

# **Health and Well-being Partnership Strategy 2006 - 2009**

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## 1. What is our Vision?

The Health and Well-being Partnership has been brought together to provide community leadership to create a framework for health and social care, which meets the needs of the 21<sup>st</sup> Century.

The Partnership forms part of the West Berkshire Partnership - the Local Strategic Partnership for the District, which brings together the public, private, voluntary and community sectors to combine the efforts of many organisations in co-ordinated actions to improve the quality of life for all. We recognise that working with partner organisations to deliver common outcomes is mutually beneficial and allows us to achieve much more than in isolation.

Working in partnerships allows us to:

- develop better services for people in West Berkshire, particularly the socially excluded
- make better use of existing resources
- attract new external funding for projects and services

The Health & Well-being Partnership aims to develop and strengthen partnership working across statutory and voluntary sectors.

People want to stay as healthy, active and as independent as possible. We each have a responsibility for our own health and wellbeing; at the same time there is increasing emphasis on the role of statutory agencies to work with partner organisations to promote healthier lives and provide appropriate support to meet this challenge. It is acknowledged that some people will find this more difficult than others. This includes people suffering from long-term illness, people who are vulnerable through age, disability or isolation and people with difficulties accessing support & services, including those in rural areas.

The Health and Well-being Partnership aims to improve the health and well-being agenda across West Berkshire for everyone, through providing a framework for partners to work together to tackle inequalities in health. We aim to give everyone an equal chance of staying healthy, active and independent for as long as possible.

This strategy document sets out the overarching aims and aspirations of the Partnership for the next 3 years. It is an overarching document and does not seek to reproduce other plans and documents that already exist in relation to promoting health & well-being across West Berkshire.

*Appendix 1 – 'Planning Framework'* signposts existing plans and strategies that relate to work being undertaken by the Partnership.

## 2. Understanding the Context – Drivers for Change

Nationally, we are living longer and have greater long-term care needs. It is acknowledged that people want quality services that meet the full range of individual need, more local care, and the ability to take greater control over their health whilst being supported to remain as independent as possible.

Changes in population and communities mean that we are less likely to be part of a close knit family providing support. Communities are more diverse and existing services may need reshaping to reflect these changes.

Alongside this, 90 % of people's contact with the health services takes place outside of hospitals; 1.7 million are supported by local social care services. This provides clear direction for reviewing how and where we provide services.

**Ref: *Our Health, Our Care, Our Say, Government White paper 2005***

### Local Context

The population of West Berkshire as a whole is relatively healthy by national standards. However, income, employment, education and training, housing and environment and access to services are all key determinants that need to be considered in improving health and wellbeing.

Although West Berkshire is seen as a relatively affluent area, there are pockets of deprivation across the district. Rural areas in West Berkshire are particularly influenced by barriers to housing and access to services. There is also evidence that certain wards within West Berkshire score relatively highly on deprivation scores relating to income, employment and health and disability, resulting in inequalities in health.

The apparent affluence of West Berkshire can limit the amount of funding and grants we receive from central government, therefore placing greater pressure on the local economy and statutory agencies to provide appropriate and inclusive services.

Demographic changes, such as an increase in the number of people aged 65+ will place additional pressures on health, social care and housing services to ensure a range of supports are accessible and available as close to where people live as possible.

8.4% of West Berkshire residents provide unpaid care to either family, friends or neighbours (2001 Census), with nearly 2000 people providing care in excess of 50 hrs per week. Consideration must be given to both the impact this has on the health of the people receiving and providing care, as well as the financial pressure this would place on statutory agencies if this hidden workforce were not present.

The Health and Well-being Partnership acknowledges that to understand and deliver services effectively to people across West Berkshire we need to understand the local area and communities with which we work. The West Berkshire '*Annual Public Health Report 2004 –2005*' and the '*West Berkshire District Profile 2005*', provides further key information relating to Health and Social Well-being, to help us to respond to identified areas of need.

### 3. New Directions

#### 1 - *Our Health, Our Care, Our Say* – *A new direction for community services*

In January 2006 the Department of Health White Paper '*Our Health, Our Care, Our Say*' was published. It sets out a vision for better health and social care services outside hospitals, leading to better health, independence and wellbeing.

The Health and Well-being Partnership embraces the vision set out by the White paper and the strategic focus for the Partnership is based on the four desirable outcomes detailed within the White paper:

1- Better preventative services, with earlier intervention
2- Giving people more choice and control
3- Tackling inequalities and improved access to Community services
4- More support to people with long term needs

To achieve these improvements it is recognised that there will need to be:

- a shift in resources to prevention,
- more services located in local communities and more services provided outside of hospital, thereby shifting care closer to home
- more care undertaken outside hospitals and in the home
- better joining up of services at a local level.
- more encouragement of innovation

The statutory creation of a Director of Adult Social Services (DASS) for all local authorities supports these aims, and provides greater focus on partnership working, delivering an integrated approach, promoting equality of opportunity and eliminating discrimination in respect of adult social care services. For West Berkshire this role is fulfilled by the WBC Corporate Director for Community Services.

The White Paper builds on existing programmes of reform confirming the vision to make Health & Social Care services as flexible as possible to meet individual need and put them in control. Early work within the Health and Well-being Partnership was based on the precursors to this vision and are consequently intrinsically built into the foundations of our partnership.

## **2- 'Choosing Health' - Making Healthier Choices Easier.**

The Public Health White Paper published in November 2004 set out how the Government will work to provide more of the opportunities, support, encouragement and information people want to help them to choose health as well as shaping the commercial and cultural environment.

Choosing Health highlights 6 priority areas for action:

1. Tackling health inequalities
2. Reducing the numbers of people who smoke
3. Tackling obesity
4. Improving sexual health
5. Improving mental health and well-being
6. Reducing harm and encouraging sensible drinking

These priority areas will be tackled through informed choice, personalised support and partnership working. Other key agendas are: helping children and young people to lead healthy lives and promoting healthy and active life amongst older people.

