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NOTICE

OF

MEETING

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Royal Borough of Windsor & Maidenhead

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 14TH JANUARY, 2020

at

3.00 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

HUW THOMAS (NHS), COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR PLANNING AND MAIDENHEAD) (CHAIRMAN), COUNCILLOR STUART CARROLL (DEPUTY CHAIRMAN OF CABINET, ADULT SOCIAL CARE, CHILDREN'S SERVICES, HEALTH AND MENTAL HEALTH), TESSA LINDFIELD (STANDING DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), HILARY HALL (DEPUTY DIRECTOR STRATEGY AND COMMISSIONING) (STRATEGY AND COMMISSIONING (RBWM)), KEVIN MCDANIEL (DIRECTOR OF CHILDREN'S SERVICES) (CHILDRENS SERVICES (RBWM)), JACKIE MCGLYNN (NHS BRACKNELL AND ASCOT CCG) (NHS BRACKNELL AND ASCOT CCG), MARK SANDERS (HEALTHWATCH BRACKNELL FOREST), FIONA SLEVIN-BROWN (DIRECTOR OF STRATEGY AND OPERATIONS, CCG'S EAST BERKSHIRE), DR WILLIAM TONG (NHS), RUSSELL O'KEEFE (EXECUTIVE DIRECTOR) AND COUNCILLOR DONNA STIMSON (LEAD MEMBER - ENVIRONMENTAL SERVICES, CLIMATE CHANGE, SUSTAINABILITY, PARKS AND COUNTRYSIDE)

Karen Shepherd
Head of Governance
Issued: 06/01/2020

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 **Mark Beeley** 01628 796345

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AGENDA

PART I

ITEM	SUBJECT	PERSON	TIMING	PAGE NO
1.	WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE To receive apologies for absence.	-		-
2.	DECLARATIONS OF INTEREST To receive any Declarations of Interest.	-		5 - 6
3.	MINUTES To confirm the minutes of the previous meeting.	-		7 - 12
4.	FRIMLEY INTEGRATED HEALTH AND CARE SYSTEM FIVE YEAR STRATEGY To receive the above report.	Jane Hogg		13 - 60
5.	MOVING FORWARD WITH THE ROYAL BOARD AS A PLACE IN THE INTEGRATED CARE SYSTEM To receive the above report.	Hilary Hall		To Follow
6.	WORKPLACE HEALTH - ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH To receive the above report.	Tessa Lindfield		61 - 100
7.	RBWM - ADULT SOCIAL CARE TRANSFORMATION PROGRAMME To receive the report.	Hilary Hall		101 - 116
8.	BETTER CARE FUND To receive a presentation.	Lynne Lidster		117 - 122
9.	QUESTIONS FROM THE PUBLIC To receive and answer questions from the public.	-		-
10.	ANY OTHER BUSINESS	-		-
11.	FUTURE MEETING DATES	-		-

To be confirmed.				

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they 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 the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) 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 licence 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.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting*: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

*Or, if making representations on the item: **'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting*: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

Or, if making representations in the item: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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HEALTH AND WELLBEING BOARD
CONFERENCE ROOM - YORK HOUSE AT 3.00 PM

02 July 2019

PRESENT**:** Councillor Huw Thomas, David Coppinger (Chairman), Councillor Stuart Carroll, Jane Hogg and Councillor Donna Stimson

Officers: Hilary Hall, Kevin McDaniel, Nabihah Hassan-Farooq

PART I

182/15 APOLOGIES FOR ABSENCE

Apologies of absence were received from Duncan Sharkey (Managing Director) and Tessa Lindfield (Director of Public Health).

183/15 DECLARATIONS OF INTEREST

None.

184/15 MINUTES

RESOLVED UNANIMOUSLY; That the minutes of the last meeting held on the 15th January 2019 were agreed as a true and accurate record.

185/15 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED UNANIMOUSLY: That Huw Thomas be elected as the Vice-Chairman for the Health and Wellbeing Board for the Municipal year 2019/2020.

186/15 UPDATE ON BETTER CARE FUND

Hilary Hall, Head of Commissioning-Communities gave an update on the above titled item. It was highlighted that the Better Care Fund had a joint budget with the Clinical Commissioning Group which facilitated the integration of health and care services and that this had been highlighted as a bespoke project. Members were informed that there was a new Better Care Fund model which was trialled as part of the NHS Plan and that guidance had not yet been received in how to progress. The Board were told that metrics for the current quarter were as follows;

- Non elective admission to hospital was currently at 1.14% and was under target.
- 0-5 year olds were currently at 40% admissions to accident and emergency services and that there was a wider drive to improve performance and to reduce the total number of admissions. It was highlighted that RBWM were below the national average.
- Delayed admissions into elected care- it was noted that there had been zero admissions for a long period and that patients were remaining in their homes. A new discharge passport had been launched and that this had been in operation for four months.
- Re-admissions to hospital was currently at 83.8% against the target of 78% and that this compared well with south east region figures. It was noted that there were more residents being discharged with higher complex needs. There has been a significant trent with nursing placement and resident care placement trends and it was expected that this figure would decrease, however it was highlighted that there had been an

increase in the cost of domiciliary care costs.

Councillor Carroll queried whether there had been any guidance on the way in which the Better Care Fund model would look like moving forward and it was confirmed that the guidance had not been issued as of yet but that there had been notable improvements in partnership working as a result of the fund.

At the conclusion of the update, members noted the verbal report.

187/15 JOINT STRATEGIC NEEDS ASSESSMENT

Hilary Hall, Head of Commissioning gave a verbal report on the above titled item. Members were informed that there had been a refresh of the JSNA for the 2019.2020 period and that there was a joint duty between the local authority and the clinical commissioning group. It was outlined that there was a duty to provide assessments on behalf of the Health and Wellbeing Board to guide local needs. The Board were told that the refresh of the JSNA was an incredibly resource intensive document which did not currently align with the commissioning cycle. Members were informed that a review around Berkshire would be carried out. It was highlighted that this review would include rapid needs assessments and that it would identify areas of relevant improvement. It was outlined that the ambition was to create a library of online resources which would be tailored to align with the local authority commissioning cycles. It was noted that there had been enthusiasm for the cycle responsiveness.

At the conclusion of the report, discussed the following:

Jane Hogg stated that it felt as if there was more importance placed upon commissioning structure as opposed to system wide planning. It was confirmed that the suite of resources and insights would work well within the Integrated Care system and would be bespoke. This would support the delivery of the duty to assess needs locally. Kevin McDaniel, Director of Children's Services commented that he was pleased to see the recommendation (A.25 per the report), relating to working with residential colleges. Councillor Carroll queried the amount of 20-24 years leaving the borough and it was confirmed that this was a period where young persons were transition between higher education and that this proved to be an area of challenge.

ACTION- That Hilary Hall look at the delivery of the JSNA being pushed out through RBWM Communications team

Councillor Carroll queried whether the homelessness strategy had been co-ordinated to dynamically feed into the JSNA. It was confirmed that within the JSNA there was specific importance placed on the assessment of needs and that this was linked to other emerging needs. It was outlined that there would be a refresh of the homelessness strategy and that there was a wider question of how to align all strategic documents and monitor strategies without duplication of work. Councillor Coppinger highlighted that members should be included and should examine the refreshed documents. Councillor Coppinger also queried ways in which local surgeries could be linked with local councillors.

ACTION- Huw Thomas and Councillor Coppinger to meet to discuss ways in which councillor representation could be delivered with local surgeries.

It was highlighted that there had been changed to the war boundaries across the locality and that currently Bracknell has produced some mapping work of boundaries and that this would be shared with the wider health partners.

At the conclusion of the discussion, the chair thanked officers for their work and effort on the JSNA.

188/15 UPDATE ON FRIMLEY HEALTH AND CARE INTEGRATED SYSTEM

Jane Hogg, Transformation Director gave a presentation on the above titled item. It was outlined that there were currently three categories of transformation initiatives; improved support to stay well; joined up accessible local care and specialist care when needed. Under these three categories sat ways in which transformation would be achieved which included; prevention and self-care; integrated care decision making; GP transformation; supporting the workforce; care and support; reducing clinical variation and the implementation of the shared care record. Members were told that Frimley Health and Care were working towards building a five year strategy with partners and our population and that this would feed into the NHS long term plan. It was outlined that there would be importance placed on strengthening each place with the support of the local authority and health partners. It was highlighted that there would be a key role for primary networks as they developed. Insights would be provided across the population and would highlight variances within it. Members were told that that there would be a greater focus on wider determinants and not solely on health interventions. There was specific mention of the need to reduce variation through new approaches in the most challenged areas and vulnerable populations. It was noted that there would be a commitment to develop the strategy from a granular level with a particular focus on independence, asset mapping and managing health and wellbeing for individuals. At a system level there were opportunities to look at the population as a whole and that there was a foundation for collaborative leaderships to emerge and develop.

The Board were informed that Frimley ICS had natural communities which varied in size and that locally place was defined to include the following local authority boundaries- Slough, Bracknell Forest, Surrey, Windsor/Maidenhead and Hampshire. It was outlined that neighbour had been defined as primary care networks. Members were told that some elements of working partnerships did not fall into place as organically as provider sectors or clinical networks. It was accepted that there would be other geographies and docking, along with variations in scale for the task. It was highlighted that place was were the most locally focussed change would occur and that it was crucial to recognise the key partnerships with local authorities. It was outlined that these partnerships would form major roles in the delivery of outcomes and improvements for local populations. A genuine opportunity has arisen for residents from PCNs, providers, CCGs, VCOs and LAs to work together as one team with the wider local populations. Members were informed that there was a need to agree how places would drive change whilst continuing to drive benefits at scale. Councillor Coppinger queried how the Board and wider cohort of elected members could support the ICS, and it was noted that wider dissemination of information to networks was key. Kevin McDaniel, Director of Children's Services commented that he was pleased to see children's priorities outlined and included, and that there was further work to be carried out with breaking down barriers but that progress felt positive.

189/15 DEFINING THE ROYAL BOROUGH AS A PLACE WITHIN THE INTEGRATED CARE SYSTEM

Hilary Hall, Interim Director of Adult Services and Deputy Director Strategy and Commissioning presented the above titled report. It was outlined that the Royal Borough of Windsor and Maidenhead was located within the Frimley Integrated Health and Care System which was recognised as a national exemplar. The NHS Long Term Plan had been published in January 2019 and had identified Integrated Care Systems as being central to the delivery of integrated primary and specialist care, physical and mental health and health and social care. Members were told that the evolution of the ICS and the Royal Borough's role within it provided an opportunity to use the JSNA to refine the existing Joint Health and Wellbeing Strategy, in line with the emerging Five Year Plan Strategy for the ICS. Members were told that they would review the membership of the Health and Wellbeing Board in order to broaden it to respond to and plan for, "place" in its widest sense and the wider determinants of health. There would also be confirmation of supporting the governance structure beneath the Health and Wellbeing Board, including the sub boards- ageing well, living well and

keeping well. It was outlined that a strategic focus was needed to align the boards and that there was a need to formalise meetings of senior leaders as a connected leaders group. The connected leaders group would look at streamlining resources and evolving primary care networks.

Councillor Coppinger commented that the progress within the ICS was good and that there was a need for the HWB and LA to also progress in the development of ideas.

ACTION- That Hilary Hall draft the HWB strategy and that a place based report return to the Board for consideration at the next meeting.

190/15 "THE FIRST 1,000 DAYS" SCOPING

Kevin McDaniel, Director of Children's Services outlined the report on the above titled item. Members of the Board were informed that the select committee had concluded that the first 1000 days of life, from conception to age 2 was a critical phase for a child's development and set backs at this stage could increase the risks of poor outcomes in the future. The select committee calls for a long term and co-ordinated response nationally and locally which would seek to reduce adverse childhood experiences, improve school readiness and seek to reduce infant mortality and child poverty. It was highlighted that the select committee report set out six principles as follows; "proportionate universalism"; prevention and early intervention; community partnerships; a focus on meeting the needs of marginalised groups; greater integration and better multiagency workings and evidence based provision. Members were told that there would be a review of pre-school children across the borough and that these would align with the six principles. It was highlighted that community partnerships would play a key role in the delivery of prevention and intervention. Actions arising from the report included working with marginalised groups and that it was not enough to identify these groups, but that further work was needed around unwillingness to engage with services. Next steps included, aligning leadership culture and values to make a positive difference.

