



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 2 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 3 JUNE 2019 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage
Chief Executive
Published on 23 May 2019

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Rachel Bishop-Firth
Guy Grandison
Adrian Mather
Alison Swaddle

Jenny Cheng
Clive Jones
Ken Miall

Richard Dolinski
Abdul Loyes
Bill Soane

Substitutes

Gary Cowan
Emma Hobbs

Jim Frewin
Tahir Maher

David Hare
Malcolm Richards

ITEM NO.	WARD	SUBJECT	PAGE NO.
1.	None Specific	ELECTION OF CHAIRMAN To elect a Chairman for the 2019-2020 municipal year.	
2.	None Specific	APPOINTMENT OF VICE CHAIRMAN To appoint a Vice Chairman for the 2019-2020 municipal year.	
3.		APOLOGIES To receive any apologies for absence	
4.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 6 March 2019.	5 - 10
5.		DECLARATION OF INTEREST To receive any declarations of interest	
6.		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 committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee 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	

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|------------|---------------|--|----------------------|
| 7. | | MEMBER QUESTION TIME
To answer any member questions | |
| 8. | None Specific | WOKINGHAM BOROUGH WELLBEING BOARD UPDATE 2018/19
To receive an update on the Wokingham Borough Wellbeing Board. | 11 - 26 |
| 9. | None Specific | BETTER CARE FUND 2018/2019
To receive a report regarding the Better Care Fund 2018/19. | 27 - 42 |
| 10. | None Specific | UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH
To receive an update on the work of Healthwatch Wokingham Borough. | Verbal Report |
| 11. | None Specific | FORWARD PROGRAMME 2019-2020
To consider the forward programme for 2019-2020. | 43 - 44 |

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 OVERVIEW AND SCRUTINY COMMITTEE HELD ON 6 MARCH 2019 FROM 7.00 PM TO 8.20 PM

Committee Members Present

Councillors: Kate Haines (Vice-Chairman, in the Chair), Jenny Cheng, Andy Croy, John Jarvis, Abdul Loyes, Ken Miall, Rachelle Shepherd-DuBey, Mike Haines (substituting Bill Soane) and Ian Pittock (substituting Clive Jones)

Others Present

Malcolm Richards

Jim Stockley, Healthwatch Wokingham Borough

Madeleine Shopland, Democratic & Electoral Services Specialist

Rhosyn Harris, Public Health

Angela Morris, Director Adult Services

Helen Woodland, Assistant Director Provider Services, Optalis

Rebecca Clegg, Chief Finance Officer, NHS Berkshire West Clinical Commissioning Group

39. APOLOGIES

Apologies for absence were submitted from Councillors Clive Jones and Bill Soane.

40. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 21 January 2019 were confirmed as a correct record and signed by the Chairman.

41. DECLARATION OF INTEREST

There were no declarations of interest.

42. PUBLIC QUESTION TIME

There were no public questions.

43. MEMBER QUESTION TIME

There were no Member questions.

44. PREPARING FOR BREXIT - HEALTH

Rhosyn Harris, Public Health and Rebecca Clegg, Chief Finance Officer, NHS Berkshire West Clinical Commissioning Group (CCG), provided an update on preparing for Brexit – health.

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

- Rhosyn Harris reminded Members that with regards to local authorities it was government policy that specific plans for a possible no deal situation were not shared publicly.
- Under the Civil Contingency Act 2004 local authorities were Category 1 responders and as such they were required to assess the risk of emergencies occurring and use this to inform contingency planning, put in place emergency plans and to put in place business continuity management arrangements.
- Nationally there was approximately 1.6million jobs in the social care sector, the majority of which were with independent providers. Approximately 7% were with local authorities. Nationally, approximately 104,000 social care posts were held by EU

nationals and 71% of these either held British citizenship or were eligible for settled status. Members were informed that the estimated proportion of the adult social care workforce with an EU nationality had not seen a big decrease.

- In the South East there were 3,450 organisations providing care at over 6,900 locations and 181,000 full time equivalent (FTE) jobs of which 12% of post holders were EU Nationals. In the Borough there was 3,700 full time equivalent social care jobs; 3% of these were within the local authority, 89% were in the independent sector and 8% were direct payment recipients. 444 posts (12%) were held by EU Nationals.
- Members were advised that overall it was considered that there was a low risk of disruption to local social care delivery in the short term.
- Mitigations included the EU Settlement Scheme and wider work to address recruitment and retention of the Adult Social Care workforce.
- Rebecca Clegg indicated that she was the nominated lead for Brexit for the CCG. The NHS had been asked to prepare in the context of the possibility of a no deal situation. Preparations could be adapted should other outcomes occur.
- The Committee was informed that the NHS was used to managing risk and system pressures and that Emergency Preparedness, Resilience and Response (EPRR) processes and procedures were in place. Existing command and control protocols and systems that were familiar for information-gathering, assurance, direction and advice, would be used. Additional capacity would be added at both regional and national levels.
- It was noted that NHS Berkshire West CCG was a Category 2 responder (a supporting agency).
- The Department of Health and Social Care had issued EU Exit Operational Guidance in December 2018, which outlined what actions providers and commissioners of health and social care services should take to prepare for, and manage, the risks of a no deal exit scenario. Rebecca Clegg highlighted what action the CCG was required to take including preparing business continuity plans for a no deal EU exit, by the end of January 2019; and carrying out a no deal EU exit exercise to test business continuity plans by the end of February 2019. Members were informed that the business continuity plans of 14 practices had been tested and that a report of findings would be shared with all practices in the area.
- The NHS had been asked to prepare specifically in seven key areas:
 - Supply of medicines and vaccines;
 - Supply of medical devices and clinical consumables;
 - Supply of non-clinical consumables, goods and services;
 - Workforce;
 - Reciprocal healthcare;
 - Research and clinical trials; and
 - Data sharing, processing and access
- Ensuring continuity of medical devices and clinical consumables was discussed. Measures that would be taken included a centralised stock build; preparing suppliers; prioritisation of medical products; dedicated supply channels for products that had a supply centre located within the EU; additional warehouse capacity and the provision of advice to NHS providers.
- With regards to medicines, Rebecca Clegg highlighted issues under consideration including the undertaking of a medicine supply assessment, considering alternative transport routes; vaccine stocks; clinical research including trials; unlicensed medicines and a serious shortage protocol. In addition the Government had advised to have six weeks additional supplies of medicines to avoid disruption potentially caused by a possible no deal EU exit.

- With regards to data, guidance had been issued on the actions that organisations needed to take in order to ensure continuity of access to, processing and sharing of personal data. An early review of data flows and contracts to understand what data was sent and received from overseas, had been undertaken.
- With regards to workforce, the overall assessment was that there was a low risk of disruption to local service delivery in the short term.
- Councillor Miall commented that many paramedics, volunteer drivers and delivery drivers may currently be driving in the UK using EU drivers licences and that should there be a no deal EU exit these may no longer be accepted. He questioned whether consideration had been given to this and whether these drivers would be required to gain UK drivers licences. Rebecca Clegg indicated that she would follow this up with South Central Ambulance Service.
- Councillor Miall went on to ask about the preparedness of private companies. Rebecca Clegg indicated that all providers were required to have business continuity plans in place.
- Councillor Loyes questioned whether 6 weeks additional supply of medicines would be sufficient and was informed that this was what had been recommended by central Government.
- Councillor Shepherd-DuBey commented that if there was a £30,000 salary threshold for skilled workers moving to the UK there would be a detrimental effect on the social care sector. She commented that the number of staff coming from the EU was reducing and questioned how they would be replaced. Rhosyn Harris commented recruitment was an issue locally due to the high cost of living in the area.
- Councillor Richards asked about the supply and transportation of medicine.
- Councillor Croy stated that he believed that workforce should be considered a greater risk than 'low' and asked that this be fed back. Recruitment and retention was already an issue locally.
- Councillor Croy went on to ask about a potential shortage of radioisotopes in the event of a no deal EU exit.
- In response to questions from Councillor Mike Haines, Rebecca Clegg indicated that the CCG's data was based in the UK. Greater awareness was sought in relation to cloud based storage.
- Councillor Mike Haines also asked whether staff qualifications would still be recognised in the EU and vice versa.