The Director of Public Health will support these priority areas, working in partnership to ensure the local population's needs are assessed, promoting health and well-being for the whole community and ensuring a clear and strong focus in tackling health inequalities.

## **3- Independence, Well-being and Choice.**

The Adult Social Care Green Paper published in March 2005 set out the Government's vision for the future of adult social care in England, addressing the challenges of a changing and ageing population, higher expectations, and our desire to retain control over our own lives for as long as possible and over as much as possible.

Aspirations set out within the green paper are now reflected within the outcomes set out in 'Our Health, Our Care, Our Say'. West Berkshire Council undertook a number of initiatives in response to the green paper, the outcome of these have helped to shape the priorities for the Health and Well-being Partnership

### **Appendix 2 – Summary of WBC response to the Green Paper**

Other policy drivers for the Health & Well-being Partnership include: Every Child Matters; A Sure Start to Later Life; NHS Improvement Plan, Securing Good Health for the Whole Population (Wanless Report), Health Select Committees report on Obesity, Public Service Agreement framework (not an exhaustive list

## 4. Services delivered in partnership

The Health & Well-being Partnership will provide community leadership to co-ordinate the activities of different service providers across the public, private and voluntary sectors in the district.

The aim will be to build and harness capacity across the whole local system, including services like transport, leisure and housing, to meet the needs of all residents, including the most vulnerable.

The key objective is to increase partnership working between service providers, so that services are designed and delivered in a person-centred way, rather than dictated by organisational or professional boundaries.

This approach is exemplified by one of the projects within the Partnership's Local Area Agreement. The Outreach Project will take a targeted range of preventative services and information from across a number of agencies to people who may otherwise have difficulties accessing support through age, isolation or disability. The project is a partnership involving a number of Council services, the Primary Care Trust, the Department of Work & Pensions and the voluntary sector.

West Berkshire has a solid foundation of partnership working on which to build. Our local commitment to this approach has already led to a number of well received and nationally recognised shared arrangements, including jointly run and managed health and social care services, as well as services delivered in partnership by the statutory and voluntary sectors.

West Berkshire Council's Community Services Directorate has been deliberately designed to meet best practice guidance on the Council's role in championing the needs and aspirations of adults and promoting wellbeing that goes beyond the organisational boundaries of adult social care.

The Health & Well-being Partnership needs the involvement of a vibrant and focused voluntary and community sector. Voluntary and community sector (VCS) organisations are often best placed to work with disadvantaged people – either because they have specialist knowledge in providing services or because they have closer links with particular communities. In this they can often provide the bridge between the statutory services and community views.

The Partnership is applying the governments 'Change Up' and 'Trailblazer' programmes to encourage local voluntary sector capacity (VCS) building to increase public service delivery through VCS organisations, and in particular to provide local preventative services.

*Ref: Change up– Capacity Building & Infrastructure Framework for the Voluntary & Community Sector (2004)*

The parish planning process, which is also well established in West Berkshire, provides a unique opportunity to engage the wider community in recognising their role in promoting health and well-being.

## **5. Local Area Agreement**

West Berkshire has entered into a Local Area Agreement (LAA), with strategic partners from the West Berkshire Partnership from April 2006. The West Berkshire Partnership involves statutory, voluntary and private sector organisations who, through the LAA, have jointly agreed a range of local outcomes and targets.

The Health and Well-being Partnership has used the Local Area Agreement to agree a range of outcomes and targets to improve public services and quality of life. Some targets attract pump priming funding from central Government and reward grant for achievement, providing financial incentives for organisations and agencies involved in meeting these targets.

LAA's are recognised as a positive development to help achieve good partnership working, providing a framework for local services to deliver improved health and social care outcomes for people in the communities, whether provided by public, voluntary or private bodies.

### **LAA – Healthier Communities and Older people block**

The aim of this Block is to build healthier communities in a sustainable way, supporting the independence of all our population, with specific attention to the needs and aspirations of older people and people from vulnerable groups, access to community facilities and services. The LAA outcomes focus on Prevention and Community Health. This will be achieved through convergent outcomes that deliver a series of benefits.

#### **Preventative services:**

We have put forward plans to increase the number of older people supported to live in their own homes, and to increase the number of people receiving their maximum entitlement to pensions credit or attendance allowance. In order to achieve this, we are using an "outreach" approach, taking services, information and advice out to identified groups of people, in order to assist them to maintain their independence, take advantage of activity and learning opportunities, and follow up issues such as fuel poverty. This will require a partnership approach, and, as well as liaison between numerous parts of the council, will involve health staff, from Primary Care Trusts and GP surgeries, colleagues from the Pensions Service, and a wide range of voluntary sector and community organisations. We also intend to increase the use of assistive technology to add to the safety and security of vulnerable people living alone, in partnership with Sovereign Housing. In addition we are encouraging people to complete a "self assessment" of their needs, and will be working with them to assist with the needs identified in this process, even if they fall outside those services traditionally available from social services. We will

also further support the work of the PCT's Long Term Conditions Collaborative, focusing on identifying and supporting those individuals living with long term medical conditions. We have also undertaken to increase the range and flexibilities of day care services which the council has available for older people and people with a disability.