Jane Hogg commented that it was key to have the ICS as a partner in the delivery of outcomes.

ACTION- That Kevin McDaniel circulates the papers via Democratic Services.

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191/15 SEND PROGRESS UPDATE

Kevin McDaniels presented the above report. It was outlined that there had been a joint inspection led by Ofsted in 2017. Members were told that there had been 47 key identified measurable which were looked at. There had been early successes in December 2017, and there had been a recruitment drive for a designated clinical officer and PaCip. Members were told that there had been a struggle pulling together with data in January 2018. It was highlighted that there had been 50 autism assessments carried out in February 2018. In April/May 2018 an inclusion summit was held which bought together all partners. In June/July 2018 the Annual General Meeting(AGM) for the Better Care Fund. Next steps included, introduction of the 14+ pathway, parent questionnaire for the ECHP process. Members were informed that significant progress had been made over the past two years and that Ofsted were to revisit and look at the 8 key areas. It was highlighted that there was still some work to be done and that there was confidence that the revisit would go well. Councillor Coppinger commented that there was a greater team collaboration now and it was confirmed that there were much better working relationships within specific teams. It was also stated that there was a greater focus moving forward to attract more parents whose children did not meet the ECHP threshold criteria.

192/15 POTENTIAL FUTURE AGENDA ITEMS

Board Members asked for the following items to be considered at future meetings:

- Joint Health and Wellbeing Strategy & feedback from workshop
- Homecare Networks
- Integrated Care System Strategy
- Mental Health Strategy

193/15 QUESTIONS FROM THE PUBLIC

No questions were received from members of the public.

194/15 FUTURE MEETING DATES

Future meeting dates were confirmed as follows:

- 15th October 2019- 3pm, Council Chamber, Town Hall, Maidenhead
- 14th January 2019= 3pm, Council Chamber, Town Hall, Maidenhead

The meeting, which began at 3pm, ended at 4.29pm

CHAIRMAN…….

DATE…….....

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Report Title:	**Frimley Health and Care ICS 5 Year Strategy**
Contains Confidential or Exempt Information?	No - Part I
Member reporting:	Councillor (Coppinger), Lead Member for Planning and Maidenhead
Meeting and Date:	Health & Wellbeing Board 14 Jan 2020
Responsible Officer(s):	Jane Hogg, Transformation Director, Frimley Health and Care ICS
Wards affected:	All

www.rbwm.gov.uk Royal Borough of Windsor & Maidenhead

REPORT SUMMARY
Frimley Health and Care is an Integrated Care System (ICS) which is a partnership of the local authorities and NHS organisations that cover the geographical footprint of East Berkshire, North East Hampshire and Farnham and Surrey Heath**.**
This paper presents the final narrative version of the system's 5 year narrative (2019-2024). There is strong alignment with the Joint Health and Wellbeing Strategy with a shared ambition to ensure every person in The Royal Borough lives to their fullest potential. It is also the system's response to the NHS Long Term Plan.
Work has commenced to align the delivery mechanisms and structures to deliver the priorities and ambitions for residents across the system, including those in The Royal Borough, to maximise opportunities for shared learning and delivery efficiency and effectiveness.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That the Health & Wellbeing Board notes the report and:

i) Notes the alignment between the Health and Wellbeing Strategy and Frimley ICS Strategy
ii) Signs off the Frimley Health and Care ICS Strategy

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

Table 1: Options arising from this report

Option	Comments
Sign off the Frimley Health and Care ICS Strategy **This is the recommended option**	

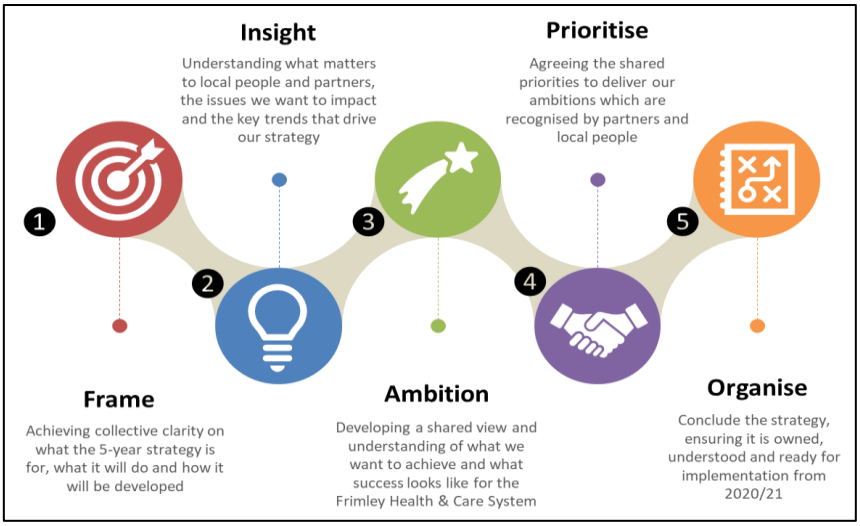
2.1 The strategy has been developed following discussions with a wide range of stakeholders, including members of the RBWM Health and Wellbeing Board and local residents. It is a strategy that will work alongside the Joint Health and Wellbeing Strategy to drive improvements in health and wellbeing for

every person that lives in The Royal Borough and will have a positive impact for RBWM residents that use services provided by providers based in the Frimley locality.

3. KEY IMPLICATIONS

3.1 Integrated Care Systems (ICS) bring together local organisations to redesign care and improve population health and wellbeing, creating shared leadership and action. ICS have a key role in working with local authorities to make shared decisions on how to use resources, design services and improve population health and wellbeing.

3.2 Partners in the local health and care system worked with local people to develop the strategy using the process described below:



3.3 The strategy has 6 ambitions which the system will focus on delivering over the next 5 years.

3.4 There is strong alignment with the local Joint Health and Wellbeing Strategy for The Royal Borough. The strategic ambitions of the Frimley ICS Strategy align well with the Health & Wellbeing Strategy themes of supporting a healthy population, prevention and early intervention and enabling residents to maximise their capabilities and life chances.

3.5 There is a similar shift towards prevention and early intervention, greater independence for longer and addressing the root causes of ill health and supporting people to look after themselves and those they care for, while having improved access to services when they need them.

4. RISK MANAGEMENT

4.1 The Frimley ICS is a complex system that crosses a number of Health and Wellbeing Board boundaries. A forum has been established, the Health and Wellbeing Alliance Board, to ensure a best fit between multiple HWBB strategies and to share learning and good practice. There is also close working between the Frimley ICS and other boundary organisations.

The solution to organisational complexity is to put people at the centre of our ambitions and delivery approach. This can remove the boundaries that are created between systems and organisations and enable a collective focus on improvement.

Both strategies emphasis delivery models that are close to communities and at the place of RBWM the two strategies come together around local residents.

5. TIMETABLE FOR IMPLEMENTATION

5.1 Timescale and delivery plan: The strategy covers a 5 year timeframe with phased impact. Outcome ambitions are described on slides 16 and 17. Work is currently underway to produce a delivery plan aligned to the strategic ambitions and wherever key indicators will be selected to align with those in the Joint HWB Strategy, and local/place-based delivery mechanisms.

5.2 Next Steps: The next step in the strategy development process is to build a delivery plan for the first year of the strategy and beyond. The Frimley ICS will continue to do this is partnership with the Health & Wellbeing Board members and local authority partners.

6. APPENDICES

6.1 This report is supported by 1 appendix:

- Annex 1 Frimley Health & Care System Strategy (Final)

Report Author: Jane Hogg, Frimley ICS Transformation Director, 07825 608299

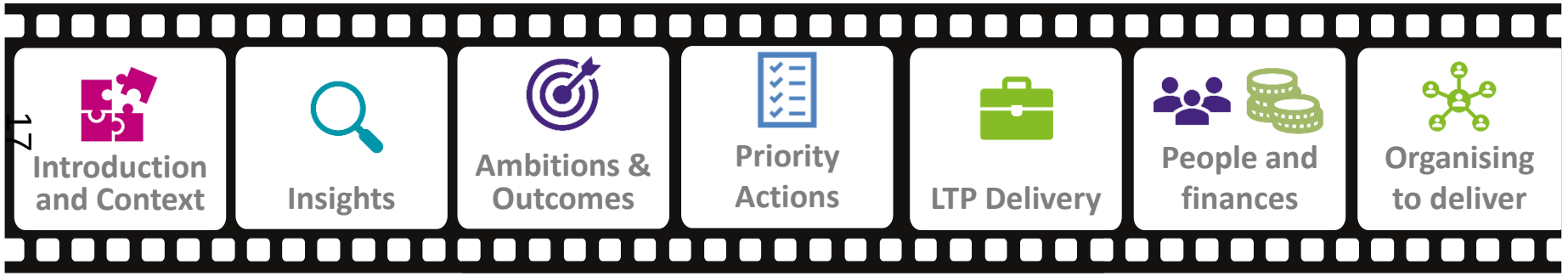
Frimley Health and Care

Creating Healthier Communities

Frimley Health and Care
5 year Strategy

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Contents



Foreword

Frimley Health and Care is an Integrated Care System (ICS) which is a partnership of the local authorities and NHS organisations. We have a shared ambition to work in partnership with local people, communities and staff. Our organisations are are committed in their collective drive to improve the health and wellbeing of every person, in each of our communities.

Put simply, we want every person across Frimley Health and Care to live their lives to their fullest potential.

To effect this degree of change requires a radically different relationship between organisations and local people. It will not, and cannot, be achieved by simply continuing to do what we have always done. It will require us to create new ways of working, to work flexibly, to invest in models of delivery, and to be brave enough to actively target resources to where we can make the biggest difference for local people.

In return, it will require individual people to take charge of their own health and wellbeing, to make healthier choices and to influence their relatives, neighbours and friends to change their lifestyles.

The ICS is building from a strong base. We have worked hard over the last three years to earn each other's trust, to deliver tangible improvements and to make services more joined up and more efficient.

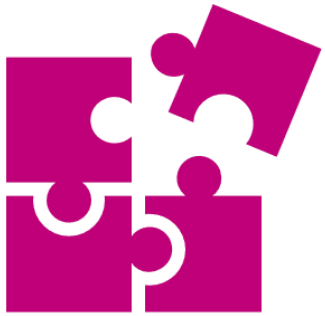
Our renewed five year strategy responds to our collective constrained resources. While NHS funding is increasing, demand is increasing faster. Local Authority funding is under great pressure and its future is uncertain.

In response our strategy is rightly ambitious and outward facing. Our focus is on "working with", rather than "doing to". We will work with our communities, however large or small, to better understand, develop and build on what's already working. We will invest where where we can make a real difference, whether in mental or physical health, across social and health-related conditions and across different times in people's lives.

We also want to create a deal with our staff that it will be an exciting and stimulating place for them to work. That means continuing to change the cultures so that every member of staff is encouraged and empowered to innovate and to make improvements.

Working together as Frimley Health and Care enables us to think differently. We have an opportunity to be brave, bold and transformational, to make the biggest collective impact for our local people by Creating Healthier Communities.

In 2025, when we have delivered this strategy, healthy life expectancy at birth will have improved by 2 years and the gap in healthy life expectancy between our least and most deprived communities will have reduced by 3 years.



Section 1: Introduction and Context

This section introduces Frimley Health and Care.

It describes the background to our system, the population we serve and the progress that is being made to improve outcomes, service quality and efficiency.

It also summarises how we have worked together to develop this strategy.

