dispute; and the independent facilitator shall:

(i) be provided with any information he or she requests about the dispute;

(ii) assist the WLPB to work towards a consensus decision in respect of the dispute;

(iii) regulate his or her own procedure and, subject to the terms of this MoU, the procedure of the WLPB at such discussions;

(iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 business days of the independent facilitator being appointed; and

(v) have its costs and disbursements met by the Commissioner Partners.

(c) If the independent facilitator cannot facilitate the resolution of the dispute, the dispute must be considered afresh in accordance with this clause 7 and only after

such further consideration again fails to resolve the dispute, the WLPB may decide to:

(i) refer the matter within seven days for independent arbitration to the Institute of Arbitrators. The Partners will co-operate with any person appointed as Arbitrator whose decision shall be final and binding on the Partners and any costs will be paid as determined or in the absence of such determination such costs will be shared equally.
(ii) terminate the Partnership; or
(iii) agree that the dispute need not be resolved.

7.4 Nothing in the procedure set out in this clause 7 shall in any way affect either Partner's right to terminate this MoU in accordance with any of its terms or take immediate legal action.

8. Conflicts of interest

The Partners agree that they will:

8.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this MoU or the Partnership, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partners or any person employed or retained by the Partners for or in connection with the Wokingham Integrated Partnership; and

8.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this MoU (without the prior consent of the other Partners) before participating in any action in respect of that matter; and

8.3 comply with the terms of any agreed conflict of interest protocol in relation to the operation of the Wokingham Integrated Partnership.

9. Reserved Matters

9.1 The Partners acknowledge that each of the Commissioner Partners is required to comply with various statutory duties as commissioners. Therefore, notwithstanding any other provision of this MoU or any Services Contract, each of the Commissioner Partners must be free to determine the following matters as they see fit. Each of the Commissioner Partners will strive to achieve a consensus and an alignment amongst the Partners, but the Partners recognise that, ultimately, each of the Commissioner Partners must be free to determine the following 'Reserved Matters':

(a) any Mandatory Change required to be implemented by the Commissioner Partners under the Change Procedure;
(b) any matter upon which the Commissioner Partners may be required to submit to public consultation or in relation to which the Commissioner Partners may be required to respond to or liaise with a local Healthwatch organisation;
(c) any matter which requires the Commissioner Partners to invest further monies in respect of the Services, or under the Services Contracts or under this MoU.

9.2. The Partners agree that:

(a) the 'Reserved Matters' are limited to the express terms of clause 9.1;
(b) the 'Reserved Matters' shall not be exercised so as to require a Provider Partner to breach any regulatory obligations (including for any Provider Partner that is an NHS Foundation Trust the terms of its NHS Provider Licence) or to breach any legislative requirements including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010;

(c) the WLPB may not make a final decision on any of the matters set out in clause 9.1(a) and 9.1(b), which are reserved for determination by the Commissioner Partners only;
(d) where exercising a 'Reserved Matter' under clause 9.1(c) to 9.1(f), and subject to any need for urgency because to act otherwise would result in the Commissioner Partners breaching their statutory obligations, the Commissioner Partners will first consult with the WLPB in respect of its proposed exercise of a 'Reserved Matter';
(e) should the need arise, a Commissioner Partner will give a written notice to the WLPB that it is exercising a 'Reserved Matter'; and
(f) if a decision in respect of any 'Reserved Matter' is notified to the WLPB, We will implement that decision as if it were a decision of the WLPB.

10. Future Involvement and Addition of Partners

10.1 Where a Partner or Partners wish to admit a new person or organisation to be a Partner under this MoU, such a proposal shall be considered at the next WLPB meeting.

10.2 The relevant Partner or Partners that wish to admit a new person or organisation shall serve a written notice on the WLPB setting out the details of:
(a) the proposed new person or organisation (where known);
(b) reasons and rationale for the proposed admission of a new person or organisation;
(c) the likely impact on the Services; and
(d) the likely impact on the payments to be made under the Section 75 Agreement.

10.3 Following receipt of the notice referred to in clause 10.2 the WLPB shall then consider the proposal and decide what actions (if any) need to be taken, in terms of varying this MoU, for example.

11. Competition and Procurement Compliance

11.1 Partners will provide to each other all information that is reasonably required in order to achieve the Wokingham Integrated Partnership outcomes and to design and implement changes to the ways in which services are delivered (and where the services are delivered from).

