



# Wokingham Borough Council Health & Wellbeing Strategy

2014 - 2017

Healthier lives for everyone in Wokingham Borough



## Foreword to the 2014-2017 Health and Wellbeing Strategy for Wokingham

It has now been a year since the formation of the Health and Wellbeing Board and the responsibility for producing the Health and Wellbeing strategy fell to the Council. It has been a successful first year which has seen a truly local focus for the health and wellbeing and social care services.

As the strategy moves into its second year it remains the Health and Wellbeing Board's main focus of work. It will help support commissioning strategies which will ensure providers work to the aims of the Health and Wellbeing Strategy and that the strategy drives improvement and change, in addition to supporting residents to make their lives as healthy as possible.

This strategy is the result of joint working between the varying departments in the council, local voluntary organisations as well as the local Clinical Commissioning Group, and its implementation will require further collaboration between all of these organisations as well as the residents themselves.

This is a three year strategy that will be reviewed and updated yearly, monitoring and evaluation will occur regularly throughout the three years. At the end of the three years the strategy will once again be reviewed and re-written, allowing us to summarise our progress made towards the key themes set out in this strategy and take account of the lessons learned.

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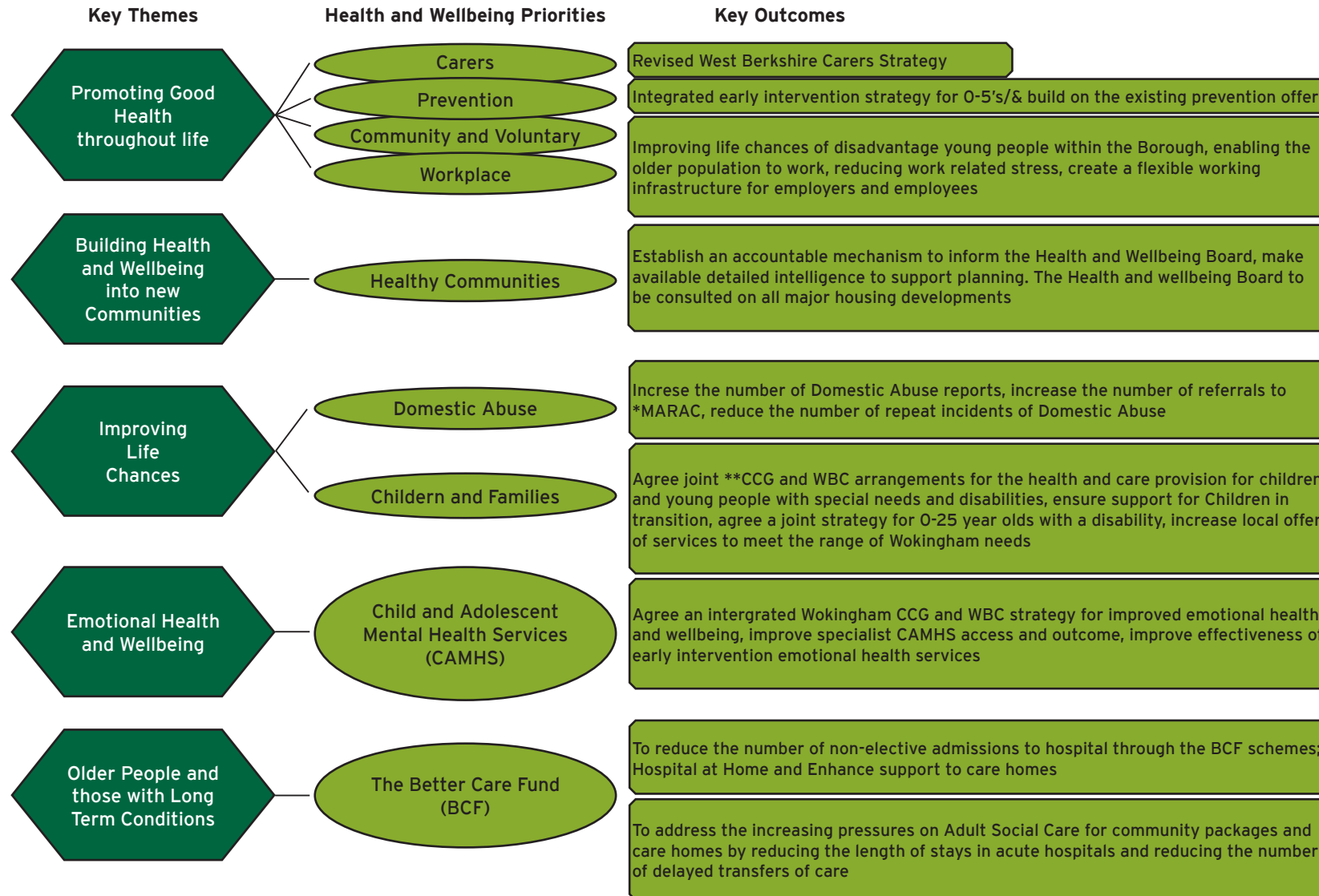
**Julian McGhee-Sumner**  
Chair of the Wokingham Health and  
Wellbeing Board



**Dr Stephen Madgwick**  
Vice Chair of the Wokingham Health  
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Plan on a Page - For ease of viewing we have condensed the Health and Wellbeing Strategy down and displayed the critical information on one page.

