

Public Document Pack

NOTICE OF MEETING



HEALTH AND WELLBEING BOARD

will meet on

WEDNESDAY, 31ST AUGUST, 2016

at

3.00 pm

in the

**NEW WINDSOR COMMUNITY CENTRE, HANOVER WAY,
WINDSOR, BERKSHIRE, SL4 5NW,**

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (DEPUTY CHAIRMAN OF CABINET AND LEAD MEMBER FOR ADULT SERVICES AND HEALTH) (CHAIRMAN), COUNCILLOR NATASHA AIREY (CABINET MEMBER FOR CHILDREN'S SERVICES) AND COUNCILLOR STUART CARROLL (DEPUTY LEAD MEMBER - PUBLIC HEALTH AND COMMUNICATIONS) ALISON ALEXANDER (MANAGING DIRECTOR AND STRATEGIC DIRECTOR OF ADULTS, CHILDREN AND HEALTH SERVICES), DR LISE LLEWELLYN (STRATEGIC DIRECTOR OF PUBLIC HEALTH), DR ADRIAN HAYTER (WINDSOR, ASCOT AND MAIDENHEAD CCG CLINICAL CHAIR AND LEAD FOR WINDSOR), DR WILLIAM TONG (BRACKNELL & ASCOT CCG CLINICAL CHAIR), AND MIKE COPELAND (CHAIRMAN OF HEALTHWATCH WAM).

Karen Shepherd
Democratic Services Manager
Issued: 22 August 2016

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Wendy Binmore** 01628 796 251

Fire Alarm - In the event of the fire alarm sounding or other emergency, please leave the building quickly and calmly by the nearest exit. Do not stop to collect personal belongings and do not use lifts. Do not re-enter the building until told to do so by a member of staff.

Recording of Meetings – The Council allows the filming, recording and photography of public Council meetings. This may be undertaken by the Council itself, or any person attending the meeting. By entering the meeting room you are acknowledging that you may be audio or video recorded and that this recording will be available for public viewing on the RBWM website.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive apologies for absence.	Cllr David Copping		
2.	<u>DECLARATIONS OF INTEREST</u> To receive any Declarations of Interest.	Cllr David Copping		5 - 6
3.	<u>MINUTES</u> To confirm the Part I minutes of the previous meeting.	Cllr David Copping		7 - 12
4.	<u>PUBLIC QUESTIONS</u> To receive and answer any questions put forward by members of the public.	-	5 mins	verbal
5.	<u>FRIMLEY HEALTH NHS FOUNDATION TRUST - HEATHERWOOD HOSPITAL DEVELOPMENT PLANS</u> To receive presentations from Colin Mapperley.	Colin Mapperley	20 mins	verbal
6.	<u>THE FUTURE ROLE OF CHILDREN'S CENTRES IN DELIVERING HEALTH AND WELLBEING - RESPONSE TO THE ALL-PARTY PARLIAMENTARY ENQUIRY.</u> To receive a presentation and paper from Hilary Hall / Jacqui McGrath.	Hilary Hall / Jacqui McGrath	25 mins	13 - 24
7.	<u>UNDERREPORTING OF FEMALE GENITAL MUTILATION ACROSS THE THAMES VALLEY - RESPONSE TO THE LETTER FROM THE POLICE CRIME COMMISSIONER</u> To consider and take part in a discussion led by Hilary Hall.	Hilary Hall	15 mins	25 - 28
8.	<u>HEALTHWATCH WINDSOR, ASCOT AND MAIDENHEAD - ANNUAL REPORT AND INFORMATION FROM THE STAKEHOLDER EVENT FOR FUTURE SERVICE DEVELOPMENTS</u> To receive a verbal update from Geraldine	Geraldine Richardson	15 mins	verbal

	Richardson.			
9.	<p><u>THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020</u></p> <p>To receive a presentation and paper from Catherine Mullins on the following areas:</p> <ul style="list-style-type: none"> • Update on priorities • Communication and Engagement progress 	Catherine Mullins	10 mins	verbal
10.	<p><u>BETTER CARE FUND</u></p> <p>To receive a report from Hilary Hall on the following areas:</p> <ul style="list-style-type: none"> • Update on BCF governance submission to NHS England • Progress on activity (paper update). 	Hilary Hall	10 mins	29 - 48
11.	<p><u>THE AUTISM SELF ASSESSMENT RESPONSE - OUR LOCAL PERFORMANCE</u></p> <p>To receive an update from Hilary Hall.</p>	Hilary Hall	5 mins	49 - 52
12.	<p><u>TERMS OF REFERENCE FOR THE HWB - ANNUAL REFRESH</u></p> <p>To receive and consider a report from Hilary Hall.</p>	Hilary Hall	5 mins	53 - 58
13.	<p><u>AOB - ADDITIONAL INFORMATION FOR THE HWB</u></p> <p>The Chairman to request any other business items to be discussed.</p>	Cllr Copping	5 mins	
14.	<p><u>FUTURE MEETING DATES</u></p> <p>To note the dates of future meetings:</p> <ul style="list-style-type: none"> • 30 November 2016 • 15 February 2017 	Catherine Mullins		verbal

This page is intentionally left blank

MEMBERS' GUIDANCE NOTE

DECLARING INTERESTS IN MEETINGS

DISCLOSABLE PECUNIARY INTERESTS (DPIs)

DPIs include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any license to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

PREJUDICIAL INTERESTS

This is an interest which a reasonable fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs your ability to judge the public interest. That is, your decision making is influenced by your interest that you are not able to impartially consider only relevant issues.

DECLARING INTERESTS

If you have not disclosed your interest in the register, you **must make** the declaration of interest at the beginning of the meeting, or as soon as you are aware that you have a DPI or Prejudicial Interest. If you have already disclosed the interest in your Register of Interests you are still required to disclose this in the meeting if it relates to the matter being discussed. A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in discussion or vote at a meeting.** The term 'discussion' has been taken to mean a discussion by the members of the committee or other body determining the issue. You should notify Democratic Services before the meeting of your intention to speak. In order to avoid any accusations of taking part in the discussion or vote, you must move to the public area, having made your representations.

If you have any queries then you should obtain advice from the Legal or Democratic Services Officer before participating in the meeting.

If the interest declared has not been entered on to your Register of Interests, you must notify the Monitoring Officer in writing within the next 28 days following the meeting.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD
CONFERENCE ROOM - YORK HOUSE AT 3.30 PM

08 June 2016

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll, Mike Copeland, Lise Llewellyn, Sally Macfarlane, Eve Baker, Dr Adrian Hayter, Marianne Hiley, Alex Tilley and Dr William Tong,

Officers: Alison Alexander, Angela Morris, Catherine Mullins, David Cook and Hilary Hall.

PART I

42/15 **APOLOGIES FOR ABSENCE**

Apologies for absence were received by Angela Morris and Hilary Turner.

43/15 **DECLARATIONS OF INTEREST**

Cllr Carroll – Declared a personal interest as he works for a pharmaceutical company, Biogen. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Biogen's business he would abstain from the discussion and leave the room as required. Cllr Carroll confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

44/15 **MINUTES**

The minutes of the meeting on the 8th June 2016 were approved as a true and correct record subject to Cllr Carroll being spelt correctly in DOI and Alex Tilley being spelt correctly in attendance.

45/15 **THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020 (15 MINUTES)**

Catherine Mullins gave a presentation on the refresh of the Joint Health and Wellbeing Strategy 2016-2020 and provided legislative background to the strategy highlighting the need for it to be produced in partnership between Clinical Commissioning Groups and local authorities.

The Board were informed that the first strategy was introduced in October 2013 and ran until March 2016. The strategy had been based on extensive consultation and some of the key achievements shown in the presentation were supporting 866 people to stop smoking, reducing falls in the elderly by over 10% and that there had been 1,137 interventions to prevent homelessness.

For the refresh it had to be seen in a changing policy context and the impact of the local and national spending review. There was a focus on the integration of health and social care to help meet the changing demographics and need whilst providing savings with reduced funding.

The Board were informed that whilst undertaking the refresh evidence had shown that there had been no significant change in need in the area and thus the current themes were still relevant. Any additional requirements found in the Joint Strategic Needs Assessment were reflected in the refreshed strategy and there had been extra focus given to empowering residents.

The presentation highlighted the strategies framework that contained the three themes from the previous strategy but with changes to the priorities. The themes and priorities had been developed with residents and to enable the strategy to help focus resources on better outcomes. The strategy showed the commitments being made to residents and also the contribution they could make.

The communication plan for the strategy and the Board were also shown, this included highlighting some of the key messages about self care and how to access the right services. There was a need to focus and take advantage of social media to get the message across and if agreed there would be a special section in 'Around the Royal Borough' informing of the work being undertaken by the Board and the Strategy. There were also other opportunities for partners to take advantage of national and local campaigns and the use of local newsletters such as those produced by housing associations.

The Chairman asked if the Board if the approved the refresh and during discussion the following points were raised:

- It was felt that the some of the language used for resident's responsibilities was too passive and it was agreed to make it more active.
- It was important to put into peoples' minds what the actions meant for them; looking after your own health and public participation.
- It was agreed to add a link between the CCG and RBWM websites and to look at utilising digital media for example using a short video explaining what the strategy was about.
- It was agreed to try and take the Boards meeting into the public domain by holding meetings in a variety of locations such as schools, colleagues or community halls. A variety of stalls, publicity boards could be used and invite groups such as students to participate.
- It was agreed to see if there would be any interest from students in producing a 'young persons' version of the strategy.

Resolved unanimously: that the Board:

- **Approved the refreshed Joint Health and Wellbeing Strategy subject to the changes approved at this meeting.**
- **Approved the outlined communication strategy and approved the development of a calendar of events.**
- **Agreed to use the strategy to drive the business of the Board with regular updates and focus being given at meetings on an individual theme / priority.**

The Board received a presentation updating on the Sustainability and Transformation Plan (STP) for the Frimley footprint which was due to be submitted to the Department of Health at the end of June 2016. The Frimley health and care planning footprint had a population of 750,000 people registered with GPs in 5 CCGs: Slough; Windsor, Ascot & Maidenhead; Bracknell & Ascot; Surrey Heath and North-East Hampshire and Farnham, a area map was provided as part of the presentation as well as listing all the system partners.

The STP set out the key priorities across the system for the next five years and would be crucial to securing transformation funding. A significant amount of work had already been done with partners that had helped identify five emerging priorities:

1. Making a further step change to improve wellbeing, increase prevention and early detection.
2. Significant action to improve long term condition pathways including greater self management and proactive management across all providers.
3. Frailty pathways: providing proactive management of frail complex patients, having multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent and emergency care, including integrated working and primary care models providing out of hospital responses to reduce hospital stays.
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

The Board were informed of the leadership and governance arrangements that brought together 3 established system leadership groups; East Berkshire System Leadership Group; North East Hampshire and Farnham Leadership Group and Surrey Heath Alliance. They would be looking at good practice and how that could be built upon. The STP would build on good relationships with a high degree of trust.

To inform the development of the STP, analysis had been undertaken of a range of data sources to provide information about the health and wellbeing, the care and quality and the financial challenges. The analysis demonstrated that the Frimley system had a good starting point, with some issues being highlighted and informing the STP. Demographic changes had to be taken into account to ensure any good progress was maintained.

The Board discussed the overall purpose and scope of the STP, and it was noted that the plan was focused on identifying and addressing the common issues and priorities across the Frimley system. A strong plan would be required to attract the additional transformation

funding and it would complement rather than replace local plans, strategies and activities.

