



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 13 OCTOBER 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 5 October 2022

Note: Non-Committee Members and members of the public are welcome to attend the meeting or participate in the 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/e16BUHx_8Q0

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MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

David Hare	Wokingham Borough Council
Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Clive Jones	Wokingham Borough Council
Charles Margetts	Wokingham Borough Council
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Graham Ebers	Deputy Chief Executive
Nick Fellows	Voluntary Sector
Sarah Deason	Healthwatch Wokingham Borough
Nikki Luffingham	NHS England
Steve Moore	Interim Director, Place and Growth
Susan Parsonage	Chief Executive
Matt Pope	Director, Adult Social Care & Health
Helen Watson	Interim Director Children's Services
Belinda Seston	BOB ICB

ITEM NO.	WARD	SUBJECT	PAGE NO.
21.		APOLOGIES To receive any apologies for absence	
22.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 1 September 2022.	7 - 10
23.		DECLARATION OF INTEREST To receive any declarations of interest	
24.		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	

25.		MEMBER QUESTION TIME To answer any member questions	
26.	None Specific	ICB AND ICP UPDATE To receive an ICB and ICP update.	11 - 24
27.	None Specific	BERKSHIRE WEST COVID VACCINATION AUTUMN PLAN SEPT - DEC 2022 To receive the Berkshire West Covid Vaccination Autumn Plan Sept - Dec 2022.	25 - 48
28.	None Specific	WOKINGHAM INTEGRATED PARTNERSHIP UPDATE AND END OF YEAR BETTER CARE FUND REPORTING To receive the Wokingham Integrated Partnership Update and End of Year Better Care Fund Reporting.	49 - 58
29.	None Specific	WOKINGHAM INTEGRATED PARTNERSHIP BETTER CARE FUND ANNUAL PLAN SUBMISSION 2022/23 To receive the Wokingham Integrated Partnership Better Care Fund Annual Plan Submission 2022/23.	59 - 68
30.	None Specific	FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year.	69 - 72

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 1 SEPTEMBER 2022 FROM 5.00 PM TO 5.50 PM**

Present

David Hare	Wokingham Borough Council
Debbie Milligan	NHS
Prue Bray	Wokingham Borough Council
Clive Jones	Wokingham Borough Council
Philip Bell	Voluntary Sector
Tracy Daszkiewicz	Director Public Health - Berkshire West
Susan Parsonage	Chief Executive
Helen Watson	Interim Director Children's Services
Belinda Seston	BOB ICB

Also Present:

Gabriel Agboado	Public Health
Neil Carr	Democratic Services
Alice Kunjappy-Clifton	Healthwatch Wokingham Borough
Ashlee Mulimba	Healthy Dialogues

12. APOLOGIES

Apologies for absence were submitted from Sarah Deason, Graham Ebers, Nick Fellows, Charles Margetts, Steve Moore and Matt Pope.

13. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 9 June 2022 were confirmed as a correct record and signed by the Chair.

14. DECLARATION OF INTEREST

There were no declarations of interest.

15. PUBLIC QUESTION TIME

There were no public questions.

16. MEMBER QUESTION TIME

There were no Member questions.

17. ANNUAL REPORT FROM THE DIRECTOR OF PUBLIC HEALTH

The Board considered the Berkshire Public Health Annual Report for 2021/22. The report had been co-authored by Tracy Daszkiewicz (Director of Public Health, Berkshire West) and Stuart Lines (Director of Public Health, Berkshire East). The Annual Report was titled "Helping tackle climate change, one meal at a time". The report's broad focus was on the impact of diet on individual health, susceptibility to various diseases and the health of the planet.

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

- The Annual Report was an informative, well-produced document. It could be used as a building block for conversations about the importance of food and diet across a range of services and networks.

- The potential impact of producing food on mental health was highlighted. There were many examples across the country, e.g. the work of the Shaw Trust, use of allotments, people with large gardens allowing access for people with disabilities and farms developing programmes for primary school children.
- The report highlighted issues around obesity and the number of families who lacked guidance on how to prepare fresh food and healthy meals, which were frequently cheaper than processed meals. There were a number of ongoing initiatives on this issue including work with schools to deliver programmes during school holidays.
- Could a list of schools with mini-allotments be developed and used as a starting point to ensure that as many schools as possible were adopting this initiative, with support from partner agencies?

RESOLVED: That the Berkshire Public Health Annual Report for 2021/22 be noted and shared with networks.

18. SUICIDE PREVENTION STRATEGY

The Board considered an update on the development of a Suicide Prevention Strategy. A strategy had been drafted initially in October 2021, but had not been presented to the Board ahead of the review of DPH carried out in January 2022. Since the first version was drafted, new data profiles had become available and there was a new policy landscape resulting in the need for a review of the existing strategy. The review would include a Suicide Prevention Summit, proposed for late autumn of 2022, which would achieve wider partner engagement.

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

- The proposed review was welcomed – there was evidence of more young people presenting with suicidal thoughts.
- In relation to dignity in dying, the updated strategy needed to include a clear definition of suicide.
- It was important that mental health services were involved in the review – their experiences could provide important learning points for the review.
- At present, data on the number of suicides in the Borough was patchy – could the review seek to develop a clearer picture of the situation? It was confirmed that this would be part of the review.
- On a similar point – could the review provide greater clarity on the number of people who committed suicide due to old age/serious health conditions? It was confirmed that this data could be sought from the Coroners service. However, it would need to be treated sensitively and anonymised as necessary.
- Would the impact of the cost of living crisis be included in the review? It was confirmed that the review would look at the causes and triggers of suicide for different age groups. It would also look at ways in which partner organisations could develop/improve suicide prevention mechanisms.

RESOLVED That:

- 1) the Suicide Prevention Strategy by updated;
- 2) the Suicide Prevention Partnership arrange a summit for autumn 2022, to launch a full consultation process into Suicide Prevention to further inform the Strategy refresh.

19. PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered the Pharmaceutical Needs Assessment (PNA) for the Borough. The Board had responsibility for developing the PNA, involving a public consultation exercise prior to its publication. The draft PNA had been considered by the Board in June 2022 and approved for the statutory 60 day consultation, ending on 9 August 2022. The final draft was now submitted to the Board for approval.

The Board also received a presentation setting out a summary of the consultation responses and a summary of changes made to the previous PNA draft. The presentation also highlighted the proposed Public Health Actions linked to the PNA, viz:

- Map current service provision and run a communication campaign to raise awareness of pharmacy provision as part of winter preparedness;
- Strengthen existing partnership with LPC/Local Pharmacy to support targeted health promotion and service commissioning activities;
- Formalise democratic process regarding notification of changes to Pharmacy Opening Hours and other related changes.

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

- Whilst the proposed Public Health actions were welcomed, there were concerns about the uneven level of service provided by pharmacies across the Borough, i.e. the range of services provided and the timeliness of service delivery.
- Tracy Daszkiewicz confirmed that she had started to attend meetings of the Local Pharmaceutical Committee in order to discuss how Public Health services and advice could be delivered through local pharmacies. These discussions were ongoing and it was hoped to develop a more constructive working relationship going forwards.
- Debbie Milligan commented that, as pharmacies were independent, it was difficult to achieve a consistent approach across the Borough. There were also issues around pharmacies having to close at short notice due to staff sickness.
- Prue Bray suggested that a further update be submitted to the Board in six months' time.

RESOLVED That:

- 1) the final version and conclusions of the Pharmaceutical Needs Assessment for Wokingham, be noted;
- 2) publication of the Pharmaceutical Needs Assessment on 1 October 2022, in line with the statutory requirement, be approved;

- 3) the Board receive an update on the Public Health actions arising out of the Pharmaceutical Needs Assessment in six months' time.

20. FORWARD PROGRAMME

The Board discussed the forward programme for the remainder of the Municipal Year, as follows:

- It was suggested that the Suicide Prevention Strategy be deleted from the October meeting, to be discussed at the December meeting.
- The responsible officer for the Designing Our Neighbourhoods item (October) was Lewis Williams.
- Sarah Webster to be invited to attend the October meeting.
- It was suggested that the Covid Autumn Plan be submitted to the October meeting with an update on Covid to the December meeting.
- Item on Children in Care CAMHs Update to the December meeting.
- Item on GP Performance to the February 2023 meeting.

RESOLVED: That the Forward Programme be updated to reflect the points set out above.