11.2 Partners will have responsibilities to comply with competition laws, and Partners acknowledge that Partners will all comply with those obligations. Partners will therefore make sure that partners share information, and in particular competition sensitive information, in such a way that is compliant with competition law.

11.3 No matter what else is written in the MoU, Provider Partners will ensure that they provide the Commissioner Partners with all financial cost resourcing, activity or other information as the Commissioner Partners may require so that the Commissioner Partners can be satisfied that the Wokingham Integrated Partnership outcomes, in particular those of a financial nature, are being satisfied. This is in relation only to the services in the pooled fund.

11.4 The Partners will make sure the WLPB establishes appropriate ethical walls between and within the Provider Partners so as to ensure that competition sensitive information and confidential information are only available to those members of the Provider Partners who need to see it for the purposes of the Wokingham Integrated Partnership and for no other purpose whatsoever so partners do not breach competition law.

11.5 It is accepted by the Wokingham Integrated Partnership that the involvement of the Provider Partners is likely to give rise to situations where information will be generated and made available to the Provider Partners, which could give the Provider Partners an unfair advantage in competitions which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider Partner with a commercial advantage over a separate Provider Partner).

11.6 The Provider Partners therefore recognise the need to manage the information referred to in clause 11.6 above in a way which maximises their opportunity to take part in competitions by putting in place appropriate procedures, such as Ethical Walls.

11.7 A Provider Partner will have the opportunity to demonstrate to the reasonable satisfaction of the Commissioner Partners in relation to any competitive procurements that the information it has acquired as a result of its participation in the Partnership, other than as a result of a breach of this MoU, does not preclude the Commissioner Partners from running a fair competitive procurement in accordance with the Commissioner Partners' legal obligations.

11.8 Notwithstanding clause 11.7 above, the Commissioner Partners reserve their rights to take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under legislation (for example, the public contract regulations 2015 and the National Health Service (procurement, patient choice and competition) (no 2) regulations 2013) including, but not limited to, excluding any potential bidder from the competitive procurement in accordance with the laws governing that competitive procurement.

11.9 Nothing in this MoU shall absolve any of the Provider Partners from their obligations under each service contract, particularly in relation to ensuring that the services are provided in accordance with the requirements of the relevant service contract.

11.10 Where there are any patient safety incidents or information governance breaches relating to the services, for example, the Provider Partners shall ensure that they each comply with their individual service contract and, where required by the Commissioner Partners, work collectively and share all relevant information to that patient safety incident or information governance breach (or other similar issue) for the purposes of any investigations and/or remedial plans to be put in place, as well as for the purposes of learning lessons in order to avoid such patient safety incident or information governance breach in the future.

11.11 Without prejudice to any obligations in the service contracts, the Provider Partners shall each notify the WLPB of any serious incident that has arisen in connection with the relevant Provider Partner's involvement in providing the services set out in the service contract, without delay and no longer than two (2) business days of that serious incident taking place.

12. Term and Termination

Each of the Partners acknowledges and confirms that as the date of this MoU all Partners have obtained all the necessary authorisations to enter into this MoU.

12.1 This MoU shall come into force on the Commencement Date, the date of signature by all the Partners, and shall continue until terminated by a Partner in accordance with paragraph 12.2 below.

12.2 This MoU shall continue until it is terminated in accordance with clause 12.5

12.3 The duration of the arrangements for each Individual Scheme shall be as set out in the relevant scheme specification in the Section 75 Agreement.

12.4 The MoU continues subject to an annual review by the partners.

12.5 Any Partner may terminate this MoU by giving at least 3 months' notice in writing to the other Partners.

13. Variation

13.1 This MoU may only be varied by written agreement of the Partners and signed by, or on behalf of, each of the Partners.

14. Charges and Liabilities

14.1 Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this MoU including in respect of any losses or liabilities incurred due to their own or their employee's actions.

14.2 No Partner intends that any other Partner shall be liable for any loss it suffers as a result of this MoU.

15. Exclusion of Partnership and Agency

15.1 Nothing in this MoU shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

15.2 Except as expressly provided otherwise in this MoU or where the context or any statutory provision otherwise necessarily requires, no Partner will have authority to, or hold itself out as having authority to:

15.2.1 act as an agent of the other;

15.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

15.2.3 bind the other in any way.

16. Counterparts

16.1 This MoU may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoU, but all the counterparts shall together constitute the same agreement.