It was mentioned that the ambition was about people taking responsibility for their conditions and how better signposting to services would help. It was also raised that a lot of residents in the WAM area used the Royal Berks and they were concerned that they may have to go to another hospital; the Board were informed that there would always be concerns like this at the edge of boundaries but the STP would bring widened consistency.

The Chairman mentioned that the Board would require updates on the STP as it develops.

Resolved unanimously: that the Board note the update.

47/15 BETTER CARE FUND - UPDATE ON BCF GOVERNANCE SUBMISSION TO NHS ENGLAND AND PROGRESS ON ACTIVITY (20 MINUTES)

The Better Care Fund Manager provided an update on the Better Care Fund. Key points noted regarding the finances were:

- £75k ARK / SIGNAL new carers services that had been grant funded from Berkshire Carers and will be an in year virement.
- IMCA advocacy budget increased by £7k.
- £75K transformation funding in social care.
- The £604K contingency budget remained in place.
- £130k under spend carried over.

The presentation then went on to show the timescales relating to the submissions of the NHSE and the Board were asked to approve delegated authority to submit Section 75.

Resolved unanimously: that the Board approve delegated finalisation of section 75 to Alison Alexander (RBWM), Alex Tilley (WMMCCG) and Mary Purnell (BACCG), supported by Nigel Foster, CFO for East Berkshire CCGs.

The Board went on to consider the BCF performance data that had been updated to include M12 2015/16 actuals, although performance was good it was noted that NEL admissions and delayed transfers had not met target.

Resolved unanimously: that the Board note the outturn performance for 2015/16 and approved the business targets for 2016/17.

(Alison Alexander left the meeting)

The Board went on to consider key risks for the BCF, such as better communication, better use of resources and workforce development. Proposed mitigating actions being put in place were also considered.

48/15 TRANSFORMING CARE PARTNERSHIP (20 MINUTES)

The Head of Mental Health and Learning Disabilities Commissioning gave a presentation on the Transforming Care Partnership Plan.

The presentation gave the background to the plan that included the ‘Winterbourne view’ that people with learning disabilities should only go into hospital if that was the best course of action and that they should not remain longer then required.

The Board were informed that a systematic change was required for the care partnership with 49 Transforming Care Partnerships (TCPs) set up nationally with the Berkshire TCP being formed by 7 CCG’s and 6 local authorities. The Berkshire TCP was to be held account by the Chief Accountable Officers in East and West Berkshire, the Chief Executives / Manager Director of the local authorities and the Health and Wellbeing Boards.

The presentation showed the TCP programme and the vision for the Berkshire TCP which was about care for all ages. The model of care being used was shown and showed a range of services and activities being made available with the service user and family being the centre focus.

With regards to inpatient service the Board were informed that the CCGs commissioned 16 inpatient beds in Berkshire with individuals also being placed outside the area; there were currently 28 individuals in hospital. The west of Berkshire had a higher usage then the east especially in Wokingham.

The presentation went on to show the Berkshire Plan for both health and social care were it was planned to retain 11 specialist health provision beds supported by existing community teams and a new Intensive Intervention Service to help reduce the need for hospital admissions. The TCP would also work closely with existing local authority teams, housing providers and support qualified skilled staff to support individuals. There would be no additional funding so existing funds would have to be re-invested.

The Board were informed that the plan had been approved by NHS England and the next steps were to set up the work streams and start implementation.

Resolved unanimously: that the Board note the update.

49/15 AOB - ADDITIONAL INFORMATION FOR THE BOARD

It was noted that there was a WAM Workshop P3 in the Town Hall Council Chamber on 28th July 2016.

50/15 FUTURE MEETING DATES

The future meeting dates were noted.

The meeting, which began at 3.35 pm, ended at 5.10 pm

CHAIRMAN.....

DATE.....

Report for: Information



Contains Confidential or Exempt Information	NO - Part I
Title	Family Hubs: The Future of Children's Centres
Responsible Officer(s)	Hilary Hall, Head of Commissioning – Adults, Children and Health
Contact officer, job title and phone number	Jacqui McGrath, Programme Manager 01628 683624
Member reporting	Cllr Natasha Airey, Lead Member Children's Services
For Consideration By	Health and Wellbeing Board
Date to be Considered	31 August 2016
Implementation Date if Not Called In	NA
Affected Wards	All

REPORT SUMMARY

1. In July 2016, the All Party Parliamentary Group on Children's Centres published its report "Family Hubs: The Future of Children's Centres". The focus of the report is on the role that Children's Centres can potentially play as hubs for local services and family support.
2. In recent years, the idea of expanding Children's Centres' provision to provide holistic support which joins up services for the whole family is one which has received an increasing amount of attention at a national level. The clear recommendation of the All Party Parliamentary Group is that Children's Centres should be "the 'go to' place for any parent (including fathers) to access services or information about all family-related matters".
3. This report sets out the Parliamentary Group recommendations and how the current Royal Borough children's centre provision stands in relation to those recommendations. It poses questions for Council partners as to how their services can further support and enhance the role of children's centres as a focus of the 0-19 offer for children and their families.

If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
Delivering integrated early help services can prevent residents' needs escalating and reduce the number of residents who require higher level and costly services	March 2017

1. DETAILS OF RECOMMENDATIONS

RECOMMENDATION: That the Health and Wellbeing Board

- i. Note the direction of travel for children's centres to develop into Family Hubs.
- ii. Invite Council partners to explore how their services can be aligned to support the developing model.

2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1. Children's centres were developed through the original Sure Start programme in 1990 offering services for children under five and their families. By 2015, a total of 3,336 children's centre sites were open across England, working to improve outcomes for young children and their families, particularly those from most disadvantaged backgrounds, in order to reduce inequalities in child development and school readiness.
- 2.2. Recently children's centres across the country, through locally led initiatives, have been expanding their offer and adopting the key elements of the extended family hubs model. This development is supported by the All Party Parliamentary Group on Children's Centres in their July 2016 report, see appendix 1 for the executive summary.
- 2.3. The development of family hubs would encompass all family related matters including ante natal and post natal services, birth registrations, information on childcare, employment, debt advice, relationship support, substance misuse and local activities for families being located in one place.
- 2.4. Within the borough, there are 13 children's centres offering a holistic early help service for children aged 0-5 years and their families. Trained and skilled professionals from public services in the borough ensure that families' needs are met. Work is underway to strengthen the early help offer in the borough for children and young people aged 0-19 years and their families and the recommendations in this report support this direction of travel.
- 2.5. There are 12 recommendations in the All Parliamentary Report, see appendix two for the Royal Borough's response to those recommendations together with a number of questions for partners. Recommendation two to the Health and Wellbeing Board links to the questions for partners in appendix two.

Option	Comments
Continue to provide children's centre services for children aged 0-5 years of age and their families	This approach is unlikely to deliver the best outcomes for the whole family.
Move to a family hub model for 0-19 early help provision, with partners. RECOMMENDED	This will derive maximum benefit from the services offered for the whole family, making best use of resources.

3. KEY IMPLICATIONS

3.1

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
Partners support the further development of children's centres as Family Hubs	Children's centres' offer is retained at its current level.	Early help officer consolidated through children's centres	Early help offer consolidated through children's centres with partners	Early help offer consolidated through children's centres with full integration with partners	1 April 2017

4. FINANCIAL DETAILS

4.1 There are no financial implications arising from the recommendations in this report. Any changes the Council and partners make to services and provision will be costed at the time and met through existing budgets.

5. LEGAL IMPLICATIONS

5.1. The statutory requirements of children's centres are set out in the Childcare Act 2004 and the Apprenticeships, Skills, Children and Learning Act 2009.

6. VALUE FOR MONEY

6.1. Investing in early help services through children's centres can help prevent residents' needs escalating and reduce the number of residents requiring high end, expensive specialist services.

7. SUSTAINABILITY IMPACT APPRAISAL

7.1. None.

8. RISK MANAGEMENT

Risks	Uncontrolled Risk	Controls	Controlled Risk
Inability to attract and retain staff capable of delivering	MEDIUM	Targeted recruitment campaigns. Commitment and	LOW

Risks	Uncontrolled Risk	Controls	Controlled Risk
enhanced services		involvement of wider partner organisations	

9. LINKS TO STRATEGIC OBJECTIVES

- 9.1. The delivery of support services to residents through children's centres is in line with all of the strategic objectives of the Council and statutory partners.

10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

- 10.1. The original location of children's centres was intended to ensure easy access for all residents in the borough and particularly for low income families.

11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

- 11.1. None at this stage although widening the offer within children's centres is likely to have staffing and accommodation implications in the future, which will be addressed through the usual staffing policies of the relevant organisation.

12. PROPERTY AND ASSETS

- 12.1. There are 13 children's centres across the borough, who work with a wide range of partners, to deliver services for children aged 0-5 years and their families.

13. CONSULTATION

- 13.1. Members of the Board are being consulted on the content of this report. Any changes to delivery of early help services from all public services accountable to the Health and Wellbeing Board will be the subject of further formal consultation in the future.

14. TIMETABLE FOR IMPLEMENTATION

Date	Details
31 August 2016	Consultation with Health and Wellbeing Board
September to March	Refinement of early help services through Family Hubs in consultation with and active engagement of partners
1 April 2017	Launch of refreshed early help services.

16. APPENDICES

- Appendix 1: Executive Summary – Family Hubs: The Future of Children's Centres, All Party Parliamentary Group on Children's Centres, July 2016.

- Appendix 2: Royal Borough of Windsor and Maidenhead response to recommendations.

17. BACKGROUND INFORMATION

- None.

Appendix 1: Executive Summary – Family Hubs: The Future of Children’s Centres, All Party Parliamentary Group on Children’s Centres, July 2016.

Health and Development

Children’s Centres currently have a key role to play in providing families with the help they need as soon as they need it and as close to home as possible, early intervention, particularly given their established work in the early years when the support has the biggest impact on long-term outcomes.

Supporting the health and development of young children aged 0-5 and their families should remain an important part of Children’s Centres’ work, with services ideally provided on a universal¹ basis where this is feasible.

However, the All Party Parliamentary Group’s inquiry has found evidence to support the concept that Children’s Centres are well placed to provide a wider range of services, hence operating as Family Hubs. The Family Hub could offer one-stop-shop for family support in local communities.

Employment Support and Childcare

Family Hubs can be a particularly effective place to deliver training and employment support, as they represent a friendly, non-threatening environment. Links between Family Hubs, local employers and Jobcentre Plus must be strengthened to build on the good work already being done in this area.

Building parents’ confidence is a crucial element of effective employment support. However, the training offer can be much broader encompassing issues such as parenting and healthy eating classes which have wider benefits for children’s outcomes.

Family Hubs can play an important role in the provision of early education and childcare, either through direct delivery or by supporting other local providers.

Relationship Support for Family Stability

The quality of the parental relationship can have a significant impact on children’s development.

Family Hubs’ regular contact with parents and links with local partners make them well placed to deliver relationship support. This can encompass couple relationship counselling and courses, already being trialled in some settings, as well as parenting support. A crucial aspect of providing relationship support through Family Hubs is training staff to have the right kinds of conversations with parents. A relationships approach also needs to be embedded across the local authority.

Voluntary sector organisations with a proven track record of best practice should be based in or prominently signposted from Family Hubs.

Family Hubs can also play a key role in engaging fathers, and their capacity to facilitate collaboration between different services can be very valuable to this kind of work.