### **Community Health:**

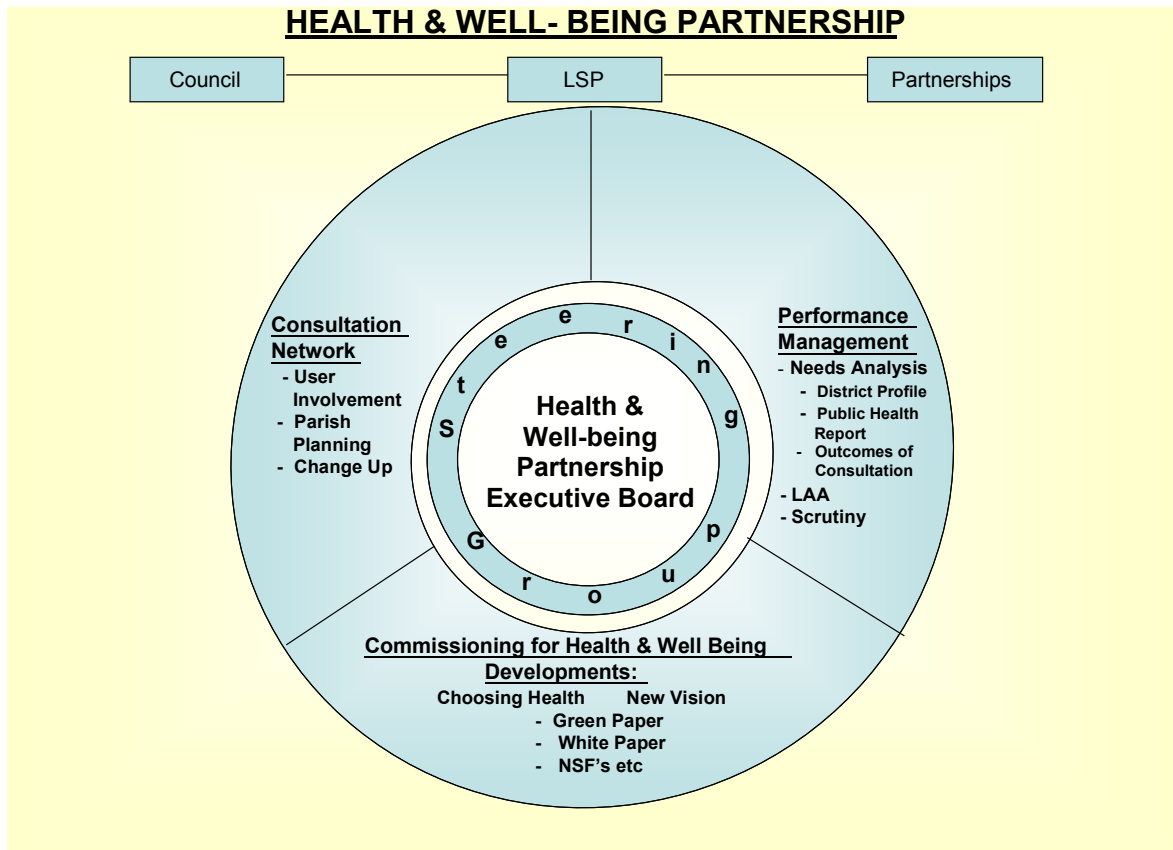
We will be supporting the further development of the Activity for Health programme, which targets individuals referred by their GP who will benefit from a structured, supported exercise programme. In addition, we have identified two specific geographical areas where health improvement is a priority, and will be working to reduce obesity, and increase the number of smoking quitters in these areas. A further focus on healthy lifestyles is the extension of the Healthy Schools project, and an increase of schools involved in the 'School Nutrition Action Groups' (SNAGS) project. Smoking cessation is targeted with a commitment to support the move to develop smoke-free workplaces, and a focus on reducing the numbers of pregnant women who smoke. Improving sexual health is also a priority, with targets to decrease the under 18 conception rate, improve school based sexual health services, and increase the percentage of teenage parents who continue in education, employment and training. We will also support local employers to address issues of mental health and well-being, by opening up training courses on Stress in the Workplace.

***Ref: West Berkshire's Local Area Agreement 2006 - 2009***

***Further details of the LAA targets can be found as Appendix 6***



## 6. Making it happen – How will we achieve this vision?



The West Berkshire Health and Well-being Partnership is a sub group of the West Berkshire Partnership and is accountable to the Management Board of the LSP.

The following partners are represented on the Health and Well-being Partnership:

- Berkshire West Primary Care Trust (Public Health)
- West Berkshire Council (Community Services)
- User / Carer representation
- Community Action West Berkshire
- LSP Management Board
- Berkshire Health Care Trust

The Executive Board of the Health and Well-being Partnership and agreed terms of reference is listed as **Appendix 3 and 4**. The Steering Group was set up to oversee the implementation of the Health and Well-being Partnership structure and meets to ensure that the agenda will be driven forward by:-

Listening to what local people want and need to maintain their health and well-being.

The Health and Well-being Partnership's Networking Forum will provide one of the key means by which service users and citizens can engage with the Partnership in a systematic and robust way. This enhances but does not

replace the existing routes by which we currently consult: there are well established forums for users, carers and other stakeholders. We are also committed to developing ways to engage with hard to reach groups and will work with groups such as local parish planners and the Community Council for Berkshire to ensure that we extend our consultation as widely as possible. **Appendix 5** details membership of the Networking group.

Commissioning decisions based on good local information.