Frimley Health and Care Integrated Care System

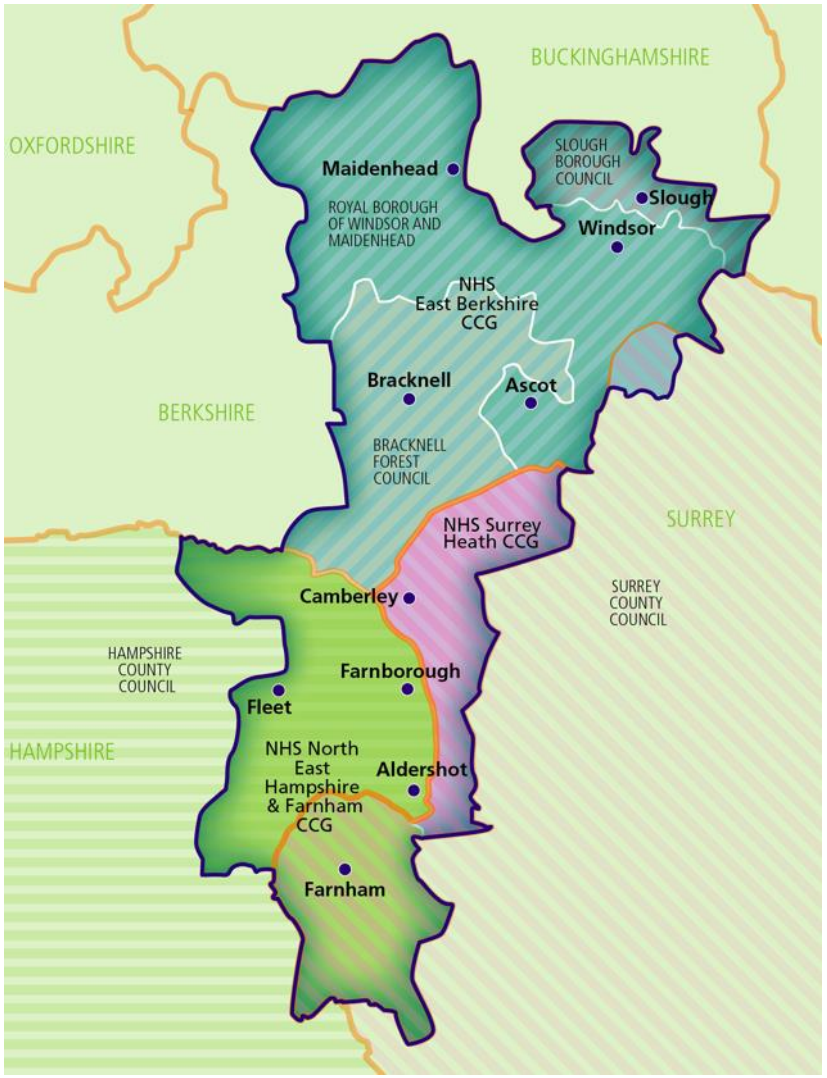
Frimley Health and Care brings together the Local Authorities and NHS organisations with a clear shared ambition to work in partnership with local people, communities and staff to improve the health and wellbeing of individuals, and to use our collective resources more effectively.

The system has a diverse population of around 800,000 people in East Berkshire, North East Hampshire, Farnham and Surrey Heath.

As a result of the first five year plan agreed in 2016, considerable progress has been made promoting health and wellbeing, improving care and services, and making services more efficient. We have brought people together to integrate services and work across organisational boundaries.

This new strategy builds on that work and describes the shared ambitions and priorities which will be delivered and which will make the most difference to individual people's health and wellbeing.

Frimley Health and Care



Understanding our population

Our strategy is rooted in the health and care needs of the population.

This page provides an overview of the demographics of the population, and key facts about population needs.

Numbers in (brackets) represent national figures.

Best start in life

Estimated prevalence of mental health disorders in children and young people (5-16 years) 8.3% (9.2%)

72.7% 5 year olds who are free from obvious dental decay (76.7%)

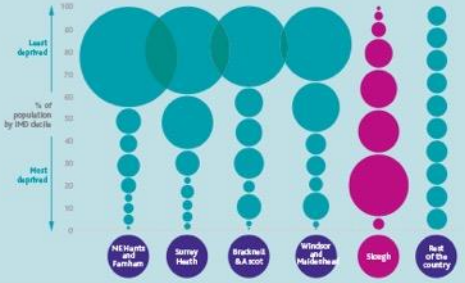
18.4% Prevalence of obesity among children in Year 6 (10-11 years) (20%)

Deprivation

People that live in recognised areas of deprivation will often have poorer outcomes.

Most of our population do not live in an area of deprivation. Over 30% are in the 10% least deprived in society.

All areas contain pockets of deprivation but they can be less visible due to nearby affluence. In Slough there are more people living in deprivation.



Demographics

Population - 800,000

x100K

3% of the population live in the most deprived areas of England, while the region also includes large affluent areas.

Population increase by 2036

6.4%

(about 47,000 people with largest increases in the over 60's and 13-18 age group)

16.8%

(13.5%)

There is a diverse ethnic population

with large communities of people from Nepal and South East Asia and the traveller community. There is also a strong military presence across the area.

Life expectancy

81yrs (79.5)

84yrs (83.2)

Healthy life expectancy

66.8yrs (63.3)

67.4yrs (63.9)

Adult life style

Smokers (adults) 12.9% (14.9%)

Physically active adults (150 mins of moderate activity each week) 65.5% (66%)

Adults classified as overweight or obese

61.4% (61.3%)

Long term conditions

12.9% (17.6%)

People who report a health problem or disability that limits their day to day activities lasting 12 months or more

78.7% (90.9%) Proportion of eligible population invited for an NHS health check (40-74 years)

37.4% (44.3%) Proportion of eligible population having an NHS health check (40-74 years)

Partners in the health and care system worked together and with local people to develop the strategy

APRIL 2019

Frame

Partners worked together to achieve collective clarity on what the 5-year strategy is for, what it will do and how it will be developed in an inclusive way

MAY-JUNE 2019

Insight

Understanding what matters to local people and partners, the issues we want to impact and the key trends that drive our strategy

JULY-AUG 2019

Ambition

Developing a shared view and understanding of what we want to achieve and what success looks like for the Frimley Health & Care System

SEPT 2019

Prioritise

Agreeing the shared priorities to deliver our ambitions which are recognised by partners and local people

OCT 2019

Organise

Conclude the strategy, ensuring it is owned, understood and ready for implementation from 2020/21

Section 2: Insights

This section describes the insights which informed the development of our strategy:

- A survey of more than 1500 local residents
- An 'Inspiration Station' to hear the views of people working in our system
- Reviews of what we already know from our engagement with local people
- Analysis of key trends from more than 170 health and wellbeing indicators
- Review of national policy, including the NHS Long Term Plan

Healthwatch supported the Frimley Health and Care system to understand the views of local people

Insights

Healthwatch England was awarded funding from NHS England to support Integrated Care System's across the country to carry out local engagement with the public to support the development of our strategy. We worked with our local Healthwatch organisations (Bracknell Forest, Hampshire, Slough, Surrey and Windsor, Ascot and Maidenhead) to develop an engagement plan that included a range of activities including a bespoke survey, focus groups and events.

The survey was designed to capture feedback about access to services, wellbeing, self-care and prevention. We received **1510 responses** – one of the highest in the country; 1421 online and 89 (paper and easy read formats).

Who spoke to us?

There was good representation across our five neighbourhoods and a range of respondents of different ages, particularly 25-75+. There was a particularly high response rate from females and people who had no children living in their household. The mix of responses reflect the diversity of ethnicity across our population.

Approximately **20% recognised themselves as unpaid carers, 40% have long term health conditions, 15% considered themselves to have a disability and 65% regularly take prescribed medication.**

20.5% people said they work for an organisation that forms part of the Frimley Health and Care Integrated Care System.

Thank you to everyone who completed and engaged with the survey and our local Healthwatch and Frimley Health and Care ICS partners for their work in the designing and promoting of the survey.

Key themes

Generally people know where to go for information. The majority of respondents (76%), when looking for information for themselves, are very confident/confident. However 13.5% did score themselves as least confident.

When asked 'what stops you and family leading a healthy lifestyle?' people indicated - **lack of time, conflicting advice and information about healthy lifestyles, a lack of interest or motivation, a lack of money and a lack of support from health professionals.**

671 people commented on what would help them to live a healthy life. Themes included more **affordable healthy food, activities and facilities, better access to professionals who can give health, nutrition, wellbeing and lifestyle advice, more time, money and a better work/home balance.**

We asked where people would go to seek advice or information before making the decision to attend A&E – Out of 895, over 650 said NHS111 and a further 280 said NHS online. About 450 said their GP and 300 said pharmacist.

Feedback on experience

The survey asked people to reflect on recent experiences of health and care including what worked well and what could have been better. This generated over 1500 comments. 832 comments were about recent positive experiences of health and care and 764 comments about things that could have been better.

Positive themes emerged around NHS 111 referrals to other services such as out of hours and A&E, telephone consultations, e-consult and other on-line services.

When asked what could have worked better, themes included communication, issues around discharge and waiting times.

local healthwatch working together

We also created an 'Inspiration Station' to hear the views of c250 people working in a wide range of roles in the system

Insights

To collectively develop our strategy and ambitions, we developed the Inspiration Station to focus our collective energy, and change the way we work together. Over 250 people from a cross-section of our Integrated Care System organisations came through our 'Inspiration Station'. This included people from all our partner organisations including public health, CCGs, hospital, Primary care, community and mental health clinicians and professionals, local authority, ICS board and programme leads, education, councillors, local community, voluntary sector colleagues and NHS England and NICE representatives.

The Inspiration Station took people through a series of rooms where we presented intelligence and insight from our system in a way we hadn't presented before. The insight included information about our population, funding, key areas of work to date and patient and public engagement feedback. This provided a space for teams of people to explore and shape our future ambitions and priorities.

The aim of the sessions was to bring different expertise and experience together to collaboratively discuss what is important for our people locally, where we need to focus our energy and the Frimley £, and how we work together to shape the 'creating healthier communities' plan for the next five years.

People really embraced the experience both in the room and with a renewed energy back in their places of work.

We received some great feedback and want to continue co-designing in this way:

> *Brilliant opportunity. Thought provoking.*
>
> *Engaging and well laid out – positively stimulating*
>
> *Innovative and informative*
>
> *Really enjoyed this and know much more now*
>
> *Amazing interactive experience – hope you get some really good ideas*
>
> *Fantastic way of engaging with us – the more involved in this the better*
>
> *Refreshing – good experience Fantastic facilitation well done*

Packs of all of the information shared at the station can be found on our Frimley Health and Care website: www.frimleyhealthandcare. org.uk/about/our-plans/creating-healthier-communities/

What we heard at the Inspiration Station

Insights

Work in a different way

- **A lot of great work has already been done**, but we now need to redirect our energy.
- **Be braver and more transformational**
- **Partnership working and relationships are central to this work** – develop our relationships and ways of working with all partners and local people.
- We want more **integrated people centred opportunities that can make the most impact at an ICS level** not focussed on small projects that are business as usual.
- Confidently understand that we can both **bring people together at an ICS level and build bespoke, tailored community models** that deliver the strategy.

More energy on prevention

- We need to **plan and deliver on things over longer periods** that may not have an immediate or short-term impact.
- **We should be-more proactive**; move our energy to help people stay well and avoid preventable ill heath, than focusing on reactive services when people are ill or require treatment.
- **We need more energy and funding for** on prevention, mental health and broader wellbeing.
- Ensure we engage with our local community to **better understand behaviours and culture that impact on confidence and ability to self-care.**
- **Focus on helping our children start well** through families and education within communities, and build on this through peoples journey of living well and ageing well.

Focus on health and wellbeing

- We need to consider wider **determinants of health** and not just medicines and treatment.
- We want to shift to real **community collaboration** across health, care, education, voluntary services and our local communities.
- Tailor and target in communities to improve healthy life expectancy and health inequalities where we can have the biggest impact.

Co-design what we do

- Activate communities to help us create happier, healthier, sustainable local places.
- Consider family, parents, carers and friends not just individuals to recreate what we do around people and positive outcomes, rather than traditional service models of care and organisational boundaries.
- Engage in different ways.
- Increase personal responsibility for health and wellbeing – developing a way of working with and talking with our community that makes sense and feels real to the the places people live and work.
- Be clear, consistent and flexible in our approach to our conversations with the public.
- Have shared messages that are jargon free and support people. to understand how they can access and shape services in a different way.

Look after our people

- We need to make our **workforce sustainable** – take the opportunities that the ICS offers to work at scale, be creative, innovative and flexible.
- We want the ICS to be a good place to work – we need more focus on building and sustaining a **happy, healthy workforce** with people.
- We want to **recognise and grow our own talent**.
- We need to **create a culture where we all work collaboratively across across boundaries and inspire each other.**
- Make being part of an **ICS integral to our day to day way of working**.