Supporting Families with Complex Needs

Supporting families with complex needs involves a wide range of local agencies who ideally share the same approach. Children’s Centres have played an important role in

¹ Universal services are those which all residents of the local authority area, regardless of their circumstances.

supporting families on the brink of needing specialist support. The Family Hub model could offer valuable benefits, bringing together professionals and helping to embed shared approaches.

Valuable lessons can be learned from the Troubled Families programme, adapting this to support families before crisis point.

Cross-cutting Issues

Children's Centres' staff are their greatest asset, and will be vital to the success of an extended Family Hub model. Levering in additional charitable and community support (including through the National Citizen Service) will also be crucial to ensuring Hubs have the capacity to effectively support families.

Physical capacity is also an important issue when considering an extended service offer. The APPG's inquiry has shown that the range and quality of services is of foremost importance, and that they are locally appropriate. Therefore, delivering services through wider community venues should be explored where appropriate provided such decisions represent the best approach for addressing a particular need.

There is a need to deal with persistent barriers to enhancing collaborative working and address challenges around measuring impact. The Group also remains convinced that birth registration should be rolled out in Family Hubs nationwide.

All Party Parliamentary Group Report Recommendations

1. The Government should give full consideration to augmenting Children's Centres into Family Hubs as part of its Life Chances Strategy.
2. Local authority leaders and public health commissioners should position Family Hubs at the heart of their Health and Wellbeing strategies.
3. Emphasis should be placed on how mental health needs can be addressed in Family Hubs.
4. The links between Family Hubs, local employers and Jobcentre Plus should be reviewed and strengthened.
5. Relationship support delivered through Family Hubs should encompass not just parenting support, but also couple relationship counselling, pre-marriage courses, post-separation support and help with parenting teenagers.
6. To support Family Hubs' work in this area, local authorities should be required to record family breakdown statistics on a statutory basis.
7. Lessons from the successful Troubled Families programme should be learned, but with a focus on helping families before crisis point is reached.
8. Engagement with voluntary, self-help and peer support organisations should be significantly expanded, with a recognition that people who have challenges can often offer solutions.
9. Every National Citizen Service candidate should spend time in a Family Hub, both learning and volunteering, to emphasise that everyone has something to contribute.
10. Online support should also be available, co-branded with Family Hubs.
11. There must be a concerted effort to share best practice across the country, to overcome barriers to information sharing and improve the evidence base around the impact of services.
12. Birth registration should be rolled out in Family Hubs nationwide.

Appendix 2: Royal Borough of Windsor and Maidenhead response to recommendations.

	Recommendations	The Royal Borough's current delivery	Future development in line with APPG recommendations	Questions for partners
1	The Government should give full consideration to augmenting Children's Centres into Family Hubs as part of its Life Chances Strategy.	<p>Already looking at using Children's Centres as a wider access and early support service. Plans being developed to transform service into 0-19 early help service.</p> <p>Work underway with youth services to look at integration of buildings use and offer of services.</p> <p>Signpost to Relate is required.</p> <p>Comprehensive parenting programme already offered.</p>	<ul style="list-style-type: none"> An integrated 0-19 early help service that brings together non statutory services by 1 April 2017. Health visitors integrated into the local authority early help offer from 1 October 2016 continuing to deliver Healthy Child Programme and as part of the preventive 0-19 service. Youth Service to offer universal services to the lower age range. Voluntary sector organisations delivering and engaged in the Family Hub delivery. 	What are partners' views on the Council's future developments?
2	Local authority leaders and public health commissioners should position Family Hubs at the heart of their Health and Wellbeing strategies.	<p>Integration of school nurses into the local authority from 1 April 2016 with health visitors to transfer from 1 October 2016.</p> <p>Key activities in line with Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> Priority 1 – Enable more children and adults to be at a healthy weight. Priority 7 – Support adults and children with mental health needs. Priority 9 – Facilitate participation in education, training, work, social and community activities. 		<p>Is the direction of travel to family hubs supported?</p> <p>How can all partners contribute to that journey?</p> <p>What are the links with GP primary hub developments?</p>
3	Emphasis should be placed on how mental health needs can be addressed in Family Hubs.	<p>Delivery of Parents as first Teachers sessions with 52 families, 41 of whom were first time parents. Significant increase in parental confidence and ability to manage children's behaviour.</p> <p>A range of parenting courses and support is on offer, with 93% taking up courses reporting</p>	<p>Engagement with CAMHS to be explored as part of development of refined and improved early help service.</p> <p>Solution focus brief therapy (SBFT) will enable staff to work with a wide range of families to identify appropriate solutions to their challenges.</p>	Are there any other way in which we can strengthen support for mental health needs within families?

	Recommendations	The Royal Borough's current delivery	Future development in line with APPG recommendations	Questions for partners
		<p>increased confidence.</p> <p>22 Children's centre staff trained in solutions focus brief therapy (SFBT).</p>		
4	The links between Family Hubs, local employers and Jobcentre Plus should be reviewed and strengthened.	<p>Unemployment in RBWM is currently 2.6%. Children's Centres linked into the Royal Borough's GROW employment clubs and signposting to other agencies and opportunities as required for employment support.</p> <p>Confidence building is undertaken in Children's Centres through a range of courses and opportunities as the first stage into employment.</p> <p>Close interaction with adult learning service.</p>	Royal Borough is looking to integrate JobCentre Plus provision into the front of house provision at the Town Hall.	What other opportunities are there for increasing links between family hubs and local employers?
5	Relationship support delivered through Family Hubs should encompass not just parenting support, but also couple relationship counselling, pre-marriage courses, post-separation support and help with parenting teenagers.	<p>Comprehensive parenting courses offered to all users of the Children's Centres.</p> <p>Solutions focused brief therapy in place and being used with parents</p> <p>Teen triple P training is offered both in Children's Centres and as an on-line course.</p>		This is a new development area - do we want to engage with this and what is the most appropriate way of doing so?
6	To support Family Hubs' work in this area, local authorities should be required to record family breakdown statistics on a statutory basis.			What are partners' views on this recommendation?
7	Lessons from the successful Troubled Families programme should be learned, but			What more can we do to help families before crisis points are reached?

	Recommendations	The Royal Borough's current delivery	Future development in line with APPG recommendations	Questions for partners
	with a focus on helping families before crisis point is reached.			
8	Engagement with voluntary, self-help and peer support organisations should be significantly expanded, with a recognition that people who have challenges can often offer solutions.	<p>Voluntary led services already offered through:</p> <ul style="list-style-type: none"> • Parent volunteers. • Parents with children with disabilities. • 20 parent champions trained. <p>36 volunteers recruited last year. In the Windsor hub, some volunteers have become members of staff and three have gone on to paid employment elsewhere. A further volunteer has become a parent governor or her child's school as a result of increased confidence through volunteering.</p>	<p>Establish a befriending service that is volunteer-led.</p> <p>Develop and extend the Parent Champion role to cover the 0-19 offer.</p>	What other opportunities are there for engaging more with volunteering?
9	Every National Citizen Service candidate should spend time in a Family Hub, both learning and volunteering, to emphasise that everyone has something to contribute.	<p>Work experience is currently offered through Newlands School.</p> <p>There are three apprentices working within the service.</p>	Initial discussions underway around using Duke of Edinburgh Award students for volunteering purposes.	<p>Do partners:</p> <ul style="list-style-type: none"> • Offer work experience to students, if so how many. • Employ apprentices and if so how many?
10	Online support should also be available, co-branded with Family Hubs.	Current children's centres web provision is in the Royal Borough's corporate format.	Development of the web site as an opportunity to offer advice and guidance and extending the support offer beyond building boundaries.	Could partners' service offer to residents be put on the same website?
11	There must be a concerted effort to share best practice across the country, to overcome barriers to information sharing and improve the evidence base around the impact of services.	<p>Learning from best practice has led to:</p> <ul style="list-style-type: none"> • Outcomes star model used and shows increased parental confidence and impact targets set against them. • New family tracking tool embedded and showing outcomes of work. <p>Learning about best practice secured through:</p>	Joint Advisory Board member training to be offered across RBWM, Wokingham and Bracknell.	

	Recommendations	The Royal Borough's current delivery	Future development in line with APPG recommendations	Questions for partners
		<ul style="list-style-type: none"> • Attendance at South East CC Leads • Attendance at conferences and workshops • National College of Leadership engagement through training for CC staff • Strong links with Wokingham and Bracknell Forest Children's Centres. 		
12	Birth registration should be rolled out in Family Hubs nationwide.	Some exploratory work undertaken previously. Most births are registered at Wexham Park Hospital	Further discussion and negotiations needed to assess geographical feasibility	What are partners' views on this recommendation?

This page is intentionally left blank



Anthony Stansfeld
Police & Crime Commissioner
for Thames Valley

Date: 26th July 2016
Our Ref: AS/CR

Dear Sirs

I wrote to all the 9 Health and Well Being Boards in the Thames Valley 3 years ago voicing my concerns that little was being done to stop FGM, and asking what measures were being put in place to stop this practice in their respective areas.

I recently attended a meeting of the Home Affairs Select Committee. The Chairman, the Right Honourable Keith Vaz MP, pointed out that progress to stop FGM was lamentable, and that not one single successful prosecution for perpetrating FGM had been achieved. The fault appears to lay in the almost total lack of reporting by doctors and others within the Health Service who came across this practice.

There is a mandatory requirement to report FGM. In the Thames Valley, the Police have only received 3 reports, and all involved people who were foreign nationals at the time and the offence occurred abroad. Yet given the demographics of the communities within Thames Valley I would expect the numbers reported to be significantly higher.

It appears that the mandatory requirement to report FGM is not being observed. The Home Affairs Select Committee communicated that there will be provisions put in place to prosecute people in positions of trust who do not report FGM. That this should be necessary is regrettable, but the present requirement without sanction is clearly not working.

Could you look at the reasons why, in your area, there has been no reporting to the Police of recently occurring FGM. I do not believe that, in the Thames Valley this is not occurring, and people who should be reporting it are failing to do so. FGM is child sexual abuse, as the UN has recently said, and therefore it must be reported.

Yours sincerely

Anthony Stansfeld
Police & Crime Commissioner for Thames Valley

This page is intentionally left blank

Name: Cllr David Coppinger
Job title: Lead Member Adult Services and Health
Email address: cllr.coppinger@rbwm.gov.uk
Phone number: 01628 683800



02 August 2016

To: Members of the Health & Wellbeing Board

Dear Health & Wellbeing Board Member

REPORTING OF FEMALE GENITAL MUTILATION

As the Chair of the Health and Wellbeing Board, I recently received the attached letter from the Police and Crime Commissioner, Anthony Stansfeld, regarding underreporting of Female Genital Mutilation (FGM) across the Thames Valley. There is a concern that the mandatory reporting requirement of FGM is low across the region and each Health and Wellbeing Board has been asked to look at the reasons as to why this may be the case.

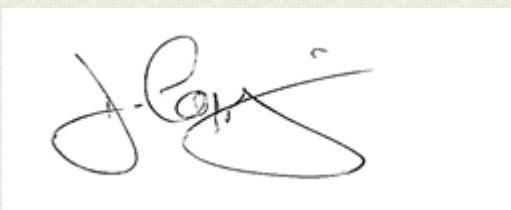
I suggest that this issue is discussed at the next Board meeting on 31 August 2016.

In the meantime, I should be grateful for a written response from each member of the Board to me reaffirming your organisation's commitment to tackling FGM, together with an overview of any activities already undertaken and any future plans to educate and support professionals to identify and raise any concerns. This will enable me to provide a composite and comprehensive response back to the Police and Crime Commissioner.