ICB and ICP Update

Wokingham Health Wellbeing Board

October 2022

Update Topics

- ICP/ICB Governance
- ICP interim strategy development update on progress
- ICB engagement strategy update

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Key definitions

Integrated care systems (ICSs)

Are a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area



Integrated care partnerships (ICP)

A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area

Integrated Care Boards (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

- ICP founder members agreed ICP Committee membership and first meeting of ICP planned for early October
- Founder member roles for ICP strategy development and ICP secretariat being confirmed.
- 12
- ICB Establishment Board 1 July, next meeting in public 27 September 2022
- ICB Board Assurance Sub-Committees first meetings in August- October
- Place Based Partnerships

ICB Establishment 1 July 2022

- Board meeting held
 - Governance arrangements agreed
 - 2022/23 Operational and Finance Plan, BOB Green Plan and System Delivery Plan received
- Papers for the ICB meeting on 27 September will be available [here](#)
- ^ωWebsite for the ICB (www.bucksoxonberksw.icb.nhs.uk) in development, currently contains core information including
 - Information about the Board and board members
 - Board members
 - Governance documents/arrangements
 - Contact information

ICB Board Members

Role	Post holder
Chair	Javed Khan OBE
Chief Executive	Dr James Kent
Partner Member – NHS Trusts	Steve McManus
Partner Member – Primary Care	Dr Shaheen Jinah
Partner Member – Local Authorities	Stephen Chandler
Non-executives (minimum two)	Saqhib Ali Margaret Batty Tim Nolan Aidan Rave Sim Scavazza
Chief Finance Officer	Richard Eley (interim)
Chief Medical Officer	Dr Rachael De Caux
Chief Nursing Officer	Rachael Corser
Member for Mental Health	Dr Nick Broughton
Associate NED (Digital)	Haider Hussain

Development of Place Based Partnerships

- The ICS made up of three smaller areas known as places
- Place arrangements will evolve and develop over time, with all three of the Place Directors starting by first week October.
- Councils and Trusts asked to devolve decision making to their representatives on Place-Based Partnerships
- Update paper will be presented to ICB Board on 27 September
- Place role in operational oversight and strategic development for:
 - Urgent and Emergency Care
 - Primary medical care and community services integration
 - Adult mental health, learning disability and autism
 - Child and adolescent mental health, learning disability and autism
- Pooled funding arrangements incorporated and/or continued where appropriate

Interim ICP strategy development update

- ICS strategy working group continues to meet with a broad executive representation from across BOB
- Guidance issued on ICP strategy content by Department of Health and Social Care in late July
- Thematic review completed and agreed task and finish groups
- Task and Finish Groups will to identify a smaller number of areas which would benefit from all ICP partners working together to achieve better outcomes for our population.
- Project plan developed so ICP strategy can go to NHS England, the ICB and Local Authorities no later than 31 December 2022

- ICB wants effective engagement and partnership at the heart of its thinking, planning and delivery
- First draft developed in consultation with range of groups
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- Feedback indicated support for principles
- Draft submitted to NHSE and presented to ICB Board on 1 July
- ICB working with partners to create framework for practical actions for proposal to ICB Board in September

ICP strategy – Guidance

- Guidance published from Department of Health and Social Care 25 July
- Recognises a year of transition so allows for initial strategy in December 2022 to be updated in 2023
- ICP to consider Population Joint strategic needs assessment, HWB strategies and NHS Mandate and involve Healthwatch to prepare ICP strategy
- ICP to consider whether needs can be met more effectively under s75 arrangements and a statement on better integration

ICP Strategy working groups

The review of the HWB strategies and LTP identified 6 thematic pan ICS working groups

1. start well
2. live well
3. age well
4. promoting healthy lifestyles
5. health protection
6. demand management

The working groups will recommend priorities to the ICP Board and describe how these priorities can be driven forward taking into consideration:

- Research and innovation
- Health inequalities
- Workforce
- Data and information sharing
- Opportunities for s75 pooled budgets and further integration

Proposed strategy working groups and proposed leads

The working groups will be chaired with executives from across the ICS and the initial themes for consideration have been arrived at from the review of the HWB strategies, NHS local strategies and the NHS mandate as required in the national guidance.

1. Start Well Chair: Kevin Gordon	Maternity & Neonatal
	Early years development
	Children and Young People Mental Well being (inc CAMHS)
	Enhancing healthy lifestyles (e.g. Nutrition and healthy weight)
2. Live Well Chair: Ansaf Azhar	Cancer
	Screening
	Adult Mental Health & Loneliness
	Cardiovascular Disease
3. Age Well Chair: DASS to be confirmed	Long term conditions (inc. carers, out of hospital care & frailty)
	Adult Mental Health, Dementia & Loneliness
	End of Life care

4. Promoting Healthy Lifestyles Chair: Ingrid Slade	Tobacco control and smoking
	Drugs & Alcohol
	Healthy eating, healthy weight
	Physical activity
5. Health Protection Chair: Tracy Daszkiewicz	Pandemic preparedness
	Immunisation, infection prevention and control
	Health hazard preparedness
6. Demand Management Chair: Matthew Tait	Elective & Diagnostics (inc. cancer)
	Urgent & Emergency care (inc. ambulance & discharge)
	Primary Care (incl. Dentistry and pharmacy)

Our approach to outlining the system-wide opportunities

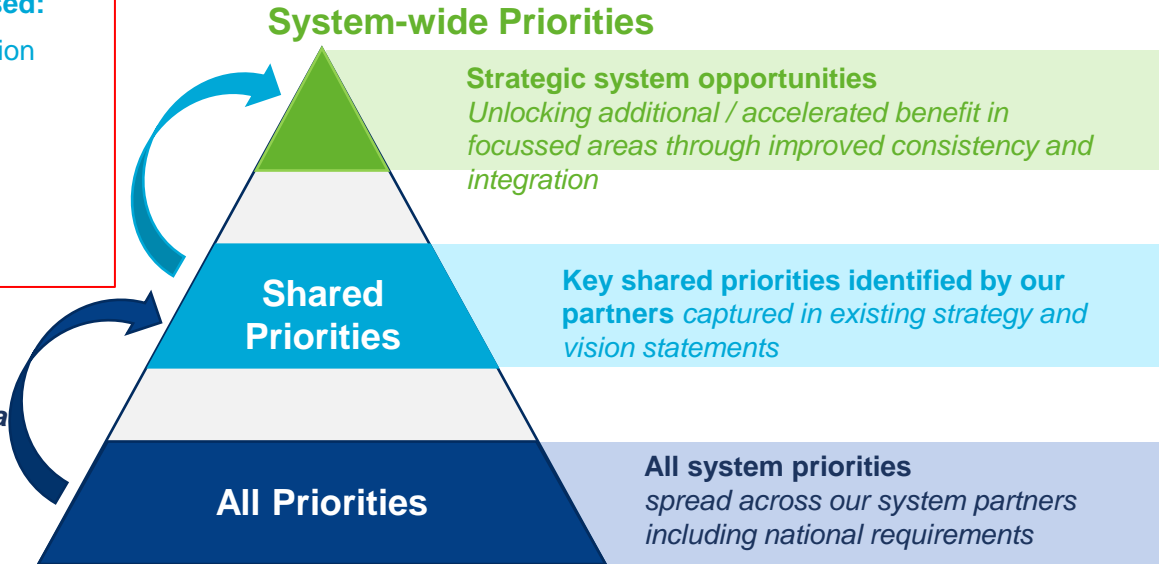
We are not starting from a blank sheet - the opportunities have been derived from strategy documentation and priorities (national and local) and thinking that currently exists across the system (see Phase1).