Evaluate what we do and be evidence based

- Build in **better evaluation of impact at all levels**, performance and experience to understand what we stop doing, scale up, and continue with.
- Allocate alternative **community grown innovation funding**.
- **Target key areas** – be ambitious with how we focus our energy and resources to where we can make most impact.
- Use insight to make **evidence based decisions** and be transparent with how those decisions are made.
- **Finish what we said we would do, understanding when things become business as usual** and demonstrate and share how we have made a difference.

A review of 170+ health and care measures identified key trends and challenges that drive our long term strategy

Insights

Theme 1: *Our system level performance tends to be good but we must remain focused on the areas of variation that are often caused by deprivation and the wider determinants of health which are amenable to prevention*

Our performance tends to be good but we have **areas of variation** that are often caused by deprivation and areas that impact on health that could be preventable.

There are **some key areas where we are worsening at a steeper rate than nationally**, including potential years of life lost and mortality measures. This means that some people are dying from conditions where effective prevention and treatment interventions exist.

Deprivation plays a significant role in driving variation across the local authorities in our system. This is illustrated by high variation in healthy life expectancy at birth and physical inactivity. Whilst Slough is often an outlier, it serves as a proxy for deprived communities across the system.

Theme 2: *Our insight shows us we must focus on the worsening outcomes in our vulnerable groups, deprived communities, as well as children and young people*

We need to better **support people to help themselves**. The proportion of people who feel supported to manage their condition is low, with high variation across the system.

Some **infants and children** are getting a better start in life than others, with mortality data indicating that some do better than others over a life course. This is also highlighted by worsening trends and variation for measures such as school readiness.

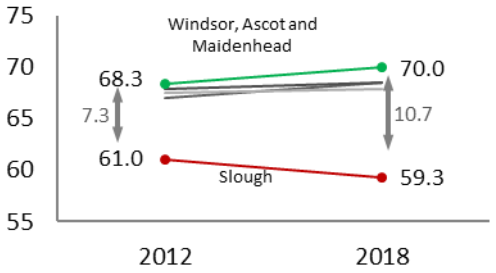
Generally, we saw a high proportion of metrics that relate to **mental health** showing a negative trend, in comparison to those that reflect physical health

Access to services could be better for **vulnerable groups**, with a worsening trend in variation eg for people with a long term mental health condition.

Examples from the data informing the key trends

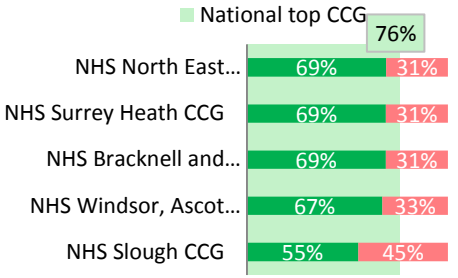
Insights

HEALTHY LIFE EXPECTANCY AT BIRTH



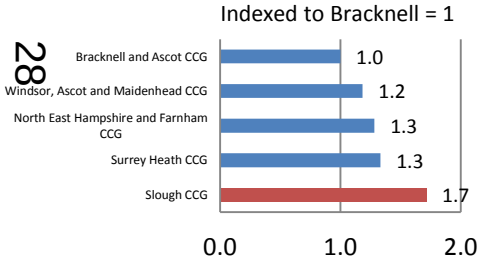
The gap in healthy life expectancy between the highest and lowest local authority areas has **worsened** since 2012

PROPORTION OF PEOPLE WHO ARE FEELING SUPPORTED TO MANAGE THEIR CONDITION



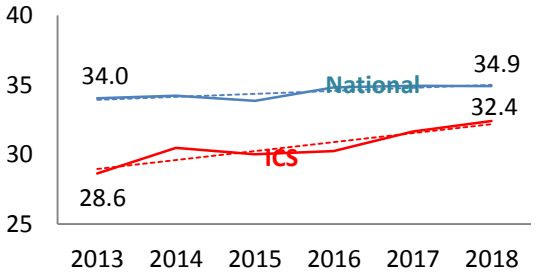
Across the system 31-45% of people **do not feel supported** to manage their condition

POTENTIAL YEARS OF LIFE LOST FROM CONDITIONS AMENABLE TO HEALTHCARE



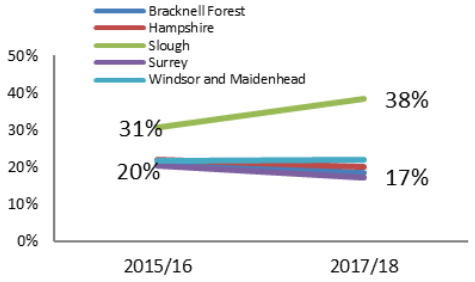
Significantly more potential years of life are lost in Slough than in Bracknell and Ascot

CHILD EXCESS WEIGHT IN 10-11 YEAR OLDS



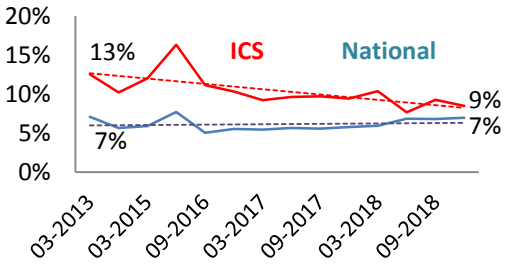
The % of children with excess weight has **increased** from 2013 (28.6%) to 2018 (32.4%) compared to a flatter trend nationally

PERECENTAGE OF PHYSICALLY INACTIVE ADULTS



A significant proportion of the population are physically inactive and the **variation** across the system is **increasing**

% OF ADULTS IN CONTACT WITH MENTAL HEALTH SERVICES IN EMPLOYMENT



The % of people with MH conditions in employment has **fallen** from 2013 (13%) to 2018 (9%) compared to a flat trend nationally

Section 3: Ambitions and outcomes

Insights from the Inspiration Station, Healthwatch survey and analysis of the key trends enabled the ICS Board to identify six Strategic Ambitions.

These are the six areas which system partners will focus on and deliver over the next five years.

This section describes the six ambitions and the difference that delivering these ambitions will make for the Frimley Health and Care system.

These are the six Strategic Ambitions on which the system will focus and deliver over the next five years

Ambitions & Outcomes

1. Starting Well
We want all children to get the best possible start in life

2. Focus on Wellbeing
We want all people to have the opportunity to live healthier lives, no matter where in our system they live

3. Community Deals
We will agree with our residents, families and carers how we work together to create healthier communities

4. Our People
We want to be known as a great place to work, live, make a positive difference.

5. Leadership and Cultures
We will work together to encourage co-design, collaboration, inspiration and a chance to contribute.

6. Outstanding use of Resources
We will offer the best possible care and support where it is most needed in the most affordable ways

Create healthier communities with everyone

Strategic Ambitions 1-3

Ambitions & Outcomes

1. Starting Well

We want all children get the best possible start in life,

including:

- Engaging children and young people in a different way, working with education and building on young people's creativity and energy
- Targeted support for children and families with the highest needs and those who are the hardest to reach
- Support supporting women to be healthy before pregnancy
- A safe birth
- Life choices and opportunities
- Increased happiness and decreased anxiety

We will deliver:

- Improved child mortality
- Improving school readiness
- Reduced prevalence & variation in obesity
- Reduced variation in childhood vaccinations
- Improved outcomes for our most vulnerable children

2. Focus on Wellbeing

We want all people to have the opportunity to live healthier lives, no matter where in our system they live.

You will be able to have more years of healthy life because you have opportunities in education, work, accommodation, healthy lifestyle choices and increased wellbeing. Our ambition is to Improve the health and wellbeing of the poorest and sickest fastest.

We will deliver:

- Closing the gap in life expectancy
- More years of healthy life expectancy
- Improved outcomes for our most vulnerable people
- Reduced health inequality
- Reduced smoking prevalence

3. Community Deals

We will develop 'community deals' with our local residents.

We will work with our local residents, families , volunteers and carers to agree how we collectively (as organisations and individuals and families) create healthier communities, supporting healthy choices and designing and delivering new ways of working to improve the health and wellbeing of our local population.

We will deliver:

- An effective co-production methodology and capability
- Community asset partnerships
- Support for children starting well
- Targeted wellbeing offers that meet local needs and priorities

Strategic Ambitions 4-6

Ambitions & Outcomes

4. Our People

We want to be known as a great place to live, work, develop, make a positive difference.

We want all of our people have the opportunity to be physically and mentally healthy, fulfilled, effective and flexible in how they work and what they do.

We want to attract our local population to careers in our health and care system.

We will deliver:

- High staff reported fulfilment
- A workforce that reflects our communities
- Improved recruitment and retention across our system

5. Leadership and Cultures

We will work together to encourage co-design, collaboration, inspiration and a chance to contribute.

Improvement and adding value will underpin how we work across all our staff, public service partners, voluntary sector and local businesses.

Our approach will include:

- Integrating teams at place and targeting our care
- Knowing our communities and being part of them
- 'With' our residents, not 'to' – co-designing all our work
- Listening to what is important locally

We will deliver:

- More people participating in Leadership and Academy programmes
- More successful system-wide improvement projects
- An improvement culture

6. Outstanding Use of Resources

We will offer the best possible care, treatment and support where it is most needed in the most affordable ways using the best available evidence.

We will be known for working together to maximise the impact of the skills and capacities of our staff, making decisions based on good intelligence, our digital capabilities, our 'Frimley pound', our local buildings and facilities. We will shift resources to increase benefits.

We will deliver:

- A balanced financial plan
- Sustainable organisations
- No fragile teams or services
- Interventions and policies that are evidence based

What our system will be like in 2025

We have harnessed the strength of individuals to create healthier communities in the places people work or live. Different relationships have developed between public service providers and the people who use our services, working as equal partners playing an active role in shaping and implementing transformational change.

Together we have designed and delivered new models of care and different ways of working that are making a real difference to people and their local communities. People are able to innovate and make improvements where they live and work, and are proud to share how they are making a difference. We are working collaboratively across local authority, health, and voluntary sector to understand and build our communities, maximising the collective impact we can have on the health of our population. Our common approach provides strength and equality of opportunity, with the freedom and flexibility to respond in the most effective way to local needs, regardless of structures.

In 2025, when we have delivered this strategy:

- ✓ healthy life expectancy at birth will have improved by 2 years
- ✓ the gap in healthy life expectancy between our least and most deprived communities will have reduced by 3 years

What our system will be like in 2025

Anticipatory Care

Jan is in her late 60s and is living with diabetes and arthritis which makes her more likely to require services in the future. Her GP has identified this early and in discussion with Jan and her family she has received more targeted information about options to manage her conditions. She has also been shown how to use simple apps on her phone to monitor her day to day wellbeing.

Mental Health Complex Care Teams

Marek is 51, he had his first mental health breakdown at the age of 20 and has had many encounters with mental health and hospital services in his life. He takes a range of medications for physical and mental health but struggles to keep on top of this and regularly misses appointments. He is isolated and has little contact with family or friends. A complex care team is now in place to support Marek to live an independent life. They look at all aspects of his life and support him with links to local support groups and peer networks, supported housing services to help with his daily routine and specialist mental health services to help manage his ongoing treatment. As a result he is coping better, feels more supported, often by people who have been through similar experiences and is managing his mental health more successfully.

Young Health Champions

Mo is one of 16 Year 12 students in Slough who promote health and wellbeing in their secondary school as part of the Young Health Champions Programme. He has been supported to set up a Wellbeing Group to promote emotional wellbeing and good health both within his school and at home. By completing the programme he has received a Public Health qualification and continues to share his passion and knowledge with others.

Digital connections

John attended his GP for an appointment. His GP felt he needed referring to hospital for further tests but took a pre-emptive blood sample there and then. When John went to his appointment, his consultant already had his blood test results and had easy access to John's medical notes so he didn't have to explain himself again. John was prescribed some medication and referred back in to his GP's care where his condition could be effectively managed closer to home. John is able to manage appointments and see his own notes on his personal computer and phone.

