



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in the Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 10 FEBRUARY 2022 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 2 February 2022

This meeting may be filmed for inclusion on the Council's website.

Note: Although non-Committee Members and members of the public are entitled to attend the meeting in person, space is very limited due to the ongoing Coronavirus pandemic. You can however participate in this meeting virtually, in line with the Council's Constitution. If you wish to participate either in person or virtually via Microsoft Teams, please contact Democratic Services. The meeting can also be watched live using the following link:
<https://youtu.be/HXQ8chXnQaM>

Creating Healthy & Resilient Communities

Key Priorities

Narrowing
the Health
Inequalities
Gap

Creating
Physically
Active
Communities

Reducing
Isolation



WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Graham Ebers	Deputy Chief Executive
Nick Fellows	Voluntary Sector
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Graham Howe	Wokingham Borough Council
Nikki Luffingham	NHS England
Steve Moore	Interim Director, Place and Growth
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Helen Watson	Interim Director Children's Services
Jim Stockley	Healthwatch

- 23. APOLOGIES**
To receive any apologies for absence
- 24. None Specific MINUTES OF PREVIOUS MEETING** **5 - 10**
To confirm the Minutes of the Meeting held on 14 October 2021.
- 25. DECLARATION OF INTEREST**
To receive any declarations of interest
- 26. 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
- 27. MEMBER QUESTION TIME**
To answer any member questions
- 28. None Specific WELLBEING BOARD STEERING GROUP**

To receive an update on the Wellbeing Board Steering Group.

- | | | | |
|------------|---------------|--|----------------|
| 29. | None Specific | WOKINGHAM INTEGRATED PARTNERSHIP
BETTER CARE FUND ANNUAL PLAN 2021/22
PRESENTATION
To receive the Wokingham Integrated Partnership Better Care Fund Annual Plan 2021/22 presentation. | 11 - 18 |
| 30. | None Specific | DEVELOPING OUR INTEGRATED CARE SYSTEM
DISCUSSION WITH WOKINGHAM BOROUGH
WELLBEING BOARD PRESENTATION
To receive the Developing our Integrated Care System - Discussion with Wokingham Borough Wellbeing Board presentation | 19 - 36 |
| 31. | None Specific | REFRESH OF THE BERKSHIRE WEST LOCAL
TRANSFORMATION PLAN, IMPROVING THE
RESPONSE TO CHILDREN AND YOUNG PEOPLES
EMOTIONAL WELLBEING AND MENTAL HEALTH
To receive a report regarding the Refresh of the Berkshire West Local Transformation Plan, improving the response to Children and Young Peoples Emotional Wellbeing and Mental Health. | 37 - 54 |
| 32. | None Specific | ICP UNIFIED EXECUTIVE
To consider the ICP Unified Executive report. | 55 - 58 |
| 33. | None Specific | FORWARD PROGRAMME
To consider the Board's work programme for the remainder of the municipal year. | 59 - 60 |

Any other items which the Chairman decides are urgent

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

**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 14 OCTOBER 2021 FROM 5.00 PM TO 6.05 PM**

Present

Charles Margetts	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Bell	Voluntary Sector
Carol Cammiss	Director, Children's Services
Nick Fellows	Voluntary Sector
David Hare	Wokingham Borough Council
Graham Howe	Wokingham Borough Council
Susan Parsonage	Chief Executive
Meradin Peachey	Director Public Health – Berkshire West
Matt Pope	Director, Adult Social Care & Health
Katie Summers	Director of Operations, Berkshire West CCG
Jim Stockley	Healthwatch

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist Public Health
Ingrid Slade	
Phil Cunnington	
Laura Vicinanza	Regional Public Affairs and Campaigns Officer Alzheimer's Society
Mark Robson	Integrated Networks Development Lead

13. APOLOGIES

Apologies for absence were submitted from Graham Ebers and Councillor John Halsall.

14. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 10 June 2021, were confirmed as a correct record and signed by the Chairman.

15. DECLARATION OF INTEREST

There were no declarations of interest.

16. PUBLIC QUESTION TIME

There were no public questions.

17. MEMBER QUESTION TIME

There were no Member questions.

18. COVID UPDATE

The Board received an update on Covid.

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

- Ingrid Slade outlined the current Covid rates across Berkshire. The case rate per 100,000 population for Wokingham, for the week 1-7th October, was 395.6. This was on an upward trajectory, as was the case for several of the neighbouring councils. The rate in the over 60's was currently on its way down and was around 120.6.
- Residents were living two different pandemics. There were a large number of Covid cases in the school age population, mostly within the secondary schools. For those without school age relatives, many were living with less restrictions. Wokingham's Children's Services Task Force was working closely with schools and headteachers and were being very proactive in testing. This would help to identify further cases and to prevent onward transmission.
- Councillor Hare questioned whether cases were likely to continue to increase and what impact winter might have. Ingrid Slade commented that the rate was currently on an upward trajectory. Some factors may have an impact on rates going into winter, including half term holidays and the Schools Immunisation Team going into the secondary schools to provide Covid vaccinations.
- Councillor Howe commented that 30% of children had been vaccinated and asked what was being done to continue this. He was informed that Wokingham had the highest uptake in vaccinations in Berkshire West in 12-15 year olds. There was a clear vaccination programme within the secondary schools. Board members were reminded that a vaccine could not be given within 4 weeks of a positive diagnosis. Further work on ensuring a good vaccination offer was available for those children who were affected by this, would be undertaken.

RESOLVED: That the update on Covid be noted.

19. WOKINGHAM HEALTH AND WELLBEING STRATEGY INTO ACTION AND ASSOCIATED ACTION PLANS

The Board received the Wokingham Health and Wellbeing Strategy and Associated Action Plans.

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

- The action plans would be reviewed annually.
- Prior to the pandemic, extensive work had been undertaken across Berkshire West regarding the development of a Berkshire West wide Health and Wellbeing Strategy.
- Ingrid Slade went on to highlight the five high level priorities identified for Berkshire West. Work had been undertaken locally to identify how these were relevant to the Wokingham Borough population.
- Local sub priorities in Wokingham Borough were:
- Priority 1- Reduce the differences in health between different groups of people -
 - Cardiovascular disease
 - Cancer
 - Covid recovery
- Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives –
 - People with learning disabilities
 - Unpaid carers
 - Youth offenders
 - Substance misuse
 - Domestic abuse

- Priority 3 – Help children and families in early years –
 - SEND and inclusion
 - Early intervention and prevention
 - Safeguarding
- Priority 4 – Good mental health and wellbeing for children and young people –
 - Reduce waiting time
 - Covid recovery
 - Prevention and early help
- Priority 5 – Good mental health and wellbeing for adults –
 - Loneliness and social isolation
 - Dementia
 - Loneliness and social isolation Covid 19 recovery
- More partners were being brought together than under the previous Wellbeing Strategy. The Groups that would be responsible for the delivery of each priority, were highlighted. It was proposed that these report into the Wellbeing Board via a Steering Group. A paper would be provided at the November Board meeting regarding the Steering Group composition.
- Susan Parsonage asked about the reporting of the sub groups. Ingrid Slade indicated that it was expected that each of the nine partnership groups would report to the Steering Group on a quarterly basis, in a staggered fashion. The way in which the update report was delivered would be standardised over time. There would be a focus on outcomes. The Steering Group would determine exception reporting and would report to the Wellbeing Board.
- Katie Summers questioned whether a smart delivery approach would be taken and was informed that the action plans were for a year and would be reviewed and amended as required going forwards.

RESOLVED: That

- 1) the Berkshire West Health and Wellbeing Strategy (noting the methods and outcome of the Berkshire West Health and Wellbeing Strategy Public Consultation included for reference) be approved;
- 2) Wokingham's Health and Wellbeing: Strategy into Action including the priorities for focus within the Borough governed by the Board be approved;
- 3) the proposed change to the local governance structure (page 20 of Wokingham Health and Wellbeing Strategy into Action) be approved;
- 4) Wokingham's Strategy into Action – Action Plans be noted. These plans will be dynamic and continue to develop, they will form the basis of quarterly reporting into the Strategy into Action Steering Group.

20. 'FROM DIAGNOSIS TO END OF LIFE: THE LIVED EXPERIENCES OF DEMENTIA CARE AND SUPPORT' ALZHEIMER'S SOCIETY REPORT AND THE IMPLICATIONS FOR WOKINGHAM

The Board received a presentation from Laura Vicinanza, Regional Public Affairs and Campaigns Officer Alzheimer's Society, on 'From diagnosis to end of life: The lived experienced of dementia and support' from the Alzheimer's Society.