RESOLVED: That

- 1) the update on preparing for Brexit – health be noted.
- 2) Rhosyn Harris and Rebecca Clegg be thanked for their presentation.

45. WOKINGHAM BOROUGH COUNCIL AND OPTALIS RESPONSE TO A RECENT HEALTHWATCH REPORT

At the previous Health Overview and Scrutiny Committee meeting Members had viewed a video interview between Healthwatch Wokingham Borough and a member of the public regarding their experience with the START team. Angela Morris, Director Adult Services and Helen Woodland, Assistant Director Provider Services, Optalis provided an update on the case. Officers had met with the family.

Angela Morris explained the assessment process. In the first instance a social worker undertook an assessment of the customer's needs. In the particular case a referral had been made to the START team and an assessment made on how a particular identified

need could be met. Helen Woodland indicated that the role of Optalis was to help the customer to become more independent.

RESOLVED: That

- 1) the update be noted.
- 2) Angela Morris and Helen Woodland be thanked for their update.

46. IMPACT OF FUNDING CUT ON HEALTHWATCH WOKINGHAM

The Committee received a report regarding the impact of funding cuts on Healthwatch Wokingham Borough.

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

- Jim Stockley commented that the report had been prepared in response to questions from the Committee regarding the impact of a cut in the Healthwatch budget.
- Healthwatch Wokingham Borough had been established in April 2013 as a Community Interest Company to deliver the Healthwatch remit. At that time the budget had been £107,000. The budget had remained the same until competitive rebidding of contract in September 2018, when this was reduced to £98,000, although the true budget was less once inflation was factored in. It was acknowledged that the Council had maintained the funding for a number of years and not reduced it until the 2019 Financial Year.
- Much of Healthwatch Wokingham's Borough's costs were operational.
- It was noted that there was no longer a volunteer co-ordinator.
- Angela Morris commented that officers valued the service provided by Healthwatch Wokingham Borough and the contribution that they made. She highlighted the national picture for the funding of Healthwatches.
- In 2018 in Wokingham Borough, funding had been reduced by approximately 7%. The new contract had been advertised at £100,000 and Healthwatch Wokingham Borough had bid £98,000. The tender bid had been assessed at that price. Councillor Miall asked how it had been decided that the contract would be £100,000.
- Contract review meetings between Healthwatch Wokingham Borough and Officers were held every 3 months.
- Councillor Richards asked what Healthwatch Wokingham Borough could not provide following the reduction in its funding. Jim Stockley confirmed that Healthwatch Wokingham Borough were able to meet the contract but were now less able to undertake specific additional projects on matters of concern to residents.
- Members questioned whether additional funding could be identified to fund Healthwatch Wokingham Borough to undertake specific projects in the public interest, if required. Officers agreed to follow this up.
- Councillor Croy thanked Healthwatch Wokingham Borough for the work it and its volunteers carried out. He expressed concern that historically inflation had not been applied to the contract.
- In response to a question from Councillor Croy regarding the impact of focusing only on adult mental health as a priority, Angela Morris commented that there was no expectation for Healthwatch Wokingham Borough to deliver over the contract.
- The Committee was invited to an event on 25 March at Wokingham Town Hall 6.30pm at which groups would be presenting on small projects funded by Healthwatch Wokingham Borough to further engagement with hard to reach groups.

- Councillor Kate Haines emphasised that the Committee wanted to see the continuation of conversations between Officers and Healthwatch Wokingham Borough.

RESOLVED: That

- 1) the report on the impact of funding cuts on Healthwatch Wokingham Borough be noted;
- 2) Healthwatch Wokingham Borough be thanked for their report.

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Agenda Item 8.

TITLE	Wokingham Borough Wellbeing Board Update 2018/19
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Monday, 3 June 2019
WARD	None Specific;
KEY OFFICER	Graham Ebers, Deputy Chief Executive

OUTCOME / BENEFITS TO THE COMMUNITY

The Wellbeing Board are focused on improving the health and wellbeing of the borough and supporting communities to become self-sufficient and resilient which will also have a positive impact on health and social services in Wokingham.

RECOMMENDATION

The Health Overview and Scrutiny Committee are asked to review and support the Wellbeing Board's 2018/19 actions and the revised strategy.

SUMMARY OF REPORT

This report highlights the activities of the Wokingham Borough Wellbeing Board over the past 12 months and provides detail about the revised Joint Health and Wellbeing Strategy.

Background

The Wokingham Borough Wellbeing Board has recently completed its sixth year as a formal committee.

Under the Health and Social Care Act 2012 all upper tier local authorities were required to establish Health and Wellbeing Boards from April 2013. Health and Wellbeing Boards are forums where key representatives from health, social care and the community can work in partnership to reduce health inequalities locally and to improve the overall health and wellbeing of residents.

The core functions of the Wellbeing Board are:

- To prepare a Joint Strategic Needs Assessment, which gives an overview of the Borough's current and likely future health and wellbeing needs;
- Based on evidence detailed within the Joint Strategic Needs Assessment, produce a Joint Health and Wellbeing Strategy, which details how needs identified will be met;
- To create and publish a pharmaceutical needs assessment, an overview of local pharmaceutical needs, services and any gaps in provision;
- To encourage integrated working between commissioners of health services, Public Health and social care services, for the purposes of advancing the health and wellbeing of the people in its area;
- To consider how resources can be shared effectively between partners and where appropriate, to pool budgets;
- The local Clinical Commissioning Groups must involve the Wellbeing Board in the preparation or revision of their commissioning plans.

Joint Health and Wellbeing Strategy 2018-21:

The Wokingham Borough Wellbeing Board created a revised, 'punchy' and more meaningful Joint Health and Wellbeing Strategy. Board members during 2018-19 discussed where the Wellbeing Board could make the biggest impact and key health and wellbeing indicators. It was decided that the Board should have a focus on wellbeing specifically and this has been reflected in the revised strategy and the name of the Board (now Wokingham Borough Wellbeing Board).

A refreshed Joint Health and Wellbeing Strategy for 2018-2021 was designed around the vision of "creating healthy and resilient communities", within which is three key priorities:

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

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

Under each priority, the Strategy into action group have identified themes which derive from national reports and have been proven to work against our key priorities and have a

positive effect on the community and core action areas which will be the beginning focus of the strategy.

Creating Physically Active Communities	
Themes:	Core Action Areas:
<ul style="list-style-type: none"> • Active environments • Professionals encouraging activity • Services and interventions • Creating a 'social movement' 	<ol style="list-style-type: none"> 1. Active transport 2. Schools and Early Years 3. Media Campaigns

Reducing Social Isolation and Loneliness	
Themes:	Core Action Areas:
<ul style="list-style-type: none"> • Strengthening the community • Creating links • Identifying lonely and isolated people • Interventions and Services 	<ol style="list-style-type: none"> 1. Social prescribing 2. Technology 3. Groups and Clubs

Narrowing the Health Inequalities Gap	
Themes:	Core Action Areas:
<ul style="list-style-type: none"> • Pre-school • School attainment • Jobs for all • Risky behaviour 	<ol style="list-style-type: none"> 1. Early Help partnership 2. 'Whole School' approach 3. Training and Employment advice & work-based training

Strategy into Action

The action plan, which has been named 'Strategy into Action', is being co-produced by the Wellbeing Board and key stakeholders during spring and summer of 2019. This collaboration for the development of the action plan will aim to enhance relationships and enable our partners to decide on their level of involvement from the outset. A small governance group has been created to support, co-ordinate and help to progress actions. In order for an effective action plan, it is important that the current work within the Borough is mapped out so we are able to gauge the level of activity and pave the way for grasping opportunities. Furthermore, to ensure that Strategy into Action is kept on track with achieving the actions and key priorities, a number of metrics are being produced using both national guidelines and local needs.

At present, information has been distributed to Wokingham Borough Council's and the Board's key partners, stakeholders and commissioned services to inform them of the Wellbeing Board, its strategy and the three key priorities. Alongside this is a short survey which asked partners about what current projects and activities their organisations are carrying out in alignment with the Wellbeing Board's priorities. Feedback so far has been positive and reinforces that there is a lot happening in the Borough which focuses on the health and wellbeing of the community. Furthermore, the action plan is being populated with projects within the Council as a starting point and will then utilise the feedback from the survey to populate this further.

