



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 8 AUGUST 2019 AT 5.00 PM**

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

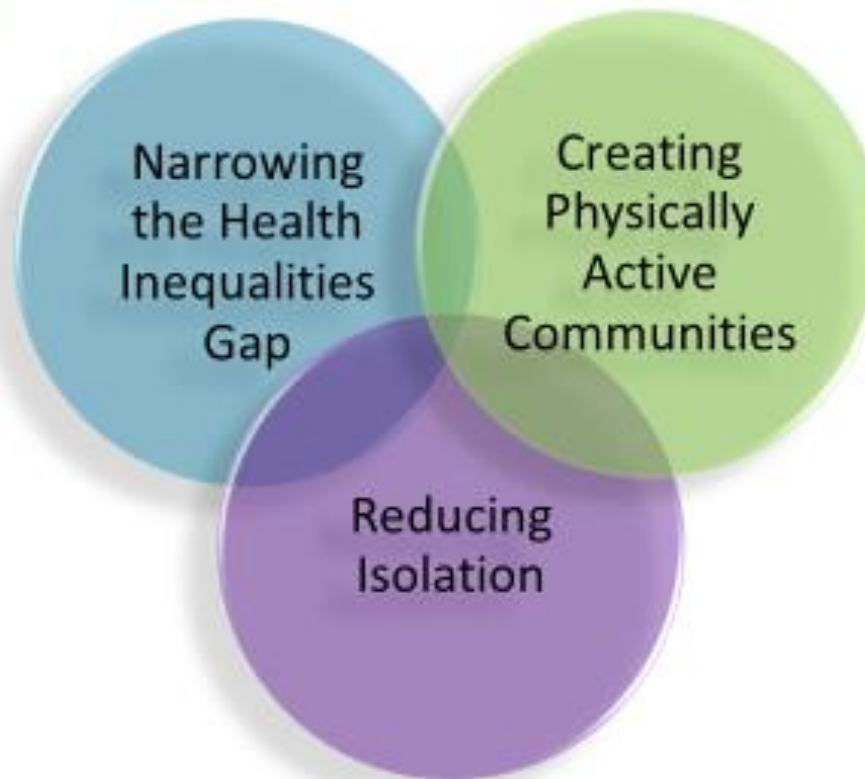
Susan Parsonage
Chief Executive
Published on 31 July 2019

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Creating Healthy & Resilient Communities

Key Priorities



WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director of Childrens Services
Nick Campbell-White	Healthwatch
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntry Sector and Community Partnership / Voluntary Sector
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Sarah Hollamby	Director of Locality and Customer Services
Matt Pope	Director of Adult Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Nikki Luffingham	NHS England
Charles Margetts	Wokingham Borough Council
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG
Felicity Parker	Community Safety Partnership and Thames Valley Police

ITEM NO.	WARD	SUBJECT	PAGE NO.
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17.		APOLOGIES To receive any apologies for absence	
18.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 13 June 2019.	7 - 14
19.		DECLARATION OF INTEREST To receive any declarations of interest	
20.		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	

21.		MEMBER QUESTION TIME To answer any Member questions	
22.	None Specific	BETTER CARE FUND PLANNING SUBMISSION 2019/20 To receive a report regarding the Better Care Fund Planning Submission 2019/20. <i>(10 mins)</i>	15 - 16
23.	None Specific	STRATEGY INTO ACTION To consider a report regarding the Strategy into Action <i>(20 mins)</i>	17 - 38
24.	None Specific	LOCALITIES PLUS: DESIGNING OUR NEIGHBOURHOODS To receive a report on Localities Plus: Designing Our Neighbourhoods. <i>(15 mins)</i>	39 - 40
25.	None Specific	WOKINGHAM LEADER PARTNERSHIP BOARD: TERMS OF REFERENCE To consider the Wokingham Leader Partnership Board: Terms of Reference <i>(10 mins)</i>	41 - 50
26.	None Specific	INTEGRATED CARE PARTNERSHIP UPDATE To receive an update on the Integrated Care Partnership <i>(30 mins)</i>	51 - 82
27.	None Specific	UPDATES FROM BOARD MEMBERS To receive updates on the work of the following Board members: <ul style="list-style-type: none"> • Healthwatch Wokingham Borough; • Voluntary Sector/Place and Community Partnership; • Community Safety Partnership. <i>(30 mins)</i>	83 - 92
28.	None Specific	FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year. <i>(5 mins)</i>	93 - 96

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
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 13 JUNE 2019 FROM 5.00 PM TO 6.50 PM**

Present

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CCG
Nick Campbell-White	Healthwatch
Philip Cook	Voluntry Sector and Community Partnership / Voluntary Sector
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Sarah Hollamby	Director of Locality and Customer Services
Matt Pope	Director of Adult Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Carol-Anne Bidwell	Public Health
Sherrie Newell	Board Manager, Local Safeguarding Children's Board
Susan Parsonage	Chief Executive

1. ELECTION OF CHAIRMAN 2019-2020

RESOLVED: That Councillor Charles Margetts be elected Chairman for the 2019-2020 municipal year.

2. APPOINTMENT OF VICE CHAIRMAN 2019-2020

RESOLVED: That Dr Debbie Milligan be appointed Vice Chairman for the 2019-2020 municipal year.

3. APOLOGIES

Apologies for absence were submitted from Carol Cammiss, Councillor UllaKarin Clark, Superintendent Felicity Parker and Charlotte Seymour.

4. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 11 April 2019 were confirmed as a correct record and signed by the Chairman.

5. DECLARATION OF INTEREST

Councillor David Hare submitted a Personal Interest in Item 9 Berkshire West Integrated Care System Operating Plan 2019/20 on the grounds that his fiancée was a GP.

6. PUBLIC QUESTION TIME

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

6.1 Anne -Marie Gawen asked the Chairman of the Wokingham Borough Wellbeing Board the following question. Due to her inability to attend a written answer was provided:

Wellbeing in Wokingham Action Group (WIWAG) would like to ask the Board about the progress of plans for a mental health Recovery College for Wokingham Borough. We have asked about a Recovery College before and the answers were about ongoing plans and preparations - this is some time ago. We hope that these plans are close to fruition?

Answer

We have a new Director of Adult Social Care, who sees this as one of his priorities to deliver.

The Recovery College business case is progressing and it will be presented to the Corporate Leadership Team for consideration, as soon as possible, but by no later than the end of July. Once agreed, the Recovery College implementation will formally begin.

Preparations have already begun, we would hope to have some courses up and running by the end of the year, but sooner if this can be managed.

7. MEMBER QUESTION TIME

There were no Member questions.

8. BERKSHIRE WEST GOVERNANCE

Graham Ebers, Deputy Chief Executive, presented a report regarding the governance of the Berkshire West system. The report set out the arrangements for the proposed creation of a Berkshire West Integrated Care Partnership across Berkshire West. Table 3 and Appendices 5a-5c were circulated at the meeting.

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

- The report would be presented to all of the Berkshire West Wellbeing Boards.
- It had been agreed previously that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined.
- In response to a question from Councillor Halsall regarding the role of the Integrated Care Partnership, Dr Winfield commented that it presented an opportunity to bring together the work of the different Wellbeing Boards. Two systems which had been running in parallel would be brought together under a senior leadership team, ensuring strengthened governance. A greater role was envisaged for elected Members. Graham Ebers indicated that the Chairman of the Wokingham Borough Wellbeing Board would be a member of the Berkshire West Integrated Partnership Leadership Board.
- The Partnership would help deliver the work programme
- Councillor Margetts asked when an assessment of whether the change had been successful would be carried out. Dr Winfield commented that a review would be built in to the process. A launch event would be held in July followed by developmental sessions for the Leadership Group.
- Graham Ebers commented that the Wellbeing Board would be able to monitor performance.

- Tessa Lindfield stated that the production of a Health and Wellbeing Strategy was one of the key functions of the Wellbeing Board and that the Clinical Commissioning Group and the local authority had a duty to have regards to that strategy. She welcomed the opportunity for greater inclusion and input from the Wellbeing Board Chairmen.
- Katie Summers stated that the Wellbeing Board had a number of key constitutional factors that it had to deliver on including integrated care. Wokingham Borough had progressed well with regards to integrated care but shared a large community trust with others and could not work in isolation.
- Councillor Hare commented that he felt that the proposed governance arrangements were necessary.

RESOLVED: That

- 1) That the strategic objectives outlined in the main report (Table 3) be approved as the basis of the BWICSs work programme in 2019/20 noting that these are likely to change as a new strategy is developed;
- 2) The taxonomy summarised in Fig 1 be used to frame the governance arrangements for the BWICP;
- 3) That the governance structure as set out in Fig 2 be adopted for the new BW ICP.
- 4) That the terms of reference for the BWICP Leadership Board, BW10 Executive and BW10 Delivery Group as set out in Appendices 5a-c of the main report be agreed.
- 5) That the principles for resourcing the ICP be agreed.

9. BERKSHIRE WEST INTEGRATED CARE SYSTEM OPERATING PLAN: 2019/20

The Board considered the Berkshire West Integrated Care System Operating Plan 2019/20.

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

- Katie Summers informed the Board that the Integrated Care System funding gap was calculated to be £45.2m for 2019/20.
- The Plan had been created earlier in the year and some of the health infrastructure referred to such as Primary Care Networks were starting to be built up. Dr Milligan highlighted the four Primary Care Network areas locally.
- Each strategic priority had a project plan with agreed timelines, which was monitored monthly.
- In response to a question from Board members Dr Winfield indicated that the Chairmen of the Wellbeing Boards would be kept informed through the joint delivery group. There would be an improved line of sight through increased involvement of the Chief Executives and Members.
- Katie Summers reminded Board members that regular updates were provided on the Better Care Fund schemes.
- Councillor Halsall questioned what the high level board would address. Dr Winfield stated that the issue of developing primary care networks was about resilience. There was a need for different organisations to be mutually supportive and to work towards integration.
- Councillor Halsall asked how frequently the Integration Board met and was informed that it met monthly and that he would be invited to attend.

RESOLVED: That the Berkshire West Integrated Care System Operating Plan: 2019/20 be noted.

10. STRATEGY INTO ACTION

The Board considered the Strategy into Action.

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

- The Strategy into Action was a standing item.
- The Board had created a revised and more meaningful Joint Health and Wellbeing Strategy 2018-21. The three key priorities were; creating physically active communities; reducing social isolation and loneliness; and narrowing the health inequalities gap. There were themes under each of the priorities.
- Councillor Margetts asked how progress made against the priorities would be measured and was informed that this would be done via the Strategy into Action.
- In May the Board had held a World Café style workshop to consider the priorities and how they could be addressed. Discussions at the workshop would be captured and turned into actions.
- At the end of April, an email was distributed to Council departments, partners of the Wellbeing Board and commissioned services, which included information on who the Wellbeing Board was and what its strategy and key priorities were. A short survey which was to gather a broader picture on what was currently happening within the Borough, to understand perspectives on current provision to identify gaps, and to provide a platform for feedback on the Wellbeing strategy, had also been provided. A 10% response rate had been received so far.
- Katie Summers stated that at the last Leaders Integration Board participants had, had a discussion regarding the Board's key priorities and also wanted to hold these priorities. She went on to state that one method of potentially identifying loneliness would be to look at the number of assisted bin collections and those who were in receipt of single person council tax discount.
- Councillor Hare commented that it was often the very lonely who were hard to reach. Frequently it was younger people who were lonely.
- Susan Parsonage stated that it was important that the Board knew its local population.
- Philip Cook emphasised that it was not simply a matter of creating more activities and groups. It was important to explore partnership opportunities as early as possible.
- Katie Summers commented that population health management was a new way of working.
- Councillor Margetts asked how the Wellbeing Board could progress the strategy into action. Katie Summers commented that the Board should instruct the Board on what it wanted to achieve with regards to reducing social isolation.
- Tessa Lindfield reminded Board members that the Joint Strategic Needs Assessment was an existing source of population data.
- Board members agreed that the action plan would be populated with data already received and would be considered at the Board's next meeting.

RESOLVED: That the update and progress to date for the Wellbeing Strategy be acknowledged and the implementation of Strategy into Action be supported.

11. BETTER CARE FUND (BCF) PROGRAMME 2018/19

Katie Summers took the Board through a report regarding the Better Care Fund Performance for 2018/19.

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

- The Better Care Fund (BCF) had been developed to pool resources and deliver the integration of adult health and social care services, and had come into effect in 2014.
- Katie Summers highlighted the four local schemes; Integrated Front Door - The Health and Social Care Hub; Wokingham Integrated Social Care and Health (WISH) Team, including Step Down; Community Health and Social Care (CHASC) including Community Navigators and; Step Up.
- The Better Care Fund also funded six Berkshire West wide schemes; Care Homes (Community Support) Project - incorporating RRaT (Rapid Response and Treatment; Connected Care; Integrated Discharge Team (IDT) and Trusted Assessment; Street Triage – Mental Health; and Falls and Frailty.
- Board members were pleased to note that the number of non-elected admissions in over 65's had reduced.
- Matt Pope emphasised that the Better Care Fund scheme was working well in Wokingham.

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

12. BERKSHIRE WEST NEW SAFEGUARDING ARRANGEMENTS

Sherrie Newell, Board Manager, Local Safeguarding Children's Board (LSCB), updated the Board on Berkshire West's new safeguarding arrangements.