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

- The report analysed the gaps between what care and support the current guidance and legislation afforded people with dementia and what care and support they were actually receiving from diagnosis until the end of life. The Alzheimer Society had made specific recommendations to local authorities on how to address the care and support needs of those with dementia.
- The report had been researched and written prior to the pandemic.
- The Alzheimer Society was pleased that supporting people living with dementia and their carers as a group of people at high risk of bad health outcomes to live healthy lives had been identified as a priority in the Berkshire West Health and Wellbeing Strategy.
- The report had been structured into different sections; diagnosing well; supporting well; living well; and dying well.
- Laura Vicinanza highlighted how evidence had been gathered.
- A key theme across all stages of the pathway was a sense of disjointed and fragmented care.
- Examples of best practice had also been included within the report.
- **Diagnosing well** – The Board noted key findings with regards to diagnosing well. Recommendations around this area included:
 - CCGs to have a dedicated dementia lead to train GPs on referral criteria and diagnosis;
 - Multidisciplinary team meetings between memory service clinicians, neurology and neuroradiology;
 - Clear referral pathways to enable access to Allied Health Professionals;
 - Memory services to include dementia adviser services, with people automatically referred to the service unless they opted out;
 - Access to follow-up opportunities to discuss diagnosis.
- Nationally, diagnosis rates had decreased during the pandemic. Referrals from primary care to the Memory Services had also decreased. A backlog in assessments would worsen wait times.
- People needed to be able to access their GP, face-to-face, to discuss concerns with cognitive impairment or memory. In addition, Secondary care specialist diagnostic services needed sufficient workforce and resources to cope with the current and expected backlog of appointments.
- **Supporting well** - The Board noted key findings with regards to supporting well. Recommendations around this area included:
 - All people should have a named care coordinator;
 - Appropriate and tailored post-diagnostic support interventions for people with dementia and their carers;
 - Integration of dementia adviser services within primary care;
 - Clear local responsibility for advance care planning.
- **Living well** – The Board noted key findings with regards to living well. Recommendations around this area included:
 - Straightforward methods of booking day care and overnight care in advance;
 - Accessible lists of recommended local respite care services;
 - Care homes to have enhanced access to professionals through local multidisciplinary teams;
 - All professionals trained to at least Tier 2 of the Dementia Training Standards Framework.
- The pandemic had had an impact on those with dementia. A deterioration in mental health and cognitive decline had been seen, due to restrictions around social contact, particularly for those living in care homes. In addition, the numbers of people receiving care plans or care plan reviews over the last year had decreased.

- The pandemic had exacerbated many issues that carers had already been facing. During the pandemic many carers had reported that their caring responsibilities had significantly increased during lockdown.
- **Dying well** – The Board noted key findings with regards to dying well. Recommendations around this area included:
 - Manage hospitalisations through integrating services, upskilling care home staff and increasing access to out-of-hours specialist support;
 - Local multidisciplinary teams should be formed to assist local care homes, and include palliative care teams;
 - Local services should be set up to ensure that professionals involved in end-of-life care can easily and quickly access advance care plans.
- Councillor Hare asked about support for carers, particularly during the early stages of a loved one receiving a dementia diagnosis. He went on to comment that it was good for carers to be able to take respite. Many felt guilty about taking time away from their loved one. Laura Vicinanza emphasised that carers needed to be supported so that they could understand how to deal with dementia. She agreed that taking respite was important for carers and that if they did not have access, it could have a very negative impact on the carer.
- Matt Pope indicated that Laura Vicinanza had had discussions regarding the report recommendations with officers and these would be incorporated in the dementia workstream. Work was being undertaken regarding the formation of a dementia alliance across the Borough.
- Katie Summers stated that the CCG had done a lot of dedicated training around dementia for GPs but that this could be reaffirmed. Multi-disciplinary meetings were already in place but that Memory Service clinicians could be incorporated. She went on to state that the Memory Service already included Dementia Advisors.
- Katie Summers questioned whether the report had been shared with Berkshire Healthcare Foundation Trust and Royal Berkshire Healthcare Trust as major clinicians and was informed that it had been presented to the Health and Wellbeing Boards. Katie Summers commented that the Royal Berkshire Hospital was looking at their clinical services strategy and it was a good opportunity to shape how the major local providers took forwards the recommendations from the report.
- Dr Milligan outlined some of the measures already in place around dementia. She emphasised the importance of the voluntary sector.

RESOLVED: That the presentation on 'From diagnosis to end of life: The lived experience of dementia and support' from the Alzheimer's Society, be noted and Laura Vicinanza be thanked for her presentation.

21. ICP UNITED EXECUTIVE CHAIR'S REPORT

The Board considered the ICP United Executive Chair's Report.

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

- Matt Pope commented that the update was a means of keeping the Board up to date with the Integrated Care Partnership Board to ensure a read across between the two.
- Matt Pope suggested that an overview of the Board and its priorities be provided at the next Board meeting. Katie Summers suggested a workshop would be helpful.
- It was noted that the report was out of date because the agenda had been carried forward from the previous meeting which had had to be cancelled.

- Meradin Peachy commented that discussions had been had about the Berkshire West Health and Wellbeing Strategy and the governance between the ICP and Wokingham regarding the strategy.

RESOLVED: That the ICP United Executive Chair's Report be noted.

22. FORWARD PROGRAMME

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

RESOLVED: That the forward programme be noted.

Wokingham Integrated Partnership BCF Annual Plan 21/22

Lewis Willing

Agenda Item 29.



Overview

The Wokingham Integrated Partnership completed their annual integration programme plan in April '21, this has been presented to the Wellbeing board. This is formalised version of this plan and budget associated with it.

NHSE released their template in September, and we have submitted a final version on Tuesday 16th November (following the agreement of the Chair of the Wellbeing board)

During the development of this annual return, Integration Team have been in touch with colleagues from the CCG, BHFT, RBH and the other West of Berkshire Local Authorities.

Overviews have been shared with all of the WIP partners at delivery group (operational managers) as well as Leadership Board (Senior managers)

A draft version of this return was submitted to NHSE, to gather feedback and further enhance it. This was welcomed. The majority of the submission was noted as being good, with few areas of improvement. These have subsequently been addressed with support from partners, prior to sharing it with the Chair of the Wellbeing board. These changes have been discussed with NHSE also and were broadly acceptable- pending their final.

#ONETEAMwokingham



Finance

- All of the minimum contributions have been met
- All of the national conditions have been met
- This is essentially the budget which was agreed by the Wellbeing Board earlier this year

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,974,146
Planned spend	£3,797,134

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£4,310,923
Planned spend	£4,310,923

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£222,100	(1.9%)
Carers Services	£412,196	(3.5%)
Community Based Schemes	£1,648,938	(14.0%)
DFG Related Schemes	£1,075,656	(9.1%)
Enablers for Integration	£1,022,894	(8.7%)
High Impact Change Model for Managing Transfer of Care	£1,220,700	(10.3%)
Home Care or Domiciliary Care	£204,149	(1.7%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£520,986	(4.4%)
Bed based intermediate Care Services	£1,855,215	(15.7%)
Reablement in a persons own home	£1,499,878	(12.7%)
Personalised Budgeting and Commissioning	£20,000	(0.2%)
Personalised Care at Home	£190,000	(1.6%)
Prevention / Early Intervention	£58,500	(0.5%)
Residential Placements	£1,346,505	(11.4%)
Other	£506,083	(4.3%)
Total	£11,803,800	

Funding Sources	Income	Expenditure	Difference
DFG	£1,075,656	£1,075,656	£0
Minimum CCG Contribution	£9,157,634	£9,157,634	£0
iBCF	£457,979	£457,979	£0
Additional LA Contribution	£1,112,531	£1,112,531	£0
Additional CCG Contribution	£0	£0	£0
Total	£11,803,800	£11,803,800	£0

#ONETE



WOKINGHAM
BOROUGH COUNCIL



Services

In Wokingham, here is a highlight of the services that we currently fund using BCF:

- The Health Hub (Referrals)
- Speech and Language Therapy
- Oak Wing
- START (social care reablement service) & Intermediate Care Team (health reablement service)
- Rapid Response and Treatment Service
- Care Home Support Team
- Multi Disciplinary Team Meeting Co-Ordinators
- Community Navigators (VCS)
- Step Down Beds
- Contributions to Hospital Liaison Team
- Moving With Confidence
- Home from Hospital Scheme (VCS)
- MIND Wellbeing Service
- Additional Physiotherapy support for reablement
- The Friendship Alliance (Social Isolation)
- PHM Analyst
- Project Joy (Social Prescription Application)

#ONETEAMwokingham



Targets

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)		384.0	495.0
	Available from NHS Digital (link below) at local authority level.		
	Please use as guideline only		

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	7.8%	8.6%
	Proportion of inpatients resident for 21 days or more	3.6%	4.2%

Targets have been set as a result of discussion and agreement from our partners at WBC, RBH, BHFT and CCG, and following guidance from NHSE.

All of the targets are challenging, but following work with analysts, they are achievable.

NHSE are keen to keep levels of performance high, especially as during the pandemic, unplanned hospitalisations and length of stay were very low. As such, they pressed to ensure that targets are challenging.

As guidance was made available late, we will only need to report for Q3 & Q4, or an overall end of year number.

#ONETEAMwokingham

Targets Continued

8.3 Discharge to normal place of residence

	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.0%

These targets are social care orientated, and whilst they are different, have the same ethos as previous Better Care Fund planning.

8.3- This is a target set across the West of Berkshire. We will be looking to move this up to 93% next year and 95% the year after.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	461	431	278	368
	Numerator	138	130	85	115
	Denominator	29,935	30,147	30,571	31,230

8.4- Please note that last year, due to COVID, the performance was very good against the long-term placements piece. We are still making fewer placements than in a normal year, and have challenged ourselves to drop from 12 placements per month to 9.6 placements (essentially 10 or fewer).

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	87.0%	84.0%	90.0%
	Numerator	52	105	113
	Denominator	60	125	125

8.5- We will be on target to meet this, and this is an extension of the 87% target that we have been close to in normal years

NB:- Locally agreed targets, KPI's and/or performance monitoring dashboard is in place to offer oversight of services and also other metrics linked to creating a good and efficient discharge and reablement journey for our customers/patients.