Section 4: Priority Actions

Part of our Insight for our new Strategy is that we should deliver our Ambitions by focusing our efforts **on a small number of high impact Priority Actions.**

This section describes the six Priority Actions we have identified to start the delivery of our six Ambitions.

These are where we will focus our collective actions to make a positive impact on the health and wellbeing outcomes of our population, the experience of our staff and the sustainability of our system. Further Priority Actions will be added in future years as we make progress with delivering our five year Ambitions.

Priority Action 1: A targeted and coordinated wellbeing offer to support children to start well

Overview

We will support the pre-conception health of mothers, children in their first five years and as they grow and develop from 5 to 18 years. We will have a particular focus on the first five years of a child's life because these are critical to their future development and act as the foundation for building caring, productive and healthy families and communities. We will target those with the highest need and traditionally have been hardest to reach. Our approach will be co-produced with the families that we want to provide better support. Our offer will join up and coordinate the many models of care that support children, deliver greater equity and take an asset based approach to make a positive impact for communities.

Actions

2020-21 actions

1. Work with families, staff and communities to **co-produce a model of care** that is integrated, with co-located teams, shared information and one set of outcomes.
2. Develop our collective **system insight into who and where we need to target**. Where are outcomes worse, where is variation greatest, who aren't we reaching? Identify the cohorts and places we need to work with.
3. Develop our **capability to co-produce** coordinated and integrated children's services, which will be enabled by the Community Deal strategic priority.

2021-23 actions

4. **Start the implementation** of integrated children, young people and family services. Measure our progress with metrics that have been co-produced
5. We will have rolled our **Connected Care** across children, young people and families.
6. Linked to the community deal we will have an articulated model of what a **community asset based approach** to delivery of services looks like.

Outcomes

- Infant mortality improves for all by reducing the variation
- Improved school readiness
- Reduction in the prevalence of childhood obesity
- Improved uptake of childhood vaccinations
- Improved physical and mental health outcomes for our most vulnerable children

Priority Action 2: A targeted wellbeing offer for the wider population

Priorities

Overview

We will identify and target the cohorts of people where we know that physical and mental health outcomes are not well met by current approaches, with a focus on deprivation, inequalities and those with most complex needs. Our approach will be to co-produce with the people we want to more effectively support. Our aim is to understand the root causes of lifestyle behaviours and work together to provide personalised support to tackle them.

Actions

2020-21 actions

1. Develop our collective system insight into **who and where we need to target**. Where are outcomes worse, where is variation greatest, who aren't we reaching? **Identify the cohorts and places we need to work with in each Place**
2. Develop our **capability to co-produce** solutions to the wider determinants that cause poor lifestyle behaviours, which will be enabled by the Community Deal strategic priority
3. Co-produce **targeted offers of evidence based, personalised support** that address the causes of the behaviours that have the greatest impact on people's health including smoking, drugs and alcohol, diet and physical activity. The focus for this work will be within each Place using their **Community Deal(s)** enabling work

2021-22 actions

3. Evaluate our success in year one and continue to refine and improve our approach
4. Identify further cohorts of people that we will work with and provide personalised support

Outcomes

- Closing the gap in life expectancy across our population
- More years of healthy life expectancy
- Our most vulnerable cohorts and populations have improved physical and mental health outcomes
- Reduced health inequality
- Reduced smoking prevalence across all areas

Priority Action 3: Community Deals

Overview

Building on the expertise of the partners, we will collectively develop new relationships with people and communities that help them live healthier lives, while taking more responsibility for their own health and wellbeing. The organisations that provide support and care will work in partnership to make a fundamental change in how they work together with communities to make healthier choices. We will do this by developing two key approaches - co-production and strengthening our communities. This is how we will deliver the Starting Well and Targeted Wellbeing priorities.

Actions

2020-21 actions

Co-production

1. Develop a narrative and vision for the development of Community Deals
2. Use the expertise in local authorities to develop our co-production methodology
3. Develop training and support for staff to hold community conversations and co-produce plans for improvement
4. By March 2021 agree community "deals" that support delivery of the Starting Well and Targeted Wellbeing priorities in each Place

Connecting and strengthening communities

1. Develop collective insight of the demand and need at neighbourhood and place level across our system
2. Build a map of the local community assets at neighbourhood and place level
3. Create community asset partnerships
4. Target assets towards local needs to support the delivery of the Starting Well and Targeted Wellbeing priorities

Outcomes

- An effective co-production methodology and capability
- Community asset partnerships
- Support for children starting well
- Targeted wellbeing offers that meets local needs and priorities
- Better outcomes for the most vulnerable

Priority Action 4: The Frimley Offer to our workforce and local people

Priorities

Overview

We want a clear way of articulating the career and employment opportunities to our local population and current workforce. Better information about our population will help us to better target existing staff and people who live locally to encourage them to work in health and care and to develop their careers with us. The values and culture of the partner organisations is important to achieving this and we will engage our workforce to understand and develop this. The Frimley Offer will be a 'partnership agreement' with our staff that works alongside our community deals.

Actions

2020-21 Actions

Understanding our people

1. Use an **insights based approach to understand** the whole population and our current staff, including a cultural temperature check of all health and care staff
2. Use a **co-production approach** to listen to views of our staff and potential staff and better understand our people

Supporting our current staff

3. Create a **positive experience** of working in health and care, **develop a clear narrative** about a caring career, **promote health and wellbeing** and enable **increased flexibility**

Delivering the change

4. Partner **with education** and other key partner in the community, carers and volunteers
5. **Strengthen the LWAB** as the delivery vehicle for this priority

2021-22 Actions

6. Continue **strong co-production approach** responding to what we have learnt
7. Refine the **Working Together Framework** and articulate opportunities of partnership
8. Focus on improving the **ambition of our young people**, social mobility and inequalities

Outcomes

- High staff reported fulfilment
- A workforce that reflects our communities
- Improved recruitment and retention across our system
- Equity and diversity of our workforce reflects our communities
- Improved staff health and wellbeing

Priority Action 5: Scaling up leadership for improvement

Priorities

Overview

We want all of our people to roll out the good things we do across all of the places, communities and neighbourhoods where they might make a difference. We want to make it easy for them to do this by developing the Frimley way to make improvements. We want everyone to feel that they are empowered to make positive change and that they do this together with the staff, residents or patients it affects.

Actions

2020-21 Actions

1. **Create our improvement culture** by co-producing our 'cultural commitments' focused on embedding an improvement culture that shows openness to innovation, curiosity and learning
2. **Demonstrate our leadership commitment** through the Frimley Leadership and Improvement Academy's (FLIA) support to leaders in our communities and system
3. **Develop our leadership offer** by evolving our development opportunities in ways that support the strategic ambitions and drive improvement at scale
4. **Develop the 'Frimley Framework for improvement** – codesigned to give people the tools to work together with our communities to drive improvements
5. **Continue to spread learning** by proactively sharing beyond our system boundaries

2021-22 Actions

6. Evaluate the impact of FLIA and our programme of leadership development
7. Evaluate the impact of the 'Frimley Framework'
8. Continue to develop the Frimley Improvement Network

Outcomes

- More people participating in Leadership and Academy programmes
- More successful system-wide improvement projects
- An improvement culture
- improved retention

Priority Action 6: Digital innovation supporting change

Overview

We will future proof our system by having a leading digital ecosystem which will deliver practical improvement through transformation and cultural change using digital innovation. We will develop a digital offer for patients, residents, staff and system that supports the delivery of all of our strategic ambitions. It will give us greater Insight from our data to make informed decisions and target our improvement actions. It will give people the information they need to prevent ill health and manage their own health. It will support automation and more productive ways of working.

Actions

2020-21 Actions

1. **Greater insight supporting evidence based decision making** at system, place and neighbourhood levels. Incorporating wider determinants and resident provided information to drive population health management and system intelligence
2. **Support a move towards self-care and prevention** by integrating the good work in health and social care with app and resident-facing technology integration
3. Further developing our system-wide **Shared Record** for all care settings
4. **Use digital tools and evaluation of our interventions to reduce inequalities** for residents across the system

2021-22 Actions

5. **Engage the public** with our technology using community deals and community panel
6. **Increase the flexibility** of our estate by maximising digital ways of working
7. **Automate/improve replicable or administrative processes** to free up capacity
8. **Stronger integration with children's** social care and education to support targeted and coordinated wellbeing offer to children to start well

Outcomes

- Interventions and policies that are evidence based
- A digital first culture promoting quality, efficiency and greater flexibility
- An environment where digital supports getting the right care at the right time in the right way and place

Section 5: Long Term Plan Delivery

This section describes how the Ambitions and Priority Actions set out in this strategy support and enhance the delivery of the NHS Long Term Plan in the Frimley ICS.

A linked plan has been developed to describe in detail how Frimley ICS will deliver the foundation commitments made in the NHS Long Term Plan.

Delivering the Long Term Plan

The **NHS Long Term Plan** (LTP) was published in January 2019 and describes the key ambitions for the service for the next 10 years. Our new long-term system strategy, Creating Healthier Communities, shares its six Strategic Ambitions with the LTP and will enable us to deliver fundamental change and improvement to the health and wellbeing of the people who live and work in our communities and organisations. The table below shows how our six Strategic Ambitions will deliver the key ambitions of the LTP.

Our Ambitions	How our Ambitions support delivery of the NHS Long Term Plan themes
1. Starting Well	Our Starting Well ambition will enable us to deliver the LTP ambition for **a strong start in life for children and young people**
2. Focus on Wellbeing	The Focus on Wellbeing ambition demonstrates our collective commitment to taking **more action on prevention and health inequalities**
3. Community deals	Our Community Deal ambition is at the heart of our new strategy and provides a clear **focus on population health**. It will enable us to work with our communities to design and deliver not just our health and care services, but also education, employment, housing and transport. This will be our way of delivering **personalised care**, building new relationship and shifting the power in decision making. Our work to co-produce and strengthen communities will also deliver the **further integration of local health and care services**
4. Our People	Our People ambition is how we will ensure that **staff get the backing they need** and deliver the **interim people plan**. We are all committed to improving our staff experience at work, increasing their career opportunities and retention and recruiting more people from our local population
5. Leadership and cultures	The Leadership, Culture and Improvement ambition will **increase the scale of change** and improvement that we deliver
6. Outstanding use of resources	Through our Outstanding Use of Resources we will continue our collective focus on the 'Frimley pound' to make sure that **taxpayers' investment is used to maximum effect**. Our long term commitment to reducing need and inequalities will support **the long term sustainability of health and care services**. We have made **digitally-enabled care** an early priority for this ambition

Section 6: People and Finances

This section summarises the financial and workforce plans.