Phase 2: Cross system working groups mobilised:

- Current state - What are the challenges, population needs, Inequalities?
- Future demand and target outcomes
- **2** What are the opportunities - How can integrated working accelerate or improve outcomes?
- Propose system-wide priorities

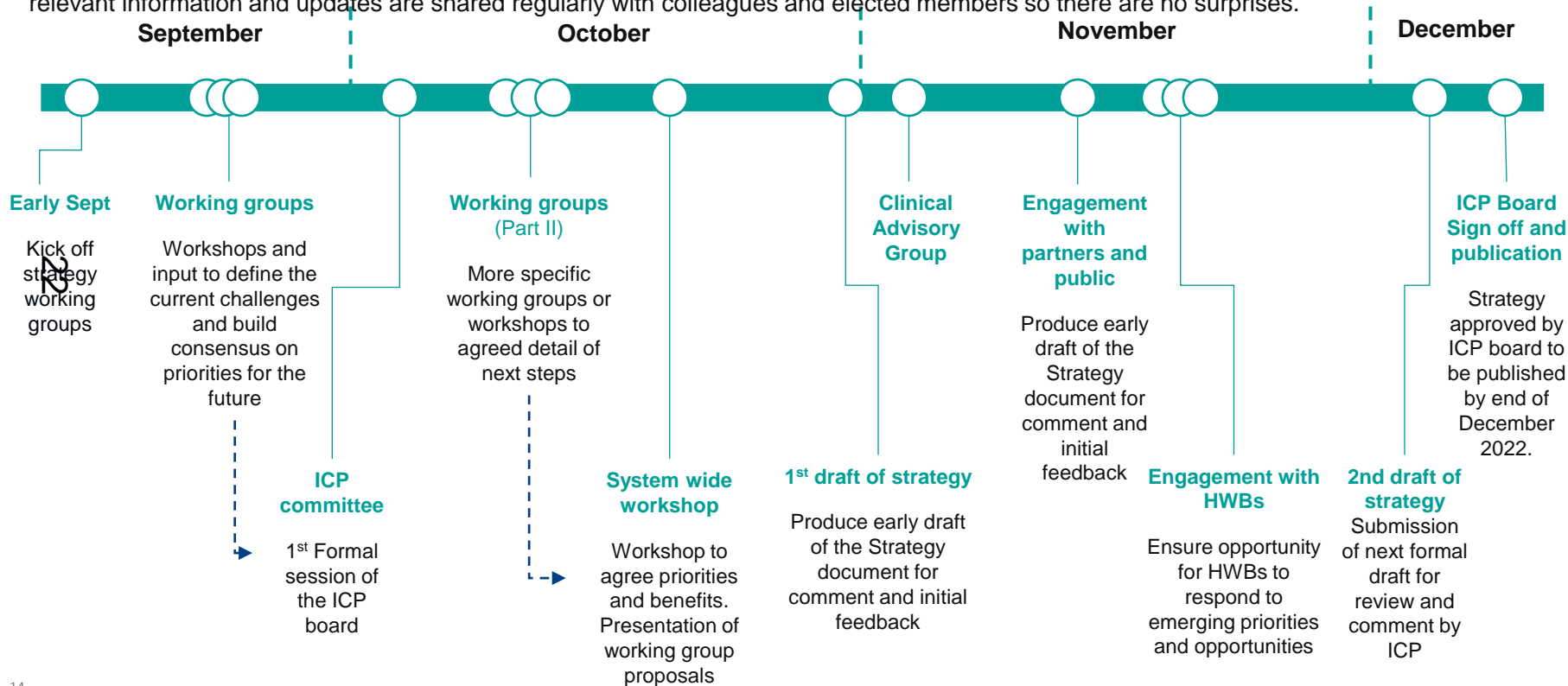
Phase 1: Identifying shared priorities (complete)

- ✓ Review of **input documentation** and **base data**
- ✓ Working with **Strategy Steering Group & stakeholders**
- ✓ Creation of a “**starter for 10**” of the **opportunities for the system**



Proposed timelines and suggested approach – to be confirmed by ICP

The 2022 Health & Care Act requires the ICP to prepare an ICP strategy. The DHSC guidance issued in July sets out further details on requirements including publication dates. Steering group members have been tasked with working closely with their organisations to ensure relevant information and updates are shared regularly with colleagues and elected members so there are no surprises.



Agenda Item 27.

TITLE	Berkshire West Covid Vaccination Autumn Plan Sept – Dec 2022
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on 13 October 2022
WARD	None Specific
KEY OFFICER	Jo Reeves, Newbury Locality Manager, BOB ICB

Health and Wellbeing Strategy priority/priorities most progressed through the report	<ul style="list-style-type: none"> Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Covid Vaccination Plan in place

Reason for consideration by Health and Wellbeing Board	To update the Board on the Berkshire West Autumn COVID-19 Vaccination Plan Sept – Dec 2022
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	N/A

RECOMMENDATION
That the Wokingham Borough Wellbeing Board note the report.
SUMMARY OF REPORT
The attached Berkshire West Autumn COVID-19 Vaccination Plan Sept – Dec 2022 sets out the national guidance, provider mix, coverage and inequalities considerations affecting Berkshire West, including Wokingham. It is a working document and subject to change.

Background

Delivery of the National Covid Vaccination Programme has been one of the biggest challenges faced by the NHS. It has required an immense amount of collaboration with local and system partners, armies of volunteers, and the tireless efforts of clinicians and admin staff throughout the many arms of the NHS. We should all be very proud of what we have achieved so far.

In Berkshire West, we have largely enjoyed vaccination take-up at or above national and regional averages. Nonetheless we have variation in take-up across our Place. Throughout the Covid Vaccination Programme, we have continuously needed to respond to the challenges posed by logistics, workforce capacity, rurality and entrenched health inequalities.

We have also witnessed the impacts of low vaccine confidence. A survey completed by the Reading and West Berkshire Healthwatches provided useful recommendations which form part of our emerging inequalities plan for Autumn 2022.

For Autumn 2022 the aspiration in Berkshire West is to continue to build on our success. The Berkshire West Vaccination Action Group has adopted the following core principles to guide the plan:

- Continue to provide a strong core offer of covid vaccination with a diverse provider mix
- Provide agile support to communities at risk of health inequalities to access a covid vaccination in a way that's right for them
- Maximise opportunities to improve efficiency through collaboration and Make Every Contact Count

The attached plan aims to articulate the covid vaccination offer in Berkshire West for Autumn 2022. It is a working document and is subject to change.

Partner Implications

Reasons for considering the report in Part 2
n/a

List of Background Papers
Berkshire West Autumn COVID-19 Vaccination Plan Sept – Dec 2022

Contact Jo Reeves	Service Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
Telephone No	Email jo.reeves1@nhs.net

Berkshire West Autumn COVID-19 Vaccination Plan Sept – Dec 2022

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Prepared by Eiliis McCarthy, Jo Reeves and Andrew Price

Adopted by the Berkshire West Vaccination Action Group on 25 August 2022

This live document was last updated on 27 September 2022

Summary for Wokingham Wellbeing Board

- The Autumn Covid Vaccination Programme commenced on 5th September with PCNs beginning to visit care homes and housebound residents.
- There are two strands to the programme: maintaining an 'evergreen' offer of a primary course of vaccination and delivery of the autumn booster to JCVI identified cohorts (**section 2**)
- The autumn booster is available at the Broad St Mall Mass Vaccination Centre in Reading, community pharmacies, most PCNs and Wokingham Library.
- The evergreen/ primary course is available at the Broad St Mall Mass Vaccination Centre and at selected community venues to be visited by Oxford Health's Outreach and Health on the Move services. This links in the Berkshire West Inequalities approach for Autumn 2022.

Key Updates w/c 26th September

- Most PCNs have received vaccine deliveries and have begun to visit care homes and housebound patients. The deadline for completions is end of October.
- PCNs have also begun inviting eligible patients in for their vaccination, often they plan to co-administer with the flu vaccine.
- The National Booking System has opened to over 65s, carers, frontline health and social workers and pregnant women. Texts and letters are being sent to eligible patients to encourage them to book.

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1. Background
2. JCVI and NHS England Guidance
3. Expectations, Planning Assumptions and Challenges
4. Provider Mix
5. Locality Coverage
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 - b. Reading
 - c. Wokingham
6. Inequalities
7. Communications Plan
8. Governance and Monitoring, including Data and Performance

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Appendix 1 – Action Plan

Appendix 2 – Timeline

Appendix 3 – Programme Leads

Appendix 4 – Cohorts and Dose Eligibility

1. Background

- Delivery of the **National Covid Vaccination Programme** has been one of the biggest challenges faced by the NHS. It has required an immense amount of collaboration with local and system partners, armies of volunteers, and the tireless efforts of clinicians and admin staff throughout the many arms of the NHS. We should all be very proud of what we have achieved so far.
- In Berkshire West, we have largely enjoyed vaccination take-up at or above national and regional averages. Nonetheless we have variation in take-up across our Place. Throughout the Covid Vaccination Programme, we have continuously needed to **respond to the challenges** posed by logistics, workforce capacity, rurality and entrenched health inequalities.
- We have also witnessed the impacts of **low vaccine confidence**. A survey completed by the Reading and West Berkshire Healthwatches provided useful recommendations which form part of our emerging inequalities plan for Autumn 2022.
- For Autumn 2022 the aspiration in Berkshire West is to continue to build on our success. It is proposed that the Vaccination Action Group adopt the following core principles to guide our plan:
 - Continue to provide a **strong core offer** of covid vaccination with a **diverse provider mix**
 - Provide **agile support to communities at risk of health inequalities** to access a covid vaccination in a way that's right for them
 - Maximise opportunities to **improve efficiency** through collaboration and **Make Every Contact Count**

2. JCVI and NHS England Guidance

Evergreen Offer

- Systems need to continue to deliver a Covid-19 vaccination offer, with a focus on addressing inequalities and reducing variation, which as a minimum should ensure:
 1. A vaccination offer to all children aged 5 – 11 years.
 2. A continued vaccination offer to those who have recently become eligible, including: at risk 5-11s, 12-15s, and newly at risk groups such as those who are pregnant, eligible severely immunosuppressed and their families or households.
 3. Continuous community engagement to improve confidence and promote uptake supported by appropriate access to vaccination.
 4. Appropriate access to the overseas vaccine record validation service to meet local demand.