Narrative Plan

Each of the LA have to complete a narrative plan, For brevity, I am including only a brief description. There are 7 questions:

- **Who has been involved in creating the plan**

As above. In the upcoming years, we will need to draw our council housing partners in to the planning process more.

- **Executive Summary**

Summary of this years integration programme

- **Governance**

Summary of local and region oversight.

- **Overall approach to integration**

How we work and commission jointly, what is new services we have commissioned and how we work together to keep people independent

- **Supporting Discharge**

How we implement 'Home First', does the BCF support timely discharge from hospital and do we have an agreed commissioning arrangement for discharge services

- **Disabled Facilities Grant and Wider Services**

How we strategically use the DFG to support people. This response was good, and has actions to improve our services for next year

- **Equality and Health Inequalities**

Cover what we are doing to support equality and reduce health inequality. A good response, with the work of our analyst being key to improving our efforts for this next year.



This page is intentionally left blank

Developing our Integrated Care System

19

Discussion with Wokingham Borough Wellbeing Board

9 December 2021

Agenda Item 30.

1. Context
2. Purpose of an ICS
3. Key components and terminology
4. System and Place
- 5.²⁰ Governance – partnership structures and ICB Board membership
6. Discussion

Bill currently going through parliament

- Significant guidance coming down based on draft legislation

Aim is to put this on a statutory footing for April 2022

- But it will take 12-18 months to evolve to fully functioning

That evolution needs to occur in dialogue with system partners

- Along with developing the system strategy with partners, broader stakeholders and the public

Today is the start of the conversation...

Four goals:

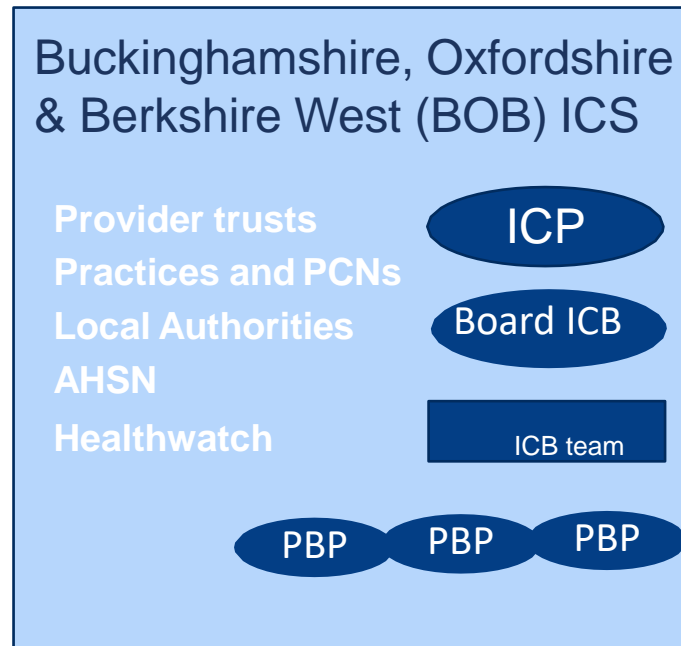
- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- **enhance productivity and value for money**
- help the NHS support broader **social and economic development**

...these were all goals set out in the Long Term Plan...

...it is how we organise to deliver that is changing

Key components and terminology

- **Integrated Care System (ICS)**
- **Integrated Care Partnership (ICP)**
- **Integrated Care Board (ICB)**
- **Board of the ICB**
- **Place-based Partnerships (PBP)**



From April 2022, Clinical Commissioning Groups will no longer exist
All CCG staff will transfer into the ICB

Three recent national changes to terminology



Health and Care Partnership -> Integrated Care Partnership

- So ICP is now a system level acronym!

Integrated Care Partnership -> Place-based Partnership

- 24 • So PBP replaces ICP at Place level

Integrated Care System Body -> Integrated Care Board

- Teams and resources in the ICB will support system and Place

System and Place

We are a system made of three Places

- We do not have the single focal point of other SE ICSs

Most care delivery will be managed at Place

- System orchestrate overall strategy and delegations
- Place manages pooled budgets and delivers on Urgent and Emergency Care (UEC), Long Term Conditions (LTC) and integrated care
- Localities deliver on inequalities
- Provider collaboratives deliver services beyond a Place

We need to work together to evolve system and Place

- Signed off by the Integrated Care Partnership

Places

Today's ICP / Unified Exec -> Place-based partnership (PBP)

- Sub-committee of the Integrated Care Board

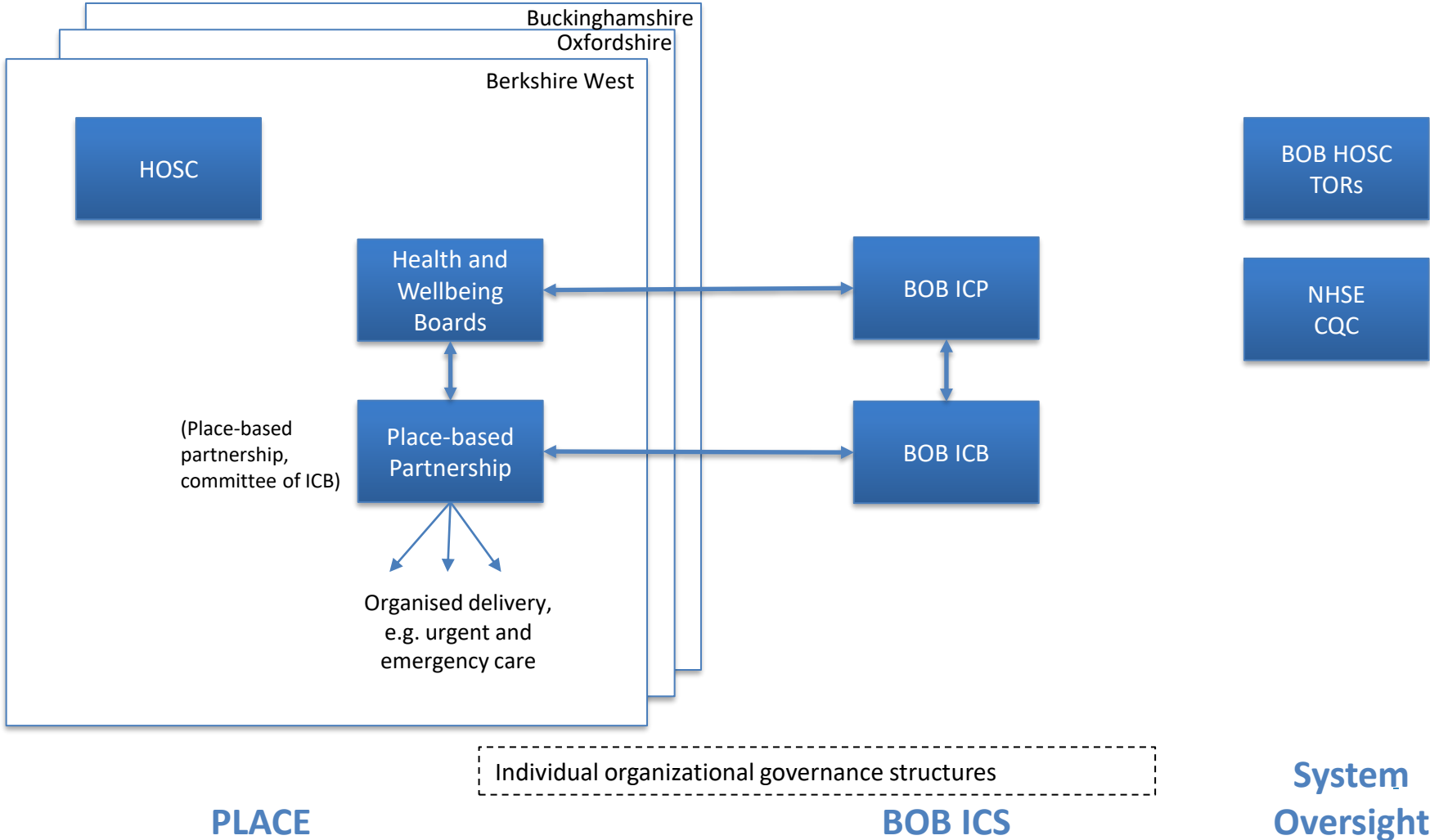
PBP will take many of the decisions that lie in CCGs today

- Eg, resources / capacities across UEC and LTC pathways

They will also drive the changes to enable integrated care

- Eg cardiology, MSK pathways

ICB Place teams will support the PBP – as they do for CCGs today



- Proposing statutory/mandatory membership and review when ICB established
- Membership of 10
 - 1 x Chair
 - 2 x Independent Non-Executive Directors
 - 1 x Chief Executive of Integrated Care Board
 - 3 x Partner Members
 - 1 x Local Authority Officer
 - 1 x Primary Care
 - 1 x NHS Provider
 - 1 x Finance Director
 - 1 x Medical Director
 - 1 x Nursing Director

28

Appendix – detail on elements of ICS

1. What is an ICS?

- **Integrated Care System (ICS):**
Partnerships of health and care organisations that come together...

∞...to plan and deliver more joined up services and improve the health of people who live in their area

There is no change to the system partners we have today.