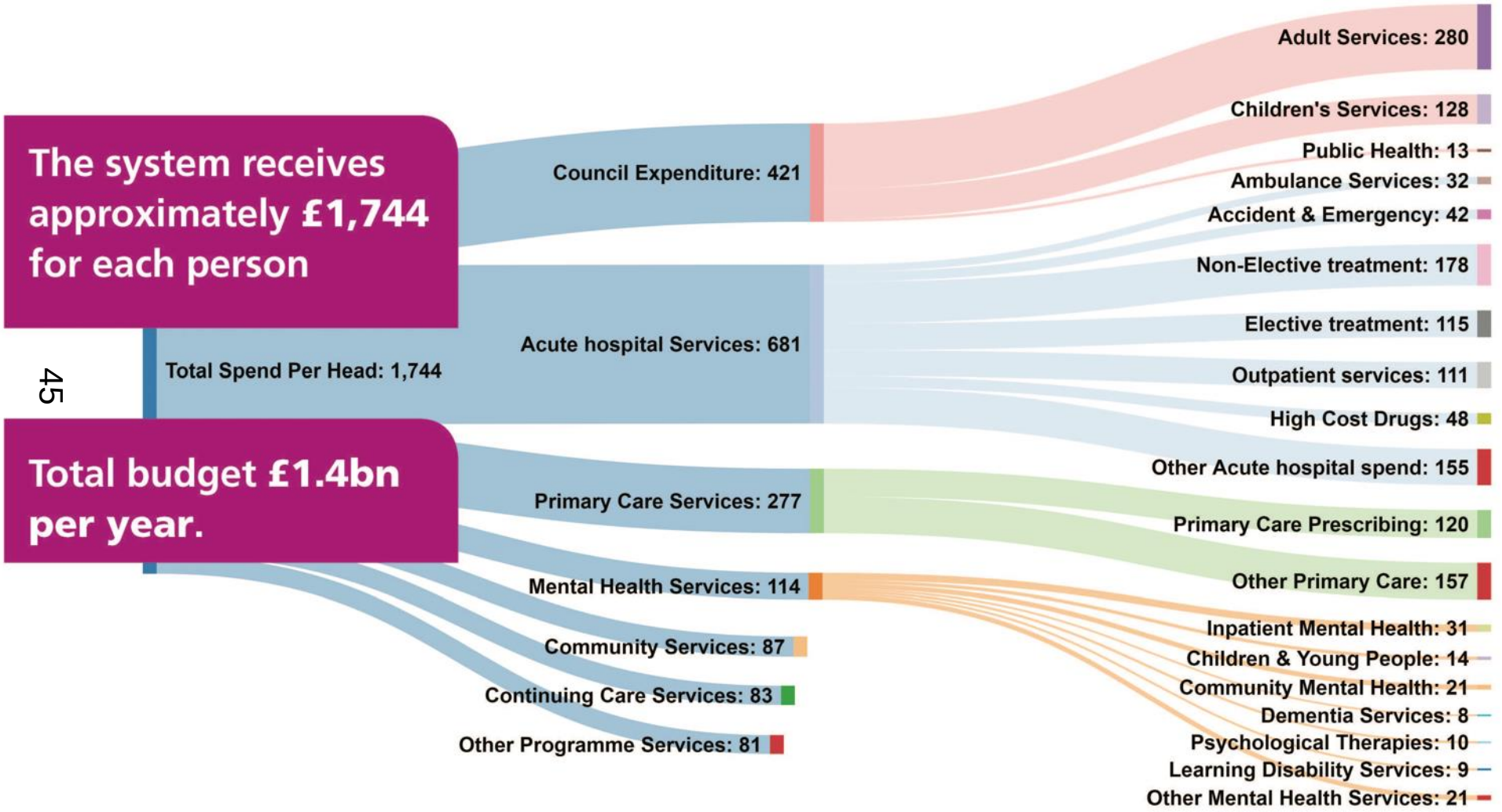
It describes how we intend to change the flow of funds across our system as we deliver our strategy over the next 5 years. It also describes how we will close the potential financial gap through improving outcomes, reducing the cost of poor health and through optimising our efficiency and effectiveness.

Our plans to invest in building infrastructure are set out.

We describe the work we are doing to understand and respond to our workforce needs.

How funds currently flow within our system

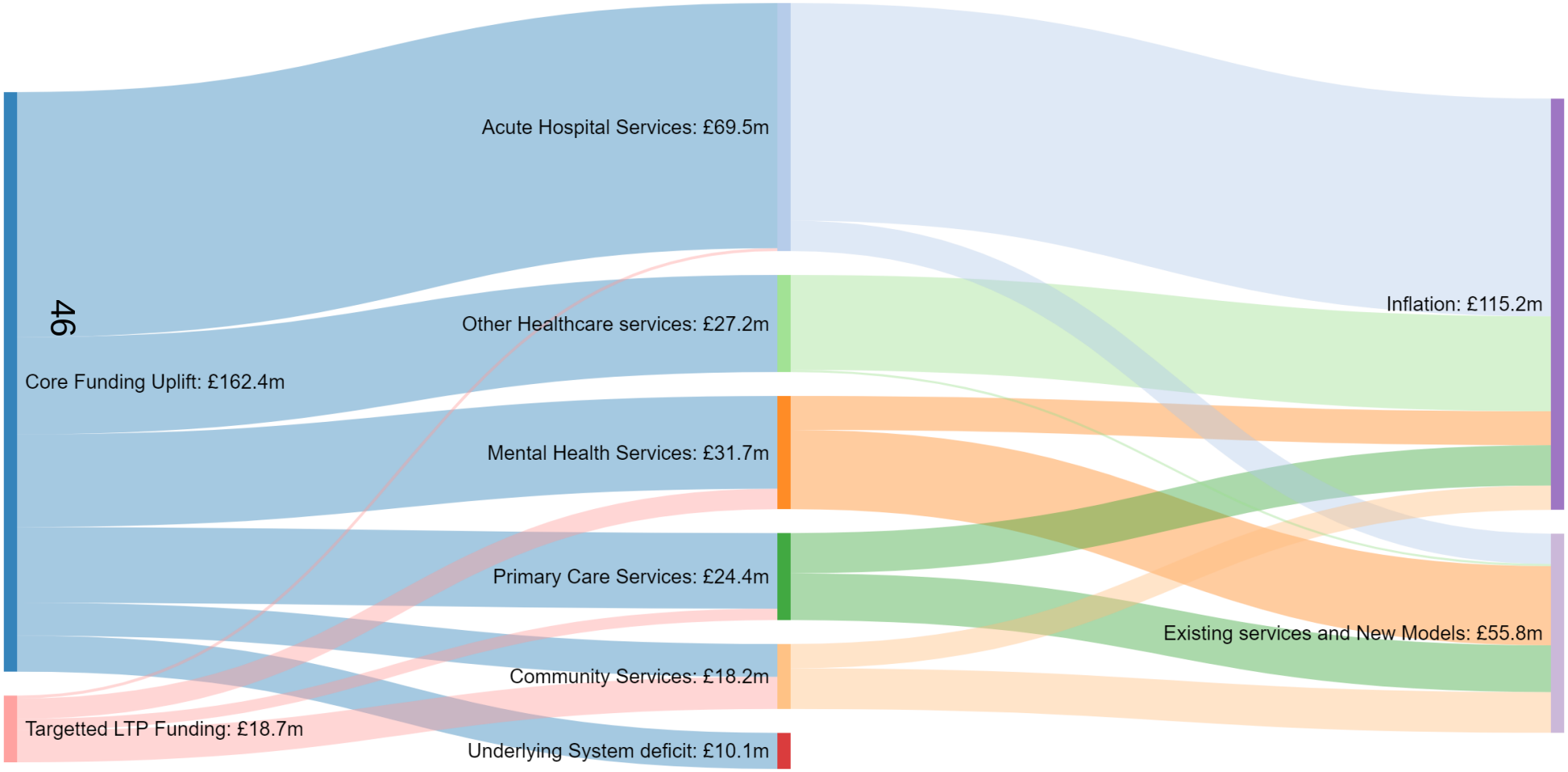
People and Finances



How we will focus our NHS Funds by 2023/24

People and Finances

By 2023/24 we will have £1.26bn to spend on NHS services, an increase of £181m from 2019/20, of which £18.7m is targeted Long Term Plan funding, which gives us an opportunity to fundamentally change how we deploy our resources.

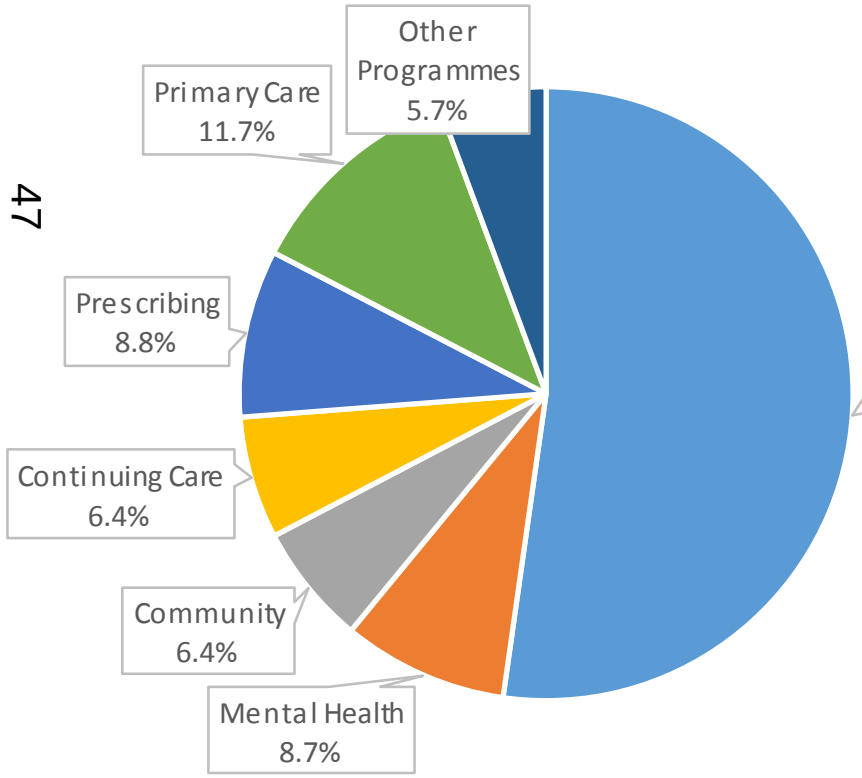


How we will focus our NHS Funds by 2023/24

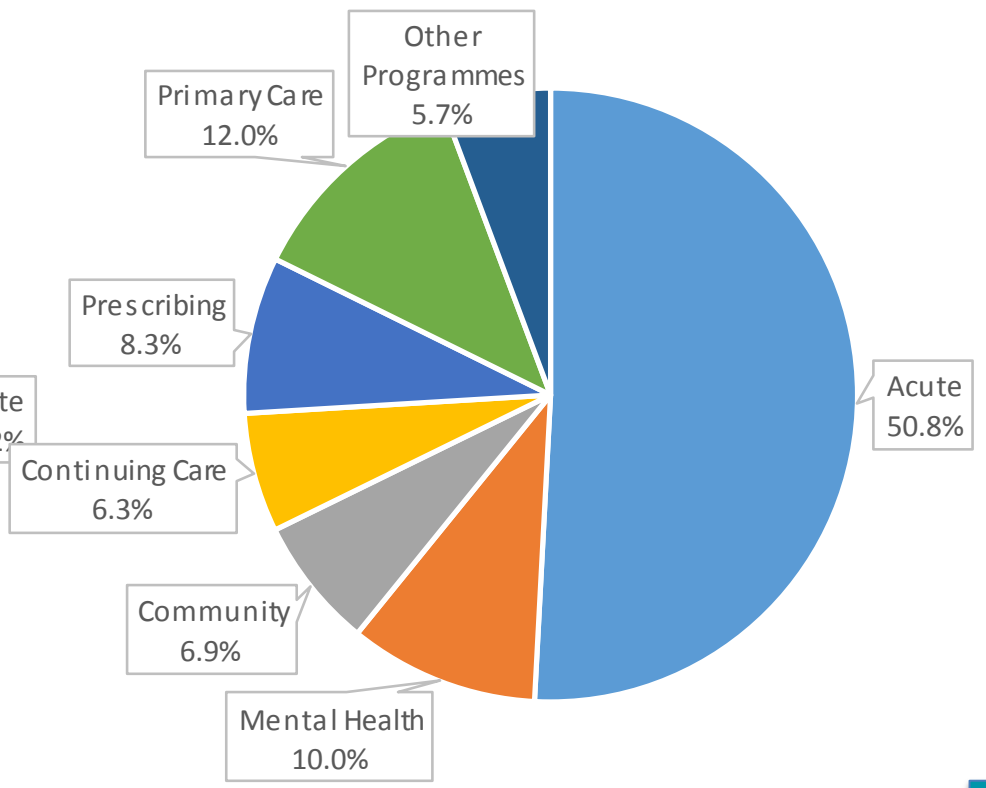
People and Finances

In delivering these plans we will make a significant step towards our systems ambitions investing heavily in our key areas including Mental Health, Primary Care, and out of hospital community services including the voluntary and third sector.

Existing Resource Distribution



Future Resource Distribution



The challenge we face in order to deliver this change

People and Finances

Overview

Financial plans have been developed across the system covering each of the six NHS organisations. Plans seek to predict future costs of service delivery for our population, indicative activity levels, and investment plans to support the ambitions set out in this plan. To deliver this we will need to collectively deliver efficiency and effectiveness savings across all areas and a series of system driven transformational activities building on those already developed by the system since 2017.