During 2019/20 the Wellbeing Board will continue to work with its partners to address health inequalities, targeting those in the community who are most vulnerable.

Wellbeing Board Refresh:

The Wellbeing Board has considered proposals to refresh its 'agenda' since 2017. These considerations have been in relation to governance, partnership working and other issues seen to be relevant to improving the effectiveness of the Board and enhancing its community engagement. It was decided that in order to ensure enhanced focus, vibrancy and engagement with the community, the agenda should be the steering for this.

An agenda setting group has been set up to review and discuss papers to be presented to formal Board meetings to determine if the paper is appropriate for inclusion. There will be close monitoring of prospective items to ensure the Board are clear on what is being asked of them and how the items fit in with the refreshed strategy and key priorities.

Moreover, it was considered that an enhanced collective contribution towards the three key priorities could be achieved by:

- i) a stronger alignment of our respective business cycles
- ii) review of the attendance/representation at the Board
- iii) visibility and input from 'external' organisations delivering on the agenda

The Board has since begun implementing this governance in a number of ways. The Board enhanced membership by extending it to the Director of Locality and Customer Services at Wokingham Borough Council was appointed in November 2018. This appointment would allow for closer relationships and input from a planning perspective. A revised reporting template for the Board agenda items has also been created with an enhanced focus on delivering against the priorities. Moreover, Board members have been assigned against each of the priorities to strengthen focus further. Bi-monthly informal Board meetings were also reinstated from September 2018, which provide capacity for deep dive conversations and focus on specific themes.

Localities Plus – Defining Our Neighbourhoods:

Across Berkshire West, work underway to define exactly what the 'neighbourhoods' will look like. This will take into consideration the GP Alliances that are currently in place, the NHS definition of neighbourhoods and the Primary Care Networks to align into one clear definition. The overarching aim is to have self-sufficient, integrated neighbourhoods. The neighbourhoods will envelop Population Health Management which is discussed at detail in the Long Term Plan which focuses on primary care, urgent care and planned care to enable early intervention and targeted support. The Wellbeing Board is in full support of this and is connected to the Localities Plus group who are helping to facilitate the move to neighbourhoods.

Localities Plus has been established to ensure connectivity between the 3 Conversations model in Adult Social Care, 21st Century Council and the NHS Long Term Plan and to support and co-ordinate the transition to the 4 localities in Wokingham – North, South, East and West. The desired outcome is to enable the residents of Wokingham Borough to receive the right level of support, at the right time and place in an efficient manner which would enable self-sufficient, healthy and resilient communities.

At present, the workstreams are:

- **Resource Connectivity** – Ensuring connection between the Community Engagement Officers under Customer and Localities, Community Navigators which are funded through the voluntary group Involve and Social Prescribers through the NHS. Currently Wokingham Borough does not have any Social Prescribers but there will be national funding to cover this. There is an opportunity here for the Community Engagement Officers, Community Navigators and Social Prescribers to connect and provide a collective service and resource.
- **Intelligence Gathering and Sharing** – It is important that Localities Plus has distinct outcomes and a framework that clearly show the various work streams that come out of it, such as mapping projects, intelligence sharing and Wellbeing Board and sub board outcomes; this will be driven by the intelligence gathered from applicable sources.
- **Alignment with Work Programmes** – Localities Plus will be aligned with the Council Plan as well as the Wokingham Borough Wellbeing Board's Joint Health and Wellbeing Strategy 2018-2021. Furthermore, the Joint Strategic Needs Assessment (JSNA) that drives the Wellbeing Strategy and influenced the key priorities and also alignment with the Population Health Management model emphasised in the NHS Long Term Plan is key and will be maintained.
- **Areas of Best Practice** – Areas of best practice which have a broader focus on public sector system working in a neighbourhood way. Examining these areas will show what they are doing, what can be learnt and what their practical actions have been.

Localities Plus feeds into the Wellbeing Board and the Wokingham Leaders Partnership Board (WLPB) for consultation on actions. The Wellbeing Board wholly support this provision and will be involved in its progression.

Other Actions

Wellbeing Board Member Training

In 2018 the LGA held training events for the Chairs and Vice Chairs of the Health and Wellbeing Board which focused on comparing practice, learning and sharing ideas, networking and enhancing the awareness of policy issues from key national partners.

The LGA also held a facilitated integration workshop called '*Stepping up to the Place*' for Wellbeing Board members which was extremely beneficial as it highlighted areas of strength and also key challenges. There was strong commitment shown to enhance strategic objectives and to allow for effective and efficient production and delivery of a refreshed strategy.

Public Health Campaigns

The Wellbeing Board supported the national health campaigns carried out by Public Health England such as healthy weight, influenza immunisations and emotional and mental health.

Emotional Health and Wellbeing Strategy 2018-2021

The Board has been closely aligned with and supporting the Wokingham Borough Council's Emotional Wellbeing Strategy which was developed in order to promote an integrated and holistic approach to Children and Young People's Emotional Wellbeing. This strategy links in well with the refreshed Joint Health and Wellbeing Strategy.

Wokingham's Pharmaceutical Needs Assessment 2018-2021:

In 2018 the Wellbeing Board and Public Health developed a revised Pharmaceutical Needs Assessment which is a statutory requirement for every three years.

Wokingham's Joint Strategic Needs Assessment 2018-2021:

Public Health with the support of the Wellbeing Board have developed the JSNA which assists the local authority in assessing the current and future health, care and wellbeing needs of the local community and informs local decision making.

The NHS Long Term Plan

The Wellbeing Board is closely aligned with the NHS Long Term Plan which aims to create a new model of care for the 21st century which will have an increased effort on prevention of illness and tackling health inequalities.

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

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

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

Analysis of Issues (including any financial implications)

None at present.

Partner Implications
All partners to review and acknowledge the strategy and utilise this in policy. It is essential that all partners feel engaged with and contribute to the action plan and thus are well informed about the Wellbeing Board and its purpose, strategy and key priorities.
The Wellbeing Board strategy and actions are in alignment with the Council's wider Borough Plan and other key strategies.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Wokingham Borough Wellbeing Board Terms of Reference

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

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WOKINGHAM BOROUGH WELLBEING BOARD

4.4.22 Introduction

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

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

4.4.23 Membership

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

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

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

4.4.24 Co-optees

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

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

4.4.25 Appointment of Wokingham Borough Wellbeing Board

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

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

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

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

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

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

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

Should Board members cease to be an elected Member of the Council, or to represent the Berkshire West Clinical Commissioning Group or Local Healthwatch or cease to hold the office of Director of Public Health, or to be the Director with statutory responsibility for Children's Services or to be the Director with statutory responsibility for Adult Social Services, they will cease to be a member of the Wokingham Borough Wellbeing Board.

4.4.26 Voting

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

Voting members will be an elected Member, a representative from the Clinical Commissioning Group and the Healthwatch representative. The member organisations will identify and notify Democratic Services of the voting representative, prior to the first meeting of the Board of the municipal year.

All other Board members will be non-voting members.

4.4.27 Substitutes

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

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

4.4.28 Changing Substitutes

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

4.4.29 Chairman and Vice Chairman

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

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

4.4.30 Purpose of Wokingham Borough Wellbeing Board

The Wokingham Borough Wellbeing Board is responsible for:

- a) improving the health and wellbeing of the population;
- b) reducing inequalities in health across the Borough such as the difference in life expectancy of 13 years between the more affluent and less affluent parts of the Borough;
- c) making sure that there is joined up care for example for people with long term illness and high levels of dependency and that they can be looked after in their own homes for as long as is practical;
- d) listening to and learning from people and communities about their experience of health and care services and involving them in planning services which meet their needs in the most appropriate way.