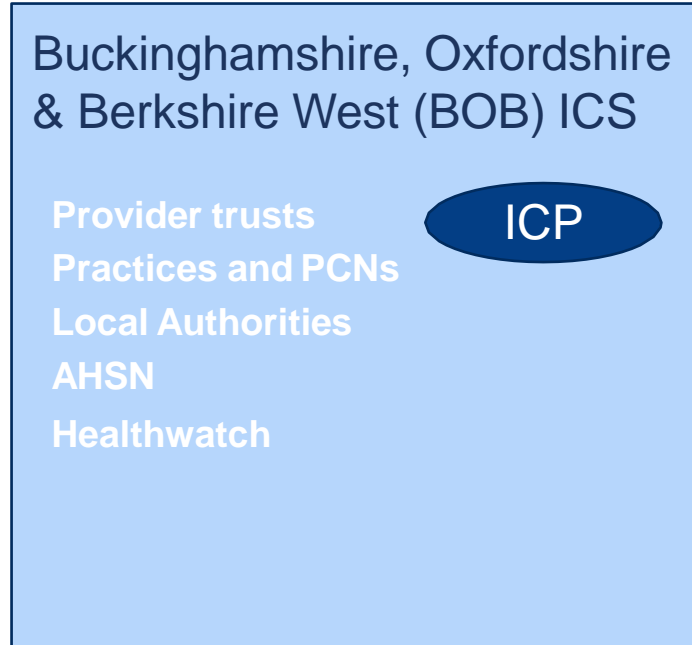
Buckinghamshire, Oxfordshire & Berkshire West (BOB) ICS

Provider trusts
Practices and PCNs
Local Authorities
AHSN
Healthwatch

1. Components of an ICS?

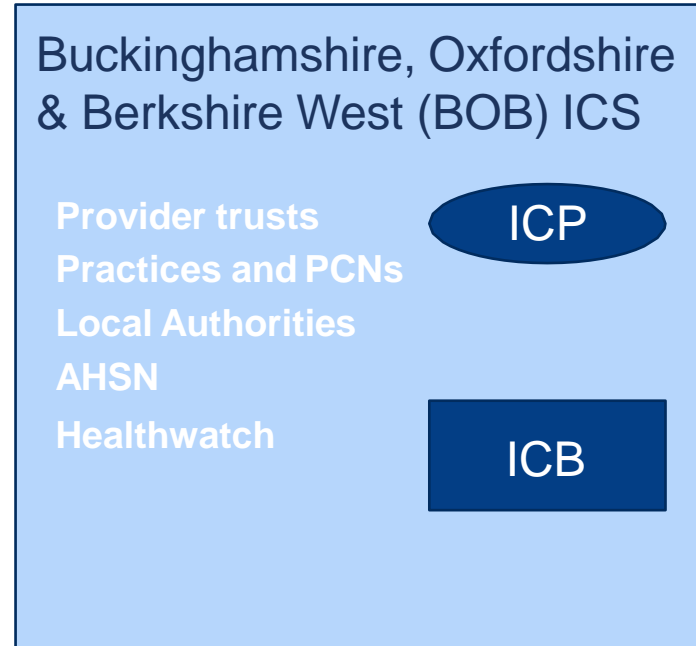
- **Integrated Care System (ICS)**
- **Integrated Care Partnership (ICP):**
Broad alliance of organisations concerned with improving the care, health and wellbeing of the population, jointly convened by the ICB and local authorities in the area

Role to develop an integrated care strategy for its whole population



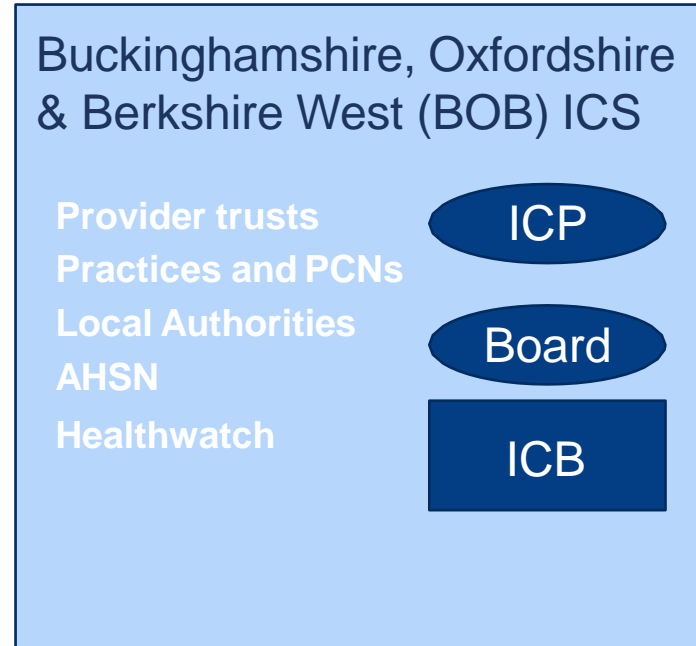
1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- **Integrated Care Board (ICB):**
 Team that develops the plan, allocate resources, establishes joint working and governance arrangements to ensure health provision for the population. Lead system-wide action on data, digital, workforce and estates as well as EPPR for major incidents



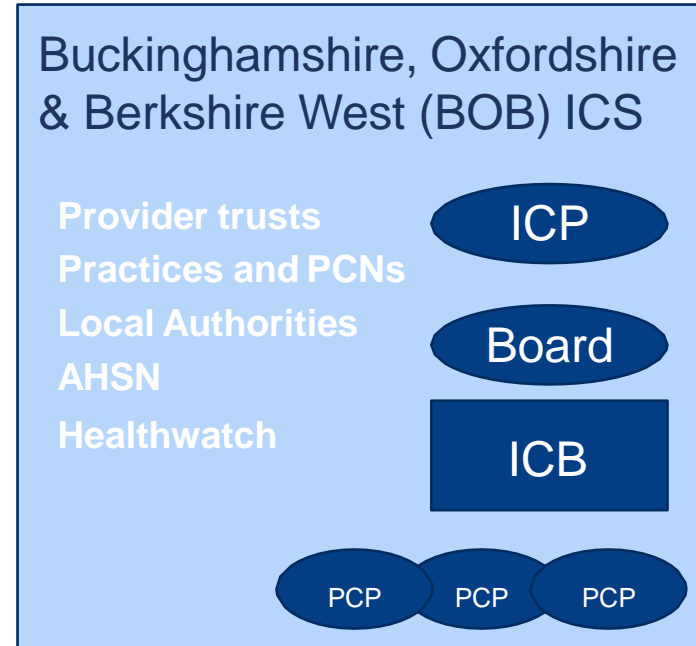
1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Integrated Care Board (ICB)
- ³⁴ **Board of the ICB:** a unitary board that includes Chair, Chief Exec, CFO, CNO, CMO, and at a minimum one member each from Trusts, PC and LA and minimum two NEDs



1. What is an ICS?

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- ³⁵Integrated Care Board (ICB)
- Board of the ICB
- **Place-based Partnerships (PBP):** partnerships in each Place that will take on local delegation and replace the current ICPs in Place



This page is intentionally left blank

Agenda Item:

Meeting: Health and Wellbeing Boards (Reading and Wokingham)	
Date	September 2021
Title of Paper	Refresh of the Berkshire West Local Transformation Plan, improving the response to Children and Young Peoples Emotional Wellbeing and Mental Health
Lead Director	Niki Cartwright – Director of Joint Commissioning Berkshire West CCG
Author(s)	Andy Fitton – Assistant Director for Joint Commissioning Berkshire West CCG
Paper Type	To update for information
Action Required	None

Executive Summary

This report provides an overview of the refreshed Future in Mind Local Transformation Plan (LTP), the sixth such publication of our planning locally since 2015.

The LTP provides an update on how as a local system we are improving the emotional wellbeing and mental health of all Children and Young People (CYP) across Reading, West Berkshire, and Wokingham in line with the national ambition and principles set out in a range of government documents and most recently in the NHS 10-year Long Term Plan.

It has been a very busy time since the 2019 publication, delivering our transformation plan as well as responding to the COVID-19 pandemic. We are proud of what we have been able to achieve alongside young people, parents and our strategic partners from the local authority, health, education, and the voluntary sector. What follows are headline messages for this year.

- We are proud about the choice of provision we commission and provide. That includes the establishment of 3 Mental health Support teams in our 3 Local Authority settings who have worked with 872 CYP since starting, mainly for help with anxiety.
- We continue to increase the access and use of mental health services against a backdrop of increasing demand and complexity. All our providers are now flowing data onto the national dataset, and we consistently meet the national target.
- Our range of strong outcomes reporting are evidencing that many children and young people have positive outcomes across providers.
- We can evidence the impact of large-scale training across partners. A highlight is the successful implementation of the Trauma Informed/ adverse childhood

experiences training, at School and a community level that has expanded rapidly, and in Reading this has impact significantly on reducing exclusion from school.