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

- Wokingham, Reading and West Berkshire LSCBs had merged into one Board in July 2018. The three LSCB's had worked together as an early adopter of the new arrangements and had published the Berkshire West Safeguarding Children Partnership arrangements in March 2019.
- Although schools were no longer statutory partners a S151 group and a Schools group had been established in each local authority area.
- Councillor Halsall asked what the driver had been for working in partnership. Sherrie Newell commented that each local authority had considerable safeguarding duties and individually were quite small.
- There was pan Berkshire learning and policies which helped to ensure a consistent approach.
- The LSCB was working with the Community Safety Partnership. Councillor Hare commented that it was important also to remember vulnerable adults.
- Sherrie Newell commented that there would be an increased focus around scrutiny and partners holding each other to account.

RESOLVED: That the safeguarding agenda in Wokingham be promoted.

13. WOKINGHAM INTEGRATED PARTNERSHIP: ANNUAL PLANNING EVENT – THEMES FROM THE DAY

Katie Summers highlighted the themes that had come out of the Wokingham Integrated Partnership event which had been held in April.

RESOLVED: That the Wokingham Integrated Partnership: Annual Planning Event – Themes from the day be noted.

14. UPDATES FROM BOARD MEMBERS

The Board received an update on the work of Healthwatch Wokingham Borough and the Place and Community Partnership/ Voluntary Sector.

Healthwatch Wokingham Borough:

- Nick Campbell-White indicated that Nicola Strudley had left and that Healthwatch Wokingham Borough were recruiting for a replacement.
- The volunteers continued to be active.
- Healthwatch Wokingham Borough would soon be producing its annual report which would be circulated to the Board.

Place and Community Partnership/ Voluntary Sector:

- Philip Cook advised that the Place and Community Partnership had been dormant for some time but would be meeting on 28 June to consider and reassess its purpose, role, how it could add value and what it contribute to and lead on.

RESOLVED: That the updates from Board members be noted.

15. FORWARD PROGRAMME

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

A member of the public asked a question about wait times for collecting prescriptions at the chemists in Woodley even after having first phoned ahead. She commented that waiting could be difficult for dialysis patients and asked whether consideration would be given to an additional chemist within Woodley. It was agreed that a written answer would be provided.

RESOLVED: That the forward programme be noted.

16. DEVELOPING A BERKSHIRE WEST SHARED JOINT HEALTH & WELLBEING STRATEGY

Tessa Lindfield, Strategic Director Public Health, presented a paper on developing a Berkshire West shared Joint Health and Wellbeing Strategy. A revised report was circulated at the meeting.

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

- In April 2019 the Wellbeing Board Chairs from West Berkshire, Reading and Wokingham had agreed to propose development of a Shared Joint Health & Wellbeing Strategy across the three Local Authorities.
- The three local authorities shared one CCG and together formed the geography for the Berkshire West Integrated Care Partnership, part of the Berkshire West, Oxfordshire and Buckinghamshire Integrated Care System. They also shared a number of delivery services including Berkshire Healthcare Foundation Trust and Royal Berkshire NHS Foundation Trust.
- Each Wellbeing Board was responsible for its own residents, however there were some populations in common with people attending schools and working across boundaries.
- Whilst the Boards shared some priorities local priorities would also be maintained.
- It was proposed that the development process begin shortly. It was intended that the Strategy would be published in September 2020.

- Graham Ebers commented that whilst there was some merit in a Berkshire West wide Strategy it was important that the local Wokingham Borough focus was not lost. Councillor Halsall also expressed concern that the focus on Borough issues was not lost. He commented that the populations and priorities between the areas differed.
- Possible resourcing of the project was discussed. Tessa Lindfield commented that there could possibly be a Policy Officer, the funding of which would be shared between the organisations. Alternatively, existing resources could be pooled. Dr Winfield stated that there was possibly some resource within the Better Care Fund which could be released for joint working.
- In response to a question from Philip Cook, Tessa Lindfield agreed that the voluntary sector should be involved in the Strategy Development Group.

RESOLVED: That

- 1) further information regarding the proposal be brought back to the Board's next meeting on 8 August for consideration.
- 2) the concept of a Shared Joint Health and Wellbeing Strategy be supported;
- 3) the principles, process and timeline for the strategy development be agreed;
- 4) it be agreed to identify dedicated capacity for strategy development;
- 5) it be agreed to set up a Strategy Development Group.

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Agenda Item 22.

TITLE	Better Care Fund Planning Submission 2019/20
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 8 August 2019
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality and Martin Sloan, Assistant Director of Adult Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	<ul style="list-style-type: none"> • Creating physically active communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap <p>Integrated health and social care services are essential building blocks to enable the 3 priorities of the Wellbeing Board.</p>
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	For information
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	N/A

RECOMMENDATION That the Board notes the Better Care Fund Planning Requirements for 2019/20 and that the agreed delegation to the Chair of the Wokingham Wellbeing Board will be used to sign off Wokingham's Better Care Fund Plan for 2019/20.
SUMMARY OF REPORT To provide a summary of delegation of the sign off of Wokingham's Better Care Fund Plan 2019/20.

Background

The Department for Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) published the Better Care Fund (BCF) Planning Requirements for 2019/20 on the 18th July 2019.

The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures Grant.

All Health and Wellbeing Boards in England must agree a plan for the use of the pooled fund, worth over £6.4 billion nationally, to support integrated health and care services, as well as capital funding adaptations to houses. The BCF Planning Requirements 2019/20 aim to reduce the burden of planning by using a single planning template, removing the requirement for a separate narrative and a separate plan for the Winter Pressures grant.

We are required to complete and submit the BCF planning template by the 27th September 2019, which outlines the information required to assure our local Better Care Fund Plans.

The next meetings of the Wokingham Borough Wellbeing Board are the 8th August and the 10th October 2019. Due to the date of publication our plan is not ready for approval for the 8th August and the next meeting of the Board will be after the submission date of 27th September.

We propose that we enact the agreed delegation to the Chair of the Wokingham Wellbeing Board to agree and sign off the BCF Plan on behalf of the Board and that the BCF Plan will come to the Wokingham Wellbeing Board on the 10th October for ratification.

Partner Implications

Nil

Reasons for considering the report in Part 2

N/A

List of Background Papers

Better Care Fund Planning Requirements for 2019 -20 Better Care Fund Planning Template 2019 -20

Contact Rhian Warner	Service Wokingham Integrated Partnership/Better Care Fund Programme
Telephone No 07989 346744	Email rhian.warner@wokingham.gov.uk

TITLE	Strategy into Action
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 8 August 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive and Charlotte Seymour, Project Support Officer

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

Reason for consideration by Wokingham Borough Wellbeing Board	Update the Wellbeing Board on the progress of the Wellbeing Agenda 'refresh' and implementation of the strategy through the action plan. To seek views and ideas with regards to potential actions for the delivery of the strategy.
What (if any) public engagement has been carried out?	An email containing information regarding the Wellbeing Board and its strategy has been distributed to WBC partners and commissioned services. This email also contained a short survey.
State the financial implications of the decision	None at present.

RECOMMENDATION

1. That the Board notes the update and progress to date for the Wellbeing Strategy and supports the implementation of Strategy into Action.
2. That the Board requires partners to be actively completing their relevant organisations' actions against the three key priorities in the action plan.
3. To agree a Wellbeing Board presence at the International Day for Older Persons event on 1st October.

SUMMARY OF REPORT

The purpose of this paper is to provide the Wellbeing Board with an update for the implementation of Strategy into Action and future actions to create and implement the action plan.

Background

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

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

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

Refresh and Update on the Action Plan

The Strategy into Action group convene once a month to discuss, govern and progress the strategy and accompanying action plan into tangible output that benefits the individuals within the Wokingham Borough. Currently the Strategy into Action group consists of representation from:

- WBC Adult's Services
- WBC Corporate Services
- Public Health
- CCG

With the overall vision and key priorities identified, the group is now developing the action plan which will be embedded into the board. Preparation work so far has included the distribution of a survey to all internal departments and external partners to gather information and map out current provision in Wokingham against the three key priorities. Feedback rates were low with only 10% of the distribution list responding; nevertheless the feedback was fruitful and is being followed up on and embedded into the action plan for the Wellbeing Board to support. As WBC departmental response was low, a follow-up request was sent to all departments for further elaboration on their current and future projects. The Strategy into Action group are in the process of identifying a number of WBC departmental actions that will be focused on in the short term; for example, WBC Sports and Leisure Aging Actively scheme. For those external partner actions that were identified in the survey, these are being explored in a longer term action plan for the Wellbeing Board to support.

Appendix 1 highlights the WBC actions.

It is important that business as usual activities are acknowledged but it is essential that we examine ways in which these activities can make a broader and bigger impact on the individuals in Wokingham. This is currently being explored as part of the action plan.

WBC's Public Health Team are currently in the process of developing an outcomes focused dashboard which links in with the Wellbeing Board's key priorities and will be used to hold partners to account and challenge individuals on their promised actions (*Appendix 2a*). This performance dashboard will be a working document which will be tailored to the needs of the Wellbeing Board.

Appendix 2b has been developed by the Public Health team and provides narrative and data behind each of the three key Wellbeing Board priorities.

A Journey of Better Understanding Data

Wokingham JSNA

The Wokingham Public Health team are currently consolidating an executive summary of the Joint Strategic Needs Assessment for Wokingham. The paper will provide an updated review of population health and needs in relation to the Wellbeing Board's priorities; tackling social isolation, improving physical activity and reducing health inequalities. The team are working to produce a draft by middle of August and will be cascaded for review by members thereafter.

Berkshire Data Observatory

The Berkshire shared analytics team (based in Bracknell Council) are developing a web-tool that provides real time data & analytics to support health-/Social Care-related strategy and commissioning. The web tool is being built in partnership with an external developer and the team are aiming to soft-launch the platform in late September for user feedback.

ACORN Web-Tool

Public Health data leads across Berkshire, along with their local performance management colleagues, are attending a workshop on a population segmentation tool called ACORN. This web-tool analyses multiple linked datasets and can provide insights at postcode level (which could enhance our understanding of the distribution on deprivation and other determinants of health). The workshop is an explorative exercise – allowing us to determine whether the tool can support evidence based commissioning.

Spotlight Action: Aging Actively

In the winter of 2018, Wokingham Borough Council Sports & Leisure recruited & trained Senior Peer Mentors with the view of supporting older residents in the borough. The Peer mentors have been trained to help signpost physical activity sessions led by the department. Activities include:

- SHINE over 60's Activity Programme
- Walking for Health
- Steady Steps Fall Prevention
- Sheltered Scheme activities
- Sporting Memories Reminiscing Project
- Long Term Health Conditions Gym
- GP Referral Programme

The Reducing Social Isolation project would like to connect with all of the teams in ASC; Duty, Health Liaison Team, Assessment Team, as well as the Therapy Team. In addition there are the NHS Intermediate Care Teams, Optalis Long Term Brokerage Support, Involve Community Navigators, and the CHASC – Community Health and ASC MDT teams. By keeping active as possible, we may find improved mental wellbeing and physical health as well as finding that our opportunities to socialise increases.

An article was published in the spring edition of the Borough News and the team are working on a promotional flyer to encourage those older people affected by loneliness to get in touch. There will also be a briefing for Community Navigators who are involved with local GP surgeries and library staff.

This pilot was launched at the beginning of July 2019 and the Strategy into Action group has identified this project as one of its actions to support and monitor the impact that it has on loneliness and isolation in the borough through physical activity. It is anticipated that this project will be extremely beneficial and wide-reaching to those who would like and who need support.

International Day for Older Person's

1st October marks the International Day for Older Person's and the WBC Sports and Leisure department are organising an event to be held at Loddon Valley Leisure Centre from 10 until 3pm.

This event will consist of:

- Market Place – companies such as Age UK, the Fire Service, Talking Therapies, Optalis, Adult Social Care and many more will be asked to be involved
- Physical activity programmes will be available throughout the event
- Health checks and blood pressure monitoring
- Arts and Culture
- Promoting work on social isolation
- Free taster sessions for reflexology, nail care, nutrition, health and beauty etc.

The main aim of the day is to promote the social isolation projects and focus on dementia. The department are looking into supplying transport from all of the WBC sheltered schemes so that members of the public will be able to have free transport from these schemes.

This event would be a fantastic opportunity for the Wellbeing Board to inform and engage with the public; to communicate our vision, strategy and key priorities and to speak with the older individuals of the Wokingham Borough to get their thoughts, concerns and feedback on what they would like in terms of social isolation and loneliness. It is proposed that the Wellbeing Board will have a table at this event.

Wellbeing Board Updates

It has been agreed that going forward, the Strategy into Action papers presented at the formal Wellbeing Board meetings will follow this structure:

- 1) Refresh and update on the action plan document
- 2) A journey of better understanding data
- 3) Spotlight actions

Analysis of Issues, including any financial implications

None at present.