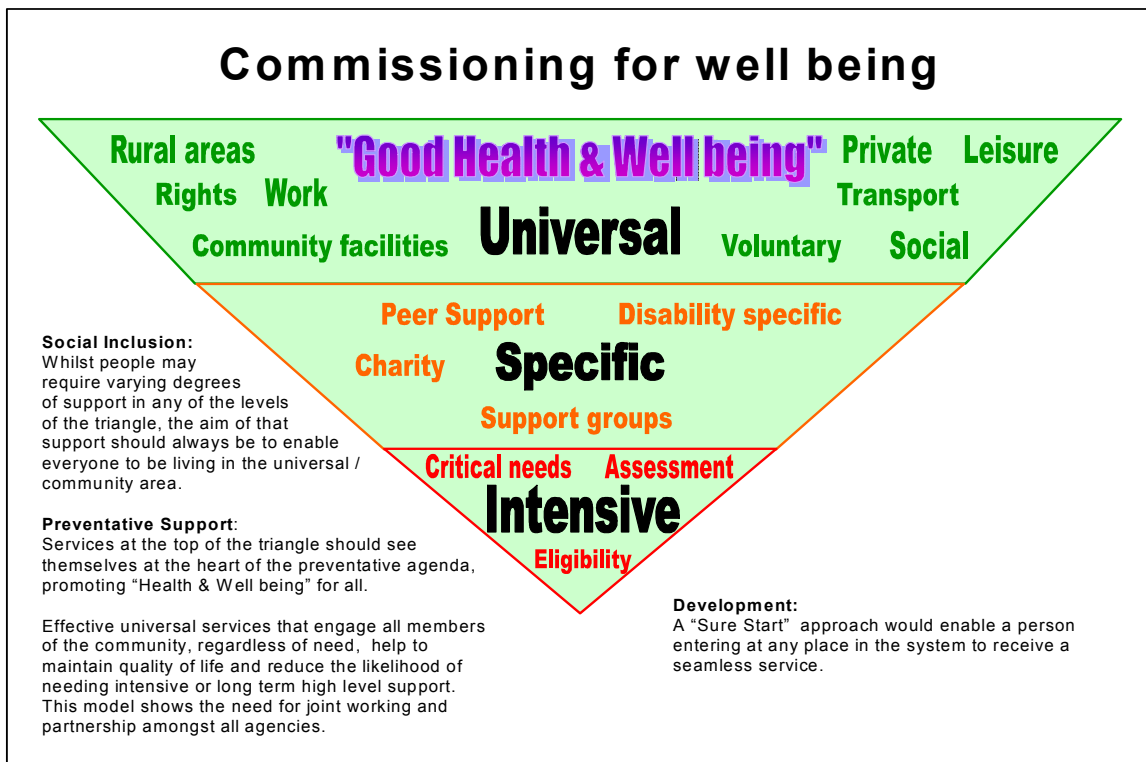
Effective commissioning depends upon good information. The Health and Well-being Partnership has the West Berkshire District Profile, the Annual Public Health Report and a variety of up to date needs analysis reports which it can share across agencies to target improvements and resources to those who will most benefit from them. The District Profile and the Annual Public Health Report provide the baseline of current population needs in order to effectively plan for the future and provide the information needed to stimulate and develop the social care market.

This joint work on local needs mapping has already informed the development of Local Area Agreement priorities, which target at-risk populations and health inequalities.

Jointly commissioning responsive services.

The Health and Well-being Partnership Commissioning Group will provide a focus for ensuring that resources are used effectively to promote health and well-being. It will work alongside existing local commissioning bodies to ensure that services are planned and commissioned to support the vision for health and well-being. A key objective will be to drive the re-alignment of the whole local system to support community well-being, which includes services like transport, housing, welfare benefits and leisure.

*(Figure 2 - the health and well-being triangle)*



Performance Management and Quality Assurance.

The Local Area Agreement will be performance managed and monitored to ensure that we achieve the joint targets and outcomes we have agreed across the Partnership. The Performance Management strand within the Health and Well-being Partnership will also provide the local focus for the development of the synchronised joint performance management system across health and social care, as identified in the White Paper 'Our Health, Our Care, Our Say'.

## 7. Moving ahead - Action planning

This strategic plan has set out the vision and priorities for the partnership over the next 3 years. The challenge is to make sure that we translate these aims and aspirations into activity that is really going to make a difference.

The Local Area Agreement forms a key component of our Action Plan and the detail of the LAA is given in Appendix 6. We will be working with groups across the Partnership to agree how these priorities are delivered and to ensure that action is undertaken to meet the targets and outcomes.

In addition to working towards achieving the LAA outcomes the Partnership will be addressing a number of other themes to bring a closer engagement across sectors to achieve better outcomes for people in West Berkshire:

- Supporting community / building capacity to enable preventative initiatives and promote self care
- Understanding and quantifying the potential of aligned pooled resources and their deployment
- Sharing an understanding of costs / benefits
- Sharing approaches to building an evidence base of what works
- Workforce development

A key challenge will be the further development of joint commissioning arrangements across the Partnership. Issues to work through will include:-

- Defining the scope of commissioning
- Governance and accountability
- The implications of new reforms within the NHS such as Practice Based Commissioning; Choice and Payment by Results
- Financial and information sharing
- The role of the private and independent sector

These areas will be explored with the aim of agreeing an overall policy framework for joint commissioning across the Health and Well-being Partnership, which can provide coherence as well as clarity of roles and responsibilities for commissioners.

The outcomes within this Health and Well-being Strategy will be drawn together through existing and developing multi-agency strategies over the coming years. The document will be flexible and able to change and be added to as new guidance emerges and new priorities are identified. The inclusion of the LAA targets for the next three years is a firm basis on which we will grow a comprehensive and far reaching strategy, tackling inequalities in health and social exclusion, meeting all the health and social care needs of our population and wherever possible improving the health of everyone through prevention of ill health and promotion of positive health and partnership working.

## **8. Priorities for Action - Objectives and Targets**

### **AIM:**

To improve the health and well-being of the adult population of West Berkshire through tackling inequalities in health

### **OBJECTIVES**

1. To improve the accessibility of health and social care services for all people
2. To enable more older people to live independently at home, including people with long term conditions
3. To increase the income of targeted 'at risk' individuals
4. To develop outreach services and increase the provision of Activity for Health sessions for 'hard to reach individuals and communities, targeting areas of high health need and rural areas
5. To provide a greater range of opportunities and more flexible provision of day services for people with disabilities and older people
6. To decrease smoking prevalence through reducing exposure of second hand smoke and increased availability of smoking cessation services to manual groups and pregnant women
7. To maintain a downward trend in the under 18 conception rate, targeting higher rate areas and support teenage parents into education, training and employment
8. To improve sexual health for the population through improved awareness of risk and better provision of services
9. To promote mental health and well being in the workplace
10. To increase public awareness of safe and sensible levels of drinking alcohol
11. To tackle overweight and obesity through improved awareness and better services and increase levels of physical activity in the population so that more people are more active more often
12. To increase the initiation and continuation rates of breastfeeding in new mothers
13. To decrease excess winter mortality through eliminating fuel poverty in vulnerable households

**All of the above objectives will be achieved through the following partnership targets:**

- Commissioning services based on local needs analysis to improve health and well being
- Managing performance of all agencies on the Partnership to ensure targets are met
- Working with a Consultation network to ensure local needs and the effectiveness of services are understood