- A significant system review of the emotional wellbeing and mental health offer has been completed that significantly impacting on the forming of the 9 transformation priorities. Key headline from that review are:
 - We can evidence that most children and young people feel listened to across providers.
 - We need to coordinate information about our offer for help and simply the access points
 - CYP and families do get the help they need when they navigate the offer and receive a set of interventions.
 - Need to tackle waiting times and provide more bridging support whilst waiting
- BHFT and Berks West CCG have completed a review of Neurodiversity needs that identified trends of demand and necessary capacity to meet that demand. We continue to need to manage significant number of children and young people seeking autism and ADHD assessments in Berkshire West that in turn is affecting waiting times, and consequently remains a high priority. Significant investment has been agreed over the next 2 financial years enabling BHFT to recruit new staff and broker a longer-term deal with national digital providers of assessments that will support the ambition of bringing wait times for all CYP to be below 12 months, as a maximum wait time.
- 2 significant system joint transformation programmes have been brought to conclusion:
 - Children in Care service offer has been co-produced with CYP, Local Authorities and BHFT, the offer is agreed and jointly funded by CCG and LAs. This progress is signalling a strategic shift for our partnership that will form a strong basis of work into the future.
 - An intensive community and home treatment offer that will build off and integrate with the existing Rapid Response offer.
- BHFT have transformed their tier 4 offer, taking the existing 9 bed Willow house inpatient offer and re-created a hospital at home offer for 16 CYP, taking best practise from intensive community models that are demonstrating success elsewhere in the country. CYP will continue to be able to access inpatient units in the Thames Valley region, and this will be an alternative that will provide 7-day specialist support, whilst still being at home, remaining in their community and with peers.

The partnership between the NHS, Local Authorities and voluntary sector providers remains as strong as ever. However there does remain challenges in this area that COVID-19 has impacted:

There continues to be increased demand which in turn is having an impact on waiting times, across providers. The impact of COVID-19 has increased demand across all emotional health and wellbeing services, as an example the highest rate of referral to our specialist CAMHs provider was seen in the March 202, as school lockdown were easing.

In addition to increased demand within the demand there is increased complexity of presentations. Notable is the increased in risk management for LD&A CYP and

Date: 20.11.21

Filename: Local Transformation Plan refresh Sept 21

disorder eating/ eating disorder presentations that is impacting the time on RBFT wards as well as need for inpatient admissions.

Availability of suitable skilled, qualified and experienced health workforce. There are recruitment and retention challenges for many parts of the wider children's workforce e.g. social care. Difficulty in recruitment and retention of clinical workforce within our main provider fuelled by:

- High system and regional competition for same pool of workforce
- Lack of national planning and investment in training next workforce – not matching the LTP investment programme
- Cost of living in SE (and London weighing salary offer)

Over the last 18 months there is a consolidation of the joint governance arrangement across the health, social care, and education system, with the formation of the Integrated Care Partnership (ICP) CYP board. This has strengthened the resolve to improve the offer and outcomes of local CYP's mental health. This sponsorship and leadership have created a single focus against 9 transformational priorities underpinned by financial investment from across the system. The detail is on page 4 -6 of this report.

A programme architecture has been set up to govern and drive our progress going forward, led by the CCG and overseen by the ICP CYP board – the detail is on page Y. This will enable regular updates as needed.

Summary of Transformation Priorities

1 Building a formal delivery partnership arrangement

This partnership will deliver:

- A single access and decision-making point that all delivery aligns too (see point 2 below)
- A joint communication approach and set of tools that explains to CYP, parent and carers, schools, and primary care colleagues how to access support and the type of response and offer they can expect
- A joint workforce development programme that creates both a confident and knowledgeable wider CYP workforce in mental health as well as a robust and sustainable mental health workforce to deliver the services CYP needs.

Evidence from other alliances across the county they are seeing:

- Improved use of resources, avoiding duplication of offer
- Greater communication and clarity of offer to CYP, families and professionals that are asking for help
- Greater use of the Voluntary sector and third sector partners that become even more integral to the offer
- Satisfaction rates of access to and use of services from CYP and families increase

2 Create a single access and decision-making partnership arrangement

This seeks to align and integrate the variety of access points for CYP, families and professionals to improve first and earlier response and manage risk better. By achieving this we are expecting this to have a 3-FOLD impact:

- An improved experience of key stakeholders in knowing where and how to access help and support. This will lead to coordinated communication and ensuring an appropriate set of offers within a Thrive approach is made, enabling choice.
- The potential for a more efficient system across two domains:
 - reducing the individual organisation capacity currently being used to manage the range of access points,
 - improving the response time through a coordinated decision-making offer should lead ultimately to shortened waiting time to access an intervention to have an impact.
- Greater opportunities for an earlier and more coordinated response across the range of partners to presenting CYP needs, preventing escalation of risk or being able to recognise risk earlier and providing the necessary specialist support.

3 Tackling the waiting times in both specialist/ Core CAMHs	<p>The NHS has agreed an investment programme for 20/21 of over £2million to Improvement in waiting times from referral to intervention; improvement in recovery rates, decrease in overall crisis presentations. Increased confidence with early identification and risk management and confidence on the ward.</p>
4 Meeting the Eating Disorder waiting times for response to referrals	<p>Although there continues to be slow progress towards meet the waiting time standard for both urgent and routine referrals this has been hampered by the increase again in volume and complexity of eating disorder cases.</p> <p>Further work on the liaison and support work inside RBFT wards for specific CYP with ED whilst they stabilise ready for discharge or wait for an inpatient bed elsewhere</p> <p>The building of the hospital at home offer (the reshaping of the Willow House service) in Berkshire will support main escalating and higher need CYP.</p> <p>In addition to our recovery work, it is intended to invest more capacity into early identification work, that seeks to reduce the number of 'urgent' cases being referred. (Balance of urgent to routine). The key strands of this work are:</p> <ul style="list-style-type: none"> • To deliver the range of BEAT training to primary care and acute settings in Berkshire. • To enable our MHST, School nurses and other early intervention services to work with schools and families to seek help appropriately as possible.
5 Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases	<p>By March 2023 there will be a new and integrated home and community treatment offer that will be offering the brief 6 to 10-week service to stabilise CYP post crisis and prevent further crisis presentations. The offer will be multi-professional including the ability to offer low, medium and high levels support that will at its maximum will be offering daily (inc weekend) support to families. Importantly we will offering a range of interventions from clinical and medical through to peer and family support.</p> <p>We are seeking support from our LA partners to contribute to this investment.</p>
6 Mobilising 2 further Mental Health Support Teams	<p>Building from the successfully implementation of 3 MHSTs (one in each Local Authority) BW CCG has secured the resource to establish 2 more teams. Using the same model of delivery and provider, the Local Authorities, a team will be set up in Reading (in the South and East school cluster) and West Berkshire (in the Newbury area). Work has started to mobilise the service already and it will be fully available by Sept 2023.</p>
7 Meeting the COVID-19 surge demand as it arises	<p>Following the learning of the initial lockdown period There will be an operational group set up to create space for sharing and response within a 'BW Partnership Operational Meeting' to meet emerging operational pressures. This will be seeking to</p>

heightened collaboration, sharing of resources as necessary and agreeing on where short term investment could be placed if a surge is being experienced.

8 Addressing gaps in access and service offer due to inequalities

Three inequality areas have been identified and separate but aligned work needs to be initiated in each area. It is:

- Ethnic minority groups - With the high proportion of ethnic minority CYP in our schools we need to review the current access of these CYP. Then working with relevant organisations and leaders co-produce an action plan to raise the profile and access arrangements for these CYP and their families to help and support.
- Learning Disability - We need to scope the level of need not be met through our existing service arrangements, review other examples of targeted support to this cohort of CYP and working with the LDA initiatives (e.g. key workers and a intensive support service) propose the service offers we need to augment or set up fresh to meet this need
- LGBTQ+ - With growing numbers of CYP in the LGBTQ+ community we need to work with the relevant organisations and leaders co-produce an action plan to raise the profile and access arrangements for these CYP and their families to help and support.

9 Strengthening our adolescent to young adulthood offer (16 – 25)

Using the investment money available focus on 2 initiatives to support transformation in this area:

- Pilot a ‘Managing Emotions Programme’ that is a programme of psychoeducational courses designed to support people who experience intense emotions that they find difficult to manage and which can have a negative impact on their quality of life. This will be delivered in partnership with a local VCS aiming to offer as response to the volume of referrals noted in the CPE from young adults seeking support to manage emotions related to life changes and uncertainty.
- Working through the community mental health framework implementation model test how to target and meet mental health needs of care leavers.

Governance to drive forward our transformation plan– both Berkshire West and BOB

Fundamental to the success of our transformation programme is robust local, Berkshire West, and BOB (ICS) governance arrangements.

Berkshire West has an Integrated Care Partnership well established now that covers the NHS and Local Authority network of key partners. Within the last 18 months a specific Children and Young People’s programme board has been created and currently lead by a local Director of Children’s Services providing a focused time 8 times a year for support and challenge to this LTP implementation. This programme

board will be the key location of accountability for the 9 transformation priorities ensuring they are making the impact needed. Further to this specific CYP board accountability our BW ICP unified exec has selected CYP MH as a flagship priority increasing both the transparency and accountability of this programme to the highest corporate officer level within the key delivery agents of improvement.