### Wokingham's Health and Wellbeing Strategy 2014 - 2017



\*MARAC - Multi Agency Risk Assessment Conference

\*\*CCG and WBC - Clinical Commissioning Groups and Wokingham Borough Council

## What was Achieved Last Year?

The year of 2013-2014 was the first year of the Health and Wellbeing Board; the key concerns were identified as;

- The increasing rates of cardiovascular conditions such as heart disease, diabetes and stroke
- The low percentage of the community achieving the recommended weekly physical activity levels or eating 5 portions of fruit and vegetables a day
- The high rates of depression and anxiety seen in the Borough

There were a high number of objectives set in last year's strategy, a list of these along with the progress achieved can be found in Appendix 1. Not everything was achieved within the year time scale and some objectives haven't been carried forward into this strategy, but it must be stressed that that does not mean that the work has ended; it is still ongoing in the relevant departments.

Some of the notable achievements last year included;

- Work was started and continues on the extension of the GP referral scheme
- 1500 children were trained on bicycle schemes, surpassing the target of 1400 children
- A gym specifically for people living with Long Term Conditions was opened at the beginning of the year
- Improving Access to Physiological Therapies (IAPT) waiting lists were reduced to 4 weeks

258 We learnt a lot in the first year of operation particularly around objective setting, measurement and monitoring. These are a few of the biggest learnings that have helped shape this next iteration of the Health and Wellbeing Strategy;

- Set clear guidance to distinguish who owns each objective in the strategy
- Ensure that each objective has a clear outcome and measurement to be held accountable to
- The monitoring process needs to be more frequent

PHOF

Where benchmarks or clear targets were unable to be defined or initial scoping work had yet to be completed it is crucial to have measurable outcomes detailed in the strategy, so for that reason Public Health Outcome Measures have been taken from the Public Health Outcomes Framework (PHOF) and inserted to provide guidance and benchmarking, therefore ensuring all services can be measured on their progress. The PHOF is a national measurement framework made up of separate indicators that is updated by Public Health England. Some of these indicators are updated annually, others updated every three years and dental indicators every five years.



## The Key Themes of the Strategy

The five key themes included in the strategy encompass the life course of the residents and takes into account the changing dynamic and growth of the Borough. The first theme brings attention to **promoting good health throughout life**. This can be achieved by encouraging residents to become more active with regular exercise, eat a healthy balanced diet, have positive social interactions, to manage stress appropriately and to have a healthy workplace. All of these can help prevent the poor health outcomes associated with long term conditions and lead to a balanced emotional wellbeing.

The next theme, **building health and wellbeing into new communities** is essential, the environment in which residents live, work and play greatly impacts on the health of the community. This is even more so important in Wokingham due to the extent of the redevelopment and new developments taking place throughout the Borough. Currently there are four Large Sustainable Development Locations (SDLs) seeing 10,500 new homes and associated infrastructure being built, as well as the town centre regeneration programmes running in Wokingham Town. Due to all of this, new local pharmacies, schools, GP surgeries and community groups are going to come under intense scrutiny, so it remains a key theme within the strategy.

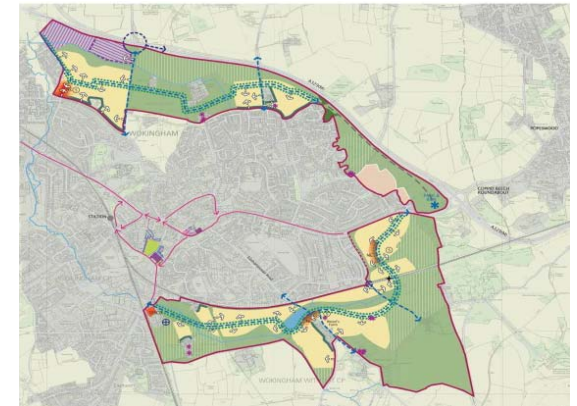
The third theme looks at **improving life chances within the Borough**, in general Wokingham is an affluent and healthy population however there are communities that are at risk of poorer health outcomes. This can be due to a number of reasons; age, gender, ethnicity, employment status, educational background, health status or socioeconomic position. As stated in the Marmot review, 'the fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life, is quite simply, unfair'. We will work to remove these barriers to health and ultimately reduce the gap in healthy life expectancy for these groups.



The fourth theme is **emotional health and wellbeing**, and although Wokingham on the whole is a healthy place you cannot view health just in terms of the physiological benefits. It is important to view emotional wellbeing with the same level of importance as physical health. This is important in Wokingham as the borough has a greater number of people in contact with secondary mental health services who are in paid employment when compared with the regional and national average. Wokingham also scored significantly worse than the National average.

Wokingham also scored significantly worse than the National Indicator relating to the emotional health of children, and our CAMHS service has been found to be underperforming. This is being addressed and over the past year, through partnership working and the national spotlight that has been shined on mental health, we have continued to improve these services and the emotional health of the community.

The last theme looks at **older people and those with long term conditions**, it is important to help those people live independently and self-manage their conditions for as long as possible through joined up services. It isn't just about how many years you have in life but about how many of those years are healthy and with good quality of life. For this to happen they must feel confident in engaging with their local community and this can be achieved through schemes aimed at raising awareness and the social responsibility of their fellow residents.





## Why?

The Health and Wellbeing Board has taken these themes as priorities. We looked at Wokingham's assets, needs and how the health profile of the borough is predicted to change over the next 20 years. The local Wokingham Needs Assessment played a large role in informing this decision and was initially where the needs were identified. This in turn informed the partner's service plans which then informed the better care fund plan. There was then careful consultations with all the services to ensure the strategy complemented their work and provided a clear set of priorities that they could be held accountable to. We played a large role in this process, ensuring alignment with the corporate objectives shared with partner organisations.