Detail

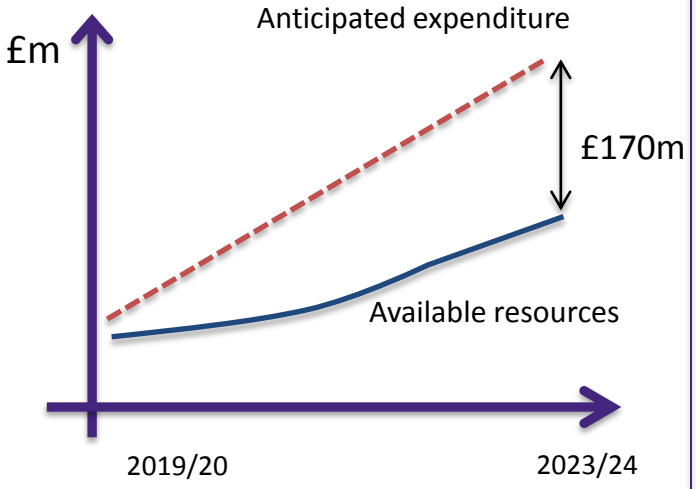
System wide assumptions utilise nationally published inflation assumptions, underlying do-nothing increases in demographic growth levels and underlying growth due to increased needs.

Plans developed assume challenging savings requirements for all organisations with an average 2 to 2.5% across each of the financial years to deliver £120 million of savings. There is an additional system saving requirement of £50 million.

As a system we recognise that we can only deliver our financial plans collectively focused on the system ambitions and priorities set out in this strategy. Alongside this ensuring we create the right conditions and resources to drive the changes required by the system.

At this stage, the impact of the financial challenges facing our Council partners, and neighbouring systems have not been factored in.

System trajectory



Closing the financial gap

People and Finances

Overview

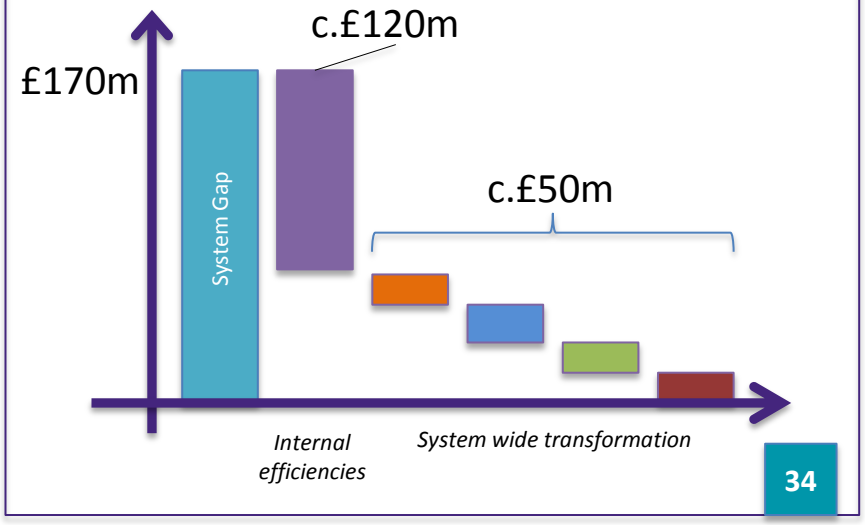
Our strategy aims to close our financial gap by improving people's outcomes, reducing the cost of their poor health for both health and local authority partners and through optimising our efficiency and effectiveness. We plan to do this by:

- Increasing the number of healthy years of life for all our population.
- Targeting some interventions so that we close the health gap between the most and least deprived and vulnerable in our communities so no-one gets left behind and our life expectancy gap is reduced by 3 years. National research suggests inequalities cost our NHS System approximately £300 million per year.
- Optimising our use of resources so that we get the best possible results from as little cost as possible.
- Reshaping our funding flows to increase the proportion of our budget on prevention and self management, early intervention, mental health and out of hospital services and reduce our reliance on the care home market and hospital bed based care.

Rationale

- Poor health is a driver of both NHS and local authority usage and costs
- People living in our most deprived fifth of neighbourhoods have 72% more emergency admissions and 20% more planned admissions to hospital than people living in the most affluent areas. Targeted actions with the most vulnerable in our community can reduce the incidence and overall burden of disease.
- People with long term conditions are the most frequent users of services, accounting for 50% of all GP appointments and 70% of all inpatients bed days and around 70-78% of people with long term conditions could be supported to manage their own condition.
- Mental health problems are one of the most common forms of co-morbidity . Integrated models of disease management have been found to deliver savings four times greater than the investment required.

Impact on system trajectory



Strategic activity modelling

Our strategy aims to manage the key factors that impact activity

The key strategic drivers that will increase the need for services

- An ageing population driving complex need
- Growth in the size of our overall population

Our strategy aims to reduce need and improve delivery

Our impact will reduce the need for health and care encounters by

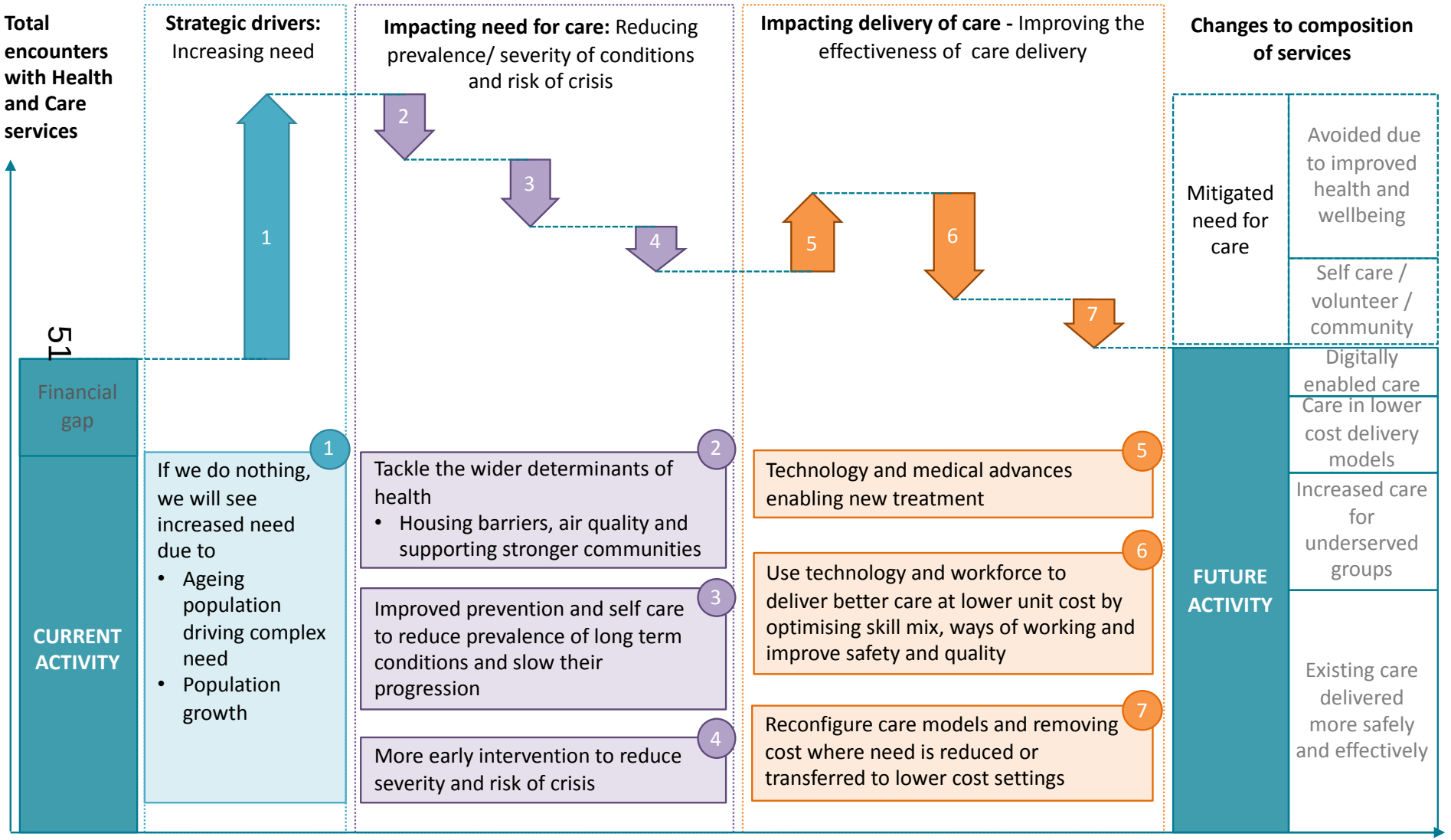
- **Improving** housing barriers, air quality and supporting stronger communities
- **Promoting self-care** and taking responsibility for your own health for those that can
- **Reducing** smoking and obesity rates
- **Intervening early** to reduce prevalence and severity of long term conditions and to manage them more proactively
- **Better support** for underserved and vulnerable groups to improve their health and improve equity
- **Increasing prevention** and wider determinants of health

Our impact on delivery of health and care encounters will improve care and sustainability by

- **Developing our workforce** by supporting and empowering them to redesign care so that it is closer to home
- **Improving safety and outcomes** by delivering care in ways that are evidence based and best practice
- **More inclusive and anticipatory care** that intervenes earlier to better manage conditions and reduce future need
- **Technology enabled care** that enables face to face encounters to be delivered differently using technology in community and primary care
- **Effective care** that focuses on encounters that add value, optimises staff skills and deliver care in the most effective setting
- **Releasing capacity** and costs as activity changes take place

Strategic activity modelling

Our strategic activity and capacity model predicts the effect of key factors during the delivery of our 5-year strategy



Investing in our building infrastructure

People and Finances

Our estate is a key driver for transformational change. The system will invest in upgrading facilities in an aligned way across health and care, making best use of public money to provide flexible facilities close to where people need them. We want to enable our staff to work in the most efficient way by utilising the estate and digital capability to maximum impact. Our **expected impacts** include:

- Effective use of premises – deliver the "One Public Estate" principles
- Healthy premises supporting people to live and work well
- Local delivery of care
- People able to access the right setting of care at the right time
- Reduced non value added attendance through better use of clinical space and technology
- 70% of assets in satisfactory and acceptable condition
- 100% of decisions made in the right place with the right people

We will focus on delivering a number of key estates programmes across our system including cross-sector initiatives and in developing and embedding a system evaluation and planning cycle for capital investments.

Over the period of the strategy **our developments** include:

- Heatherwood Hospital redevelopment and renewal
- Investments in our community resources, including Integrated Care Hubs in Bracknell, Windsor, Maidenhead, Slough, Fleet, Surrey Heath, Farnborough
- Investment in GP estate, including a GP Hub in Ascot
- Community hospital reconfiguration
- Cross-sector partnership developments, including Heathlands in Bracknell
- Delivering backlog maintenance programmes and consolidation of non-clinical space across provider estates

Understanding the workforce needs of our system

People and Finances

Our ambitions for our workforce, our people, are clear and aligned to our Strategic Ambitions for the communities we serve.

Our priority areas to improve attraction, recruitment and retention of staff for our Frimley system also align to the national Interim People Plan. Further, we are actively testing national initiatives such as the ICS Workforce Development Tool to inform our broader workforce strategy and plans and influence the development of that tool for wider roll out. Already engagement in this work has created energy, greater alignment and clarity around where to focus our efforts going forward.

We know we need to transform our workforce so that we skill up our people and attract people to different roles to deliver our new care models. We need to work more seamlessly across health and care and to create a more flexible workforce.

We will also share our learning as we develop our 'Frimley Offer' for staff working in and across the system, including how we enable our offer for volunteers and align with offer for staff in local authority sectors. Our work will be anchored in our approach to leadership behaviours including improvement disciplines and creating learning cycles at all levels of the system.

We will be inclusive in all that we do in this, working with our local populations and our workforce to achieve this.

Lastly we will explore all opportunities to develop our people to take advantage of digital solutions to improve their working experience and help them to provide better care for the communities we serve.

Understanding the workforce needs of our system

People and Finances

We have reviewed our major workforce pressures and agreed priority actions to respond, recognising the limitations to significant growth in our future workforce and our need to focus on local recruitment and retention. We will take these actions alongside our strategic ambitions for Our People and Leadership and Cultures.

