

Notice of Meeting

Health and Wellbeing Board

Thursday, 25th July, 2013 at 9.00 am
in Committee Room 2 Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 17 July 2013

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Collett on (01635) 503124
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Agenda - Health and Wellbeing Board to be held on Thursday, 25 July 2013 (continued)

To: Dr Alex Anderson (Newbury and District CCG), Leila Ferguson (Empowering West Berkshire), Councillor Graham Jones, Dr Catherine Kelly (Reading and West CCG), Dr Lise Llewellyn (Public Health), Councillor Graham Pask, Lady Emma Stevens (Healthwatch) and Rachael Wardell (WBC - Community Services)

Also to: John Ashworth (WBC - Environment), Stephen Barber (West Berkshire Local Safeguarding Board), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Heather Hunter (Family Resource Centre), Councillor Gwen Mason, Philip McNamara, Matthew Tait (NHS Commissioning Board), Councillor Quentin Webb and Lesley Wyman (WBC - Public Health & Wellbeing)

Agenda

Part I		Page No.
9.00 am	1 Apologies for Absence To receive apologies for inability to attend the meeting (if any).	
9.02 am	2 Minutes To approve as a correct record the Minutes of the meeting of the Board held on 23 May 2013.	1 - 10
9.07 am	3 Declarations of Interest To receive any Declarations of Interest from Members.	
9.10 am	4 Public Questions Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.	
	a Question submitted to the Board by Mr Chris Horner "I would be interested to understand the Health & Wellbeing Boards strategy and plan to shift care into the home, supported by Assistive Technologies to help patients / citizens to live independently and address the ageing population and increase in long term conditions."	



Agenda - Health and Wellbeing Board to be held on Thursday, 25 July 2013 (continued)

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|----------|----|---|-----------|
| 9.15 am | 5 | Health & Wellbeing Action Plan (Lesley Wyman)
Purpose: <i>To update the Board on progress re the development of the H&WB Strategy Action Plan, share the latest draft of the action plan, clarify the PH budget for 2013/14 and explain the process by which partners can bid for funding to help achieve the HWB priorities.</i> | 11 - 56 |
| 9.30 am | 6 | Public Health Advisory Board Feedback (Lesley Wyman)
Purpose: <i>To update the Health and Wellbeing Board on the work of the Berkshire Public Health Advisory Board.</i> | 57 - 64 |
| 9.45 am | 7 | Winterbourne View (Jan Evans)
Purpose: <i>To update the Health and Wellbeing Board on the outcome of the Serious Case Review of Winterbourne View Hospital and local actions with respect to the Department for Health recommendations.</i> | 65 - 74 |
| 10.00 am | 8 | Funding Transfer from NHS England to Social Care (Janet Meek)
Purpose: <i>To inform the Health and Wellbeing Board of the funding arrangements and amounts to be transferred from the NHS to Local Authorities during 2013/14 – 2015/16.</i> | 75 - 82 |
| 10.15 am | 9 | JSNA Update (Lesley Wyman)
Purpose: <i>To update the Board on the Joint Strategic Needs Assessment.</i> | 83 - 88 |
| 10.25 am | 10 | Integrated Health and Social Care Management including the Pioneer Programme (Cathy Winfield)
Purpose: <i>To present and take any questions in relation to the Pioneer Bid.</i> | 89 - 100 |
| 10.40 am | 11 | Review of West Berkshire Council's Eligibility Criteria (David Lowe)
Purpose: <i>To advise the Board of the Scrutiny review into adult social care eligibility criteria</i> | 101 - 104 |
| 10.50 am | 12 | Healthwatch (Heather Hunter)
Purpose: <i>To present Healthwatch West Berkshire's first quarter report.</i> | 105 - 156 |
| | 13 | Members' Question(s)
There were no Member questions submitted relating to items on this agenda. | |



Agenda - Health and Wellbeing Board to be held on Thursday, 25 July 2013 (continued)

- 14 **Future meeting dates**
26th September 2013 – Committee Room 2
28th November 2013 – Committee Room 1
23rd January 2014 – Committee Room 1
27th March 2014 – Committee Room 1
22nd May 2014 – Committee Room 1

Andy Day
Head of Strategic Support

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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 23 MAY 2013

Present: Dr Alex Anderson (Newbury and District CCG), Leila Ferguson (Empowering West Berkshire), Councillor Graham Jones, Dr Catherine Kelly (North and West Reading CCG), Councillor Graham Pask, Rachael Wardell (WBC - Communities), Lesley Wyman (WBC - Public Health and Wellbeing)) and Adrian Barker (Local Healthwatch (substitute for Lady Emma Stevens)).

Also Present: Councillor Gwen Mason, Councillor Quentin Webb, Nick Carter (WBC - Chief Executive), Jo Hawthorne, Fatima Ndanusa (WBC - Public Health), April Peberdy (WBC - Public Health), Cathy Winfield (Berkshire West CCGs), Jessica Collett (WBC - Executive Support) and Andy Day (WBC - Strategic Support).

Apologies for inability to attend the meeting: Dr Lise Llewellyn and Lady Emma Stevens.

PART I

11. Apologies

Apologies for inability to attend the meeting were received from Dr Lise Lewellyn and Lady Emma Stevens. Lesley Wyman represented Public Health on behalf of Lise Llewellyn and Adrian Barker represented Healthwatch on behalf of Lady Emma Stevens.

12. Minutes

The minutes of the meeting held on 25 April 2013 were approved as a true record and signed by the Chairman.

13. Declarations of Interest

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a pharmacist in Lambourn as well as a member of the Public Health and Pharmacy Forum but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

14. Public Questions

There were no public questions submitted relating to items on this agenda.

15. Update from Local Authority (Graham Jones/Lesley Wyman)

Councillor Graham Jones welcomed Jo Hawthorne to the meeting, who would give a presentation to the Board on the Joint Strategic Needs Assessment (JSNA). Jo Hawthorne reported that she was leading on the development of the JSNA and the new proposed model for Berkshire.

JSNAs became a strategic requirement in 2007 and one had first been introduced in West Berkshire in 2011/12. West Berkshire now had the opportunity to refresh and restyle their JSNA. . It was reported that the current document was not user friendly. It was clinically focused and in areas very complex.

The Vision for West Berkshire was to scope a JSNA that had the ability to:

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- *Be accessible and web based*
- *Provide relevant, easy to disseminate data*
- *Tell the local story*
- *Use Ward data as a tool to plan for localised services, and:*
- *Provide key stakeholders with data for commissioning intentions.*

Jo Hawthorne had viewed numerous examples of JSNAs around the country when undergoing her research and although she had viewed some excellent ones, many of these had been costly to produce. One particular style of JSNA which was very clear and user friendly was the Bedford Model. Jo Hawthorne encouraged Board Members to view the model online and feed their thoughts back to her. In her opinion the Bedford Model was excellent at portraying the local story to the reader, by listing the wards and then giving a snapshot of information which pertaining to areas including health and wellbeing, housing, children and young people and transport. The script was supported by data. Jo Hawthorne explained that she particularly liked that the Bedford Model focused on particular conditions such as sexual health, providing information on what the current situation was and what needed to happen next including links to the Health and Wellbeing Strategy.

Jo Hawthorne confirmed that agreement by the Board was required on the Vision for the new JSNA, so that she could move forward with the redesign process for Berkshire.

Dr Catherine Kelly asked whether the new version would allow data to be broken down by area so that each CCG in a sense could have their own JSNA. Jo Hawthorne confirmed that it was difficult to give an answer to this, as this was something the data team were currently working on. Dr Kelly stressed how important this was.

Councillor Graham Pask asked if the information could be broken down by ward and if this information was currently available. Jo Hawthorne confirmed that this was available for some data, however, added the caveat that the more data was broken down the less statistically reliable it became because of smaller numbers. Councillor Pask also stated that it was important to ensure there were links from the JSNA to relevant websites and to refrain from using too much jargon. Jo Hawthorne confirmed that language was a challenge and her team aimed to make it as user friendly as possible.

Rachael Wardell highlighted that this was an excellent opportunity to link the JSNA to West Berkshire Councils District Profile, which did contain information at ward level.

Rachael Wardell confirmed that she agreed with the Vision for JSNA. She had worked on the JSNA in other areas for a number of years and in her experience the final document had often departed from the original Vision, so this would need to be monitored. Children and young people were often not adequately reflected in the JSNA and Rachael Wardell hoped that the new approach would prevent this from happening.

Jo Hawthorne reported that there was a workshop taking place on the 12th June 2013 and it would be extremely helpful if Members of the West Berkshire Health and Wellbeing Board could attend it. The aim of the session would be to look at the Vision and the detail in terms of target audience.

Adrian Barker welcomed the idea of the JSNA becoming more accessible. He felt that there still needed to be a downloadable version despite it being web based. Jo Hawthorne confirmed that there would be downloadable summaries.

Councillor Graham Jones reiterated how important it was to be able to break the data down as this made it possible to compare the District with the rest of England.

RESOLVED that: The Health and Wellbeing Board approved the Vision for the JSNA.

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Lesley Wyman briefly updated the Board on the Measles situation. The plan nationally was to focus on 10 – 15 year olds as this was the cohort with a lower immunisation rate, due to the MMR scare in the 1990s. Public Health England were leading on awareness raising activities and were using social media to do this. GPs were being encouraged to increase the number of immunisations in the 10 – 15 year old cohort.

Public Health England had identified those groups who were at high risk, including Looked After Children (LAC), Gypsy, Roma and Travellers and those in Boarding Schools. Letters were going out to local area teams to help ensure children and young people in these high risk groups were immunised. Health Workers would be working with Gypsy, Roma and Traveller communities to raise awareness.

There had been no increase in outbreaks in England and the next set of data for Measles would be available on 30th May 2013. There was no issue with vaccine availability.

Public Health were working closely with the area team, lead consultants and others within the Council to raise awareness in schools. Excellent liaison was taking place between both CCGs, Councils and Public Health England. This had highlighted the vital role of Public Health England in leading on awareness raising activities and ensuring the right information was communicated when required.

Councillor Pask questioned what the immunisation rate was in West Berkshire and Lesley Wyman confirmed it was 95% for the first dose and 92.8% for the four year old booster.

Finally Lesley Wyman reported that locally Public Health had now been situated within the Local Authority for seven weeks. A lot of work had taken place to build links with other departments and a detailed action plan was being developed on how Public Health would help to deliver the five priorities within the Health and Wellbeing Strategy.

An event took place on 16th May 2013 that looked at the two priorities around supporting those over 40 to live a healthy lifestyle and promoting independence and supporting older people and those with Long term conditions to live within the community. The aim of this session was to build wider action plans which highlighted how areas were working together to deliver the priorities within the strategy.

16. Trading Standards in the Context of Public Health (Sean Murphy)

Sean Murphy reported that his presentation to the Board would look at how closely Trading Standards and Public Health linked together. Trading Standards had worked very closely with Public Health over the past five years.

Trading Standards worked to the National Intelligence model of delivery. Its Service Plan was broken down into areas of prevention, intelligence and enforcement. There were specific areas of work which fell within the Public Health remit and would contribute towards targets within the Health and Wellbeing Strategy.

Trading Standards were responsible for many areas of the food chain, for example they had recently been included in activity pertaining to the horse meat scandal.

The service carried out much work to ensure high quality standards were met on food however, work still needed to take place to ensure people fully understood food labels.

Trading Standards supported numerous healthy eating programmes within schools, which helped to tackle childhood obesity in the district. A popular programme involved helping young people to prepare nutritious snacks. Many of the health eating initiatives targeted those in need such as low income families and were well received by the Food Standards Agency.

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Trading Standards worked with retailers to help ensure healthy options were offered as part of menus through offering training and an award incentive scheme. A food hygiene course had been run for many years, however, Sean Murphy reported that the damage caused through unhealthy food was much more significant.

The approach to healthy eating was changing. The Government were pushing for the food industry to change as a whole and for this to be initiated at a local level by Local Authorities in order to improve standards.

Sean Murphy moved onto the next priority under the Health and Wellbeing Strategy 'Supporting those over 40 years old to address lifestyle choices detrimental to health', which also fell within the remit of Trading Standards. Much work was carried out around the smuggling of tobacco, as schemes to reduce smoking by increasing the price of cigarettes were undermined by this. A lot of smuggled alcohol had also been seized in the past. The main issue currently being tackled by Trading Standards was 'legal highs' (drugs that could be obtained from the internet for example), these were regularly banned however, new ones were created as quickly as the bans were implemented.

Sean Murphy reported that debt had huge implications on a person's mental health and Trading Standards were currently undertaking a large project with the credit union which included identifying organisations which were miss selling loans.

Sean Murphy reported that Trading Standards worked to promote independence. It was important that care homes provided the correct nutritional standards so that elderly people were not receiving too little or alternatively too high a level of salt and calories. Crime was considered a major barrier to independence. Trends supported that there was an ageing population and it was the elderly who often became isolated and primarily the victims of crime.

Sean Murphy referred to the Trading Standards Service Plan and reported that in the future there would be an extra column included which showed links to the Health and Wellbeing Strategy.

Rachael Wardell noted that there was a lot of joint working taking place between Trading Standards and other services however, was aware that no links with housing had been mentioned. She also felt that there was potential for a piece of work in care homes to investigate the nutritional value of food being served.

Rachael Wardell referred to safeguarding, which was most evident with adults in the care homes and with those living with children. She felt that there was the potential for any service which accessed homes to act as the eyes and ears on behalf of the authority and to flag up any concerns to the relevant services.

Sean Murphy noted Rachael's comments regarding housing and confirmed he would pick it up. He agreed that safeguarding was a Local Authority responsibility not just Adult Social Care.

Leila Ferguson spoke on behalf of West Berkshire Mencap and stated that many of the people using the service were very vulnerable. Mencap made every effort to promote healthy choice when it came to food, however, influence was limited. She also referred to organisations which handed out Pay Day Loans and was surprised that those using the Mencap Service were granted them, as the company would rarely receive the money back.

Sean Murphy was asked if Pay Day Loans were legal and he confirmed that they were however, organisations providing them would be breaching regulations if they were to offer numerous Pay Day Loans to a single person.

Councillor Graham Pask noted that there was currently a large amount of advertising for bingo, which was a low level form of gambling. Sean Murphy reported that locally all

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gambling premises were licensed by the Local Authority. He confirmed that recently regulations had been lifted ensuring people gave 24 hours notice prior to playing bingo.

Councillor Graham Jones thanked Sean Murphy for his presentation, which demonstrated how broad the Health and Wellbeing agenda was. It had also been made very clear how Trading Standards integrated into the Health and Wellbeing Strategy. Regarding discussions around Pay Day Loans, Councillor Jones reported that West Berkshire Council supported the Berkshire Credit Union.

17. **Disabled Children's Trust (Rachael Wardell)**

Rachael Wardell reported that she had received a letter asking that the Health and Wellbeing Board sign up to a Charter in the respect of disabled children.

The Board supported the aspirations of the Disabled Children's Charter. If the Board signed up to the Charter it would have to adhere to its reporting cycle. With this in mind Rachael Wardell asked to what extent the Board would want to evidence it was complying with the Charter, as it was highly unlikely that this would be the last letter it would receive requesting its sign up.

Councillor Graham Jones stated that he could see no problem with the Board signing up to the principle of the Charter, however, was concerned the Board would receive more letters of similar nature. A protocol was required to deal with similar documents in the future

Adrian Barker agreed with Councillor Jones and fully supported the principles of the document but could see the possible risk in signing up to it. He proposed that they look at a range of vulnerable groups and then assess how the Board would take their needs into account. He suggested that Healthwatch put a paper together and bring it back to a future meeting of the Board.

Councillor Jones supported Adrian Barkers suggestion that Healthwatch lead on producing a paper which detailed how to address the needs of vulnerable groups collectively.

RESOLVED that: Healthwatch liaise with colleagues in Strategic Support and Councillor Jones to create a protocol on behalf of the Board, detailing how to deal with vulnerable groups in the future.

18. **Type 2 Diabetes in West Berkshire (Lesley Wyman)**

Lesley Wyman introduced her presentation to the Board on tackling type two diabetes in West Berkshire. Joint working was taking place between the Local Authority and the Clinical Commissioning Groups however, areas of work were needed to promote this. Lesley Wyman proposed that type two diabetes was an area where the Board could positively demonstrate joint working and was aligned to the Health and Wellbeing Strategy. A piece of work was required which established how large an issue type two diabetes was in West Berkshire.

The priority within the Health and Wellbeing Board Strategy which gave focus to type two diabetes was:

Supporting those over 40 years old to address lifestyle choices detrimental to health

In order to help prevent diabetes and assist early identification of the disease there were a number of areas that could be focused on such as increasing health checks to help

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identify early cases of diabetes; promoting healthy eating to reduce obesity, one of the largest risk factors in developing diabetes; promoting and supporting work places supported healthy lifestyles and ensuring services were accessible to those living in rural locations as people with diabetes as well as the elderly were at risk of becoming isolated.

Lesley Wyman referred to a slide which illustrated the estimated total (diagnosed and undiagnosed) diabetes prevalence in adults in WB (PHE). Much work had been carried out with the Public Health Observatories and Public Health England in studying the prevalence of diabetes in different areas. Figures showed that in 2012 the estimated prevalence of diabetes in West Berkshire was 6.5%. Lesley Wyman highlighted that these were just estimates and therefore were adjusted by age, sex, ethnic group and deprivation pattern of the local population

Although figures in West Berkshire were lower than the England average, they were still predicted to rise and could be as high as 7.5% by 2025.

Lesley Wyman continued to the next slide which looked at the Quality Outcomes Framework figures (QOF) for 2011/12. She reported that the number of patients on the diabetes register had risen to just below 5000 from 4829 (2011/12) across the 14 GP practices. Prevalence ranged from 3.1% to 4.9% with an average of 4.1%. It was suspected that there were also many people who had developed type two diabetes, but not yet been diagnosed.

Lesley Wyman briefly talked about the complications of diabetes. Those over 45 with type two diabetes were more likely to be admitted to hospital as it was associated with a whole host of other health problems.

It was vital that the JSNA was used to assess what services needed commissioning. Then once commissioned they needed to be monitored and evaluated. In essence three steps needed to be followed:

- Step 1 – understand the health needs of the population with diabetes.
- Step 2 – understand what needed to be commissioned as an integrated service.
- Step 3 – implementation of key services across the care pathway from prevention and early identification through to treatment and supporting those living with diabetes.

Lesley highlighted the different components which were required for commissioning across the diabetes care pathway. Regarding seeking out those at risk, there was already positive work taking place within communities. There was a Silver Star Bus (screening bus) which visited Mosques and temples. Its key objective was to raise awareness within communities and encourage people to go for a screening, especially men who were more at risk of developing diabetes.

It was important that both the Voluntary and Community Sector were included when shaping services for diabetes, as well as people living with the condition, particularly when it came to decision making.

There was no shortage of NICE guidance to support commissioning across the diabetes care pathway. It was important that emotional, psychological and mental wellbeing were considered.

IAPT (Increasing Access to Psychological Therapies) were piloting a new course targeting people living with long term conditions like diabetes, as these people often became isolated and depressed.

Lesley Wyman felt that more positive press was needed within local media, particularly in relation to what was being done to tackle diabetes. This would help to raise the awareness of diabetes in West Berkshire. Awareness raising activities could also be held

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in places within the community such as leisure centres, schools, pubs, libraries etc. It was noted by the Board that there was a lot of work taking place around diabetes however, more could be done.

Dr Catherine Kelly informed the Board about the Diabetic service in Newbury and North and West Reading CCGs.

A National Diabetes Audit had taken place and shown that diabetic services provided by Newbury and District, North and West Reading and Wokingham were expensive however were not achieving good outcomes for patients. This had led to a redesign of services across all four CCGs. A working group has been set up to tackle the situation and stakeholders across the pathways had worked together including patients, GPs, practice nurses, consultants, pharmacists and community services.

The key to tackling diabetes was diet and exercise. There were two groups of people with diabetes. Type two was often caused by an unhealthy diet and lack of exercise and type one was caused through insulin resistance.

Education Programs for patients and professionals had been set up to help education practice nurses and GPs to ensure better care was given to those with diabetes.

There had been improved integration within the service between hospitals and community services including four new Specialist Diabetic Nurses, a specialist consultant and an improved diabetic eye screening service. The aim of this was to reduce the amount of times people with diabetes had to go into hospital. There was also a new talking therapy programme, which people were referred to through their Health Professional.

Dr Kelly stated that it was about a new way of working which took the care planning approach and involved working with patients to look at what they wanted to do about their results.

There was a new diabetic website for patients, which could be used by both patients and professionals and a new IT program which enabled patients to access and monitor their results. Virtual Clinics were being introduced as another way to decrease the amount of trips taken to hospital.

Dr Kelly stated that this was a great opportunity for the Health and Wellbeing Board. If the Board decided to support the diabetes agenda, Dr Kelly reported that Richard Croft who chaired the Diabetic working group would be happy to come and speak in more detail about what was happening locally.

Dr Anderson reported that the Falkland Surgery was carrying out a pilot scheme to help identify people who were in the pre-diabetic stages by introducing lifestyle management steps.

Rachael Wardell questioned whether the redesign of diabetic services was being carried out with existing resource or required investment. Dr Kelly confirmed that the specialist nurses and consultant were new investments. The eye screening service would be supported through existing resources.

Rachael Wardell stressed that an impact evaluation was required to assist with the redesign of services, this would help determine how best to invest new time and money.

It was proposed that the Health and Wellbeing Board set up a sub-group or focused workshops to look at what the gaps were regarding diabetic services and how it could assist with improving the situation. Adrian Barker stressed that if there was a working group then diabetic patients needed to be on the group.

Andy Day reported that there was already a diabetic working group in existence, so rather than create a new one this should be used. Lesley Wyman was concerned that

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this group already had a very large agenda and therefore did not see it as a suitable option.

RESOLVED that: a meeting be set up to take the work forward and to discuss the need for a diabetes working group.

19. Demand and Capacity Paper (Rachael Wardell)

Rachael Wardell introduced a paper which had been circulated with the agenda by Capita on demand and capacity modelling for the Berkshire West health and social care economy. She informed the Board that this work was being carried out by Capita on behalf of West of Berkshire. The aim was to look at the demand on the health system and then look at how this should be managed in future.

Rachael Wardell drew the Boards' attention to the 17 options which had been suggested by Capita to address the current pressures' (page 69 of the agenda).

Leila Ferguson referred to option no. 15 which stated 'Use of third and Voluntary Sector to provide a place of safety in peoples own homes'. Empowering West Berkshire represented over 500 Voluntary and Community Sector (VCS) organisation of various sizes and she asked if this would be a new expectation on each of them. Rachael Wardell confirmed that not every VCS organisation would be involved. Dr Catherine Kelly noted that it showed that those living near West Berkshire Hospital (minor injuries) were more likely to visit this facility than go to A&E however, figures indicated that this service was no more cost effective. It was confirmed that there was not a similar unit to West Berkshire Hospital on the other side of the M4.

Dr Catherine Kelly noted that it showed that those living near West Berkshire Hospital (minor injuries) were more likely to visit this facility than go to A&E however, figures indicated that this service was no more cost effective. It was confirmed that there was not a similar unit to West Berkshire Hospital on the other side of the M4.

Rachael Wardell confirmed that a pioneer programme was being launched as part of the work and areas with pioneer status would be given a lot of assistance. The deadline date for bids to be involved in the Pioneer Programme closed on 28th June 2013. She felt that West Berkshire could not become a Pioneer area alone however, the West of Berkshire as a whole could bid for the pioneer status.

Councillor Graham Jones noted that this was a fast moving agenda and felt West Berkshire needed to be at the forefront of the work.

Resolved that: Councillor Jones and Dr Alex Anderson take the issue forward in consultation with the Board.

20. Joint Carers Strategy (Dr Alex Anderson)

Dr Alex Anderson stated that he has asked to have this item on the agenda as it was an opportunity for a piece of work to be carried out in partnership between Health and Social Care.

The value of carers was estimated of £190 billion per year nationally. Dr Anderson proposed that a Joint Carers Strategy be developed and overseen by the Health and Wellbeing Board.

Rachael Wardell supported the proposal but stated that she would like to investigate what work was already taking place.

Dr Anderson confirmed that a meeting would take place on 4th July 2013 to discuss taking this going forward. Leila Ferguson felt that it was important that other Carer forums and groups were not reinvented.

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REOLVED that: The Health and Wellbeing Board supported the proposal of a Joint Carers Strategy.

21. **Update from the Clinical Commissioning Groups (Alex Anderson)**

Dr Catherine Kelly reported that the 111 Service had been launched and was going well. In Berkshire a phased approach was being taken to implementing the new service to avoid the problems being experienced nationally. The service was being publicly launched in June/July time and NHS would remain in place until then.

Clarification was sought regarding where out of hour calls were directed. Dr Alex Anderson confirmed that the public would now be asked to call the 111 Service when calling the surgery out of hours. When somebody then called the 111 Service they would receive an assessment which would direct them to the most suitable care or advice. The 111 Team were physically located in Bicester.

The Service was monitored daily and so far had reduced the number of contacts with Out of Hours GPs.

22. **Update from Healthwatch (Lady Emma Stevens)**

Adrian Barker gave the Board an update on Healthwatch in Lady Emma Steven's Absence.

Healthwatch was still in the early stages however, reasonable progress was being made. There were five executive directors in place and the first board meeting had recently taken place.

Healthwatch were in the process of setting up their website and social media, including Face Book and Twitter.

23. **Work Programme**

It was requested that the following item be added to the work plan for the next meeting in July:

- Integrated Health and Social Care Management (Rachael Wardell)

24. **Member(s) Question**

There were no Member questions submitted relating to items on this agenda.

25. **Any other business**

Councillor Graham Jones reported that as this was public meeting, an item for Any Other Business should not be on the agenda and had been erroneously included.

26. **Date of next meeting**

The date of the next meeting was 25th July 2013 in Committee Room 2.

(The meeting commenced at 9.30am and closed at 11.45am)

CHAIRMAN

Date of Signature

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Agenda Item 5

Title of Report:	Health and Wellbeing Strategy Action Plan
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	25 th July 2013

Purpose of Report: To update the Board on progress re the development of the H&WB Strategy Action Plan, share the latest draft of the action plan, clarify the PH budget for 2013/14 and explain the process by which partners can bid for funding to help achieve the HWB priorities.

Recommended Action: To agree the process of funding allocation going forward

Health and Wellbeing Board Chairman details	
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Contact Officer Details	
Name:	Lesley Wyman
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Executive Report

West Berkshire Health and Wellbeing Strategy Action Plan

Public Health has now moved from the NHS into the Local Authorities and a Health and Wellbeing Strategy has been developed to provide a bridge between the health and social care systems and to inform the Commissioning Plans of Newbury and District Clinical Commissioning Group (NDCCG) and North and West Reading CCG (NWRCCG). The Strategy aims to add value to the business planning process of both local health, social care and third sector organisations by taking the long term, public health view and addressing cross cutting issues that influence both the health and wellbeing of West Berkshire residents.

The Strategy is available on the West Berkshire Council website:
<http://www.westberks.gov.uk/index.aspx?articleid=26679>

There are 5 health and wellbeing priorities that will be addressed in the first 2 years:

- Addressing childhood obesity in primary school children
- Giving every child and young person the best start in life
- Supporting those over 40 years old to address lifestyle choices detrimental to health
- Supporting a vibrant district
- Promoting independence and supporting older people to manage their long term conditions

In each area, a set of strategic objectives more specifically set out what we are seeking to achieve. These have been developed collaboratively by Public Health, West Berkshire Council departments, the CCGs and the Third sector, and they form the basis of the Health and Wellbeing Strategy Action Plan. The Public Health and Wellbeing budget will be allocated to commission measures to achieve the aims and objectives of the Strategy, making sure our services are effective and represent value for money.

The Health and Wellbeing Action Plan (**appendix 1**) is in draft form and is being added to and refined with input from WB Council departments, the CCGs and the Voluntary and Community Sector. All the contracted activities, initiatives and projects that are led by Public Health or have been agreed with partners are funded from the Public Health Allocation for 2013/14: £ 4,381,000.00.