The rationale behind each theme has been carefully thought through and can be found in Appendix 2. The reasoning for each objective contained within the themes is displayed in the tables; each label corresponds with the priorities identified within this strategy.

## Promoting Good Health throughout Life



The dramatic changes to the health and social care system over this past period coupled with the increasing need and reduced resources has highlighted the need to take a life course approach and the importance of getting services right for children, young people and their families as well as providing support to prevent ill health for adults both at home and in the workplace. If Wokingham get services right for the residents through childhood into later life then in terms of prevention, early intervention and better health outcomes, this has not only the potential to improve the life chances of many individuals, but also to reduce their reliance on Local Authorities and the NHS in the future and this is a very effective investment. This cannot be done in isolation, in order to influence the health of the Borough the Local authority needs to work in partnership and the community and voluntary sector, with their local expertise, play a very important role in the promotion of good health.



Objective	What is the objective?	How is this going to be measured?	When will this be achieved?
261 261a.	Revised West of Berkshire Carers Strategy will set out how we will deliver a new offer for Carers in assessment and support	<ul style="list-style-type: none"> <li>- Carers report an improved quality of life (8.5 self-reported quality of life out of 12 in the biannual Carers Survey 2012/13)</li> <li>- Carers find it easier to find information about services to make informed choices about the care they want (benchmark of 75.9% in the biannual Carers Survey 2012/13)</li> <li>- Carers report decreased social isolation</li> </ul>	Annual reporting - next cycle April 2015
1b.	Integrated Early intervention Strategy for 0-5's will lead to more joined up services for early years youngsters and their families, help more children be ready for school and narrow the gap in outcomes experienced by those at risk of being left behind	<ul style="list-style-type: none"> <li>- Children from vulnerable groups in particular see improved levels of development through the Early Years Foundation Stage Profile.</li> <li>- Children from vulnerable groups in particular show a reduction in childhood obesity levels and children reported as underweight</li> <li>47.4% of children are achieving a good level of development at the end of reception</li> </ul>	Annual reporting - next cycle April 2015

1c.	Build on the current prevention offer to reduce the demand on the health and social care system through a focus on earlier intervention	<ul style="list-style-type: none"> <li>- Service users report an improved quality of life</li> <li>- Service users report decreased social isolation</li> <li>- There is a reduced demand for Social Care and Health services through the take up of prevention support and self-care</li> <li>- Older people remain at home for longer after discharge from hospital</li> <li>- 46.6% of adult social care users have as much social contact as they would like</li> </ul>	Annual reporting - next cycle April 2015
1d.	<p>Improving the life chances and wellbeing of disadvantaged young people (Not in Employment Education or Training (NEET), aged 16-25 years) in the borough</p> <p>(projects -Elevate, Aspire, Construction brokerage)</p>	<ul style="list-style-type: none"> <li>- Number of IAG (information, advice and guidance) contacts</li> <li>- Numbers placed in work experience</li> <li>- Number of apprenticeship starts</li> <li>- Confirmed apprenticeships after six months</li> <li>- Number of new employments starts</li> <li>- New employment sustained after six months</li> <li>- The average NEET for the year will be no higher than 3.2% (excluding July and August)</li> </ul>	Quarterly reporting
1e.	<p>Enabling the older working population to work in fulfilling, productive employment for longer - Including volunteering</p> <p>(Projects, promoting lifelong learning, vocational training for older people - including older apprenticeships, &amp; promoting volunteering)</p>	<ul style="list-style-type: none"> <li>- Levels of unemployment in the over 50s</li> <li>- 210 people aged 50-64 years on job seekers (Feb 2014)</li> <li>- Number of over 50s seeking older apprenticeships or vocational training</li> <li>- Number of over 50s seeking Careers information and advice - 40 people attended workshops specifically aimed at over 50s seeking work in 2013</li> <li>- Number of over 50s clients seeking IAG from Wokingham Job Support - for the year 2013 105 people over the age of 50 used this service</li> </ul>	Annual review of targets

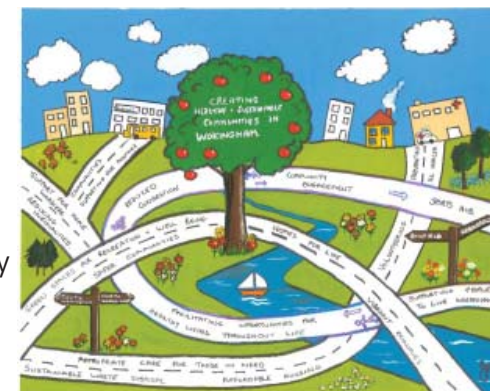


1f.	<p>Reducing work related stress</p> <p>(Projects. Working with local businesses to encourage an empathic but practical approach to work related stress.</p> <p>Commission a project to better understand the issues from both and employer and employee perspective. Events and seminars)</p>	<ul style="list-style-type: none"> <li>- Number of people accessing services (Community Mental Health Team CMHT)</li> <li>- Number of employers visited</li> <li>- Number of workshops held</li> <li>- Number of attendees</li> </ul> <p>PHOF 1% - the percent of working days lost due to sickness absence NB In order to commit to this objective we need to identify delivery partners or resource</p>	Annual review of targets
1g.	<p>Create a more flexible infrastructure for employers and employees around traditional working hours</p> <p>(Projects. Promoting flexible working hours with local businesses, researching what occupational health provisions is available for SME`s, encouraging improved access to medical services and promote flexible transport choices)</p>	<ul style="list-style-type: none"> <li>- Number of employers visited</li> <li>- Number of workshops held</li> <li>- Number of attendees</li> </ul> <p>Currently the benchmark for this is set at zero as this is a new piece of work. There have not been any visits or workshops held.</p> <p>NB In order to commit to this objective we need to identify delivery partners or resource</p>	Annual review of targets

## Building Health and Wellbeing into new communities

Planning for the major housing development growth continues at a swift pace. It is now important to ensure that our health and social care services are able to respond to the growth in the population of the Borough and to meet the needs of this population, which will not only be increased, but may create a different population profile for the borough overall. It has been estimated that there will be an increase in population of around 33,300, which is a higher figure than that was published in the Wokingham Needs Assessment. This is based on predicted household sizes, averaging 2.52 people per dwelling. In addition to this, the Needs Assessment for Wokingham set out clearly the increasing number of older aged adults in the Borough.