I am particularly interested in your professional opinion as to why the reporting numbers appear to be lower than expected, and whether there is anything specific that the Board can be doing to positively influence work in this area.

I should be grateful for a response by 17 August 2016.

Yours sincerely



Councillor David Coppinger
Lead Member – Adult Services and Health

Enc.

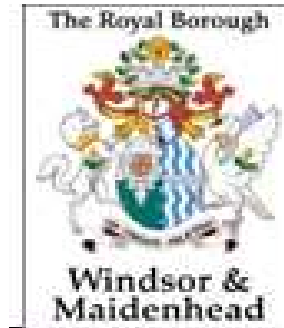
Alison Alexander - Managing Director

Town Hall, St. Ives Road, Maidenhead, SL6 1RF

W: www.rbwm.gov.uk E: customerservice@rbwm.gov.uk T: 01628 683800

: @RBWM : @rbwm

This page is intentionally left blank



**Health and Wellbeing Board
Better Care Fund – performance update
31 August 2016**

Slide	Topic
2-3	Performance summary against national metrics 16/17
4-7	Supporting NEL admissions data (inc Month 3 16/17)
8-10	Falls related data (inc Month 3 16/17)
11-12	Frequent flyer data (Month 2 data)
13-14	DTOC data (Month 2 data)
14-17	Projects - summary of progress

Marianne Hiley, Better Care Fund Manager

BCF METRICS: Updated to include M03 2016/17 actuals

30

Metric	RAG	Update
NEL admissions, general and acute, all ages per 100,00 population		Continuing overall increase across all East Berkshire admissions. Current WAM BCF trajectory (set nationally) still above target but rate of increase is lower in Month 3. Expecting to see a surge in paediatric and respiratory -related admissions in Oct/Nov – mitigated by active flu campaign already planned in GP practices – also supporting a drive to identify carers. HRG subchapters shows continuing significant in NELs for cardiac disorders Q1 16/17 – further analysis underway.
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services		16/17 Target is 92% success rate ie 8% not at home 91 days after discharge. Q4 15/16 average is 7.7%, but still verifying data collation as this figure includes some permanently admitted to residential care which would skew performance. If these are excluded, the figures meet 8% target.
Delayed transfers of care (adults 18+) from hospital per 100,000 population		Continuing concerns und significant challenges with discharge to some nursing homes – pressure likely to increase and East Berks wide approach is being coordinated through existing WAM multi-disciplinary working group. Alamac data is now being gathered from Wexham with more detailed breakdown of 4 sub categories for “medically fit for discharge” – Jackie Raven, leading the Out of Hospital Transformation programme will provide weekly summary of progress and update at SRG (now A&E admission avoidance group) and action will be coordinated across all CCGs/LAs.

BCF METRICS: Updated to include M3 16/17

31

Metric	RAG	Update																				
Permanent admission of older people (65+) to residential and nursing care homes, per 100,000 population		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;"></th> <th style="background-color: #D9E1F2;">2013/14</th> <th style="background-color: #D9E1F2;">2014/15</th> <th style="background-color: #D9E1F2;">2015/16</th> <th style="background-color: #D9E1F2;">2016/17</th> </tr> </thead> <tbody> <tr> <td style="background-color: #4F81BD; color: white;">New Admissions</td> <td style="background-color: #D9E1F2;">136</td> <td style="background-color: #D9E1F2;">177</td> <td style="background-color: #D9E1F2;">158</td> <td style="background-color: #D9E1F2;">29</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Transfers Out</td> <td style="background-color: #D9E1F2;">158</td> <td style="background-color: #D9E1F2;">149</td> <td style="background-color: #D9E1F2;">177</td> <td style="background-color: #D9E1F2;">34</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Net Placements</td> <td style="background-color: #D9E1F2;">-22</td> <td style="background-color: #D9E1F2;">28</td> <td style="background-color: #D9E1F2;">-19</td> <td style="background-color: #D9E1F2;">-5</td> </tr> </tbody> </table> <p>Summary position to end June 2016 - on target to meet for 150 for the year, but could be under pressure following recent pressure to relieve DTOC pressures leading to out of area nursing home placements. Significant concerns regarding RGN capacity in nursing homes raised with Nursing Vision team for support/action.</p>		2013/14	2014/15	2015/16	2016/17	New Admissions	136	177	158	29	Transfers Out	158	149	177	34	Net Placements	-22	28	-19	-5
	2013/14	2014/15	2015/16	2016/17																		
New Admissions	136	177	158	29																		
Transfers Out	158	149	177	34																		
Net Placements	-22	28	-19	-5																		
Number of Falls related NEL admissions		<p>Slight improvement in performance from Month 2 to Month 3 but all BCFs in east Berks reporting step change in NEL numbers aligned to unexplained changes to data recording. Two major initiatives planned: Maudsley House Mobility and falls prevention event (with shared learning for other sheltered accommodation) on 23 August and joint event with WAMGI/VCS organisation chief Officers group on 7 September to identify those at risk and refer them to range of support services, including Keep Safe Stay Well.</p>																				
Service User Feedback		<p>Continue to expand use in STSR (additional 23 patients since May – and will extend pilot to include residents involved in Old Windsor Project (subject to discussion with r-outcomes external consultant at 29 July meeting)</p>																				

Metrics – performance including Month 3 16/17

NEl admissions – continuing upward trajectory overall but slight reduction in Month 3

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	150,500	14,631	14,190	2,357	-3.0%

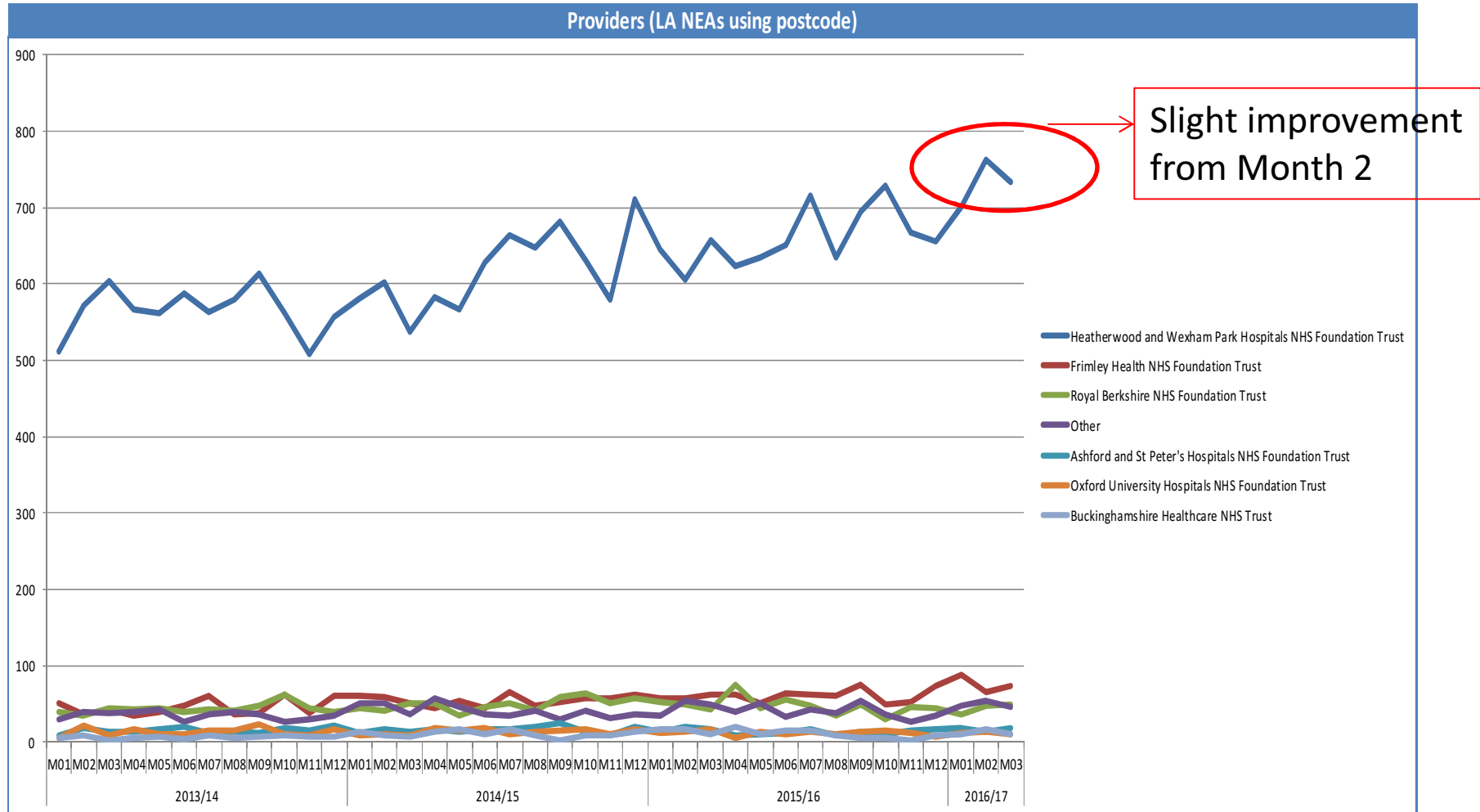
Year	Forecast	Pop	Quarter Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Q1	150,500	3,511	3,548	2,357	+1.0%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	148,000	3,349	3,114	2,104	-7.0%
2014/15	Q2	148,000	2,764	3,295	2,226	+19.2%
2014/15	Q3	148,000	2,956	3,430	2,317	+16.0%
2014/15	Q4	149,400	3,018	3,287	2,200	+8.9%
2015/16	Q1	149,400	3,231	3,201	2,142	-0.9%
2015/16	Q2	149,400	2,667	3,245	2,172	+21.7%
2015/16	Q3	149,400	2,852	3,522	2,357	+23.5%
2015/16	Q4	150,500	2,912	3,502	2,327	+20.3%
2016/17	Q1	150,500	3,511	3,548	2,357	+1.0%
2016/17	Q2	150,500	3,659			
2016/17	Q3	150,500	3,812			
2016/17	Q4	151,700	3,649			

32

16/17 Year to date (inc Mth3) NEL admissions for WAM BCF broken down by acute provider