Appendix 2 sets out a summary of the current PH budget indicating proposed spend for existing contracts, and new initiatives within the action plan led by Public Health or in partnership with other key stakeholders.

The next step once the action plan has been finalised will be to identify new initiatives/projects developed by partners that will help to achieve all the objectives within the Health and Wellbeing action plan in 2013/14 and through into 2014/15. A set of criteria which will need to be met are set out in **appendix 3**. Proposals for funding must meet most of the criteria. A simple expression of interest must be submitted to the PH team as per the dates outlined. The projects need to start in 2013/14 and can go on through 2014/15, finishing by March 31st 2015, which is the date of the agreed ring fenced PH allocation from central government. We are not certain of a continued ring fenced

allocation beyond this date and therefore projects and initiatives will only receive for an 18 month period. If the funding required is for a post, then this post will need to be a fixed term contract for 18 months and the proposal will need to show how the work will be made sustainable after this time. The funding that will be available is £200,000 in 2013/14 with a possibility of some additional funding in 2014/15, however in order to address as many different priority areas as possible proposals will need to be costed carefully and realistically.

A simple Project Initiation Document (PID) will be required (**appendix 4**), *if the project is selected*, that sets out in detail the following information:

Project background
objectives,
scope,
constraints, assumptions
business benefits, outputs and outcomes
project approach
budget breakdown
project plan and milestones

All The projects selected for funding will be performance managed on a quarterly basis by the Public Health team with reports going to the Public Health Integration Programme Board and regular updates to the Health and Wellbeing Board. In essence Public Health will be commissioning work from partners to help meet the KPIs in the Health and Wellbeing Strategy Action Plan.

Appendices

1. Draft Health and Wellbeing Strategy Action Plan
2. summary of the PH and wellbeing 2013/14 action plan
3. Project assessment criteria
4. Project initiation template

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Objectives	Actions	12/13 Outturn	Target	Timeframe	RAG	Lead in other department	PH Lead officer
Reducing childhood obesity in primary school children Long term KPI - a decrease in the obesity prevalence in reception and year 6 primary school children in West Berkshire Short term KPIs - increased understanding of healthy eating and cooking leading to children and parents eating a healthier diet both in school and at home - Increased levels of regular physical activity in children and parents - Increased levels of active travel among children and young people - West Berkshire has safer routes to school and less accidents involving children and young people							
Promote healthy diet	<ul style="list-style-type: none"> Commission further dissemination of Phunky foods in primary schools 	Number of schools who had Phunky foods in WB	Phunky foods will be operating in at least 8 schools in areas with higher IMD deprivation scores	March 2014		PH Education	AP
	<ul style="list-style-type: none"> Dissemination of Healthy lunch box and 5-a-day fruit and vegetable cards in foundation classes 	N/A	Healthy lunch box cards and 5-a-day resources disseminated to all primary schools	March 2014		Trading Standards Education	FN
	<ul style="list-style-type: none"> Commission Let's Get Going Healthy Lifestyle courses in primary schools 	one LGG course run in WB	three LGG courses run in selected schools based on NCMP data and IMD deprivation scores	March 2014		Berkshire Youth	AP
	<ul style="list-style-type: none"> Dissemination of cooking on a budget leaflets in schools and communities 	N/A	Copies of leaflets available in all primary schools, leisure centres, libraries and community centres.	March 2014		Education	AP
	<ul style="list-style-type: none"> Set up School Nutrition Action Groups (SNAG) 	N/A	Commission community dieticians to set up a SNAG in Calcot and Greenham primary schools.	September 2014		Educ BHFT	AP
	<ul style="list-style-type: none"> Commission dental health programmes for 	N/A	Brushing for life project in all children's centres West Berkshire	March 2014		Education	FN

	<p>children under 5 years old</p> <ul style="list-style-type: none"> Work with school meals providers on provision of healthier school meals 	N/A	School meals in all West Berkshire schools reach an agreed healthy eating standard	Sept 2014		Education Trading Standards	FN
Support parents and families	<ul style="list-style-type: none"> Commission the development and delivery of a Healthy Eating on a budget cooking course in the community 	N/A	2 x 6 week family cooking courses developed and run in 2 communities	March 2014		PH Trading Standards	AP
	<ul style="list-style-type: none"> Commission Healthy Eating and training resources for children's centres 	N/A	1 half day training in all children's centres	March 2014		PH Children Centres	AP
	<ul style="list-style-type: none"> Supply sports equipment for loan to families and community groups (Big Green Bag scheme) 	Check Number of Big Green bags in existence ?	Big Green Bag scheme promoted through Parish Planning including Greenham and Calcot and other areas of relative deprivation. 5 new bags distributed	March 2014		PH Culture and Leisure	AP
	<ul style="list-style-type: none"> Promote joint adult and children's gym sessions (Activ8). 	? number of Activ8 sessions available	10% increase in adults and children utilising gym sessions together	March 2014		PH Leisure	AP
	<ul style="list-style-type: none"> Commission health 	NA	Run 2 pilot weekly health walks for	October		PH	FN/AP

	walks for families		children and adults together	2013		Countryside	
	<ul style="list-style-type: none"> Publish Healthy eating messages and advice on physical activity on West Berks website 	N/A	Website page accessible highlighting healthy eating messages and advice on physical activity for families	November 2013		PH	PH team
	<ul style="list-style-type: none"> Provide healthy eating skills and information to Gypsy Roma Traveller (GRT) families through GRT health activist 	Building on work already done in WB	Information and skills training provided	March 2014		PH	Prog Officer 3
	<ul style="list-style-type: none"> Commission an Eat 4 Health course for parents and children 	N/A	1 pilot course developed and run in area of deprivation	March 2014		PH	AP
Provide leisure activities to meet the needs of children	<ul style="list-style-type: none"> Commission free swimming lessons targeting children on free school meals 	NA	Target 5 schools – TBC, 50 children have free swimming lessons for a year. Newbury, Hungerford, Thatcham, Theale? 2 sessions per week for a four week period commissioned for the target group	Aug 2013		PH, Parkwood leisure, Education	FN/AP
	<ul style="list-style-type: none"> Commission a series of free physical activities in selected leisure centres and communities, e.g. street dance, Brazilian football, etc 	N/A	Number of activities planned and delivered in agreed locations, that target children on low incomes	Aug 2013		PH, Parkwood leisure, Education	FN/AP
	<ul style="list-style-type: none"> Undertake mapping exercise of all leisure activities for primary school age children in West Berks 	N/A	Complete map of all activities in the community for primary school children that can be put onto website	March 2014		PH Parkwood Leisure Leisure	AP
		N/A		March			

				2014		PH Leisure Vol sector	PH team
Promote Healthy Schools and active travel plans	<ul style="list-style-type: none"> Commission on a fixed term contract an Active Travel Officer (3 days per week, term time only) who would : Encourage and support the review of School Travel Plans Review facilities at schools which support active travel Promote and encourage cycling to school Seek opportunities to promote active travel in secondary schools Promote West Berkshire walk to school initiatives in Nursery and primary aged children 	<p>No of schools with current active travel plans Listed facilities that support active travel</p> <p>no of children cycling to school</p> <p>N/A</p> <p>No of walking buses in operation No of Park and Stride in operation</p>	<p>Increased number of schools with active travel plans</p> <p>Improved facilities that support active travel</p> <p>Increased number of children cycling to school</p> <p>Secondary schools promoting active travel plans</p> <p>Increased number of Walking Buses in operation</p> <p>Increased number of schools operating Park & Stride</p>			<p>Planning and countryside</p>	
	<ul style="list-style-type: none"> ID Cycling proficiency courses (Bikeability) run for children in schools 	<p>Number of bikeability courses (Children)</p>	<p>Increased number of bikeability courses</p>			<p>Road Safety Team</p>	

Promote Healthy Schools and active travel plans	<ul style="list-style-type: none"> Conduct a feasibility study on establishing a Healthy Food and Physical Activity in Schools local Award for West Berkshire primary schools 	N/A	Feasibility study completed and used to inform further work in this area	March 2014		PH Education	FN/Consultant
Ensuring safer roads and children are "Road Safe"	<ul style="list-style-type: none"> Review road conditions on school routes and access to pathways/cycle lanes Number of schools/preschools that do the Safer Steps training Number of Ridestart courses run Number of Drivestart pre driver training courses run Number of infant/child car safety events??? Number of classroom workshops on road safety Number of drinking and driving campaigns 	TBC	TBC			Transport	Prog Officer 3
		TBC	TBC			Traffic & Road Safety Team- Cheryl Evans	
		TBC	TBC				
		TBC	TBC				
		TBC	TBC				
		TBC	TBC			Education ?	
		Number of people charged for drink or drug driving related offences	Decrease in the number of people charged with drinking and driving			Community Safety Police	IW

	<ul style="list-style-type: none"> Commission cycling proficiency courses for families 	Number of family-oriented bikeability courses currently run?	2 cycling proficiency family courses run	March 2014		Road Safety Team	AP
Promote access to parks and green spaces	<ul style="list-style-type: none"> Work with planning department to promote play areas in new builds 	N/A	All new builds will have adequate play areas	Ongoing		PH planning	LW
	<ul style="list-style-type: none"> Develop an interactive, online map of parks and green spaces with info about types of sports and activities available, e.g. tennis courts, golf courses etc. 		Interactive map completed and available for use on WBC website, promoted Berkshire wide	March 2014		PH Culture Countryside	FN

Objectives	Action	12/13 Outturn	Target	Timeframe	RAG	Lead	PH Lead Officer
Supporting those over 40 years old to change lifestyle behaviours detrimental to health							
Smoking Long term KPI							
a decrease in the prevalence of smoking in adults, especially routine and manual workers, pregnant women, people from BME communities and secondary care mental health service users							
- a decrease in prevalence of smoking in young people under 18							
Short term KPI – an increase in 4 week smoking quitters in all groups							
CVD Health checks Long term KPI							
- A decrease in the prevalence of cardiovascular disease in under 75 yols							
Short term KPI							
- an increase in the number of 40-74 yols who are eligible being offered and taking up a CVD health check							

Weight management long term KPI

- a decrease in the prevalence of overweight and obese adults over 40 in West Berkshire

Short term KPIs

- increased numbers of over 40 adults being more physically active, eating a healthier diet and maintaining a healthy weight.
- Increased numbers of over 40 adults participating in a weight management intervention

Alcohol long term KPI

- Decrease the number over 40 adults drinking at unsafe levels across West Berkshire

Short term KPI

- Increase in the number of over 40s adults referred for tiers 2 and 3 alcohol services

Mental wellbeing long term KPI

- An improvement in the self-reported wellbeing of the over 40's population of West Berkshire

Short term KPI

- Increased number of over 40s adults attending tier 1 and 2 mental wellbeing interventions in community settings

Healthy work place long term KPI

- Increased number of West Berkshire employees will experience health and wellbeing within the workplace

Short term KPI

- More West Berkshire workplaces will promote health and wellbeing of employees through health improvement initiatives

Help people to stop smoking	<ul style="list-style-type: none"> • Commission Stop Smoking Services for all smokers in WBC 	2012/13 4 week quitters for WB = 422	840 x 4 and 12 week quitters annually	March 2014 (quarterly)			EC
	<ul style="list-style-type: none"> • Commission SSS for the following groups: Routine and Manual, Pregnant smokers, Black and Minority, Users of secondary care Mental Health Services and young people. 	Reduction on R&M, Pregnant and BME smokers, and Mental Health	Reduction in smokers from Routine and & Manual group, Pregnant smokers, BME smokers, and smokers in group of secondary care Mental Health service users and young people TBC	March 2014 (quarterly)			EC
	<ul style="list-style-type: none"> • Increase referrals to SSS from Turning Point 	# referred via CQUIN	Increase # referred via CQUIN by X%	March 2014			IW
	<ul style="list-style-type: none"> • Jointly fund the Berkshire-wide Tobacco Control Alliance (TCA) 	BW TCA in operation 2012/13	An established Berkshire-wide TCA with a coordinator post and work plan in place	Sept. 2013		PH Trading Standards	LW

	<ul style="list-style-type: none"> Actively participate in the TCA and development of Berkshire-wide Tobacco Control strategy Work with the TCA to support 2 campaigns 	N/A	Strategy finalised	Sept. 2014		PH Trading Standards	LW
		Stoptober supported by PCT	Stoptober Smokefree Homes & Cars	Oct 2013 March 2014			PH team
Increase the number of CVD Health Checks offered and conducted	<ul style="list-style-type: none"> Commission NHS Health Checks for eligible 40-74 year olds through Primary Care Services, community pharmacies and community outreach programme. 	4,366 invites to a Health Check	8,052 invites to a Health Check	March 2014		PH/LPC	EC
		2,258 Health Checks completed	4,026 Health checks completed	March 2014		PH/LPC	EC
	<ul style="list-style-type: none"> Provide Health Checks in 5 identified areas of deprivation; Greenham, Calcot, Clay Hill, Victoria, Theale 	N/A	Ensure GP practices in areas of deprivation reach target number of assessments plus carry out xx number of community based health checks in these areas. Total checks completed =	March 2014		PH Newbury & District CCG, NWR CCG	EC
	<ul style="list-style-type: none"> Provide access to Health Checks in rural areas- e.g. 	N/A	484 (12%) Health Check invites sent to people in rural areas	March 2014		PH CCGs	EC
		NA	242 (6%) Health Check Assessments completed for people living in rural areas identified.	March 2014		PH CCGs	EC
<ul style="list-style-type: none"> Provide Health Checks to South Asian and African/Caribbean populations 	N/A	200 Asian and African/Caribbean people receive health checks	March 2014		PH CCGs	EC	

	<ul style="list-style-type: none"> Target workplace establishments and community outreach centres. Promote post Health Check Care Pathway to providers of NHS Health checks Promote NHS Health Checks as a free service accessible to all eligible residents of WBC 	<p>36 Health Checks conducted in workplaces/ community settings</p> <p>CVD LES, CVD Pharm LES, Community Outreach, and OOH Service</p> <p>Promotional campaign</p>	<p>100 checks in work places 100 community Health Checks</p> <p>Pathway further promoted and referral to relevant services increased</p> <p>Health Checks promotional campaign launch completed with coverage on Council and CCG websites, newspapers and local radio</p>	<p>March 2014 March 2014</p> <p>September 2013</p> <p>August 2013</p>		<p>PH</p> <p>PH CCGs Pharmacies</p> <p>PH CCGs Comms</p>	<p>EC</p> <p>EC</p> <p>EC</p>
Promote healthy diets and increase physical activity	<ul style="list-style-type: none"> Commission eat4health weight management intervention Commission Barometer weight management intervention in Primary Care Commission pre-diabetes courses in Primary Care 	<p>263 people enrolled on eat4health Courses in 2012/13</p> <p>36 people enrolled on Barometer Course in 2012/13</p> <p>N/A</p>	<p>310 people to enrol on eat4health Courses – targeting areas of deprivation (Calcot, Clay Hill, Greenham, Northcroft, Victoria, and Thatcham Central).</p> <ul style="list-style-type: none"> 93 people lose 4-5% of their body weight on completion of an eat4health course (30%) <p>36 people to enrol on Barometer Courses (Calcot, Clay Hill, Greenham, Northcroft, Victoria, and Thatcham Central).</p> <ul style="list-style-type: none"> 15 people lose 5% of their body weight on completion of Barometer course <p>60 people to enrol on pre-diabetes Courses (Calcot, Clay Hill, Greenham, Northcroft, Victoria, and Thatcham Central).</p>	<p>March 2014</p> <p>March 2014</p> <p>March 2014</p>		<p>PH</p> <p>PH</p> <p>PH CCG</p>	<p>AP</p> <p>AP</p> <p>AP</p>

	<ul style="list-style-type: none"> Commission 2 x 6 week family cooking courses to run in Greenham and Calcot areas 	N/A	20 people enrolled on family cooking course	March 2014		PH Trading Standards	AP
	<ul style="list-style-type: none"> Co brand WBC healthy eating and active lifestyle initiatives and promote across West Berkshire 	N/A	Promote healthy eating and physical activity initiatives in Leisure Centres, Libraries, pharmacies, local business, colleges, community centres and GP practices	March 2014		PH	AP/EC
	<ul style="list-style-type: none"> Commission Health Walks coordinator post 		<ul style="list-style-type: none"> 100 new people health walking 4 new Health Walks 	March 2014		PH	AP
	<ul style="list-style-type: none"> Commission 4 adult Bikeability courses 	N/A	30 new adults trained in Bikeability	March 2014		PH transport	AP
	<ul style="list-style-type: none"> Promotion of Activity for Health exercise on referral scheme (ERS) 	N/A	All GP practices aware of and referring to Activity 4 Health Exercise Referral scheme across West Berkshire	Nov 2013		PH	AP
Support sensible drinking of alcohol	<ul style="list-style-type: none"> Recommission substance misuse services for alcohol and drug misuse. 	Service currently provided by Turning Point	Tender process completed	July 2014		PH/Turning Point	IW
	<ul style="list-style-type: none"> Commission and performance manage Turning Point to increase the number of new referrals to Turning Point for Tiers Two and Three treatment 	66 new referrals per quarter	60 new referrals per quarter	March 2014		PH	IW
	<ul style="list-style-type: none"> Commission and performance manage Turning Point to 	>50 referrals per quarter	>50 referrals per quarter	March 2014		PH	IW

	<p>increase the numbers receiving structured support.</p> <ul style="list-style-type: none"> Commission and performance manage Turning Point with regard to residents who are referred into treatment to reduce their drinking to safe levels 	<p>26 clients per annum OR 10% per annum OR 6-7 clients per Quarter Whichever is the greatest</p>	<p>30 clients per annum OR 10% per annum OR 9 clients per Quarter Whichever is the greatest</p>	<p>March 2014</p>		<p>PH</p>	<p>IW</p>
	<ul style="list-style-type: none"> Commission and performance manage Turning Point to increase numbers leaving treatment in a planned way 	<p>68%</p>	<p>>70%</p>	<p>March 2014</p>		<p>PH</p>	<p>IW</p>
	<ul style="list-style-type: none"> Commission and performance manage Turning Point to increase the percentage of clients who are alcohol free/abstinent at the end of their input 	<p>26 clients per annum</p>	<p>40 clients per annum</p>	<p>March 2014</p>		<p>PH</p>	<p>IW</p>
	<ul style="list-style-type: none"> Reduce the number of re-presentations within the last 12 months 	<p><30%</p>	<p><25%</p>	<p>March 2014</p>		<p>PH</p>	<p>IW</p>
	<ul style="list-style-type: none"> Review the Alcohol In-patient referral and community detox pathways service with Turning Point 	<p>Targets TBC</p>	<p>Targets TBC</p>	<p>July 2013</p>		<p>PH/Turning Point</p>	<p>IW</p>

	<ul style="list-style-type: none"> Facilitate alcohol awareness campaigns via the DrinkSafe Group 	6 Campaigns completed	7 Campaigns completed, to include <ul style="list-style-type: none"> Drink driving campaigns Alcohol and Health 	March 2014		PH/Drink Safe Group	IW
	<ul style="list-style-type: none"> Commission a service for Alcohol Nurse provision for RBH A&E 	SLA in place		Aug 2013		PH	IW
Promote mental wellbeing	<ul style="list-style-type: none"> Develop a Mental Wellbeing strategy 	N/A	Mental Wellbeing strategy completed that will inform further commissioning of appropriate services.	March 2014		PH	Prog Officer 3
	<ul style="list-style-type: none"> Explore IAPT (talking therapies) pathway and agree a tier-based model 	N/A	Agree model of care and commissioning plan to make available tier 1 and 2 mental health promotion services in the community	Dec 2013		PH BHFT CCG	Prog Officer 3
Promote healthy workplaces	<ul style="list-style-type: none"> Commission workplace physical activity challenge 	N/A	2 activities	March 2014		PH	EC/AP
	<ul style="list-style-type: none"> Commission healthy lifestyle campaigns in work places including smoking, alcohol, physical activity and healthy eating. 	N/A	2 Campaigns	March 2014		PH	PH team
	<ul style="list-style-type: none"> Review of WBC staff health needs via Health Checks 	N/A	Run 2 health check days	March 2014		PH	EC

Objectives	Performance Indicator	12/13 Outturn	Target	Time Frame	RAG	Lead Agency	PH Lead officer
<p>Promoting independence and supporting older people to manage their long term conditions Integrated services for people with Long term conditions long term KPI Increased number of people with long term conditions will be enabled to manage their condition and live more independently Short term KPIs Improved, integrated, specialist services will be accessible to all people with diabetes, COPD, epilepsy, CFS and dementia A variety of maintenance courses will be available to help those with COPD, CHD, mental health problems and to help prevent falls in older people Telemonitoring will be used to help those with COPD and Heart failure remain independent in their homes A greater percentage of those with LTC will be using personal health budgets to help manage their conditions. Reduce social isolation of older people long term KPI Older people and those living with LTC will participate fully in their communities, able to access a wide range of activities locally Short term KPI Greater focus on decreasing social isolation within all Parish plans Access to services in rural areas long term KPI Those living in rural areas will have access to services provided as satellite or more available transport. End of life care long term KPI People in West Berkshire will be enabled to have the end of life care that they and their relatives want Short term KPIs All those nearing the end of their life will have an EOL plan discussed with all appropriate relatives/significant others Increase in EOL beds available at Duchess of Kent hospital Support for carers long term KPI Carers will have easier access to all health services, including preventative health services and be supported in their caring role Short term KPIs More carers are identified and registered in primary care Health needs assessed through Berkshire Carers More health services provided to specifically meet the needs of carers</p>							
Deliver integrated services to support people with long term-conditions	<ul style="list-style-type: none"> Develop 'Talking Health'; with IAPT - a model of education and support for patient self-management 	N/A	xx% Patients with long term conditions will feel more supported to manage their condition through accessing Talking Health	March 2014		CCG	

	<ul style="list-style-type: none"> Develop and commission a diabetes service including an education programme, a Diabetes specialist nurse resource, improved access to 9 care processes and a care planning approach 	?	All people with diabetes will be well informed and know where to access information and support. All will have access to 9 care processes and have their own care plan	March 2014		CCG	
	<ul style="list-style-type: none"> commission increased amount of Pulmonary Rehabilitation for COPD patients 	?	x% of patients with COPD will have attended a Pulmonary rehab course	March 2014		CCG	
	<ul style="list-style-type: none"> commission a Specialist Epilepsy Nurse 	N/A	increase no of patients living with epilepsy are enabled to live more independently through having access to a specialist nurse	March 2014		CCG	
	<ul style="list-style-type: none"> review and develop information for patients and carers, developing a website for Long Term Conditions (LTC) 	N/A	all people living with a LTC will be able to access appropriate information about their condition and local services available via website	March 2014		CCG	
	<ul style="list-style-type: none"> develop and commission a service for people with Chronic Fatigue Syndrome (CFS) 	N/A	all people with CFS will have access to services in line with NICE guidance, helping them live as independently as possible.	March 2014		CCG	
	<ul style="list-style-type: none"> continue to commission 		X% increase in care homes who receive Care home in reach team support for	March 2014		CCG	

	<p>Care home in reach teams to improve the quality of dementia care in Care Homes</p> <ul style="list-style-type: none"> commission more memory clinics to help people with dementia Work with CCGs to review pathways for diabetes, COPD, Dementia, CHD and Stroke to ensure focus on integration and prevention Commission Steady Steps falls prevention classes to run in local leisure centres Commission Easy Breathing classes – maintenance Pulmonary rehab classes for people with COPD 	<p>?</p> <p>?</p> <p>Number of pathways being reviewed and developed in 2012/13</p> <p>? Number of available sessions and referrals to Falls prevention classes (Steady Steps)</p> <p>? Number of available sessions and referrals to COPD classes (Easy Breathing)</p> <p>? Number of</p>	<p>dementia care.</p> <p>X% increase in memory clinics</p> <p>Care pathways for diabetes, COPD, dementia, CHD and stroke are fully integrated with a focus on prevention</p> <p>Steady Steps falls prevention classes available in at least 2 leisure centres</p> <p>Easy Breathing PR maintenance classes set up in 1 leisure centre</p>	<p>March 2014</p> <p>Ongoing</p> <p>March 2014</p> <p>March 2014</p>	<p>CCG</p> <p>CCG PH ASC</p> <p>PH</p> <p>PH</p>	<p>PH team</p> <p>AP</p> <p>AP</p>
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	<ul style="list-style-type: none"> Commission New Hearts - maintenance cardiac rehab classes to run in local leisure centres 	<p>sessions and referrals to maintenance cardiac rehab classes (New Hearts)</p>	<p>New Hearts maintenance cardiac rehab classes set up in 2 leisure centres</p>	<p>March 2014</p>		<p>PH</p>	<p>AP</p>
	<ul style="list-style-type: none"> Commission Activity for Health GP exercise referral for people with a mental health condition 	<p>? Number referred to Activity for Health with mental health conditions</p>	<p>GP exercise referral for people with mental health problems set up in 1 leisure centre</p>	<p>March 2014</p>		<p>PH</p>	<p>Project Officer 3</p>
	<ul style="list-style-type: none"> Training and education of health, social and voluntary staff to identify anxiety and depression Review evidence from Reading LTC/IAPT Pilot 	<p>Numbers accessing IAPT services</p>	<p>Increase numbers form baseline accessing IAPT</p> <p>Number of LTC specific IAPT group sessions available.</p> <p>Reduce IAPT waiting times</p>	<p>March 2014</p>		<p>PH ?</p>	<p>Project Officer 3</p>
	<ul style="list-style-type: none"> Local health checks will identify those who are at risk or have identified dementia and refer to appropriate prevention and care services. 	<p>Number of health checks referrals to dementia services ?</p>	<p>? no - Increase number of referrals to dementia services from health checks</p>	<p>March 2014</p>		<p>PH CCG</p>	<p>EC</p>
	<ul style="list-style-type: none"> Explore the nature of PH's role in Dementia-Focus on reducing the burden and stigma of dementia on families by 	<p>N/A</p>	<p>Supporting voluntary sector projects that are evidence-based</p>	<p>ongoing</p>		<p>PH</p>	<p>Project Officer 3</p>

	supporting Dementia Friendly Communities.						
Review and invest in Technology that supports independent living and self-management.	<ul style="list-style-type: none"> commission telemonitoring service for selected patients with Chronic Obstructive Pulmonary Disease 	?	X no? Of selected COPD patients will be able to live more independently by having telemonitoring in their homes	March 2014		CCG	
	<ul style="list-style-type: none"> increase amount of telemonitoring and support to patients with heart failure in their homes 	?	x% increase of patients with heart failure who have telemonitoring and are enabled to live at home and self manage	March 2014		CCG	
	<ul style="list-style-type: none"> pilot personal health care budgets in relation to enabling people with LTC to manage their own health budget. 	? no of people using personal health budgets	Increase percentage of people using personal health budgets			PH? CCG ASC	AP
Reduce social isolation/ encourage participation in a wide range of activities	<ul style="list-style-type: none"> Review parish plan provision of services that promote social engagement and accessibility to older people. Work with Empowering West Berkshire, Council and Parish plans to explore services that reduce isolation and ensure that these are 	Evidence from parish plans will provide further actions and an action plan	Increase service provision as directed by review Increase in signposting activity			PH working with LA and VCS	

	promoted. Fill gaps in services as required						
Ensure that services are accessible to rural communities	<ul style="list-style-type: none"> Review provision of service to Aldermaston, Basildon, Bucklebury, Compton, Downlands, Speen and Sulhampstead wards for health and wellbeing, and what the barriers are. e.g. solution-voluntary transport services Commission Substance Misuse service provision in rural areas 	<p>Resident Survey results IMD</p> <p>Current number and types of information points Signposting activity</p> <p>4 satellite services provided</p> <p>? provision in 2011/12/13</p>	<p>Residents report services are more accessible by 2016 IMD results (Long term aim)</p> <p>Increase on baseline Multiple method used to communicate</p> <p>Full directory of all services and an understanding of transport coverage</p> <p>8 satellite services provided in rural areas including Pangbourn, Cheverly, Lambourn</p> <p>? target</p>	March 2014		<p>PH working with LA CCG ASC</p> <p>PH</p> <p>PH</p>	IW
Support patients to plan for end of life	<ul style="list-style-type: none"> Change the admission criteria for two beds at Duchess of Kent hospital to enable them to admit 24/7 patients who are at the very end of life Training and education of health, social and voluntary staff to discuss EOL and support development of EOL plan 	<p>N/A</p> <p>Number of EOL care plans Number of bereaved relatives happy with the EOL plan</p>	<p>2 beds identified as end of life care beds in Duchess of Kent hospital for West Berkshire residents</p> <p>Increase on baseline</p> <p>Number surveyed?</p>	<p>March 2014</p> <p>March 2014</p>		<p>CCG</p> <p>CCG ASC PH</p>	