16.2 The expression “counterpart” shall include any executed copy of this MoU transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

16.3 No counterpart shall be effective until each Partner has executed at least one counterpart.

17. Governing Law and Jurisdiction

17.1 This MoU shall be governed by and construed in accordance with English law and each Partner agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

IN WITNESS WHEREOF this MoU has been executed by the Partners on the date of this MoU.

Signed by

NHS Berkshire West Clinical Commissioning Group
Name:
Title:

Signed by

Wokingham Borough Council
Name:
Title:

Signed by

Berkshire Healthcare NHS Foundation Trust
Name:
Title:

Signed by

Wokingham GP Alliance
Name:
Title:

Signed by

Royal Berkshire NHS Foundation Trust
Name:
Title:

Schedule 1
Part 1: The Wokingham Integrated Partnership

In its first year the Wokingham Integrated Partnership will need to achieve 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

The deliverables will be supported by focussing on the agreed quadruple aims:

1. Further develop Partnership Working
2. Further improving the Quality of Care that we provide
3. Improving the Health of the Population
4. Securing the Value and Financial Sustainability of health and social care services we provide

Part 2: The 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:

a) 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;

b) 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

c) 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.

The Provider Partners acknowledge and accept that the WLPB may seek to shift activity and service specifications under the respective Services Contracts in order to achieve the Partnership Objectives. The Partners will utilise the provisions, mechanisms and flexibilities in the Services Contracts to effect the necessary changes in service specifications, activity plans, etc.

The Partners acknowledge that they will have to make decisions together in order for the Partnership to work effectively and, except for the 'Reserved Matters' listed at clause 8.1 in this schedule, will work together on a 'Best for Service' basis in order to achieve the Partnership Objectives.

SCHEDULE 2
PARTNERSHIP GOVERNANCE

1. Wokingham Leader Partnership Board (WLPB)

1.1 We all agree to establish the WLPB. For the avoidance of doubt the WLPB shall not be a committee of any Partner or any combination of Partners.

1.2 The WLPB is the group responsible for leading the Partnership. The WLPB will hold to account the WMPB. It will have other duties and the authority and accountability defined in its Terms of Reference (ToR).

1.3 The ToR for the WLPB shall be as set out in Part 1 of Schedule 2 (WLPB – Terms of Reference).

2. Wokingham Management Partnership Board (WMPB)

2.1 We agree to establish the WMPB which will be responsible for managing the Partnership and the delivery of the Services. For the avoidance of doubt the WMPB shall not be a committee of any Participant or any combination of Participants.

2.2 The ToR for the WMPB shall be as set out in Part 2 of Schedule 2 (WMPB – Terms of Reference).

3. Partnership Programme Manager

3.1 We agree that the Partners will engage an individual to undertake programme management on behalf of the Partners (the "Partnership Programme Manager").

3.2 We agree that the detailed responsibilities / job description for the Partnership Programme Manager shall be determined by the WLPB. The Partnership Programme Manager will report regularly (no less than every month) to the WLPB.

3.3 We will be bound by the actions and decisions of the WLPB and the WMPB and the Partnership Programme Manager carried out in accordance with this MoU.

4. Admitting New Partners

4.1 Where a Partner or Partners wish to admit a new person or organisation to be a Partner under this MoU, such a proposal shall be considered at the next WLPB meeting.

4.2 The relevant Partner or Partners that wish to admit a new person or organisation shall serve a written notice on the WLPB setting out the details of:

(a) the proposed new person or organisation (where known);
(b) reasons and rationale for the proposed admission of a new person or organisation;
(c) the likely impact on the Services; and
(d) the likely impact on the payments to be made under Section 75, schedule 3 (Risk Share and Overspends)

4.3 Following receipt of the notice referred to in clause 4.2 the WLPB shall then consider the proposal and decide what actions (if any) need to be taken, in terms of varying this MoU, for example.

4.4 Post-termination – The WLPB and WMPB shall continue to operate in accordance with this Schedule following any termination of this MoU but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

PART 1
WOKINGHAM LEADER PARTNERSHIP BOARD – TERMS OF REFERENCE (ToR)

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 Shared 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 the MoU).

1.2.2 The MoU 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 MoU) 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

1.3 Shared Principles

Our shared principles are:

a) working 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.
c) committing to delivery of system outcomes in terms of clinical matters, patient experience and financial matters;
d) committing to common processes, protocols and other system inputs;
e) committing to work together and to make system decisions on a best for users and the Wokingham pound basis;
f) taking 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) adopting an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
i) establishing an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance;
j) adopting collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations;
k) co-producing 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);
n) oversee the implementation of, and ensure the Partners' compliance with, this MoU 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 set out in this MoU 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 set out in this MoU;
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 (acknowledging the Partners requirements under paragraph d below);
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 the responsibilities set out in this MoU; and
h) act in good faith to support achievement of the Key Objectives and compliance with these 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 this MoU, 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:

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 MoU shall be made by unanimous agreement of the voting membership. Where unanimity is 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 MoU.