33

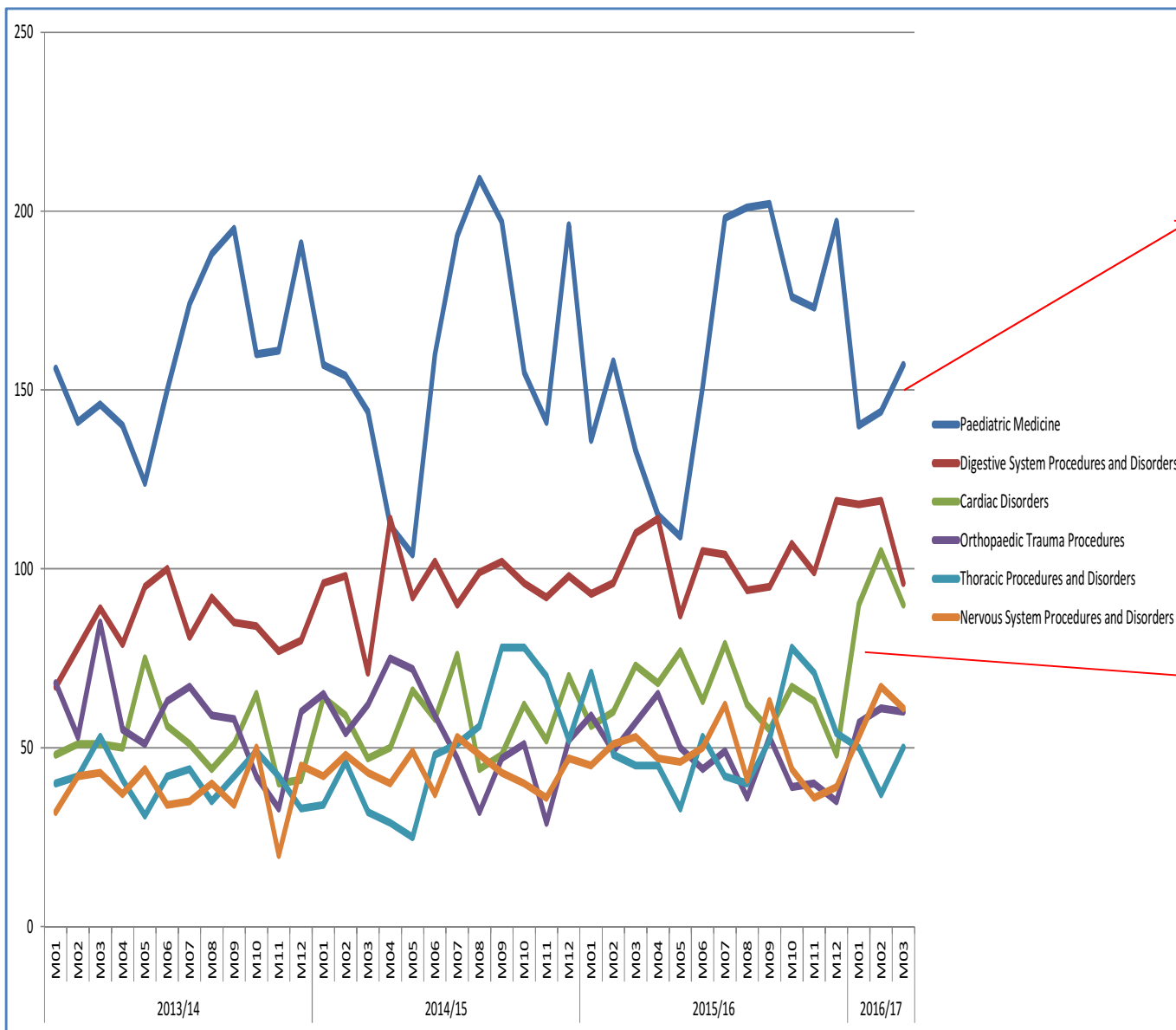


78% of NELs are admitted to Wexham

8% to Frimley

Top Six Acute HRG Subchapters (LA NEAs using postcode)

34



Month 3 16/17 – increase in childrens admissions
 Will be followed up by RBWM/CCG MDT family support group in Sept

CCG following up reasons for cardiac related admissions compared to other top reasons for NEL admission

NEAs - Top 10 RBWM areas and GP practices per 1K population

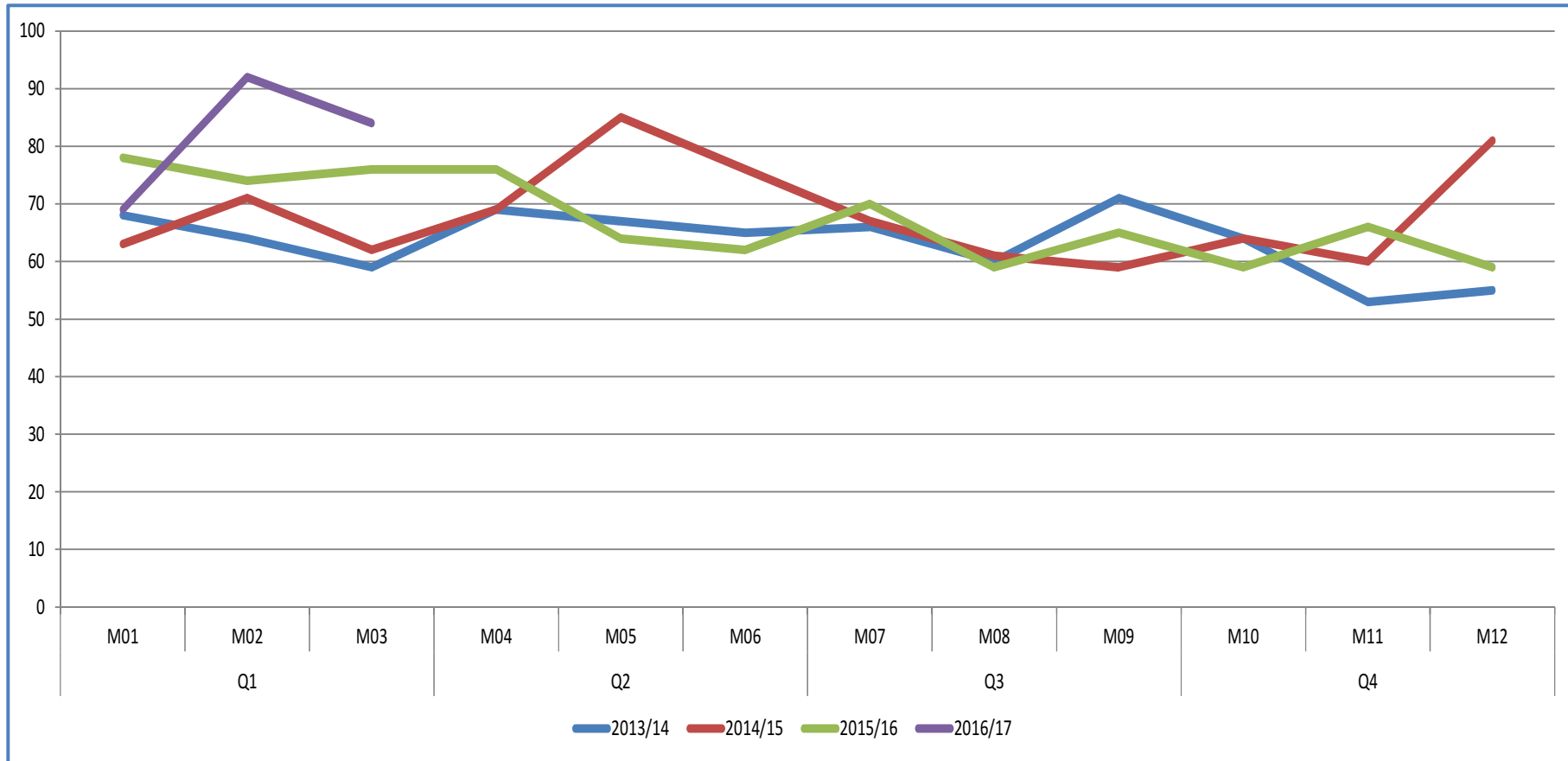
	2013/14	2014/15	2015/16	2016/17
Clewer North	70.2	83.2	85.1	21.7
Clewer South	73.5	80.1	78.6	22.8
Datchet	78.6	75.8	69.1	22.8
Clewer East	68.1	69.4	83.6	22.4
Furze Platt	61.4	72.8	79.4	22.3
Park	58.8	69.5	72.6	21.6
Maidenhead Riverside	59.5	64.3	66.6	21.5
Castle Without	49.7	59.4	60.0	22.1
Sunningdale	47.2	50.9	48.5	21.2
Bray	56.3	58.4	65.2	19.9

Overlay with GP practices is not an exact fit – further detailed review of individual practice data is needed – action plan to be agreed with WAM GP Clinical leads on 17 August

Rate per 1000 population - by practice	2013/14	2014/15	2015/16	2016/17
LEE HOUSE SURGERY	29.3	37.6	38.2	12.1
THE CEDARS SURGERY	31.5	34.3	34.8	9.9
CLAREMONT HOLYPORT SURGERY	29.7	33.2	35.1	9.4
CORDWALLIS ROAD SURGERY	29.3	34.4	32.0	8.9
DATCHET HEALTH CENTRE	29.9	29.8	31.0	8.8
WOODLANDS PARK SURGERY	28.2	30.4	30.4	7.8
LINDEN MEDICAL CENTRE	24.5	28.5	33.3	8.9
ROSS ROAD MEDICAL CENTRE	27.7	29.2	30.0	6.7
SOUTH MEADOW SURGERY	28.8	27.4	28.8	7.0
SHEET STREET SURGERY	23.5	28.1	28.3	8.3

Metrics – performance including Month 3 16/17 data
WAM Falls related hospital admissions

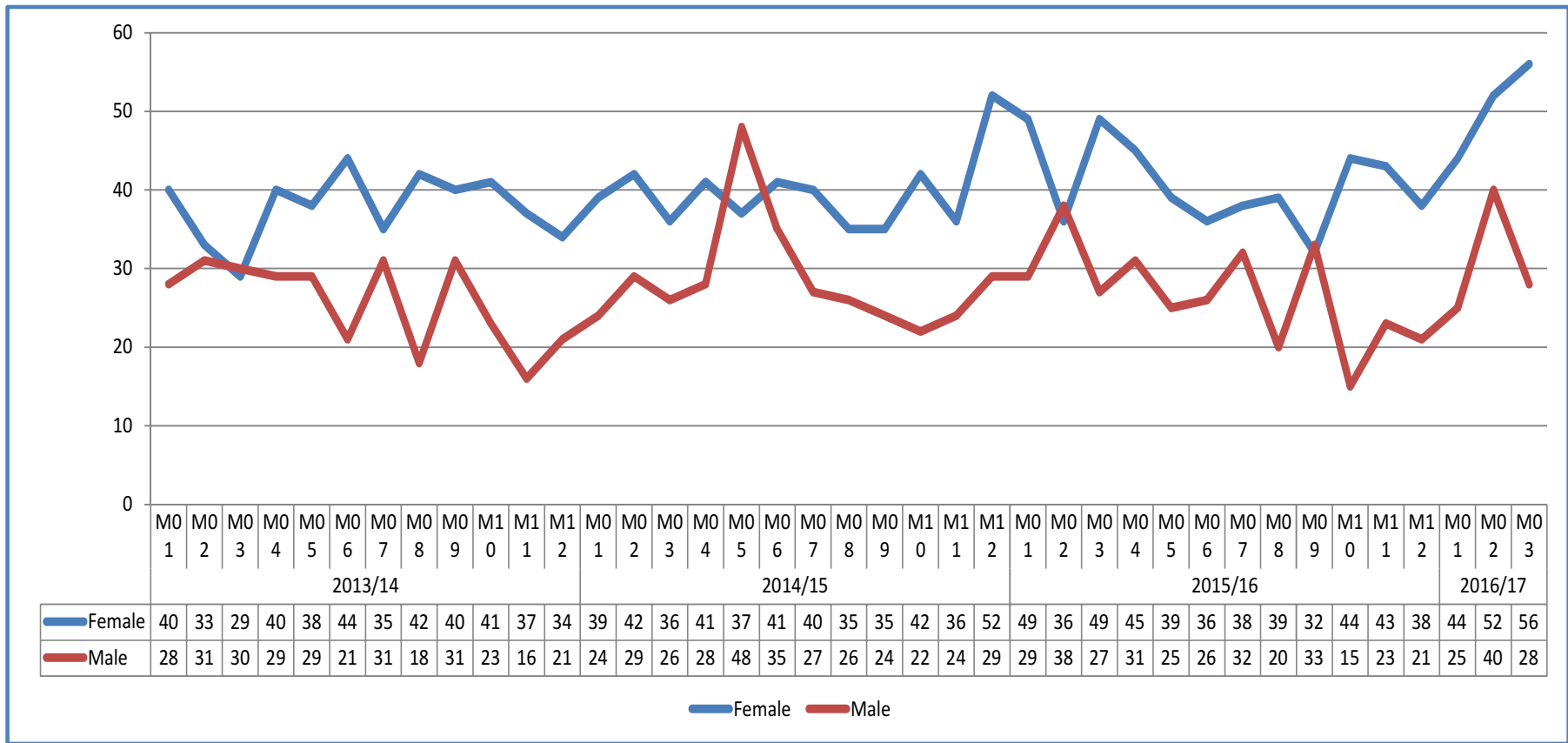
36



**Significant increase in falls related admissions –between end Q4 15/16 and Q1 16/17 - .
 Month 3 shows continuing trend of older females 80+ at greatest risk.**