Due to this primary care services, especially General Practice, are likely to be those facing the most immediate change in demand. Owing to this, the stated aim of the core strategy is to provide suitable community infrastructure within each of the SDLs, and health and social care services are an important part of this.



Objective	What is the objective?	How is this going to be measured?	When will this be achieved?
2a.	To establish a mechanism to ensure accountability by which the Health and Wellbeing Board can be assured that partners are working together to plan for the changes in population and how these affect healthcare delivery	-The board receives regular reports, minimum quarterly on joint plans for increasing GP capacity -These plans need to keep pace with the phasing and planned occupancy of the housing	Benchmarks will be agreed against the number of new occupations
2b.	Detailed intelligence is available to all agencies to support their planning; a supplement to the JSNA on population change will be produced	-A supplement will be produced and disseminated and will be updated annually	First update to be produced in January 2015 (or to fit in with NHS planning cycle)
2c.	The board will become consulted on all major (50+ units) housing developments and regeneration activities in the Borough including pre application	-All applications of this size or scope to be run past the Health and Wellbeing Board	This is a reactive process responding to applications as they arise

## Improving Life Chances

Two areas have been identified as the main focus for this theme, these are; Domestic Abuse and the Children and Families Act.

### Domestic Abuse

There has been good progress in the joint Community Safety Partnership (CSP) and Local Safeguarding Children's Board (LSCB) with the Domestic Abuse Strategy and Action Plan. This has been closely monitored, and the alignment of priorities has increasingly led to joined up working with shared resources.



That progress has been monitored through regular reports to the Local Safeguarding Children Board, Community Safety Partnership, and Health and Wellbeing Board. Central to the overall aims was to increase reporting, whilst reducing the level of repeat offending once victims had come forward. Much has been done in the last year around education, training and provision. In addition to this targeted review work has been undertaken through the Multi Agency Risk Assessment Conference arrangements (MARAC) to understand how effectively these arrangements are currently functioning and areas for improvement; and to ensure that arrangements improve outcomes for victims of domestic abuse.

265

Objective	What is the objective?	How is this going to be measured?	When will this be achieved?
3a.	To increase the number of reports of Domestic Abuse to Thames Valley Police	-Baseline figure: 108 reported incidents to TVP in 13/14	We expect to see an increase at the end of each financial year (i.e. in the 2014-17 period)
3b.	To increase the number of referrals to MARAC	-40 referrals received in 13/14	We expect to see an increase at the end of each financial year (i.e. in the 2014-17 period)
3c.	Reduce the number of repeat incidents of domestic abuse (Thames Valley Police (TVP))	-35.2% repeat referrals (on average over 13/14)	We will monitor impact from Autumn 2015 onwards (i.e. in the 2014-17 period)

## Children and Families Act

The Children and Families Act sets out statutory requirements for Local Authorities, Clinical Commissioning Groups and other NHS bodies, with a duty for the provision of services and facilities under the National Health Service Act 2006, to make joint arrangements about the education, health and care provision to be secured for children and young people with special educational needs (SEN) for whom it is responsible and for those with disabilities.

Within Wokingham the Act is a core focus of the overarching Children and young People's plan which ultimately aims to, through close multi agency partnership working, ensure resources are targeted to those in most need, to give help as early as possible to prevent children and young people requiring more intensive, costly services and to ensure Wokingham's services and support make a positive impact for children, young people, families and carers across the Borough.



The key objectives for this theme will be;

Objective	What is the objective?	How is this going to be measured?	When will this be achieved?
266 3d.	To agree the joint WBC/ CCG arrangements for the education, health and care provision for children and young people with special educational needs and for those with disabilities and difficulties	Board to receive report with assurance of Autumn 2014 deadlines being achieved; - Local Offer published online setting out Education, Health and Social care services available for children and families (Autumn '14) - Arrangements for allocation of personal budgets across implemented (Autumn '14) - Transition arrangements in place and Education Healthcare Plans (EHC) implemented (Autumn '14) - Details of how many children have new EHC plans approved or transitioned from SEN in first year of operation (Nov '15)	Nov 2015
3e.	Ensure effective support for children in transition	- Transition plans agreed with young person in 100% of cases by age 15 years - An increased number of Young people meaningfully and sustained in Employment, Education or Training - Improved parent carer and young person satisfaction with transition plan - Benefit analysis concluded for a 0-25 service	April 2015
3f.	An increased local offer of provision and a continuum of provision to meet the range of Wokingham needs - including children and young people with more complex needs and children in need	- Strategy in place with a timeline for alternative provision - More children in care living within 20 km of their home - More children and young people supported to live at home and educated in their local school community  PHOTO 3.1% of 16-18 year olds are not in education, employment or training	April 2015

## Emotional Health and Wellbeing

The emotional well-being and mental health of children is vital to their learning and development. Mental health promotion for all children is important, and some children will need specialist support. Nationally, this has been recognised with the announcement that waiting time's standards are to be introduced from April 2015.