**In delivering these objectives we aim to ensure following outcomes are met:**

- ✓ Improved health and emotional well being
- ✓ Improved quality of life
- ✓ Opportunities to make a positive contribution
- ✓ Ability to exercise choice and control
- ✓ Freedom from discrimination and harassment
- ✓ Economic well-being
- ✓ Personal dignity

**A detailed action plan is being developed to support the objectives of the Health & Well-being strategy.**

**For further detail contact:**

**- Teresa Bell – WBC Corporate Director, Community Services.**

## **Appendix**

**Appendix 1 –Planning Framework**

**Appendix 2 –Summary of WBC response to the Green paper**

**Appendix 3 –H&WB Partnership Executive Board Membership**

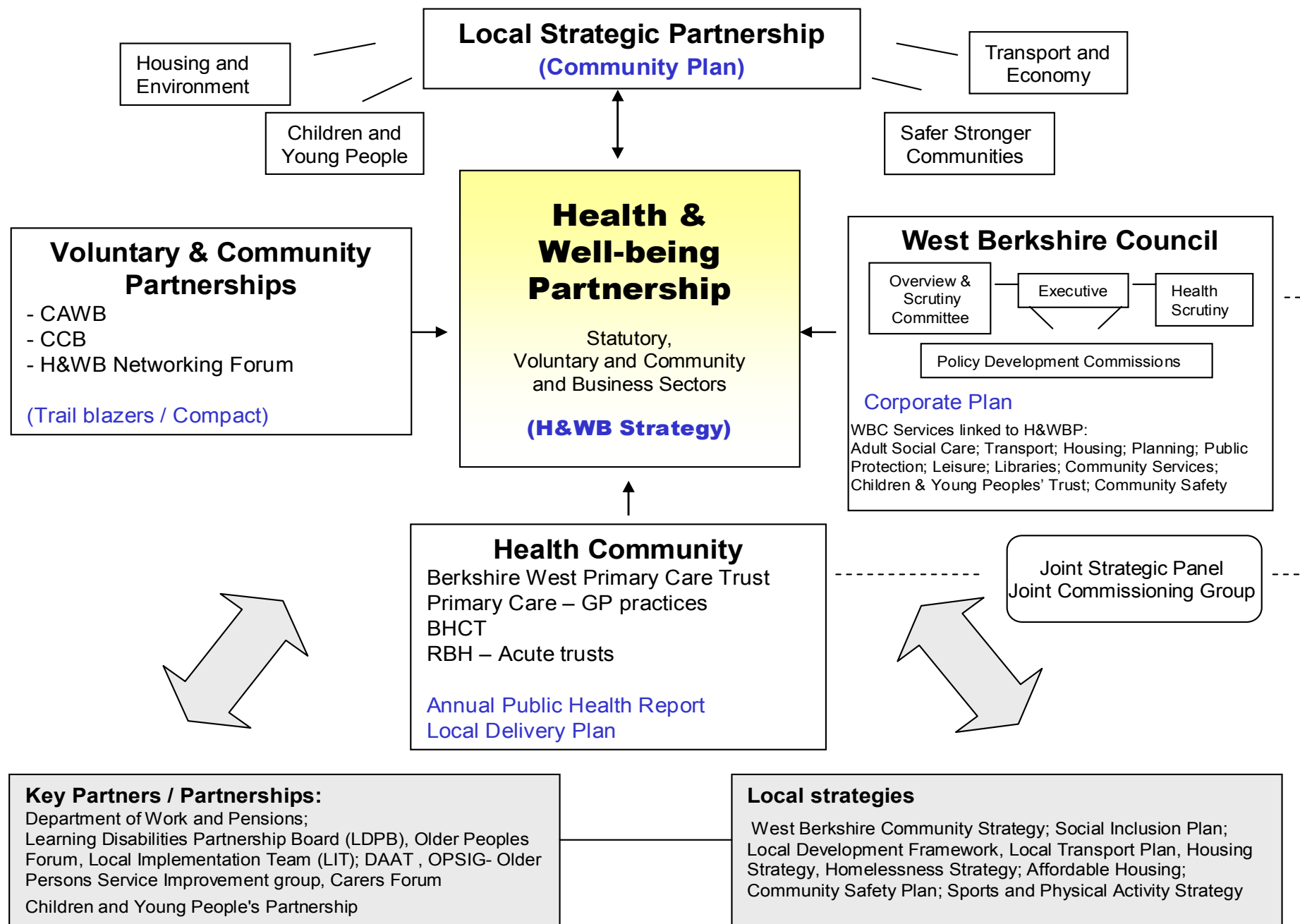
**Appendix 4 - H&WB Executive Board Terms of Reference**

**Appendix 5 - Partnership Networking Group**

**Appendix 6 – Detailed LAA outcomes**

**Appendix 7 – Glossary**

# APPENDIX 1 – HEALTH & WELL-BEING PARTNERSHIP PLANNING FRAMEWORK





## Appendix 2

### Summary of WBC response to the Adult Social Care Green paper, 'Independence, Well-being and Choice'

West Berkshire adopted a proactive approach to the Adult Social Care Green paper, "Independence, Well-being & Choice" issued in April 2005.

Service Users were commissioned to make a film recording their views as part of the Councils response, and an initial workshop across the service was held in May 2005 to explore the implications and consider how we would move forward in implementing many of the proposals within this vision.

A newsletter was issued across the service in August 2005, detailing an overview of the Green paper and WBC response to date.

It was recognised that an integral component of achieving this new vision was the *wider role of the Community*, ensuring access to universal services are facilitated appropriately and that partnerships with wider Community Services are strengthened.

To further progress this agenda a Development Day was held in November 2005, invites were extended to wider Community Services and included representation included from staff across the service, wider council services, users and carers, health services, community safety, voluntary sector representation, department of work and pensions.

The day was facilitated by staff from across the service, with input from Users and Carers. Interactive workshop sessions explored key themes. Below is a collation of key themes emerging from these sessions.