Partner Implications

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

Reasons for considering the report in Part 2

N/A

List of Background Papers

Appendix 1: Strategy into Action – Action Plan Appendix 2a: Strategy into Action Performance Dashboard Appendix 2b: Priority Narrative

Contact Charlotte Seymour	Service
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Telephone No Tel: 0118 974 6050	Email charlotte.seymour@wokingham.gov.uk
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WBC Actions: Highlighting key actions supported by Strategy into Action

Priority: Reducing Social Isolation and Loneliness		
Action	Organisation	Comments
Physical activity project – 1st July – 14 venues /activities per weeks	WBC Sport and Leisure	
6 Mentors trained up currently – recruiting ongoing	WBC Sport and Leisure	Connecting with isolated and vulnerable people
Dementia Friendly programme – 7 programmes per week	WBC Sport and Leisure	Looking at the carers and the cared for
Carers programme – for carer /and cared for	WBC Sport and Leisure	Offering opportunities for carers to use leisure centres at reduced rates
Sporting Memories - Active Aging Programme	WBC Sport and Leisure	Pilot launching in June 2019
Identifying lonely and isolated individuals through the use of single household council tax and assisted bin collections.	Health	GP's agree that this would be extremely beneficial if these individuals could be identified so a flag could be placed on their health systems against the names.
1 Affordable housing and access to local services in walkable districts in the new communities created.	WBC Delivery & Infrastructure	
Basic IT courses for older residents who want to learn how to use social media, shop online, use email and apps etc	WBC Adult Education	
offer a range of short courses in the community aimed at bringing communities together including ESOL, family learning, training for trustees	WBC Adult Education	
a range of employability courses supporting residents to return to work or volunteering. We also offer helping your child with maths and English and could deliver a range of other courses in the future dependent on need	WBC Adult Education	
Numerous book and reading groups for all ages, reminiscence groups, craft groups and other group activities where people can meet regularly. Also rhyme times for parents and carers help combat isolation.	WBC Libraries	
Rainbow Mums and Dads, parent and toddler play session every Thursday morning at the Rainbow Centre	WBC Customer and Localities	
Winnersh Youth Group, term time weekly youth group running in the Rainbow Centre	WBC Customer and Localities	
Winnersh Kids Club, weekly kids club at the Rainbow Centre, running in term time	WBC Customer and Localities	

WBC Actions: Highlighting key actions supported by Strategy into Action

Shinfield Youth Group Weekly group for children aged between 8-12 years With opportunities for 12+ to stay on as 'Young Leaders' Runs during Term-Time, on Mondays from 4.30-6pm at the Community Flat in Shinfield Rise Group supported by Youth Worker employed by Shinfield Parish Council	WBC Customer and Localities	
Shinfield Social Club for 60+	WBC Customer and Localities	
Zumba Gold, weekly on a Tuesday at Alexandra place – in partnership with Places leisure	WBC Customer and Localities	
Tea and Tales – every Monday (2-3pm) at the community house, 17 Billing Avenue, Finchampstead	WBC Customer and Localities	
Craft Café – Every 2nd and 4th Thursday of the Month (10am-12pm) at the community house, 17 Billing Avenue, Finchampstead	WBC Customer and Localities	
Fit for Life – weekly on a Wednesday at St Sebastian's memorial hall , Wokingham without	WBC Customer and Localities	
50+ Lunch – on the last Tuesday of each month, 12-2.30pm held at the Norreys Church, Norreys Ave, Wokingham	WBC Customer and Localities	
Kids Club – Every Wednesday, term time for ages 4-7 5-6.30pm ages 8-11 6-7.30pm held at the Norreys Church, Norreys Ave, Wokingham	WBC Customer and Localities	
Community Cafe – Every other Wednesday, 12-2pm held at the Norreys Church, Norreys Ave, Wokingham	WBC Customer and Localities	
Ladies Drop-in – Every Friday, 9.30 - 11.30am held at the Norreys Church, Norreys Ave, Wokingham	WBC Customer and Localities	
Our Community First – meetings are held regularly at the Norreys Church, Norreys Ave, Wokingham	WBC Customer and Localities	

Priority: Narrowing the health inequalities gap		
Action	Organisation	Comments
Taking a Population Health Management approach - Health have background data by ward that indicates levels of inequalities, these data packs are currently in development with the Public Health Registrar and Public Health Consultants in Berkshire West	Public Health	Aug: data packs will be developed Sept/Oct: Completion of the plan designing to address inequalities Dec/Jan: Implementation of the plan
Free swim passes during school holidays for all children on free school meals	WBC Sport and Leisure	

WBC Actions: Highlighting key actions supported by Strategy into Action

2 hours of use Forest School Muga – (for Rainbow park) S106 agreement	WBC Sport and Leisure	
Women's self-defence from Norreys – free to attend: funding from GBA – including mothers and daughters Offering free physical activity sessions to females in an area identified as deprived	WBC Sport and Leisure	
delivering a range of courses tackling mild to moderate mental health issues	WBC Adult Education	for wellbeing in mind courses learners must take the NHS PQ9 and GAD7 assessments to ensure they have mild or moderate mental health issues. On mindfulness courses learners are referred by Community Engagement Officers
Pop-Up Library Project at the Shinfield Community Flat	WBC Customer and Localities	to be launched end of July 2019

Priority: Creating Physically Active Communities		
Action	Organisation	Comments
Health Walks - over 800 participants weekly average	WBC Sport and Leisure	
support campaigns e.g. #MovingIs, commission Sport & Leisure services, commission healthy lifestyles service, commission National Childhood Measurement Programme delivered in schools (Reception and Year 6), work with MyJourney team re: sustainable and active travel	WBC Public Health	
Over 60 programme with over 70 sessions per week, 2000 participants currently on the scheme.	SHINE	
School holiday programme that runs at two leisure sites – 5 – 12 years of age (2900 on database)	Wokingham Active Kids	
programmes for 25 – 60 year olds	Wokingham Active Adults	
programmes for ages 5 – 25 years	Wokingham Active Kids/Adults with Additional Needs	
two groups that have whole day in leisure centre twice a week programme of activities	Optalis	
LTD Gym - over 400 participants that attend gym at Loddon Valley – managed by WBC – stroke, MS, Cancer, Parkinson etc	WBC Sport and Leisure	Any new leisure centre to be designed as dementia friendly and LTC

WBC Actions: Highlighting key actions supported by Strategy into Action

Steady Steps - falls prevention programme – 10 week programme for those who have fallen or unsteady on feet	WBC Sport and Leisure	
Cardiac phase 4 community 10 week programmes (150 average every 10 weeks) 10 different sessions per week	Cardiac Rehab Programme	
GP refer for Physical Activity – Obesity, Stress, Mental Health, Back, Rehab – 24 week programme variety of programmes per week	GP Referral Programme	
Mental Health programme with over 6 sessions per week for participants	WBC Sport and Leisure	
Dementia Friendly Physical Activity Classes	WBC Sport and Leisure	
Refurbishment of existing leisure centres: New Centre build in Woodley	WBC Sport and Leisure	Aim to open in Summer 2020
Talks on combating obesity and healthy menu planning and Change4Life activity sessions for families at all libraries	WBC Libraries	
Provision of new / improved community centres, sports and leisure, parks	Wokingham Planning Authority	
Mums Zone, mother and baby exercise class.	WBC Customer and Localities	
Move it or Lose it, weekly exercise class for over 65s at the Rainbow Centre	WBC Customer and Localities	
Bowls, run by a Centre Forward Community Action Group, at the Rainbow Park Community Centre	WBC Customer and Localities	
Zumba Gold, weekly on a Tuesday at Alexandra place – in partnership with Places leisure	WBC Customer and Localities	
Fit for Life – weekly on a Wednesday at St Sebastian's memorial hall , Wokingham without	WBC Customer and Localities	
LTC national campaign - similar to This Girl Can	Sport England	

STRATEGY INTO ACTION PERFORMANCE DASHBOARD								
PRIORITY 1: To reduce the gap between a child born in the most and least deprived area will experience over their life time								
Key Area	Objective	Performance Measure	Indicator ref	Local value	England Value	Target	Lead	RAG
1) To reduce the inequalities gap	1.1 To ensure all children have a best start in life	❖ Ensure the effective commissioning, procurement of a 0-19 Public Health Healthy Child service to meet the universal and targeted needs of Wokingham.	See KPIs on mandated health checks		(90% targets)			
	1.2 Increase the number of children who are school ready (Reception)	❖ The percentage of children with free school meal status achieving a good level of development at the end of reception	PHOF 1.02i (17/18)	54.1	56.6			
	1.3 Increase the number of children who are school ready (Year 1)	❖ The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	PHOF 1.02ii (17/18)	67.9	70.1			
	1.4 Increase the number of children who are in employment, education and training	❖ 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	PHOF 1.05	5.51	6.00			
	1.5 Increase the number of children aged 2-2½yrs receiving ASQ-3	❖ Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	PHOF 2.05ii	79.3	90.2			
	1.6 Reduce the gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not	❖ Increase in the levels of attainment of 5 A*-C GCSEs for those in receipt of Free School Meals						
	1.7 Reduce hospital admissions caused by unintentional and	❖ Hospital admissions caused by unintentional and deliberate injuries in young people (age 0-14)	2.07i	68.8	96.4			

	deliberate injuries in children and young people	❖ Hospital admissions caused by unintentional and deliberate injuries in young people (age 15-24)	PHOF 2.07ii	133.1	132.7			
	1.8 Reduce emergency hospital admissions for intentional self-harm	❖ Emergency hospital admissions for intentional self-harm	PHOF 2.10ii	172.4	185.5			
Priority 2: Physical activity and the management of associated long term conditions								
Key Area	Objective	Performance Measure	Indicator ref	Local value	England Value	target	Lead	RAG
2) Physical Activity	2.1 To reduce the number of children who are obese	❖ Reception: Prevalence of overweight (including obesity)	PHOF 2.06i	16.2	22.4			
		❖ Year 6: Prevalence of overweight (including obesity)	PHOF 2.06ii	26.1	34.3			
	2.2 To reduce the % of adults who are classified as overweight or obese	❖ Percentage of adults (aged 18+) classified as overweight or obese	PHOF 2.12	50.9	62.0			
	2.3 To increase the number of adults who are physically active	❖ Percentage of physically active adults	PHOF 2.13i	73.5	66.3			
		❖ Percentage of physically inactive adults	PHOF 2.13ii	15.4	22.2			
	2.4 To increase the number of people diagnosed with diabetes	❖ Estimated diabetes diagnosis rate	PHOF 2.17	67.7	78.0			
	2.5 To increase the number of health checks for people age 40-74	❖ The number of people eligible offered an NHS check	PHOF 2.22iii	46.9	90.0			
		❖ Number of people eligible who received an NHS Health Check	PHOF 2.22v	22.6	43.3			
	2.6 To reduce the number of falls in people aged 65 and over	❖ Hip fractures in people aged 65 and over	PHOF 4.14i	588.5	577.8			
		❖ Hip fractures in people aged 65 and over aged 65-79	4.14ii	242.1	246.3			
		❖ Hip fractures in people aged 65 and over aged 80+ (PER 100,000)	PHOF 4.14iii	1593	1539			

	2.7 To reduce cardiovascular disease among people aged 65 and over	❖ Reduction in the number of deaths from cardiovascular disease among people aged 65 and over						
Priority 3: Ageing Well: Reducing Social Isolation and improving mental health and wellbeing								
PRIORITY 3:	Objective	Performance Measure	Indicator ref	Local value	England Value	target	Lead	RAG
3) Reducing Social Isolation and improving mental health and wellbeing	3.1 To reducing Social isolation of Adult Social Care Users	❖ Increase the % of adult social care users who have as much social contact as they would like	PHOF 1.18i	48.1	46.0			
	3.2 Reducing Social isolation of Adult Carers	❖ Percentage of adult carers who have as much social contact as they would like	PHOF 1.18ii	34.5	35.5			
	3.3 To increase Self-reported wellbeing happiness score	❖ Self-reported wellbeing - people with a low happiness score	PHOF 2.23iii	4.05	8.20			
	3.4 To increase Population vaccination coverage - Flu (aged 65+)	❖ Population vaccination coverage - Flu (aged 65+)	PHOF 3.03xiv	73.3	72.8 [e]			
	3.5 To reduce the number of excess winter deaths	❖ Excess winter deaths index (single year, age 85+)	PHOF 4.15ii	57.9	30.8			
	3.6 To reduce the number of sickness days lost due to sickness absence	❖ Sickness absence - the percentage of working days lost due to sickness absence	PHOF 1.09ii	1.18	1.12			
	3.7 Ensure the effective delivery of the Better Care Fund	❖ Number of Care Homes (Community Support) incorporating RRaT (Rapid Response and Treatment; Connected Care; Integrated Discharge Team (IDT) and Trusted Assessment; Street Triage – Mental Health; and Falls and Frailty.	Tbc - CCG					

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KEY PRIORITY AREAS FOR WOKINGHAM

Priority 1

STARTING & DEVELOPING WELL

Reducing the inequalities gap

Why have we chosen this as a priority for Wokingham?

A key priority area is to narrow the gap between the best and worst health outcomes within the Borough. While Wokingham has seen excellent outcomes, in fact some of the best in the country, there are local variations. Targeting inequalities is absolutely key if we are going to reduce the inequalities gap, and giving children the best start in life will set the foundations for physical, emotional health and wellbeing for life. This includes the 1000 critical days and maternal health and wellbeing from conception to birth and school age.

Where do we want to be?

With Local Authorities now leading on the commissioning of 0-19 public health services provides a real opportunity to address any gaps and maintain the high level of outcomes we see in Wokingham. It also provides the opportunity to integrate services and address some of the challenges identified in the Councils Children and Young Peoples Plan (2019) and the CCG priority areas in relation to children, young people and families, with a particular focus on maternity, mental health and wellbeing.

Public Health intelligence in the JSNA and the recent Outcomes framework also provide baseline data in relation to priority areas that impact on children, young people and families within Wokingham. These are summarised below and are focused on reducing the gap between children born in the most deprived and least deprived areas. A key focus will therefore be school readiness and educational attainment:

Priority 1: Best start, good schools

To reduce the gap between a child born in the most and least deprived area will experience over their life time

- 1) Improved mother and baby health and wellbeing, especially for those at risk and in most need
- 2) Increase in the percentage of children with free school meal status achieving a good level of development at the end of reception
- 3) Increase in the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check
- 4) Reduce the gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not 11%
- 5) Improved mental health for all children and young people
- 6) Reduce access weight in 4-5 year olds and 10-11 years olds as measured by the National child measurement Programme in Reception and Year 6.