Wokingham has a continued and increasingly high usage of both Child and Adolescent Mental Health Services (CAMHS) and wider counselling and emotional health and wellbeing support services. We want to ensure that children and young people are able to access the right support at the right time. Wokingham wants to improve the impact and outcomes for children and young people who access these services. The Local Authority also wants to work with children and families to improve the emotional health and resilience of children and young people.



Due to the ongoing nature of CAMHS commissioning we have decided therefore that the objective measurements will not be appropriate at this time. Agencies and commissioners are currently working through their processes; therefore we will revisit these measurements by April 2015.

The key objectives under this theme will include;

Objective	What is the objective?	How is this going to be measured?	When will this be achieved?
267 4a.	Agree an integrated Wokingham CCG and Wokingham Borough Council strategy for improved emotional health and wellbeing	-An agreed strategy sets out how children and young people are able to access the right support at the right time	Autumn 2014
4b.	Improve specialist CAMHS access and outcomes (Tier 3)	-Reduced waiting times for CAMHS interventions -Reduced demand for Tier 4 services or residential care - Improved emotional wellbeing reported by young people supported by specialist CAMHS - 100% of Children in Care receive the right CAMHS at the right time (80 referrals into CAMHS were signposted to more appropriate services between 1st April '13- 31st March '14) - Children in care see a difference in how they feel and report improved confidence and resilience	Quarterly CAMHS monitoring should see improvement through 2014/15
4c.	Improved effectiveness of early Intervention emotional health services (Tier 1 and 2)	- Fewer young people access specialist CAMHS (Tier 3) because they have received effective early intervention and support (total of 365 referrals in CAMHS between 1st April '13- 31st March '14) - Children and young people report improved emotional wellbeing after early intervention - An increased number of young people report resilience and the ability to meet their own emotional health needs	Evaluation of improved effectiveness will be conducted in April 2015

## Older People and those with Long Term Conditions

The Better Care Fund (BCF) was announced by the government as part of the 2013 Spending Round. The aim is to ensure better outcomes for patients and social care customers by funding integrated health and social services through pooled budgets. Some of this funding is linked to new duties which will arise from changes anticipated in the Care Bill.

Wokingham is in the process of allocating funding to the schemes detailed in the BCF; these schemes are all based on addressing the local health needs and increasing demands to reduce such things as non-elected admissions to hospital. The money within the BCF is not new money but is money already allocated to Health and Social Care which will be transferred into pooled budgets. The Fund is subject to certain conditions and its use will be measured against a range of specified local outcomes.



The objectives under this theme will include;

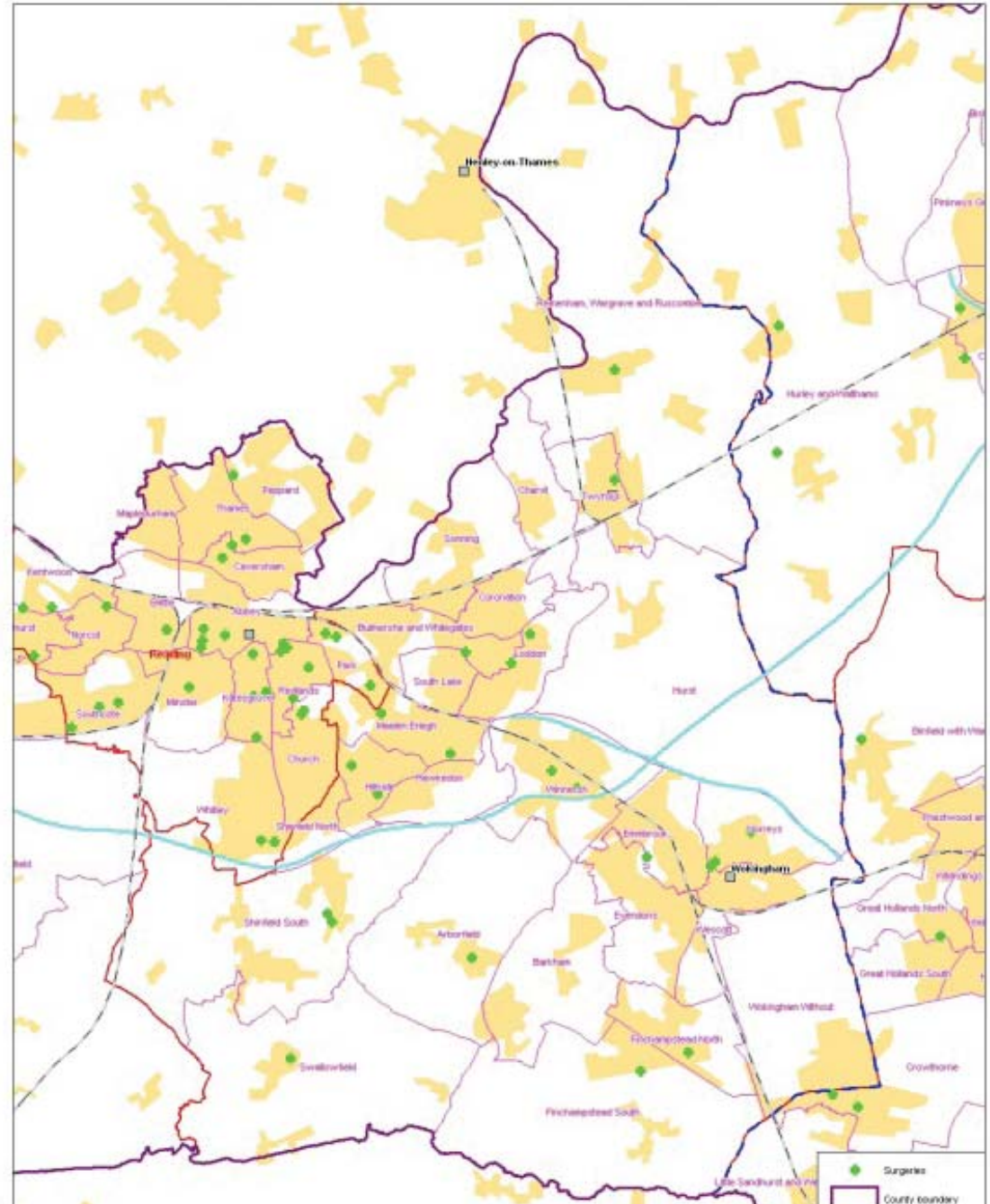
Objective	What is the objective?	How is this going to be measured?	When will this be achieved?
5a.	To reduce the number of non-elective admissions to hospital through the BCF schemes; Hospital at Home and Enhance support to care homes	- Reduce non-elective admissions by 2% - the number of planned non-elective admissions for 2014/2015 is 9837	2016
5b.	To address the increasing pressures on Adult Social Care for community packages and care homes by reducing the length of stays in acute hospitals and reducing the number of delayed transfers of care	-The number of people going through reablement services will increase from a baseline of 780 to 900 by 2015/16	April 2015