Female related falls continuing to rise in Month 3 but male falls in decline

37



All NEAs - Top 10 RBWM areas per 1K population

	2013/14	2014/15	2015/16	2016/17	
Clewer North		70.2	83.2	85.1	21.7
Clewer South		73.5	80.1	78.6	22.8
Datchet		78.6	75.8	69.1	22.8
Clewer East		68.1	69.4	83.6	22.4
Furze Platt		61.4	72.8	79.4	22.3
Park		58.8	69.5	72.6	21.6
Maidenhead Riverside		59.5	64.3	66.6	21.5
Castle Without		49.7	59.4	60.0	22.1
Sunningdale		47.2	50.9	48.5	21.2
Bray		56.3	58.4	65.2	19.9

Variation between the two cohorts reinforces the importance of having targeted and community related prevention and education programmes – not a one size fits all approach!

Falls Related NEAs – Top 10 RBWM areas per 1k population

Clewer East	700.8	683.3	700.8	227.8
Oldfield	566.2	808.9	637.0	202.2
Old Windsor	538.7	598.6	578.6	279.3
Pinkneys Green	579.2	471.4	713.9	229.0
Bisham and Cookham	604.4	575.6	532.5	201.5
Boyn Hill	549.9	512.4	537.4	175.0
Clewer South	497.1	515.5	515.5	239.3
Eton Wick	434.6	521.5	565.0	173.8
Castle Without	368.8	532.6	546.3	218.5
Maidenhead Riverside	494.0	382.9	518.7	234.7

NHS Windsor, Ascot and Maidenhead CCG Under 5s A&E Frequent Flyers over Rolling Six Months (SUS)

Date Range:
 Dataset:

Above Average

	RegPop (0-4y)	Unique Attendees	Percentage Attendees	Total Attendances	Pts 2+ Att	Pts 3+ Att	Att Rate /1kPop
RADNOR HOUSE SURGERY AND ASCOT MED CTR	296	84	28.4%	120	25	7	405.4
RUNNYMEDE MEDICAL PRACTICE	599	126	21.0%	162	27	9	270.5
SHEET STREET SURGERY	467	90	19.3%	118	21	6	252.7
DATCHET HEALTH CENTRE	598	111	18.6%	147	29	6	245.8
LEE HOUSE SURGERY	397	79	19.9%	95	16	0	239.3
SOUTH MEADOW SURGERY	917	156	17.0%	200	28	10	218.1
CLARENCE MEDICAL CENTRE	632	101	16.0%	125	21	2	197.8
REDWOOD HOUSE SURGERY	382	56	14.7%	74	11	5	193.7
THE CEDARS SURGERY	658	95	14.4%	122	16	5	185.4
CLAREMONT HOLYPORT SURGERY	1,053	156	14.8%	192	31	4	182.3
ROSEMEAD SURGERY	377	54	14.3%	67	9	4	177.7
CORDWALLIS ROAD SURGERY	296	41	13.9%	51	7	1	172.3
ROSS ROAD MEDICAL CENTRE	227	27	11.9%	38	6	3	167.4
LINDEN MEDICAL CENTRE	481	61	12.7%	73	10	1	151.8
THE SYMONS MEDICAL CENTRE	750	90	12.0%	109	18	1	145.3
COOKHAM MEDICAL CENTRE	373	42	11.3%	50	6	2	134.0
WOODLANDS PARK SURGERY	217	23	10.6%	25	1	1	115.2

39

Targetted review with practices from Sept 2016 – joint discussions with GPs and Health visitors last year was very productive and led to reduction in avoidable admissions

NHS Windsor, Ascot and Maidenhead CCG Adult General & Acute Non-Elective Inpatient Frequent Flyers over Rolling Six Months (SUS)

Date Range:

2015-12-01

2016-05-31

Dataset

IP adult FreqFlyers

Above Average

	RegPop (20y+)	Unique Attendees	Percentage Attendees	Total Attendances	Pts 2+ Att	Pts 3+ Att	Att Rate /1kPop
LEE HOUSE SURGERY	5,529	428	7.7%	658	121	42	119.0
DATCHET HEALTH CENTRE	8,104	572	7.1%	936	156	58	115.5
CLAREMONT HOLYPORT SURGERY	14,161	991	7.0%	1,503	246	85	106.1
WOODLANDS PARK SURGERY	2,429	162	6.7%	250	40	13	102.9
LINDEN MEDICAL CENTRE	7,518	528	7.0%	770	124	44	102.4
THE CEDARS SURGERY	8,005	511	6.4%	796	129	48	99.4
SOUTH MEADOW SURGERY	9,140	580	6.3%	889	135	56	97.3
THE SYMONS MEDICAL CENTRE	9,411	598	6.4%	862	126	38	91.6
RADNOR HOUSE SURGERY AND ASCOT MED CTR	3,988	255	6.4%	361	58	19	90.5
REDWOOD HOUSE SURGERY	4,831	309	6.4%	426	65	19	88.2
RUNNYMEDE MEDICAL PRACTICE	9,502	545	5.7%	837	120	51	88.1
SHEET STREET SURGERY	7,672	460	6.0%	671	112	38	87.5
COOKHAM MEDICAL CENTRE	5,953	365	6.1%	498	77	18	83.7
CLARENCE MEDICAL CENTRE	11,813	561	4.7%	844	130	52	71.4
ROSS ROAD MEDICAL CENTRE	2,160	119	5.5%	154	28	5	71.3
ROSEMEAD SURGERY	5,040	256	5.1%	349	50	17	69.2
CORDWALLIS ROAD SURGERY	2,388	128	5.4%	161	20	7	67.4
ASCOT MEDICAL CENTRE		2		4	2	0	

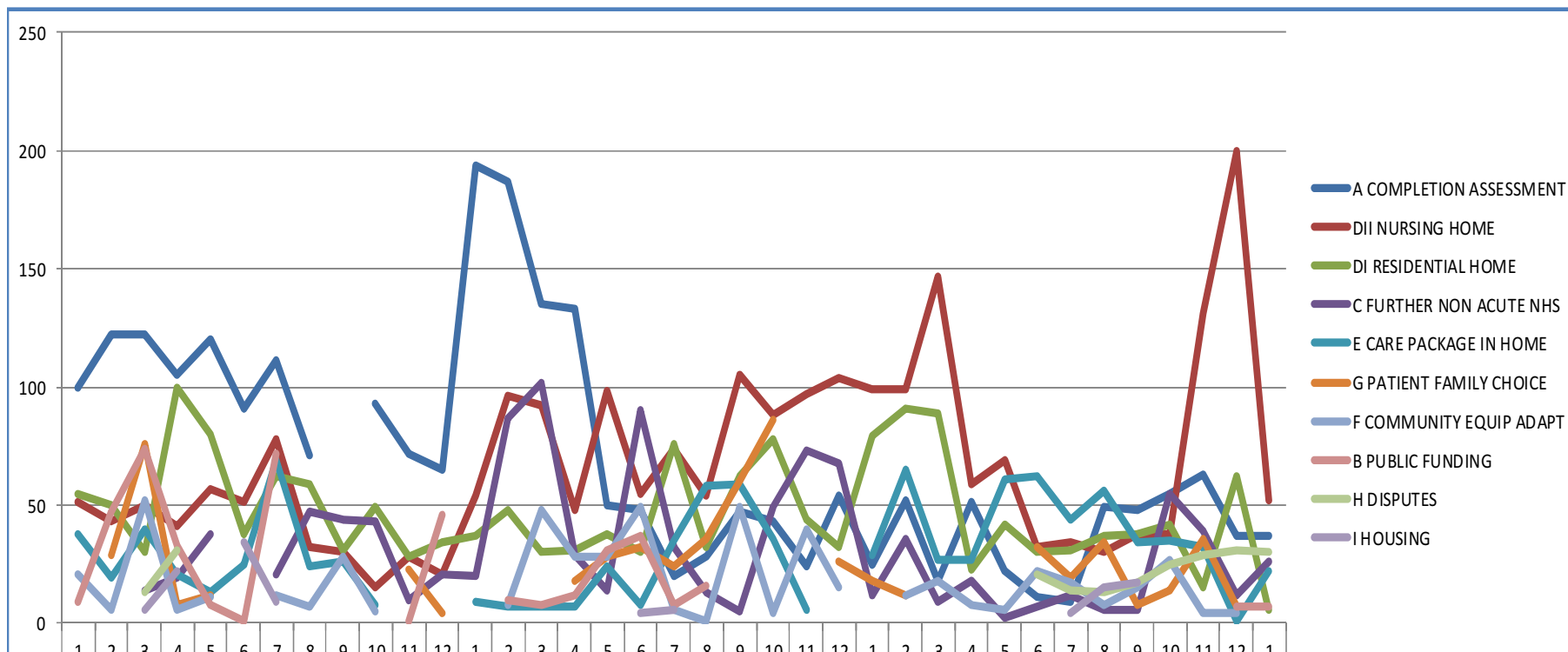
40

Targetted review with practices from Sept 2016 – need to understand what **health and social care** support is provided on discharge to reduce likelihood of readmission

Metrics – performance including Month 2 16/17 data
Delayed Transfers of Care (headcount/days)

Reason for Delay (Days)