As our Integrated Care System matures there is connectivity and governance arrangements being created for CYP Mental Health. Currently a Mental Health and Learning Disability Oversight group has been established in the last 18 months that includes the CYP mental health agenda. There are 3 key areas of work for this board:

- To scrutinise and assure the Long-Term Plan metrics as well as receive narrative update from our ICS Snr Responsible Officer (SRO) for CYP mental health
- Issues are flagged by exception and very snr leaders in our ICS are available to support mitigating actions.
- Key decisions are filtered to be taken at the BOB ICS level regarding allocation of resources

The appendix provides a range of additional/ supportive information:

Appendix A – the governance arrangements for this transformation plan (page 8)

Appendix B – the key metrics that the NHS is tracking linked to CYP from its long-term plan (page 9)

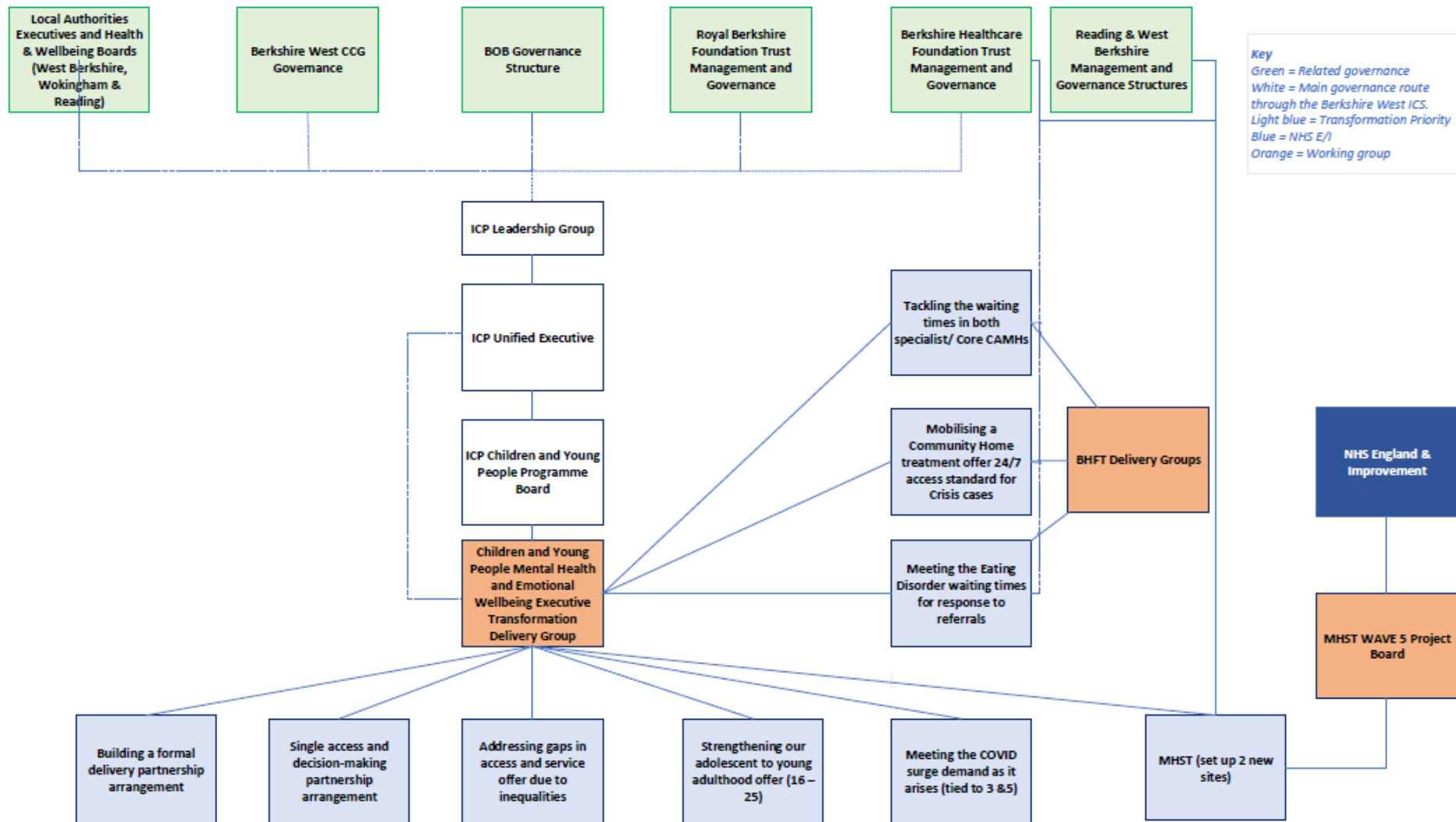
Appendix C – an outline of the headlines from our Key community mental health provider (BHFT) annual report 2020/21 providing information on:

- Referrals and waiting lists, including focus on urgent referrals
- Focus on two areas of support providing ‘getting help’ and ‘risk support’
- Outcomes of the offer

(Pages 10 – 14)

Appendix D – Showcasing the success of our Mental Health Support Team in Berkshire West with evidence of their access, outcome as well as the building of the confidence and capacity inside targeted schools. (Pages 15 & 16)

Appendix A - CYP MH & EWB Transformation Executive Delivery Group Governance Structure



44

Date: 20.11.21
 Filename: Local Transformation Plan refresh Sept 21

Appendix B - Performance Dashboard Local Transformation Plan (Sept 21)

MH LTP Metric	Standard	Latest Published Date	BOB This month (Last Month)		Berks West This month (Last Month)	
CYP Access Rate % (2+ contacts)	NA	May-21	56.3% (53.2%)	↑	47.1% (43.5%)	↑
CYP Access (2+ contacts)	NA	May-21	15380 (14525)	↑	4240 (3920)	↑
CYP Access rate (1+ contacts)	NA	May-21	19985 (19485)	↑	6110 (5835)	↑
CYP ED Waits urgent (quarterly)	>95%	Jun-21	78.2 (84.0%)	↓	68.8% (80%)	↓
CYP ED Waits routine (quarterly)	>95%	Jun-21	59.3% (65.5%)	↓	88.1% (93.9%)	↓
Mental Health Support Teams	25% coverage minimum	Aug-21	NA		32% from 3 teams	
24/7 Crisis support on offer includes assessment, brief response & home treatment. Linked to NHS 111	NA	Aug 21	Berkshire west has: Access to crisis help via NHS 111 established with CYP practitioners available 8am to 10pm every day for CYP and families. Initial assessment and brief response is available 7 days a week via the Rapid Response Service. Home treatment service will be available by March 2022.			

Appendix C - Berkshire Healthcare CAMHS Year end report West CCG, FY 2020/2021

Our Service

In FY 2020-2021, CAMHS Berkshire West Service:

Received 4,090 new referrals

Offered over 21,229 contacts

Delivered 1,726 mental health assessments

Signposted 1,756 referrals

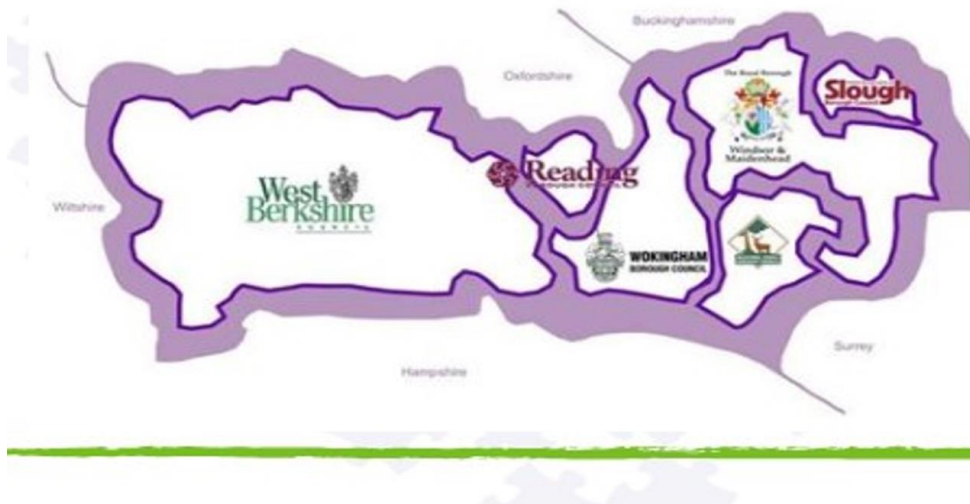
Monthly average of 1,598 young people on caseloads

- Berkshire Healthcare NHS Foundation Trust CAMH Services in Berkshire West:

- Locality-based Specialist Community Teams
- Anxiety and Depression Team (county -wide)
- Primary CAMHS Service Wokingham LA
- All-age Eating Disorder Service (county -wide)
- Rapid Response service (county -wide)
- Health & Justice Service & Children in Care worker
- Tier 4 service (TV Provider Collaborative)
- And our Common Point of Entry service

The Trust also deliver Neurodiversity Services however these are not included in this report.

Source: Population Statistics Division, Office for National Statistics, 2018

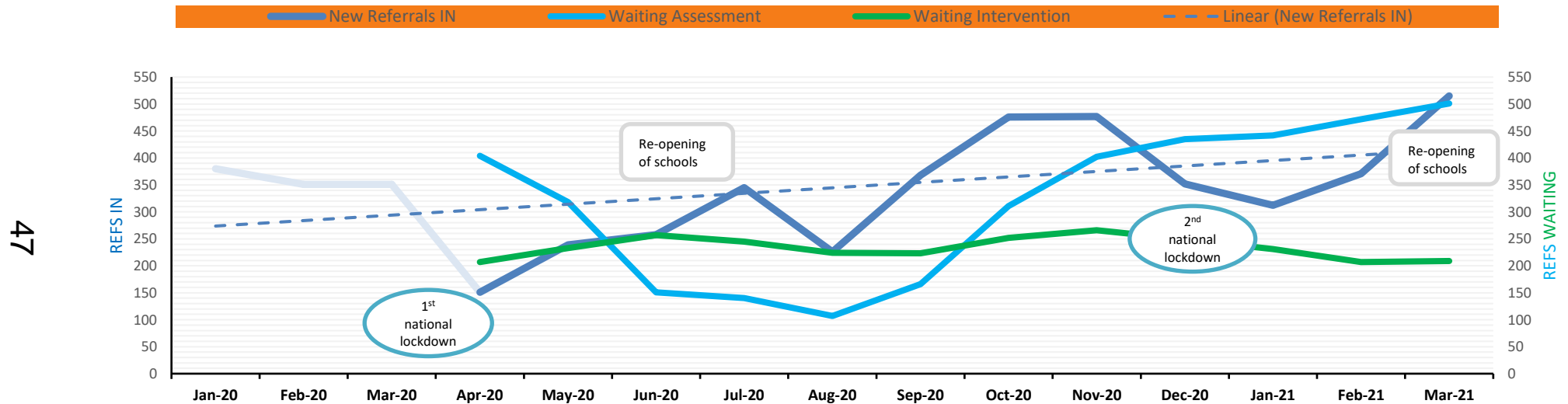


46

Referrals and Waiting Lists

Following an initial reduction in referrals as the country went into the first national lockdown, total referrals increased by 6% in 2020/21 compared to 2019/20. This is in line with the national benchmarking data and follows a trend of increased demand totalling 40% since 2014/15.