## Measurement and Outcomes

During the compilation of this strategy accountability, measurement and reporting has been at the forefront of the design. The overall responsibility of the deliverables falls with the Health and Wellbeing Board, and in order to ensure the strategy is implemented and measured accordingly the board has identified key partners and services both within and outside of the council to be responsible for monitoring and reporting on their objectives.

Reporting will take place at every meeting, it is important to keep this as a regular occurrence to ensure the timescales are maintained and any issues that do arise can be addressed at the earliest opportunity. Where measurable data is not available locally indicators have been taken from the PHOF to provide benchmarking.

The breakdown of individuals and departments that have taken responsibility of each area can be found in appendix 3.



## Appendix

### Appendix 1 - Objectives and progress on 2013-2014 Health and Wellbeing Strategy

Action	Summary	Responsible for delivery	Progress	Action	Summary	Responsible for delivery	Progress
1.1.1	Extend the GP physical activity referral scheme	Public Health and Place & Communities Partnership	Recruited to, expected start date mid-June. Carry onto next year.	1.1.2	1400 children to be trained on bicycle schemes	Transport and Place & Communities Partnership	Target exceeded, 1500 pupils
1.1.3	Create walking & cycling maps for Woodley & Earley	Public Health	Produced	1.1.4	Run promotions to encourage healthier behaviours	Public Health	Pharmacy campaign underway, sports and leisure promotion of co-ordinated activities planned.
1.1.5	Physical activity centre for those with long term conditions	Public Health	LTC - Opening at the beginning of March	1.1.6	New post providing physical activity for 100 participants	Public Health and "Get Berkshire Active"	Target exceeded. Post to continue next year.
2.2.1	Deliver stress management courses & "Talking Therapies"	Wokingham CCG	IAPT waiting list has been reduced to only 4 week.	1.2.2	Introduce "Talking Therapies"	Children and Young People's (CYP) Partnership	CAMHs staffs are completing their training in Talking Therapies for Children and Young People (CYP). CYP are being seen within the anxiety and depression care pathway. From 2014 learning will roll out across the wider CAMHs care pathways.
1.2.3	Run an emotional wellbeing campaign	Public Health and Community Partnerships	Some work undertaken earlier in the year but needs added review around targeted interventions	1.3.1	Create "Wokingham Healthy Workplace" model	Public Health and Business and Enterprise Partnership	Recruitment of new workplace health post successful, work to identify needs and opportunities, final model to be developed in 2014-2015



Action	Summary	Responsible for delivery	Progress	Action	Summary	Responsible for delivery	Progress
1.3.2	Deliver workplace model to two other major employers	Public Health and Business and Enterprise Partnership	Final work place model to be developed in 2014-2015	1.3.3	Create healthy workplace toolkit	Public Health and Business and Enterprise Partnership	Work will be carried out in 2014-2015
2.1	Consult on all major developments	Planning and Place & Communities Partnership	Within 28 days of consultation	2.2	Influencing design to maximise wellbeing	Planning and Place & Communities Partnership	On-going - part of all new developments
2.3	Ensuring design allows healthy choices	Planning and Place & Communities Partnership	Delivery of specialist housing projects	2.4	Community infrastructure that promotes healthy lifestyles	Planning and Place & Communities Partnership	H&W Board to be consulted on new Policy formulation - Completed Introduction of Community Infrastructure Levy to support the delivery of infrastructure - Completed BME Healthy Lifestyles Project -Ongoing Greenways project - completed Public Open Space and Sports Strategy - Completed
3.1.1	Develop 5 community wellbeing networks	Public Health and Community Partnerships	Ongoing	3.1.2	Hold events at the 5 community networks	Public Health and "Get Berkshire Active"	Ongoing
3.2.1	Roll-out 2 year old childcare offer	Children and Young People's Partnership	September 2013 - this target was exceeded September 2014 - currently placed 187 and on track	3.2.2	"Families First" targeting school absences and exclusions	Children and Young People's Partnership	This target has been over achieved, we are working with over 100 families and 47% of our families identified for education low attendance/ exclusion have met the benchmark for payment by results.