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

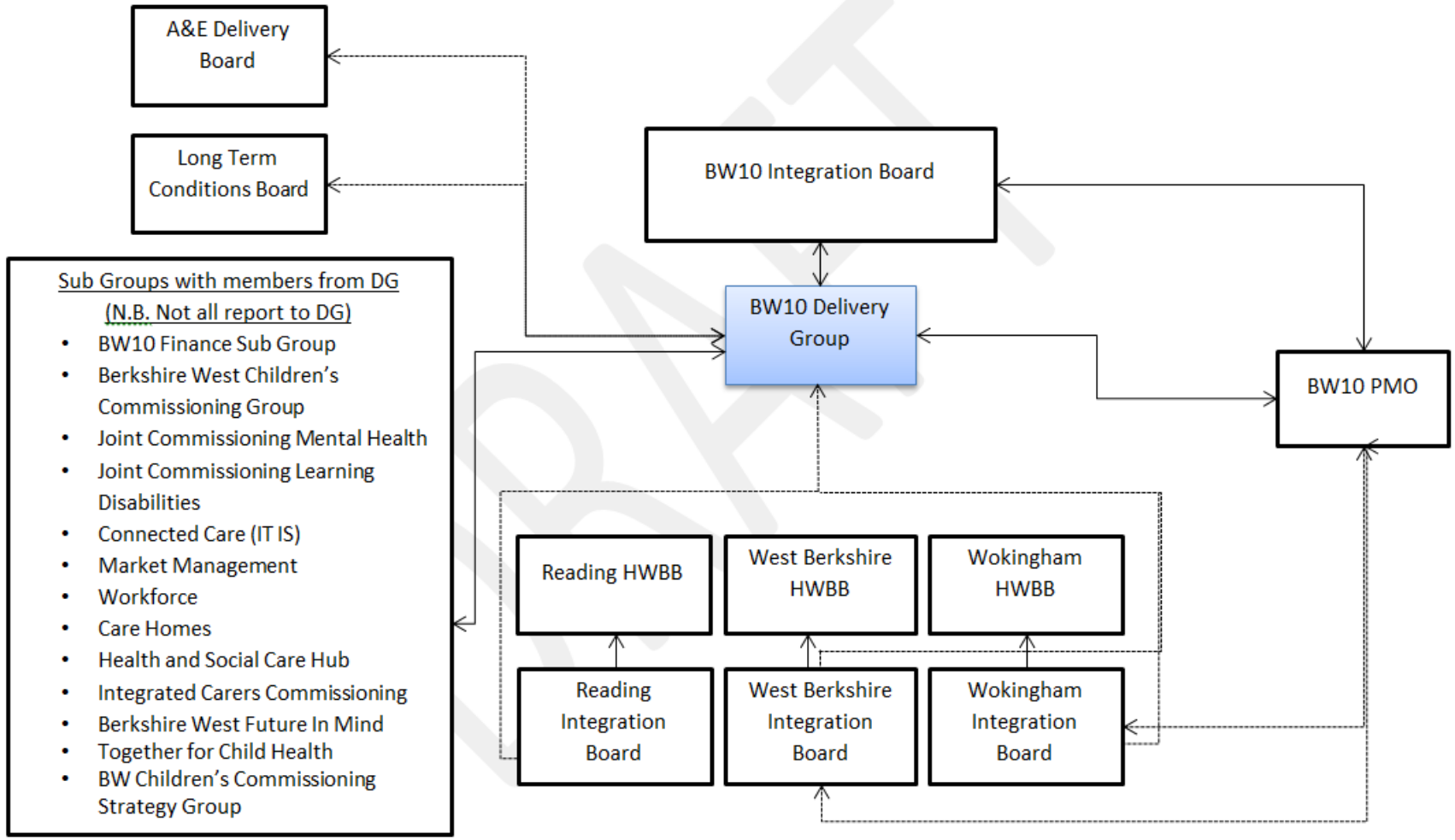
1.11.1 Support to the WLPB will be provided as part of a programme management approach.