41

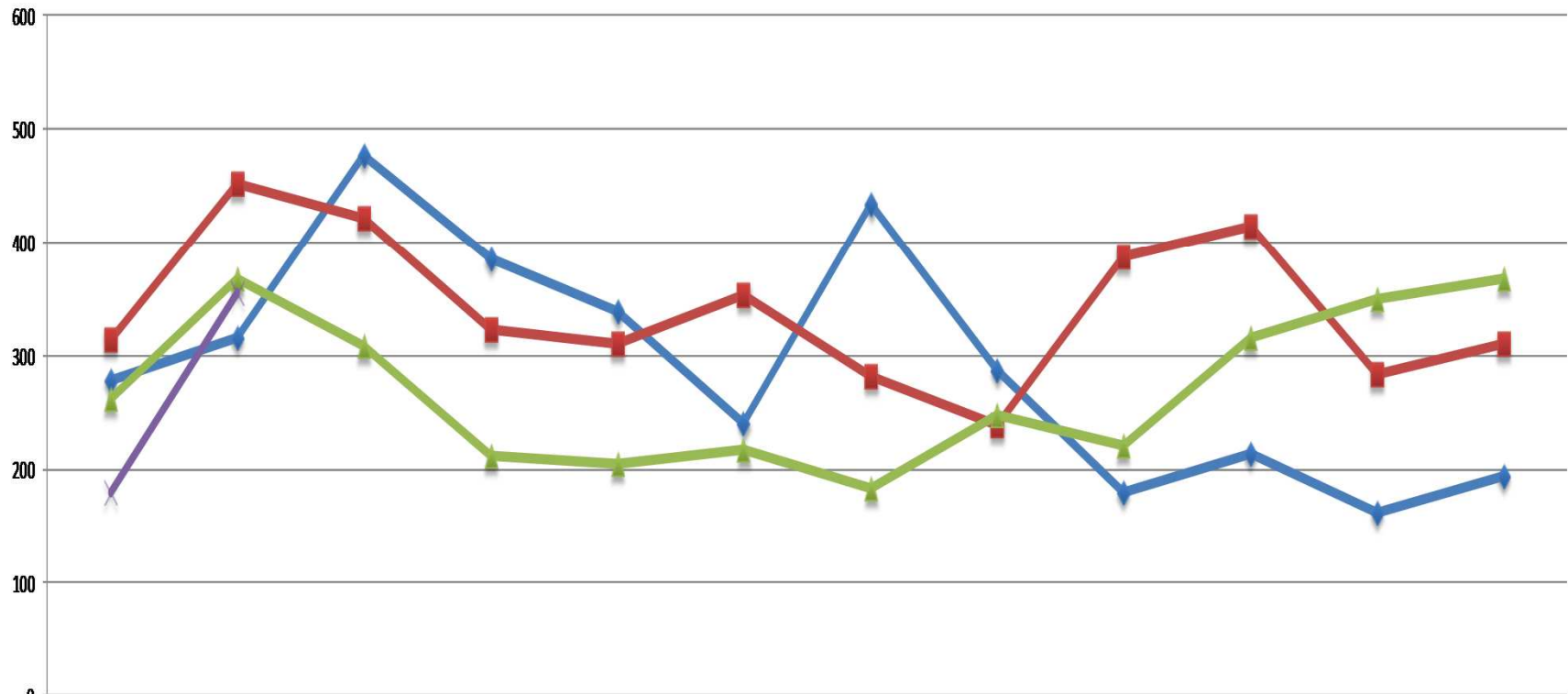


Days	2013/14	2014/15	2015/16	2016/17
A COMPLETION ASSESSMENT	1,072	963	440	37
DII NURSING HOME	497	965	976	52
DI RESIDENTIAL HOME	616	538	579	6
C FURTHER NON ACUTE NHS	261	582	214	26
E CARE PACKAGE IN HOME	283	256	473	22
G PATIENT FAMILY CHOICE	199	318	205	
F COMMUNITY EQUIP ADAPT	150	276	141	
B PUBLIC FUNDING	306	133	35	7
H DISPUTES	44		150	30
I HOUSING	76	58	43	
Grand Total	3,504	4,089	3,256	180

Significant increase in pressure on DTOCs at Wexham – more detailed analysis of “medically fit for discharge” list through new Alamac information will help identify key issues 13

RBWM Delayed transfers of care – National data Month 2 16/17

Patient Days Delayed



	1	2	3	4	5	6	7	8	9	10	11	12
2013/14	278	316	477	386	339	240	434	287	179	213	162	193
2014/15	314	451	422	323	311	353	281	238	387	415	284	310
2015/16	262	367	308	211	205	217	184	248	221	316	349	368
2016/17	180	355										

42

Summary update on all BCF projects and opportunity areas (1 of 4)

WAMCCG/RBWM BCF Project	Update
Delayed transfers of Care	<ul style="list-style-type: none"> • “Out of Hospital Transformation Action Plan to be finalised and taken to SRRG (now A&E Admission prevention Group • Alamac system now collating information on a more detailed breakdown of “medically fit for discharge” list into <ul style="list-style-type: none"> • those medically fit for discharge but not yet assessed • Patients assessed and ready for discharge • Genuine delayed discharge • Business case for “Discharge to assess”/out of hospital resource is a priority
Care Homes Programme	<p>East Berkshire wide group agreement to identify a dedicated resource to take forward shared challenges, opportunities and forward work programme/collaboration, including engagement with Frimley. Further work on job role and requirements to be done in Sept. Sundus Bilal continuing the hydration project to reduce UTI related admissions</p> <p>Concerns relating to a number of nursing homes being highlighted through all dashboard measures – action being followed through by CCG/RBWM representatives.</p> <p>Care companion pilot - still running at Larchfeld</p>
Sheltered Accommodation	<p>Multi disciplinary approach to Maudsely House programme</p> <p>Major Falls prevention/mobility programme launch 23 August– involving all key stakeholders with tailored approach to meet individual needs. Monitor impact via NEL admissions and SCAS callouts for falls related events. Link positive opportunities for walking/exercise/outdoor activity to Independence Plans via Care watch. 1:1 support for those with Depression underway, identified by BHFT/CMHT</p>

43

Summary update on all BCF projects and opportunities (2 of 4)

BCF Project	Update
<p>IPCT/ Intermediate Care Review</p>	<ul style="list-style-type: none"> • Support for recommendations mandated at BCF meeting 19 July • Early draft of “Head of Service” agreed and forward plan/timetable to move to an appointment for 2 year post agreed at 16 August meeting • Follow up meeting of working group including BHFT in early September to move this forward • Develop timetable of progress for KPIs, service specifications for RACC/ARC, and job descriptions of key roles (eg community matron) • Frequent flyer data pilot at Runnymede/Newton Court practice for complex cases and link to frailty – feedback by end August
<p>Prevention & Self Care Falls prevention</p>	<ul style="list-style-type: none"> • Increased engagement with SMILE Programme and promotion campaign supported by Public health communication plans • New intelligent dataset for GPs pilot will help to focus on those most at risk – success full trial of new model during August. Available for GP launch in Sept subject to CCG IM&T Group approval • Joint event in 7 Sept with VCS Chief Officers to raise profile of residents at risk of falling and referral to appropriate support services including Keep Safe Stay Well.

Summary update on all BCF projects and opportunities (3 of 4)

45

BCF Project	Update
Early Help for children	<ul style="list-style-type: none"> • Meeting of RBWM/CCG MDT group on 18 July expanded opportunity to engage more children’s services (inc schools and nurseries) in design and delivery of autumn programme – Follow up meeting 5 September to include update on new mental health services for children and post natal depression – shared platform for promotion of these services • Investigate opportunities to extend existing NEL admission dashboard to include other data sources in mental health and RIO • Flu immunisation and common children's illness promotion campaign • Repeat frequent flyer programme with targeted GP practices – successful last year
Dementia	<ul style="list-style-type: none"> • Two part time persons to cover dementia adviser role /review support services now in post. Extensive induction and stakeholder/contact management programme in place. Proposal to use DA role as part of Each Step Together programme • Include review of learning from other dementia adviser roles in East and West Berks to promote shared learning • 4 more CBT for carers of those with dementia commissioned from ADS – expectation that this will be part of regular CCG commissioning plans from 17/18 onwards

Summary update on all BCF projects and opportunity areas (4 of 4)

BCF Project	Update
Carers	<ul style="list-style-type: none"> • SIGNAL new services up & running – realignment of services with refresh of carers strategy with Carers partnership board and development of new log of carer contact details • Individual GP practice visits to develop local carers strategies and involve PPGs eg Ascot Medical Centre • Pilot with Frimley at KEVII chest clinic launched on 1 July – identify carers as they accompany patients. Well received by clinic staff and positive feedback from Wexham leads on carer – further promotion campaign at the acute trust. • Proposal to include carers/family feedback as part of EOLC programme under discussion – which is supported by the Gold Standards Framework
Assistive Technology	<ul style="list-style-type: none"> • Major promotion in autumn “Daily Living Made Easy” event will target hard to reach communities and carers, those who live alone - in discussion with RBWM transport services to support the event Outline proposal to use Telesson, on line advice and support for all forms of AT under consideration with key stakeholders prior to possible BCF bid support (linked to social prescribing programme)
Each Step Together	<ul style="list-style-type: none"> • Increasing involvement of RBWM staff in “3 conversation” programme to promote personalised conversations that will help to improve the lives of RBWM residents • Launch of Old Windsor innovation site on 18 July with dedicated resource and supported by Claire Barker as part of frailty programme.

Windsor Ascot and Maidenhead Better Care Fund Programme - Risk Register

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO / Monitor/ Review body	Residual Risk Score and Rating			Open / Closed / Moved Filter
				L	I	RR				L	I	RRR	
Wok Risk 01	Delivery	Apr-16	Projects do not achieve proposed NEL reductions	3	4	12	Regular performance reporting on individual projects to BCF Board and new CCG performance and quality committee. Increased focus on shared learning and joint approach to key obstacles to progress across East Berkshire dialogue.	Monthly	BCF Board to review monthly & HWBB quarterly	3	2	6	Open
	Delivery	Apr-16	Risk sharing funding is not available	2	5	10	Unlikely that risk share is not available - but we need a strategy on how to manage the risk share funding to best advantage with a longer term strategy	Monthly	BCF Board to review monthly & HWBB quarterly	1	5	5	Open
	Finance	Apr-16	Significant cumulative/unanticipated service demands or other force majeure that significantly impacts on overall budget base for key partners	2	5	10	Effective management of organisational reserves and regular monitoring of potential risk that might accelerate or develop into significant challenges - less likely if up to date monitoring and open communication is in place	Monthly	Senior finance leads in partner organisations	1	5	5	Open
Wok Risk 02	Delivery	01-Apr-16	Failure of partners to agree structure and form of new services	3	4	12	Involvement of BHFT and Frimley in review and follow up of Intermediate Care service transformation. Key partner involvement in development of New Vision of Care promotion and implementation planning. Collaborative approach to review of locality based Integrated Care Teams across East Berks with BHFT. Various workshops and consultation programme to develop primary care model and ensure credibility of community pathways	Monthly	BCF Board	2	3	6	Open
Wok Risk 04	Engagement	01-Apr-16	Potential that the public, politicians and other key stakeholders are not adequately engaged with the BCF Programme and as a result there is dissatisfaction around the changes to services.	5	3	15	Robust communications and engagement strategy as part of HWBB comms. Each project detailing its engagement approach in business plans. Fortnightly updates with Lead Member. Integration of BCF messaging with New models of Primary Care programme and feedback from residents and patients.	Monthly	Project Managers	2	3	6	Open
Wok Risk 05	Programme Mgmt.	Apr-16	Better Care Fund schemes are delayed, resulting in a larger than planned underspend in the pooled budget	5	2	10	The project teams have established timelines in their business cases, plans of action are in place indicating where further work is required, with named leads and defined timescales for completion. Monthly monitoring by finance lead and reporting to BCF Board	Monthly	Finance lead//BCF Programme manager	2	2	4	Open
	Programme Management	Apr-16	Inefficient use of underspends in year in the pooled budget	5	2	10	There is an issue if we dont have clearer direction from partners on priorities and open discussion of risk appetite for future opportunities. Active implementation of transparent review and decisionmaking process for "in year" ideas and BCF/Finance Group proposals to STP leads for guidance on longer term priorities.	Monthly	finance lead/BCF Board and quarterly HWBB update	3	2	6	

Windsor Ascot and Maidenhead Better Care Fund Programme - Risk Register

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO / Monitor/ Review body	Residual Risk Score and Rating			Open / Closed / Moved / Filter
				L	I	RR				L	I	RRR	
Wok Risk 06	Delivery	Apr-16	Workforce Development strategy and action plan insufficiently well defined and resourced to meet BCF programme needs. This includes current staffing shortfalls	4	3	12	Need feedback and update from NVOC steering group that this is part of their forward plan and what actions can be expected.	Monthly	BCF Programme manager/BCF Board	3	2	4	Open

Subject:	Autism Self-Assessment 2016
Reason for briefing note:	To enable the Health and Wellbeing Board to be involved in the completion of the Autism Self-Assessment 2016
Responsible officer(s):	Service Development Officer
Senior leader sponsor:	Head of Commissioning Adults, Children and Health
Date:	31 st August 2016

SUMMARY

This paper provides a summary about the Autism Self-Assessment 2016 to enable the Health and Wellbeing Board to be involved in the completion of this local self-audit tool for services affecting people with autism.