Support carers	<ul style="list-style-type: none"> Joint Carers strategy developed and implemented 	Number of carers assessments, Number of carers receiving financial support (Direct Payments)	Increase on baseline of carers assessment Increase in numbers of carers receiving financial support (Direct Payments)			ASC CCG	
	<ul style="list-style-type: none"> More carers are identified in Primary Care 	?no of carers registered with GP practices	Increase number of carers registered in Primary Care to 575		March 2014	CCG	
	<ul style="list-style-type: none"> Provide Health Checks to carers in community or Primary care settings and follow up as needed 	N/A	40 Carers assessed and referred on to preventive services as needed		March 2014	PH CCG	EC
	<ul style="list-style-type: none"> Work with Berkshire Carers Association to assess the needs of carers re preventive services 	N/A	Carers needs assessed re health improvement and services made accessible		March 2014	PH Berkshire Carers Association	Project Officer 3

Objectives	Performance Indicator	12/13 Outturn	Target	Time Frame	RAG	Lead agency	PH Lead Officer
Giving every child and young person the best start in life							
Keep children and young people safe, including prevention	<ul style="list-style-type: none"> Develop a multi-agency Child Accident Prevention Strategy 	N/A	Completed strategy to inform commissioning	March 2014		PH Police Fire service	FN
	<ul style="list-style-type: none"> Support NDCCG to implement IRIS domestic abuse project 	N/A	Number of GPs and GP Practice staff trained to better recognise domestic abuse	March 2014		NDCCG	Prog Officer 3
Improve and maintain Educational Attainment	<ul style="list-style-type: none"> Improve educational outcomes for children and young people not achieving, relative to others Partner the Early Intervention Foundation Service to develop the evidence base for early interventions 	<p>% (or number) of young people aged 19 who have claimed free school meals achieving level 3</p> <p>TBC</p>	Increase the % of young people aged 19 who have claimed free school meals achieving level 3			Education Education	FN
Promote the health of children from 0-19 years	<p><u>Healthy Child Programme</u></p> <ul style="list-style-type: none"> Commission health promotion interventions to tackle obesity, promote physical activity and healthy eating 	See tackling obesity in primary school	See tackling obesity in primary school section			PH SN	FN

	<ul style="list-style-type: none"> Commission school nurse provision in schools and academies to provide high quality health promotion, both universal and targeted . 	? nurses per secondary school and feeder primary schools	0.7 nurses per secondary school and feeder primary schools	Sept 2014		PH	FN
	<ul style="list-style-type: none"> Promote positive view of health for CYP with YP as agents of health promotion 	N/A	Pump-prime 1 engagement events to be sustained by YP via Youth services and Berkshire Youth	Sept 2014		PH Integrated Youth Service Berkshire Youth	FN
	<ul style="list-style-type: none"> Design, develop and evaluate CYP-friendly campaigns 	N/A	Consult with CYP in Berkshire to develop a campaign strategy	July 2014		PH Vol sector groups	FN
	<ul style="list-style-type: none"> Provide an information hub linking being healthy with activities for CYP and access to public transport and sports facilities 	N/A	Trusted internet source for accurate health information available	March 2014		PH	AP
	<ul style="list-style-type: none"> Develop a West Berkshire Health-promoting schools programme for primary and secondary 	N/A	Agree council-wide approach See tackling obesity in primary school section (feasibility study)	July 2014		PH Education	FN

	<ul style="list-style-type: none"> Commission initiatives to reduce teenage pregnancies in West Berkshire through information provision 	4 'Juice' information points commissioned in West Berkshire	Assess use of Juice information points and Re-launch Juice or recommission	July 2014		PH Integrated Youth Services	FN
	<ul style="list-style-type: none"> Commission sexual health campaign and promote local sexual health services for CYP 	N/A	Texting/social media apps for juice programme One campaign completed TBC	March 2014		PH	Prog Officer 3
	<ul style="list-style-type: none"> Commission campaign to increase uptake of National Chlamydia screening programme 	? % uptake ? % positive diagnoses	One campaign completed with the Chlamydia screening team ? % Increase uptake and positive diagnoses	March 2014		PH Chlamydia Screening team	FN
	<ul style="list-style-type: none"> Commission education and prevention campaigns around substance misuse for CYP 	2 substance misuse campaigns completed to target young people	1 alcohol and health campaign commissioned 1 drugs campaign commissioned	March 2014		PH	IW
	<ul style="list-style-type: none"> Run a multi-agency conference for commissioning health and wellbeing services for young people in West Berkshire 	N/A	Conference completed	Oct 2014		PH	PH team

Support parents and families of all children, especially those who are vulnerable	<ul style="list-style-type: none"> Carry out a scoping exercise looking at the health and wellbeing needs of children whose parents are in prison 	N/A	Scoping exercise completed to inform future commissioning	Sept 2013		Turnaround Families program FIT, FIP The Edge Turning Point	FN?IW
Build School or Work Readiness	<ul style="list-style-type: none"> Improve liaison between health visitors and school nurses to address School Readiness 	N/A	Review Early Years Foundation Stage Profile (ELG)	March 2014		PH Early Years Team	FN
	<ul style="list-style-type: none"> Carry out a scoping exercise on improving school readiness working with child minders, pre-school nurseries and children's centres 	N/A	Scoping exercise completed Speak to Avril Appleby to see if this is already happening.	March 2014		PH Early Years Team	FN
Work readiness	<ul style="list-style-type: none"> Explore the feasibility of establishing a public health internship programme 	N/A	Feasibility study completed	March 2014		PH	PH team




Objectives	Performance Indicator	12/13 Outturn	Target	Time Frame	RAG	Lead agency	PH Lead Officer
	<ul style="list-style-type: none"> ? Education got an action regarding ensuring YP are ready by the time they leave school 	TBC				Education	
Promote emotional wellbeing in children and young people	<ul style="list-style-type: none"> Develop mental wellbeing of CYP 	N/A	See develop mental wellbeing strategy in >40 adults section	March 2014		PH	Prog Officer 3
	<ul style="list-style-type: none"> Promote maternal mental health - scoping exercise on post natal depression services 	N/A	See develop mental wellbeing strategy above	March 2014		PH	Prog Officer 3
	<ul style="list-style-type: none"> Set up a task and finish group to commission tier 1 and 2 mental health and wellbeing interventions for children 	N/A	Group set up and Intervention implemented	Sept 2014		PH BHFT Education	Prog Officer 3

Supporting a vibrant district							
Keep Adults Safe	<ul style="list-style-type: none"> Commission community-based projects for people with early dementia 	N/A	Project established, accepting GP and Social Care referrals	Sept 2014		PH CCG	Prog Officer 3
	<ul style="list-style-type: none"> Commission local project 'Making Every Contact Count' (MECC) 	N/A	Roll out MECC to relevant frontline agencies	Timeframe subject to Bracknell Pilot results		PH Fire service Adult Social Care	Prog Officer 3
	<ul style="list-style-type: none"> Commission the Village Agent Scheme in two deprived areas 	N/A	Village Agent scheme established in two deprived areas	Sept 2014			FN/PO3
	<ul style="list-style-type: none"> Support the implementation of the Homelessness Strategy 	Local Homelessness Strategy published 2012	All aspects of Homelessness Strategy implemented	March 2014		PH Housing	Prog Officer 3
Protect the Health of the public, e.g. pollution, communicable diseases	<ul style="list-style-type: none"> Ensure achievement of national targets (95%) for all immunisations. 	Percentage coverage-see coverage table in JSNA (Appendix)	95 % coverage for all immunisations	ongoing		PHE AT CCG PH	LW
	<ul style="list-style-type: none"> Commission a Flu vaccination campaign 	N/A	Campaign Completed; increased percentage coverage for Flu Vaccination	Oct 2013		PH/CCG	PH Team
	<ul style="list-style-type: none"> Prevention of sexually transmitted infections 	N/A	Commission Sexual Health Services PH campaign x1 sexual health Materials sourced and displayed; evaluation completed	2013/14 link in with national campaign		PH	PH Team

	<ul style="list-style-type: none"> Use Patient information Point and reception area in WBCH, libraries etc to display sexual health information, e.g. HIV, Chlamydia screening, and gonorrhoea. Commission Air Pollution awareness project working with Environmental protection. 	N/A N/A		July 2014 March 2014		PH EH	PH Team Prog Officer 3
Improve employment opportunities for all	<ul style="list-style-type: none"> Commission Outreach CBT/Life skills course for NEETS Explore joint working with MENCAP to support people with learning disabilities into work Work with JCP/IAPT/Library to support people with mild /moderate MH problems into work 	N/A N/A N/A	Talking Therapies to provide Outreach CBT/life skill for NEETS and physical activity sessions with gym instructors. To be confirmed	Sept 2014 TBC		PH Skills and Enterprise Partnership PH LD Board Vol Sec	Prog Officer 3 Prog Officer 3
	<ul style="list-style-type: none"> Work with JCP/IAPT/Library to support people with mild /moderate MH problems into work 	N/A	Web-based project established with JCP/IAPT/Libraries	Sept 2015		PH Arts and Leisure	Prog Officer 3
Ensure spatial planning for health and wellbeing	<ul style="list-style-type: none"> Map number of fast food restaurants in Newbury and Thatcham Map number of establishments selling 	N/A	This activity will inform granting of new licences for businesses selling fast food This activity will inform granting of new licences for businesses alcohol	Ongoing Ongoing		PH working with licensing PH working with licensing	EC EC

	alcohol in Newbury and Thatcham	N/A					
Reduce crime and disorder	<ul style="list-style-type: none"> Jointly commission and performance manage (with Thames Valley Probation Service) Alcohol Treatment Requirement (ATR) Service and Drug Rehabilitation Requirement (DRR) delivery 	ATR target TBC	ATR Target TBC	March 2014		PH/TVP	IW
		DRR Target TBC	DRR Target TBC	March 2014		PH/TVP	IW
	<ul style="list-style-type: none"> Speech and Language Therapy (SLT) Needs assessment for Young Offenders 	N/A	Needs assessment completed to inform commissioning of SLT for this group	Dec 2013		PH/YOT	FN
	<ul style="list-style-type: none"> Scope provision of positive activities for youth offenders 	N/A	Scoping exercise completed inform commissioning of activities for this group	Dec 2013		PH/YOT	FN
	<ul style="list-style-type: none"> Health needs assessment for people on probation in collaboration with Probation Service 	N/A	Exercise completed to inform health pathway for people on probation	Sept 2014		PH	Prog Officer 3

Ensure good housing and promote engaged communities	<ul style="list-style-type: none"> Support the development and implementation of parish plans, ensuring that health issues are highlighted 	N/A	<ul style="list-style-type: none"> Extensive coverage of Health and Wellbeing in Parish Plans 	Ongoing		PH	PH Team All to have a number of parishes
	<ul style="list-style-type: none"> Commission Health Trainers to support community development projects in Greenham and Calcot 	N/A	<ul style="list-style-type: none"> Community engagement event to improve health sections of Parish Plans 	Sept 2013		PH	
			1x Health Trainer employed per development project	March 2014		PH	LW

Key:
Public Health 
Wider WBC 
CCG 



Commissioning cycle

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Appendix 2

Summary of Public Health Budget 2013/14

• Staffing costs and core costs	431,000
• Running costs	59,000
• School nursing	435,000
• Sexual health	1,520,000
• Tobacco control	341,000
• DAAT	984,000
• Obesity and physical activity	118,500
• NHS health checks	61,000
• GRT, BME groups	23,000
• Crime and disorder	9,000
• Additional Action Plan projects	200,000
• TOTAL so far committed	4,131,000
• Remainder to be allocated in 2013/14	200,000

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Public Health Project Funding – 2013/14

Background

The recent transfer of public health responsibilities to local government represents an opportunity for us all to develop how we work in relation to improving our residents' health.

Towards this aim, West Berkshire Council is making funding available to encourage new ideas and projects aimed at delivering public health outcomes. The emphasis is on encouraging joint working between the new Public Health Team and a wide range of colleagues from both the council and the local Clinical Commissioning Group (CCG).

Process

Expressions of interest are invited that briefly outline ideas for projects. These can be submitted by

- any West Berkshire Council department
- Newbury and District CCG or North and West Reading CCG,
- Any Voluntary/community group

A 'Project Lead' must be identified and, in the case of the council, should be endorsed by a Chief Officer or Director as a 'Project Sponsor'. A one-page form is attached for expressions of interest.

From the expressions of interest a shortlist of projects will be drawn up by a panel consisting of the West Berkshire Chief Executive, Strategic Director for Public Health and Head of Public Health and Wellbeing. The criteria by which projects will be assessed are attached. Leads for shortlisted projects will then be asked to submit a full proposal that gives more detail on how a project will be managed and evaluated.

The local Public Health team are on hand to offer any advice or help in drawing up expressions of interest and/or subsequent full proposals. Please contact Lesley Wyman, Head of Public Health and Wellbeing or April Peberdy, Public Health Programme manager for more information - <mailto:lwyman@westberks.gov.uk>
<mailto:apeberdy@westberks.gov.uk>

Deadlines:

Submission of expressions of interest	By 9 th August
Shortlisted project leads invited to submit full proposal	By 19 th August
Submission of full proposals	By 5 th September
Confirmation of successful projects	By 16 th September

Attached Documents:

- 'Expression of Interest' Form
- Criteria for assessing proposals

Public Health Project Grants – 2013/14

Expression of Interest Form

(email completed form to <mailto:lwyman@westberks.gov.uk> or <mailto:apeberdy@westberks.gov.uk> (deadline: August 9th, 2013)

Title of Project	
Project Lead Name, Position, Department & Contact Details	Project Sponsor (if different) Name, Position, Department & Contact Details
Project Overview Please include a description of the nature of the project and the intended outcomes (along with how they will be assessed). Please also give a brief description of how the requested funding will be spent.	
Estimated Total Funding Requested NB: funding may be requested for 2013/14 and 2014/15 £	

Public Health Project Grants – 2013/14

Project Assessment Criteria

Expressions of Interest and full proposals will be assessed against the following criteria.

In order to be considered for funding it is not essential that project proposals meet all the criteria set out above. Rather, the criteria should be seen as aspirational and as a guide for setting out the potential value of projects.

1	Extent to which outcomes are defined and measurable.
2	Likelihood of the project achieving outcomes in specified time period (up to March 2015) and without recurrent investment.
3	Extent to which outcomes relate to priorities within Joint Health & Well-Being Strategy. ¹
4	Extent to which outcomes relate to elements of the Public Health Outcomes Framework ² .
5	Quality of evidence upon which the project is based ³ .
6	Extent to which the project promotes joint working across services and directorates.
7	Extent to which the project addresses an existing health inequality (such as by addressing a particular community's needs).
8	Extent to which the project could be sustained through integration into existing systems and workstreams.
9	The extent to which the project aims to prevent deterioration in health and thereby reduce future demand on services.

¹ <http://www.westberks.gov.uk/index.aspx?articleid=26679>

² <https://www.gov.uk/government/publications/public-health-outcomes-framework-update>

³ NB: Evidence may relate to data on effectiveness of interventions and/ or local need

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PROJECT INITIATION DOCUMENT

West Berkshire Public Health and Wellbeing

<Insert Project Name>

Date:

Health and Wellbeing Priority:

Public Health Outcome Framework Indicators:

Author:

Completion Suggestions

Think in terms of bullet points

Document generally should be no more than 10 pages

Use plain English

1. Project Background / Context

Provide a brief description of the background to the project and any relevant historical and strategic information. Include details of how the project addresses the Health and Wellbeing priorities.

There should be a brief statement of the problem, opportunity, or local need that the project is to address.

Identify evidence that this project will be effective and how it demonstrates value for money

2. Objectives

What are the objectives / what is the project going to do?

3. Project Scope

*What's in scope / what's not
And why*

4. Constraints

Limitations on the project eg time / funding / personnel /

5. Assumptions

Set out any assumptions that you are making in relation to the planned project e.g.:

This list is by no means exhaustive and you should list as many assumptions as you can.

6. Outline Business Benefits

- *Summarise the key benefits of the project.*
- *Explain the reasons for the selection of the chosen solution (where appropriate).*
- *Describe how this project supports the West Berkshire Health and Wellbeing priorities and Public Health Outcome Framework indicators.*
- *What are the outputs - what are the results of the activity*
- *What are the outcomes – what difference is it going to make to the customer*

Include Return On Investment Information here.

7. Project Approach / What are you going to do and how you will do it

8. Project Budget

Description	Year 1 Sept 2013-March 2014	Year 2 April 2014 – March 2015
Total		

*How does the budget break down into main headings eg people, materials, capital costs. Identify start and finish date. NB project cannot go on beyond March 2015
Where do the figures come from, any assumptions ?*

9 Project Plan and milestones

Identify the key milestones / deliverables of the project. Show key outputs along the way and the key final outcome at the end of the project

Project stage or phase	Milestones	Anticipated completion / delivery

10. Project Organisation Structure

*What are the governance arrangements?
Roles and responsibilities*

Project Board

Position	Name	Title
Project Sponsor		
Project Manager		

Key Project Team Members

Name	Role	Title	Service Unit

Roles and Responsibilities

11. Project Communication Plan

The communications plan identifies all stakeholders and partners and outlines their information needs, plus any information needed from them, by the project

. Project Stakeholders

Name	Role	Title	Service Unit

12. Risks

Risk	Likelihood 1 (low) - 5	Impact 1 (low) -5	Mitigation	Person Responsible

Agenda Item 6

Title of Report:	Update on the Berkshire Public Health Advisory Board
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	25 th July 2013

Purpose of Report: To update the Health and Wellbeing Board on the work of the Berkshire Public health Advisory Board

Recommended Action: To note the report

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones (01235) 762744
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Nick Carter
Job Title:	Chief Executive
Tel. No.:	01635 519101
E-mail Address:	ncarter@westberks.gov.uk

Executive Report

Introduction and Background

Public Health is currently being provided by each of the six unitary authorities in Berkshire with Bracknell Forest Council acting as the lead authority in supporting a Core Public Health Team whose responsibilities embrace a number of County wide activities. A Joint Agreement was signed earlier this year to formalise these arrangements and it was agreed late last year that the Berkshire Transition Board, which was overseeing the move of Public Health from the NHS to local government, would be replaced by a new Berkshire Public Health Advisory Board (PHAB) from April 1st this year.

The purpose of this report is set out the Terms of Reference for the Board and to update the West Berkshire Health and Wellbeing Board on work to date

Terms of Reference

The Terms of Reference for the PHAB were agreed at the meeting of the Berkshire Public Health Transition Steering Group on 12th March 2013. They are set out in Appendix A and highlight a number of key points;

- The Board has no legal status and is not an executive or decision making body. Decisions are vested in each Unitary Authority;
- The Board has a key role in providing the strategic direction and oversight for the Core Public Health Team based at Bracknell Forest Council;
- The Board is seen as having a key role in promoting integration across Berkshire, where appropriate, and in managing contracts that span a number of authorities.

Progress to Date

The Board meets monthly and has had four meetings to date. The first meeting focused very much on continuing transition issues. The second meeting put in place a proposed contract performance management framework for the Board and discussed the new approach to the Joint Strategic Needs Assessment (JSNA) which has also been the subject of discussion and agreement at an earlier meeting of this Board.

At the June meeting the process of re commissioning existing Public Health contracts was discussed. It had previously been agreed that Public Health contracts would be extended for a year until March 31st 2014 on the proviso that they would all be re commissioned at the earliest possible date. Following discussion at a local level it was agreed that the sexual health (GUM) and school nursing contracts should be selected as the highest priority contracts for re commissioning and that new contracts should be put in place by April 1st 2014. At that meeting a year end (2012/13) contract performance report was also received along with a draft of the Public Health Plan for the Core Team.

Further discussions took place at the July meeting regarding the re commissioning of the two contracts mentioned above. Concerns were raised regarding the absence of performance and management data at a unitary authority level. A number of actions were agreed with a view to returning to the matter again at the September meeting. The issue of re procuring these and other County wide contracts was also discussed. The need to coordinate this activity more effectively through the Core Team was identified which in turn

would require potential changes to the current governance arrangements given each unitary authority currently exercises its own decision making powers.

In addition to all of the above the Board continues to receive a monthly health protection update covering key issues across Berkshire.

Appendices

A – Terms of Reference - Berkshire Public Health Advisory Board.

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The Public Health Advisory Board Terms of Reference (ToR's)



Public Health Advisory Board

Background

With the agreement of the six Berkshire unitary authorities (“the 6 UAs”), a single Strategic Director of Public Health (“SDPH”) has been appointed and is employed by Bracknell Forest Council (“BFC”).

In accordance with this agreement, BFC is acting in the capacity of a Host Authority, from which the SDPH and a core team will provide central, coordinated support as a “Shared Service” to individual PH teams across the 6 UAs. The detail of this is contained in a schedule to the Agreement.

Transition planning was previously undertaken by a Berkshire Public Health Transition Group of which all 6 UAs were members. The Public Health Advisory Board replaces the transition group, consequently the terms of reference have changed.

Scope and Extent

The Public Health Advisory Board (PHAB) has no legal status and is not an executive or decision making body. Any decision or agreement reached will be agreed by the appropriate decision making arrangements in each UA.

Purpose

To provide a forum to ensure performance and activity of the contracts are monitored , including the core support team and to share approaches for public health to seek to establish opportunities for collaboration in commissioning and sharing best practice. This will be achieved by the following:

1. Financial assurance and accountability, receiving performance and financial information about the support team and public health contracts
2. Establishing the arrangements for commissioning public health functions and the scrutiny and oversight of contracts rolling forward
3. Establishing and agreeing the priority for recommissioning current contracts
4. Securing value through the integration of public health activity, identifying commissioning opportunities to procure contracts where two or more authorities might work together, or jointly or in an integrated manner to achieve optimum whole population public health outcomes
5. Setting of vision for the public health shared service, strategic direction, prioritisation and actions appropriate to the needs of the 6 UAs taking into account best practice
6. Creating, and monitoring tasks against, a register of risk
7. Overseeing and monitoring the effectiveness of the public health delivery structure and establishing governance arrangements to hold to account against the agreement:
8. The establishment of work streams as necessary to achieve the above
9. To provide guidance on any dispute which may arise between any of the Parties which cannot be resolved by agreement between the Relevant Officers.

Membership

Membership is drawn from all six UA's in order to demonstrate equity of membership and representation of the priorities of each area.

Members of the Berkshire Public Health Transformation Group are set out below:

Name	Organisation	Title	Role on Group	
Jane Wood	Slough Borough Council	Strategic Director, Community & Wellbeing	Representing Slough	To be advised
Nick Carter	West Berkshire Council	Chief Executive	Representing West Berkshire	To be advised
Stuart Rowbotham	Wokingham Borough Council	Strategic Director Health & Wellbeing	Representing Wokingham	To be advised
Timothy Wheadon	Bracknell Forest Council	Chief Executive	Representing Berkshire Chief Executives Group	To be advised
Glyn Jones	Bracknell Forrest Council	Director of Adult Social Care, Health and Housing	Representing Bracknell Forest	To be advised
Dr Lise Llewellyn		Director of Public Health Berkshire	Chair	To be advised
Christabell Shawcross	Royal Borough of Windsor and Maidenhead Council	Strategic Director of Adult & Community Services	Representing Windsor & Maidenhead	To be advised
Avril Wilson	Reading Borough Council	Director of Education Social Services & Housing	Representing Reading	Zoe Hanim

Frequency

Meetings will take place bimonthly, with a review of meeting frequency at the end of March 2014.

Management and Administration

Administrative support will be provided by a member of the Shared Team. The Group shall meet in closed meetings in places that are accessible and acceptable to all members. Agendas and papers will be circulated one week in advance. Meetings will be formally minuted.

Reporting requirements

The minutes of the Meeting will be made available to the Berkshire Chief Executives Group (BCExecs) In addition to this there will be quarterly updates to the BCExecs) and six monthly updates to the Berkshire Leaders Group (or more frequently as required) Group Arrangements for executive agreement by the constituent members.

Review of Terms of Reference

These Terms of Reference may be reviewed by the Group to take into account the legislation, regulation, statutory guidance or best practice.

Duration and Termination

As provided in the Agreement

Agenda Item 7

Title of Report:	Winterbourne View
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	25 July 2013
Forward Plan Ref:	N/a

Purpose of Report: To update the Health and Wellbeing Board on the outcome of the Serious Case Review of Winterbourne View Hospital and local actions with respect to the Department for Health recommendations.

Recommended Action: That the Health and Wellbeing Board note this report and the serious nature of its contents with regard the care of vulnerable adults.

Reason for decision to be taken: No decision

Other options considered: Not applicable.

Key background documentation: NHS South of England Serious Case Review August 2012
Dept of Health Report 'Transforming Care' December 2102

The proposals will help achieve the following Council Strategy principle:

CSP9 - Doing what's important well

The proposals contained in this report will help to achieve the above Council Strategy principle by:

Portfolio Member Details	
Name & Telephone No.:	Councillor Joe Mooney - Tel (0118) 9412649
E-mail Address:	jmooney@westberks.gov.uk
Date Portfolio Member agreed report:	17 June 2013

Contact Officer Details	
Name:	Jan Evans
Job Title:	Head of Adult Social Care
Tel. No.:	01635 519736
E-mail Address:	jevans@westberks.gov.uk

Implications

Policy: None
Financial: None
Personnel: None
Legal/Procurement: None
Property: None
Risk Management: None
Corporate Board's Recommendation: For Management Board and Health and Well Being Board.

Is this item relevant to equality?	Please tick relevant boxes		No
Does the policy affect service users, employees or the wider community and: <ul style="list-style-type: none"> • Is it likely to affect people with particular protected characteristics differently? <input type="checkbox"/> • Is it a major policy, significantly affecting how functions are delivered? <input type="checkbox"/> • Will the policy have a significant impact on how other organisations operate in terms of equality? <input type="checkbox"/> • Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics? <input type="checkbox"/> • Does the policy relate to an area with known inequalities? <input type="checkbox"/> 			
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)			
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia			<input type="checkbox"/>
Not relevant to equality			<input type="checkbox"/>

Executive Summary

1. Introduction

- 1.1 Winterbourne View was a private hospital for adults with learning disability and challenging behaviour in Gloucestershire run by Castlebeck Care. In 2011 a reporter working for BBC Panorama uncovered serious physical and mental abuse of patients being perpetrated by staff at the hospital.
- 1.2 Subsequently the Department of Health's final report 'Transforming Care; A National Response to Winterbourne View Hospital' was published in December 2012 with the key findings, recommendations and actions.

2. Proposals

- 2.1 DH key findings for NHS and social care organisation to jointly progress and the local responses are;
 - (1) To review all current long stay hospital placements and move them to community based support by 1 June 2014. WBC does not fund individuals in hospital placements as this is an NHS provision. West of Berkshire Clinical Commissioning Group currently fund 14 adults who have all been reviewed
 - (2) To review all care home placements and create a single register of individuals whether NHS or Local Authority funded. Register to be compiled by the CCG with LA input. WBC has established a programme of reviews as part of the Supported Living Project within the ASC Efficiency Programme.
 - (3) Agree a joint plan and service model for the provision of high quality care and support services. To be addressed by the Berkshire Winterbourne Project Group, chaired by the CCG.
 - (4) Improve planning for individuals with learning disability starting in childhood. Communities Directorate is reviewing their Transitions services within the ASC Efficiency Programme
 - (5) Regulation and Inspection will be tightened up. The remit of the Care Quality Commission (CQC)
 - (6) Transform and redesign services to diversify community provision. To be addressed by the Berkshire Winterbourne Group.
 - (7) Safeguarding Adults to be placed within a statutory framework. Proposed in the new Care and Support Bill.
- 2.2 This item is not relevant to equality.