How will we get there?

- ❖ We will ensure all children are provided a universal health visiting service from antenatal up to the age of 5 so children are school ready. This will include delivery of the 5 mandated health visits and a targeted service for those women, children and families who need it most.
- ❖ We will ensure the commissioning of 0-19 services is focussed on areas of need and priority is given to those high impact areas which will support early intervention and prevention.
- ❖ We will ensure there is a clear focus on school readiness and identifying developmental needs early with appropriate signposting to Early Help and specialist services

- ❖ We will ensure delivery of school nursing services with a focus on health needs assessment and identifying children with social, emotional problems early, signposting to specialist mental health services as required.
- ❖ We will work with key partners from education, health, social care and our VCS partners to ensure delivery of integrated support to families when they need it most
- ❖ We will ensure a range of activities and support to target mild to moderate mental health issues
- ❖ We will provide education and learning opportunities for parents and children in disadvantaged and socially isolated areas

How will we measure success?

We will develop a robust performance dashboard as part of the Children and young people plan with key performance indicators as part of an integrated 0-19 Public Health offer. This will be overseen by the Health and wellbeing Board and will include the development and delivery of local action plans to achieve the outcomes.

The overall aim will be to ensure that we improve outcomes using a baseline for both our neighbouring boroughs and the national average for that area so that we are ambitious in our targets.

PRIORITY 1: To reduce the gap between a child born in the most and least deprived area will experience over their life time				
Objective	Performance Measure	Indicator ref	Local value	England Value
1.1 To ensure all children have a best start in life	❖ Ensure the effective commissioning, procurement of a 0-19 Public Health Healthy Child service to meet the universal and targeted needs of Wokingham.	See KPIs on mandated health checks		(90% targets)
1.2 Increase the number of children who are school ready (Reception)	❖ The percentage of children with free school meal status achieving a good level of development at the end of reception	PHOF 1.02i (17/18)	54.1	56.6
1.3 Increase the number of children who are school ready (Year 1)	❖ The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	PHOF 1.02ii (17/18)	67.9	70.1
1.4 Increase the number of children who are in employment, education and training	❖ 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	PHOF 1.05	5.51	6.00
1.5 Increase the number of children aged 2-2½yrs receiving ASQ-3	❖ Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	PHOF 2.05ii	79.3	90.2
1.6 Reduce the gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not	❖ Increase in the levels of attainment of 5 A*-C GCSEs for those in receipt of Free School Meals			

1.7 Reduce hospital admissions caused by unintentional and deliberate injuries in children and young people	❖ Hospital admissions caused by unintentional and deliberate injuries in young people (age 0-14)	2.07i	68.8	96.4
	❖ Hospital admissions caused by unintentional and deliberate injuries in young people (age 15-24)	PHOF 2.07ii	133.1	132.7
1.8 Reduce emergency hospital admissions for intentional self-harm	❖ Emergency hospital admissions for intentional self-harm	PHOF 2.10ii	172.4	185.5

Priority 2

Living and Working well

Increase Physical activity

Why have we chosen this as a priority for Wokingham?

Prevention is absolutely key and behaviours and lifestyles are an important driver of health, this includes diet and exercise. Physical activity is a very important part of overall physical and mental health and wellbeing and is recognised as an important part in reducing obesity and reduction in falls as well as many other benefits both to individuals, communities and the health economy overall. Places and communities therefore play a key role in our health, such as our local environment which influence our health behaviours and there is strong evidence of the impact of social relationships and community networks, including on mental health.

Lack of physical activity can lead to obesity which can lead to preventable ill health and a huge burden on health and Social Care services. However we have to ensure early intervention and management of health issues as well as prevention if we are to reduce inequalities in health of people who may be affected unequally. For example some groups such as South Asian groups are more likely to be affected by heart disease and diabetes. Preventing falls in the elderly population is key and the early identification of health concerns and issues at an early stage through health checks and early diagnosis of diabetes are an important part of prevention. Hence the priority areas identified highlight the importance of prevention, early intervention and the management of long term conditions so communities can live independently for as long as possible.

Where do we want to be?

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 least three days a week. 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.

A focus on physical activity will have long term benefits in terms of reduction in cardiovascular disease and preventable ill health. Interventions and programmes aimed at vulnerable groups is key.

How will we get there?

- ❖ We will ensure we create opportunities and programmes to increase access to physical activity across all age groups and abilities
- ❖ We will ensure we provide opportunities for vulnerable groups such as those with long term conditions, dementia, elderly and mental health to access community exercise and activity programmes

- ❖ We will ensure we plan, develop and commission sports and leisure facilities which are fit for purpose and closer to home
- ❖ We will encourage use of different modes of transport including cycle streets and access to green and blue spaces
- ❖ We will ensure we work with our partners so we ensure we provide a variety of programmes and activities which support the needs of people on rehabilitation and offer services to people who are referred through GPs and healthcare professionals

Priority 2: Living & Working well, Physical Activity

To increase physical activity and reduce inequalities in health and wellbeing of people with long term conditions

- 1) To get people of all ages and abilities more physically active
- 2) To increase more people to get out and using green and blue spaces
- 3) Increase in the number of children getting at least one hour of physical activity every day
- 4) Improved physical and mental health for all ages
- 5) Full utilisation of new green and blue spaces
- 6) Increasing access to local sports clubs
- 7) Lower percentage of overweight people
- 8) Increase in the number of people receiving health checks
- 9) Increase in the number of people diagnosed with diabetes early

How will we know when we get there?

Priority 2: Physical activity and the management of associated long term conditions				
Objective	Performance Measure	Indicator ref	Local value	England Value
2.1 To reduce the number of children who are obese	❖ Reception: Prevalence of overweight (including obesity)	PHOF 2.06i	16.2	22.4
	❖ Year 6: Prevalence of overweight (including obesity)	PHOF 2.06ii	26.1	34.3
2.2 To reduce the % of adults who are classified as overweight or obese	❖ Percentage of adults (aged 18+) classified as overweight or obese	PHOF 2.12	50.9	62.0
2.3 To increase the number of adults who are physically active	❖ Percentage of physically active adults	PHOF 2.13i	73.5	66.3
	❖ Percentage of physically inactive adults	PHOF 2.13ii	15.4	22.2
2.4 To increase the number of people diagnosed with diabetes	❖ Estimated diabetes diagnosis rate	PHOF 2.17	67.7	78.0
2.5 To increase the number of health checks for people age 40-74	❖ The number of people eligible offered an NHS check	PHOF 2.22iii	46.9	90.0
	❖ Number of people eligible who received an NHS Health Check	PHOF 2.22v	22.6	43.3
2.6 To reduce the number of falls in people aged 65 and over	❖ Hip fractures in people aged 65 and over	PHOF 4.14i	588.5	577.8
	❖ Hip fractures in people aged 65 and over aged 65-79	4.14ii	242.1	246.3
	❖ Hip fractures in people aged 65 and over aged 80+ (PER 100,000)	PHOF 4.14iii	1593	1539
2.7 To reduce cardiovascular disease among people aged 65 and over	❖ Reduction in the number of deaths from cardiovascular disease among people aged 65 and over			

Why have we chosen this as a priority for Wokingham?

Whilst life expectancy in Wokingham is one of the best in the country and people are living longer, we are seeing new challenges in relation to isolation and the management of physical and mental health and wellbeing in older people and the impact this has on their carers. 25% of people in Wokingham are living alone and loneliness is linked to poor mental health and physical health.

People with chronic physical diseases have a higher prevalence of depression and other mental disorders, and co-morbidity is associated with a range of poor outcomes and increased costs. Reducing social isolation and enhancing management in mental health may improve outcomes in physical health and vice versa.

According to the local JSNA the elderly population is typically categorised as people aged 65 and over. However, with the increase in life expectancy and in pensionable age, the age threshold for what we call “older” and “elderly” is changing. In Wokingham the average healthy life expectancy for men and women is 70 years. The vast majority of adults requiring social care (excluding learning disabilities) are 75 plus.

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. Older people are the biggest and costliest users of health and social care - those with complex needs, long-term conditions, and functional, sensory or cognitive impairment are the highest cost and volume group of service users. Dementia also accounts for more expenditure than heart disease and cancer combined.

Where do we want to be?

In order to reduce the inequalities gap we need to ensure we are integrating support available and ensuring the areas identified in priority 1 and 2 above are meeting needs of older people and people with long term conditions who require rehabilitation and specialist support.

We want to ensure we are meeting the prime minister’s challenge for dementia to include a commitment to increase the number of people living with dementia who have a formal diagnosis. The rationale being that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

How do we get there?

- ❖ We will ensure we identify people who are at risk of social isolation and loneliness early
- ❖ We will ensure access and support for people who are socially isolated and lonely through interventions aimed at building resilience and supporting people living in isolation and alone
- ❖ We will ensure any new developments support and recognise the needs of service users, carers and the elderly both in terms of new homes/buildings and activities
- ❖ We will ensure we target support and community activities to address loneliness and support for people with mental health through for example community cafes, luncheon clubs, social clubs and courses
- ❖ We will ensure that we address inequalities in health of those looking after lonely people through public health programmes such as physical activity but also increasing take up of flu vaccinations by both those over 65 and their carers

- ❖ We will ensure we target inequalities to reduce winter deaths in elderly population
- ❖ We will ensure we provide opportunities and programmes for vulnerable groups such as those with long term conditions, dementia, elderly and mental health to access community exercise and activity programmes.

Priority 3: Ageing well: Social Isolation and mental health

To reduce Social isolation and improve outcomes for older people, people with mental health problems and Carers.

- 1) Increase access to social contact by adult carers
- 2) Increase access to social contact by service users
- 3) Increased awareness and uptake up of flu vaccinations in eligible people aged 65 and above and their carers
- 4) Reduce the number of falls in older people
- 5) Increase awareness about dementia and diagnosis
- 6) Reduce excess winter from all causes in the winter months

How will we know when we get there?

An important part of the health and wellbeing priority and action plan is establishing the baseline and being able to manage progress in the areas identified. There are national indicators and outcomes for Health and Social care as well as Public Health.

Those relating to the outcomes identified for this population group will include the following indicators which will be a measure of whether we are meeting needs of communities.

Priority 3: To reduce Social isolation and improve outcomes for older people, people with mental health problems and Carers				
Objective	Performance Measure	Indicator ref	Local value	England Value
3.1 To reducing Social isolation of Adult Social Care Users	❖ Increase the % of adult social care users who have as much social contact as they would like	PHOF 1.18i	48.1	46.0
3.2 Reducing Social isolation of Adult Carers	❖ Percentage of adult carers who have as much social contact as they would like	PHOF 1.18ii	34.5	35.5
3.3 To increase Self-reported wellbeing happiness score	❖ Self-reported wellbeing - people with a low happiness score	PHOF 2.23iii	4.05	8.20
3.4 To increase Population vaccination coverage - Flu (aged 65+)	❖ Population vaccination coverage - Flu (aged 65+)	PHOF 3.03xiv	73.3	72.8 [e]
3.5 To reduce the number of excess winter deaths	❖ Excess winter deaths index (single year, age 85+)	PHOF 4.15ii	57.9	30.8
3.6 To reduce the number of sickness days lost due to sickness absence	❖ Sickness absence - the percentage of working days lost due to sickness absence	PHOF 1.09ii	1.18	1.12

3.7 Ensure the effective delivery of the Better Care Fund	❖ Number of Care Homes (Community Support) incorporating RRaT (Rapid Response and Treatment; Connected Care; Integrated Discharge Team (IDT) and Trusted Assessment; Street Triage – Mental Health; and Falls and Frailty.	Tbc - CCG		
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Agenda Item 24.

TITLE	Localities Plus: Designing Our Neighbourhoods
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 8 August 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive

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

Reason for consideration by Wokingham Borough Wellbeing Board	To update the Wellbeing Board on the rebranding of Localities Plus into “Designing Our Neighbourhoods” and future actions.
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION
That the Board reviews and acknowledges the rebranded Localities Plus agenda and action team.
SUMMARY OF REPORT
Localities Plus has been rebranded to “Designing Our Neighbourhoods” and the development of an action team to take forward the agenda and progress actions.

Background

Localities Plus was brought to the Wellbeing Board for consideration and discussion in April 2019 and has since undergone a rebranding into “Designing Our Neighbourhoods”.

Designing Our Neighbourhoods is now referenced in the Wokingham Leader Partnership Board (WLPB) terms of reference, specifically incorporating this agenda into their responsibility.

An action team is being formulated which will progress the Designing Our Neighbourhoods agenda. The team will have representation from the following areas:

- Customer and Localities
- Adult Social Care
- Public Health
- Berkshire West CCG

Analysis of Issues, including any financial implications

None at present.

Partner Implications
All partners to be aware of Designing Our Neighbourhoods and the opportunities it presents to the Wokingham Borough.

Reasons for considering the report in Part 2
N/A

List of Background Papers
None.

Contact Charlotte Seymour	Service
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Agenda Item 25.

TITLE	Wokingham Leader Partnership Board: Terms of Reference
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 8 August 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Progression and embedment of the Designing Our Neighbourhoods agenda for WLPB accountability.

Reason for consideration by Wokingham Borough Wellbeing Board	Update the Board on the refreshed WLPB Terms of Reference as best practice for agreement and sign off.
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION
To agree and endorse the refreshed Terms of Reference for the Wokingham Leader Partnership Board and recognise the additional responsibilities around Designing Our Neighbourhoods.
SUMMARY OF REPORT
The Wokingham Leader Partnership Board (WLPB) has reviewed and refreshed their Terms of Reference to incorporate the Designing Our Neighbourhoods agenda.