Action	Summary	Responsible for delivery	Progress	Action	Summary	Responsible for delivery	Progress
3.3.1	Improve access to CAMHS for those from BME backgrounds	Children and Young People's Partnership	13/14 figures are not yet available	3.3.2	Develop new emotional wellbeing initiative	Public Health and Community Partnerships	Not achieved
3.3.3	Smoking cessation programmes accessible to BME smokers	Public Health and Community Partnerships	Work undertaken by Smoking Cessation provider. Have met targets this year.	3.4	Increase engagement with Traveller & Gypsy communities	Public Health and Community Partnerships	GRT Training Sessions - aimed at raising awareness with professionals. 100 Carbon Monoxide alarms distributed and a mobile children centre bus was commissioned and goes into the sites.
3.5.1	Support young people at risk of unemployment	Children and Young People's Partnership	Aspire was put in place, and the number of referrals generated from schools reduced. The target of 46 was not met.	3.5.2	Hold employment advice event	Business and Enterprise Partnership	Two events were held, the first, Strive Programme was targeted towards social tenants. The second, Wokingham Careers Fair was aimed at the wider public and attended by 2000 people.
4.1.1	Deliver "restorative practice" training	Children and Young People's Partnership	Training has been rolled out and 2000 staff has been trained.	4.1.2	100% of children & young people seen within targets	Children and Young People's Partnership	A CQIN is in place within the BHFT contract. 100% of urgent referrals are seen within the target. The 100% target has not been achieved for non-urgent referrals. BHFT reports 72% of young people are seen within 12 weeks. The CCGs are working with BHFT to improve performance. Referrals to CAMHs have increased by 40% nationally and this is reflected locally.

Action	Summary	Responsible for delivery	Progress	Action	Summary	Responsible for delivery	Progress
4.1.3	Introduce "Talking Therapies"	Children and Young People's Partnership	Talking therapies provided support to young people experiencing exam pressure, anxiety and stress. Primary CAHMS was also commissioned to support the above group	4.1.4	Review urgent care pathway	Children and Young People's Partnership	A national review of Tier 4 (highly specialist) CAMHS is being undertaken by NHS England specialised commissioning. This is due to report May 2014. A Berkshire CAMHS review is underway and this will triangulate Tier 4 findings with Tier 2 and 3 findings in Berkshire. The urgent care pathway forms a significant part of this review.
4.1.5	Emotional wellbeing services to have measureable outcomes	Children and Young People's Partnership	In place. Tier 3 CAMHS collects outcome data as part of the national CAMHS Outcome Research Consortium (CORC). Also changes in difficulties reported by the child and the parent between therapy sessions are measured, as well as clinician evaluation of young people's functioning at 6 month follow up.	4.2.1	New day respite for those with young onset dementia	Health and Wellbeing	In Place.
4.2.2	Emergency care for carers of those with dementia	Health and Wellbeing	Service in place. Payment based on activity levels	4.2.3	Delivery of the Prime Minister's Dementia Challenge	Health and Wellbeing	Intergenerational work well progressed. Dementia Alliance worker post and good progress
4.3.1	5% increase in reported domestic abuse incidents	Community Safety Partnership	13% increase in DA reports since same time last year	4.3.2	Reduce number of repeat domestic abuse incidents	Community Safety Partnership	Repeat rate of 36.3%, which is an 8% drop on the same time last year and the lowest rate in the Thames Valley

273

Action	Summary	Responsible for delivery	Progress	Action	Summary	Responsible for delivery	Progress
4.4	Improve satisfaction in mental health services	Health and Wellbeing	58% of respondents in the annual Community Mental Health Survey rated their overall experience as 8 or above (out of 10)	5.1.1	Advice and support on assistive technology	Health and Wellbeing	Service has been commissioned and worker in post from mid-December. Numbers of advice and support given on assistive technology being counted and will be reported back
5.1.2	85% successfully supported to regain independence	Integration Strategic Partnership	This was not met, the performance was 65.6%	5.2.2	Publish and circulate 1,000 copies of a Carers Guide	Health and Wellbeing	This was published online due to the changes in the Care Act
5.2.3	Increase GP listed carers	Health and Wellbeing	This was achieved	5.3.1	Point of contact at Wokingham Direct & WIN	Health and Wellbeing	WIN has been redesigned and services can be more easily located
274 5.3.2	Personal budgets & brokerage support	Health and Wellbeing	This was not achieved, Self-Directed Support was 60.3%, the target was set at 70%	5.4.1	Extending housing options for older people	Health and Wellbeing	An Older People's Housing Strategy has been developed which includes commitment to provide additional extra care units. Strategy goes to Executive on 26 June.
5.5	New modern community facility	Health and Wellbeing	Service will commence in 2014. Option Appraisal and stakeholder meetings held; service user consultation will begin in spring with planned phased changes from September 2014				