3. Conclusion

- 3.1 That Members note the content of this report and the steps being taken to address the DH recommendations by WBC Adult Social Care services in conjunction with the NHS and other Local Authorities in Berkshire.

Executive Report

1. Background

1.1 BBC's Panorama investigation was aired on 31 May 2011 and uncovered serious physical and mental abuse of patients being perpetrated at Winterbourne View Hospital.

1.2 Several immediate responses were set in train:-

- A criminal investigation was launched culminating in 11 individuals being prosecuted, convicted and sentenced 26 October 2012.
- CQC reviewed all the services operated by Castlebeck Care, the owners of Winterbourne View and a programme of inspections of 150 learning disability hospitals and homes was undertaken.
- NHS South of England reviewed the serious untoward incident reports and the commissioning of places at Winterbourne View.
- An independent Serious Case Review was commissioned by South Gloucestershire Safeguarding Board and published 7 August 2012.

1.3 Key findings, recommendations and actions from the above were collated and presented to the conference of Association of Directors of Adult Social Services in October 2012. The Department of Health's final report "Transforming Care; A National Response to Winterbourne View Hospital" was published in December 2012.

2. Key Findings from the DH Transforming Care report.

- Too many people are placed in hospital care for assessment and treatment (A&T) purposes and are staying there for too long. This was the case at Winterbourne View where individuals had not had the appropriate follow up and review by the NHS organisations that had placed them there.
- This model of care goes against government policy and has no place in the 21st century. This model being an emphasis on community based care.
- People should have access to the support and services they need locally – near to family and friends – so they can live fulfilling lives within the community.
- Winterbourne View was an extreme example of abuse, but we have found evidence of poor quality of care, poor care planning, lack of meaningful activities to do in the day and too much reliance on restraining people.
- All parts of the system – those who commission care, those who provide care and individual staff, the regulators and government – have a duty to drive up standards. There should be zero tolerance of abuse.

3. Key Recommendations

- Only local action can guarantee good practice, stop abuse and transform local services.

- Listen to people with learning disabilities and their family carers in developing person-centred approaches across commissioning and care.
- Build understanding of the reasonable adjustments needed for people with learning disabilities who have a mental health problem so that they can make use of local generic mental health beds.
- Commission the right model of care to focus on the needs of individual people, looking to avoid the factors which might distress people and make behaviours more challenging, building positive relationships in current care settings.
- Focus on early detection, prevention, crisis support and specialist long term support to minimise the numbers of people reaching a crisis which could mean going into hospitals.
- Work together to plan carefully and commission services for the care of children as they approach adulthood to avoid crises; and commission flexible, community based services.

4. The Governments Mandate. Department of Health Final Report October 2012

“The NHS Commissioning Board’s objective is to ensure that CCGs work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.”

(The NHS Commissioning Board with its regional presence NHS South of England has replaced the Health Authorities. Clinical Commissioning Groups led by GPs have replaced Primary Care Trusts led by NHS Managers)

5. Programme of Action

- Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and not later than 1 June 2014.
- Every area will put in place a locally agreed joint plan for high quality care and support for services for people of all ages with challenging behaviour, that accords with the model of good care.
- There will be a national leadership and support for local change.
- Planning will start from childhood improving the quality and safety of care.
- Accountability and corporate responsibility for the quality of care will be strengthened.
- Regulation and inspection of providers will be tightened.
- Progress in transforming care and redesigning services will be monitored and report:

The DH will publish a follow up report one year on by December 2013 to ensure that the steps outlined in the programme of Action are achieved.

6. Implications for West Berkshire and its partners

6.1 Health and Care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1 June 2014.

Health and Care Commissioners will:

- By 1 June 2014, working together with service providers, people who use services and families, review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes;
- Put these plans into action as soon as possible, so that all individuals received personalised care and support in appropriate community settings no later than 1 June 2014;
- Ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.

6.2 Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.

- These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.
- This joint plan will be part of the Joint Health and Well Being Strategy for implementation from 2014.
- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.

6.3 There will be a national leadership and support for local change.

- DH to review progress December 2013.
- DH has written to the chairs of Health and Well Being Boards to ensure they are fully engaged with local progress.

6.4 Planning will start from childhood improving the quality and safety of care.

- The Council is reviewing with its partners the whole provision of services to those with learning disability, in particular the transitions process from children to adult services as a project within the ASC Efficiency programme to improve the service offered to these individuals and their families.

6.5 Improving the quality and safety of care:

- DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness. (Care & Support Bill)
- All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults.
- Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

7. Local Actions

7.1 In March 2013, the Berkshire West PCT Board received a report outlining the response to the DH Final Report and further actions required for the Clinical Commissioning Groups being established on 1 April 2013.

7.2 The PCT was funding at that time 14 inpatient beds for adults with learning disability or Autism. All have been reviewed between 1 November 2012 and 28 February 2013. This review included a personalised care plan, evidence of engagement and agreement with families and carers, a discharge plan, named care co-ordinator, identified CCG lead, dated comprehensive physical health check and identified independent advocacy to support the move on.

WBC does not fund inpatient hospital beds as hospital care is funded by the NHS.

7.3 Locally it has been agreed that all adults with learning disability or Autism NHS funded placements and also adults with physical disability and mental health issues should be identified on a single register. All to be reviewed by 31 March 2014.

7.4 Establish a Berkshire wide Winterbourne Project Group with the 6 Local Authorities to ensure delivery of the actions and recommendations of the Winterbourne View Review. Chaired by Director of Joint Commissioning for Berkshire West CCGs.

7.5 Terms of Reference to include:-

1. Implement the 2012-13 Learning Disability Self-Assessment Framework (LDSAF) joint action plan. The LDSAF focused on drawing up an assessment of people's experiences of health services. This process was led by NHS Berkshire in collaboration with the 6 unitary authorities and as a result of this exercise a joint action plan was developed to bridge gaps that were identified.
2. Production of a joint health and social care Winterbourne Action Plan agreed between the CCG and associated Local Authorities by June 2013.
3. Develop a system to ensure that all CCG placement registers are kept up to date for patients who are admitted to and discharged from NHS funded placements including continuing healthcare (CHC)
4. Complete reviews of patients in Assessment and Treatment units by 1 June 2013 to agree a personal care plan for each individual based around their own and their families' needs, with agreed outcomes achieved. The CCGs

will ensure that plans are in place to ensure that all individuals received personalised care and support in appropriate community settings no later than 1 June 2014.

5. Develop processes for the delivery of consistent joint health and social care reviews and discharge planning including those people placed by CHC through implementing a joint criteria and standards that accord with the Department of Health's model of care and complete this action by June 2014.
6. Production of a joint health and social care strategy to ensure high quality care and support services in line with best practice by March 2014.
7. To ensure there is a robust commissioning process including provider contracts with rigorous monitoring and safeguarding systems.
8. Production of a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.

8. Serious Case Review – Atlas Project Team Ltd (APTL)

- 8.1 In October 2011 three Safeguarding Alerts were raised in Devon regarding "Atlas" LD care homes run by APTL. Further investigations across a total of 15 care homes run by APTL identified significant concerns leading to first reviews and then alternative placements for many of the residents. APTL went into administration and all placing Local Authorities were given notice to move individuals by 30 July 2012.
- 8.2 West Berkshire had 1 individual in a Devon APTL care home who was found alternative care immediately on review. 3 others in a local APTL have also been found alternative care provision. A fifth has remained in a care home in Wokingham with a new care provider.
- 8.3 As a consequence of the Serious Case Review in Devon, each placing Local Authority was tasked to conduct an Independent Management Review (IMR) addressing on an individual basis the areas reviewed by the Serious Case Review.
- 8.4 Lessons Learnt from the IMR for West Berkshire
 1. West Berkshire will re-assess all people living in out of areas placements by September 2013. This will be part of a service improvement programme already in operation and will be conducted using a project management framework.
 2. Reviews will be done annually.
 3. Our review document will be revised so that questions about the quality and safety of the service are addressed in much more detail as part of individuals reviews. Sufficient triggers will be incorporated to ensure a comprehensive review (completed).
 4. Specific training will be given to staff who are reviewing the people who remain in out of area placements (completed).

5. Reviews need to ensure as far as possible that individuals' views are captured, if appropriate with the input from an advocate or family member (ongoing).
 6. People who are long term service users and who are particularly vulnerable need to have a full multi-disciplinary assessment every 3 years so that gradually changing needs are picked up and addressed.
 7. A robust commissioning process for Out of Area residential services needs to be developed – Berkshire Winterbourne Project Group Terms of Reference.
 8. Reviews need to check that provider staff are aware that a safeguarding procedure exists, that this is compliant with local multi-agency procedures, that the safeguarding procedures are being implemented, and that implementation can be demonstrated by referrals to commissioning authorities (ongoing).
 9. Where concerns exist with regard to the mental or physical health needs of the individual, a multi-disciplinary review is indicated and will be carried out (ongoing).
 10. Health Action Plans will be reviewed as part of the annual review and cross-referenced with the care/support plan (ongoing).
 11. CTPLD will advise the host local authority of any placements and seek feedback on any care quality concerns (ongoing).
- 8.7 WBC currently has 109 individuals placed in care homes, predominantly out of area at a cost of £7m/annum.

8.8 West Berkshire Safeguarding Role

The Council is a member of the West of Berkshire Adult Safeguarding Board and a report has been presented to them on progress against the DH Key Recommendations. WBC also presented their Independent Management Review and it was noted as an example of good practice.

Within West Berkshire, care quality standards for care homes and private hospitals are monitored by the Care Quality Commission and by 2 x WBC Care Quality officers. Following Winterbourne, Councillor Joe Mooney instigated unannounced inspections of all 38 care homes in the district. 5 were considered to be requiring improvements and all have since taken the required actions.

WBC's safeguarding duty is to respond to any Safeguarding alert, investigate and take relevant actions if abuse is found to protect the vulnerable individual.

8.9 DH Initial Stock take of progress against key Winterbourne Recommendations.

In May 2013, the DH and LGA Winterbourne View Joint Improvement Programme sent out a stock take of progress to local partnerships. The Berkshire Winterbourne Group is co-ordinating the response. The DH advises that the stock take should be led by the Local Authorities given their leadership role through

Health and Well Being Boards. This follows up from a letter sent to the Chairs of Health and Well Being Boards in March 2013 from Norman Lamb which encourages H&WB Boards to take an active interest in how the Council with its partners are progressing the recommendations and to challenge the levels of ambitions in their action plans and whether the right clinical and management leadership is in place.

9. Conclusion

Both the review of Winterbourne View and Atlas Project Team Ltd exposed appalling care standards. Adults with learning disability or autism, who have mental health conditions and who are regarded as challenging have too often received poor quality and inappropriate care. This care has been paid for by the health and social care economy.

Recommendations and action to ensure robust commissioning, intelligent scrutiny of care standards and a person centred annual review are now in place to ensure we prevent such occurrences again. The newly established Berkshire Winterbourne View Project Group will be accountable for the delivery of the actions and report to the 6 Health and Well Being Boards of Berkshire and CCG Boards.

It is proposed that this report goes to the West Berkshire Health and Well Being Board in July accompanied by the stock take of progress that has been requested by the Dept of Health.

Appendices

There are no Appendices to this report.

Consultees

Local Stakeholders: N/a
Officers Consulted: Corporate Board
Trade Union: N/a

Agenda Item 8

Title of Report:	Funding transfer from NHS to Social care 2013/14-2015/16
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	25th July, 2013

Purpose of Report: To inform the Health and Wellbeing Board of the funding arrangements and amounts to be transferred from the NHS to Local Authorities during 2013/14 – 2015/16.

Recommended Action: The Health and Wellbeing Board

- (a) Discuss the implications of the 13/14 and CSR funding transfers to Local Authorities
- (b) Note and agree the conditions associated with the transfer
- (c) Agree to establish a sub task group with LA and CCG representation to recommend how the funding is allocated in 2013/14 and agree associated KPIs
- (d) Agree a timescale for when the group reports back to the Health and Wellbeing Board

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Executive Summary

In late June two Gateway letters from NHS England have been sent referring to the transfer of funding from the NHS to Local Authorities. This paper summarises those letters in one paper and offers the potential for discussion and debate as to how CCGs can work with Local Authorities to support the transfer of funding to ensure the best benefit and outcomes for the population of the CCGs.

The papers that have been issued are

19th June 2013 Funding Transfer from NHS England to social care 2013/14 Gateway Reference 00186

26th June 2013 Spending Round Health Settlement 2015-16 Gateway Reference 00211

2013/14

The funding for the Local Authorities in Berkshire West will come directly from the Thames Valley Area Team with Health and Wellbeing Boards being the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. There are conditions associated with the transfer which once satisfied funding will be transferred under Section 256 Agreements. The amounts for 2013/14 are:-

Reading £2,038,343, West Berkshire £1,792,796, Wokingham £1,437,354.

2014/15-15/16

The CSR health settlement proposes the establishment of a £3.8bn Integrated care Fund of which the NHS will contribute £3.4bn. This transfer of NHS funding to local authorities provides us with challenges and opportunities. It reinforces the imperative to develop robust QIPP plans, drive the integration agenda and continue to work closely with and develop strong relationships with our local authority colleagues, providers and support the continued development of the Health and Well Being Boards.

1. Funding Transfer from NHS England to social care – 2013/14

As part of the 2013/14 DH Mandate it was agreed in December 2012 that monies would be transferred during 2013/14 from NHS England to local authorities to support adult social care. The details are set out in “*Funding Transfer from NHS England to social care – 2013/14, Gateway Reference 00186*)

1.1 Amount to be transferred

In total nationally this amounts to £859m. In Berkshire West the amounts are as follows:-

Local Authority	2013/14 Amount
Reading	£2,038,343
West Berkshire	£1,792,796
Wokingham	£1,437,354

1.2 Legal basis for the transfer

These monies will be transferred directly from the Thames Valley Area Team under Section 256 of the 2006 NHS Act. The monies will be administered by the Area Team (not CCGs) and funding will only pass over to local authorities once the Section 256 agreement has been signed by both parties.

1.3 Use of the funding

Before each agreement is made, certain conditions must be satisfied:-

- (i) The funding must be used to support adult social care services in each local authority, which also has a health benefit.
- (ii) Health and Wellbeing Boards will be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent.

- (iii) Local authorities and CCGs have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.
- (iv) Local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
- (v) The funding can be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment. The funding can also support new services or transformation programmes, again where joint benefit with the health system and positive outcomes for service users have been identified.
- (vi) The *Caring for Our Future* White Paper also sets out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).

1.4 Governance

The Area Teams will ensure that the CCG/s and local authority take a joint report to the Health and Wellbeing Board to agree what the funding will be used for, any measurable outcomes and the agreed monitoring arrangements. The Health & Wellbeing Board then approves the report which has appended to it the agreed Section 256 agreement between the local authority and NHS England. The agreement is signed by both parties and then submitted to england.finance@nhs.net

1.5 Reporting

Expenditure plans by local authorities are to be categorised into the following service areas (Table 1) as agreed with the Department of Health. This will ensure that a consolidated NHS England position on adult social care expenditure can be reported.

Table 1: Analysis of the adult social care funding in 2013-14 for transfer to LAs

Service Areas- 'Purchase of social care'	
(i)	Community equipment and adaptations
(ii)	Telecare
(iii)	Integrated crisis and rapid response services
(iv)	Maintaining eligibility criteria
(v)	Re-ablement services
(vi)	Bed-based intermediate care services
(vii)	Early supported hospital discharge schemes
(viii)	Mental health services
(ix)	Other preventative services
(x)	Other social care (please specify)
Total	

NHS England will also ensure that it has access to timely information (via Health & Wellbeing Boards) on how the funding is being used locally against the overall programme of adult social care expenditure and the overall outcomes against the plan, in order to assure itself that the conditions for each funding transfer are being met.

2. Spending Round : Health Settlement 2015-16

Following the Chancellor's announcement of the Health Settlement for 2015-16 NHS England provided further information particularly on what this means for CCGs and Local Authorities.

David Nicholson's response to the settlement is:

"This is a very significant settlement for the NHS. It presents both opportunities and challenges. It is a potential 'game changer' as it gives us the opportunity to accelerate the development of integrated services. It means we can provide more joined-up care for care for patients with complex needs, enabling them to be supported at home."

"Merging health and social care budgets to support integrated care at a time when resources are constrained will require us to rethink how we organise services around patients. We need to begin formulating plans as soon as possible so that we are ready to take full advantage of the opportunities offered by the 2015/16 settlement."

2.1 Spending Round Headlines

- (i) NHS funding will grow in real terms, consistent with the government commitment to protect the NHS. This is a challenging settlement:
 - a. Given rising demand and inflation pressures, we expect the NHS would have needed to deliver c4% efficiency in order to maintain current services,
 - b. In addition, however the NHS, DCLG and the DH will pool c£3.8bn of funds

for investment in the integration of health and social care (the Integration Transformation Fund"). The NHS will contribute £3.4bn towards the Integration fund. This compares to the £0.9bn the NHS currently transfers to support integration with social care.

(ii) Social Care integration fund breakdown

The £3.8bn Integration Transformation Fund will be a pooled fund, held by local authorities and funded from:

- α) The £0.9bn of funding NHS England planned to transfer to fund social care in 2014-15.
- b. An additional £0.2bn of investment in 2014-15 (to be agreed as part of mandate discussions for 2014-15 with DH).
- c. DH and other Government Department transfers of £0.4bn (capital grants)
- δ. CCG pooled funding of:

Re-ablement funding of £0.3bn
Carers' break funding of £0.1bn
Core CCG funding of £1.9bn

The intention is to give NHS and Social Care commissioners greater influence over this funding in the future to ensure it is optimised to support local integration of health and care services. To enhance this funding further, the funding CCGs currently hold for re-ablement and carers' breaks will also be included in the pooled budget, alongside other grants that the DH and Department of Communities and Local Government currently fund to support Social Care. The integration fund budget will represent a significant share of spend on health and care services and will give CCGs greater influence over how care services are integrated with health services.

It is vital that the NHS realises the benefits of integration in terms of reducing demand on health services, improving outcomes for patients and other efficiencies. Hence, there will be conditions attached to the pooled funding and the creation of new incentives to support integration and the delivery of improved outcomes for both health and care.

(iii) Conditionality on integration fund

The pooled funding will formally sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards (H&WBs) and signed off by CCGs and Council Leaders. Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it is envisaged that plans would be developed this year, signed-off and assured over the winter and would be implemented from 2014/15. Plans and assurance would need to satisfy nationally prescribed conditions, including:

- a. Protection for social care services (rather than spending) with the definition determined locally,
- b. Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends,
- c. Better data sharing between health and social care, based on the NHS Number,

- d. Plans and targets for reducing A&E attendances and emergency admissions,
- e. Risk sharing principles and contingency plans for if/when targets are not being met,
- f. Agreement on consequential impacts of changes in the acute sector.

(iv) Impact of this settlement on CCGs

The overall impact of the settlement on CCGs will be confirmed in allocations. It is NHS England's intention to explore the scope to give CCGs 2 year allocations for 2014-15 and 2015-16 to support commissioners to deliver the changes required in the NHS to realise the necessary efficiencies.

For the average CCG, the establishment of the integration fund will mean £10m of allocated funding will be transferred to the pooled budget (in addition to the pooling of reablement and carers' breaks funding that is currently within CCG baseline allocations). This is in the context that the average CCG was allocated c£300m in 2013-14 and hence the figure is equivalent to around 3% of CCG allocations.

Under current Section 256 requirements, NHS England has to make transfers to local authorities on behalf of CCG commissioners. We believe it would be helpful to route the funding for the Integration Transformation Fund through CCGs this will require changes to primary legislation.

(v) Impact on Berkshire West CCGs.

Clearly this has a significant impact on CCG plans for 2014/15 and beyond but on the positive side it absolutely supports our planned move with partners towards integrated care services. The growth currently assumed in our plans is higher than now anticipated (likely to be 2% rather than 2.3% assumed) but 2 year allocations will support better planning. There are still some unknowns – eg tariff arrangements and allocation bases which are under review.

3. Summary

This transfer of NHS funding to local authorities provides us with challenges and opportunities. It reinforces the imperative to develop robust QIPP plans, drive the integration agenda, continue to work closely with and develop strong relationships with our local authority colleagues, and providers and support the continued development of the Health and Well Being Boards.

Appendices

There are no Appendices to this report.

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Agenda Item 9

Title of Report:	Joint Strategic Needs Assessment Update
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	July 25 th , 2013

Purpose of Report: for information

Recommended Action:

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Developed by the local NHS and local council, the Joint Strategic Needs Assessment (JSNA) enables all health and care partner agencies to take account of the broader social and environmental factors that shape people's health and wellbeing.

The government has placed a new emphasis on the need for strengthening JSNAs nationally to enable them to fulfil their increasingly central role as a driver of commissioning and decision making. To this effect, the Health and Wellbeing Board has used the local JSNA to produce our Joint Health and Wellbeing Strategy for West Berkshire. The JSNA has also informed the Commissioning Plans for Newbury District Clinical Commissioning Group (CCG) and North and West Reading CCG.

The JSNA is structured around six domains and their associated sub-domains. Data on a number of key indicators attached to each of these sub-domains have been collated in a central JSNA database which was analysed to produce a JSNA 2012 data tool.

The current JSNA is now in the process of being updated and improved to make it more meaningful for all to utilise to better inform commissioning decisions and give a clear picture of the health and wellbeing of West Berkshire residents.

The Berkshire Public Health Shared Team, based in Bracknell, is providing support to the six Unitary Authorities in the delivery of their respective Joint Strategic Needs Assessments (JSNA). A number of key deliverables will be provided by the shared Public Health team to the Unitary Authority JSNA project teams during phase 1 of the JSNA redesign.

Phase 1 of the JSNA will produce three JSNA products. These are:

- the main body of the JSNA which will be transferred from the current single PDF documents into a web-based format

- JSNA Ward Profiles which will be new to the local JSNA
- Clinical Commissioning Group (CCG) profiles

These are described in more detail below

The main body of the JSNA is to be changed from the current format of PDF documents into a web-based format in order to make the JSNA more accessible to all. The overall size of the JSNA will be reduced with short sections of text and a minimal amount of charts and tables of data. The language of the JSNA will be adapted to suit a public audience and measures will be taken to ensure that the online JSNA is accessible to all groups. This will be led by the JSNA project teams in the Local Authorities with support from the JSNA Programme Manager in the PH team.

The shared team have provided the JSNA project teams with templates for the presentation of this information alongside some suggested standard chapter/sub-chapter headings. The sections for the JSNA will be:

- Demographic overview
- Starting well (Children 0-4)
- Developing well (Children and Young People 5-19)
- Living and working well
- Ageing well
- Wider determinants of health and vulnerable groups

Within each section there will be specific topics and for each topic the following information will be considered and presented:

Facts, Figures, Trends

- Prevalence- total number of people currently living with X
- Incidence- how many new cases of X are identified each year
- Mortality- how many people die from X (if applicable)
- What are the trends - past and future over time (3 to 5 years)?
- What are the features of the population affected? eg age, gender
- Where are the people with the issue locally?
- What are the regional and national comparators?
- What will be the effect of population change?
- What is the influence on health and well being? (where applicable)

Current activity & services

- What are the services?
- Where are the services?
- How many people use the services? Highlight trends in service use
- What are the characteristics of those who use the service
- Are any sub-groups not accessing services and why?
- What is the cost of the service?
- How cost effective is the service e.g. compared with benchmarks or outcomes such as cost per smoking quitter
- Projected service use- what will be the effect of population change, disease incidence and prevalence on services.

Local Views

- What do people (service users, carers or population groups) think of the services that are being provided (what works well, what doesn't)
- Key outcomes of any consultations, focus groups/workshops

National & Local Strategies (Best Practice)

- Summaries of the national and local evidence used to inform knowledge on this topic, e.g. NICE guidelines (provide hyperlink to guidance)
- Key evidence of effectiveness and cost-effectiveness i.e. if we invest in X it will impact upon Y (e.g. life expectancy/demand for social care provision)
- Highlight any key changes in evidence to inform de-commissioning-i.e. new evidence that has come to light that suggests that a certain intervention is less effective than has been previously thought, or only works in certain circumstances, or that another intervention appears to be more effective, or offers better value (financial and/or social).

From these data the following three questions will be addressed:

What is this telling us?

- Have there been any key differences in the evidence which would suggest a reduction or an increase in health inequalities since 2012?

What are the key inequalities?

- Compare health between the 20% most deprived and the 80% least deprived areas

What are the unmet needs/ service gaps?

- By comparing the overall need within the council and comparing it with the level of service provision currently in place, highlight known needs and known or presumed gaps in provision
- Highlight any over-provision of services to inform de-commissioning

Recommendations for consideration by other key organisations such as: CCG's, General Practices, other Local Authority department e.g housing and key providers – voluntary and private sectors.

- Identify the areas of need to address through commissioning
- Identify any services that may require de-commissioning
- Gaps in information that could improve the JSNA in the future

The shared team will complete the facts and figures section of the chapter templates. This will cover the chapter headings outlined in the JSNA Chapter Section Guidance as standard. Additional data/analysis will be agreed between the shared team and the project groups to be provided in phase 1 where practicable within timescales or prioritised to be addressed in future development phases where not. The shared team will provide data in tables and charts as appropriate alongside a text description.

The JSNA Ward profiles are a new product of the JSNA which aim to address the call for localised information. The Ward profiles will be short, succinct documents covering key facts and figures about each Ward. They are intended to be documents which give an overview of an area and which can be taken to the table to provoke discussions on a Ward level.

The shared team will produce these Ward profiles on behalf of the JSNA project teams with a set of standard information. They will be produced to a level that they could be considered as a finished product but with the adaptability to allow the local project teams to add their own information if they wish to do so. Additional data/analysis will be agreed between the shared team and the project groups to be provided in phase 1 where practicable within timescales or prioritised to be addressed in future development phases where not.

The CCG profiles are to be developed in consultation with the CCGs. The CCG profiles are to be provided by the shared team. They will be a short summary document of the health and wellbeing

of each of the seven CCG areas. A draft of the CCG profiles will be shared for comment prior to finalisation.

Additional support. West Berkshire Council has already produced Ward profiles and these will benefit from the addition of the JSNA data processed by the shared team. Therefore, the shared team will share on request the raw data used to populate the JSNA profiles. This will be agreed through the project teams and will be accompanied by advice from the shared team on the use of the data where appropriate.

The JSNA process is likely to produce requests for information and analysis that fall within and beyond the immediate remit of the JSNA. Requests for information and analysis to be included in subsequent phases of the JSNA will be considered on an annual cycle by the shared team in collaboration with the JSNA project teams. Requests for information, information analysis, and information advice which fall beyond the remit of the JSNA will be directed towards the shared team information staff and dealt with on an ad-hoc basis.

Key dates

First draft of CCG Profiles shared with CCGs	19/07/2013
Development of Ward profile templates and process for the automation of Ward profiles agreed	23/08/2013
Completed facts and figures provided to JSNA project teams	30/08/2013
Ward profiles provided to project teams	27/08/2013
Ward profiles available for publishing	15/11/2013

Executive Report

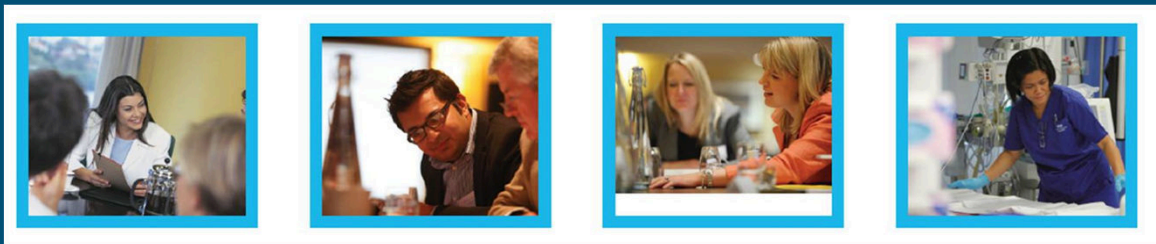
Appendices

There are no Appendices to this report.