Background

The Wokingham Leader Partnership Board (WLPB) has recently reviewed refreshed its Terms of Reference to include the 'Designing Our Neighbourhoods' agenda. The WLPB will now provide a financial and governance framework for the delivery of designing and implementing our neighbourhoods around the whole system of public services.

As a sub-committee it is good practice for the Wellbeing Board to have sight of and sign off the WLPB Terms of Reference which was previously presented to the board earlier in the year.

Analysis of Issues, including any financial implications

None at present.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix 1: WLPB Terms of Reference

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

WOKINGHAM LEADER PARTNERSHIP BOARD TERMS OF REFERENCE



1.1 Purpose

The Wokingham Leader Partnership Board (WLPB) is responsible for leading the development Wokingham's Integrated Partnership (WIP) at a locality and neighbourhood level, optimising Wokingham's health and social care services to deliver better care with increased cost effectiveness. It has been established to concentrate on the creation of strategy, building confidence with all partners, approval of key projects/programmes, resolution of strategic blockers, delegation to managers for implementation and direct challenge where there is under delivery/performance (in accordance with the Guiding Principles) aligned as required to the Berkshire West (BW) Integrated Care Partnership (ICP). WLPB is a sub-partnership of the Wokingham Wellbeing Board and will send reports to every board meeting.

The Partnership will provide a financial and governance framework for the delivery of:

- Wokingham's Health and Social Care Integration, developing Wokingham's Integrated Care Networks to wrap around PCNs as they develop and mature
- Designing and implementing our neighbourhoods around the whole system of public services
- The infrastructure supporting the development of Primary Care Networks
- Informing and leading Wokingham's contribution to BW ICP
- The Better Care Fund Programme

The relationship with the BW ICP governance is illustrated in the diagram on page 7 of the ToR document. A mechanism will be developed for the ICP to come to WLPB in order to make changes at a locality and/or neighbourhood level.

WLPB will also be represented at the BW ICP Delivery Group and will receive reports on Berkshire West schemes as well as reporting on delivery of the WLPB objectives.

1.2 Status and Authority

- 1.2.1 The Partnership is established by the Partners, who remain sovereign organisations, to provide a financial and governance framework for the delivery of the Services. The Partnership is not a separate legal entity, and as such is unable to take decisions separately from the Partners or bind its Partners; nor can one or more Partners 'overrule' any other Partner on any matter (although all Partners will be obliged to comply with the terms of Wokingham Integrated Partnership's Guiding Principles).
- 1.2.2 The Guiding Principles establishes the WLPB to lead the Partnership on behalf of the Partners. As a result of the status of the Partnership the WLPB is unable in law to bind any Partner so it will function as a forum for discussion of issues with the aim of reaching consensus among the Partners.
- 1.2.3 The WLPB will function through engagement between its members so that each Partner makes a decision in respect of, and expresses its views about, each matter considered by the WLPB. The decisions of the WLPB will, therefore, be the decisions of the Partners, the mechanism for which shall be authority delegated by the Partners to their representatives on the WLPB.
- 1.2.4 Each Partner shall delegate to its representative on the WLPB such authority as is agreed to be necessary in order for the WLPB to function effectively in discharging the duties within these ToR. The Partners shall ensure that each of their representatives has equivalent delegated authority. Authority delegated by the Partners shall be defined in writing and agreed by the Partners, and shall be recognised to the extent necessary in the Partners' own schemes of delegation (or similar).
- 1.2.5 The Partners shall ensure that the WLPB members understand the status of the WLPB and the limits of the authority delegated to them.

WOKINGHAM LEADER PARTNERSHIP BOARD TERMS OF REFERENCE



- 1.2.6 Delegated authority - The WLPB voting Partners are authorised within the limit of delegated authority for its members (received through their respective organisation's execution of the Guiding Principles) to:
- a) authorise commitments up to the aggregate contributions of the Partners to any Pooled Fund
 - b) authorise a Commissioner Partner to enter into any contract for services necessary for the provision of Services under an Individual Scheme
 - c) authorise additional/new schemes, modify or terminate existing schemes; and
 - d) the wiring of funds between pools, up to the aggregate contributions of the Partners to the Pooled Funds

1.3 Shared Principles

Our shared principles are:

- a) work towards a shared vision of integrated service provision;
- b) work together to support the delivery of shared programmes and priorities, including national programmes such as The NHS Long Term Plan and the Better Care Fund.
- c) commit to delivery of locality and neighbourhood outcomes in terms of clinical matters, patient experience and financial matters, we will be outcome focused, including quality as well as quantity;
- d) commit to common processes, protocols and other system inputs;
- e) commit to work together and to make locality and neighbourhood decisions on a best for users and the Wokingham pound basis with a primary focus on the outcomes for the community of Wokingham Borough;
- 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;
- l) Produce localised solutions where possible.

1.4 Responsibilities

- 1.4.1 The general responsibilities of WLPB are:
- a) to support the delivery of the priorities of Wokingham Wellbeing Board
 - b) to formulate, agree and ensure that implementation of strategies for achieving the Partnership Objectives and the management of the Partnership;
 - c) to ensure alignment of all organisations to Wokingham's Integrated Partnership vision and objectives;
 - d) to promote and encourage commitment to the Partnership Principles and Partnership Objectives amongst all Partners;
 - e) to ensure that Wokingham is effectively represented within the BW ICP
 - f) to discuss strategic issues and resolve challenges such that the Partnership Objectives can be achieved;

WOKINGHAM LEADER PARTNERSHIP BOARD TERMS OF REFERENCE



- g) to 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;
- h) 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.
- i) generally ensure the continued effectiveness of the Partnership, including by managing relationships between the Partners and between the Partnership and its stakeholders;
- j) 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;
- k) 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);
- l) oversee the implementation of, and ensure the Partners' compliance with, the Guiding Principles and all other Services Contracts;
- m) review the governance arrangements for the Partnership at least annually.

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

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

1.5 Accountability

- 1.5.1 The WLPB is accountable to the Wellbeing Board and should report on its performance to this board.
- 1.5.2 The WLPB is accountable to the Partners and to address all regulatory requirements and accountability to relevant stakeholders.
- 1.5.3 The minutes of the WLPB will be sent to the Partners within one week following each meeting.
- 1.5.4 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.

WOKINGHAM LEADER PARTNERSHIP BOARD TERMS OF REFERENCE



1.6 Conduct of Business

- 1.6.1 Meetings will be held monthly.
- 1.6.2 The WLPB Chair should be the Chair of the Wellbeing Board or his/her nominated representative.
- 1.6.3 Where the Chair is absent, the Chair's nominated substitute shall take on the role of the Chair.
- 1.6.4 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.
- 1.6.5 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.
- 1.6.6 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.

1.6 Membership and Quorum

- 1.6.1 Each Partner will appoint one WLPB member and the Partners will at all times maintain their WLPB members on the WLPB. A Partner may remove or replace any of their respective WLPB Members at any time subject to the consent of the other WLPB Members, such consent not to be unreasonably withheld or delayed.
- 1.6.2 Unless otherwise agreed in writing by the WLPB, any such appointment or removal will take effect upon service of a notice in writing by the relevant Partner on the other Partners.
- 1.6.3 With respect to the matters contained in the Guiding Principles, the membership of the WLPB will comprise:
 - a) Chair of the Wellbeing Board or his/her nominated representative
 - b) Director of Operations from NHS Berkshire West CCG, Wokingham Locality
 - c) Director of Adult Social Services from Wokingham Borough Council
 - d) Locality Director from Berkshire Healthcare Foundation Trust
 - e) 4 Clinical Directors from each Primary Care Network
 - f) Director of Operations, Networked Care, Royal Berkshire NHS Foundation Trust
 - g) Deputy Chief Executive Officer, Wokingham Borough Council
 - h) Chief Executive from Optalis
 - i) Representative from Healthwatch
 - j) General Manager from Involve (on behalf of the voluntary sector)
 - k) Consultant in Public Health, Wokingham
 - l) Wokingham Locality GP Lead, NHS Berkshire West CCG

(N.B. as part of the formal annual review of the ToR, membership should be an employee from each of the above organisations with the appropriate authority and therefore may be subject to change)

WOKINGHAM LEADER PARTNERSHIP BOARD TERMS OF REFERENCE



- 1.6.4 The following persons will attend meetings of the WLPB as advisors/observers:
- a) WIP Integration Manager
 - b) WIP Finance & Performance Lead
 - c) WIP Administrator
- 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 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.
- 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.

1.8 Agenda and Decision Making and Voting

- 1.8.1 The WLPB will aim to achieve consensus for all decisions of the Partners.
- 1.8.2 Agenda setting items are produced by the partners and agreed by the Chair or his/her nominated representative.

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.

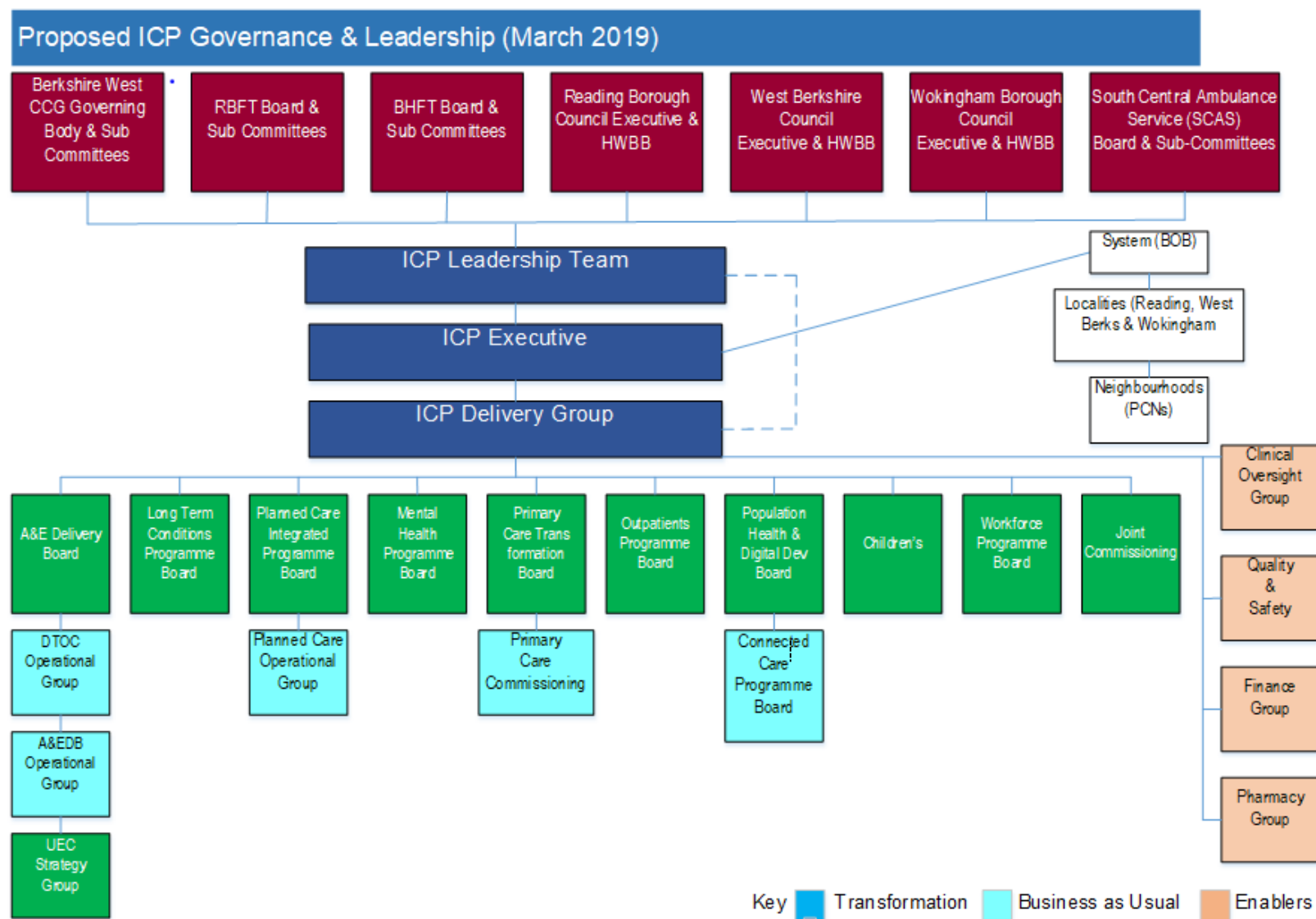


1.11.1 Support to the WLPB will be provided as part of a programme management approach.

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

1.12.1 These WLPB ToR will be formally reviewed annually in April and presented to the Wellbeing Board for sign off.

Fig 2 – Proposed BWICP Governance Structure



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TITLE	Integrated Care Partnership Update
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 8 August 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, Wokingham Locality, NHS Berkshire West CCG

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three priorities of the HWB Strategy: Priority 1 - Creating physically active communities Priority 2 - Narrowing the health inequalities gap Priority 3 - Reducing isolation
Key outcomes achieved against the Strategy priority/priorities	Further enabling a healthy and resilient community.