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



PART 2
WOKINGHAM MANAGEMENT PARTNERSHIP BOARD – TERMS OF REFERENCE

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 Shared 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) working towards a shared vision of integrated service provision;
b) working together to support the delivery of shared programmes and priorities, including national programmes such as the Better Care Fund
c) committing to delivery of system outcomes in terms of clinical matters, patient experience and financial matters;
d) committing to common processes, protocols and other system inputs;
e) committing to work together and to make system decisions on a best for users and the Wokingham pound basis;
f) taking 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) adopting an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
i) establishing an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance;
j) adopting collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations;
k) co-producing 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:

a) 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;

b) 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

c) 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.

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 'overrule' any other Partner on any matter (although all Partners will be obliged to comply with the terms of the MoU).

1.4.2 The MoU 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;
g) 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 this MoU.
h) identify and manage the risks associated with the Partnership, integrating where necessary with the Partners' own risk management arrangements;
i) 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;
j) 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.

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.

1.8.8 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.

1.8.9 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).

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.

SCHEDULE 3
CONFIDENTIALITY

1.1 In respect of any Confidential Information a Partner receives from another Partner (the "Discloser") and subject always to the remainder of this Schedule 3, each Partner (the "Recipient") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:

1.1.1 the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the Commencement Date; and

1.1.2 the provisions of this Schedule 3 shall not apply to any Confidential Information which:

(a) is in or enters the public domain other than by breach of the MoU or other act or omission of the Recipient; or

(b) is obtained by a third party who is lawfully authorised to disclose such information.

1.2 Nothing in this Schedule 3 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable Law.

1.3 Each Partner:

1.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the MoU; and

1.3.2 will ensure that, where Confidential Information is disclosed in accordance with clause 1.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Schedule 3;

1.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this MoU

SCHEDULE 4
CONFLICTS OF INTEREST, TRANSPARENCY AND ETHICAL WALLS

1.1. Conflicts of Interest

The Partners shall comply with this schedule 4 for identifying and managing conflicts of interest as set out in this schedule 4 in points 1.1.1 and 1.2.1

1.1.1 The Partners agree to comply with the Policies of each organisation (as amended from time to time).

1.1.2 In the event of a conflict those of the designated Host Authority shall prevail.

1.2. Transparency and Ethical Walls

1.2.1 Partners will provide to each other all information that is reasonably required in order to achieve the partnership outcomes and to design and implement changes to the ways in which services are delivered (and where the services are delivered from).

1.2.2 Partners will have responsibilities to comply with competition laws and partners acknowledge that partners will all comply with those obligations. Partners will therefore make sure that partners share information, and in particular competition sensitive information, in such a way that is compliant with competition law.

1.2.3 No matter what else is written in the provider partners will ensure that they provide the commissioner partners with all financial cost resourcing, activity or other information as the commissioner partners may require so that the commissioner partners can be satisfied that the partnership outcomes, in particular those of a financial nature, are being satisfied.

1.2.4 The partners will make sure the partner leadership team establishes appropriate ethical walls between and within the provider partners so as to ensure that competition sensitive information and confidential information are only available to those members of the provider partners who need to see it for the purposes of the partnership and for no other purpose whatsoever so partners do not breach competition law.

1.2.5 It is accepted by the partnership that the involvement of the provider partners in the partnership is likely to give rise to situations where information will be generated and made available to the provider partners, which could give the provider partners an unfair advantage in competitions which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one provider partner with a commercial advantage over a separate provider partner).

1.2.6 The provider partners therefore recognise the need to manage the information referred to in clause 1.2.5 above in a way which maximises their opportunity to take part in competitions by putting in place appropriate procedures, such as ethical walls.

1.2.7 A provider partner will have the opportunity to demonstrate to the reasonable satisfaction of the commissioner partners in relation to any competitive procurements that the information it has acquired as a result of its participation in the partnership, other than as a result of a breach of this MoU, does not preclude the commissioner partners from running a fair competitive procurement in accordance with the commissioner partners' legal obligations.

1.2.8 Notwithstanding clause 1.2.7 above, the commissioner partners reserve their rights to take such measures as they considers necessary in relation to such competitive procurements in order to comply with their obligations under legislation (for example, the public contract regulations 2015 and the national health service (procurement, patient choice and competition) (no 2) regulations 2013) including, but not limited to, excluding any potential bidder from the competitive procurement in accordance with the laws governing that competitive procurement.

1.2.9 Nothing in this MoU shall absolve any of the provider partners from their obligations under each service contract, particularly in relation to ensuring that the services are provided in accordance with the requirements of the relevant service contract.