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Berkshire West 10 application to become an integration pioneer

South Reading CCG
North & West Reading CCG
Wokingham CCG
Newbury & District CCG
Royal Berkshire NHS Foundation Trust
Berkshire Healthcare Foundation Trust
Reading Borough Council
Wokingham Borough Council
West Berkshire Council
South Central Ambulance Service



Berkshire West's Statement of Intent

"We, the ten organisations in the Berkshire West health and social care economy are committed to developing, testing and implementing innovative approaches to integration through strong collaborative leadership. In line with the National Voices narrative on integrated care we will work together with people, their families and communities to understand what works for them, with a real focus on early support, care and treatment. We are determined to challenge our own thinking about how to achieve this and will bring together the wide range of resources and services across our whole area to bring about locally determined solutions within a single strategic approach. The scale and breadth of services enables us to test a variety of integration options across geographies, care pathways and care groups: the programme maximises our opportunity for realising efficiency savings and testing new models of funding. We have a strong foundation in our shared vision and our track record, but we know that we need to adopt a revolutionary rather than an evolutionary approach if we are going to succeed in tackling the system pressures and demographic challenges facing us.

We will build on our:

- *Strength in negotiating complex partnerships and making them work, underpinned by robust governance across the "Berkshire West 10"*
- *Strength in our knowledge about the whole system through jointly commissioned demand and capacity modelling*
- *Strength in our track record of delivery across the partnership giving confidence in our future success*
- *Strength in our capability to tackle current system pressures and shared recognition of the need to transform at scale and pace*
- *Strength in our ability to develop a range of locally focussed approaches whilst retaining the scale and impact of an economy wide strategic programme"*



Dr Rod Smith




Dr Stephen Madgwick



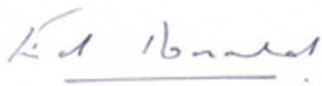

Nick Carter




Julian Emms




Dr Elizabeth Johnson

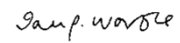
Edward Donald




Andy Couldrick




Dr Abid Irfan

Ian Wardle





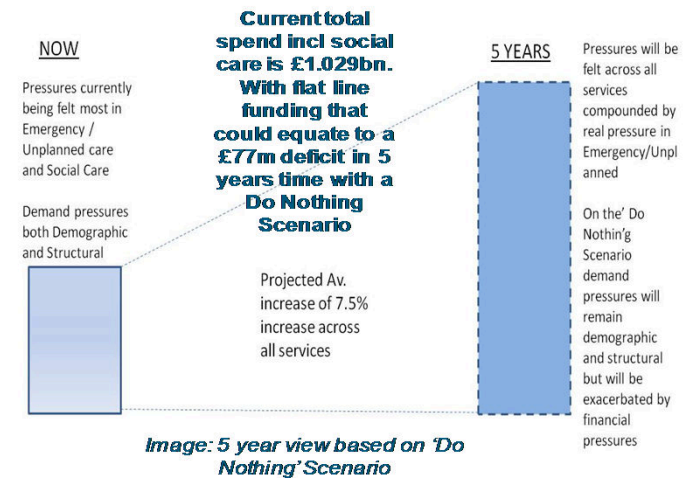
The System Challenge

The financial strength of our health system provides a stable platform over the next 12-18 months to realise the benefits that pioneer status will bring. Despite being a low funded economy the system has met the challenge of current pressures by improving productivity and strengthening community services. As a result we have low acute and mental health bed numbers, low numbers of non elective admissions and elective referral and well managed prescribing. Our jointly commissioned review identified a number of short term solutions, drawing on evidence from a wide range of sources including the Primary Care Foundation, the Kings Fund, evaluation of pilots and industry journals, to define initiatives targeted at addressing these short term pressures in a controlled fashion. These solutions have been adopted as part of our 2013-14 programmes. However, this will not be sufficient to address the medium term demand pressure and patient expectations that we have evidenced. Whilst we are a high performing system, we recognise that we need to work together on a transformational programme to realise the benefits of large scale change and innovation.

A five year anticipatory review of the economy demonstrated the pressures, in the form of increased demand, that will be experienced across the whole economy. By 2015-16 the pressure generated by increases in an aging population equate to a 7% increase in hospital spells and an 8% increase in beds. This would require 78 additional beds to meet demand. Added to this would be an extra £6m in social care spend. Across all partners we are unanimous in our commitment to ensuring that this future state is not realised, as it does not best serve the interest of our residents who wish to maximise their independence through joined up services in their own home. The success of our approach to integration will be reflected in the extent to which we “bend the trend” and deliver an integrated financially sustainable system whilst delivering services the citizens rate highly.

We aim to develop a population wide model, co-designed with citizens, patients and staff. We will keep even more people well and out of hospital through integrated care services that focus on early prevention, detection, assessment and support in the home and community setting. The main NHS FTs are equally committed to developing this model, including being open to exploring the potential need to integrate at an organisational level as a consequence of this approach, driving greater levels of value than independent FTs can achieve on their own. Both Berkshire Health Care Trust and The Royal Berkshire Foundation Trust have recognised this and have identified possible organisational reconfiguration as a potential strategic option within a three year time frame. Partners are keen to explore radical options for the future – including structural integration, different payment mechanisms and strategic partnerships. Commissioners are committed to using their funding power to develop funding models that support this agenda. Our priority is to provide greater benefits for patients and open up opportunities for new funding arrangements. Limited opportunities for horizontal integration with other acute partners, so this programme has the potential to drive a new organisational model that will ensure sustainability of services across all care sectors.

The leaders of the Berkshire West 10 have developed a direction setting vision, working on the concept of a picture frame that will surround the work that we wish to embark on and recognising that the detail of the picture will develop over time. We identified the elements of the current ways of working that we wish to move away from and identified the more integrated destination that we would like to arrive at. We also agreed on the initiatives, behaviours and drivers that we have established so far and which we seek to retain. We developed a direction setting vision which will be the foundation that underpins our decisions and processes and will be how we judge our success.



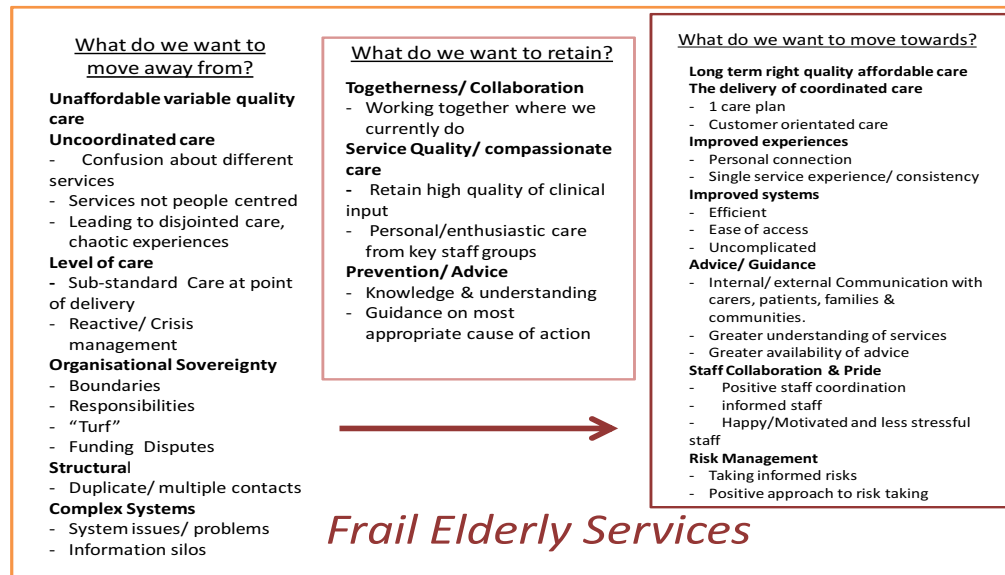
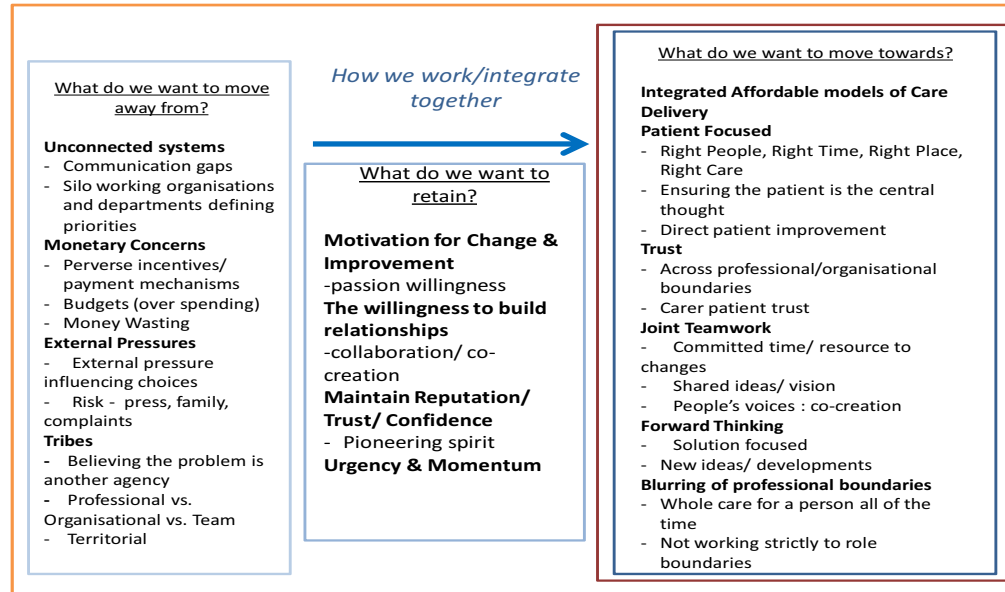
Berkshire West's Direction Setting Vision

Patient Outcomes

- Patients will co-produce their care plans setting their own goals and outcomes
- Patients will have a single point of contact to co-ordinate all their care needs
- Patients will have sufficient information to support their decision making and choices
- Patients will have a personal budget where they choose to

Programme Performance Metrics

- An agreed % of people with LTC, supported by Integrated Teams, will have a shared care plan based on goals they have set by year 2015-16
- An agreed % of vulnerable elderly and patients with LTC can name their care co-ordinator
- NEL admissions will have reduced from the 2012-13 baseline by an agreed %
- DTOCs will have reduced by an agreed number from the 12/13 baseline
- 4 hour target will be consistently met
- 999 conveyances will be reduced from 2012-13 baseline by an agreed %
- Community capacity will have increased by an agreed % in 5 years from the 2012-13 baseline
- There is a mixed modality of primary care delivery, with some primary care services in the area being delivered by the integrated health provider
- Following analysis of the baseline, an agreed % of people in the middle tier of the risk triangle will have had a proactive contact to support them in improving and maintaining their health by March 2015



A single service experience with one shared plan

Frail elderly as an exemplar pathway.

Berkshire West's Approach to Integration

The ten partners across Berkshire West are united in their ambition to undertake a methodical and systematic journey towards more integrated care for the people we serve. We will do this through a well managed, well evidenced programme of work. Building on existing partnership working we have established robust governance arrangements for this programme to bridge the divide between primary and secondary care in the NHS and also that between health and social care. All three Health and Wellbeing boards have supported the submission of this bid as a vehicle for supporting delivery of their health and wellbeing strategies. They form a key plank in our programme.

Central to our approach is the concept of “do it once, do it right”. Therefore, our first step was a detailed piece of work to give an in depth understanding of future demand and the appropriate evidence based response to meeting this. We believe that the support available via the pioneer programme will allow us to accelerate delivery of our ambition and we are on a well defined journey to deliver new models of service integration.

“Integration will help us to ensure that people live fulfilling lives that meet their personal goals whilst making best use of public sector resources”
Councillor Rachel Eden,
Reading Borough Council



We are now appraising a range of solutions, including both physical and mental health, embracing the opportunity to prioritise prevention and early intervention to maximise health, wellbeing and independence. Going forward, we plan to include Children’s services and mental health in the overall programme opportunity to access the support available as a pioneer.

The scope of services within the partnership allows us to test different models of integration across different settings and care groups. Based on our earlier analysis we plan to start with frail elderly. Our ambition is to develop models that integrate health, social care and, where relevant, the full range of unitary authority responsibilities. We will explore new ways of working with individuals at the centre of the team.

We have a sense of urgency in turning ideas about integrated care into action. We recognise that meeting the integration challenge requires us to fully commit and invest resources and expertise to deliver whole system change. To that end we have agreed a pooled budget of £200k for 2013-14 to drive this programme forward. We will be paying particular attention to the “hearts and minds” change needed at all levels within all of our organisations that is central to delivering care in new, innovative ways. Therefore, key elements of our approach include investing in:

- **Engagement** with individuals, families, carers and communities to ensure patient voice is at the heart of the programme
- A strong **programme management office** to drive forward decisions and accelerate progress
- **Independent facilitation** to work along side partners and co-ordinate the alliance
- Implementation of a **programme of cultural change**, preparing staff at all levels in all organisations for new roles and new ways of working
- Strong **governance arrangements** with clear channels for decision making and lines of accountability to each other

We also recognise that throughout the journey, if we are truly going to challenge the status quo, we will need to draw on a raft of specialist advice and guidance on issues such as contracting options, staffing models and information governance from outside of our own organisations. As such we value the opportunity to access to the support on offer. We believe that by having access to this input from the early stages of our journey will significantly improve our chances of success.

Delivering Integration in Berkshire West

The Berkshire West 10 share an understanding that integrated care delivers the best outcomes for our patients and service users. We believe (supported by evidence) that working in partnership, both to deliver integrated care and in support of each other across a broad range of initiatives, is the most effective way for us to ensure that we are providing person centred, personalised, co-ordinated care in the lowest acuity, most appropriate setting. By working together we can ensure that the funding for services is used flexibly across organisational boundaries, regardless of organisational structure and form. As a partnership of ten organisations with a full range of services across the health and social care sector we can deliver end to end integrated care, radically reducing the number of assessments and transactions individuals are subjected to and improving their experience of care. All the options under consideration in Berkshire West are centred around these principles.

The integration programme will build on and strengthen current initiatives which target those people who currently find themselves in the wrong part of the system, those who can be assisted to avoid unnecessary admission to hospital and those who can return to the community more swiftly following admission. The programme will further develop partnerships with the independent care sector, the voluntary sector and importantly patients, their carers and their communities.

Berkshire West is a complex health and social care economy and the scope of our ambition covers commissioners and providers of acute, community, ambulance and social care across services our whole area. We combine a local focus with a strategic vision, bringing together a wide range of services and resources:

- The four CCGs of North West Reading, South Reading, Newbury & District and Wokingham engage individual practices and their patient participation groups within federated governance and strategy
- The three unitary authorities bring knowledge of their local communities with a full range of local authority services
- Berkshire Health Care Foundation Trust provides community, mental health and specialist learning disability services within localities
- Royal Berkshire Foundation Trust (RBFT) provides acute health services to 85% of the Berkshire West population
- South Central Ambulance Service who also provide our local 111 service and has a proven track record in matching resources to demand

The geography and population of Berkshire West is very varied:

- Reading is a young, relatively densely populated town, with rich diversity in terms of affluence, ethnicity and culture
- West Berkshire has one of the most stable and spread out populations in the south east, with pockets of rural deprivation
- Wokingham is one of the most affluent communities in England, with high life expectancy but has new challenges of significant housing development and movement of new families into the borough

Risks and mitigation

Given a diverse community and a fully comprehensive partnership, we have identified three high level risks:

- Maintaining delivery focus and momentum across ten separate organisations
- Maintaining a locally sensitive focus within a wider programme
- Ensuring that the financial challenge of individual organisations and different incentives do not detract from shared objectives

We will define the end state that the programme will deliver and develop patient, organisational and system outcomes with associated performance measures to maintain delivery. We need to ensure that we work together to negotiate a “mosaic” of initiatives, ensuring that each organisation is achieving “wins” alongside any compromises. Solid governance arrangements will maintain focus and ensure that we deliver those wins in a timely manner that supports financial sustainability across the economy. The partnership will be flexible and agile; some initiatives will be shared across all ten partners whilst others will require focus from a smaller subset of partners, working within the overall programme framework.

Listening to the patient voice

We listen to patients' feedback and we have a firm mandate to develop integrated services around patients and their lives. Their feedback has helped us to select frail elderly as our first priority. We have a wide range of mechanisms across all the partner organisations for listening to the patient voice on both a geographical and care pathway perspective. We are embarking on developing our engagement strategy to underpin the work of the programme and the key elements are:

- Keeping the individual's experience and perspective as the organising principle of service design, building on the experience of Reading BC who used this approach to fundamentally redesign their home care services.
- Keeping the needs and perspective of individuals at the heart of the discussion
- Patient representation throughout the governance structure; locality integration groups and Partnership Board
- Involvement must be simple and easily accessible
- The twin activities of co-production and consultation - there needs to be continual feedback to ensure the process is working
- We will develop a broad range of communication and engagement materials that facilitate the participation of all parts of our community, regardless of language spoken, mental capacity or learning disability
- We will develop and embed a patient and public involvement programme that uses a range of mechanisms to engage people in the commissioning, operation and design of health services for people across Berkshire West, including traditionally harder to reach groups
- We will develop new measures of patient experience to assess the benefits of integration.


HW Wokingham welcomes any opportunity to better co-ordinate services and focus on better health and care outcomes for local people" 

"I can plan my care with people who work together to understand me and my carer(s) allow me control and bring together services to achieve the outcomes important to me"
National Voices

"Allocate one care provider as coordinator, could be GP, social worker, care worker but that person coordinate everything with the patient" A patient

"Keep improving support, care and treatment in the community for those who need it - elderly sick and disabled; people with dementia; young mums and parents of disabled children "



"HW Reading supports this initiative and the work going forward to integrate health and social care services. HW Reading are keen to ensure the patient voice is involved at every level of decision making in order to get the best outcomes for local people"


"We need to develop an affordable model which maximises self help and volunteers now in order to be able to cope in the future " A patient

Options on future strategic direction of travel

As a pioneer, the support offered would assist us in appraising a list of options that will maximise the opportunities for providing person centric, integrated and sustainable services. Pioneer status would stretch our current ambitions enabling us to go further, faster.

Developing a patient centric care pathway

The programme will examine new models of service delivery across different settings, including non-traditional health organisations (e.g. housing) and voluntary sector organisations, designed along pathways that support people to stay well, recover from illness and optimise independence and wellbeing. We will start with frail elderly, both from a physical and mental health perspective and will move on to Children's services including health, social care, education and mental health.

Encouraging independent living

We will work across health and social care organisations as well as voluntary sector and community based organisations.

Promoting self care – We have already deployed a web based tool to promote joint care planning between individuals and doctors and will build on this to deliver further self care initiatives. This will include partnerships with social enterprises to design new non clinical coaching modalities to support people with LTCs.

Supporting care homes – Consolidated effort across all ten parties to provide proactive support to care and nursing homes. Strategic partnerships will be established with Supported Housing providers and social enterprise to enable more upstream solutions to need as well as supporting timely hospital discharge through direct provision for people with complex needs.

Strategic partnerships will be established with Supported Housing providers and social enterprise to enable more upstream solutions to need and support timely hospital discharge through direct provision for people with complex needs.

Changing the way we work:

Modernising the current model of primary care – New models and approaches to primary care are required to meet the workforce challenge and the new demands on the primary care sector in a newly transformed system. The emerging trend is for more part time salaried doctors which challenges the current partnership model. Small and single handed practices are less able to respond to increased demand. Therefore, the programme will explore new organisational models for the provision of primary care that will strengthen integration with community health and social care, building on the current success of joint triage between GPs and the ambulance. A workshop to begin to develop a strategy for primary care is scheduled for October.

Revolutionising our workforce - Bringing together the qualified and non qualified home care workforce to improve the quality of care and provide seamless services which prevent patients bouncing around our system, in response to patient feedback.

Using Risk Stratification across health and local authority services

We have successfully implemented risk stratification across all 56 GP practices and must look at ways to maximise the benefits of this investment, both at a strategic and individual level. By sharing information across health and local authority colleagues we can work as a system to target key groups of residents further down the risk triangle to prevent ill health and identify people who need additional support to promote independent living and prevent deterioration. Similarly we would like to overcome the technical and information governance issues that have so far excluded information on CHC and social care packages from our ACGs risk stratification model.

Integrated Health and Social Care Teams

We will look to build multi disciplinary teams around groups of practices working in neighbourhoods. These teams will support both proactive and reactive care for our residents.

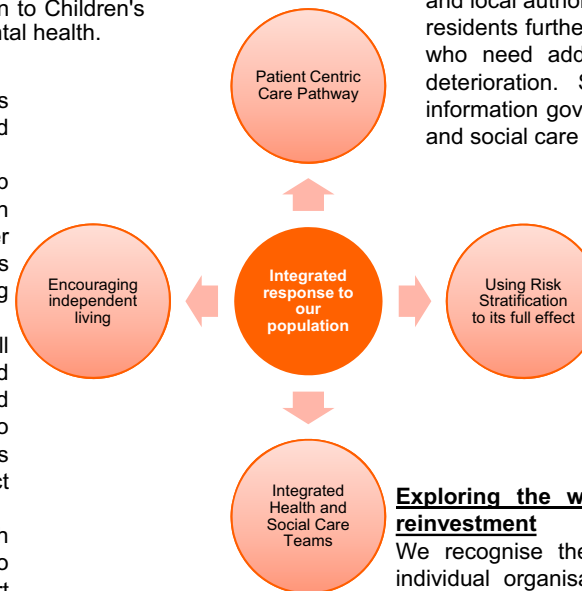
The Hub – We are looking to develop the 'Health and Social Care Hub' providing access to both community and social care services. Residents will be able to receive an integrated service provided from the Berkshire 10.

Exploring the way we fund care and delivering efficiency savings for reinvestment

We recognise the drive for greater integration may present a challenge for individual organisations and we have agreed to keep the option of structural integration on the table for discussion. We will also explore different organisational forms including social enterprise arrangements which could provide a range of benefits, both in the quality and continuity of care we are able to provide and contribute to financial sustainability.

Testing new models of funding options – there are challenges with the current PbR payment system and one option would be to move away from this model of payment within the acute. For example through a year of care approach that is pathway based, outcome based contracts, capacity model funding and increasing the flexibility and blurring between health and social care. This is recognised as fundamental especially in the light of the Spending Round Settlement announced this week.

Application of Personalised Health Budgets – Building on the learning from social care, we want to explore the benefits of implementing personal health budgets particularly where these can be aligned with personal budgets from social care. The application of personal budgets provides the opportunity to maximise the contribution of the non statutory sector.

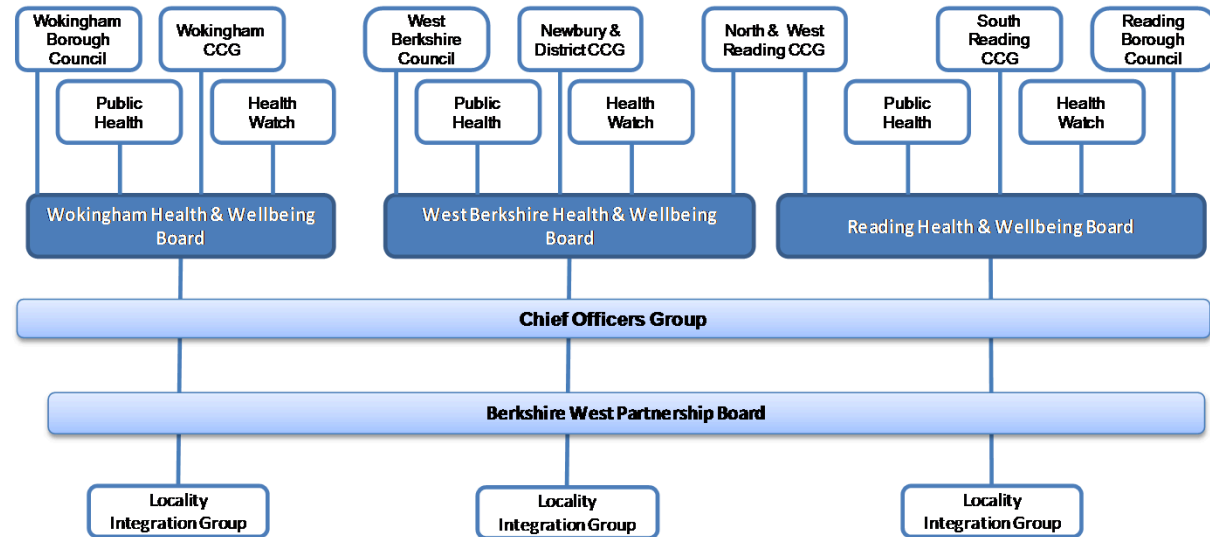


Underpinning our approach

In developing our programme of work we have drawn on best practice evidence, not only to inform the initiatives that we wish to take forward, but also the evidence of what is needed to deliver success at pace in programmes such as ours.

Robust Governance structures: In order to maximise our chances of success as a partnership, we have underpinned our joint working with strong governance arrangements that include all partners and which have proved resilient over a period of time. Central to our arrangements are Berkshire West's three health and wellbeing boards.

Independent facilitation: Independent facilitation will increase our effectiveness and efficiency, ensuring ongoing and effective dialogue between all group members. A neutral independent third party can make real gains in pulling parties together and aligning them around intent and decisions and ensuring all voices are heard.



A strong programme management office: A dedicated programme management office (PMO) has been cited by the King's Fund as a key enabler to marshalling and co-ordinating integration activities. Effective governance arrangements will be underpinned by senior clinical and managerial support and dedicated programme management to turn high-level commitments into action. There is likely to be a gap between intentions and impact unless sufficient resources are identified to support implementation and execution. Therefore we have taken the decision to invest in dedicated programme management support to ensure that progress is monitored, managed and delivered swiftly.

Programme of cultural change: We recognise that implementation of our programme of work will result in a very different workforce. We will have a clear focus on the skills required to deliver integrated care and not be constrained by traditional professional boundaries. We must begin to prepare for this and will do so through a cultural change programme that will start straight away. As leaders we need to instil ownership amongst staff by helping them to understand why change is needed and clarifying the benefits that it will deliver at all levels. To develop a truly integrated workforce we must undertake joint education and skills development across organisational boundaries and professions.

Sharing learning: We are acutely conscious that Berkshire West is not alone in aspiring to deliver integration and this is a steep learning curve for all economies. Therefore we are committed to networking with colleagues across the regional and national system to expand the shared evidence base and disseminate experience. Good mechanisms for knowledge transfer generate innovative ideas and ensure that mistakes are not replicated unnecessarily. To that end we would be keen to be involved in both contributing to and designing mechanisms for spreading learning around the country. The Berkshire West 10 partners are already actively involved in a broad range of networks and groups, at a local and national level. There is potential within some of these forums to add value to the integration agenda.

Building on firm foundations

Berkshire West is developing a notable track record of delivering cross economy improvements based on strong qualitative and quantitative evidence. Details of a number of our initiatives are outlined below, providing evidence of our capability to deliver further integration successfully. Importantly, whilst each of these developments have delivered direct benefits for patients and staff, critically, they have strengthened the Berkshire West 10's confidence and commitment to delivering quality and financial benefits through working together. We believe that our progress so far demonstrates our capability to deliver this programme of work, with the right support.