4.4.31 Roles and Responsibilities

The Wokingham Borough Wellbeing Board will:

- a) be responsible for bringing together public services in order to improve health and wellbeing. The Wokingham Borough Wellbeing Board will work through exercising strategic leadership of public, private and community services in the

promotion of healthy communities. It does not have executive budget control but will exercise influence by holding local authority and NHS organisations to account for how they apply their resources;

- b) ensure that wider influences on health and wellbeing such as housing, environment, a safe community and opportunities for employment are included in the plans to improve health, as well more obvious influences such as local GP provision, community health and social care services;
- c) lead the production of a Wokingham Needs Assessment which will identify the range of current and future health and wellbeing needs in the community. The Assessment will set out which issues and programmes will be prioritised by the Wokingham Borough Wellbeing Board and incorporated into the Health and Wellbeing Strategy;
- d) lead the production of the Joint Health and Wellbeing Strategy which details how the health and social care needs identified in the Wokingham Needs Assessment will be met and sets targets for health improvement and for the promotion of health and wellbeing;
- e) prepare and publish a local pharmaceutical needs assessment (an overview of local pharmaceutical needs, services and gaps in provision);
- f) support Healthwatch in its work, and ensure that public and consumer experiences are taken into account in the work of the Strategic Partnerships which will support the Wokingham Borough Wellbeing Board.

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

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

- a) consider how the needs identified in the Wokingham Needs Assessment may be addressed through partnership arrangements between the Council and NHS bodies, such as pooled budgets;
- b) have regard to the mandate the NHS England has received from the Secretary of State;
- c) involve the Local Healthwatch and those who live or work in the local authority area
- d) have regard to any guidance issued by the Secretary of State;
- e) encourage joint working between the Council and NHS bodies regarding improvements in health and wellbeing and promote the integration of NHS and Council services where this will lead to better care for residents;

- f) review the Wokingham Clinical Commissioning Plan each year against the priorities in the Joint Health and Wellbeing Strategy, assess whether the Plan has adequately taken the Strategy into account and question whether its programmes have led to improvements in those needs and priorities identified within the Borough;
- g) take account of and comment on the appropriateness of the NHS England plan for services within the Borough.
- h) review the contribution of local authority services and programmes to addressing the identified health and wellbeing needs and priorities;
- i) hold to account its constituent member organisations in meeting their responsibilities to promote the health and wellbeing of the community, to address the issues identified in the Wokingham Needs Assessment and for implementation of the Joint Health and Wellbeing Strategy.

4.4.32 Accountability

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

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

4.4.33 Supply of Information to the Wokingham Borough Wellbeing Board

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

- a) the local authority;
- b) any person who represents the Local Healthwatch on the Wokingham Borough Wellbeing Board;
- c) any person who represents the Berkshire West Clinical Commissioning Group on the Wokingham Borough Wellbeing Board;
- d) any person appointed to the Wokingham Borough Wellbeing Board as an additional member.

Information must relate to:

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

4.4.34 Scrutiny

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

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

4.4.35 Quorum

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

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

4.4.36 Frequency of Meetings

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

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

4.4.37 Attendance of Public and Press

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

4.4.38 Public and Member Questions

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

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

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

4.4.39 Petitions

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

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

4.4.40 Speaking Rights

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

4.4.41 Disturbance by Public

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

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

4.4.42 Signing the Minutes

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

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

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

Two or more Health and Wellbeing Boards may make arrangements for

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

4.4.44 Wokingham Borough Wellbeing Board Partnership Groups

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

- a) Children and Young People Strategic Partnership
- b) Community Safety Partnership
- c) Place and Community Strategic Partnership

- d) Wokingham Integrated Partnership
- e) Business, Skills and Enterprise Partnership

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

4.4.45 Wokingham Borough Wellbeing Board Sub-Committees

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

4.4.46 Code of Conduct

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

4.4.47 Review of Terms of Reference

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

Agenda Item 9.

TITLE	Better Care Fund (BCF) 2018/2019
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Monday, 3 June 2019
WARD	None Specific
KEY OFFICER	Matt Pope, Director of Adult Social Care, Wokingham Borough Council (WBC) and Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality

OUTCOME / BENEFITS TO THE COMMUNITY

Our vision is simple. 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

RECOMMENDATION

That the Committee notes the performance of the Better Care Fund in 2018/19.

SUMMARY OF REPORT

To provide a summary of Wokingham's BCF Programme performance for 2018-19 (financial year), including progress of integration, challenges, performance metrics and finances.

Background

Wokingham's Better Care Fund (BCF) Programme is jointly funded by the Wokingham Borough Council and NHS Berkshire West Clinical Commissioning Group, Wokingham Locality. This Programme began in January 2014 and has funding approved to 31st March 2020, with an aim of integrating adult health and social care services. Objectives are reviewed regularly to ensure they remain relevant and to set achievement criteria.

The Better Care Fund (BCF) was developed to pool resources and deliver the integration of adult health and social care services. We are delivering our BCF plan through 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 is to achieve this by:

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

Our vision is simple. 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

The BCF Programme has four key objectives which are seen as essential to delivering integrated health and social care services:

1. **Partnerships** with other health, social and voluntary sector providers working towards integration and collaboration
2. **Better Care** through targeting investment to improving services, which will be organised and delivered to provide the best, most effective support for all
3. **Better Health** by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management
4. **Better Value** by making the most cost effective use of our resources and the most efficient and consistent delivery, focusing on prevention and early intervention

The Programme has 4 local schemes and 6 Berkshire West wide schemes.

Local Schemes:

1. *Integrated Front Door - The Health and Social Care Hub*, managed by Berkshire Health Foundation Trust (BHFT), provides a single point of contact for all health and social care referrals. The staff offer advice and information to residents about how they might meet their needs in the community, providing small items of equipment, as well as carrying out assessments for rehabilitation and social care needs.
2. *Wokingham Integrated Social Care and Health (WISH) Team, including Step Down* WBC's and BHFT's health and social care teams have joined forces to create a more flexible urgent access service. The team provides 3 main functions:
 - Rapid Response - For when I need urgent help
 - Maximising Independence - For when I need to regain my independence

- Facilitated and Supported Discharge - For when I've been in hospital and need support to get home safely

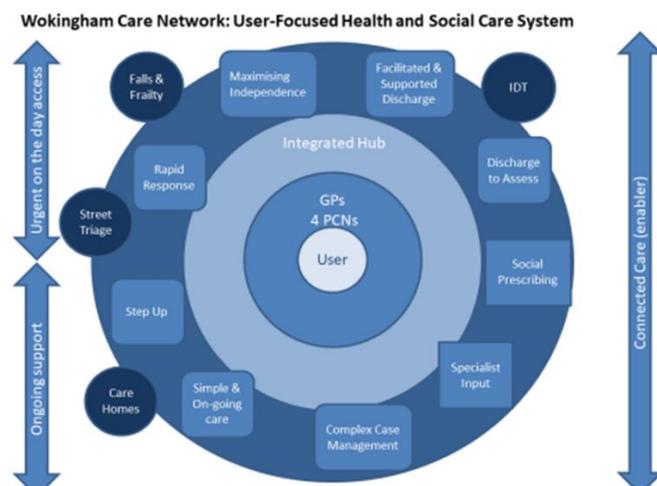
The aim of this integrated service is to reduce the number of people needing to be admitted to hospital or to residential or nursing care and avoid more people being delayed in hospital when they are fit to return home.

3. *Community Health and Social Care (CHASC) including Community Navigators* WBC's, Optalis and BHFT's health and social care teams along with Wokingham GP Alliance and Involve have joined forces to create an integrated service for those people with on-going and longer term needs. The team provides 4 main functions:
 - Simple & On-going care – To meet all my on-going care and support needs
 - Complex Case Management - For when I need care and support that is co-ordinated and planned
 - Specialist Input - For when I need care and support from an expert in a particular field
 - Social Prescribing - To support me to self-care and maximise my wellbeing

The aim of this service is to support the top 10% of health and social care users focussing on early interventions and prevention, working with GPs in defined neighbourhood/network areas in Wokingham. This year we have introduced revised community Multi-Disciplinary Team Meetings (MDTs) to support our more complex residents, who have one or more needs spanning more than one service that requires goal planning across those services.