The day focused on:

#### **1, How we ensure Users and Carers are central to service development**

Extracts of the DVD produced as a response to Department of Health by users and carers was shown. Discussion around priorities for users and carers was facilitated. Key Priorities identified included:

- ✓ **Communication and Information**
- ✓ **Assessment process should be User led and consider wider family / support network**
- ✓ **Needs to have an Holistic approach, considering all relevant services**
- ✓ **Important to feel in control**
- ✓ **Working in Partnership is essential to providing Coordinated support**
- ✓ **Funding Issues need to be streamlined**

**Attention to prevention and ongoing support for Health and Well being**

#### **2, Understanding how WBC is meeting objectives within the green paper and progress on actions agreed at the first development day.**

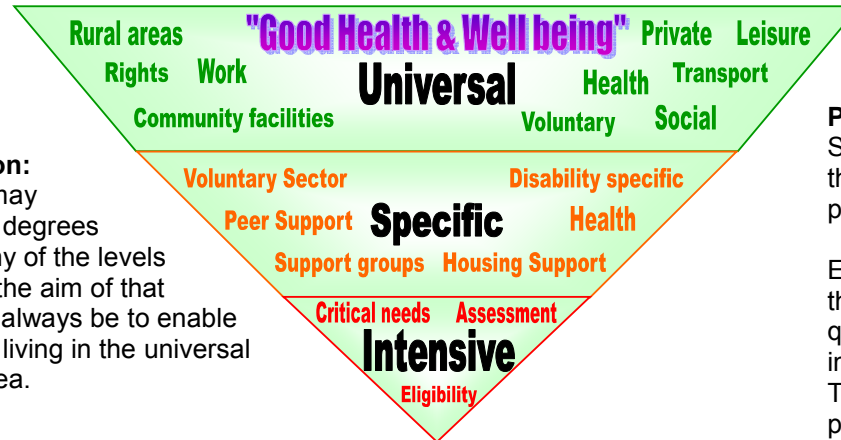
- Preventative services
- Self Managed Support: Self Assessment, In Control, Direct Payments

Issues explored are included below:

## Prevention – ‘Inverting the triangle’

**Aim of the Exercise:** Participants were asked to consider the variety of needs that people have in order to maintain Independence well being & choice, and to look at how these translate into actual services by mapping available services on the triangle. Outcome of the exercise demonstrated many services were ‘Universal’, it is these services that should be at the heart of the preventative agenda.

**Social Inclusion:** Whilst people may require varying degrees of support in any of the levels of the triangle, the aim of that support should always be to enable everyone to be living in the universal / community area.



## Preventative Support:

Services at the top of the triangle should see themselves at the heart of the preventative agenda, promoting “Health & Well being” for all.

Effective universal services that engage all members of the community regardless of need, help to maintain quality of life and reduce the likelihood of needing intensive or long term high level support. This model shows the need for joint working and partnership amongst all agencies.



### **Self Managed Support**

The concepts of Self managed support were explored, including:  
'Self Assessment' – Progress update on the development of the Self Assessment processes within West Berkshire, opportunity for participants to comment on the proposed assessment

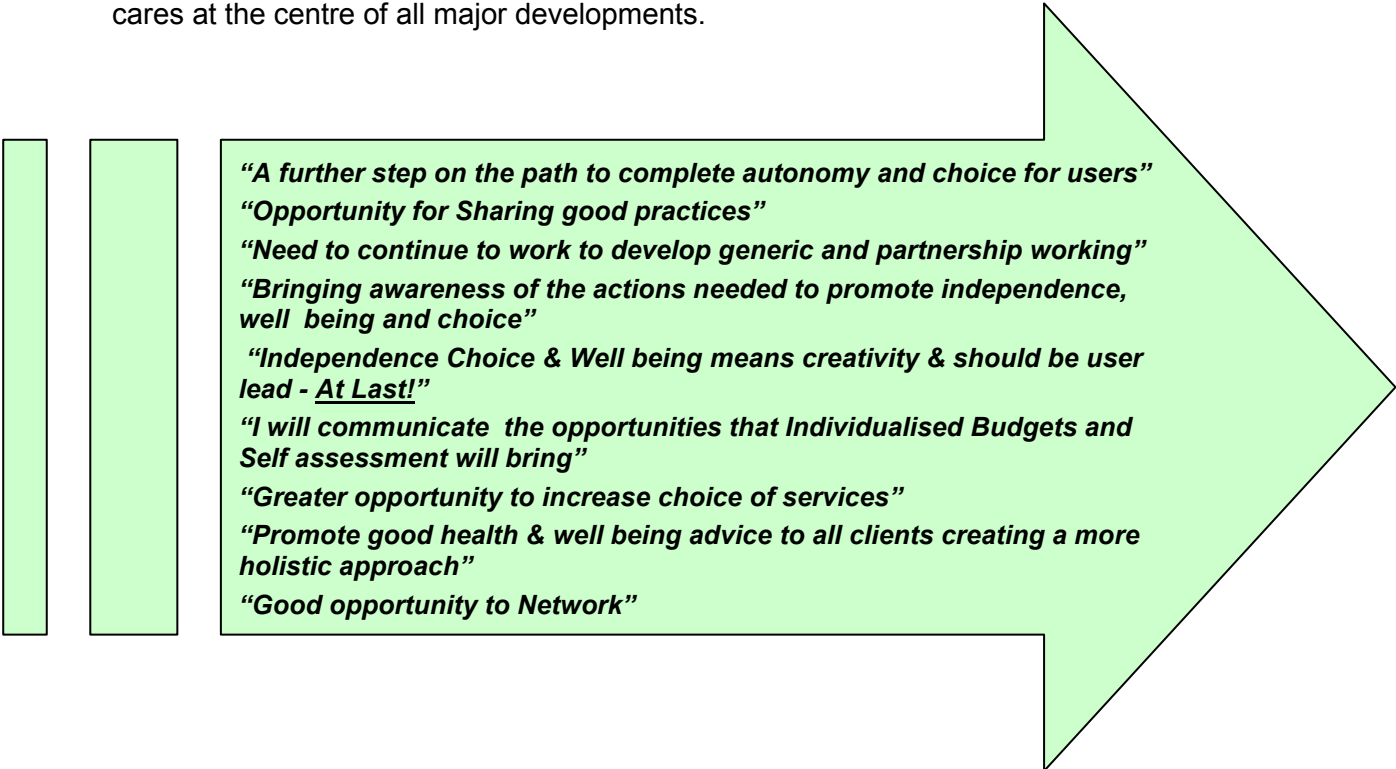
Individualized Budgets – Discussion around what Individualised Budgets were, exploring the 'In control' pilots scheme that are being developed.