1.2.10 Where there are any patient safety incidents or information governance breaches relating to the services, for example, the provider partners shall ensure that they each comply with their individual service contract and, where required by the commissioner partners, work collectively and share all relevant information to that patient safety incident or information governance breach (or other similar issue) for the purposes of any investigations and/or remedial plans to be put in place, as well as for the purposes of learning lessons in order to avoid such patient safety incident or information governance breach in the future.

1.2.11 Without prejudice to any obligations in the service contracts, the provider partners shall each notify the partner leadership team of any serious incident that has arisen in connection with the relevant provider partner's involvement in providing the services set out in the service contract, without delay and no longer than two (2) business days of that serious incident taking place.

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TITLE	**Influenza Vaccine Campaign 2017-18 Review**
FOR CONSIDERATION BY	Health and Wellbeing Board on Thursday, 8 November 2018
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Tessa Lindfield, Strategic Director of Public Health

Health and Wellbeing Strategy priority/priorities most progressed through the report	Priority 2 – Reducing Social Isolation Priority 3 – Narrowing the Health Inequalities Gap
Key outcomes achieved against the Strategy priority/priorities	Priority 2 – Reducing Social Isolation: - Creating resilient communities Priority 3 – Narrowing the Health Inequalities Gap: - Those most deprived will enjoy more years in good health - Greater access to health promoting resources

Reason for consideration by Health and Wellbeing Board	To update the Board on the 2017-18 Influenza Vaccine Campaign and to appraise them of plans for 2018-19.
What (if any) public engagement has been carried out?	Locally the Public Health team has worked closely with key partners to design and implement the campaign.
State the financial implications of the decision	Under £5k

RECOMMENDATION

The Board is asked to:

1) Agree and endorse the multi-agency approach
2) Seek assurance that respective organisations are taking steps to fulfil their responsibilities as set out in the national flu plan
3) Be flu champions, take every opportunity to promote the vaccine and debunk myths
4) Lead by example, take up the offer of a vaccine where eligible.

SUMMARY OF REPORT

This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2017-18 to summarise lessons learned and to inform the board of changes to the national flu programme for the coming 2018-19 flu season and how these are being implemented locally.

Background
Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme in 2017-18 were to;

- Actively offer flu vaccine to 100% of people in eligible groups.
- Immunise 60% of eligible children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s clinical risk groups with at least 75% uptake
  among people 65 years and over, at least 55% among clinical risk groups and 75% among healthcare workers

2017-18 was a challenging flu season, contributing to winter pressures on health and care services. The PHE report, 'Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018 released on 24 May 2018, indicated that; in the 2017 to 2018 season, moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated.
Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52 and peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.

Multi-agency approach

Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu and vaccination is provided by a mix of providers including GP practice, community pharmacy, midwifery services and school immunisation teams.

The role of local authorities is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing care. Local authorities are also responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

CCGs are responsible for quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. The CCG also monitors staff vaccination uptake in Providers through the CQUIN scheme.

A collaborative multi-agency approach to planning for and delivering the flu programme is taken in Berkshire, beginning with a flu workshop in June. Public Health Teams used output from the workshop to develop their local flu action plan, setting out the steps they will take to engage and communicate with local residents about flu, promote the flu vaccine to eligible groups and support partners to provide and manage the programme.

Actions taken in 2017-18 as part of this approach included but were not limited to;

- Development of local authority and CCG flu plans based on a shared approach across the in the West of Berkshire
- 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
- Participation in monthly Berkshire West Flu Action Group with representation from CCGs, NHS providers and local authority public health to monitor progress against flu plans, review uptake of the flu vaccination, assess the impact of flu activity and share good practice or concerns which could then be escalated.
- The Public Health team supported the Berkshire Healthcare Foundation Trust schools immunisation team to engage with those schools where initial engagement was less effective
- Providers also signed up to the 'Health and Wellbeing of Staff' CQUIN which includes staff flu vaccination uptake
- In the West of Berkshire the CCG Quality Team / CCG flu lead supported low performing GP practices with practice visits and / or communications
- A flu communication pack was shared with all care homes
- Ensuring a consistent communication approach across the health and care economy by linking with the national flu campaign as well local alignment of communications between the local Public Health and the CCG communication teams.
- Use of targeted social media approaches to promote flu vaccination
- A collaborative approach to the management of flu outbreaks in closed settings such as care and nursing homes, Berkshire West CCGs commissioned a specific service to undertake risk-assessment and provide antiviral medication for treatment of flu and to prevent further spread to vulnerable residents
- Working with local groups including Children's Centres, Care Home Providers, WBC communications team, voluntary sector organisations and local forums to promote flu vaccine uptake

Analysis of Issues

1. **GP Registered Patients**

In 2017-18 uptake of vaccine among GP-registered patients in Berkshire was generally similar to or higher than in 2016-17.