Autumn Boosters

- The government have accepted final JCVI advice which states the following people should be offered a COVID-19 booster vaccine this autumn:
 - residents in a care home for older adults and staff working in care homes for older adults
 - frontline health and social care workers
 - all adults aged 50 years and over
 - persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book
 - persons aged 5 to 49 years who are household contacts of people with immunosuppression
 - persons aged 16 to 49 years who are carers, as set out in the Green Book.
- JCVI advise that deployment of a **single type of vaccine** throughout the autumn booster programme promotes simplicity and is therefore desirable.

Co-administration with 'Flu Vaccine

- Systems *should* maximise opportunities to co-promote and co-administer vaccinations where possible and clinically advised (eg COVID-19, flu and pneumococcal), especially where this improves patient experience and uptake, but this should not unduly delay administration of either jab.
- We will work with the leads for flu planning to identify opportunities for coadministration and joint promotion of the vaccines.

3. Expectations, Planning Assumptions and Challenges

Expectation

- At least 75% of eligible patients should take up the offer of a covid vaccination (national target).
- Access to a covid vaccination should be within a 30 minute drive.
- Care home and housebound patients should receive their vaccines in the first seven weeks of the programme.

Planning Assumptions

- Patient demand is likely to be lower than in previous rounds of the programme.
- Vaccine supply and site capacity will meet patient demand.
- The aspiration to deliver the vaccine as locally as possible will need to be balanced with achieving value for money from the public purse.

Challenges

Children

- Not all sites are assured to provide vaccines to under 16s. This means that access for patients aged under 16 eligible for an Autumn booster (for example because they are a household contact of a patient with immunosuppression) need to be understood.
- Due to assurance process and cohorts, the location for whole family vaccination will be limited to the Broad St Mall.
- Positively, BOB is working with School Imms Teams to vaccinate CEV children in SEN settings.

Booking

- The majority of PCN sites are implementing local booking systems, meaning they will only be offering vaccine to their own patient lists. As a result, we will need to understand access for patients not covered offered a vaccine by their own practice. While the default option will be to book at a pharmacy or the mass vaccination centre using the National Booking System, we will need to identify and mitigate any access barriers in order to meet take-up targets, such as with outreach services.

Surge

- “Surge” means an operational response for the management of a rapid short-term increase in capacity as a consequence of a new variant or a specific instruction to vaccinate or revaccinate a defined population. It is a system change in line with JCVI Guidance to ensure the defined population in England is offered and has access to a Covid 19 vaccination.
- Where there is, in the reasonable view of the NHS England, a requirement to increase capacity at pace to respond to a Surge, providers shall agree with the Commissioner (NHSE) their role in the system wide response to the Surge, both in terms of increased volume and rapid timeframe.
- The BOB Operational Executive confirmed that the current surge plan is for existing sites to work at maximum capacity. The Berks West Vaccination Action Group will commence complementary planning should surveillance of covid rates indicate rising infection levels.

4. Provider Mix

In Berkshire West, and indeed nationally, a **diverse provider mix** continues to be essential in achieving good access to the covid vaccination.

- **PCN groupings**

- Groups of practices, known as PCNs, remain essential in the Programme particularly to ensure that the most vulnerable, including care home residents, housebound patients and the immunosuppressed, are offered a vaccine ahead of other patient groups.
- 16 out of 17 PCNs in Berkshire West have opted in to deliver Covid Vaccinations to these most vulnerable groups.
- Alternative providers will need to be identified to cover care home and housebound patients for non-participating PCNs. This could be Oxford Health or PCNs can subcontract to pharmacies or other PCNs.

- ³**Community Pharmacy**

- Pharmacies are at the heart of their communities and provide a range of primary care services. They have been an integral part of the flu vaccination campaign for some time.
- 14 community pharmacies have opted in to deliver the Covid Vaccination in Berkshire West, enabling greater access to the vaccine closer to where people live.

- **NHS Trusts**

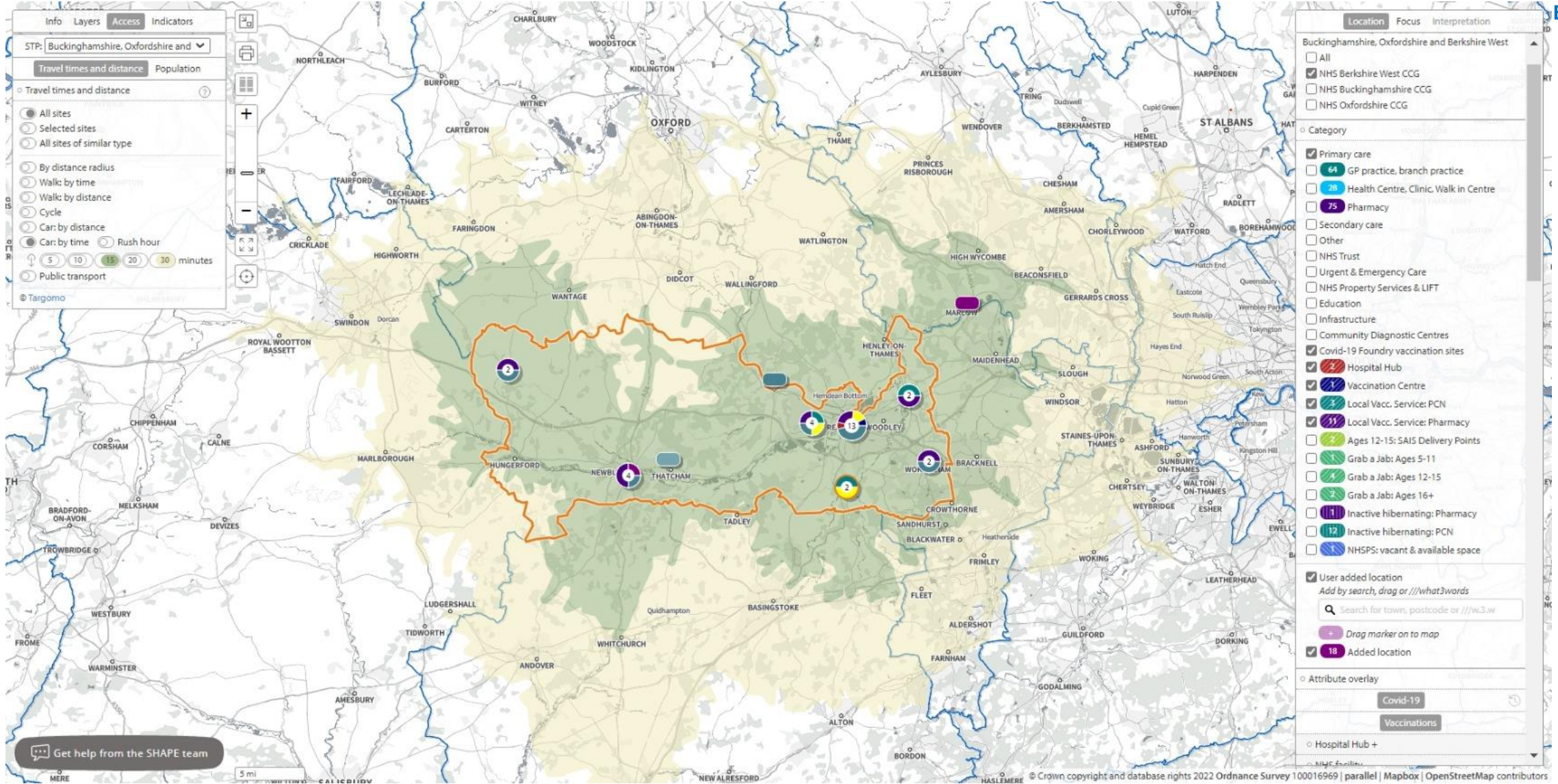
- **All acute trusts** have been expected to deliver vaccinations to their staff as well as specific groups of the most vulnerable patients. **All non-acute trusts** must offer vaccination to their staff and should either vaccinate themselves or direct staff elsewhere.
- RBFT are vaccinating their own staff and some vulnerable inpatients. BHFT are vaccinating their own staff.