1 BACKGROUND

- 1.1 The Autism self-assessment is a local self-audit tool for services affecting people with autism. It reflects the priorities set out in the 2010 Adult Autism Strategy (as updated by Think Autism in 2014) and the key themes that feature in the associated statutory guidance for Local Authorities and the NHS.
- 1.2 A letter was sent from the Department of Health and the Association of Directors of Adult Social Care asking for the continued support of Directors of Adult Social Services in this undertaking and commitment to raise awareness and equality of people on the autistic spectrum.
- 1.3 The self-assessment has two purposes. First it is intended to provide an opportunity for local autism strategy groups to review their progress and revisit future planning with partners including people with autism and their families.
- 1.4 When the exercise is complete, local findings will also be published nationally thus also allowing local comparison to national benchmarks. The exercise is also a key means for the Government to identify progress across the country in the implementation of the Strategy. The information provided will be analysed by the Public Health England learning disabilities observatory and will help in this process.
- 1.5 This exercise builds on the third autism self-assessment exercise completed between December 2014 and March 2015. Some questions have been modified. In most cases this is to clarify ambiguities or uncertainties or to reflect changes, such as the introduction of the Care Act. As far as possible questions have been kept the same to show the progress that has been made since the 2014 exercise.

2 KEY IMPLICATIONS

- 2.1 All our responses will be published in full online.
- 2.2 The completed Autism Self-Assessment 2016 spreadsheet must be emailed to Public Health England by Monday 17th October.

- 2.3 The Public Health England team will periodically update the progress summary to show which local authorities are in touch, have a nominated representative subscribed to the Knowledge Hub group – and, in due course, which have returned their findings on the spreadsheet.
- 2.4 The response for our Local Authority area should be agreed by the Autism Partnership Board, and the ratings validated by local people who have autism.

3 DETAILS

- 3.1 The exercise comprises specific questions with opportunities for comments. For some questions there is a RAG (Red / Amber / Green) rating system. There are also some simple Yes / No questions and a few questions asking for numbers or dates. RAG questions provide clear guidelines about how areas should score themselves. Respondents are usually invited, if they wish, to comment briefly on their response. In a small number of cases the tool simply asks for a brief narrative response. For all comments we are asked to keep to the length limit suggested.
- 3.2 In responding it is important to have a multi-agency perspective from health, employment, criminal justice and other sectors. Health partners should specifically be involved, reflecting the requirements of the implementation of the strategy, although the Local Authority, as the lead body locally, is asked to make the return.
- 3.3 Respondents are asked to ensure that as far as possible responses also reflect the perspective of service users with autism and their carers.
- 3.4 As in previous years, the assessment invites us to ask people with autism living in The Royal Borough to contribute personal accounts of using services to illustrate responses to particular questions. These are intended to give an overall view of the experiences of people with autism using health, social care and other public services in our area.

4 RISKS

- 4.1 Failure to engage and gain a multi-agency perspective on autism services means a risk of being unable to complete all sections of the submission by the deadline. If we do not submit a completed assessment that information is shown online.
- 4.2 The Autism Partnership Board do not agree with the responses in the Self-Assessment and ratings are not validated by local people with autism. The submissions would not meet the criteria requirements.
- 4.3 To not submit the completed Autism Self-Assessment spreadsheet to Public Health England by Monday 17th October 2016 would mean being listed as one of the authorities that have not complied.

5 NEXT STEPS

- 5.1 To continue to engage with all partners to ensure their timely responses to enable completion in time for the Autism Partnership Board to agree the responses and local people with autism to validate them.

- 5.2 The Autism Partnership Board agree the responses in the Autism Self-Assessment 2016 and local people with autism validate them.
- 5.3 When completed the Autism Self-Assessment is signed off by the Director of Adult Social Services and the Clinical Commissioning Group Chief Operating Officer.
- 5.4 Submit the completed Royal Borough Autism Self-Assessment 2016 before the deadline on Monday 17th October 2016.

This page is intentionally left blank

Report for: ACTION



Contains Confidential or Exempt Information	<i>NO - Part I</i>
Title	Update to the Terms of Reference for the Health and Wellbeing Board
Responsible Officer(s)	Alison Alexander, Managing Director/Strategic Director Adults, Children and Health Services
Contact officer, job title and phone number	Catherine Mullins, Health and Wellbeing Development Officer, 01628 68 3664
Member reporting	CLlr David Coppinger, Deputy Leader and Lead Member for Adults, Health and Sustainability
For Consideration By	Health and Wellbeing Board
Date to be Considered	31 August 2016
Implementation Date if Not Called In	Immediately
Affected Wards	All

REPORT SUMMARY

1. The role and statutory function of the HWB is set out in the Health and Social Care Act 2012, and was further clarified in the regulations issued in 2013.
2. The Terms of Reference for the Health and Wellbeing Board need to be updated to reflect the changing requirements on the functions of the Board and the member organisations. A revised set is set out at appendix 1 to this report for approval by the Board. The terms of reference are subject to annual review.

If recommendations are adopted, how will residents benefit?

Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
1. As this is a process, there is no direct benefit to residents, although it will set the foundation for more integrated working between the partners of the Board.	

1. DETAILS OF RECOMMENDATIONS

RECOMMENDATION: That Health and Wellbeing Board:

- i. Agree the updated Terms of Reference at Appendix 1.

2. REASON FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1 The original Terms of Reference for the Board were agreed in May 2013 and met all of the legal and policy requirements as placed on Health and wellbeing Boards at that time.
- 2.2 However, the role of Health and Wellbeing Boards has increased and evolved through changes to the policy framework in which the Board operates, as has the requirements and expectations on the member organisations. The proposed updated terms of reference, see appendix 1, reflect these changes giving more clarity to the work and role of the Board as well as support its future strategic direction.

Option	Comments
Do nothing	The Board obtained statutory powers and responsibilities from April 2013. Without updated Terms of Reference the scope and requirements of the Board are not reflective of the policy changes that have taken place.
The Terms of Reference are updated and agreed RECOMMENDED	Updating the Terms of Reference to the current policy context and requirements clarify the role and scope of the HWB for efficient and successful future working.

3. KEY IMPLICATIONS

3.1

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
TORs are updated and agreed, clearly defining the role and operating functions of the Board	Updates not agreed.	Updates agreed	N/A	N/A	30 November 2016

4. FINANCIAL DETAILS

4.1 There are no financial implications involved in updating the terms of reference.

5. LEGAL IMPLICATIONS

5.1 The role and statutory function of the Board is set out in the Health and Social Care Act 2012, and was further clarified in the regulations issued in 2013. Since then there has been a significant amount of requirements placed on the Board through other policies and guidance, for example through the Better Care Fund.

5.2 As the terms of reference for the Board form part of the overall Royal Borough Constitution, the Constitution will need to be amended to reflect these new requirements.

6. VALUE FOR MONEY

6.1 Not applicable.

7. SUSTAINABILITY IMPACT APPRAISAL

7.1 None

8. RISK MANAGEMENT

Risks	Uncontrolled Risk	Controls	Controlled Risk
The Terms of Reference do not make clear the requirements of the Board.	MEDIUM	Terms of reference reviewed and updated annually	LOW

9. LINKS TO STRATEGIC OBJECTIVES

9.1 The core functions of the Board support all of the strategic objectives of the Royal Borough and partnership organisations.

10. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

10.1 There is no requirement to have an Equality Impact Assessment with the recommendations of this report; however the terms of reference will be subject to the first screening of the EQIA to ensure they are compliant

11. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

11.1 None

12. PROPERTY AND ASSETS

12.1 None

13. ANY OTHER IMPLICATIONS

13.1 None

14. CONSULTATION

14.1 Members of the Board are being consulted on the content of the terms of reference through this report and any amendments will be made as a result of the discussion at the Board meeting.

15. TIMETABLE FOR IMPLEMENTATION

Date	Details
31 August 2016	Agree updated terms of reference
August 2017	Annual review

16. APPENDICES

- Appendix 1 – Updated Terms of Reference for the Board

17. BACKGROUND INFORMATION

- None

The Royal Borough of Windsor and Maidenhead Health and Wellbeing Board



Terms of Reference – August 2016

Objective

To implement the national and local requirements on Health and Wellbeing Boards to improve the life outcomes, health and wellbeing of residents in the Borough.

Purpose

- To act as a high level strategic partnership to agree the priorities that will improve the health and wellbeing of the residents of the Royal Borough of Windsor and Maidenhead.
- To deliver the statutory functions placed on Health and Wellbeing Boards through the Health and Social Care Act 2012 and other statutory or local priorities.

Background

Social policy changes from Central Government are changing the requirements for health and social care nationally in order to bring more local democracy into local services. On 12 July 2010, the NHS White Paper *Equity and Excellent - Liberating the NHS* and the accompanying consultation paper *Local Democratic Legitimacy in Health* outlined significant changes to local governance structures for health and wellbeing, to improve health outcomes for the local population.

Each locality had a statutory requirement to create a Health and Wellbeing Board, which had specific functions for the associated area. The Board is to be hosted by the local authority and subsequent documents from Central Government have detailed and refined the requirements and functions of a HWB.

Requirements of Health and Wellbeing Boards

1. Assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).
2. Prepare a Joint Health and Wellbeing Strategy based on the needs identified in the JSNA.
3. Oversee the delivery of the Better Care Fund.
4. Promote integration and partnership, including joined up commissioning plans across the NHS, social care and public health.
5. Support joint commissioning and pooled budgets where all parties agree it makes sense.
6. Offer strategic and organisational leadership to meet local priorities.

Membership of HWB

- **Chair** Lead Member for Adult Services.
- **Deputy-Chair** Chair Windsor, Ascot and Maidenhead Clinical Commissioning Group.
- Lead Member for Children's Services.
- Deputy Lead Member for Public Health and Communications.

- Managing Director/Strategic Director Adult, Children and Health Services.
- Deputy Director Health and Adult Social Care.
- Director of Public Health Berkshire.
- Chair Bracknell and Ascot Clinical Commissioning Group.
- Chair Windsor and Maidenhead HealthWatch.

Named substitutes will attend meetings of the Board in place of core members as required. Other partners and stakeholders may be co-opted into temporary or permanent membership to help address the identified strategic priorities.

Quorum

Minimum representation of four members for a meeting to take place.

Schedule of Meetings

Four meetings per year. All meetings will be public unless there are confidential (Part 2) items as applicable by the Local Government Act 1972.

Accountability

The Board is locally accountable to the community it services, elected members through the Royal Borough's Cabinet and to the Community Partnership Forum. There are accountabilities for commissioning decisions and actions through the NHS England Local Area Team

Reporting Structures

Any deviation from these terms of reference will be agreed by the statutory partners of the Board, specifically the Royal Borough and the Clinical Commissioning Groups' governing bodies.

Review of the Health and Wellbeing Board

The terms of reference and membership will be reviewed annually.