- **Patients in clinical risk groups** – uptake was reduced by between 0.9% and 3.1% in this group, with the exception of RBWM and West Berkshire where uptake was similar to the previous season. Nationally uptake was very similar to the previous season.
- **Over 65s** – Increased uptake of flu vaccine was observed in all Local Authorities within Berkshire. Uptake in West Berkshire reached 77.6%, exceeding the national 75% uptake ambition
- **Pregnant Women** – In line with the national picture, uptake in this group was increased compared to 2016-17 with the exception of Slough where a reduction in uptake of 4.9% was observed. Bracknell Forest exceeded the national ambition of 55%, achieving 57% uptake.
- **Children aged 2 and 3** – Uptake in two year olds increased in Reading, West Berkshire, Wokingham and RBWM, but decreased slightly in Slough. A reduction

was also observed in Bracknell Forest compared to the previous season. The uptake ambition was not reached in any local authority in Berkshire or nationally (3.9% increase resulting in 42.9% uptake). Among three year olds modest increases in uptake were observed in Bracknell Forest, West Berkshire and Wokingham, with small decreases observed in Reading and RBWM. Slough experienced a larger decrease in uptake. All areas with the exception of Reading and Slough achieved a higher uptake than the national figure of 44.2%

- **Children in school years 0- 4** – this programme was again highly successful in Berkshire, the uptake ambition of 40% was exceeded in all local authorities reaching as high as 80% in at least one area.
- **Healthcare workers** – Uptake among NHS staff increased compared to the 2016-17 season in all local Trusts with the exception of Berkshire Healthcare Foundation Trust, where uptake was slightly recued on the previous season despite more vaccines being given. Uptake in local NHS Trusts ranged from 62.6%-72.1%

2. Learning from 2017-18 season

- Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues. Whilst uptake among school children was good, uptake in other risk groups remains below the desired level; this is in line with other areas of the country.

- There remains considerable variation in uptake between GP practices, There is scope to improve communication with practices throughout the flu season and to improve the way patients are invited for vaccination.

- Myths and misconceptions regarding vaccines remain an important barrier to uptake. Other barriers may include variation in access to GP flu clinics, lack of health literacy and inclusion of porcine[1] element in the children's vaccine making it inappropriate for some groups.

- Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area.

- Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remained low.

- Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings following development and implementation of flu outbreak plans. Close partnership working proved key to the success of this approach and closer working at the planning stage is warranted for future success.

3. Changes for the 2018-19 Flu Season

The higher burden of flu sub-type H3N2 among elderly people together with the lower effectiveness of vaccines against this sub-type indicated the need for an alternative

[1] Derived from pigs

approach.[2] The UK Joint Committee on Vaccination and Immunisation advised that use of a different formulation (adjuvanted trivalent inactivated vaccines or TIV) in those aged 65 years and older would be both more effective and cost-effective than the vaccines currently in use[3].

In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer;

- adjuvanted trivalent vaccine (aTIV) for all 65s and over
- quadrivalent vaccine (QIV) for those age 18 to 64 at risk

Nasal vaccine will continue to be offered to healthy children aged 2 and above.

Nationally, groups eligible for vaccination are similar to previous years, with the addition of children in school year 5 to the school-aged programme. It has been confirmed that care home/nursing home/domiciliary care workers caring for vulnerable residents at risk from influenza are also eligible for a free flu vaccine again in 2018-19. In addition, this offer has also been extended to hospice workers. The eligible groups and where they can access their vaccine are shown below.

Target Group	GP	Pharmacy	Maternity	School	Workplace
Aged under 65 'at risk'	√	√			
Pregnant women	√	√	√		
Eligible children aged 2-3 years	√				
Eligible children in Reception to school year 5				√	
Aged 65 years and over	√	√			
Carers	√	√			
NHS Healthcare workers		√			√
Frontline care home/nursing home/domiciliary care workers and hospice workers	√	√			

4. Local flu plan for 2018-19

A successful flu planning workshop took place on 8th June at the Open Learning Centre, Bracknell. This was well attended by a range of stakeholders from across Berkshire and sought to being together plans for provision and promotion of flu vaccine and preparing and responding to flu outbreaks. Following the workshop, the Shared Pubic Health Team developed a high level Berkshire Flu Plan which enabled the Wokingham Public Health team to create a local flu action plan for the 2018-19 season.