4a. Provider Mix (continued)

- **Oxford Health**

- Oxford Health continues to operate a mass vaccination centre from **Broad St Mall in Reading**. It is open Thursday – Monday, 9am to 5pm. Appointments can be booked online via the National Booking System or by calling 119.
- The Vaccination Centre is assured for all vaccine types, all vaccine cohorts, including children aged 5-11s and is accessible and convenient for the local population.
- There is also access to the overseas vaccine record validation service.
- Oxford Health continue to offer **outreach** in community venues to address geographical gaps in provision. These include Wokingham Library and The Croft Field Centre in Hungerford.
- Oxford Health will also deliver vaccinations for 5-11s at community sites in Wokingham, Reading and West Berkshire.
- The **Health on the Move Van** and **Pop-Ups** are also managed and staffed by Oxford Health. 50 days of staff time are available in Autumn/ Winter across Berkshire West. Deployment of this service will form part of our **Inequalities Plan**.

5. Locality Coverage



5a. Locality Coverage – West Berkshire

- All PCNs are covering older people's care home residents, housebound and immunosuppressed patients.
- There are three contracted pharmacies, two of which are high volume sites. There is also another pharmacy which has expressed interest in providing covid vaccines.
- There is a geographical gap in coverage around Hungerford. As mitigation, Oxford Health will continue to offer an outreach service in Hungerford one day per week.
- Oxford Health will continue to offer a service to 5-11 year olds one day per fortnight. A location has been identified and a timetable will be confirmed in due course.
- Appointments for primary doses (the 'evergreen' offer) are available at the Broad St Mall Mass Vaccination Centre. The Health on the Move service will be deployed to offer primary doses to targeted communities at risk of inequalities in the locality.
- Access to Autumn Boosters for eligible 12-17 year olds is available at the Broad St Mall Mass Vaccination Centre. Investigations are being made into any further provision needed in the locality.
- Nabbs Lane Pharmacy in the Kennet Centre (Newbury) have highlighted a risk that their ability to deliver might be impacted by increased estates costs. This has been escalated to SVOC. The situation is being monitored and no further action is required at this time.

5b. Locality Coverage - Reading

- All PCNs except for Reading West are covering older people's care homes, the housebound and the 18+ immunosuppressed. BOB is currently seeking a solution to cover Reading W care home residents and housebound patients.
- There are 7 contracted pharmacies and 2 who have applied but not yet been assured. There is good geographical coverage.
- Oxford Health will continue to offer a service to 5-11 year olds one day per fortnight. A location has been identified and a timetable will be confirmed in due course.
- Appointments for primary doses (the 'evergreen' offer) are available at the Broad St Mall Mass Vaccination Centre. The Health on the Move service will be deployed to offer primary doses to targeted communities at risk of inequalities in the locality.
- Access to Autumn Boosters for eligible 12-17 year olds is available at the Broad St Mall Mass Vaccination Centre. Investigations are being made into any further provision needed in the locality.
- Discussions are currently underway with Oxford Health regarding the vaccination to be held on the HOMV outreach offer which will determine whether only boosters can be given or evergreen vaccinations

5b. Locality Coverage - Wokingham

- All PCNs are covering older people's care home residents and housebound patients.
- There are three contracted pharmacies, either medium or low volume sites.
- As mitigation for the limited coverage by pharmacies, Oxford Health will continue to offer an outreach service from Wokingham Library (or similar) two days per week.
- Oxford Health will continue to offer a service to 5-11 year olds one day per week.
- Appointments for primary doses (the 'evergreen' offer) are available at the Broad St Mall Mass Vaccination Centre. The Health on the Move service will be deployed to offer primary doses to targeted communities at risk of inequalities in the locality.
- Access to Autumn Boosters for eligible 12-17 year olds is available at the Broad St Mall Mass Vaccination Centre. Investigations are being made into any further provision needed in the locality.

6. Inequalities Plan - Summary

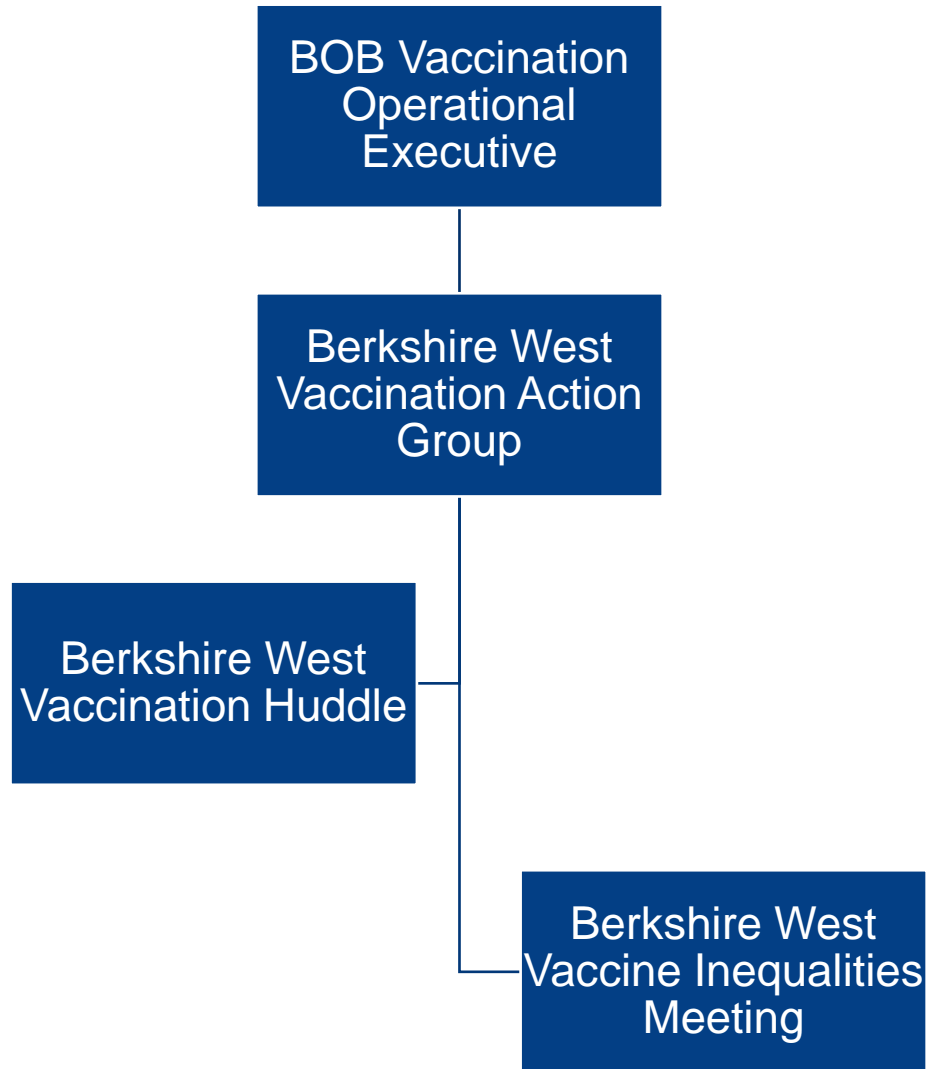
Action	Evergreen	Autumn Booster
Identify priority groups using take-up data and feedback from community engagement services	Ethnically diverse communities Areas of Deprivation IMD 1-4 Younger people Asylum Seekers and Refugees	LD, SMI Further analysis to commence end October 2022
Identify usual routes to access a vaccine	Use NBS to book a Sunday appointment at Broad St Mall	Invite from GP or use NBS to book at Broad St Mall, outreach centre or community pharmacy
Produce tailored comms materials to support access to usual routes	The 'It's Never Too Late' campaign	National and System communications plan
Deploy Health on the Move service to identified communities	Sept – Dec 2022	Jan – March 2023

7. Communications Plan

- A **Communications Plan** has been developed across BOB which fulfils the following needs:
 - Clear information to be available for patients and professionals about who is eligible for an Autumn Covid booster, when and how they will be invited to book and where the locations for vaccination delivery are.
 - Clear information to be available for patients and professionals about how and where people who have never had a vaccine, or who have not had a complete course, may access further vaccine doses. (This is known as the evergreen offer.)
 - Information should be available in a number of languages and formats such as social media graphics, videos and flyers.
 - Opportunities to make use of partner organisations' communications channels, including social media and newsletters, are maximised.
 - Able to respond in an agile way to feedback arising from community engagement.
- The Plan has been drafted and is being reviewed by Place leads before onwards sharing.