Reason for consideration by Wokingham Borough Wellbeing Board	To introduce the launch of the Berkshire West Integrated Care Partnership to the wider Wellbeing Board.
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

<p>RECOMMENDATION</p> <ol style="list-style-type: none"> 1. That the Wellbeing Board acknowledges and understands the new arrangements for the Berkshire West Integrated Care Partnership and how this will impact the community. 2. That the Wellbeing Board acknowledges the Berkshire West Shared Joint Health and Wellbeing Strategy update. 3. That the Wellbeing Board acknowledges the Berkshire West Joint Commissioning Board update.
<p>SUMMARY OF REPORT</p> <p>The recent launch of the new Berkshire West Integrated Care Partnership (BWICP) which will work collaboratively and collectively to provide a more joined up and co-ordinated health, social and community service closer to people's homes.</p>

Background

Berkshire West Integrated Care Partnership Launch

Thursday 18th July marked the launch of the Berkshire West Integrated Care Partnership (BWICP) which is the new way of working with six other NHS and Local Authority partners across the area. This partnership will be a more collaborative and collective way of working together to not only improve health and social care services for local people, but also to bring benefits for staff.

The partners in the BWICP are:

- Berkshire West Clinical Commissioning Group (CCG)
- West Berkshire Council
- Reading Borough Council
- Wokingham Borough Council
- Berkshire Healthcare Foundation Trust
- Royal Berkshire Foundation Trust
- South Central Ambulance Foundation Trust

The BWICP will employ more than 10,000 staff, provide health and social care for 600,000 people and have a combined budget of £1bn.

By working to scale, BWICP can built on the strengths of each organisation, share local knowledge, expertise, experience, data, technology and resources. It's hoped this will cut down on duplication and waste, and also free up clinical staff and their teams to deal with more pressing day to day issues.

At the heart of the BWICP is a determination to provide a more joined up and co-ordinated health, social and community service closer to people's homes. It'll be making greater use of technology to make working life easier for staff and also provide a more convenient service for patients. Furthermore, it will step up its work helping people to take better care of their own health and wellbeing to help ease pressures on surgeries and hospitals.

The BWICP will feed into the newly formed BOB ICS (Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System) which is a wide scale strategic collaboration of health and social care partners service 1.8m people across the region.

Berkshire West Shared Joint Health and Wellbeing Strategy – Update

The Berkshire West Shared Joint Health and Wellbeing Strategy discussion will be brought to the September Wellbeing Board for consideration.

Berkshire West Joint Commissioning Board – Update

The purpose of this Board is to work across the Berkshire West system to identify where commissioning efficiencies could be made, minimise duplication of suppliers, create economies of scale and where appropriate renegotiate services into a single contract. Membership of the Board includes senior representatives at Director or Assistant Director level from Adult Social Care for each of the three local authorities, Berkshire West Clinical Commissioning Group, Public Health, local authority Commissioning and Better Care Fund. The work of the Board will be informed by the

findings in the Market Position Statements for the three localities. Additionally the Board will scope a project for a more strategic approach to work with the voluntary sector.

Analysis of Issues, including any financial implications

None at present.

Partner Implications
It is important that all Wellbeing Board partners review and understand the new arrangements for Berkshire West.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix 1: ICP Event Presentation

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

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Berkshire West Integrated Care Partnership

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Launch Event

July 2019

Shaw House, Newbury

Welcome to the event

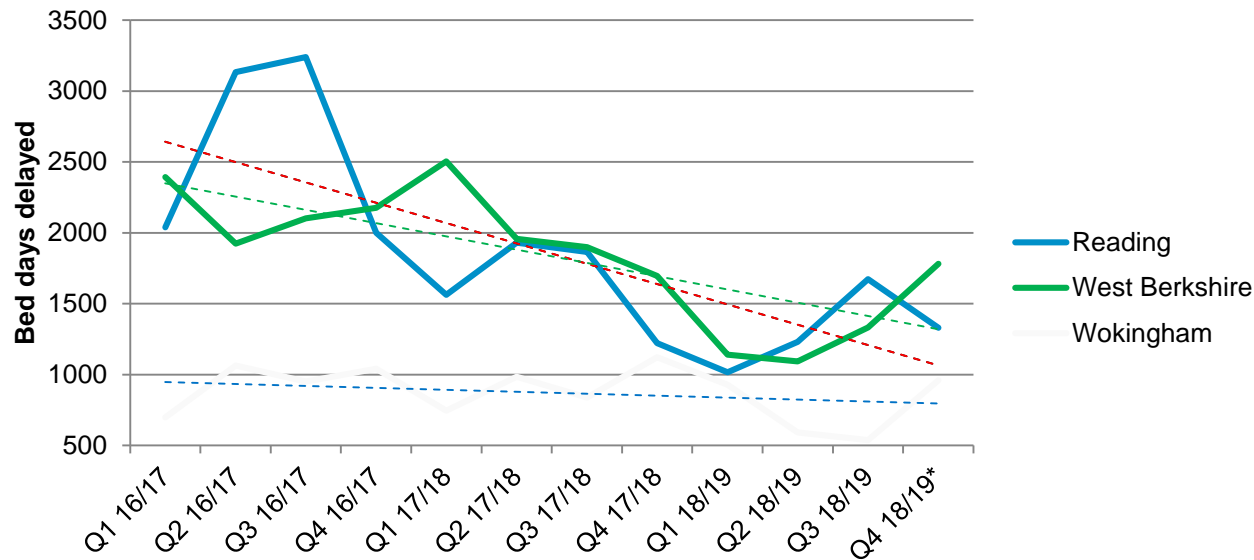
56

Luke March
Cathy Winfield

- Welcome!
- Update on our work to bring NHS and Local Government organisations closer together
- 57 • An Introduction to the Integrated Care Partnership
- What this means for improving services for our residents
- An opportunity to hear more about positive changes to services for local people

- Establishment of a **multi-disciplinary integrated discharge service** co-located at the RBH which includes social workers and focuses on 'Home First' for patients.
- Year on year **reduction in the numbers of patients delayed (DToCs)** in all hospital settings including weekly director system meeting oversight to identify and address themes through locally agreed coding
- Specialist response established as **collaboration between RBH and SCAS for frail fallers** with assessment, treatment and installation of equipment if necessary at home so as to reduce ED attendances. Non-conveyance rate maintained of 75-80%
- **Rapid Response and Treatment service established for Care Homes** which is a medically led multidisciplinary team to assist patients in care homes to remain there and avoid hospital admissions. An 11% decrease in Non-Elective Admissions from care homes was seen in Berkshire West
- High numbers of discharge delays seen due to self funders so **brokerage service** procured and included within integrated discharge service to aid patients and their families. Also made available to patients in other settings within the system
- Consistent in maintaining **mental health parity of esteem** across Berkshire West.

Reduction in Delayed Transfers of Care (DToCs)



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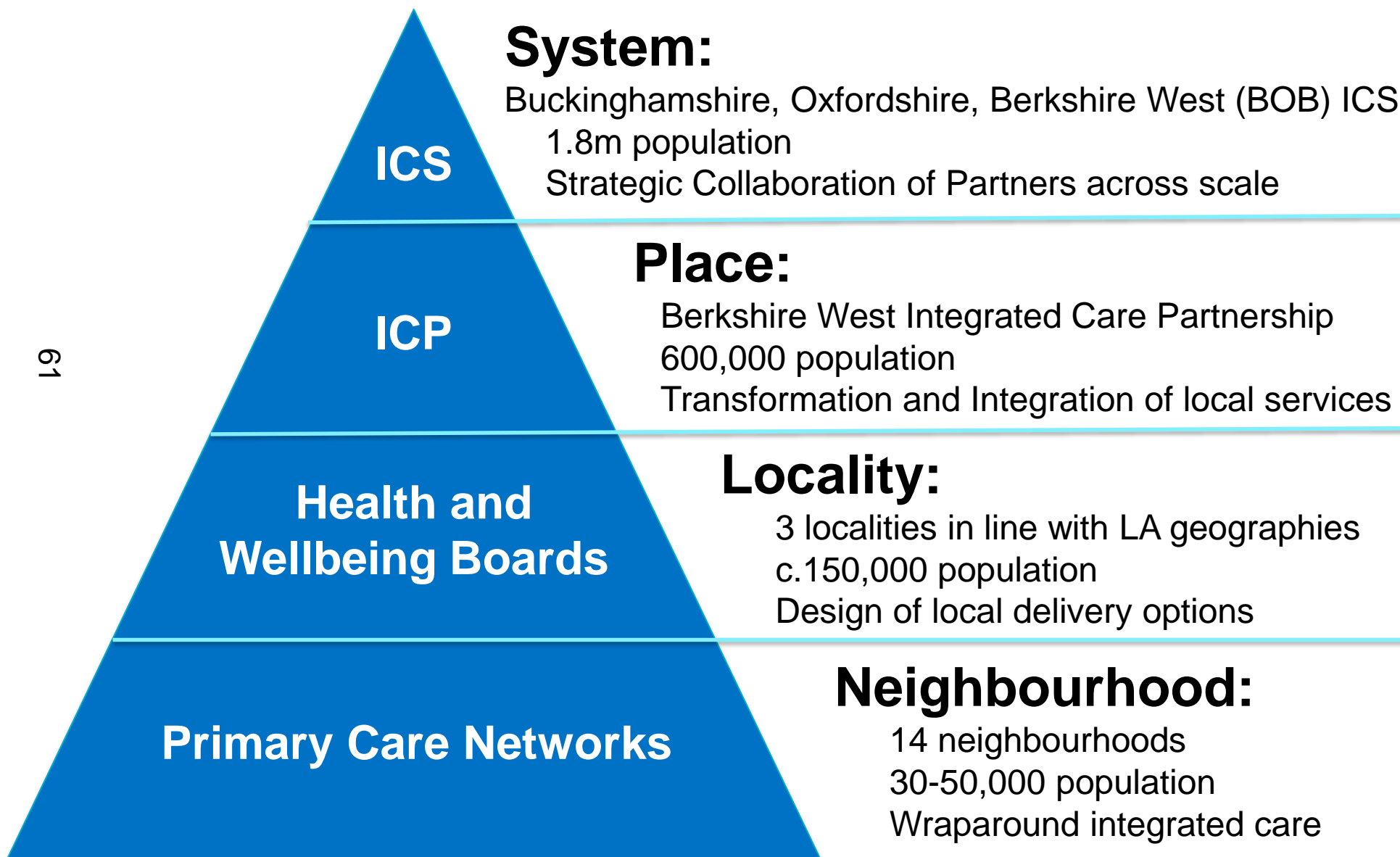
One of the largest impacts within the BW10 integration programme is the reductions made within each locality in its number of delayed transfers of care especially in relation to the numbers seen three years ago.

However a recent difficult winter has seen an increase in the latest figures and these are being addressed. An operational weekly system meeting identifies the current themes for DToCs within the hospitals and puts into place actions in order to address these and a key aim for the group is to look at winter planning learning for this year. The breakdown of local codes at RBH has enabled these themes to be identified and monitored and work is underway to introduce these at community hospitals as well.

Our vision for Health & Social Care in Berkshire West

09

Nick Carter
Julian Emms



1. Activities and decisions will occur as **locally** as they can, keeping close to patients and services;
2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes;
3. **Reduce unwarranted variation** in outcomes and value;
4. Avoid wasted effort by **reducing duplication** within the system;
5. **Drive consistency** of intent, approach and outcome;
6. Align decisions with our long term **population health outcome goals** and our **long term plans and strategy**;
7. Deliver services in a way that is **well understood by our populations and those who deliver care.**

- **Seven** public sector organisations covering the **West of Berkshire:**
 - West Berkshire Council
 - Reading Borough Council
 - Wokingham Borough Council
 - Berkshire West CCG
 - Berkshire Healthcare Foundation Trust
 - Royal Berkshire Foundation Trust
 - South Central Ambulance Foundation Trust
- 44 **GP Practices** and 14 **Primary Care Networks**
- **600,000 residents** living in rural and urban localities
- Combined **budget of c.£1bn** with in excess of **10,000 staff**
- Residents use our services throughout their lives and expect them to operate in a seamless manner

Geography and partner organisations

Royal Berkshire NHS FT
Provider of acute services

Berkshire Healthcare NHS FT
Provider of mental health and community services

North and West Reading

Locality:

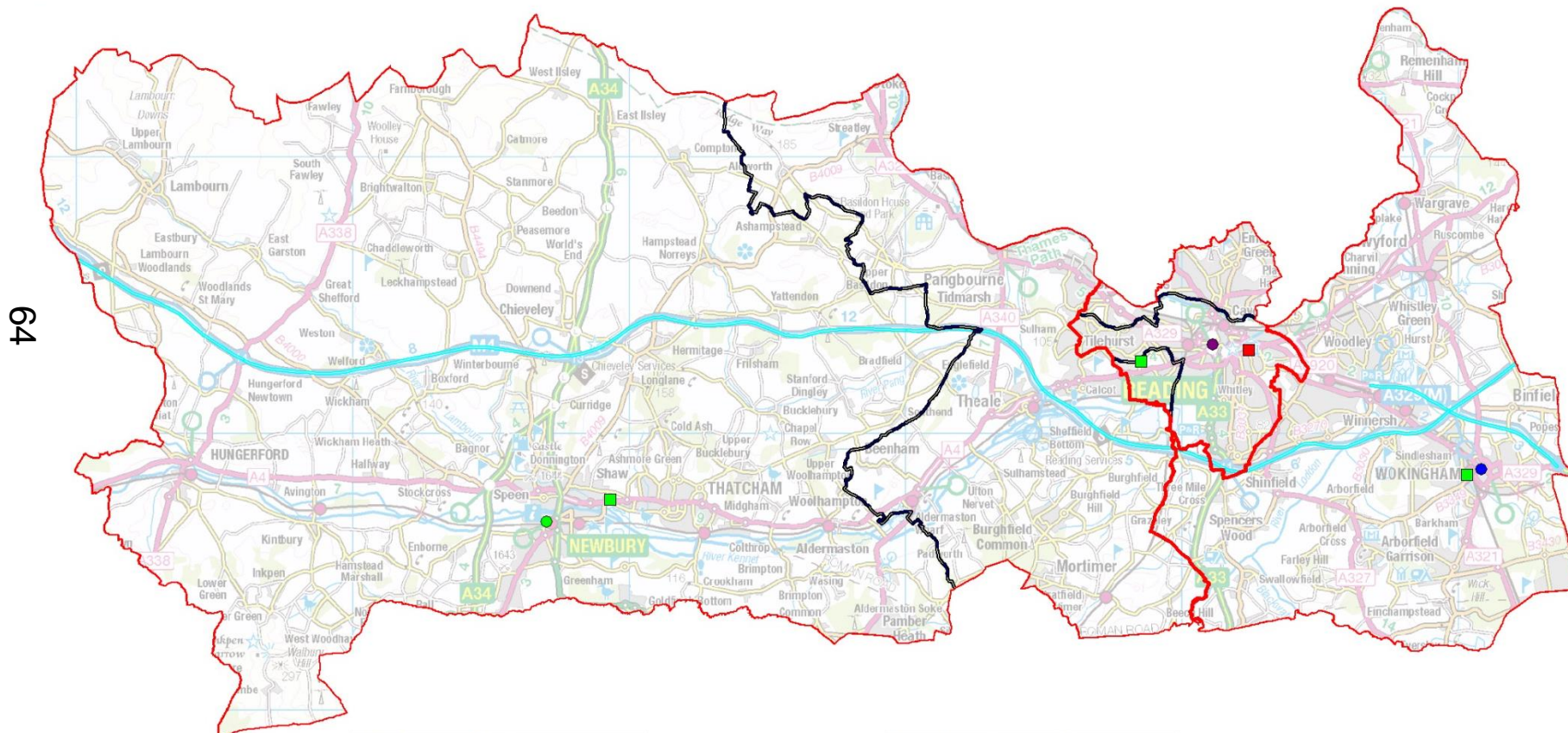
GP practices = 9

Population at Jan 2019 = 109,385

Wokingham Locality:

GP practices = 13

Population at Jan 2019 = 167,903



Newbury and District

Locality:

GP practices = 10

Population at Jan 2019 = 120,034

South Reading Locality:

GP practices = 16

Population at Jan 2019 = 152,553

- Royal Berkshire NHS FT
- Berkshire Healthcare NHS FT
- Reading Borough Council
- West Berkshire District Council
- Wokingham Borough Council

- ✓ People are supported to take care of their own health and well-being
- ✓ Care is provided closer to home, wherever appropriate
- ✓ Services are better integrated across providers to improve experience
- ✓ Organisation of primary, community and social care is increased to provide 'co-ordinated care that efficiently meets residents' needs
- ✓ The system has a better understanding of the needs of our population allowing us to design services more effectively
- ✓ A shared understanding of the quality of our services a system-wide approach to the delivery and monitoring of quality;
- ✓ Make the most effective use of the Berkshire West pound and delivering financial sustainability;
- ✓ Staff and workplace wellbeing is improved, and a sustainable and highly skilled health and care workforce is built in Berkshire West.

Our localities



Graeme Hoskins

- CQC review of how people move through the health and social care system in Reading in Oct/Nov 2018 found “ **excellent** practice from staff who were **committed** to putting the person at the centre of their care , working together across health and social care to achieve the **best outcomes for people**”
- **20 % reduction** in Delayed Transfers of Care from June 18 to May 19
- **24% reduction** in admissions to care homes in 18/19
- Review of "Discharge to Assess" reablement service has reduced bed base. Service now provided in Extra Care which provides a **better environment** for people with **larger flats** and **accessible bathrooms**
- Multi-disciplinary “Neighbourhood Care Planning Group” established bringing together **health, social care and voluntary organisations** to support patients most at risk of unplanned hospital admissions. Involves holistic assessment of individual client’s and carers needs and comprehensive care planning
- Joint Health & Social Care Social Prescribing service supporting residents (207) to **improve their emotional and physical wellbeing** as well as supporting them to take greater control of their own health and social care needs.
- Comprehensive analysis of non-elective data for people living in South Reading with recommendations for action. Successful event to plan how we can **work better together** within a “ neighbourhood” model to **improve people’s experience of care** in Reading and achieve better outcomes for them.

- **46% reduction in Delayed Transfers of Care** in 2018/19
- **Over 1000 people have attended Steady Steps** – a falls prevention class and the fire service are doing fall prevention assessments as part of their safe and well home visits.
- Overall **rough sleeper numbers have reduced** and a new health outreach service has been commissioned.
- Hosted a community event organised by Public Health looking at **redesigning the social prescribing model** in the community and links to Primary Care Networks.
- Hosted a **conference about dementia** where speakers illustrated the national and local dementia picture, and highlighted the **need for services and communities to be planned and coordinated** in ways that support people to live well. Breakout workshops explored how we can deliver a cohesive response to the challenges and opportunities in West Berkshire.
- Over **500 people** trained to give alcohol brief intervention advice.

- 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%.
- Community Navigators (Social Prescribing) - In 2018/19 the service received 242 referrals with **87% of users reporting that they felt more self-reliant**.
- 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**, a **7.5% decrease** in A&E contacts and an **11% decrease** in Non elective Admissions from care homes in Berkshire West.
- Our Street Triage team reported in 2018/19 Q1 and Q2 **avoided 69 section 136's** which resulted in a **saving** of £117,990.
- Delayed Transfers of Care 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**).

Primary Care Networks & focus on neighbourhoods

70

Jim Kennedy

A Primary Care Network is a grouping of GP practices working with community services, social care and the voluntary sector to plan and co-ordinate care within a neighbourhood of 30-50,000 patients with a strong focus on understanding population need and responding proactively to maintain health and wellbeing.



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From 1st July 2019 all patients should be covered by a Primary Care Network

BERKSHIRE WEST Primary Care Networks (PCNs)





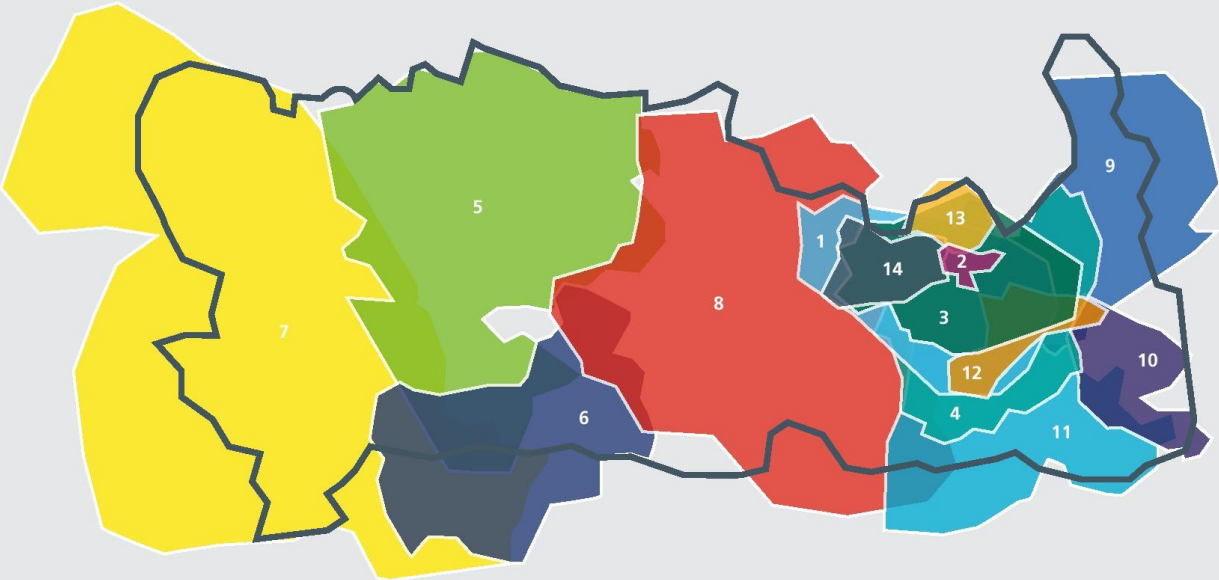
550,000 patients



14 Primary Care Networks



47 practices



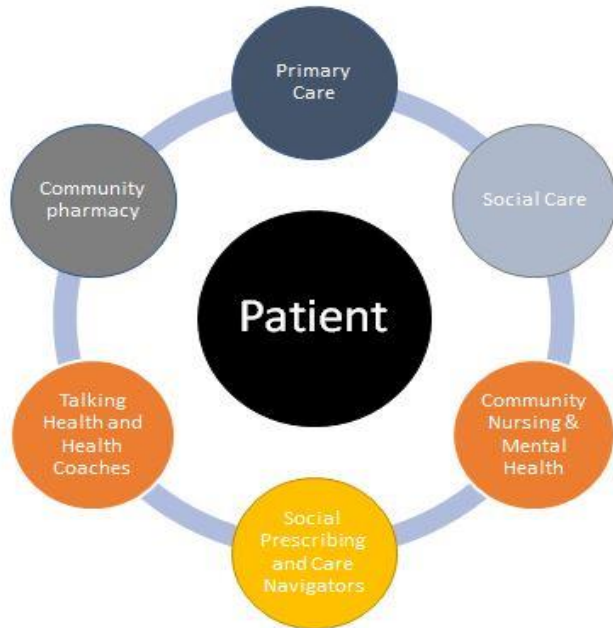
SOUTH READING PCNs		GP PRACTICES	
Tilehurst	1	Westwood Road Grovelands Tilehurst Village	
Whitley	2	London Street Milman Road South Reading and Shinfield Longbarn Lane	
Reading Central	3	Abbey Medical Eldon Road Chatham Street Russell Street Pembroke Kennet Melrose Reading Walk-in Centre	
University	4	University Medical Group	

WEST BERKSHIRE PCNs		GP PRACTICES	
A34	5	Strawberry Hill Eastfield Downland	
Kennet	6	Thatcham Burdwood Falkland	
West Berkshire Rural	7	Hungerford Kintbury Lambourn	
West Reading Villages	8	Chapel Row Theale Mortimer Boathouse	

WOKINGHAM PCNs		GP PRACTICES	
North	9	Loddon Vale Twyford Wargrave Woodley Parkside	
East	10	Wokingham Medical Centre Burma Hills New Wokingham Road Wooshill	
South	11	Finchampstead Swallowfield	
West	12	Brookside Family Practice Wilderness Road	

NORTH AND WEST READING PCNs		GP PRACTICES	
Caversham	13	Balmore Park Emmer Green	
Reading West	14	Circuit Lane Western Elms Tilehurst (Potteries)	

Core team



Collectively managing demand
Health and care support
Prevention and early intervention

Extended team



Wrap services around patient
Strengthen integration
Redesign pathways (LTC and OPD)

We have been running neighbourhood events in localities....

What PCNs will deliver:

- Resilient primary care
- Proactive care of at risk patients
- Develop new pathways that reduce reliance on hospital care
- Diversified workforce within the PCN – social prescribers, clinical pharmacists, physician's associates and paramedics
- Neighbourhood teams – district nurses, community geriatricians, dementia workers, social care – the “required norm”

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To do this, the PCN Clinical Director will:

- Work with the commissioner to develop, support and deliver local improvement programmes aligned to national/local priorities – future expansion of the DES.
- Represent the network at CCG and ICS meetings, contributing to the strategy and wider work of the ICS
- Work closely with clinical leaders from other providers
- Develop relationships and work closely with the LMC

Any questions?

Improving Services – Focus of our work together

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Interactive Session
Nick Carter

Proposed ICP Work Programme

Redesign of governance to integrate ICS and BW7 to create an ICP	Approval and launch of new structure for more integrated working, decision making and delivery
Establishment and implementation of two year financial recovery programme	Publication of a two year plan for the NHS organisations within the ICP to achieve financial balance by the end of 2020/21
Establish Primary Care Networks / Design our Neighbourhoods	Creation and implementation of Primary Care Networks / neighbourhoods as required by the new GP Contract
Joint Commissioning Arrangements for LA services (and LA + Health)	Identification of opportunities to jointly commission services which are currently approached separately by the member organisations of the ICP
Development of integrated place based functions	Better support the delivery of the ICP's strategic priorities by the creation of place-based functions / teams
Delivery of Urgent & Emergency Care Strategy	<p>Creation and publication of a whole system Urgent and Emergency Care strategy for Berkshire West which builds on the work already produced by the ICP to date. Includes;</p> <ul style="list-style-type: none"> • Development of Strategy • High Intensity Users • West Berkshire Urgent Treatment Centre • Reading Walk in Centre Development • Refine the approach to ED Streaming • CRT redesign and implementation
Outpatients Transformation	Design new models of care for those specialties which currently use face to face Outpatients clinics at the Royal Berkshire Hospital as the primary delivery model
Integrated Musculo-skeletal Service	Design and implementation of an MSK service with central co-ordination which reduces the volume of intensive clinical MSK work in Berkshire West

Strengthening Alcohol Services across the public sector	Building on the joint work of the ICS / BW7 to create a unified set of interventions across health and social care for the improvement of services offered to those who have an alcohol dependency
Develop and implement Population Health Management	Create a multi-agency framework for the ICP which sets out medium-long term ambition and implementation plan for population health management; and identify opportunities for service improvement
Joint Health and Wellbeing Strategy	Use data and intelligence from the ICP to develop a joint strategy for Berkshire (West)
Diagnostic Strategy	Creation of a new strategy for diagnostics which will present opportunities for a change in location and style of provision for major scanning equipment
Children's and Young People	Develop scope for supporting Children and Young People services, including increasing access for emotional and mental health services and deliver modern outpatient services where activity happens where care is more appropriate

- Design our Neighbourhoods
- Joint Commissioning between Health & Social Care
- Prevention and our joint Health & Wellbeing Strategy
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- Improving Urgent & Emergency Care services for local people
- Transforming how and where we deliver outpatient services
- Integrated Musculoskeletal Services
- Population Health Management

- You will now have the opportunity to rotate around 7 programmes of work and have a discussion about the transformation work being undertaken for that work-stream
- Please note your number you were allocated on arrival, you will rotate around sequentially e.g. if you are number 4, you will visit table 4, 5, 6, 7, 1, 2 and 3 in that order.