CAMHS Berkshire West FY2020-2021



47

Urgent referrals

There has been a significant increase in the number of referrals coded as URGENT by the referrer, up to 15% in 2020/21 compared to only 1.7% in 2019/20. Note that this data is for mental health referrals to CAMHS CPE and does not include crisis referrals to the CAMHS Rapid Response team or referrals to the Neurodiversity teams.

Getting More Help



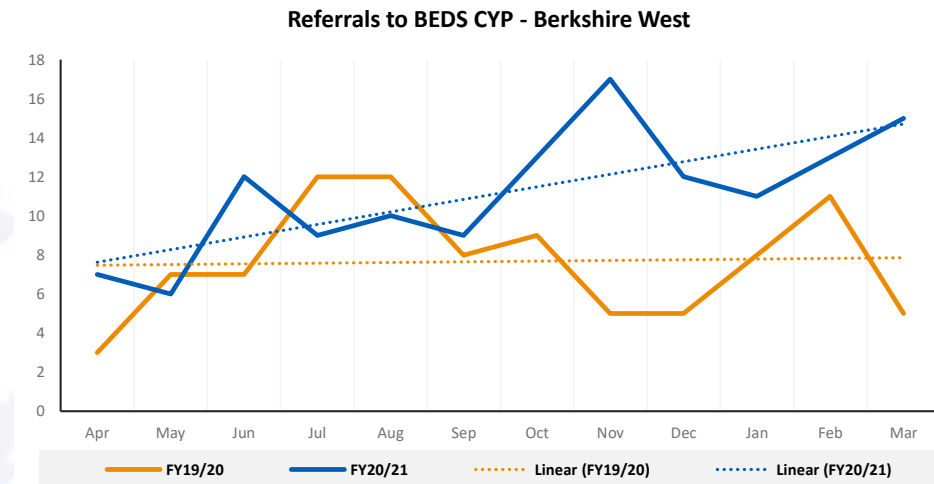
All the CAMHS services providing more help have seen an increase in both the numbers and complexity of referrals over the last year.

An area of particular concern is that of eating disorders. A surge in the numbers of young people developing an eating disorder or complex disordered eating difficulties was seen nationally over the last year and the situation in Berkshire was no different.

Total referrals to BEDS CYP increased by 34.5% on the previous year with the number of referrals from Berkshire West rising by 31%.

This trend has continued with BEDS CYP referrals up by a further 40.4% YTD in CAMHS Berkshire West on the same period last year.

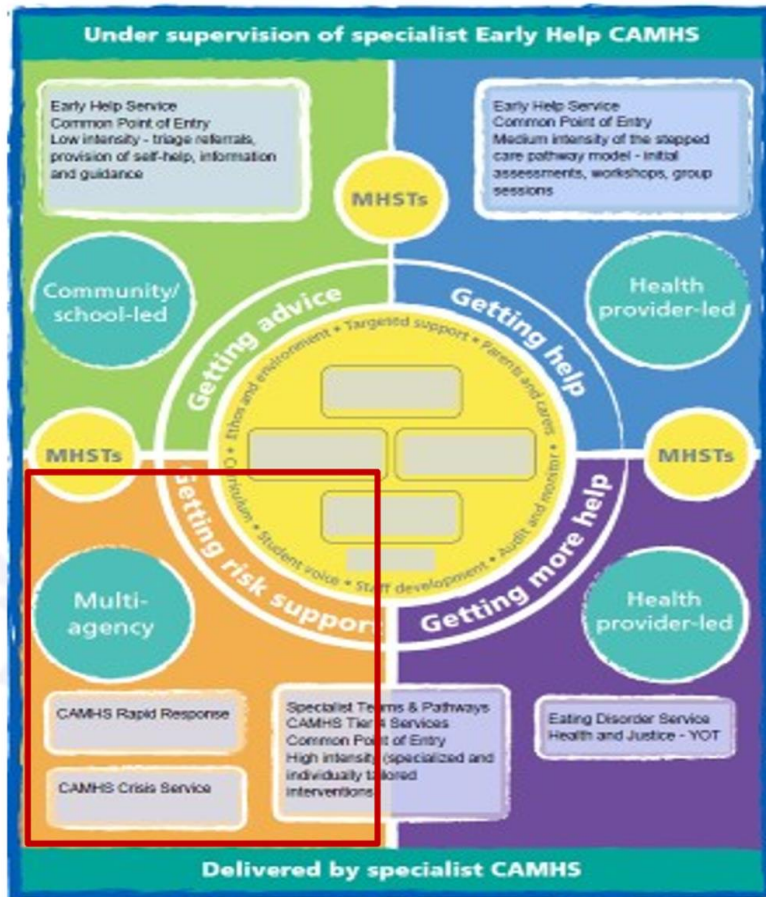
In addition to the increase in number of referrals, we have seen a rise in the number of urgent referrals, with significant numbers identified as at immediate physical risk and needing acute refeeding at the point of referral.



48

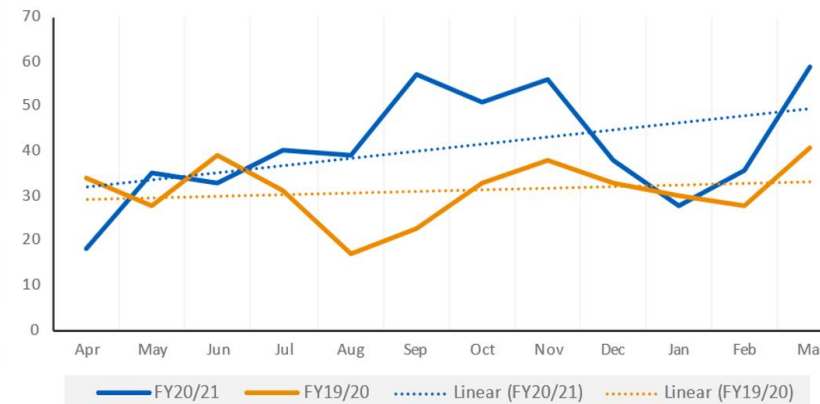
Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

Getting Risk Support



49

Referrals to CAMHS Rapid Response - Berkshire West



Providing robust support for children and young people in crisis has been critical over the last year.

Referrals to the CAMHS Rapid Response team dropped at the beginning of the first lock down but have been higher than usual most months since then and for Berkshire West, up by 23.5% on 2019/20. This trend looks set to continue with referrals up a further 21.3% YTD.

All CAMHS teams have continued to provide face to face care throughout the last year but this has been particularly important for the CAMHS RRT.

A key priority was also to minimise demand on and 'footfall' through the emergency department and acute paediatrics.

At the beginning of the first lockdown, the team implemented new systems to enable digital triage and diversion of patients to community sites for assessment where safe to do so.

A CAMHS service was also put in place under NHS111 and the service operating hours extended to cover Sundays and up to 10pm every evening.

Adapted from THRIVE elaborated framework (Walpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

Outcomes

The service uses a wide range of measures covering symptoms, functioning, bespoke goals, and service/session feedback, collecting information from different perspectives, i.e. children and their parents or carers.

Our outcome data shows that:

- ❑ 67% of young people made reliable improvement on the Revised Children's Anxiety & Depression Scale (RCADS) ReliableChange Index compared to 52% for the rest of CORC.
- ❑ 88% of children and young people felt they moved closer to their goals (Goal Based Outcomes) compared to 86% in the rest of CORC dataset.
- ❑ 71% of scores using the Child Outcome Rating Scale (CORS) improved, compared to 66% (268/408) in the rest of CORC sample.
- ❑ Child & Parent Experience of Service Questionnaire responses were broadly in line with those for the rest of CORC.

Improving outcome measures recording is a priority for the service in 2021/22.

Teams with clearly defined clinical care pathways (Anxiety & Depression, Eating Disorders) have high levels of ROMS use, with paired data scores higher than the rest of CORC.

There is room for improvement in other areas of service and overall, the service is recording lower numbers of paired data than the rest of CORC.

Outcome measures are included within all clinical pathways and have now been built into the RiO electronic record system to enable data to flow to the MHSDS.

New ePathways will provide tools to support clinicians to use ROMS in individual clinical care.

A Clinical Lead with responsibility ROMS is using QI methodology to monitor use and identify areas and action for improvement.

Appendix D - Mental Health Support Team in Berkshire West – showcasing our success

With 3 operational MHSTs, one based in each local authority area serving a cluster school, there are initial signs of success that are worth acknowledging. The headlines across the 3 teams are:

Currently we are working with 49 school, a cross section of Primary and Secondary setting.