8. Governance and Monitoring

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BOB Vaccination Operational Executive

Provides system leadership for the Covid Vaccination Programme
Meets weekly
Is attended by programme leads and place leads for the ICB

Berkshire West Vaccination Action Group

Provides place leadership for the Covid Vaccination Programme
Meets fortnightly
Is attended by ICB officers, LA officers, provider reps and VCSE reps

Berkshire West Vaccination Huddle

Coordinates activity agreed by BWVAG and prepares reports back to BWVAG
Meets fortnightly
Is attended by ICB officers

Berkshire West Vaccine Inequalities Meeting

To be stood up if necessary to coordinate Health on the Move Van and other activities deployed to address inequalities in vaccine take up.

8a. Performance Monitoring and Reporting

We will monitor take up on a fortnightly basis as follows:

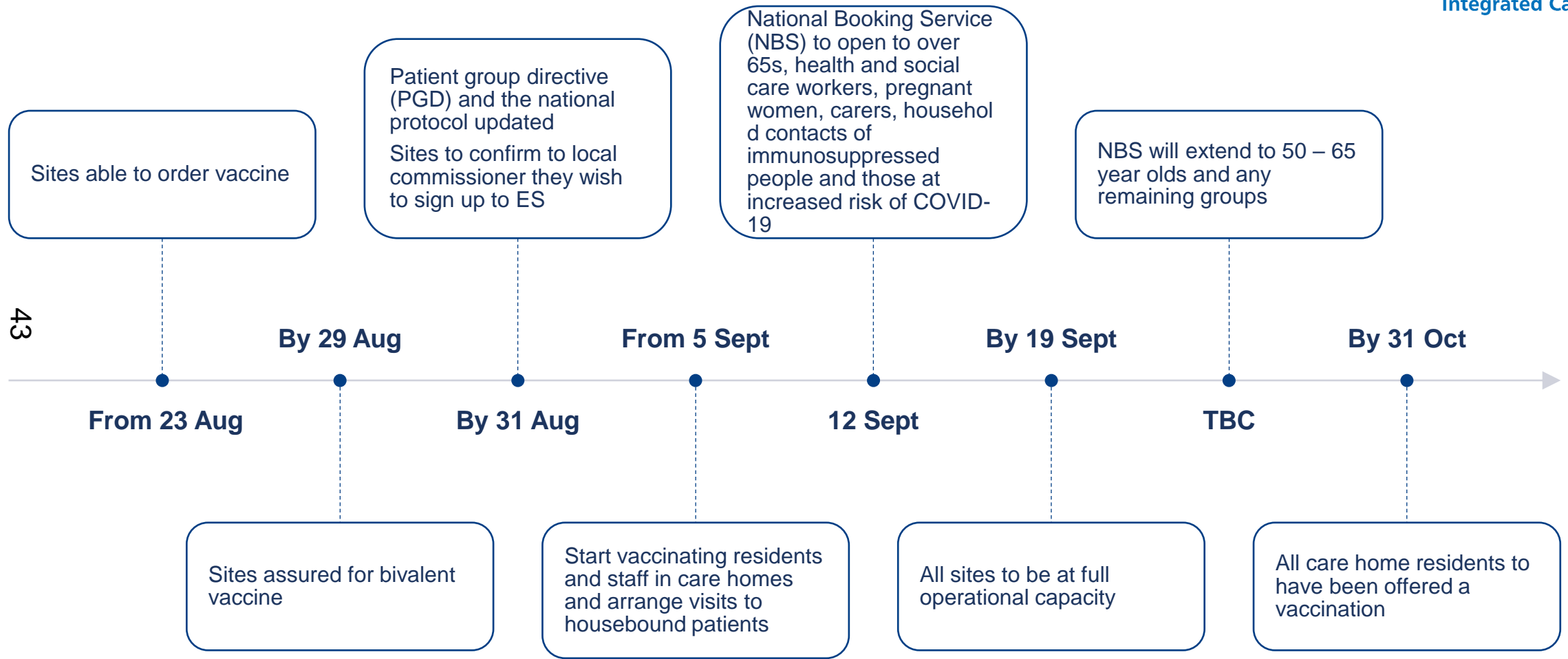
- By cohort
 - % total cohort uptake by Berkshire West, locality, ICB and nationally (if available)
 - % eligible cohort uptake by Berkshire West, locality, ICB and nationally (if available)
 - Number of vaccine doses administered above the baseline (5th September)
- By ethnic groups
 - By cohorts
- By deprivation (IMD 1&2 LSOAs)
 - By cohorts
- We will produce a fortnightly performance and insight report for Berkshire West Vaccination Action Group and the unitary authorities
- Other performance analysis will be undertaken as required

Appendix 1 – Action Plan

Buckinghamshire. Oxfordshire

#	Action	Owner	RAG	Date	Comment
1	Map provision and identify gaps	Jo/ Eiliis/ Andrew/ Will	Complete	From 31/8/22	Completed
2	Identify any issues and ensure offer to all care homes and housebound patients	Helen Clark	On track	Ongoing until 21/9/22	One Reading PCN has opted out – alternative provider being sought by BOB SVOC and NHSE
3	Confirm Oxford Health offer in respect of Outreach locations and 5-11 sites	Mark Chambers OH	On track	7/9/22	Outreach offer to include 2 days per week at Wokingham Library and 1 day per week at Hungerford Croft Field Centre 5-11s offer to include 1 day per week at Wokingham Library, 1 day per fortnight in Reading and 1 day per fortnight in West Berkshire
4	Confirm community pharmacy offer in respect of age groups	Lucy Stroud NHSE	Action required requiredlucy	7/9/22	Update required.
5	Develop Inequalities Plan including agreed process for deployment of Health on the Move service and parallel MECC offer	BW Vaccine Inequalities Group	Complete	From 7/9	Group met for first time on 7/9/22. Plan has been drafted.
42	Identify opportunities to cascade communications through system partners and their networks	BOB Comms	On track	From 5/9/22	Draft Comms Plan has been produced and is being reviewed by Place Leads
7	Confirm availability of sites and vaccines for Evergreen offer	Jo/ Eillis	Complete	Ongoing	Broad St Mall MVC is main access point. Confirming use of HOTM to continue evergreen offer in localities.
8	Align activities with Flu Plan	Jane Thomson-Smith	Action required	By end Sept	Jane to present Flu Plan at a meeting of the Vaccine Action Group
9	Discuss opportunities for sharing use of physical resources ie. vaccine vans and buses	Charlotte Church BHFT	On hold	By 8/9/22	The Berkshire Healthcare bus should be launching next week but still has some teething issues. Once it is fully up and running we can share the dates we are using locally if other local services wish to come along and provide wider health promotion.
10	Confirm vaccine offer and access to groups of particular interest such as CEV children and LD patients	BOB Inequalities group	Action required	Ongoing	Discussing at BOB Inequalities Group
11	Develop forecast model of supply and capacity to ensure delivery is on track	Andrew Price	Complete	22/09/22	Data to develop model requested is not available. An alternative performance model has been developed and will be presented to the Vaccine Action Group.