In 2011, Berkshire West PCT commissioned an "Interqual" Audit which provided intelligence about the numbers of patients in the health system who were potentially "not in the right place" for their needs to be met most effectively. This was supplemented by qualitative research undertaken by Public Health, which supported the key findings. This work stimulated the development of various initiatives across the whole system to develop sufficient capacity in the right place.

Community Rapid Response and Re-ablement Services: The service provides alternative pathways to secondary care admission for patients who require health and social care interventions to prevent unnecessary admissions and to discharge patients as early as possible to the right level of community care.

Breaking down the boundaries between acute and community care : It was recognised that consultant geriatrician input was required right across the patient pathway, including in the community and community hospitals. Three community geriatricians were appointed based within each of the unitary authority areas, leading admissions to the community rehabilitation beds and owning the discharge process. These geriatricians are supported by additional services, such as a Rapid Assessment Clinic for Older People, in-reach to patient's homes and residential care facilities, liaison with community matrons, palliative care and improved advance care planning.

Long Term Conditions - Transforming diabetes care: The CCGs host a system wide LTCs programme board which has introduced risk stratification across all practices, developed approaches to self care and has driven the integration of health and social care services. For example, a new diabetes pathway is now supported by a community diabetes service from both community and secondary care providers.

Berkshire has two projects contributing to a national **Pathfinder programme** providing psychological interventions to people with LTCs providing a specialist psychological service for patients with diabetes, establishing a stepped multi-agency care pathway across primary care, psychological services and liaison psychiatry for patients with medically unexplained symptoms. The projects are finding significant improvements in psychological measures and physical symptoms and provide a good example of partnership working between CCGs, local GPs and community and mental health services and are developing innovative approaches which have the potential to have a significant impact on patient outcomes.

Driving improvement in dementia care: Berkshire West has a vibrant Dementia Stakeholders Group with representation from health commissioners and providers, unitary authorities and the voluntary sector, implementing our dementia strategy at local level. It has delivered a number of successes including: increased capacity in memory clinics through increased consultant and mental health practitioner time and roll out of shared care embedded in the memory service.

Building on firm foundations

Joint Commissioning of substance misuse and carers services: The health commissioners and the three unitary authorities in Berkshire West united to commission tier 3 substance misuse services in a way that allowed a system wide and locality appropriate model of provision, ensuring that services fit with the local tier 2 services commissioned by the councils and deliver system wide efficiencies. Together, commissioners developed a single but flexible specification resulting in a single contract and a significant reduction in bureaucracy associated with four contracts.

Moving money across organisational boundaries: Health commissioners recognised the link between effective social care and use of NHS resources some time ago and demonstrated this by transferring funding prior to the national transfer of social care funding. A number of initiatives were taken forward as part of this “Sustainable Solutions” project which laid the foundations for further work undertaken through use of the transfer monies.

Developing the third sector: We recognise the important role that the voluntary and community sector has to play in supporting people to improve their health and well-being; local groups working in neighbourhoods can make a significant difference and bring new ideas about improving the health of individuals of people all ages and their families. CCGs in Berkshire West use a partnership development fund to support initiatives with the Community and Voluntary Sector, including funding the Red Cross to provide volunteers to go home with vulnerable elderly patients who are fit to be discharged from A&E.

Summary

The Berkshire West 10 have:

- A robust understanding of the scale of the challenge
- A strong vision to deliver a single service experience for our population and drive pathways efficiencies
- Clear measures of success
- The scale of a health and social care economy wide partnership
- Strong governance and programme management arrangements

The Berkshire West 10 will:

- Keep the patient perspective at the heart of the programme
- Deliver savings in order to invest in other parts of the system in pursuit of integration
- Monitor and manage our progress with metrics
- Access support within and beyond the pioneer programme to enable us to proceed at pace
- Collectively invest in the resources required to drive a programme of this size

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Agenda Item 11

Title of Report:	Scrutiny review of adult social care eligibility criteria
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	25 July 2013

Purpose of Report: To advise the Board of the Scrutiny review into adult social care eligibility criteria

Recommended Action: To note the contents of the report

Eligibility Criteria task group Chairman	
Name :	Councillor Quentin Webb,
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Executive Report

1. Introduction

- 1.1 Following legal action, The Council's Executive Member for Community Care and his officers requested that the Health Scrutiny Panel conduct a review into the way that the Council provides adult care services, in order to ensure that they continue to be statutorily compliant and do not disadvantage the very vulnerable of West Berkshire.
- 1.2 This report provides background on the national adult social care framework, its application locally, a summarised briefing on the Council's legal position following the High Court hearing on the operation of its Fair Access to Care Services policy and sets out the activity, undertaken and intended, by Scrutiny.

2. The national framework

- 2.1 In 2003 the Department of Health issued Fair Access to Care Service (FACS) guidance to local authorities. This guidance allowed each Council to determine the level at which they would meet a person's assessed care needs. There are 4 levels:
- Critical
 - Substantial
 - Moderate
 - Low

3. Fair Access to Care Services in West Berkshire

- 3.1 In 2003 West Berkshire Council set a policy of 'critical' only. This policy was subject to a full review in 2008, by officers rather than through Scrutiny, with the outcome being a decision not to change the eligibility criteria. A recommendation was also made to review the criteria again in 2011.
- 3.2 The Dilnott Commission, looking at the future funding of adult social care, made its recommendations to the Government in 2011. On the basis that one of the recommendations was for a national minimum threshold, the Council did not proceed with its intended review. Whilst the Dilnott review will not become statute for 2-4 years, it is anticipated that the Government will accept this proposal.
- 3.3 West Berkshire is one of only 3 councils operating an eligibility criteria of 'critical', Northumberland and WBC chose critical in 2003, Wokingham moved to 'critical' 4 years ago. Other councils have tried to move to critical only but have failed after legal challenge on their consultation process.

4. Legal challenge

- 4.1 On 14 May 2012 an application for a Judicial Review of the Council's policy was brought, via litigation friends, on behalf of 5 learning disabled clients.
- 4.2 The case was heard by the High Court on 1 June 2012 and the court rejected the application for a Judicial Review. On 3 July 2012 the High Court heard an application from the claimants for an oral hearing but again this was refused.

- 4.3 The claimants then lodged an appeal against this decision but the Court of Appeal rejected their claim.
- 4.4 Importantly, the Judge considered the Department of Health FACS guidance and rejected the argument made by the Claimants that it was not permissible to have a critical only policy, stating this was ‘unarguable.’ The Local Authority was entitled to choose critical, rather than any lower category.
- 4.5 Whilst the judgement was very clearly in the Council’s favour, it highlighted the importance of undertaking regular and robust reviews of the policy in respect of the eligibility criteria.

5. Council response

- 5.1 As the policy had last been subject to a full review in 2008, the Executive Member for Community Care and the Head of Adult Social Care agreed that it would be prudent for another review to take place.
- 5.2 The Chairman of the Health Scrutiny Panel (HSP) agreed that it would be desirable for the review to be carried out as Scrutiny by a three-Member task group. As the 2008 review paperwork appeared to stand up to scrutiny very well it therefore seemed to be appropriate to take a similar approach again, whilst also taking full account of the Council’s duties under the Equality Act 2010.
- 5.3 The Terms of Reference therefore agreed were for the Health Scrutiny Panel to conduct a review of the Council’s Fair Access to Care Services policy and in particular:
- Understand the policy’s context, scope and intent
 - Assess the effect of the policy’s application in practice, particularly the extent to which it is statutorily compliant
 - Consider what might be done further to improve the policy
 - Report to the OSMC thence the Executive with recommendations as appropriate.
- 5.4 The Terms of Reference and review methodology were agreed by the Council’s Overview and Scrutiny Management Commission (OSMC) on 11 December 2012.

6. Conduct of the review

- 6.1 The task group has met seven times since its establishment. A summary of its activity is shown in the table below.

Meeting date	Meeting focus
14 January 2013	<ul style="list-style-type: none"> • Election of the Chairman • Agreement of the Terms of Reference • Briefing on <ul style="list-style-type: none"> • The legal position • The national framework • Emerging policy developments (including Dilnott) • West Berkshire volumetrics • Previous activity (policy development and review) • Agreement of the review activity and schedule

Meeting date	Meeting focus
21 January 2013	<ul style="list-style-type: none"> • West Berkshire FACS policy • Context (social care policy framework) • Aim and intent • Scope • Exclusions and diversions • Cost of operation • Cost of a change of policy • Practise elsewhere
25 January 2013	<ul style="list-style-type: none"> • Requirements of the Equality Act 2010 • Equality Impact Assessments
4 March 2013	<ul style="list-style-type: none"> • Examination of performance data • Agreement of the wider engagement and consultation methodology
15 March 2013	<ul style="list-style-type: none"> • Review of performance data • Understanding the assessment process
25 March 2013	<ul style="list-style-type: none"> • Examination of the Judicial Review cases • Consultation plan
24 June 2013	<ul style="list-style-type: none"> • Access for All

- 6.2 In addition to this activity as a collective group, the members of the task group have each individually attended the Resource Panel and a wide-ranging consultation, including with members of the general public, has been undertaken. The results of the latter will be considered by the task group in early August.
- 6.3 It is anticipated that the task group will conclude its work and provide recommendations to the OSMC and thence the Executive in September or October.
- 6.4 It should be noted that in June 2013 the government issued a discussion document that proposed the setting of national minimum eligibility at a level that would equate to 'substantial' in the existing scheme. The new threshold is scheduled to take effect from April 2015.

7. Recommendation

- 7.1 It is recommended that the members of the Health and Wellbeing Board note the contents of this report.

Appendices

There are no Appendices to this report.



Your Voice on
health and social
care services

Tell us **your**
experiences of
health and social care services
in **West Berkshire.**

Q1

Healthwatch West Berkshire

First Quarter Report to Health and Wellbeing Board

April - June 2013

A service delivered by



Supporting families,
changing lives, building futures

Page 105

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Executive Summary

Healthwatch West Berkshire has been in the spotlight, particularly with Healthwatch England since its launch as the 'first' officially working and constituted Healthwatch in the UK on 18 March 2013. Indeed by 1 April, the commencement date for service of Healthwatch nationally, Healthwatch West Berkshire had a full complement of directors both executive and non-executive, a dedicated office in Newbury and a fully functional administration together with a comprehensive 'cogs and wheels' service provided by Family Resource Centre UK.

Our success has been due mainly to the robust structure of the service model that has been constructed for Healthwatch West Berkshire that serves to drive Healthwatch via its governance and also largely in part to the service model being lead and managed by a single organisation - Family Resource Centre UK. The advantage of a single organisation providing the lead is that the very tight budget can be applied across the entire functions of a mature organisation. Thus applying to the delivery model portions of time from multiple skill sets such as marketing, design, IT, governance, training, finance etc rather than having to rely on the limited skill sets of what would be a very small team if the budget had to wholly support specific salaries as well as overheads. For West Berkshire, this has worked well and Family Resource Centre UK has been able to apply its full office backup as well as the added value and social resources of local knowledge, regional profile and extensive network.

The website that is used by Healthwatch West Berkshire has been wholly developed and deployed by Family Resource Centre UK. The Healthwatch England free 'website in a box' was found to have many problems and poor functionality once deployed. Therefore, although this was an initial drain on resources, it has proved very worthwhile and we are now one of the top functioning websites for Healthwatch in England. We also have an excellent social networking side via Twitter and Facebook, thereby ensuring our web presence has high visibility both locally and nationally.

Since this is the first quarterly report, it would be good to note that Healthwatch West Berkshire (CIC) Ltd is a standalone community interest company registered at Companies House. The executive directors are:

- **John Ellis** - Chairman of Family Resource Centre UK and a Business and HR Consultant
- **Heather Hunter** - Economist and Chief Executive of Family Resource Centre UK.

The recruitment of non-executive directors was made via an open recruitment procedure and full job descriptions were issued with the advertisements which went West Berkshire wide through local papers, charity networks and business news. There were six applications for roles but one applicant was found not to be eligible and after a robust interview procedure the following persons were selected:

- **Dr Adrian Barker** - consultant and researcher who we have appointed to represent West Berkshire at Healthwatch England meetings. Adrian also attends other meetings such as the Clinical Commissioning Group.
- **Lady Emma Stevens** - a full time carer for her husband with dementia, Emma represents Healthwatch West Berkshire on the Health and Wellbeing Board.
- **Waheeda Soomro** - Chief Executive of an organisation that represents ethnic minority interests. Waheeda has been elected the Non-Executive Chairman.
- **Martha Vickers** - a retired Health Visitor and Town Councillor of many years standing. Martha will take an active role and is the officially appointed spokes person if required.
- **Samantha (Sam) Silvester** - a nutritionist with a passion for children and young people's health and wellbeing.

The leading support personnel for this contract are all employed by Family Resource Centre UK:

- **Heather Hunter** - Lead Officer
- **Man Lui Clark** - Development and Outreach Officer
- **Jackie Mullinger** - Administration
- **Faith Sanderson** - Marketing and Development

There is a full Rolling Operational Plan (ROP) that is reviewed fortnightly to ensure that the implementation of services is on track and that internal as well as external matters are reviewed. The plan to date with its relevant notes is in Section 1 of this report.

Together with the Implementation Plan there is a Marketing and Development Plan that has been approved by the Board.

Heather Hunter
Lead Officer
July 2013

Section 1 - Implementation/Rolling Operational Plan

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
A. Development Phase mid February to March 31st 2013 Pre-delivery			
Structure and governance of delivery vehicle to be agreed and completed with commissioners	The governance structure was agreed with commissioners in early march and presented to the public at an open meeting on 18 th March.	The Healthwatch CIC was formed and registered at Companies house in March. Advertisement, interview and selection of non-executive board was complete by April the 1 st . All relevant board roles were allocated and three meetings have taken place. A head of the Healthwatch Champions board was appointed in May and the chairman of that board also attends the main Healthwatch board meetings.	Healthwatch is driven by its governance and the structure requires monthly review of targets and responses to complaints or actions monitored. The monthly Board meeting serves to monitor progress and engagement activity on a regular basis.
Obtain sign off approval of operating model from national Healthwatch	The operating model was operative from March and approved.	The acceptance of the CIC as registered by Healthwatch and its inclusion in the final contract between West Berkshire Council and FRC UK notes that Healthwatch West Berkshire CIC Ltd is the delivery vehicle.	No further active amendment or change to the current registration is planned.
Setup of website/s and social networking sites - obtain domain name from national healthwatch	Website set up. Social Media Set up.	<ul style="list-style-type: none"> - Domain name obtained from healthwatch England. - Website set up and full operational since mid March 2013. To date over 780 visits to the site, over 4700 pages views with 61.7% new visitors www.healthwatchwestberkshire.co.uk - Social networking sites on facebook and twitter set up and operational. Over 300 followers combined over both sites - with exposures, reposts and retweets reaching followings of over 3000 on reposts of outreach/event tweets www.facebook.com/healthwatchwestberkshire www.twitter.com/healthwwberks 	<ul style="list-style-type: none"> - Using the analytics on a monthly basis to further develop and update the site. - Use targeted online campaigns to target responses to those who use online media. - Test, analyse and improve current reach and remit
Liaise with national Healthwatch to gain access to database	<ul style="list-style-type: none"> - Liaise with National Healthwatch - Access a central database 	<ul style="list-style-type: none"> - Healthwatch West Berkshire active members of the healthwatch HUB: sharing and information facility for local healthwatch organisations - Published on Healthwatch England main site to direct traffic to our own site 	<ul style="list-style-type: none"> - Establish outcomes and information uses/needs on main Healthwatch England hub.
Setup internal administrative structure including, training and telephone support	Administration structure in place. Training and	<ul style="list-style-type: none"> - Healthwatch West Berkshire administration team selected - Project set up, assessment and delivery planning in place. - Training of new members of the administration and outreach teams 	<ul style="list-style-type: none"> - Monthly meetings take pace with all administration and project team members to be advised and informed

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
from day one to assist new stakeholders as well as clients	support in place.	<ul style="list-style-type: none"> - carried out over 1 week - Telephone support and operational administrative team was ready and place ready for launch date. - Training included: background information of Healthwatch, local and national impact, handling of calls and signposting of information, complaints referral and gathering of information, dealing with difficult calls, local demographic knowledge, safeguarding and working with people with additional needs. 	of: any changes, feedback and improvement of services, complaints, improvements, new updates in regard to signposting and any local / national developments affecting the service.
Meet with LINK to establish transition process and data capture	Meeting with LINKs established - sharing of data and transition progress agreed	<ul style="list-style-type: none"> - - Sharing of contacts (400) eventually shared after chasing for information - LINKs Legacy document was never written by LINK Manger, - FRC employed Man Liu Clark formerly with LINK, she is highly knowledgeable of the local area and work carried out by LINKs. - Man Liu Clark was employed by Family Resource Centre UK to work on Outreach, development of the project and engage with communities. 	<ul style="list-style-type: none"> - Man Lui working on furthering the development of Healthwatch West Berkshire in conjunction with any information and data carried over from LINK - A recent request has been made for all missing information to be handed to Healthwatch West Berkshire
Briefing of FRC staff	Staff briefings	<ul style="list-style-type: none"> - Staff teams within Family Resource Centre where briefed on all areas of the new Healthwatch West Berkshire CIC - Staff within the Charity whether involved with the project or not all joined the training given to the Healthwatch administration team to better understand the new project. 	<ul style="list-style-type: none"> - All FRC teams attend the monthly meeting at the charity and hear about monthly stats, developments, improvements and any changes which would impact them.
Recruitment and training of Local Healthwatch champion/s from other organisations	Recruitment of Champions.	<p>Recruitment made for the Chairman of the Healthwatch Champion board - Champion board chair is Mr John Holt.</p> <p>Recruitment made of over 10 key Healthwatch Champion community representatives.</p> <p>John Holt heading up forming HW Champion board, who will then decide on further recruitment and training of Local</p>	<p>Training course set for new champions - safeguarding, outreach, communication, disability awareness and governance.</p> <p>Healthwatch Champion board - further development with its new</p>

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
		Champions.	chair. Campaign for new Champions with planned activity.
Training of FRC staff to be Local Healthwatch advisors	All staff who answer the telephone have been trained as potential Healthwatch advisors	Several staff are available to answer the telephones and all are trained in Healthwatch triage of calls. All staff are aware of the referral system and have a list of possible areas for signpost including SEAP	As new aspects of Healthwatch arises the telephone operatives are brought up to speed on new matters or made aware of possible issues
Communication and Marketing strategy development	Formation of a communication and marketing strategy	Full Communication Marketing Strategy already implemented, presented to Healthwatch board. Achievement of first part already underway in current event, outreach and work. Full Marketing Strategy and plan included from Page 12.	Work being carried out methodically in accordance with the communication and strategy doc. This document is organic and has all current feedback and outcomes of activity fed back into the strategy document so best marketing practice can be achieved in accordance to response.
Local mapping and research exercise into groups and organisations	Quality and comprehensive information of groups.	Large database source has been gathered from March - present continually being updated. Currently data source at over 500 organisations including (surgeries, Dentists, health centres, Children's Centre's, Community groups, schools, Community groups, Charity organisations etc.). Mailout - mailing to Health related organisations complete. Charity organisations - all contacted and healthwatch West Berkshire introduced.	Ongoing - ensuring quality of data.
Development of data base	Database in usable and readable format	Comprehensive Database gathered. The resource and outreach team continually adding to and updating this database list.	- Further development, approaching other organisations to share data and to use to

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
		Tailored and targeting information already sent to health groups gathered on database.	<ul style="list-style-type: none"> - distribute further targeted information. - Targeted partnership campaign planning for this summer using database as per HW 3rd Board meeting.
Website testing	Website launched	<p>Website launched before 1st April 2013. Analytics being gathered for first quarter to implement into changed to main site.</p> <p>Website most visited - Get involved, Volunteer, news and events. Working with this to change the look of the site to include what viewers are looking at most. Integrate the analytics into how we re-shape the content. Visits to site include: 843 visits, over 5000 page views, 38.3% returning visitor, 61.7% new visitors.</p>	<ul style="list-style-type: none"> - Integrate analytics and most visited into page changes and updates - Running a web survey on the functionality of the site and implement changes. Ongoing
<p>Stage 1 consultation survey</p> <p>Community engagement events</p>	<p>Surveys sent out</p> <p>Events booked / responses logged and analysed. Improvement made for further</p>	<p>Survey / Poll</p> <p>Opinion poll on 'health priorities' launched in May/June which is now closed - first opinion poll survey - 70 applicants responded. Breakdown of full survey attached to report. Full report Pg. 34</p> <p>Second opinion poll on 'social care' priorities agreed at 3rd HW board meeting, finalisation of questions and mail out in July.</p> <p>Events</p> <p>1 x pre engagement event for voluntary organisations on the 6th March with over 30 groups attending over 2 sessions. These same groups + other voluntary organisations as per the Healthwatch West Berkshire database have all been contacted and receiving a new 'partnership campaign' which was agreed at the July board meeting.</p> <p>Events - carried out</p> <p>Joint Event with Healthwatch West Berkshire and WBILN 'Keep caring and carry on' - 14th June - 14 speak out forms</p>	<p>Areas for the summer outreach work:-</p> <p>Locations and further work being researched for areas within: Lambourn, Pangbourne, Chieveley and Thatcham. More research into good locations / responses.</p> <p>Booked 12th August Lambourn Co-op Outreach stand</p> <p>Rural area locations also being gathered as meetings progress with different community organisations.</p> <p>Outreach for later in the year which is already booked:-</p> <p>Booked Stand at the Newbury Community Hospital / week to engage with patients and</p>

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
		<p>completed and information given out</p> <p>Culture Fest - 29th June - 23 speak out forms/views gathered. 8 new champions.</p> <p>1st July - Newbury Tesco 13 outreach forms completed + new member forms gathered.</p> <p>8th July - Hungerford Tesco: 17 forms gathered. Good engagement with community.</p>	<p>Staff. 2 dates spanning w/c 23rd September and w/c 25th November.</p> <p>Newbury Show in September</p>
Join and attend local Clinical Commissioning Group meetings	Join the CCG meetings	<ul style="list-style-type: none"> - CCG meeting attended on the 2nd May - by Adrian Barker our HW International and Local Representative board member and Man Liu Clark our Development Manager. - Adrian Barker has just attended the most recent CCG group meeting on the 11th July 	Healthwatch will attend any future meetings where it is appropriate for HW to be there.
Join and attend shadow Health & Well Being Board in preparation of launch of full Health & Well Being Board	Attend appropriate meetings	<p>The Health and Wellbeing board meetings attended:</p> <p>25th April: Lady Emma Stevens & Natausha Van Vliet</p> <p>23rd May: Dr Adrian barker</p> <p>25th July - Heather Hunter - HW Lead Attending</p>	Attendance of all future Health and Well Being Board meetings will be attended.
Community engagement work	Out in the community doing outreach. Attending events and contacting groups.	<ul style="list-style-type: none"> - Community Outreach and events programme in operational. All events produced / feedback / engagement detailed in phase 1 above. 	<ul style="list-style-type: none"> - Future events and 'on the road' outreach planned in marketing strategy
Promotion of Local Healthwatch to wider community acknowledging marketing and branding guidelines	<p>Promotional work taking place. Using Healthwatch guidelines.</p> <p>Many new promotional items designed.</p>	<ul style="list-style-type: none"> - All new promotional items designed, proofed and printed. - Differentiating publications as per groups being targeted. - Promotional materials produced include: Key message groups brochures, leaflets, A4 and A3 posters, healthwatch champion registration forms, HW Speak out forms and advertising outreach stand pull up banners. Please find examples in Appendices from Pg 60 	<ul style="list-style-type: none"> - 'Partnership campaign' which will be launched over next few months to promote Healthwatch to groups. - Further use of the HW database to target and promote healthwatch to varying demographic

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
		<ul style="list-style-type: none"> - Printed materials have also included all new branded HW business cards for Board members - Database has been used to promote healthwatch, send out promotional and informative material to GP surgeries, healthcare organisations and charities. - Promotional materials used, given out at events and outreach. 	groups within West Berkshire
Continued attendance of statutory meetings	Attendance of meetings	<ul style="list-style-type: none"> - All current and up-coming meetings are logged within out Healthwatch West Berkshire shared drive. All board members can access this and log their attendance. - This achieves a good coverage of current and future events to ensure a HW presence - Please refer to the Events and meeting agenda document included on Pg.22 	<ul style="list-style-type: none"> - Future meeting dates and attendees are listed in the events and meetings document attached in the 1st quarterly report - Attendance of all 'open' meetings which are appropriate for Healthwatch to attend. Non-attendance of 'closed meetings' unless under invitation as advised by the CQC so as to remain an independent body.
Implement all national structural changes in governance	Implementation of structural changes in governance.	<ul style="list-style-type: none"> - Healthwatch England share all changes and information with Healthwatch West Berkshire through regular informative emails / plus through the hub - Any structural changes in governance that need to be implemented will be actioned accordingly through Healthwatch West Berkshire (brought to the board and best methods of information distribution agreed). 	<ul style="list-style-type: none"> - Monitoring of online media and headlines - Monitoring of all email communication from Healthwatch England and governing bodies - Actioning of changes as needed
Implement all national structural changes for delivery	Implementation of national structural change for delivery	<ul style="list-style-type: none"> - Healthwatch England share all changes and information with Healthwatch West Berkshire through regular informative emails / plus through the hub - Any structural changes for delivery that need to be implemented will be actioned accordingly through Healthwatch West Berkshire (brought to the board and Healthwatch project team to best action any changes for structural delivery). 	<ul style="list-style-type: none"> - Monitoring of online media and headlines - Monitoring of all email communication from Healthwatch England and governing bodies - Actioning of changes as needed
Meet with commissioners to review processes and delivery model	Meeting with commissioners on current and future delivery	<ul style="list-style-type: none"> - First quarterly report being submitted for review 	<ul style="list-style-type: none"> - Presentation of report and findings processes reviewed

Objective	Performance Indicators	Evidence of Achievement First Quarter April to June	Planned Activity
Meet with local stakeholders to update them with any national changes that will impact locally	Meeting with local stakeholders	- We ran a joint event in June with WBILN the aims were to identify and understand the: Impact of welfare reform and budget restraint; Challenges for voluntary and community organisations; Opportunities for working together.	- Further reform changes, or national changes which impact West Berkshire stakeholders will also result in further information sharing events and meetings
Establish steering group	- Steering groups established	- The Healthwatch West Berkshire non-executive board member have all been elected and now completed their 3 rd Board meeting - The Healthwatch Champion Chair of the board elected and active member of the board. Currently going through plan of action with current champion sign ups to form a public steering group.	- Formation of Healthwatch Champion network well under way, continue this structure moving forward.
Continued networking	Attending meetings / events / speak at groups and other places of interest	- Over 15 meetings attended in the local area, with successful networking of local people, groups and organisations - Networking opportunities given from events and outreach stands set up locally. Talks and meetings now offered to local groups and charity meetings.	- Ongoing attendance where appropriate - 'Where appropriate' may in the future be restricted to 'public' boards
Submit quarterly report	Submitting report	- Quarterly report for the first quarter April to June being submitted	- Working with on-going implementation, feedback and improvement to deliver on strategy and specification.
Regular information sharing with Healthwatch England	Sharing information	- Healthwatch West Berkshire are active members of the Healthwatch England Hub which is an information share facility - Healthwatch West Berkshire are carrying forward an investigative report which has Healthwatch West Berkshire in direct dialogue in terms of this report with Healthwatch England - All Healthwatch England regular updates sent through to Healthwatch West Berkshire	- Any National issues or updates which need distributing locally will be shared and publicised - Continued and ongoing information sharing and distribution

The above report is based on the implementation plan contained in the original tender document as follows:

Local Healthwatch West Berkshire
 Family Resource Centre UK Project Implementation Plan (Ref Method statement 1)

Award of contract: January 28th 2013

Development phase - mid February to March 31st 2013

Pre-delivery:

- Structure and governance of delivery vehicle to be agreed and completed with commissioners
- Obtain sign off approval of operating model from national Healthwatch
- Setup of website/s and social networking sites - obtain domain name from national healthwatch
- Liaise with national Healthwatch to gain access to database
- Setup internal administrative structure including, training and telephone support from day one to assist new stakeholders as well as clients
- Meet with LINK to establish transition process and data capture
- Briefing of FRC staff

Phase 1:

- Recruitment and training of Local Healthwatch champion/s from other organisations
- Training of FRC IAG staff to be Local Healthwatch advisors
- Communication and Marketing strategy development
- Local mapping and research exercise into groups and organisations
- Development of data base
- Website testing
- Networking
- Stage 1 consultation survey
- Community engagement events - 3 will be held on different days and times to accommodate all members of the community
- Stage 1 consultation evaluation and report
- Join and attend shadow Health & Well Being Board in preparation of launch of full Health & Well Being Board in April 2013
- Join and attend local Clinical Commissioning Group meetings
- Submit first report

Phase 2: Implementation/transition phase April 2013 - June 2014

- Community engagement work
- Promotion of Local Healthwatch to wider community acknowledging marketing and branding guidelines
- Continued attendance of statutory meetings
- Implement all national structural changes in governance
- Implement all national structural changes for delivery
- Meet with commissioners to review processes and delivery model
- Meet with local stakeholders to update them with any national changes that will impact locally
- Establish steering group
- Continued networking
- Submit quarterly report
- Regular information sharing with Healthwatch England

Phase 3 - Continued service delivery July 2013 - March 2014

- Continued development of database
- Launch of website
- 3 more Community Engagement events (developed using feedback from earlier events)

- Recruitment drive for volunteers and Local Healthwatch Community Ambassadors/Champions
- Roll out of outreach programme via Healthwatch champions
- Community engagement work
- Promotion of Local Healthwatch to wider community acknowledging marketing and branding guidelines
- Continued attendance of statutory meetings
- Regular database cleansing
- Quarterly user satisfaction surveys
- Submit quarterly reports
- Regular consultation with citizens of West Berkshire on areas being commissioned and service delivery and development in line with local agendas
- Analysis and report writing
- Regular information sharing with Healthwatch England

Section 2 - Marketing and Development Plan

Areas within West Berkshire

Outreach carried out:-

Culture Fest - Saturday 29th June 2013.