Direct Payments – Exploration of how barriers to Direct payments can be overcome

### **3. Consolidating links with the wider community and consider how we move further forward with key partners.**

Throughout the day it was highlighted that to move forward on any of the areas discussed, there was a need to work together jointly on agreed outcomes.

Some quotes taken from feedback during the day are incorporated below. These demonstrate the benefits participants felt the day had in moving forward to ensure that West Berkshire adult social care and partners are able to deliver a service to users which is preventative, improves independence and places users and cares at the centre of all major developments.



***“A further step on the path to complete autonomy and choice for users”***  
***“Opportunity for Sharing good practices”***  
***“Need to continue to work to develop generic and partnership working”***  
***“Bringing awareness of the actions needed to promote independence, well being and choice”***  
***“Independence Choice & Well being means creativity & should be user lead - At Last!”***  
***“I will communicate the opportunities that Individualised Budgets and Self assessment will bring”***  
***“Greater opportunity to increase choice of services”***  
***“Promote good health & well being advice to all clients creating a more holistic approach”***  
***“Good opportunity to Network”***

**It was acknowledged at the end of the day that many of the themes explored during the day, and key outcomes from each of the session, will be progressed through the development of a Health and Well-being Partnership. Representation from across services, Users and Carers and wider partners will be central to these developments**

*Our thanks go to all individuals who contributed to this development day and gave valuable input.*

## **Appendix 3**

### **H&WB Partnership Executive Board Membership**

#### **Membership:**

Portfolio Member for Community Care West Berkshire Council

Shadow Member for Community Care West Berkshire Council

Chair of Healthier Communities & Older People Policy Development  
Commission West Berkshire Council

CCB/Community Action West Berkshire

Area Director – Berkshire West Primary Care Trust

Associate Director of Public Health – Berkshire West PCT (West Berkshire  
locality)

WBC Corporate Director – Community Services

LSP Business Sector representative

Department of Work and Pensions – Head of Berkshire Services

## **Appendix 4**

### **West Berkshire Health and Well-being Partnership Executive Board Terms of Reference**

**To oversee the following on behalf of the Health & Well-being Partnership:**

1. To promote the health and well-being agenda across West Berkshire to partners and the wider population.
2. To provide a leadership role in taking forward the health and well-being agenda through policy and strategy development, working collaboratively with other multi-agency LSP sub-groups.
3. To form a consultation network for statutory, voluntary, community and private sector organisations.
4. To identify local health and social needs and inequalities in West Berkshire, using the wide variety of data sources available.
5. To support the development of strategies and action plans based on evidence of effectiveness to meet the prioritised needs.
6. To establish health and well-being outcome indicators and local targets that the Health and Well-being group will address, monitor and report back on to the LSP.
7. To work with relevant groups, and establish task groups if necessary, to implement action plans and evaluate effectiveness and cost effectiveness.
8. To identify and bid for funding to enable task groups to implement local plans, including the development of Local Area Agreements and Public Sector Agreements and identifying opportunities for pooling budgets.
9. To monitor specific work plans against achievement of outcomes and support task groups as needed.

## Appendix 5

### Health and Well-being Partnership Networking Group

An initial meeting of the networking group was held on the 6<sup>th</sup> April 2006, to explore the future of the H&WB Partnership.

At this meeting it was agreed that the aim of the group was to:

- ✓ Support effective communication
- ✓ Enable views of all stakeholders to be represented
- ✓ Inform future developments
- ✓ Promote the Health and Well-being agenda across West Berkshire.

A discussion considering how best to take this group forward was held and it was agreed that:

- Any **ACTION** taken as a result of the meetings would be fed back.
- Individuals / organisations will invited to be involved when their expertise is relevant to the work being done – ie on “specific projects”.
- The wider group will meet every 6-9months to update everyone of the progress made, and future developments

*Membership of the partnership will extend as work becomes more embedded into the delivery of services. Below is a list of people who were actively interested in being a part of the Partnership.*

#### Membership List for the H&WB Partnership Network (April 2006)

Barbara	Alexander	Councillor
Mandy	Baggaley	Partnership and Res Development officer
Jan	Bartlett	Area Director
Teresa	Bell	Director of Community Services
Jackie	Bennett	Vulnerable Adults Coordinator
Barbara	Billett	Senior Quality Officer
Jill	Bosley	West Berks Disability Alliance
Helen	Bounds	Beechcroft House
Mac	Brodie	Carers Strategy Group
Deborah	Butland	Service Manager
Rachel	Craggs	Community Safety, WBC
Sheila	Craig	Age Concern
Doreen	Cuthbert	Carers Strategy Group
David	Danielli	Vodafone
Jeanette	Daniels	Research & Information Manager
Jo	Darby	Newbury Day Centre
Molly	Davison	West Berks Neurological Alliance
Dr Fred	Davison	West Berks Neurological Alliance
Poppy	Dixon	OP Group
Eileen	Dunn	Princess Royal Trust for Carers
Christine	Eeley	Princess Royal Trust for Carers
Jo	England	Welfare Benefits Team Manager
Shelly	Hambrecht	CAWB
James	Hamilton	Physical Disabilities Team Leader