Table number	Table discussion	Room
1	Outpatients	King Charles
8	2	Joint Commissioning
3	Prevention & joint health and wellbeing strategy	Dolman 1
4	Integrated MSK	Dolman 1
5	Population Health Management	Dolman 1
6	Urgent and Emergency care services for local people	Dolman 2
7	Primary Care Networks	Main Hall

Closing Remarks

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Steve McManus
Peter Sloman

- New opportunity to work together at different geographies to improve patient experience and overall efficiency. We should only focus on those things where we can clearly add benefit by working together.
- It is important that all partners feel they are contributing and getting something from the ICP. The work programme may need some further work to achieve that.
- It will take a while to settle down but as a leadership group we are giving staff a mandate and setting the expectation that people will work together across organisations to improve outcomes for residents

Agenda Item 27.

TITLE	Place and Community Partnership future?
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 8 August 2019
WARD	None Specific
KEY OFFICER	Philip Cook, Voluntary Sector

Health and Wellbeing Strategy priority/priorities most progressed through the report	N/A
Key outcomes achieved against the Strategy priority/priorities	N/A

Reason for consideration by Wellbeing Board	No point keeping this board unless it has a purpose/ focus.
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	Attendees would get their some of their time back

RECOMMENDATION

The Wokingham Borough Wellbeing Board determines a focus of the Partnership and who should be on the Board or agrees that it can formally cease to exist.

SUMMARY OF REPORT

The PCP has never had a vision, focus, purpose, ToR, support etc. so is not a useful sub group of the HWBB. The remaining members of the PCP (as many are no longer in post) feel without the above it isn't a functional board that can achieve anything purposeful and equally as there is no vision/ focus it is not clear if the right people are even on the board.

There are many boards and subgroups in Wokingham and across Berkshire West that meet that may not directly or consciously connect to the 3 HWBB priorities, but are contributing to them in one form or another so it was felt this board (the PCP) doesn't have a niche area or gap that it can fill.

Background

The Place and Community Partnership met on the 28th June to discuss and consider:

- what this partnership could/ should focus on
- who else should/ could be involved
- next steps

There were 6 attendees representing: WBC localities, public health, Arts, Parish & Town Councils, Health and the VCS.

What came out from the discussions was:

- This partnership has never had a vision or focus given to it
- It has never received admin support akin to the other boards and forums
- It has draft terms of reference from 2014 that was never signed off or completed
- There is no point in the board existing formerly unless it has the above and a reconsidered membership

Terms of Reference summary – the main focus of the ToR was about partnership working, transparency, the service user voice and ‘reviewing provision and identifying gaps’ – but it doesn’t state what ‘provision’ should be reviewed.

It was recognised by the attendees that within our ‘places and communities’ in the borough there is so much going on and so much available and accessible to residents connected to health & wellbeing – the usual barriers present themselves though;

- Awareness of what’s out there and who’s doing what
- Systems and organisations working together in a genuine partnership
- Replicating ‘good’ stuff in other/new areas – how and who
- The expectations on charities/groups and their limitations

Not this is/ was a scrutiny board, but It was felt there is a disconnect between the JSNA, the HWBB priorities and then commissioning of services. Specifically the question was raised about the link between commissioned services and the priorities of the borough.

Partner Implications
None

Reasons for considering the report in Part 2
N/A

List of Background Papers
None

Contact Philip Cook	Service PCP holding chairperson/ involve General Manager
Telephone No 01344 304404	Email philip.cook@involve.community

TITLE	Community Safety Partnership update
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 8 th August, 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Deputy Chief Executive - Graham Ebers

Health and Wellbeing Strategy priority/priorities most progressed through the report	
Key outcomes achieved against the Strategy priority/priorities	<p>The aim of the Wokingham Community Safety Partnership (CSP) is to reduce crime, substance misuse, and anti-social behaviour, raising awareness and increasing reporting of hidden crime. This strategy will guide the partnership in delivering its vision during 2018 to 2021.</p> <p>The partnership's statutory bodies include the Police, the Local Authority, the Probation Service and Health Services. These organisations work together to progress the work of the strategy and respond to emerging themes.</p>

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

RECOMMENDATION

That the Wokingham Borough Wellbeing Board

- 1) notes the contents of this report and support the Community Safety Partners in delivering its strategies.
- 2) review the next steps and consider how they can support the CSP priorities.

SUMMARY OF REPORT

CSP priorities continue to be successfully delivered through close multi-agency working.

The councils Anti – social behaviour officer post has been vacant since May 2019 – steps to review ASB and recruit are underway.

Berkshire Women's Aid (local domestic abuse service) have alerted the partnership to issues around an increase in local referrals and capacity.

The Partnership has appointed a new Community Safety Partnership Manager.

Background

National Community Safety Policy Context

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

As part of the 1998 Act CSP must undertake a strategic assessment which comprises assessing local data. This allows CSP to have an overall comprehensive picture of crime and disorder related need in their area. Strategic assessments comprise of data and information from the Police, Local Authority, Public Health, the Community Rehabilitation Company (CRC) and National Probation Services (NPS) etc

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

Progress against current priorities

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

The Wokingham Domestic Abuse Strategy aims to support children, adults and families within Wokingham Borough. Work includes; needs of victims and perpetrators of domestic abuse; men and boys are included in all work.

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

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

BWA has currently closed local referrals on a temporary short term basis due to the service being full to capacity. Urgent review of the contracted services has taken place and interim measures have been agreed whilst a more permanent way forward is agreed. MARAC referrals for high risk cases continue to be taken.

Multi-Agency Tasking and Co-ordination (MATAC)

The MATAC will replace the DARIM in Wokingham where the medium and low risk repeat D.A. offenders are reviewed. The model has been adopted from Northumberland where

they have seen a 60% reduction in repeat domestic abuse incidents by implementing the same model.

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

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

Next steps and future developments

- Urgent Review of current BWA contracted services – to reopen local referrals ASAP
- CSP manager to re-establish Wokingham DA subgroup that has not met several months.
- A refresh of the D.A. strategy and action plan.
- Outcome based reporting.
- Understand the demand for services and monitor the impact of the MATAC process.

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

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

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

The councils Anti- Social Behaviour Post has been vacant since May 2019, Steps to secure mainstream funding for this post are being expedited to ensure future continuity of service provision.

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

Police, Local Safeguarding Children Board (LSCB), CSP, Anti-Social Behaviour Group, schools and Problem Solving Task Group are working collaboratively to reduce incidents. In a bid to safeguard children from exploitation and anti-social behaviour the following initiatives have been commissioned.

KICKS PROJECT - aims to engage hard to reach young people aged 11-19years, all sessions are free. Sessions are football based from 1st April 2018 to 13th January 2019 worked with 328 unique participants; on average each group reaches 26 young people.

POSITIVE PATHWAYS - delivered to 5 Wokingham schools to working with years 6, 7 and 8 where children may be involved or at risk of involvement with County Lines. Schools refer children to the programme and only those children who will positively engage with the project are accepted.

Next Steps

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

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

Wokingham victims are more likely to be young, under 19 and be victims of violence, theft or harassment. A small number of victims have a disproportionate impact on public services and a number of repeat victims are known to other support services such as Local Authority, Police and Health Services.

Safer Places

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

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

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

The CLICK Project. - school drama specialists AlterEgo delivering the 'click' project as prevention to exploitation; aimed at Year's 5 & 6 to help them learn about online risk and healthy online behaviour and relationships.

Priority Four: Empower and enable the resilience of local communities

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

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

Next steps:

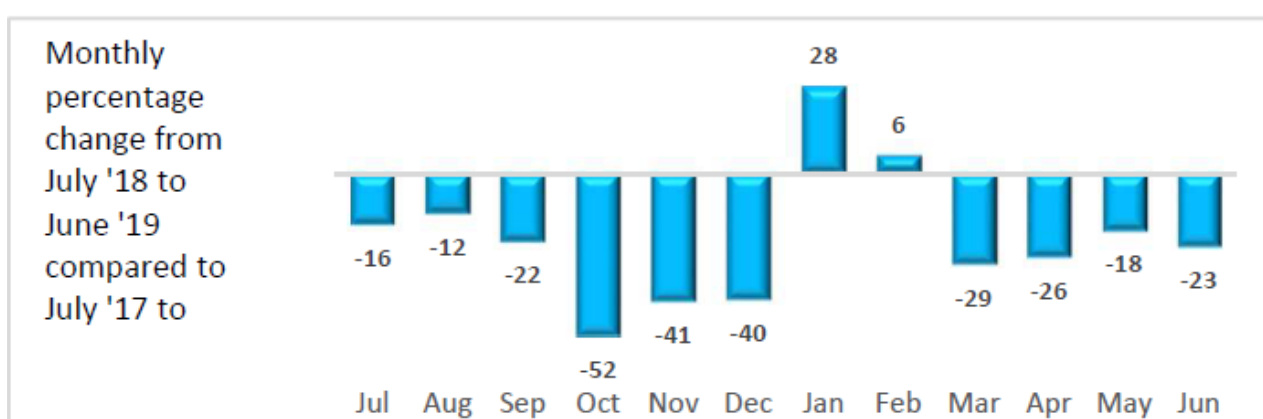
- Progress work with the NAGs and Rural Crime Group
- Link with Contextual Safeguarding work

Performance and Intelligence

Anti – Social Behaviour

12 month rolling period	Current 12 months	Previous 12 months	Change	
			No	%
01/07/2017 - 30/06/2019	1268	1651	-383	-23%
01/04/2017 - 31/03/2019	1337	1618	-281	-17%
01/01/2017 - 31/12/2018	1377	1641	-264	-16%

	Current 12 months	Previous 12 months	Change	
			No	%
Community	862	1173	-311	-27%
Environmental	96	105	-9	-9%
Personal	310	373	-63	-17%



DESCRIPTION	Rolling 12 months			% DIFFERENCE TARGET	
	2017/18	2018/19			
	ACTUAL	TARGET	ACTUAL		
Increase number of racist incidents reported to Thames Valley Police - Recordable Crimes	56	56	118	111%	
Increase number of racist incidents reported to Thames Valley Police - Non-Recordable Crimes	55	55	23	-58%	
Increase number of religious incidents reported to Thames Valley Police - Recordable Crimes	4	4	8	100%	
Increase number of religious incidents reported to Thames Valley Police - Non-Recordable Crimes	3	3	0	NA	
Increase number of homophobic incidents reported to Thames Valley Police - Recordable Crimes	13	13	18	38%	
Increase number of homophobic incidents reported to Thames Valley Police - Non-Recordable Crimes	16	16	3	-81%	
Increase number of transphobic incidents reported to Thames Valley Police - Recordable Crimes	2	2	6	200%	
Increase number of transphobic incidents reported to Thames Valley Police - Non-Recordable Crimes	1	1	4	300%	
Increase number of disability hate incidents reported to Thames Valley Police - Recordable Crimes	13	13	17	31%	
Increase number of disability hate incidents reported to Thames Valley Police - Non-Recordable Crimes	6	6	8	33%	
Monitor the repeat cases referred to the Anti-Social Behaviour Panel	0	0	0	NA	
Monitor number of Community Triggers	0	0	0	NA	
Reduction in Dwelling Burglary Offences	0	0	0	N/A	N/A
Reduction in Non-Dwelling Burglary Offences	0	0	0	N/A	N/A
Reduction in Residential burglary Offences	0	0	344	N/A	N/A
Reduction in Business/Community Burglary Offences	0	0	196	N/A	N/A
Reduction in Theft From Vehicle Offences	404	392	465	19%	Red
Reduction in Theft Of Vehicle Offences	119	117	163	40%	Red
Reduction in Violence Against the Person With Injury	500	475	604	27%	Red
Reduction in Violence Against the Person Without Injury	595	565	998	77%	Red

Partner Implications

The Local Authority have responsibilities set out in Working Together 2018, PREVENT duty 2015, Anti-social Behaviour, Crime and Policing Act 2014:

Health and Wellbeing Board - The Health and Wellbeing Board is set up to co-ordinate health and wellbeing activity in Wokingham. The CSP supports the Health and Wellbeing Board in delivering its 'Enabling and empowering resilient communities' theme.

Work with the Local Safeguarding Children Board will align to ensure best use of resource and avoid duplication of work.

Reasons for considering the report in Part 2

N/A

List of Background Papers

None

Contact Narinder Brar	Service Children's Services
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WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2019

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

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

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

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2019/20

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
10 October 2019	Localities Plus	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

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DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
12 December 2019	Localities Plus	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	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
13 February 2020	Localities Plus	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

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DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
9 April 2020	Localities Plus	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	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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