**Appendix 2** - A description of why each objective has been chosen

Objective	What is the rationale / evidence for this objective?
1a.	The population of Wokingham is predicted to age over the next ten years at a rate that is higher than the national rate; with a related rise in carers. We have a low number of Young Carers identified in Wokingham which may relate to a lack of outreach awareness raising or support. According to the Census 2011, the majority of carers are aged 50 and over. Some of them have additional age related difficulties and illnesses and may require help and care themselves
1b.	For children in more vulnerable families, a gap between those doing well and those doing less well has already developed by 5, both in terms of achieving a good level of development" and childhood obesity.
1c.	The population of Wokingham is predicted to age over the next ten years at a rate that is higher than the national rate; this will lead to further demand pressure on the Health and Social Care system.
1d.	There is evidence to suggest that young people who are not in work for a long period of time or are underemployed suffer diminished life chances and therefore poorer health outcomes. There are links to substance misuse, lone parents and offending.
1e.	Older workers can find that they are facing limitations in their careers because of redundancy, stress, changes in technology and working practices. This is set against a later pension qualification age and people generally living longer lives. Lack of income security and inactivity can impact on both physical and mental health. This will help to increase tax revenue for longer and provide some reduction on the 'aged' burden on the NHS.
27f.	Wokingham Borough Council is one of the healthiest Local Authority areas in the UK, in part because its residents are well educated and enjoy high employment levels. In stark contrast to this is the high number of people suffering from work stress and work stress related issues.
1g.	Productivity could be improved by improving the efficiency of staff when interacting with the NHS. Employers lose productive hours when their staff need to visit the doctor, attend a hospital appointment or pick up prescriptions and increasingly care for elderly relatives. Pressure to organise this around traditional working hours causes stress and in some cases loss of employment. A more flexible working system would allow the employee to manage their time without the employer losing productive hours.
2a.	This is proposed in the Grimes report on Meeting the Health needs of Wokingham Borough Council's Major growth areas.
2b.	This is a recommendation in the Grimes report on Meeting the Health needs of Wokingham Borough Council's Major Growth Areas and the current Wokingham Needs Assessment. This is in response to the pace of change and the need to have a higher level of response in reaction to change on the ground.
2c.	This is an ongoing objective from the first Health and Wellbeing Strategy 2013-14.
3a.	National research concludes that Domestic Abuse is an under reported crime. This will be a strategic objective for the Community Safety Partnership from Autumn 2014 and is a strategic commitment to the Police and Crime Commissioner's Office in 14/15.

Objective	What is the rationale / evidence for this objective?
3b.	The recent MARAC review and CAADA's external evaluation of our MARAC processes has highlighted that we have the lowest number of referrals to MARAC nationally. This will be a strategic objective for the Community Safety Partnership from Autumn 2014 and is a strategic commitment to the Police and Crime Commissioner's Office in 14/15.
3c.	This is a strategic objective for the Community Safety Partnership and is a strategic commitment to the Police and Crime Commissioner's Office; we will implement a change in local systems and processes in Autumn 2014 and will start monitoring impact on outcomes from Autumn 2015.
3d.	Section 26 of the Children and Families Act 2014 sets out statutory requirements for local authorities and clinical commissioning groups and other NHS bodies with a duty for the provision of services and facilities under the National Health Service Act 2006 for children and young people to make joint these arrangements. There are a higher proportion of children with special educational needs among the Wokingham children in need population. Whilst there are relatively fewer children eligible for free school meals in Wokingham than seen nationally, the percentage of these children with statements of special educational need is higher than seen elsewhere (Wokingham Needs Assessment).
3e.	Support for children in transition is particularly important for Wokingham - we have low numbers of children transitioning from children's to adults services and recent service reviews suggest areas for improvement (Wokingham Needs Assessment).
3f.	There are a higher proportion of children with special educational needs among the Wokingham children in need population. Whilst there are relatively fewer children eligible for free school meals in Wokingham than seen nationally, the percentage of these children with statements of special educational need is higher than seen elsewhere (Wokingham Needs Assessment) .
276 4a,4b & 4c.	Continued and increasing high usage of both Child and Adolescent Mental Health Service and wider counselling and emotional health and wellbeing support services (Wokingham Needs Assessment). Partnership reviews Identify the need for all tiers of emotional health and wellbeing provision to work together as a better system, so that children and young people are identified early and access any support they need quickly at the lowest and least restrictive tier possible. (Wokingham needs Assessment). Wokingham Borough scored significantly worse than the national average for the previous National Indicator relating to the emotional health of children (Wokingham Needs Assessment).
5a.	Non-elective admissions are a pressure that health and social care in Wokingham has managed well in recent years. But has still been a 3% growth over the last three years due to changes in the age profile and increases in certain long term conditions. Future projections suggest that this trend will continue unless there is system-wide change.
5b.	The frail elderly population and those with dementia have a longer than average length of stay due to waiting for nursing placements. Addressing the needs of these service users will reduce the length of stay in acute hospitals, reduce the number of patients on the fit to go list, and in-turn reduce delayed transfers of care. In addition, if their needs are addressed, this will ultimately reduce the number of people admitted to residential care.

**Appendix 3** - Breakdown of who is responsible for monitoring and reporting on each key theme of the current 2014-2017 Health and Wellbeing strategy.

<b>Key Themes</b>	<b>Who is Responsible</b>
Prevention	Director of Health and Wellbeing, Director of Children's Services, Consultant in Public Health, Chair of the Place and Community Partnership, Head of the Business and Partnership Board
Carers	Director of Health and Wellbeing, Director of Children's Services, Consultant in Public Health, Chair of the Place and Community Partnership, Head of the Business and Partnership Board
Voluntary Sector	Director of Health and Wellbeing, Director of Children's Services, Consultant in Public Health, Chair of the Place and Community Partnership, Head of the Business and Partnership Board
Workplace Health	Business, Skills and Enterprise Partnership
Population Growth	Consultant in Public Health
Domestic Abuse	Wokingham Local Policing Area (LPA) Commander and Family First Service Manager
Children and Families Act	Director of Children Services
Children and Young People's Mental Health Services	Wokingham CCG and Director of Children's Services
Better Care Fund	Director of Health and Wellbeing and Wokingham CCG

277



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