Jenny	Hatch	User/carer Development Officer
Tracy	Hendren	Housing
Val	Hitchcock	Valuing People
John	Holt	West Berks Neurological Alliance
Phil	Homer	Help the Aged
Chris	Honey	Carer
Ashlyn	Honey	Service User
Mick	Hutchins	West Berks Disability Alliance
Professor Peter	Jarvis	Thatcham U3A
Ann	Jefferies	Parkinson's Disease Society
Bob	King	CAB
Sarah	Knapp	Training Manager, WBC
Emma	Lamb	Partnerships Officer
Peter	Lavarack	Thatcham U3A
Alison	Lawrence	Pathways to Employment Officer
Patrick	Leavey	Service Manager – WBC
Alison	Love	Community Care Development Manager
Jane	McCarthy	Princess Royal Trust - Lambourn Support Group
Judy	McCulloch	PALS Manager, PCT
Chreanne	Montgomery-Smith	Alzheimers Society
Ian	Mundy	Locality Manager for Mental Health
Verity	Murricane	Mental Health Forum
Lia	Nikitopoulos	Newbury Day Centre
Nigel	Owen	Quality & Performance Officer
Christine	Owen	Libraries, WBC
Brenda	Pallister	Service User
April	Perberdy	Physical Activity Development Manager
Gary	Poulson	Newbury Volunteer Bureau
Elaine	Runza	Community Mental Health Team
Peter	Slater	Project Manager, WBC
Emma	Smyth	Valuing People Link Worker
Jean	Steele	Stroke Club/Ormonde Centre
Carrie	Stoneman	Carer
Jane	Taylor	Newbury Crossroads
Jason	Teal	Partnerships Officer
Frances	Tippett	Service Manager
Mike	Trevallion	Transport Services Manager, WBC
Linda	Varness	Newbury U3A
Sarah	Ward	CAWB
Jan	Williams	National Development Manager, Senior Link, Help the Aged
Rosemary	Wyatt	Community Nurses Service Manager
Lesley	Wyman	Head of Health Improvement

## Appendix 6 : LAA Outcomes

Set out below are the outcomes in the Healthier Communities and Older People block of the LAA.

Targets have been set, some of which represent a stretch target and attract pump priming and reward funding at the end of three years. Other targets, without the reward element have been set by the partners in order to guide multi-agency work over the next three years on delivering the priorities from central government around prevention and community health. For the sake of this strategy all outcomes have equal importance.

### **LAA Outcome 5 (LPSA 4): Increased Access to Services**

#### **Indicator Supporting Outcome:**

1. Number of older people supported by WBC to live in their own home, receiving all community based services (including those identified by self-assessment & those with telecare systems).  
(As a sub-set of the above we will maintain at least 200 people receiving intensive home care).
2. Number of older people responding to the DH Home Care Survey who were extremely satisfied with their service.
3. Number of people receiving intensive home care.

### **LAA Outcome 6 (LPSA 5): Increased Income**

#### **Indicator Supporting Outcome:**

Number of people assisted to achieve their full benefit entitlement through the application of pension Credit and attendance claims.

### **LAA Outcome 7 : Outreach Services**

#### **Indicator Supporting Outcome:**

1. Total number of people in contact with this new outreach service.
2. Number of people taking up adult learning opportunities by attending outreach learning events through this service per year.
3. Number of households assisted to improve their fuel efficiency by taking up existing grants.

### **LAA Outcome 8 : Increasing Older People Supported to Live at Home**

#### **Indicator Supporting Outcome:**

1. Number of older people who have received preventative services identified through self assessment.
2. To install new technology (such as sensors and alarm systems) in people's houses, in order to allow people to stay in their own homes.

### **LAA Outcome 9 : Long term Conditions**

#### **Indicator Supporting Outcome:**

Decrease the number of older people who have 2 or more unplanned admissions to hospital in the last 12 months.

**LAA Outcome 10: To improve the health of two specific communities identified as high in deprivation in order to reduce health inequalities in the area.** The two specific areas are Greenham Ward (SOP E01016295) and Fords Farm (6 SOAs E01016273).

#### **Indicator Supporting Outcome:**

1. To reduce Obesity in the two target areas.
2. To reduce the number of people in the target areas who quit smoking at 4 weeks.
3. No of people participating in "Activity for Health" sessions.



**LAA Outcome 11 : Healthy Eating (Schools)****Indicator Supporting Outcome:**

1. Increase in the number of schools who have achieved Healthy Schools status.
2. Increase in the number of schools actively working on food in schools projects from the 2003.04 baseline

**LAA Outcome 12 : Flexibility of Services****Indicator Supporting Outcome:**

1. Volume and range of local authority services for adults with physical disabilities; learning disabilities or mental health problems on offer and increased flexibility over venue and timing of services.
2. No of older people supported by local authority day services at weekends and evenings.

**LAA Outcome 13 : Second Hand Smoke****Indicator Supporting Outcome:**

1. All NHS and LA sites to be completely smoke free, including buildings and grounds by the end of 2006.
2. Increase the number of smoke-free workplaces with >20 workforce.
3. Decreased proportion of pregnant women who smoke.

**LAA Outcome 14 :Sexual Health****Indicator Supporting Outcome:**

1. Decrease in the under 18 conception rate for West Berkshire.
2. Increased number of certified SRE teachers across West Berkshire.
3. Improved access to contraceptive services for young people, reducing unintended pregnancy rates.
4. Increase in percentage of teenage parents who are ready in education, employment and training.

**LAA Outcome 15 : Mental Health****Indicator Supporting Outcome:**

1. % of training places offered to external employers in the community (not social care providers).

***For further detail, please refer to West Berkshires Local Area Agreement.***

## **Appendix 6 – Glossary**

BHCT – Berkshire Health Care Trust

CAWB – Community Action West Berkshire

DASS – Director of Adult Social Services

DPH – Director of Public Health

H&WBP = Health and Well Being Partnership

LAA – Local Area Agreement

LDPB – Learning Disabilities Partnership Board

LSP – Local Strategic Partnership

PCT – Primary Care Trust

SNAGS – School Nutrition Action Groups

VCS – Voluntary and Community Sector

WBC – West Berkshire Council