Appendix 2 - Timeline



Appendix 3 – Programme Leads



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Topic	Lead
BOB ICB Covid Vaccination Programme Lead	Louise Smith
Berkshire West Covid Vaccination Programme SRO	Belinda Seston
Berkshire West Covid Vaccination Programme Manager/ Coordinator	TBC / Jo Reeves (interim)
Care Home and Housebound Patients	Helen Clark
Inequalities and Community Engagement (Berks West)	Eiliis McCarthy
Data and Performance (Berks West)	Andrew Price
Flu	Jane Thomson-Smith
Pregnancy	Carrie Grainger
Covid Outbreak Surveillance	Tracy Daszkiewicz
Communications	Tom Broadfoot

Appendix 4 – Cohorts and Dose Eligibility

	1 st	2nd	3rd	Booster Au tumn 21	Booster Spring 22	Booster Autumn 22
Over 75s	Y	Y	N	Y	Y	Y
50-74	Y	Y	N	Y	N	Y
16-49	Y	Y	N	Y	N	N
45 5-15	Y	Y	N	N	N	N
Residents OP care home	Y	Y	N	Y	Y	Y
Front line H&SC Staff inc. OP care home	Y	Y	N	Y	N	Y
Self-declaring adult carers	Y	Y	N	Y	N	Y
12 and over Immunosuppressed	Y	Y	Y	Y	Y	Y
5 to 49 years in household contacts of people with immunosuppression	Y	Y	N	Y	N	Y
5 to 49 years in clinical risk group	Y	Y	N	Y	N	Y
Self-declaring pregnant women	Y	Y	N	N	N	Y

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Wokingham Integrated Partnership Update and End of Year BCF Reporting

Lewis Willing

Head of Health and Social Care Integration

Agenda Item 28.



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End of Year Better Care Fund Return (2/22)

The Annual Return for the Better Care Fund (21/22) was submitted, and was signed off by the Wellbeing Board Chair and Lead Officer for the ICB

Key Points:

- A section 75 was completed to appropriately share the funds between the CCG and the Council
- The national conditions were met
- Income/Expenditure targets were matched
- The programme did not overspend
- 2 of 5 BCF targets were met

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BCF Year End Feedback

Statement:	Response:	Comments: Please detail any further supporting information for each response
<p>1. The overall delivery of the BCF has improved joint working between health and social care in our locality</p>	<p>Strongly Agree</p>	<p>BCF continues to be a key vehicle and source of funding to support ongoing work on discharge, admission avoidance and health inequalities. It also supports a framework to enable us as a partnership to come together and enable further work to support our communities to remain healthy, safe and well (Our Wokingham Integrated Partnership Leadership and Delivery Groups). Provides scrutiny and ensures that we are meeting the needs of the people in the borough.</p>
<p>2. Our BCF schemes were implemented as planned in 2021-22</p>	<p>Agree</p>	<p>The schemes that we fund have been delivered this year, against a backdrop of covid and its associated complications, have been implemented as planned.</p>
<p>3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality</p>	<p>Strongly Agree</p>	<p>The Wokingham Integrated Partnership have completed 15 of 19 projects in the programme this year, prepared 3 projects to move on to BAU or move on to the next phase of their work. Only one project did not move to completion this year. The programme, alongside the operation and monitoring of services that are purchased using BCF funding and the ongoing work of all the partners in the partnership have had a positive impact on integration in the locality.</p>

BCF Year End Feedback

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
<p>Success 1</p> <p>50</p>	<p>3. Integrated electronic records and sharing across the system with service users</p>	<p>In the West of Berkshire, the BCF funds the use of the Connected Care software. This software is accessible by Health and Social Care partners to understand, the who, what, where and how of the care and support that people are getting. It is also key in use Wokingham Social Work team were not using the system as much as our health colleagues, and through investigation, it was due to the system not being as accessible for social care workers. The partnership in Wokingham worked closer with the Connected Care Programme Team, and more useful functionality was added alongside a training and profile raising exercise. This resulted in there being a 100% increase in the average number of uses, and 100% increase in the average number of users by social workers in the borough. This has supported better transfers of care from the hospital, supported better social care reviews and better quality data for MDT. All of which support better outcomes for people in the borough.</p>
<p>Success 2</p>	<p>6. Good quality and sustainable provider market that can meet demand</p>	<p>This year, the Collaborative Reablement Project was a pilot that supported Home Care providers to receive reablement training, alongside direct support from Occupational Therapists for goal setting and monitoring. The project was a success, with the Home Care providers getting an equivalent outcome for the people that were reabled via this new system. This pilot was a success, leading to a project this year to 'roll out' with more home care providers, supporting an increase in the amount of reablement service in the borough.</p>

BCF Year End Feedback

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1 51	Other	The ongoing pandemic has been a challenge to the ongoing integration effort. Whilst we have had positive outcomes to 18 of our 19 integration projects this year, there were delays in moving projects along (staff- especially management and GP colleagues- focus on delivery, rather than innovation/project work). This was due in part to cover colleagues absence (Sickness/Isolation had a heavy toll on Health and Social Care workforce) as well as sickness of the people themselves, and the increased acuity and volume of people being treated overall.
Challenge 2	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	The only project that was not completed this year, was linked to gathering service user feedback regarding integration as a whole (i.e. the journey through, in and around the partner organisations). We have good feedback mechanisms about each individual services, which has generally very positive feedback, however limited feedback about the linkages between the services. This project was put on hold, as we were not able to agree implementation across the West of Berkshire.

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Performance

<p>Avoidable admissions</p> <p>52</p>	<p>Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)</p>	<p>495.0</p>	<p>Not on track to meet target</p>	<p>This year a challenging winter alongside a difficult COVID environment and a very challenging target, has meant that we have not met our target. However, when comparing our performance this year to 19/20 (the last non-COVID year), our performance is the equivalent of an 0.6 additional attendances a week this year. Our performance is better than any of the West of Berkshire systems and significantly better than the last set of national data that we have available.</p>	<p>Our primary care colleagues continue provide health checks for long term health conditions, which supports people in the community to get optimised care and treatment for their conditions.. The Ageing Well project has been operating, supporting people with admission avoidance. 'Keeping in Touch' Project- using the Vol. Sec.</p>
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Performance

		14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)			
Length of Stay 53	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	7.8 %	10 %	3.6 %	4.2 %	Not on track to meet target	<p>NHSE made a requirement to target performance as better than during the height of the pandemic, when Non Elective admissions to hospital were extremely low. CSU projections</p> <p>We have remained within 2% of our targets. Overall, we have achieved an annual performance of 8.7%, which is better than the 9.3% 19/20 (our last non-COVID year). 3 of 4 quarters this year are better than 19/20 also. The performance of the Wokingham system is significantly better than the England average, and better than the performance of West of Berkshire systems.</p>	<p>The Community Reablement Project (OT guided and supported Home Care) was successful in increasing the amount of reablement capacity, to support discharge from hospital. Work with the community hospital and D2A project was a success, increasing the number of bed days used, the number of people who used the service, the amount of time the beds were in use and decreasing average length of stay . The centrally funded Rapid Community Discharge project (funding increased staffing, blocks of home care, care homes and nursing homes) also supported the system to achieve against a difficult winter and COVID environment.</p>



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Performance

<p>Percentage of people who are discharged from acute hospital to their normal place of residence</p> <p>54</p>	<p>91.0%</p>	<p>On track to meet target</p>	<p>In terms of continuing to staff all of the Health and Social Care, as well as an increased acuity for the people leaving the hospital. Having staff off work due to ill health, as well as those having to isolate, has meant that there has been pressure to keep community services running. Despite this pressure, the Wokingham System has managed to hit exceed this target at 91.2%. The other major challenge here has been the increase in the number of people with Double Handed care. As people come out of the hospital 'sicker & quicker' we have seen triple digit % increases on pre pandemic levels in demand. This has used significant amounts of home care and reablement to enable discharges into the community.</p>	<p>Having frequent meetings across the West of Berkshire to discuss the Rapid Community Discharge programme meant that members of the Wokingham System were able to joint work to get people to the right services. Projects have included new OT posts at the hospitals to seek to 'right size' care packages, with OT from local authority working closely with hospital colleagues. There is also training from these new OT to support more single handed care in the wards, to prepare patients for discharge with a single carer.</p>
<p>Rate of permanent admissions to residential care per 100,000 population (65+)</p>	<p>368</p>	<p>On track to meet target</p>	<p>Increased acuity of people being discharged (people have been moving out of hospital 'sicker and quicker') has meant that short term there have been more placements in care homes.</p>	<p>The hard work of OT, physio, community nursing and social work, there have been fewer permanent placements, as people have been moved on from care/nursing back to the community. Using the Rapid Community Discharge services appropriately, meant that we were able to move people out and home and having increased home care and reablement capacity (see above), meant that whilst more people went into care homes short term, they did not stay. The Wokingham System did not, at any stage, use a residential or nursing bed for lack of home care.</p>

Targets

<p>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p>	<p>90.0%</p>	<p>Not on track to meet target</p>	<p>The key challenge for this target is linked to counting patients discharged to our specialist reablement services as End of Life. Whilst appropriate for our most highly skilled community assets to support people in their own homes, to die with dignity, rather than in a hospital, their inclusion in reporting has resulted in 84% of patients being at home 91 days after discharge.. It is foreseen that our performance would exceed the 90%, should we remove the End of Life cases.</p>	<p>Using BCF funding, there has been an extension of the 'Home from Hospital scheme' during the winter months. This increased the number of people supported, but also the length of support that was on offer. This scheme was very successful. It is also important to note that Wokingham (and the West of Berkshire) continue to have very good performance at supporting people to successfully be discharged via pathway 0, meaning that we have lower numbers of people discharged on Pathways 1,2 &3.</p>
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Integration Board Highlights- Some of what we delivered in 21/22

- MIND wellbeing service embedded and working toward capacity
- 18 of 19 projects on the programme completed or ready for phase 2 (despite COVID)
- Launch of 'Keeping in Touch'
- PHM Profiles for each of our PCNs
- Moving With Confidence
- Recruited Primary Care Network Social Workers (first nationally)
- 100% increase in number and uses of Connected Care by WBC Social Workers
- Virtual Group Clinics for new parents and also for Long Covid
- Friendship Alliance Phase 2

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Wokingham Integrated Partnership

BCF Annual Plan Submission 22/23

Lewis Willing

Agenda Item 29.