- Good response from the public here, over 23 speak out forms and views gathered. 7 Healthwatch Champions / local representatives wanting to take part and work in their communities. Meetings requested for various rotary clubs.

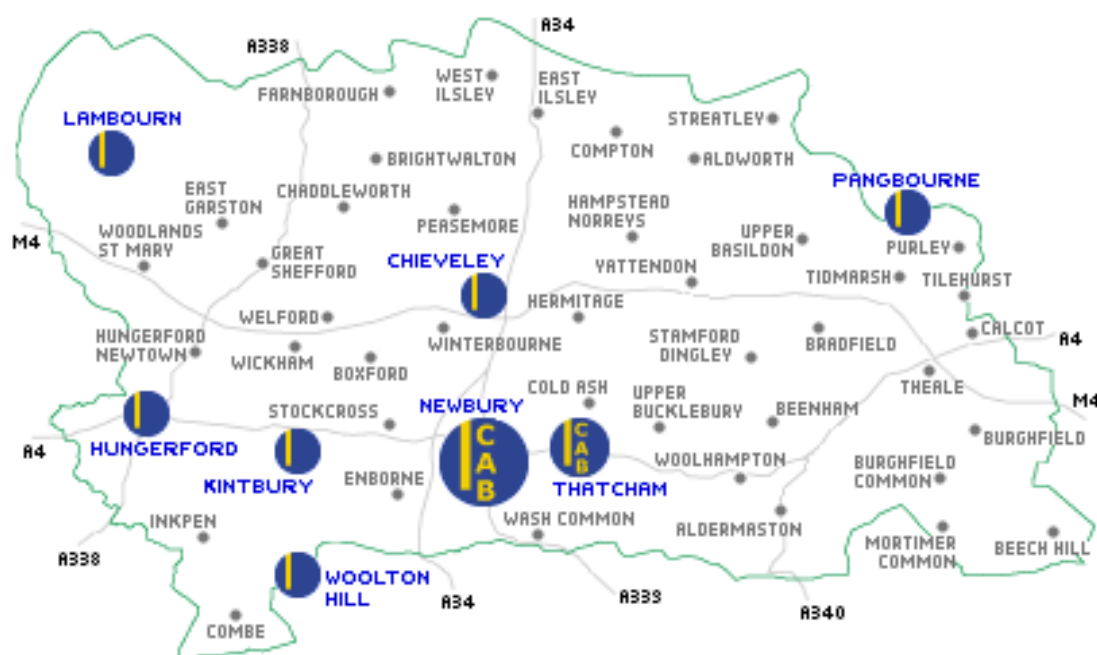
Monday 1st July 2013

- Newbury Tesco outreach stand. Over 13 speak out forms, raising awareness good location. Hard getting people's attention, need to get away from people thinking we are asking for money donations.

Monday 8th July 2013

- Hungerford Tesco outreach. Over 17 speak out forms, raising awareness and several enquiries.

Map included to show all areas in West Berkshire where will be targetting outreach / varying depending on location and community (test phase of outreach underway)



Further Outreach analysis

Areas for the summer outreach work:-

Locations and further work being researched for areas within: **Lambourn, Pangbourne, Chieveley and Thatcham. More research into good locations / responses.**

- ➔ Rural area locations also being gathered as meetings progress with different community organisations.

Outreach for later in the year which is already booked:-

- Outreach stand at Lambourn Co-op is booked for 12th August
- Stand at the Newbury Community Hospital / week to engage with patients and staff. 2 dates spanning w/c 23rd September and w/c 25th November.

Web / Social Media

Website most visited - Get involved, Volunteer, news and events. Working with this to change the look of the site to include what viewers are looking at most. Integrate the analytics into how we re-shape the content. Visits to site include: 843 visits, over 5000 page views, 38.3% returning visitor, 61.7% new visitors.

Facebook / twitter - engagement going well, updates and photos all posted as we are on the road and posting out. Between both sites we have over 300 followers and have had several re-tweets and posts out by larger groups (@NewburyBerkshire, @VisitNewbury, @TheBreeze and @BASIC) - these 'shout out's' online have contacted an audience virally over 3000 people.

Partnership Campaign / Charity Organisations

- ➔ Contact already made with variety of NCVO's introducing Healthwatch West Berkshire. Raising awareness of who we are achieved. Launching a partnership working campaign falls in line with getting more people on board.

Outline

Partnership contact campaign out to West Berkshire relevant groups/charities (health / social care / disability charities) to ask if our details can be displayed on their sites - in turn we have a page on ours where we add them vice versa.

Outcomes hoped

Help us get out to more places / show up on more landing pages. We can then include relevant updates onto our HW site from these places too. Integrating more news and events onto our own pages.

Ongoing Strategy for next 6 months

Development level - passed

Delivery levels: April - June

- Local groups collated / locations and database in use
- Distribution of information to areas of interest / surgeries and local health groups contacted
- Community engagement work
- Promotion of Local Healthwatch to wider community acknowledging marketing and branding guidelines
- Continued attendance of statutory meetings
- Review processes, test engagement to various areas and groups and keep track of outcomes
- Gather information and publish any National changes which could impact locally
- Establish feedback to track and set out next steps in engagement

Continued marketing delivery July 2013 - March 2014

- Continued development of database, research and test into displays for public to access information
- Website analytics: implement changes to information layout in line with web analytics (pages visited / what information is used most and more relevant etc.)
- Research, book and carry out further Community Engagement events (developed using feedback from current outreach and 'on the road' events)
- Vulnerable groups and smaller community research and outreach
- Drive of outreach programme: Champions/ Volunteers and NCVO network to establish clear contact and engagement of wider communities
- Community engagement work
- Promotion of Local Healthwatch to wider community acknowledging marketing and branding guidelines
- Continued attendance of statutory meetings
- Regular database cleansing
- Quarterly newsletter and survey/poll to keep engagement and distribution of information current (July - summer newsletter / October - Autumn news etc.)
- Carry out work relating to any needs/input required after any consultation with citizens of West Berkshire on areas being commissioned, delivered and developed in line with local agendas
- Regular information sharing

Images of Recent Outreach



Images of Recent Outreach



Section 3 - Referrals and Telephone Enquiries

Telephone Enquiries

There were 284 telephone calls received by Newbury. The majority of these were from professionals or vso's.

There were 7 referrals and 18 0800 calls, all of which were signposted. Nothing was received from SEAP.

Advocacy Referrals

Healthwatch have referred one case to SEAP this quarter.

Appendices

Events

Events attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
West Berkshire Independent Living Network Personal Budget Meeting	19 April 2013	Man Liu	The aim of the meeting is to find out if the personal budget is working well as it's designed to give service users more choice and control over the support they receive.	West Berkshire Independent Living Network gave a presentation, followed by open discussion. There is a general fear about the welfare reform and reduction in adult social care budgets. Other comments as: 'Currently there is only 1 brokerage, that's not enough.' 'Don't know where to look for information' 'All the service providers and organisations should work together.' 'People with mental health problems should be given more support.' 'Personal budget is working well for some people but not so well for others.' 'The new Universal Credit will require people to budget and usually be made monthly, which will be difficult for some people.'
Newbury Mental Health Forum meeting	29 April 2013	Man Liu	A regular meeting for people, organisations and service providers to discuss mental health issues	Issues discussed: 'NHS, local authority, housing, police, and other various groups should talk to each other when dealing clients with mental health problems'; 'There are still lots of provision gaps'
Newbury & District CCG Meeting	02 May 2013	Adrian / Man Liu	Governing Board Meeting Held in Public	The meeting discussed Commissioning Plan for 2013/14, Finance and Performance, Complaints Policy, Safeguarding Children and Adults at Risk Policy.

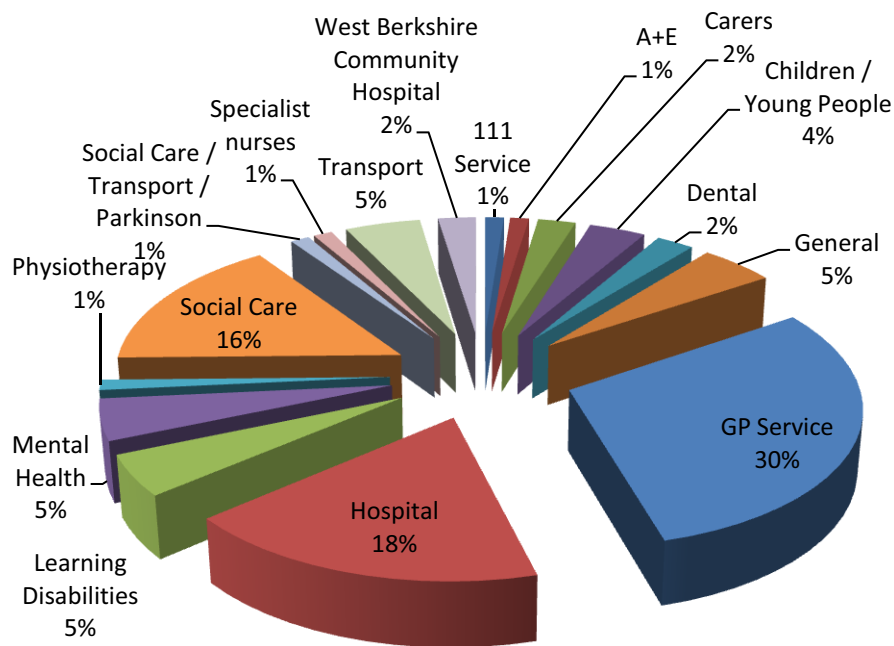
Events attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
West Berkshire Council Social Care Annual Report Consultation Event	10 May 2013	Man Liu	The Local Account is the annual report which shows how well West Berkshire Council has performed. It helps to make adult social care services more accountable to the local community. This event is give people a say to help decide on the priorities for next year's report.	Event was well attended. Presentation by Council followed by group discussions. Views are: 'Council only mentioned their achievements, need to talk more about what areas need to improve.' 'There is too much jargon and not enough pictures.' 'How does the West Berkshire adult social care service compare with national average?' 'How will Healthwatch scrutinise the local adult social care services?' 'Supporting carers should be the top priority.' 'Adult Social Care services should be transparent.' 'Local Account should have an easy read version' ...
West Berkshire Learning Disability Partnership Board Meeting	15 May 2013	Heather / Man Liu	A regular meeting regarding learning disability issues	Heather gave a presentation about Healthwatch. There were also 2 presentations about some current public consultations held by West Berkshire Council: 'Supporting Adults with a Learning Disability Policy' and 'Social Care Eligibility Criteria Consultation'. People's views are 'It's important to support people with learning disabilities live independently.' 'Individuals with a learning disability will need support in completing the consultation.' 'The MARD form is long and complex and so many of the questions are not applicable to someone with a learning disability.' 'There seem to be a lot of consultations taking place at the moment and that it's becoming increasingly confusing.'
'Mental Health Day' Planning Meeting	16 May 2013	Man Liu	A group discussion about joint organising an event on 10th Oct 2013	Healthwatch engaged with BHFT, Eight Bells, Sport in Mind in planning possible activities across West Berkshire to promote Mental Health Day. A good opportunity for HW to reach out to the community and hear people's views about local health and social care services.

Events attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
RBH Patient Partnership Standing Conference	17 May 2013	Adrian	It was mainly an information giving event	
Newbury Mental Health Forum Meeting	20 May 2013	Man Liu	A regular meeting for people, organisations and service providers to discuss mental health issues	Issues brought up: 'People with mental health problems find it's difficult to engage with GPs'; 'Suicide prevention is a big task on mental health agenda'
6 Healthwatch & BHFT Meeting	22 May 2013	Heather / Adrian	This was the first meeting that all the leads attended.	The meeting discussed Commissioning Plan for 2013/14, Finance and Performance, Complaints Policy, Safeguarding Children and Adults at Risk Policy.
SEND Consultation	22 May 2013	Man Liu	West Berkshire Council is currently updating its SEN and Disability Strategy. This consultation is for the Council to develop its services for children and young people with special educational needs and disabilities.	A consultation meeting seeking views about council's Strategy for children and young people with special educational needs and disabilities. People said 'The consultation paper is long and full of jargon and difficult to understand.' 'The council should provide more respite and short-break services to families with SEND children.' 'All the relevant information should be assembled together and given to parents as soon as their children being diagnosed.' 'Special training for teaching children with special needs should be given to teachers in mainstream primary/secondary schools.' 'Transition between children and adult social care services isn't working well.' ...
Reading & District Parkinson's Society meeting	05 June 2013	Heather	Heather gave a presentation about HW	A good reception from about 52 people. Speak out forms were distributed after the presentation about Healthwatch and thirty responses were received.
Care Quality Board Meeting	11 th June 9.30-11.30pm	Heather	The meeting was a review of current practice and problems encountered.	This is not a meeting at which Healthwatch should become involved as it could compromise future action of prior knowledge and outcomes of some instances were later to require investigation.

Events attended				
Event	Date	Who attended	Comments and notes	Overview / outcomes / summary to include in reports and newsletter.
Healthwatch & WBILN Joint Event 'Keep Caring and Carry On?'	14 th June 10.30am-1pm	Heather / Man Liu / Waheeda / Martha	An event for people who work in voluntary / community organisations that provide advice and / or support for disabled people and/or those with long-term health conditions.	The aims are to identify and understand the: Impact of welfare reform and budget restraint; Challenges for voluntary and community organisations; Opportunities for working together. Heather gave a presentation about Healthwatch, then Mick gave a presentation about welfare reform. Followed by group discussions: impact on disabled people of welfare reform and adult social care budget cuts; challenges for our organisations; and opportunities for our organisations. Many comments, such as 'Excellent opportunity to network with other agencies and to start the process of utilising Healthwatch - imperative that we make use of this fantastic opportunity.' Several people said they would be interested in attending similar events in the future, maybe different in theme.
Newbury Mental Health Forum Meeting	24 th June 11am-12.30pm	Man Liu	A regular meeting for people, organisations and service providers to discuss mental health issues	Community Mapping - Teams/Departments have been asked to provide information about their own service. 'Service users need to be able to obtain information on all services' The forum needs to involve more service users.
Newbury Culture Fest	29th June 12-4pm	Heather / Faith	Culture Fest is a local celebration of people at Newbury Racecourse with food stand, clothes stalls and many information stands. There are also Charity stands and cultural group demonstrations	This event was well attended by residents all over West Berkshire and surrounding areas. The Healthwatch West Berkshire outreach stand gained a lot of interest and had multiple people visit the stand for more information. There were over 23 people who completed speak out forms and 7 people who signed up to be Healthwatch Champions.

Speak Out

A large variety of comments were received on a wide range of areas. Of these, the 3 largest areas were GP Service 30%, Hospital 18% and Social Care 16%. Around 38% of the comments received were positive and a lot of these were complimentary towards their local surgery and dentists.



Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
19/04/13	Social Care	Worry about the welfare reform and reduction in adult social care budget.	West Berkshire Independent Living Network Personal Budget Meeting
19/04/13	Social Care	For the personal budget, currently there is only 1 brokerage, that's not enough.	West Berkshire Independent Living Network Personal Budget Meeting
19/04/13	General	All the service providers and organisations should work together.	West Berkshire Independent Living Network Personal Budget Meeting
19/04/13	Mental Health	People with mental health problems should be given more support.	West Berkshire Independent Living Network Personal Budget Meeting

Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
19/04/13	Social Care	Personal budget is working well for some people but not so well for others.	West Berkshire Independent Living Network Personal Budget Meeting
19/04/13	Social Care	The new Universal Credit will require people to budget and usually be made monthly, which will be difficult for some people.	West Berkshire Independent Living Network Personal Budget Meeting
22/04/13	West Berkshire Community Hospital	5 Stars! My wife was in one of the rainbow rooms on Highclere Ward for the final few weeks of her life. The quality of care was truly remarkable from all of the staff. The nurses and healthcare assistants were amazingly dedicated, professional and hard working a perfect example of what hospital care should be. Her health was progressively deteriorating to the point where she needed a high level of support which was given with consistent sensitivity and outstanding devotion. When I received the phone call in the early hours of one morning informing me that she had passed away the call was sensitive and from a nurse we knew well	NHS Choices
23/04/13	Transport	Transport is a big issue for elderly and disabled people, when they cannot get out of their houses, they live in isolation.	Meeting with Enrych
29/04/13	Mental Health	NHS, local authority, housing, police, and other various groups should talk to each other when dealing clients with mental health problems	Newbury Mental Health Forum meeting
10/05/13	Social Care	Supporting carers should be the top priority.	West Berkshire Council Social Care Annual Report Consultation Event
10/05/13	Social Care	Social Care services should be transparent.	West Berkshire Council Social Care Annual Report Consultation Event
15/05/13	Learning Disabilities	It's important to support people with learning disabilities live independently.	West Berkshire Learning Disability Partnership Board Meeting
15/05/13	Learning Disabilities	The MARD form is long and complex and so many of the questions are not applicable to someone with a learning disability.	West Berkshire Learning Disability Partnership Board Meeting
17/05/13	West Berkshire Community Hospital	Shame the paperwork let hospital down.	NHS Choices
20/05/13	Mental Health	People with mental health problems find it's difficult to engage with GPs	Newbury Mental Health Forum meeting

Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
20/05/13	Mental Health	Suicide prevention is a big task on mental health agenda	Newbury Mental Health Forum meeting
21/05/13	Physiotherapy	As someone with a long term condition (Thalidomide impairments) I have been using a local (private) Physiotherapy clinic and for the past 7 - 8 years they have, with various treatments (acupuncture, massage, laser, ultrasound, manipulation, recommended exercise) kept me off pain medication. This is something I have to pay for privately, but I wish that so many others with conditions that cause daily muscular skeletal pain should have access to this sort of treatment - if it works for them	Email
22/05/13	Children / Young People	The council should provide more and suitable respite and short-break services to families with children having special educational needs.	SEND Consultation
22/05/13	Children / Young People	All the relevant information should be assembled together and given to parents as soon as their children being diagnosed of having special educational needs	SEND Consultation
22/05/13	Children / Young People	Special training for teaching children with special educational needs should be given to teachers in mainstream primary/secondary schools.	SEND Consultation
22/05/13	Social Care	Transition between children and adult social care services isn't working well.	
30/05/13	111 Service	I called 111 service at the weekend, had to wait for more than 40 min for a call back	Meeting with Alice
05/06/13	GP Service	Very happy with my GP	Hungerford Resource Centre
05/06/13	Hospital	My husband and I had a few hospital visits, all went well.	Hungerford Resource Centre
05/06/13	Dental	ADP in Hungerford Berkshire Rg170BN. Always polite and I had to have filling replaced. I didn't feel the injection and it was an excellent job. Thank you to Ajay.	Patient Opinion website
05/06/13	GP Service	Hungerford was very difficult to get appointments	Parkinson's Society
05/06/13	Hospital service	Lack of dedicated Parkinson nurse at the hospital	Parkinson's Society
05/06/13	Hospital service	Parkinson nurse needs to be funded again	Parkinson's Society
05/06/13	Hospital service	Lack of dedicated Parkinson nurse in the future will make it very difficult to get proper attention	Parkinson's Society

Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
05/06/13	General	Not enough information given to the public about Parkinson's and sufferers are often treated poorly	Parkinson's Society
05/06/13	General	Disability living allowance changes will cause problems	Parkinson's Society
05/06/13	General	Excellent and considerate help given by the practice nurse	Parkinson's Society
05/06/13	Transport	More hospital transport is needed	Parkinson's Society
05/06/13	Transport	Hospital visits very satisfactory. Doctors very helpful. Overall my experiences have always been positive. However transport to hospital have been difficult and hospital car has occasionally not arrived.	Parkinson's Society
14/06/13	GP Service	St John Surgery is excellent. When my children have been ill, I have been able to get an appointment that day. Dr H Wallis our GP is excellent, caring and very considerate.	'Keep Caring and Carry On' Event
14/06/13	West Berkshire Community Hospital	Last Monday, I took a friend to Newbury Community Hospital as she had hurt her knee. We went into the Minor Injuries Unit, been seen straightaway, and the staff explained the service very well.	'Keep Caring and Carry On' Event
14/06/13		Communication between health and social care needs to be improved	'Keep Caring and Carry On' Event
14/06/13	Specialist nurses	Cover for specialist nurses - currently there is none.	'Keep Caring and Carry On' Event
14/06/13	GP Service	My GP surgery service is fantastic, no problem there at all.	'Keep Caring and Carry On' Event
14/06/13	Social Care	I think there isn't enough choice in Social Care in terms of access	'Keep Caring and Carry On' Event
14/06/13	Social Care	Advocacy for vulnerable groups is an essential service. Must not be dismissed by cuts. Healthwatch must highlight this concern.	'Keep Caring and Carry On' Event
14/06/13	GP Service	Excellent GPs in West Berkshire	'Keep Caring and Carry On' Event
14/06/13	Social Care	Worry about Eligibility Criteria, impact on older people and disabled people affected by cuts in Social Care.	'Keep Caring and Carry On' Event
14/06/13		In most cases I have been happy re health professionals.	'Keep Caring and Carry On' Event
14/06/13	Social Care	More young members for Torch Club. Help with funds. More transport.	'Keep Caring and Carry On' Event
14/06/13	Learning Disabilities	Work with Adult with learning disability. What changes to social care will affect our clients?	'Keep Caring and Carry On' Event
14/06/13	Learning Disabilities	Annual Health checks for people with learning disabilities and carers are an excellent service. Still services are better from some surgeries than others. More	'Keep Caring and Carry On' Event

Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
		consistency across the county would be ideal.	
14/06/13		Overall generally my experiences have been very positive regarding health services and care in West Berkshire. I personally have not had to engage with social care services so am not in a position to comment.	'Keep Caring and Carry On' Event
14/06/13		Excellent opportunity to network with other agencies and to start the process of utilising Healthwatch - imperative that we make use of this fantastic opportunity.	'Keep Caring and Carry On' Event
24/06/13	Social Care / Transport / Parkinson	<p>Transport is a big problem. We have been most grateful for transport just by Woodley Volunteers.</p> <p>Age C offers many services - but it is so hard to access all the help that you need when you are new to the area and have hearing, mobility problems and arthritis. The "Home from Hospital" project was excellent but too short.</p> <p>Please could you look at how to bring together services all users/potential users? We feel we are only just coping - our relatives think we are!</p> <p>I have had a computer for 10 years but can now hardly type - hoping to learn to use speech recognition software soon. What about IT 80+ group? To many it is too late to start learning computing. You definitely need a relative or friend also! Computer literate to teach and help you with PC, webcam</p>	Post
29/06/13		Good stuff	West Berkshire Culture Feast
29/06/13		I would like to know more please - good communication	West Berkshire Culture Feast
29/06/13		Love my staff	West Berkshire Culture Feast
29/06/13		Visiting area and had to be Thatcham and very good staff. Received excellent care.	West Berkshire Culture Feast
29/06/13	GP Service	My GP is great and very friendly. But overall services are bit slow.	West Berkshire Culture Feast
29/06/13	Bill Nichols	I think the NHS is absolutely wonderful. You should go to Egypt and then you would appreciate it.	West Berkshire Culture Feast
29/06/13	Hospital	I think we should have a full emergency centre here. Going to Reading or Basingstoke is difficult.	West Berkshire Culture Feast
29/06/13		Macmillan nurses - very poor service, don't use it every week.	West Berkshire Culture Feast

Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
29/06/13	Carers	More support in and out of the home for carers. Age no object.	West Berkshire Culture Feast
29/06/13	GP Service	The GP was always helpful	West Berkshire Culture Feast
29/06/13		There is a need for 24-hr health clinics to ease the burden on A+E department, the ambulance service and provide a better service for patients	West Berkshire Culture Feast
29/06/13	Carers	Health carers should get more pay, what they are getting now is nothing.	West Berkshire Culture Feast
29/06/13		Recently in new scientist, there was a report on Sweden, Denmark and Norway where they national sell all bonds post 2008 and they sorted out their deficit without with drawing vulnerable services. Perhaps the government would take a leaf from their book and deal with our nationwide debt without with drawing much needed services?	West Berkshire Culture Feast
29/06/13		Generally good service but I feel there is no benefit health wise for the middle class healthy no benefits	West Berkshire Culture Feast
29/06/13	GP Service	My feeling of Lambourn GPs are very supportive, especially with carers + special needs services. Help and understand the need to see GPs early.	West Berkshire Culture Feast
29/06/13	Hospital	I have a fairly major health problem, and had surgery in 2010 as a part of ongoing treatment. I have no complaints at all about my medical care. However what I do object to is the number of questionnaires I have been given, even as I left intensive care. Too many questionnaires, not enough care staff.	West Berkshire Culture Feast
29/06/13	Hospital	Waiting times are long and worrysome. Service at hospital ie Royal Berks and Basingstoke is good and organised. Parking could be improved for Royal Berks as its too expensive.	West Berkshire Culture Feast
29/06/13		Service would be more efficient, if people cancelled unwanted appointments	West Berkshire Culture Feast
29/06/13		Mostly favoured their services good	West Berkshire Culture Feast
29/06/13	A+E	Get a 24 hr A+E at West Berkshire	West Berkshire Culture Feast
29/06/13	GP Service	Hungerford Surgery has always been helpful, supportive and interested in the needs of my disabled son	West Berkshire Culture Feast
29/06/13	Hospital	Hospital visits very satisfactory. Doctors very helpful. Overall my experiences have always been positive. No complaints.	West Berkshire Culture Feast
29/06/13	Hospital	I am waiting for an operation at Basingstoke Hospital, would like to know why it cannot be done sooner than 25 September. Seems a long time.	West Berkshire Culture Feast