4. *Step Up* - Since December 2017 we have provided 6 Step Up beds in Wokingham Community Hospital for our residents providing an alternative to acute hospital admission, in order to avoid the need for a hospital admission. Service delivery will ensure priority is given to optimising patients' health, well-being, function, and independence through a service that may include rehabilitation, nursing, medical or therapy support.

The aim of this service is to provide community based, in-patient facilities for Wokingham Borough residents experiencing an exacerbation of an existing condition or a decline in health. Admission is for short term, active rehabilitation to promote recovery and return to independence. The service will provide an alternative pathway to acute hospital admission, enabling the provision of care closer to home.



Berkshire West Wide Schemes:

1. *Care Homes (Community Support) Project - incorporating RRaT (Rapid Response and Treatment)* - Offers residents of care homes a co-ordinated, joined up health and social care service, reducing unnecessary admissions to hospital, improving the flow of patient from community to acute and back to community and avoiding unnecessary delays in discharges back to the care homes.

The RRaT Service is a medically led multidisciplinary service whose aim is to assist people to remain in their care home with the right support to meet their needs, and avoid hospital admission.

2. *Connected Care* - This is an integrated IT system, covering NHS and social care services across Berkshire. Currently information is supplied to the system by most GP surgeries, local authorities, acute hospitals and our community health provider. It will allow GPs, ambulance staff, hospital staff, community health workers and social care teams to share some of the key items of information needed to deliver improved care to patients and service users.
3. *Integrated Discharge Team (IDT) and Trusted Assessment* - This scheme has been business as usual since April 2018 when the IDT service was launched. Achieved by establishing a multi-disciplinary integrated discharge service including LA social workers, focused on 'Home First', co-located in RBFT which also continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health inpatient bed at the point that they no longer need clinical care and to prevent avoidable admissions.
4. *Street Triage – Mental Health* - The Berkshire West street triage service became operational 7 nights a week on the 3rd July 2017 and is delivered by Band 7 Advanced MH Practitioners working alongside an allocated officer between 17.30 and 03.00. They operate out of Reading or Newbury Police Station. The aim of the service is to reduce use of police custody and use of section 136 of the mental health act which allows the police to take the person to a place of safety from a public place. Enabling people to access the right support at times of potential crisis can also reduce avoidable hospital admissions and A&E attendances.
5. *Falls and Frailty* - To improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E attendances. The service has recently increased to a seven day service for a two-month trial period to evaluate the effectiveness and impact of the service. Non-conveyance rate is maintained between 75% and 80%.

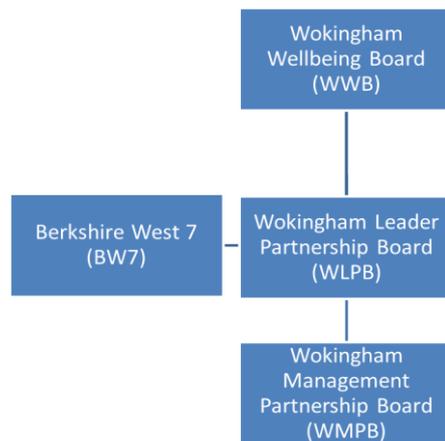
Brokerage service for self-funders at the RBFT (provided by CHS Healthcare) - It was identified in 2017/18 that people who have to self-fund care were frequently delayed in a hospital bed. A pilot ran in 2017/18 and a 3 year contract was then awarded to CHS in Sept 2018 to place 35 self-funders, who are on the Delayed Transfers of Care (DToc) list, a month with a SLA of a placement within a median of 5 days. To support people who are patients at the Royal Berkshire Hospital who are self-funding and require care services or care home placement find this in a timely manner to prevent delayed days in hospital.

Wokingham's BCF Programme 2018/19 Performance Summary

1. Governance

During 2017/18 we recognised that a change to the governance was needed in order to further support and build on our integration plan, as our partnership was led by the 2 commissioning organisations in Wokingham Borough with all other organisations being members of the partnership. Through consultation with our members and the Wokingham Wellbeing Board (WWB) we agreed to form The Wokingham Integrated Partnership and explored multiple governance options.

Following a final review by the CCG in December 2018 and being mindful of the developing Integrated Care System (ICS) and the NHS Long Term Plan it was proposed that a set of Guiding Principles would be preferable to an Memorandum of Understanding; this had final sign off at February 2019 Well Being Board.



The Partnership has 2 boards, the Wokingham Leader Partnership Board (WLPB) and the Wokingham Management Partnership Board (WMPB) which have operated in shadow format for much of 2018/19 whilst the mechanism for the partnership was agreed and signed off by the relevant organisations.

WLPB - a sub-partnership of the WWB; leads the development of and provides strategic direction to the Partnership. Responsible for the business and overall performance of BCF projects and Wokingham's Health and Social Care Integration programme. This Board is chaired by the Executive Member for Adult Social Care, Health and Well Being and Housing

WMPB - responsible for the day to day leadership, management and support of the activities of the Partnership. The focus 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.

The Wokingham Leader Partnership board has 5 partners:

- Berkshire West Clinical Commissioning Group (CCG)
- Wokingham Borough Council (WBC)
- Berkshire Healthcare NHS Foundation Trust (BHFT)
- The Royal Berkshire NHS Foundation Trust (RBFT)

- Wokingham GP Alliance

And it has 3 members:

- Optalis
- Healthwatch
- Involve

To support the development of our emerging governance Wokingham's Integration Position Statement (IPS) for adult health and social care was developed and agreed this year 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. 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?

It was signed off by the Wokingham Wellbeing Board in November 2018. The IPS is recognised by the Board as important and significant steps in the development of the new collaborative partnership for health and social care in Wokingham.

2. Integration Success Story Highlights

2.1 We have developed and published our first Integration Position Statement; our 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. Setting out as clearly as possible our vision and strategy which will shape integration going forward.

2.2 Keeping people at home safe and for longer as demonstrated by our 91 day target and reduction in permanent care home placements (see 4.2 and 4.3 for further detail).

2.3 For our Integrated Hub user satisfaction of the service is high with 100% of users reporting that all their questions are answered and that staff are polite and respectful and 89% of users report that they are satisfied with the ease of contact.

2.4 The Care Homes Project reported that at the end of Q3 of 2018/19 the project is reporting a 4% decrease in See, Treat & Convey (STC), a 7.5% decrease in Accident and Emergency (A&E) contacts and an 11% decrease in Non Elective Admissions (NEAs) from care homes in Berkshire West.

2.5 We have implemented a Care home live bed state portal which can be accessed by the relevant health and social care staff across Berkshire West.

2.6 Our Street Triage team reported the following success:

- In 2017/18 that it avoided 150 section 136's which resulted in a saving of £256,500 (the service costs - £222,000)

- A significant decrease in the number of individuals with mental health presentations being detained in Police Custody (cost of holding a person in custody overnight is £418).
- In 2018/19 Q1 and Q2 avoided 69 section 136's which resulted in a saving of £117,990.

2.7 For our residents that have been through the MDTs we have seen a reduction in emergency admissions of 30%, a reduction in attendances at A&E of 25% and a reduction in calls to our out of hour GP service of 27%. The article below is a patient story that we published in the Borough News and there is a video available on YouTube, Integration of health and social care in Wokingham, Berkshire, showing the full interview. <https://www.youtube.com/watch?v=9ZwFpgPQTG8&feature=youtu.be>

MDTs have also supported joint working, as well as an effective complex case management tool, developing health and social care partnership working on the ground.

Working as one for Guy

Guy has chronic diabetes and has had two brain aneurysms and two strokes.



"For the first two months of the year I was in and out of hospital every other week, or every two weeks, so I spent half my time in hospital."

Now he's under the care of an integrated health and social care team, Guy has not been admitted to hospital in six months.

"I have what is called a multi-disciplinary team for the different aspects of my needs. We meet every month and I explain to them what's needed and they sort things out."

GUY'S TEAM:

Social worker • Occupational therapist
 District nurse • Diabetic nurse
 Housing officer • GP
 Transform Housing & Support charity

Guy's kitchen is one of the things the team has sorted. "I'm not having ready meals anymore. I can cook what I like, within reason, and I think one of the biggest reasons I haven't been back into hospital is because I can provide for myself."

