

# Agenda Item 52.

<b>TITLE</b>	<b>CHASC Workshop</b>
<b>FOR CONSIDERATION BY</b>	Health and Wellbeing Board on 14 December 2017
<b>WARD</b>	None Specific
<b>DIRECTOR/ KEY OFFICER</b>	Katie Summers, Director of Operations, Wokingham CCG

<b>Reason for consideration by Health and Wellbeing Board</b>	To feedback following recent CHASC development workshop
<b>Relevant Health and Wellbeing Strategy Priority</b>	<ul style="list-style-type: none"> <li>• Promoting good health throughout life</li> <li>• Building health and wellbeing into new communities</li> <li>• Improving life chances</li> <li>• Older people and those with long term conditions</li> </ul>
<b>What (if any) public engagement has been carried out?</b>	None at present - Starting to plan external communications
<b>State the financial implications of the decision</b>	

## **OUTCOME / BENEFITS TO THE COMMUNITY**

To deliver better outcomes for Wokingham clients through an integrated pathway between Health and Social Care by making the most effective use of all resources in the system and working across traditional boundaries.

## **RECOMMENDATION**

That the Board be informed about the CHASC workshop and next steps

## **SUMMARY OF REPORT**

The report provides a summary of the CHASC workshop. The event was designed to bring together operational and management staff from all partner organisations. BHFT, WBC, Optalis, Wokingham CCG, General Practice, Involve and Healthwatch were all represented.

## Background

The Community Health and Social Care projects overarching aim is:

*“to keep the residents of Wokingham fit, well and living as independently as they can be in their own homes for as long as possible by working as a single health and social care system that supports people, promotes self-care and prevention and ultimately makes the most effective use of all resources in the system”*

CHASC enables alignment of health and social care’s objectives for the next 5 years, as seen in the Five Year Forward View, Wokingham Borough Council’s 21<sup>st</sup> Century Council Programme and the CCG Objectives.

1. Health and Social Care integration – commissioning appropriate health and social care within available resources.
2. Smart working – locality working and dissolving organisational boundaries
3. Assets – making the best use of all public assets
4. Enabling Partnership working

CHASC is a single Long-term Health and social care team focused on early interventions and prevention specifically targeting the top 10% of Health and Social care users in Wokingham. The aim is that users will only tell their story once and will have a single key worker. Development of the teams will be around three localities and will involve close working with the 3<sup>rd</sup> Sector (Community Navigators).

## THE WORKSHOP

Key personnel from all partner organisations have formed a steering group and meet monthly to agree strategic objectives and overarching principles, however as the implementation date draws nearer it was agreed that a workshop was needed to bring together operational staff from all partner organisations to start to:

- Develop relationships across organisational boundaries
- Identify any potential issues caused by integration
- Start to design pathways
- Learn about each other’s roles

BHFT, Wokingham Borough Council, GP practices, Involve and Healthwatch were all represented on the day. Dr Johan Zylstra (Chair of Wokingham CCG) welcomed all attendees to the workshop. He invited all present to use the Twitter hash tag #wokinghamCHASC for comments and to raise questions via Slido.

David Cahill (BHFT Wokingham Locality Director) and Phillip Sharp (WBC Interim Assistant Director) welcomed everyone to the workshop and encouraged everyone to use this opportunity to work together co-designing the future model and to give feedback. .

Presentations were delivered by:

- Dr Amit Sharma (Medical Director, GP Alliance) and Heidi Ilsley (head of CHASC)
- Martin Sloan (Head of the WISH team)

- John Weaver-Lovell (Community Matron, BHFT)
- Angela Morris (Operations Director, Optalis)
- Phil Cook (General Manager, Involve)

Following the presentations the delegates were divided into 3 groups forming the localities they will work in once CHASC goes live.

During these sessions delegates introduced themselves and discussed what is going well with their service.

Positive feedback included:

- Improved communication with GPs
- Close/joint Health and Social Care working
- Co-location of Health and social care e.g. Hub Wish
- All being together and starting to develop closer working relationships
- Proud of the Public Health work and their involvement in the MDT

All three groups highlighted:

- MDTs are working really well, with close and efficient MDT working. The MDT enables access to people, enabling good group discussions. The collaborative approach is such an improvement.
- What an asset the Community Navigators are.

Some of the barriers identified included:

- Lack of shared resources including paper records, costs, difficulties with confidentiality and patient consent
- The referral process – too many referral forms
- Need for clearer communication
- Governance

All three groups also discussed their aspirations for the future and outlined:

- Stop patients being stuck in the middle between services
- Better shared information so that patients/carers do not have to repeat themselves
- Patient has a single point of contact to access all health care in the community

The over-riding theme of the feedback was the positive outcomes created by bringing health and social care professionals together. The event provided a setting where stakeholders got to know each other and their respective roles in a locality setting building a basis for closer working relationships in the future.

The CHASC project will use the outcomes of the event to inform the further design CHASC model. Full involvement, effective engagement and detailed communication at each stage of the CHASC project will continue, to achieve agreement, support and commitment for the scheme from all stakeholders.

The next steps will be:

- To hold individual locality workshops to continue with this work.

- To work with the partnerships communications team to develop a communication strategy which will include the local population

<b>Partner Implications</b>
Interdependency with Adult Social Care, 21 <sup>st</sup> Council, Berkshire Healthcare Foundation trust, GP Alliance, Berkshire West 10, Involve

<b>Reasons for considering the report in Part 2</b>
N/A

<b>List of Background Papers</b>
CHASC PIDD

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<b>Date</b> 27/11/17	<b>Version No.</b> 1.0