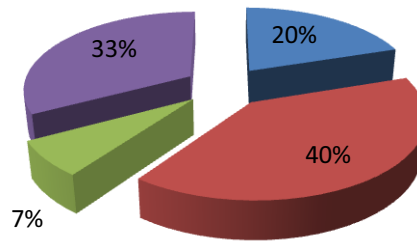
Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
01/07/13	GP Service	Difficulty in making routine appointments when phoning up. I am with Thatcham Medical Practice.	Newbury Tesco Outreach
01/07/13	Social Care	While working as an Age UK volunteer, I noticed care workers coming in and leaving without carrying out their duties, yet booking full time. This seems to be a regular practice.	Newbury Tesco Outreach
01/07/13	Hospital	Visits to hospitals, the staff are friendly, but over worked.	Newbury Tesco Outreach
01/07/13	GP Service	We are very pleased with our GP - Fanklands Surgery	Newbury Tesco Outreach
01/07/13		Care workers and nurses should be paid more	Newbury Tesco Outreach
01/07/13	GP Service	We have the most wonderful doctor at Burdwood Surgery (Thatcham), Dr Bahia. The receptionists are also great, my son is disabled and they always manage to slot him in somewhere.	Newbury Tesco Outreach
01/07/13		I am a patient at Thatcham Medical Practice and never have a problem getting appointments. Am also a patient at Cedar Dental Care who I cannot praise enough.	Newbury Tesco Outreach
01/07/13	GP Service / Hospital	Cannot find fault of my GP Surgery or Dentist. Royal Berks Rheumatology department cannot be any better, the whole team just wonderful.	Newbury Tesco Outreach
01/07/13	GP Service / Dental Surgery	A lot of new houses in Thatcham, but no new GP surgeries / dental surgeries. Need more facilities.	Newbury Tesco Outreach
01/07/13		Manufacture should let GPs know when medicines are out of production for a period	Newbury Tesco Outreach
01/07/13	GP Service	Visited GP recently and was made to feel unwelcome. He gave a totally incorrect diagnosis which resulted in me having to return to see someone else to diagnose correctly.	Newbury Tesco Outreach
01/07/13		New doctors surgery needed. Only 2 in Thatcham - appointments, long wait.	Newbury Tesco Outreach
01/07/13		Must say, I've had no complaints and as I have HASHIMOTO's disease I do need to see doctor regularly, so feel more than happy.	Newbury Tesco Outreach
08/07/13		My experience of the NHS always been positive	Hungerford Tesco Outreach
08/07/13		Praise for good service	Hungerford Tesco Outreach
08/07/13	GP Service	Lambourn Surgery is excellent	Hungerford Tesco Outreach
08/07/13	GP Service	Hungerford NHS dental surgery not very helpful and only checks teeth, not a reliable dentist, when questioned was told to pay the dental hygienist.	Hungerford Tesco Outreach

Date	Issue Key	Brief description of Issue / comment	Where Issue was gathered - including speak out form / phone / email
08/07/13	Hospital	My wife is a recovering cancer patient, but recent visits to Royal Berks Have highlighted the cost of parking, and the lack of it. Also even early in the morning, appointment times are not adhere too, at least 30-90 minutes wait	Hungerford Tesco Outreach
08/07/13	GP Service	Can't speak too highly of my GP surgery - prompt, Kind, efficient.	Hungerford Tesco Outreach
08/07/13	GP Service	Surgery - Lambourn, Extremely happy with service. Brilliant!	Hungerford Tesco Outreach
08/07/13	Hospital	Royal Hospital, cannot find faults	Hungerford Tesco Outreach
08/07/13		Too much paper work (for health professionals) to do the job properly.	Hungerford Tesco Outreach
08/07/13	GP Service	Happy with my GP Surgery, but not my doctor	Hungerford Tesco Outreach
08/07/13		Long time to get in touch with appointments and lack of communication	Hungerford Tesco Outreach
08/07/13		The croft Service, very happy with service. Hospital experiences have all been good	Hungerford Tesco Outreach
08/07/13		The Croft Surgery - take a week to see GP. Patient v GP - Surgery not staffed highly enough for population.	Hungerford Tesco Outreach
08/07/13		Ramsby Service - Repeat prescriptions not delivered or collected by chemist.	Hungerford Tesco Outreach
08/07/13	GP Service	GP's that only work part-time are not worth having as you have to book an appointment 3 weeks before you are ill.	Hungerford Tesco Outreach
08/07/13	GP Service	Although Hungerford Surgery is a great doctors surgery, there is always a long wait for an appointment. Sometimes this can be more than a week's wait. This needs to be improved.	Hungerford Tesco Outreach
08/07/13		Concerned about the extra work load on doctors after PCT changed to CCG	Hungerford Tesco Outreach

Recent Surveys

Opinion Poll Results June 2013 West Berkshire Health Priorities

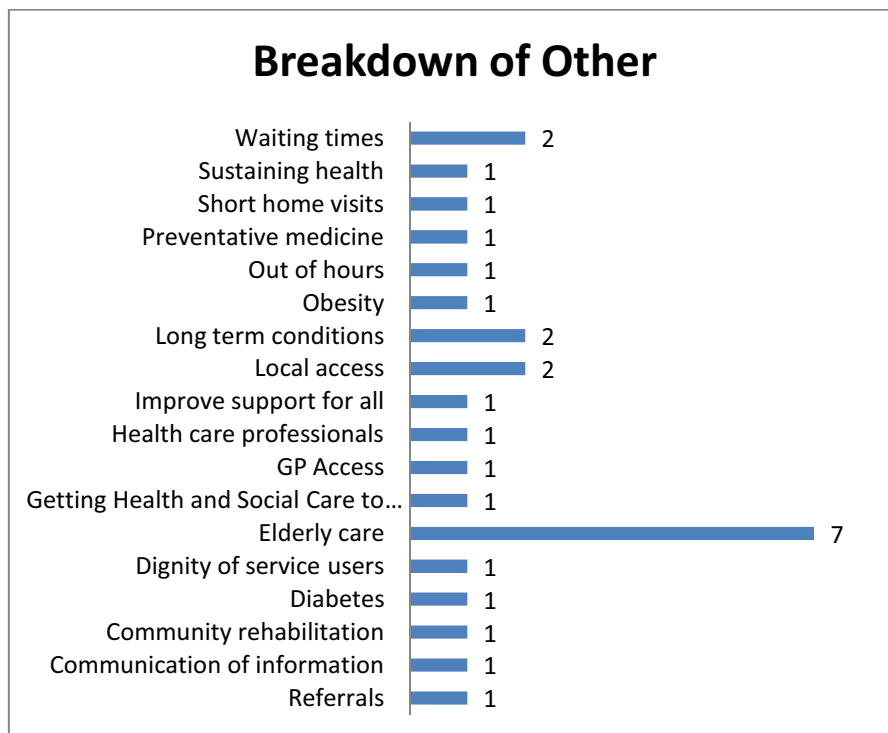
■ Mental Health ■ Carers ■ Youth issues/pressures ■ Other



70 West Berkshire residents responded to our opinion poll asking what they considered to be the health priorities for West Berkshire.

40% of the people answering the survey said **Carers** was the main priority, 20% chose **Mental Health** and 7% chose **Youth Issues/pressures**.

The remaining 33% chose **Other** and the majority here (26%) was for **Elderly care**. Some of those chose **Other** so that they could give more than one priority and we were reminded not to forget social care.



Web Statistics

There were 492 unique visitors to the site during the quarter and 781 visits. Over 38% of the visits were from returning visitors. There were 4,773 page views averaging just over 6 pages per visit. Visitors to the site averaged almost 4 minutes per visit. April received both the most visits for the quarter (201) and the most page views (2191).

The majority of Traffic* was from Referral traffic (36.2%) and Search traffic (32.9%) while the remainder was split between Direct traffic 22% and Campaigns 8.8%.

**Bounce rates scored 0% across the entire site and exit rates were also extremely low scoring an average of 14.4% across the site.

The most popular page after the home page this quarter was Get Involved - Volunteer.

*Traffic Explanation

Source: Every referral to a web site has an origin, or source. Possible sources include: "google" (the name of a search engine), "facebook.com" (the name of a referring site), "spring_newsletter" (the name of one of your newsletters) and "direct" (visits from people who typed your URL directly into their browser, or who had bookmarked your site).

Campaign is the name of the referring AdWords campaign or a custom campaign that you have created.

**Bounce Rate

Bounce rate is the percentage of visits that go only one page before exiting a site.

There are a number of factors that contribute to your bounce rate. For example, visitors might leave your site from the entrance page if there are site design or usability issues. Alternatively, visitors might also leave the site after viewing a single page if they've found the information that they need on that one page, and had no need or interest in visiting other pages.

Exit Rate

An Exit page is the last page viewed before the visitor exits the site.

Information taken from Google Analytics

Daily Breakdown of Visitors to Site

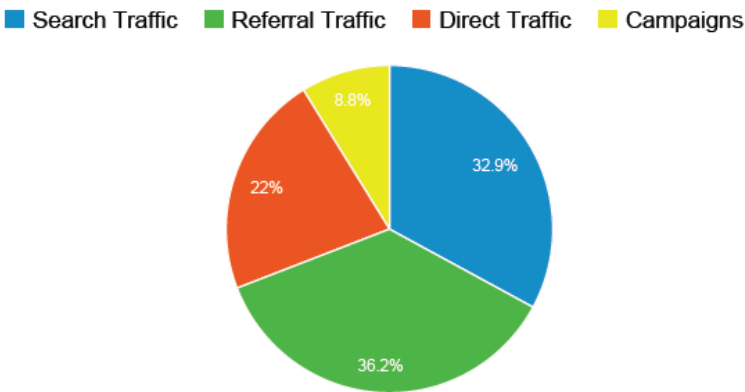


Site Usage

492 people visited this site



Traffic Sources Overview



Page Breakdown: Most Popular Pages/Posts scoring 50+ visits

Page	Pageviews
Home page	1,573
/get-involved/volunteer/	272
/find-services/	222
/get-involved/	212
/about/contact/	196
/faqs-2/	170
/about/register/	156
/about/	152
/speak-out/	152
/category/news/	138
/scarlet-fever-outbreak-in-lambourn-posted-friday-12th-april-2013/*	102
/what-is-healthwatch/	88
/about/meet-the-board/	86
/events-2/	71
/get-involved/voluntary-organisations/	62
/west-berkshire-health-priorities-our-opinion-poll-results-posted-050613/*	62
/west-berkshires-gps-have-now-officially-taken-over-the-commissioning-of-health-services-in-the-local-area/*	55
/get-involved/clinical-commissioning-groups/	50
/take-part-in-our-opinion-poll-healthwatch-priorities-for-west-berkshire-posted-170513/*	50

*News items

Social Media Stats

Facebook

- 38 Likes
- 106 Status updates


Twitter

- 288 Followers
- 548 Following
- 193 tweets

Screenshots from Website and Social Media Sites

The screenshot shows the homepage of the Healthwatch West Berkshire website. At the top left is the logo. A navigation menu includes links for HOME, ABOUT, SPEAK OUT, FIND SERVICES, GET INVOLVED, FAQs, and LATEST. The main heading is 'Welcome to Healthwatch West Berkshire'. Below this, a text block states: 'Welcome to YOUR Healthwatch West Berkshire, we are working with local people and community groups to influence and shape future Health and Social Care.' To the left is a photo of four diverse people holding a sign that says 'Your Health, Your Care, Your Choice.' To the right is a call-to-action box: 'We need YOU to help influence Health and Social Care Service in West Berkshire. Get your voice heard and get involved!'. On the far right, a 'Latest' section lists two news items: 'Screening launched to help prevent deaths in Thames Valley' and 'WBNA Open Meeting with Guest Speaker: Dr Marko Bogdanovic'.

The screenshot shows the 'Meet the Board' page. The navigation menu is the same as the homepage. The breadcrumb trail is 'Home » About » Meet the Board'. On the left, there is a sidebar menu with 'About' selected, and other options like 'Useful Information', 'What is Healthwatch', 'Contact', 'Register', 'Key Messages', and 'Meet the Board'. The main content area is titled 'Meet the Board' and features a profile for 'Waheeda Soomro, Chairman'. It includes a portrait photo of Waheeda Soomro and a text block describing her role as the Manager of the West Berkshire Minority Ethnic Forum, focusing on equality and diversity. A quote at the bottom reads: 'I'm excited to be part of Heathwatch as it gives communities a stronger voice to shape the future of health and social care services. We must ensure...'



[HOME](#)
[ABOUT](#)
[SPEAK OUT](#)
[FIND SERVICES](#)
[GET INVOLVED](#)
[FAQS](#)
[LATEST](#)

Home » Speak Out

Speak Out

Speak out


Have your say about the local health and social care services in your area. The more detail you can give us, the better able we will be to investigate your feedback. Please complete all the fields. If you would also like to register to hear about updates then please [click here ...](#)

Name

Email

Type of feedback

Message




Latest

News
Events

Screening launched to help prevent deaths in Thames Valley [Posted 09/07/13]

WBNA Open Meeting with Guest Speaker: Dr Marko Bogdanovic [Posted 08/07/13]

TESCO Hungerford Store -



[HOME](#)
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Home » Find Services

Find Services


Find services

NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make choices about your health. You can find information about hospitals, GPs and dentists and urgent care. As well as basic contact details, you can also find feedback from other people about what they think about these services. It's not just limited to NHS information. You can also find information about other services in your area (often provided by charities) that can help you with conditions from Alzheimers through to weight loss. The **Care Quality Commission** checks all hospitals, dentists, care homes and care services to see if they meet national standards. You can find out what they have to say about these services in your area by

Find your Nearest local Health service by clicking on the links below:



- [GPs](#)
- [A&E](#)
- [Hospitals](#)
- [Compare hospitals for treatment](#)
- [Dentists](#)




Latest

News
Events

Screening launched to help prevent deaths in Thames Valley [Posted 09/07/13]

WBNA Open Meeting with Guest Speaker: Dr Marko Bogdanovic [Posted 08/07/13]

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[HOME](#)
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[FIND SERVICES](#)
[GET INVOLVED](#)
[FAQS](#)
[LATEST](#)

[Home](#) » [Get Involved](#) » Volunteer


Volunteer

Healthwatch West Berkshire needs YOU ...

We are looking for people who are based locally to help us make Healthwatch West Berkshire a success in expressing views and influencing Health and Social Care.

Healthwatch West Berkshire aims to be the local champion for consumers and users of health and social care services. We will play an active role in promoting the changes needed for consumers of local health and social care services in West Berkshire.

Making this possible will depend on the involvement of local people, groups and charity



You can be as involved as you would like to be: in your community, your area, at your school, college or by representing a local community group or charity organisation.

Latest

News
Events

Screening launched to help prevent deaths in Thames Valley
 [Posted 09/07/13]

WBNA Open Meeting with Guest Speaker: Dr Marko Bogdanovic
 [Posted 08/07/13]

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HealthwatchWestBerks

@HealthWWBerks

The new consumer champion for health and social care in West Berkshire. Out in the community now, share your views, help make a difference - influence change!

West Berkshire · healthwatchwestberkshire.co.uk

193

TWEETS

548

FOLLOWING

288

FOLLOWERS



Tweets



HealthwatchWestBerks @HealthWWBerks

West Berks GP says funding cut is a 'threat' tinyurl.com/o7gs52u
fb.me/FbON0Xzr

Expand

23h



NHS England @NHSEngland

New proposals to improve care for vulnerable older people
bit.ly/159YzzE

 Retweeted by HealthwatchWestBerks

Expand

9 Jul



NHS England @NHSEngland

5 Jul

38 | Page

Page 144

NHS choices: Great summer health news & advice, from heatwaves to hayfever <http://tinyurl.com/m8ln3cn>

Summer health - Live Well - NHS Choices
tinyurl.com

Introduction to articles and videos on summer health, including insect stings, summer safety for children, barbecue food

Like · Comment · Share

10 people saw this post

Healthwatch West Berkshire shared a link.
Monday near Cheltenham

We're in Hungerford Tesco today - join us 10:30 to 12:30 talk about #health & #socialcare <http://tinyurl.com/n5f88wl>

TESCO Hungerford Store – Healthwatch Outreach Stand 08/07/2013 | Healthwatch West Berkshire
tinyurl.com

Come along to the Tesco's in Newbury

Like · Comment · Share

Healthwatch West Berkshire
Monday

#Healthwatch #Westberkshire team talking about #health and #socialcare at #Hungerford Tesco today

HWWBILN Joint Event Report

Keep Caring & Carry On

A networking workshop for voluntary organisations providing support for disabled people and/or carers

Contents

1. Introduction
2. Notes from discussions
3. Evaluation highlights
4. Appendices:
 - A. Healthwatch West Berkshire presentation
 - B. West Berkshire Independent Living Network presentation

1. Introduction

Aims of the workshop

The aims of the workshop were to identify and understand the:

- Impact of welfare reform and budget restraint on the people our organisations support;
- Challenges for voluntary and community organisations;
- Opportunities for working together to improve local services.

Who the workshop was for

This event was for people who work or volunteer in community based organisations that provide advice and/or support for disabled people, including:

- People with mental health needs, learning difficulties, physical and/or sensory impairments.
- People with long term health conditions e.g. diabetes, dementia, cancer.

What was included

Presentations

- Heather Hunter, Chief Executive of Family Resource Centre UK / Lead Officer of Healthwatch West Berkshire, explained the role of Healthwatch West Berkshire.
- Mick Hutchins, Chair of West Berkshire Independent Living Network, gave an overview of recent welfare benefit changes and reductions in social care provision.

Information sharing and discussions

The presentations were followed by discussions in two groups, each looking at:

- The impact felt by individuals (the people supported by our organisations) of recent changes in welfare benefits and social care cuts.
- The challenges faced by organisations as a result of the changes and the impact on those we support.
- What we (in our organisations) can do in response to the changes and the challenges.

Networking

An optional buffet lunch was provided during which attendees could network. While some people did not stay for lunch, others who were unable to attend the main event came to this part only.

2. Notes from the discussions

Impact on individuals of welfare reform and budget cuts

- People not affording "meals".
- People losing valued activities.
- Nowhere to go, nothing to do.
- Loss of travel tokens means more isolation.
- Catastrophe for families due to disabilities of parents or children.
- Cuts in benefits.
- Housing benefit cuts will mean breakdown of families.

- Knowing the way round the system – not all are IT literate.
- Where to go for advice?
- Online applications.
- Communication (lack of).
- No transparency.
- “Underserving poor” and disabled people.

Impact on organisations of welfare reform and budget cuts

- Fairclose day centre has had to put up cost of meals. It may close due to lack of people attending.
- Meals on Wheels numbers dropping.
- Services that support activities, and drop-ins, are stopping.
- Reduction in core grants of 10% or more.
- Unlikely to have continued funding.
- Two years funding – what then? Will have to widen service.
- Reduction in grants means reduction in paid staff. Relying on volunteers and unpaid staff.
- Impact on social care puts pressure on healthcare services, which are also under financial pressure.
- More demand on charities and small organisations.
- Need for clear info about funding sources.
- Form filling – complex and time consuming.

What can we (our organisations) do?

- Feeding back and telling stories.
- Case studies and outcomes.
- Complain to relevant person in the first place, then feedback to Healthwatch.
- Networking and working together.
- Sharing information.
- Use Access for All – West Berkshire Council resource.

- Respond to consultations.
- Issues with local council – use local councillors (individuals and organisations).

Messages for statutory agencies.

- West Berkshire Council to have qualified staff to help people with adult social care problems.
- One contact number.
- West Berkshire Council to put Support with Confidence to use.
- Minimise block contracts and tendering.

3. Evaluation highlights

- 11 forms were returned.
- 9 people said facilitation, venue and networking were excellent.
- All but one person either agreed or strongly agreed that the aims had been achieved.
- 7 people said they would be interested in coming to more events like this. Topics suggested included mental health and carers issues.
- 10 people said the event was thought-provoking, 9 that it was informative, 7 that it was interesting.
- Comments included:
 - “Excellent opportunity to network with other agencies and to start the process of utilising Healthwatch – imperative that we make use of this fantastic opportunity.”
 - “Very good presentation from Mick Hutchins – spot on!”
 - “Advocacy for vulnerable people is an essential service, must not be dismissed by cuts. Healthwatch must highlight concern.”

Marketing Literature & Photos



healthwatch
West Berkshire

Your Voice on
health and social
care services

Tell us **your**
experiences of
health and social care services
in **West Berkshire.**

Call today on:
0800 977 4371
or
0118 969 5137

your say

Visit our website: www.healthwatchwestberkshire.co.uk

Email us: contact@healthwatchwestberkshire.co.uk
Facebook: www.facebook.com/healthwatchwestberkshire
Twitter: www.twitter.com/HealthWWBerks

Healthwatch West Berkshire is the independent consumer champion
for residents using health and social care services in West Berkshire

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**Family
Resource
Centre
UK**



How can I find out more?

Please call the Healthwatch West Berkshire team or visit the Healthwatch West Berkshire website to find out more. Details on how to get involved and how to share your views can all be found on the website.

Visit us online and get involved:
www.healthwatchwestberkshire.co.uk
www.facebook.com/healthwatchwestberkshire
www.twitter.com/HealthWWBerk

The Healthwatch West Berkshire team can also send you details and information through the post should you be unable to use the website. If you require a copy of this document in a different format or large print contact us.

Tel: **0118 969 5137** or our free phone number: **0800 977 4371**
Email us:
contact@healthwatchwestberkshire.co.uk

STAY IN TOUCH - CALL TO ACTION

We would like to hear from you about your experiences of health and social care services in West Berkshire. Give us your views either online, by post or over the phone and stay updated with the latest developments.

Your name (optional)

Email address

Contact details (address / preferred contact)

Comments

No personal details will be shared or published anywhere without prior permissions

This service is provided by Family Resource Centre UK Charity



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healthwatch
 West Berkshire

Your Voice on health and social care services in West Berkshire

Share your experiences and give us your view

What is Healthwatch West Berkshire?

Healthwatch West Berkshire is working in the community to gather views and experiences of health and social care services. The ambition of Healthwatch West Berkshire is to shape the future of health and social care services based on local needs and experiences.

People rarely speak up, for fear of repercussions or because they don't think they can make a difference.

Healthwatch West Berkshire is an opportunity for the public to use its voice to have real influence for children, young people and adults. You can be involved in shaping local services according to what your community wants and needs.

Share your views, get your voice heard!



Get Involved

Healthwatch West Berkshire will only function properly with the involvement of local people, groups and charity organisations. By supporting us, joining with us and taking part we can gather a lot of evidence about real views and experiences. We can then use that evidence to tell services about your experiences and hold them to account.

We are looking for Individuals who are based locally to become Healthwatch Champions and Charities to join us to benefit members. We want to create a network of Healthwatch Champions and partners right across West Berkshire. Champions will have two main roles:
 - Promoting Healthwatch West Berkshire in their local area. Letting people know what it is and how to get in touch.
 - Being the eyes and ears in their local groups and organisations, feeding back experiences.

Get in touch, get involved!

Why Healthwatch West Berkshire

Healthwatch West Berkshire launched in April 2013, we are in the community gathering your views and experiences. Come and talk to us. Your words will make a real difference. We will play an active role in promoting the changes needed for local health and social care services in West Berkshire.

Together we can create a better health and social care system in West Berkshire. This is an opportunity to create a health and social care system that really meets local needs. Tell us what's going on in care services where you live. Tell us what you want, what you like and dislike. We want to hear the good and the bad.

Every voice counts, make yours count today!





Get Involved

By being involved you can help shape the future of health and social care services in West Berkshire

Active follower Passive follower

Full Name (incl. title):

Email address:

Contact number**:

Address:

** We need your permission to be able to text you even if we already have your mobile number. By giving us your mobile number you are agreeing to receive information by text message and understand that the information given will be held and used in accordance with the Data Protection Act 1998 and that permission continues to be granted until confirmed in writing that it is withdrawn.

Preferred method of contact:
 Email Telephone Post

What area of health and social care are you interested in:

<input type="checkbox"/> Ambulance Services <input type="checkbox"/> Care Homes <input type="checkbox"/> Carers <input type="checkbox"/> Children and Young People <input type="checkbox"/> Community nurses <input type="checkbox"/> Dentistry <input type="checkbox"/> Dementia	<input type="checkbox"/> Equality and Diversity <input type="checkbox"/> GP Services <input type="checkbox"/> Hospitals <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mental Health <input type="checkbox"/> Older People's Services <input type="checkbox"/> Podiatry	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Pregnancy/Maternity Services <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> other (please state): <input style="width: 150px;" type="text"/>
---	--	--

Which statement best describes you (groups can be kept informed):

Individual Charity Community group Social Care Professional Retired

Other / further information:

How would you like to be involved in Healthwatch West Berkshire activity:

<input type="checkbox"/> Engagement with the public/Events/stands	<input type="checkbox"/> IT Marketing and Communications
<input type="checkbox"/> Task groups looking at specific issues	<input type="checkbox"/> Research

Interested in:

Experienced in:

How can we help you take part in Healthwatch West Berkshire?

Please let us know of any special requirements you might have (wheelchair access, hearing impairment, reading formats etc.):

Agreement

Agreement confirmation:* I can confirm that the information given in this form is true and that I am happy for the information in this form to be stored securely as required by the Data Protection Act 1998.

Signed:

Date:

Healthwatch West Berkshire
 Is an independent company
 that gathers your views to
 influence the future of
 health and social care
 services in West Berkshire

healthwatch

West Berkshire

Good or bad, we want to know what you think of the **health and social care** you receive in West Berkshire - so tell us what you think.

This could be anything from hospital visits or appointments with the doctor, dentist and optician, to your experience of family planning clinics, health visitors, and more.

And it's not just **healthcare** we're interested in, it's **social care** too. This includes care for older people, and services for people with disabilities or mental health problems. We'd also like to hear from carers, who play such a vital role in looking after family and friends.

Name (Optional):

Email Address (Optional):

Type of Feedback:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Praise for good service | <input type="checkbox"/> Complaint |
| <input type="checkbox"/> Request for Information | <input type="checkbox"/> General |

Comments:



You can also speak out online at
www.healthwatchwestberkshire.co.uk/speak-out/

- Tick here to be kept up to date with further information.

Information will be used in line with the data protection act and HWWB privacy policy

This form can also be posted to:

**Healthwatch
West Berkshire**
Broadway House
4-8 The Broadway
Newbury
Berkshire
RG14 1BA

 **Speak Out - Your experience can help shape and improve future health and social care in West Berkshire** 



Your Voice on health
and social care services
in West Berkshire.

Have your say;
share your views, make
a real difference today.

**We want to hear
from you.**

Call us:

**0800 977 4371 or
0118 969 5137**

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Visit us online:

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healthwatch
West Berkshire



Your Health
Your Care
Your Choice

Have your say on health and
social care in West Berkshire

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0800 977 4371 or
0118 969 5137

Email us:

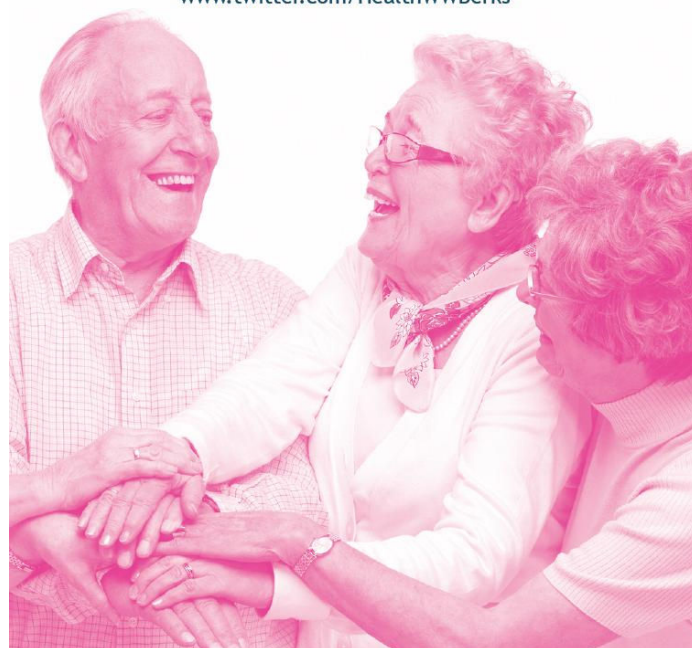
contact@healthwatchwestberkshire.co.uk

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