He says integrated teams give him a better outcome and a better lease of life. "It's like a proper networking system and is a lot faster and a lot more informative. It's one of the best ideas."

Guy's multi-disciplinary/integrated health and social care team in the Wokingham Borough is thanks to the Better Care Fund (BCF).

Launched in 2014, the BCF brings together us, the NHS, and community organisations to create joined-up health and care services directly in people's homes. By doing this, people can manage their own health and wellbeing to live independently for as long as possible.

WOKINGHAM'S ADULT INTEGRATED TEAM:

Wokingham Borough Council • Berkshire Healthcare NHS Foundation Trust • Berkshire West CCG
 Wokingham GP Alliance • Involve charity • Royal Berkshire NHS Foundation Trust • Optalis

This new approach means people only need to tell their story once because their information is shared among all the professionals involved. It also gives people more power to shape their own care to what they need. This helps them stay at home, which in turn shifts traditional hospital care into the community where it has the most effect.

» More information:
 rhian.warner@wokingham.gov.uk

2.8 Our year-end forecast underspend reported in Q2 was redistributed in Q3 to fund 3 short term schemes (4 month duration to 31.03.19) – Paramedic Home Visiting Service, Therapy Demand for Reablement and Demand Management in ASC to support NEAs and DToC performance through the winter period. We reviewed the performance of these schemes in Q4, which all achieved their planned outcomes. These schemes will not be continuing into 2019/20.

2.9 Community Navigators Service – CNS (Social Prescribing) - In 2018/19 the service received 242 referrals with 87% of users reporting that they felt more self-reliant, shown in the chart below.



CNS User Quotes

<p>21 year old man with cerebral palsy and mobility issues, looking for social opportunities/ activities. “My son has found help and we have a much better understanding of how to find help now.” Mother</p>	<p>A lady called on behalf of her father who needed support with transport and was becoming isolated. “Your info was very helpful, things have been set up for my father now. Will definitely contact you in future if we need further help.”</p>
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Patient told to contact us by his GP – after navigator appointment he phoned to say thank you to the Volunteer. He had contact from a local ‘home care for the elderly’ organisation who had been out to visit him. They are going to arrange for someone to visit him once a week and take him out.

2.10 Our step up service is now operating at planned capacity following a 9 month ramp up. In 2018/19 the service supported avoidance of NEAs (102 avoided) and A&E attendances (127 avoided).

3. Risks/Challenges during 2018/19

3.1 Top 3 Risks

1. *Non-delivery of emergency admissions target* - Further embedding and developing our established integrated care model fails to translate into the required reductions in

emergency admissions, impacting the overall funding available to support core services and future schemes. Financial risk impacts mainly to the Council and CCG, operational risk is borne by Providers.

Mitigations: We have a number of controls in place including regular reporting and monitoring in which we have been able to identify the age bands with the highest percentage activity growth. Moving to a population health management approach to provide more targeted interventions, during Q4 of 2018/19 Berkshire West ICS has led on this as it was selected as one of 4 systems in England to be offered support from Optum to develop a population health management approach.

2. *Recruitment and retention of workforce* - All organisations in Wokingham and Berkshire West are experiencing this issue which impacts service delivery and patient experience and outcomes.

Mitigations: Berkshire West ICS have a workforce work stream where they are exploring options which Wokingham are linked in with. Joint commissioning is also being explored across Berkshire West, with one area to be explored is the sustainability of the care market.

4. *Culture change* - Culture, physical and structural change within and between organisations is a critical to the success of integrating systems, organisations and services. Culture change is always challenging and can take long periods of time to embed.

Mitigations – Development of the Adult Health and Social Care Integrated Position Statement. Monthly Partnership Newsletters. A specific work stream for 19/20 to develop culture change opportunities.

3.2 Top 3 Challenges

1. Performance across the Berkshire West system was not the same, with Wokingham achieving the greatest success overall. As the Berkshire West system is moving towards an Integrated Care System (previously Accountable Care System) model it was felt it would be beneficial to have all 3 unitary areas performing at a similar level.

Mitigations:

- Sharing of best practice and support for other areas in Berkshire West in place. Monthly meetings between the Integration leads for Reading, West Berkshire, Wokingham and Berkshire West 7 Programme Office were held throughout the year.
- In particular, analysis of positive progress within WBC to identify ideas for improving DToC performance was a key factor.

2. Wokingham's iBCF (Improved Better Care Fund) for 18/19 was £112,780. Wokingham was one of the very few out of 150 LAs to receive only 10% of the iBCF money due of the Relative Needs Formula allocation methodology. Due to the small amount of funding Wokingham was unable to develop any new schemes or services.

Mitigation:

- The iBCF did not affect decisions on the budget and there were no new metrics introduced to isolate and measure the iBCF improvements

3. Services underperforming due to lack of utilisation. At present, elements of services (MDTs, CNS, Step Up and Step Down) are not receiving sufficient referrals. *Mitigation:*

- Escalation process for MDTs
- Regular comms and meetings e.g. GP Council Meeting and sharing of performance
- Access to the IPA Risk Stratification tool to pro-actively select users

4. Performance Metrics

The BCF performance is measured and reports against 4 National Metrics.

4.1 Non-Elective Admissions (NEAs)

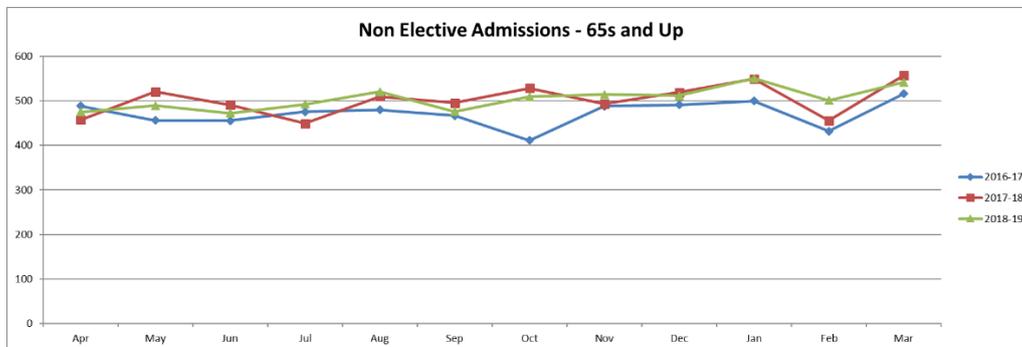
NEAs for 2018/19 were 14,789 compared to a Plan figure of 12,848 (15.1% higher) and for the same period in the prior year of 13,630 (8.5% higher). NEAs for 2017/18 were 13,630 versus plan of 12,612, (8.1% above plan).

Non - Elective Admissions (General and Acute)										
		Baseline					Pay for performance period			
		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	Plan	3,230	3,036	3,113	3,231	3,232	3,093	3,170	3,291	3,294
	Actual	3,230	3,324	3,367	3,512	3,427	3,564	3,555	3,799	3,871
Quarterly Variance		-	288	254	281	195	471	385	508	577
Quarterly Variance %		0.0%	9.5%	8.2%	8.7%	6.0%	15.2%	12.1%	15.4%	17.5%
RAG Rating		Green	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red

When looking at NEAs by Age Band we continue to show a static performance for the >65 Age Bands over the past two years:

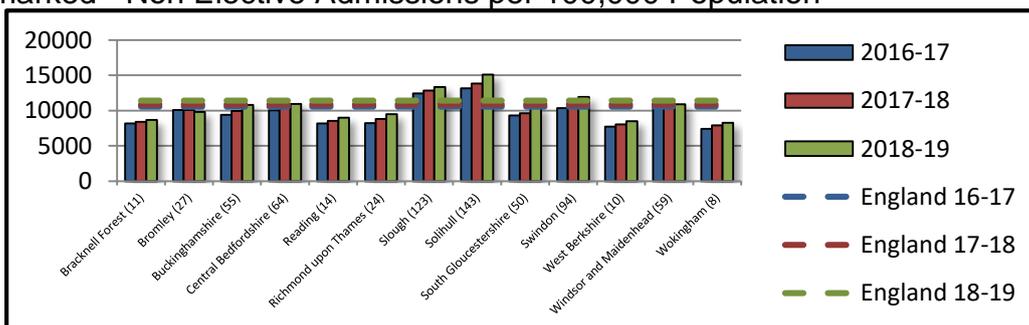
- 2016/17 5,660
- 2017/18 6,026
- 2018/19 6,054

With the population of this age band growing by 3% year on year.