MHST staff organise and run Mental health surgeries for MHST schools. For example, West Berkshire held 134 such meetings that spoke about 512 pupils, giving advice on how to support their mental health or agreeing actions to provide interventions to meet their needs.

Example feedback from schools regarding MH Surgeries:

- “It was extremely useful to meet to discuss individual students and the best way they should be supported.”
- “It has been extremely useful to discuss children we are concerned about with professionals with wider experience and knowledge than we have. Sometimes just the explanation of what we observe highlights the next steps for us.
- “Professional advice for children we feel we’ve exhausted all avenues gives us confidence that we are doing the right things a lot of the time. Good to regularly touch base about cases making sure no one drops off the radar (even if things are going well). Nice that the EP is in contact with other schools- good to hear what they are doing and if any room for collaboration”

872 CYP have been referred to the MHST over the last 18 months. the significant majority, over 60% are referred primarily for concerns over their anxiety levels.

90%+ of these CYP are offered an intervention, all are evidenced based, and interventions include group work (e.g. friends for life, Overcoming) as well 1:1 work (e.g. behaviour activation, CBT)

Not all complete the interventions but all MHSTs in the last 6 months now have developed strong outcomes data on the CYP that do complete their intervention. For example, Reading in Q1 this year can report per CYP the pre and post scores on RCAD improvements as well as pre and post. Producing results such as:

- Separation Anxiety Score decreased on average by 4.9%
- Social Phobia Score decreased on average by 4.4%
- Panic Score decreased on average by 7.8%
- Major Depression Score decreased on average by 4.7%
- Generalised Anxiety Score decreased on average by 6.3%
- Obsessive Compulsive Score decreased on average by 7.2%

West Berks have a range of case narratives, some examples below that outline the outcomes they are achieving.

Date: 20.11.21

Filename: Local Transformation Plan refresh Sept 21

- 16yo boy presenting with anxiety around vomiting and low mood also evident. Health related worries were identified and CBT (particularly cognitive restructuring) and some ACT based strategies were utilised. Parent sessions supported work around reassurance giving and also scaffolding outside of sessions. ESQ and RCADS highlight improvements in symptoms but also quality of life.
- 9yo – CYP presented with difficulties around separating from parent, interpersonal challenges and emotions dysregulation, (namely following father's death by suicide). Attachment based intervention was offered – intervention with parent (mother) and child initially, but also offering consultations to school and setting up TAC with other organisations involved in the families care to ensure needs are being met appropriately. Continued sessions over lockdown via Zoom. Mother is feeling more confident in her skills to implement strategies, improve communication and explore changes in her relationship with her daughter given the loss. In turn CYP is also better able to manage emotions and relational challenges. The intervention also encouraged Relationship building with school and parent.
- 17 year old female referred via CAMHS due to low mood which she says was as a result of anxiety which she was unable to get help with. Counselling over 12 weeks worked successfully using a variety of integrative approaches. Given the strained relationship with her mother, it seemed that the reparative part of the therapy worked successfully with this client and her mood lifted by the end of our sessions. RCADS and core form showed this impact.

52

All 3 MHSTs are now regularly collating and using service user feedback. This is supported by annual peer audits to give qualitative information on performance and impact. 2 examples of feedback below:

- *“I find it very easy to talk to [the EMHP], she has a lovely manner about her, she listens really well, and never gives the impression she's judging.... I found everything useful. It's great that she [the EMHP] reminds [the YP] that he can talk to me about anything and should never feel alone, or afraid to tell me anything that's going on in his head...I am finding the sessions very helpful”*
- *“It was really difficult for me to talk about the things/issues I have been and still am going through with my child as I have been keeping it bottled up for a long time, but [the EMHP] made me feel relaxed and once I started talking, I didn't stop*

Finally, MHST's have been providing a range of training into schools and across clusters of schools. 3 examples are outlined below.

- Online training for ELSAs on supporting c/yp's return to school. 10 delegates attended and rated this training as useful (mean: 9/10, where 10 indicated highly useful) and informative (mean: 9/10, where 10 indicated highly informative)
- Online training to support c/yp with worries and anxiety to MHST school staff. 4 delegates attended the first session and rated that: they felt heard, understood and accepted during the training (mean: 9.75/10, where 10 indicated highly heard, understood and

Date: 20.11.21

Filename: Local Transformation Plan refresh Sept 21



accepted); the training discussed what the delegates wanted (mean: 9, where 10 indicates that the training covered what the delegates wanted); the training was a good fit for them (mean: 9, where 10 indicates that the training was a good fit).

- Online training for MHST school staff about how to support c/yp's transition to secondary school.

53

This page is intentionally left blank

ICP Unified Executive Chair's Report – December 2021

Title:	ICP Unified Executive update
Programme / Project Sponsor (SRO):	Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust
Author(s):	Emma Gaudreau, ICP Programme Team Officer
Purpose:	<i>To brief the Health and Wellbeing Boards on key issues discussed at the Berkshire West ICP Unified Executive on 9th December 2021.</i>
Previously considered by:	N/A

The key points to note from the ICP Unified Executive on 9th December are as follows:

Update from BOB System Leaders Group

The Board was informed James Kent has been appointed as the Chief Executive Officer Designate. James can now commence his recruitment for the ICB key posts, including the Managing Director of Place.

The SLG Group contained discussion on the following:

- The System Operating Centre has been stood up again.
- On finances, BOB is predicting an £11 million deficit, although this may improve.

Rapid Community Discharge Business Case

The Chair of the Urgent and Emergency Care Programme Board and COO at the Royal Berkshire Foundation Trust (RBFT) led the discussion on the Rapid Community Discharge Business Case. The paper circulated to the Unified Executive members detailed the options and outlined the additional benefits identified to date. It was asked of the Unified Executive Board to review these benefits and give a series of options for April 2022 onwards.

The message from the Chair of the Urgent and Emergency Care Programme Board was to still push ourselves. The challenge on Pathway One is capacity in the care market. Compared across other systems local and regionally we in Berkshire West are collectively doing really well but still need to aspire to really minimise the length of wait across the board.

It was discussed that we need to be aware of budget, time and vaccination compliance. As people are leaving hospital with heavy packages we need to work together as a system to support the hospitals with discharges but to also personalise the care packages where we can.

Wokingham Council have been working on workforce for Pathway Once for home care. It was reported the turnover rate in the local market is about 31%, and that 24% of that workforce are over 55. Wokingham are keen for Option 2 to be considered, which is for the RCD funding to continue, otherwise there will be a huge burden on Local Authorities and the good progress and developed infrastructure already made.

It was discussed that as a system we support the management of the care market more strategically in the long term and as UE we seek to do this collectively across health and care.

The Unified Executive Chair requested a paper to set out the wider strategic implications to be brought to a later Unified Executive meeting along with a view of the recurrent money currently going into the RCD.

Update from UEC Workshop and Winter Plan

The Chair of the Urgent and Emergency Care Programme Board and COO at the Royal Berkshire Foundation Trust (RBFT) also led the discussion on the update following on from the UEC Workshop and Winter Plan meeting held on Thursday 11th November 2021.

It was noted that further development has taken place for each of the objectives presented, to help us get to a defined model for Berkshire West and to refocus and reshape where this strategy goes next. Consideration of these objectives has been taken from a number of streams including workshop feedback and looking at the approach of the original McKinsey recommendation.

Further scoping of these objectives will take place and be brought back to the Unified Executive around February 2022.

ICP Priorities

The Director of System Partnerships from Royal Berkshire Foundation Trust led the ICP Priority discussion. It was discussed that the aim is to set priorities for 2022/23 with a reflection from Chairs, Elected members, Chief Execs, and others that have contributed, the governance and changes to architecture with the formation of the ICS.

A piece of work is currently happening within Wokingham Council to map the architecture and work of the ICP and the priorities to that which is happening out of the Health & Wellbeing Boards under the overall Berkshire West Health and Wellbeing strategy. This work is ongoing and will come back to UE.

It was discussed whether the UE were in broad agreement of the six priorities, their scope and ambition, where they could be stretched and understand the outcome value and to include inequalities.

1. MDT – Multi-disciplinary team
2. Primary Care Workforce including ARRS – Additional roles reimbursement scheme
3. Same Day Urgent Demand
4. RCD - Rapid Community Discharge
5. CVD – Cardiovascular Disease
6. Children and Young People Mental Health and Emotional Wellbeing

The workstream leads for these priorities will bring their work back to the Delivery Group in February.

The Unified Executive Chair requested to see the costing work in terms of return on investment which will come back to a future Unified Executive meeting.

Recommendation

The Health and Wellbeing Boards to note feedback from ICP Unified Executive Group in December 2021.

This page is intentionally left blank

WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2021

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 2021/22

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
14 April 2022	West of Berkshire Safeguarding Adults Partnership Board Annual Report 20-21	For information	For information	West of Berkshire Safeguarding Adults Partnership Board Annual Report 20-21	
	Art and Culture in Wellbeing			Healthwatch – Jim Stockley	
	Update from RBH Trust	Update		RBH	
	Designing our Neighbourhoods	Update	Update		Performance
	Updates from the ICP Unified Executive	Update	Update	Director Adult Services	
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Covid Update	Update	Update	Public Health	
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

To be scheduled:

- **BOB ICS Plan**
- **Children and Young people’s partnership priorities**
- **Review of sub committees and priorities**