This year the Wokingham Public Health Team are:

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/Influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf
[3] https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care

- Actively promoting flu vaccination to eligible groups, particularly those with long term conditions, using a range of channels, working collaboratively with commissioners and providers before and during the season to identify issues.
- Using national materials and good multi-agency working to enable consistent flu messaging to the public.
- Robustly promoting the campaign to Care Home Providers.
- Continue to challenge myths and misconceptions regarding vaccines which continue to be a barrier to uptake.
- Offer Staff Flu Vaccination Clinics.

Partner Implications
Flu vaccination programmes are one of the most effective ways of protecting populations from flu and reduce pressures on the NHS, GP practices and the wider health and social care system. Additionally, Wokingham staff flu vaccination clinics support business continuity through the flu season.

Reasons for considering the report in Part 2

List of Background Papers

- National flu immunisation programme 2018 to 2019 letter (1 of 2)

- Berkshire seasonal influenza vaccine campaign 2017-18 final report

Berkshire Seasonal Influenza Vaccine Car

- Report and recommendations from Berkshire 2018 Flu Planning workshop

Berkshire Flu Planning Workshop 2(

Contact Julie Hotchkiss	**Service** Public Health
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TITLE	**Community Safety Partnership Briefing**
FOR CONSIDERATION BY	Health & Wellbeing Board on Thursday 8 November 2018
WARD	None Specific
DIRECTOR/ KEY OFFICER	Shaun Virtue, Graham Ebers (Joint Chairs of CSP)

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

SUMMARY OF REPORT

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

Anti-Social Behaviour (ASB) continues to be a priority for Wokingham Community Safety Partnership and Thames Valley Police and substance misuse issues that can be linked to this. The Police are actively pursuing the criminal aspect of ASB and Substance misuse within the Borough and working with multiagency partners to support the young people affected.

The CSP Problem Solving Task Group members have been reviewing this and Reading FC Community Trust are starting a project called Positive Pathways at the end of September 2018 in secondary schools. Positive Pathways is a 6 week workshop with a small, targeted group of individuals and each week will see themed discussions to increase knowledge of substance misuse and preventative work. The workshops will give real life stories and enable young people the chance to meet with others who have been involved in substance misuse and county lines and how they became involved and how it affected not only their lives but also their families.

The interventions undertaken by multiagency partners around ASB have had a positive affect over recent months and the summer holidays did not see an increase in instances of ASB but the ASB panel and CSP Problem Solving Group are continually working to address and disrupt any areas of concern.

The CSP Problem Solving Group have been reviewing Gypsy, Roma, Traveller (GRT) sites and are in the process of creating a multiagency support information sheet to be handed out to all residents at a GRT site giving information on their rights, what they can expect from their landlord and contact numbers if they have any concerns. This will cover contact information for the Police, information on Modern Slavery, domestic abuse and support for substance misuse.

The Community Safety Partnership Strategy 2018-21 has been finalised and approved and is included below for your information.

Community Safety Strategy 2018-21 fina

The Community Safety Partnership works closely with many partner agencies, Boards and partnerships as shown in the diagram below. The CSP is overseen by the Office of the Police and Crime Commissioner and provides updates to other Boards including the Health and Wellbeing Board and can be held accountable on the work of CSP and their subgroups but is not managed or governed by these Boards.

Partner Implications

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

Recommendations

- As mentioned in the previous update, the CSP Sub Groups are being tasked with developing and agreeing the measurable data to ensure the objectives in the CSP Strategy are being met. Partners are asked to engage with this process.

- To continue to support the CSP subgroups to help reduce demand on health and social care services.

List of Background Papers
None

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HEALTH AND 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.

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2018/19

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 December 2018	**Health and Wellbeing Board Refresh**	To monitor performance	To monitor performance	Director Corporate Services	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
14 February 2019	**Health and Wellbeing Board Refresh**	To monitor performance	To monitor performance	Director Corporate Services	Performance
	Annual West of Berkshire Safeguarding Adults Annual Report for 2017/18	To monitor performance	To monitor performance	Safeguarding Adults Partnership Board Annual Report	Update
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
11 April 2019	**Health and Wellbeing Board Refresh**	To monitor performance	To monitor performance	Director Corporate Services	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

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