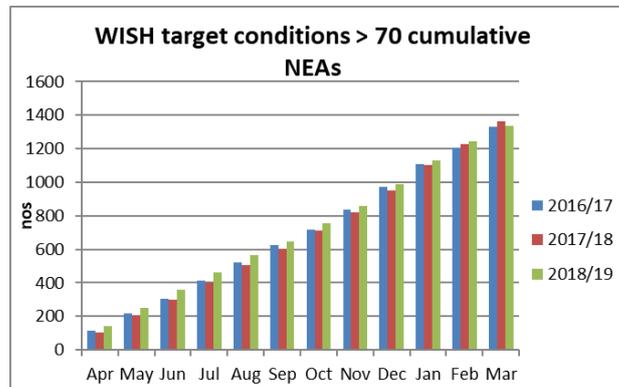
We have compared our performance nationally and Wokingham is the 8th best performer in England for non-elective admissions, a slight reduction in our performance compared with 17/18 when Wokingham's NEA rate is ranked 3rd best (out of 207 CCGs) for performance, the best performance of the 4 Berkshire West CCG localities.

Benchmarked - Non Elective Admissions per 100,000 Population



Source: National CCG Monthly Hospital Activity Return (MAR) data is used for this comparator as National Secondary Uses Services (SUS) data is not available. Local authorities based on Commissioning for Value packs as 10 most comparable areas and local Berkshire Unitary Authorities. Current rank in brackets (1 lowest, 150 highest)

WISH team NEAs for the Target Conditions and > 70 years of age were 1,336 for 2018/19. This compares to 1,365 in 2017/18 and 1,329 for 2016/17. This demonstrates that overall figures for the target group have remained static over the past three years.

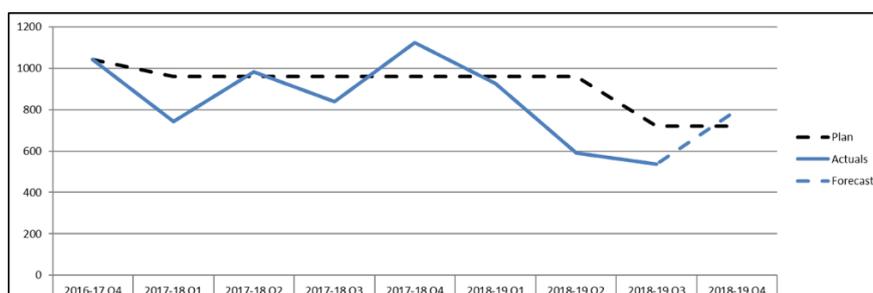


The priority focus of schemes in the BCF was the Frail Elderly and the +70 age group. The investment in BCF schemes and in particular the WISH, CHASC and the Rapid Response and Treatment scheme in Care Homes, has been successful in keeping the level of NEAs for this target group largely static over the last three years.

4.2 Delayed Transfers of Care (DToC)

DToC days for 2018/19 were 3,001 days v Plan of 3,360 (10.7% better than plan). This compares to 3,689 days for the same period in the prior year (18.6% reduction year-on-year). Overall for the year we have met the target in 3 of the 4 quarters, Q4 was above plan figure, although a similar peak was seen in Q4 of all prior years. This might have looked differently had the plan been phased to recognise the higher number of days during the winter quarter, but this request was not agreed by NHS England.

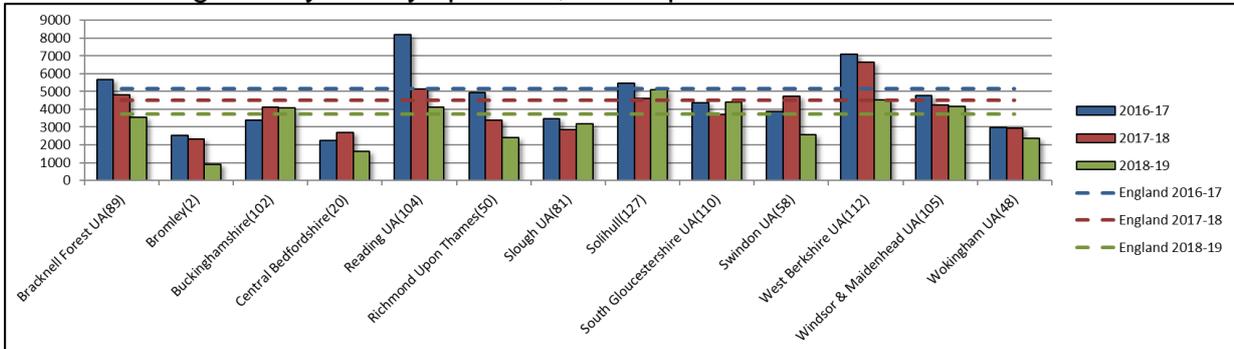
Delayed Transfers of Care		BCF SUPPORTING METRIC (NATIONAL)								
		2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4
Delayed transfers of care	Plan	1,041	960	960	960	960	960	960	720	720
	Actuals	1,041	744	984	838	1,123	927	591	537	946
Quarterly Variance		-	-216	24	-122	163	-33	-369	-183	226
Quarterly Variance %		0%	-23%	3%	-13%	17%	-3%	-38%	-25%	31%
RAG Rating		Green	Green	Green	Green	Red	Green	Green	Green	Red



It must also be noted that we have made a significant improvement in delayed days for social care, which has reduced from 765 days (Nov–March 2017/18) to 320 days (Nov–March 2018/19), a 58% reduction on the previous year.

We have compared our performance nationally and Wokingham is now ranked 48th, improved from 54th in 2017/18.

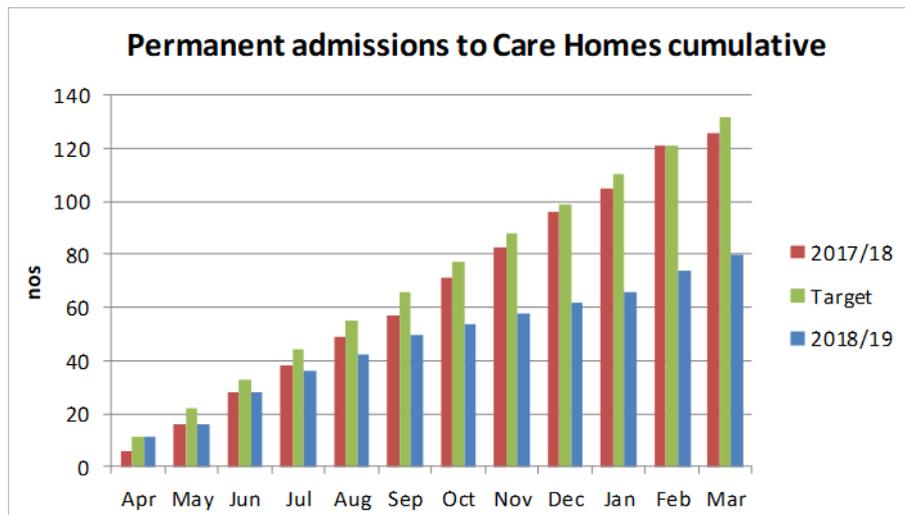
Benchmarking - Delayed Days per 100,000 Population



Local authorities based on Commissioning for Value packs as 10 most comparable areas and local Berkshire Unitary Authorities. Current rank in brackets (1 lowest, 150 highest)

4.2 Permanent Admissions to Care Homes

Permanent Admissions to Care Homes for 2018/19 were 80 against a target of 132 and 126 for 2017/18.



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.

4.3 91 day target

This relates to the number of people who have been discharged from hospital into rehabilitation/reablement services that are still at home 91 days after discharge. We achieved an average 87% for 2018/19 against a target of 85%.

4.4 Local Metrics

We do collect further metrics to understand our performance.