Overview

The Wokingham Integrated Partnership completed their annual integration programme plan in May '22 and budget in June '22. This submission is a formalised version of that plan. We are 6 months into programme delivery

NHSE released their template in July and we will be submitted a final version on 26th September '22 (following the agreement of the Chair of the Wellbeing board & Chief Officer of the ICB)

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

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.



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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 Leadership Board in June

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£3,142,483
Planned spend	£3,953,323

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£4,554,921
Planned spend	£4,579,008

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£234,100	(1.9%)
Carers Services	£426,208	(3.5%)
Community Based Schemes	£1,734,338	(14.1%)
DFG Related Schemes	£1,075,656	(8.7%)
Enablers for Integration	£1,091,394	(8.8%)
High Impact Change Model for Managing Transfer of	£1,224,760	(9.9%)
Home Care or Domiciliary Care	£213,902	(1.7%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£546,250	(4.4%)
Bed based intermediate Care Services	£1,953,538	(15.8%)
Reablement in a persons own home	£1,630,632	(13.2%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£209,700	(1.7%)
Prevention / Early Intervention	£73,333	(0.6%)
Residential Placements	£1,419,817	(11.5%)
Other	£502,347	(4.1%)
Total	£12,335,975	

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Funding Sources

	Income	Expenditure	Difference
DFG	£1,075,656	£1,075,656	£0
Minimum NHS Contribution	£9,675,956	£9,675,956	£0
iBCF	£471,832	£471,832	£0
Additional LA Contribution	£1,112,531	£1,112,531	£0
Additional ICB Contribution	£0	£0	£0
Total	£12,335,975	£12,335,975	£0



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)

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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**

Covered on slide 1

- **Executive Summary**

Summary of this years integration programme. We have 25 projects to cover our 5 priorities. (next slide)

- **Governance**

Summary of local and regional governance

- **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- including Delivery Group, Leadership Board, our work with PCN's.

- **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 PHM analyst being key to improving our efforts for this year and embedding PHM across all the work that we do.



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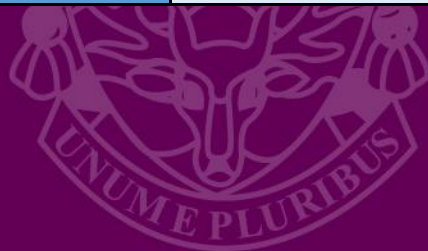
Programme Overview

Discharge Management	Repositioning Step Up/Down
	Close down of RCD/D2A
	Implementing the Surrey Model
Minimising Health Inequalities	Improving uptake of Learning Disability health checks
	Improving diet and exercise for people with a Learning Disability
	Identifying Minority Ethnic communities to work on Cardio Vascular Disease
	Performance & Contract Monitoring
	PCN Action Plans

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Prevention and Admission Avoidance	Implementing Primary Care Network Social Workers
	Dementia Partnership
	Keeping in Touch
	Identifying improvements and services for Neurodivergent people
	Social Prescription, Community Navigation & Wellbeing Coaching
	Unpaid Carers
	Transport to/From integration funded Events/Services
	Developing Low/Moderate MH Services
	Developing MDT

Monitoring & Reporting	Monthly reporting
	BCF Quarterly returns
	Annual Plan & Budget
	BCF Annual Return
PCN Specific Projects	Communicating with the public about Integration
	North- Supporting Black Communities to access Mental Health Services
	South- Seated Exercise Classes
	Earley +- Hong Kong Integration Project



How does this support System Priorities:

Long Term Conditions Board

- CVD
- Multi-Morbidity & Care Planning
- Proactive Care

Urgent & Emergency Care Board

- Workforce
- Flow Through Hospital Beds

Primary Care Board

- Resilience of General Practise

Berkshire West Health & Wellbeing Strategy

- Health Inequalities
- Support People at High Risk of bad health outcomes
- Promote Good Mental Health & Wellbeing for all adults

NHS Planning Priorities

- Manage Increasing demand on MH Services
- Prevent inappropriate attendance at Emergency Departments, improve timely admission to hospital & reduce length of stay

Berkshire West ICP Flagship Priorities

- CVD
- Ageing Well

BOB ICS Service Priorities

- Urgent and Emergency Care

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8.1 Avoidable admissions

Targets

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4
		Actual	Actual	Actual	Actual
Rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions (per 100,000 population) (See Guidance)	Rate per 100,000	125.9	126.5	165.0	140.3
	Numerator	219	220	287	244
	Denominator	173,900	173,900	173,900	173,900
	Indicator value	140	118	154	124
		2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4
		Plan	Plan	Plan	Plan

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 potentially achievable.

Wokingham is consistently one of the best performers in BOB.

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.

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Targets Continued

8.3 Discharge to usual place of residence

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4
		Actual	Actual	Actual	Actual
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	91.6%	91.3%	92.4%	89.9%
	Numerator	2,527	2,530	2,609	2,364
	Denominator	2,759	2,771	2,825	2,631
		2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4
		Plan	Plan	Plan	Plan
(SUS data - available on the Better Care Exchange)	Quarter (%)	91.0%	91.0%	91.0%	91.0%
	Numerator	2,510	2,510	2,510	2,510
	Denominator	2,759	2,759	2,759	2,759

These targets are social care orientated.

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- Please note that in the last 2 years, 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 9.3 placements (essentially 10 or fewer).

8.5- This is conservative, given the pressures we will be expecting in the year to come

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.

8.4 Residential Admissions

		2020-21	2021-22	2021-22	2022-23
		Actual	Plan	estimated	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	353.3	368.2	285.0	351.1
	Numerator	108	115	89	112
	Denominator	30,571	31,230	31,230	31,901

8.5 Reablement

		2020-21	2021-22	2021-22	2022-23
		Actual	Plan	estimated	Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.6%	90.0%	84.0%	84.9%
	Numerator	125	113	529	535
	Denominator	146	125	630	630



WOKINGHAM
BOROUGH COUNCIL



Berkshire Healthcare
NHS Foundation Trust



healthwatch
Wokingham Borough



Demand and Capacity Template

A new addition to the submission this year- it needs to be completed, but is not going to be assured.

Lots of learning- areas for improvement have been identified for instance:

- Counting when service is not available,
- The system need to separate delivery from capacity
- Work out how capacity of linked/tangential services fits in
- Better representation of Vol. Sec. services

Currently, on paper demand looks like it will be closely met by capacity (in part down to few people leaving in longer than a month), but also as the information can be more accurate, there is still potential for delays in discharge

This also forms a part of the Berkshire West review of Rapid Response and Reablement review which will look to improve the capacity of reablement in the community



WOKINGHAM
BOROUGH COUNCIL



Berkshire West
Clinical Commissioning Group

involve
Healthcare and Financial Services
BRACKNELL FOREST & WOKINGHAM BOROUGH

Berkshire Healthcare
NHS Foundation Trust



healthwatch
Wokingham Borough



Wokingham
Primary Care Networks

Royal Berkshire
NHS Foundation Trust



WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2022

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 2022/23

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
8 December 2022	Suicide Prevention Strategy			Public Health	
	Children in Care CAMHs	Update	Update		
	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	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
9 February 2023	GP performance	Update	Update	BOB ICB	
	West of Berkshire Safeguarding Adults Partnership Board Annual Report	Update	Update	West of Berkshire Safeguarding Adults Partnership Board	Performance
	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
	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 April 2023	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
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	