5. Finances (including initial benefits realisation)

5.1 BCF Budget 2017/18

The Wokingham BCF budget for 2018/19 was £10,011,100 and for the 12 months ended 31st March 2019, there was a net underspend against budget of £32.0k. Any net underspend on the BCF will be returned to the Section 75 Partners pro-rata to their original contributions, (Berkshire West CCG 80%; WBC 20%). The CCG has requested a credit note to be issued in April. The WBC share of the underspend will be carried forward into 2019/20 to contribute to funding the next year's BCF.

Year-to-date there were underspends on the following schemes:

- Berkshire Integrated Hub £8.8k
- WISH £90.7k
- Step Up £40.8k
- CHASC £48.1k
- Local Programme Office £11.7k
- BW PMO £6.9k
- Contingency £8.4k

The following schemes were overspent:

- Step Down Beds £12.9k;
- SCAS Falls & Frailty £4.7k
- CHS £27.3k
- Connected Care £7.0k

5.2. Risk share

The Wokingham BCF budget for 2018/19 included an amount of £477.3k in respect of risk share. Release of this money was contingent on the achievement of the NEA targets contained in the BCF Plan for 2018/19. The risk share was split up across the following BCF schemes: WISH; Step Up; CHASC and Care Homes/Rapid Response and Treatment. Each of these schemes individually contributed to reductions in NEAs; however the overall target for the year was not achieved (as shown in 4.1 above). Since the NEA target was not met, the Risk Share has been retained by the CCG to cover the increased cost of the above plan NEAs.

5.3 DFG (Disabled Facilities Grant)

Is part of the BCF and budget was £878.5k in 2018/19. They had a good year and delivered on their plan; eliminated historic scheme backlog and had very good user feedback

5.4 Enhanced TEC (Technology Enabled Care)

Historically Wokingham has not made enough use of Assistive Technology, despite being in the UK's 'Silicon Valley' and with a highly IT literate population. During Q3 we started a pilot project to make greater use of TEC and are now moving to full implementation. Potentially significant savings in the future as well as making better use of available technology.

5.5 Benefits realisation

During 2018/19 we have worked hard to be able to demonstrate the financial benefits of the Wokingham BCF schemes. We went back to the original business cases and are now in a position to demonstrate the planned and actual savings during the last year. Benefits were derived from reductions in residential care/nursing care, DToC and NEAs.

The table below shows the overall performance for 2018/19. We planned to save £2,513,448 and we actually saved £2,466,209, 98% of the planned target.

The main reasons we have performed well are:

- Permanent Admissions to Care Homes - assuming each reduction avoids a permanent admission to a Care Home by at least 12 months and an annual cost of £40,720 per placement, the savings for 2018/19 are £2,117,440, which exceeds the Planned Year Savings in the 5 Year Business Case
- Step Up NEAs and A&E attendances – combined savings from NEAs and A& E attendances for 2018/19 are £131,135

We recognise that whilst we didn't achieve the planned benefits for MDT NEAs and A&E attendances - reductions averaging 8 NEAs a month vs. a target of 28, but the MDT referrals are not at capacity and as an average have been 40% lower than planned. The same applies to A&E attendance reduction.

Metric/KPI	Month Activity Plan	Month Activity Actual	Month Savings	Full Year Activity Plan	YTD Total Activity	YTD Actual Savings	YTD Out-turn Savings	Planned Year Savings
WISH Reduction in NEAs over 70s with 13 specific conditions	114	93	£23,117	1,365	1,336	£31,923	£31,923	£412,809
WISH Reduction in DToCs	240	306	n/a	3,280	3,111	£59,150	£59,150	£129,180
WISH Reduction in care packages	-	-	-	-	-	-	-	£145,229
WISH Reduction in care home admissions	11	6	£203,600	132	80	£2,117,440	£2,117,440	£1,232,784
91 Day Reablement	78%	86%	N/A	78%	87%	N/A	N/A	N/A
MDT NEA reduction	28	4	£4,295	331	96	£103,101	£103,101	£355,484
MDT A&E reduction	42	2	£340	499	138	£23,460	£23,460	£84,830
Step Up NEA reduction	10	20	£21,479	119	102	£109,545	£109,545	£127,802
Step Up A&E reduction	13	25	£4,250	149	127	£21,590	£21,590	£25,330
TOTAL BENEFITS			£257,081			£2,466,209	£2,466,209	£2,513,448

NEA (for WISH) = £1,100.82 DToC (for WISH) = £350/bed/night

Permanent Admission to Care Home = £40,720 p.a. NEA (for MDTs and Step Up) = £1073.97

A&E attendances (for MDTs and Step Up) = £170

At present, WISH CHASC and Step Up, are ahead of its planned net benefit position and is on track to meet or exceed the planned 5 year savings target.

5.4 Review of Schemes

Each year we carry out a review of our schemes to assure and ensure that they are delivering against plan. We completed our yearly BCF Review of Schemes in November 2018, all Wokingham BCF schemes were reviewed in detail by stakeholders to inform decisions as to how the schemes may progress in the next financial year – continue as is, with changes or for the schemes to cease. In order to do this in an objective manner we have created a template and scoring system, which can be seen on the next page.

The partners and members of both WLPB and WMPB, all partners agreed the following:

1. Step Down – service to cease in current format as not delivering on any of its outcomes and has been in place for 2 years. The scheme used 3 beds in an extra care facility (Alexandra Place), with a focus on supporting Delayed Transfers of Care (DToC) from acute hospital beds. It has been agreed that the funding from the Step Down scheme would be utilised to support DToC in 2019/20 and onwards.
2. Step Up – It was acknowledged that this service has been a slow burn and that November was the first month referral capacity had been reached. If the activity is maintained the scheme does not require further review. Step Up has maintained its activity and all other KPIs.
3. All our schemes have been implemented as planned with schemes becoming business as usual within our current model, this has put us in a strong position to further develop our schemes into a single network model.

2018/19 BCF Review of Schemes Scores

Scheme	Maturity	Risks/ Dependencies		Performance				Finance			Total	%age
		What is the risk that this scheme doesn't deliver its benefits?	Is the scheme delivering against its activity plan?	Is the scheme delivering against its KPIs?	Is the scheme demonstrating its ability to support people effectively and improves user satisfaction?	Does it meet Wokingham's integration goals/targets?	Has it delivered on its planned outcomes?	Does the scheme meet the goals of the ICS and the priorities of the Wokingham HWB?	Is the scheme achieving its planned costs/ expenditure?	Is the scheme achieving its planned benefits?		
Hub	BAU	80	60	N/A	60	70	70	70	70	70	550	69%
WISH	BAU	80	80	70	60	70	80	70	80	80	670	74%
Step Down	BAU	30	20	10	40	40	10	70	70	10	300	33%
CHASC	Implement	50	40	40	70	70	70	80	70	40	530	59%
Step Up	Implement	40	20	30	40	40	30	70	70	10	350	39%
CNS	BAU	80	60	70	80	70	70	80	70	70	650	72%

6. Forward Plans for 2019/20

In order to further develop our Integration Programme for Wokingham and to ensure alignment with the emerging Berkshire West ICP, the Wokingham Well-being Board Key Priorities and the NHS Long Term Plan we held an Annual Planning Day Workshop on the 4th April. The outcomes from this day will be to identify and agree our key priorities and next steps for 2019/20.

In summary

- National Performance Metrics – We exceeded performance in DToCs, Admissions to Care Homes and 91 day reablement performance, we continue to have further work to improve NEA performance
- Financial Performance – Overall we came in on budget but more importantly we are able to demonstrate for our schemes that the planned benefits are being delivered.

Partner Implications
The Better Care Fund Programme is a partnership between health and social care and all partners and members are noted in the governance section of this paper. This paper is for information so there is no partner implications.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Nil

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2019-2020

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
15 July 2019	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
4 September 2019	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
20 November 2019	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

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Agenda Item 11.

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
20 January 2020	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
4 March 2020	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

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Currently unscheduled topics:

- Draft Quality Accounts (April 2020)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust
- Update on work of Clinical Commissioning Group
- Discharge of patients from hospital and Better Care Fund