Staff group	Where we are in 2019	Priority actions for 2020
Acute nursing	Vacancies improved from 16% to 14% (418 FTE) Turnover improved from 14.1% to 12.9% 54% of new starters from overseas (106 FTE)	Further investment in overseas recruitment to reduce vacancies to 9.7% (287 FTE). 91 Nursing Associates in training at Frimley Health.
Mental health	Average reduction in workforce of 3.3% pa predicted to rise to 4.8%. Particular difficulty with nurses and allied health professionals	Fresh approach to recruitment and retention to attract staff to Frimley system. Innovative development of a 'wellbeing workforce' from wider statutory services.
Support workforce	Over 15,000 support workers in the system at present, estimated to need to increase by c.1000 FTE. Sector struggles to recruit and retain and emerging competency gaps.	A clear understanding of the provision required and the products that enable workforce growth and integration. Career pathways linked to apprenticeships and new suite of training.
Maternity	35 FTE vacancies (15% at Wexham Park and 7% at Frimley Park). ONS data suggests stable/ falling birth rate. 9.5 FTE more midwives to meet agreed ratio.	Increasing the number of Midwifery Support Workers and pilot new skill mix for postnatal pathway. Recruitment and retention plans include preceptorship, return to practice, wellbeing and resilience.
Primary care	No expectation of an increase in GP numbers, with more part time workers. Focus on retention and recruitment of existing and new roles as 20% of GPs and 55% of nurses aged over 55. Modelling predicts a 167 FTE gap in 5 years without action. Additional roles only will not close this gap.	New contract allowing some investment in social prescribing link workers, clinical pharmacists, physician associates, first contact physios and paramedics. Only social prescribing fully funded, the others require 30% practice investment. A demand and capacity tool to support PCNs to model these new roles.

Section 7: Organising to deliver

This section sets out how we are organising to deliver our six Strategic Ambitions and the NHS Long Term Plan Foundation Commitments.

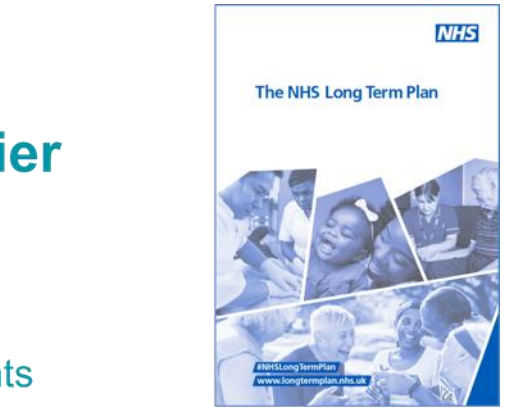
It signals a move to goals based governance for our work together as a system to deliver our new strategy.

It describes how we will transition to new programme arrangements that ensure our success and how we will work together as partners at multiple levels.

We come together as an ICS to co-ordinate delivery of our renewed 5-year strategy

- We have described the action we need to take to deliver both our Strategic Ambitions and the Foundation Commitments for the NHS Long Term Plan.
- Each of our organisations is subject to regulatory arrangements – rules and procedures that are designed to elicit compliance *(Rules based governance).*
- As we come together as partners in the ICS we have set ourselves a series of ambitions, and our ICS governance needs to support our organisations, leaders and teams towards the achievement of these ambitions *(Goal based governance).*
- Our ICS governance is goals based, and our important statutory accountabilities and regulatory architecture remain at an organisational level.

Organising to deliver



- ICS Board-level sponsor and programme convenor/facilitator for each ambition
- Distributed teams drawn from across the system for delivery of each ambition
- 'Ambition' programmes and NHS LTP Foundation Commitments programmes are connected and mutually supportive
- The key to our success will be inclusion in everything we do, understanding what is important to people and working with them

- CCG Accountable Officer as the ICS Board member who takes responsibility for co-ordinating our collective activity to deliver the NHS Long Term Plan
- Workstream convenor for each foundation element drawn from across senior leadership
- An NHS Long Term Plan programme structure that supports delivery of this work
- Reconsider name and membership of ICS Board to reflect future ways of working

Transition from current to new arrangements

The process through which we transition to new programme arrangements includes:

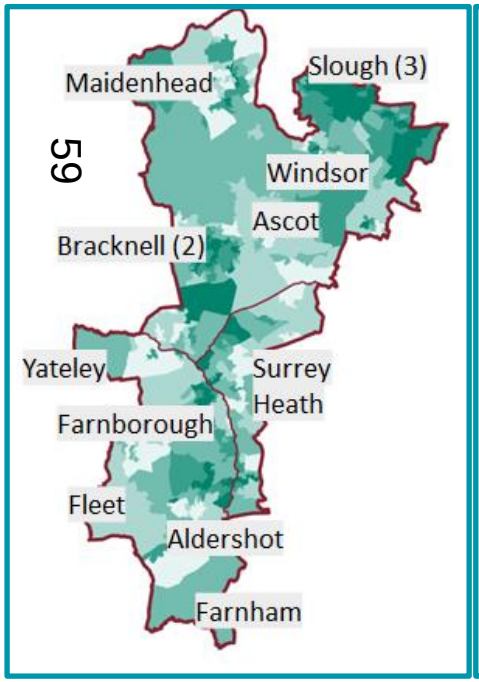
1. Agreeing the achievements, skills and capacity we need in future in the ICS to support and enable us to deliver
2. Reviewing how and where the current programme processes and arrangements support and meet our future needs
3. Identifying gaps and filling /closing those gaps
4. Effective programme support and arrangements in place to deliver the strategic ambitions and Long Term Plan

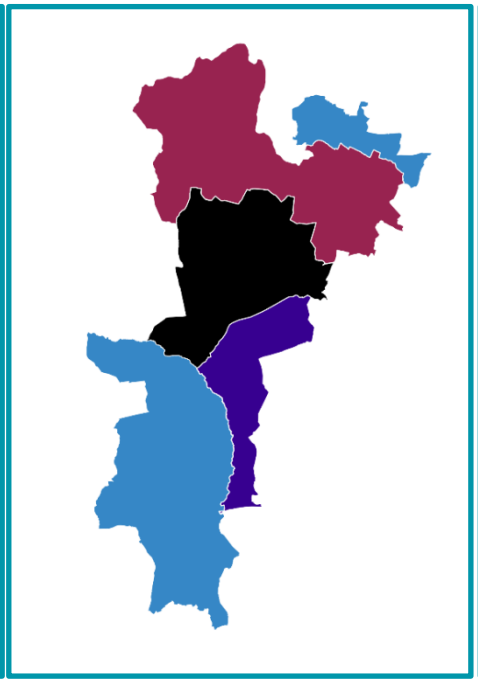
We have already recognised together the need to build capability in population health management, digital, workforce and analytics

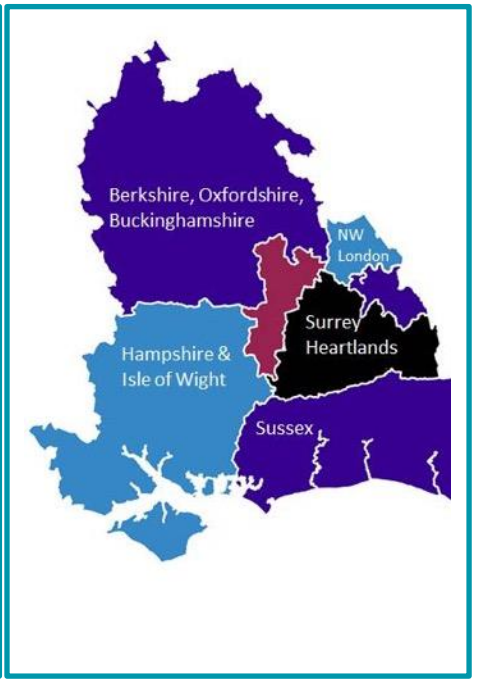
We work together as partners at multiple levels

We work together at system level, in each place, in neighbourhoods and with other ICS/STPs to co-ordinate our collective action. In each we have one or more 'convenors' – the individuals who take responsibility for bringing partners together, supporting collaboration, harnessing and aligning the contribution of all Alliance partners around a shared vision.

The ICS lead fulfils this role for the ICS Board, and PCN clinical directors fulfil this role for each of our PCNs at neighbourhood level. Local authority leads will represent Place at a system level.







14 neighbourhoods	5 places	1 Frimley system	As part of a region

Creating Healthier Communities

Frimley Health and Care 5 year Strategy

First published December 2019

Further information and contact details can be found at frimleyhealthandcare.org.uk

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Subject:	Annual Director of Public Health Report
Reason for report:	To present the Annual Report of the Director of Public Health
Responsible officer and senior sponsor:	Tessa Lindfield, Strategic Director of Public Health Berkshire
Date:	14 January 2020

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

SUMMARY

This paper presents the Annual Report of the Director of Public Health which focuses on workplace health and wellbeing. Every year, the Director of Public Health has a statutory responsibility to produce an Annual Report which aims to inform residents on health issues in their community, to inspire action and guide decision makers' priorities, and ultimately to reduce local health inequalities.

1 BACKGROUND

1.1 This year's Director of Public Health Report focusses on work and health. This particular topic was selected because of the strong relationship between work and health and the opportunity in workplaces to take action to improve health and wellbeing.

1.2 Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identify and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health and health harming behaviour and suicide.

1.3 The relationship between work and health is symbiotic, not only is good work good for your health but people in the best health possible can be a more productive workforce for business. To complete the cycle, successful business supports economic prosperity and the wellbeing of communities.

2 KEY IMPLICATIONS

2.1. The Annual Report of the Director of Public Health will support the Royal Borough's ongoing commitment to tackling mental health in the workplace.

3 DETAILS

3.1 There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business. The work place is an ideal venue for improving health. Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire. Workplace health is a win:win for population health, employees and employers.

3.2 We are privileged in Berkshire to enjoy relatively high levels of employment, hosting a large number of well-known companies. A significant proportion of our residents work in public

sector or other large organisations. The top industries in Berkshire are professional, scientific & technical, information and communication and construction and we have a higher proportion of people in managerial and professional positions jobs than average for Great Britain.

3.3 Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but healthy life expectancy is lagging behind. The number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation. Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving health in the workforce assists productivity. However, workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work.

3.4 Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

3.5 The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce. Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing need for workforce health and measuring progress.

3.6 Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

3.7 Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

4 RECOMMENDATION

4.1. That the Health and Wellbeing Board note the report and identify any actions for inclusion in the new Joint Health and Wellbeing Strategy.

DIRECTOR OF PUBLIC HEALTH REPORT
BERKSHIRE 2019

Berkshire:
A good place to work

Working together for health and wellbeing

Public Health for Berkshire

ACKNOWLEDGEMENTS

Many thanks to all those who contributed to this year's report.

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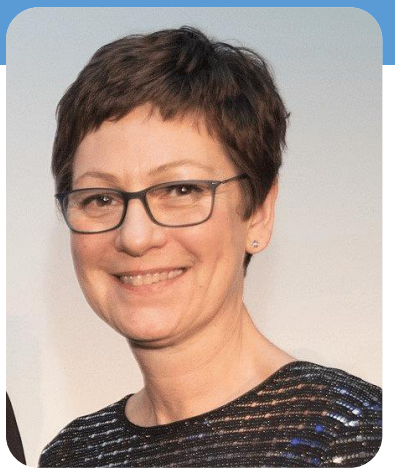
FOREWORD



On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our working lives and into retirement. Indeed our health in the years when we are at work lays the foundation for our health in later years.

Employers have an interest in maintaining and improving the health of their workforce, avoiding preventable sickness absence and presenteeism which damage productivity. There is a win:win here for population health and employers, particularly in a place like ours where so many people are in work.

People tell us that they want to take responsibility for their health but they need it to be easier than it is now. There are many ways that employers can help employees manage illness and disability and improve their health. A healthy workforce is an aspiration that should be held by every employer.

The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have been shown to adversely affect future health and are important workforce health issues to take into account.

Workplaces are changing, I was at work when this picture was taken, giving out an award for workplace health. Like many, my workplace is not just an office and meeting rooms but also coffee shops, my spare room and my car! Indeed for some companies the concept of a workplace in itself is becoming obsolete. The way we work is shifting too, We see more tasks performed via technology and more remote working. This changes the balance of health opportunities and risks associated

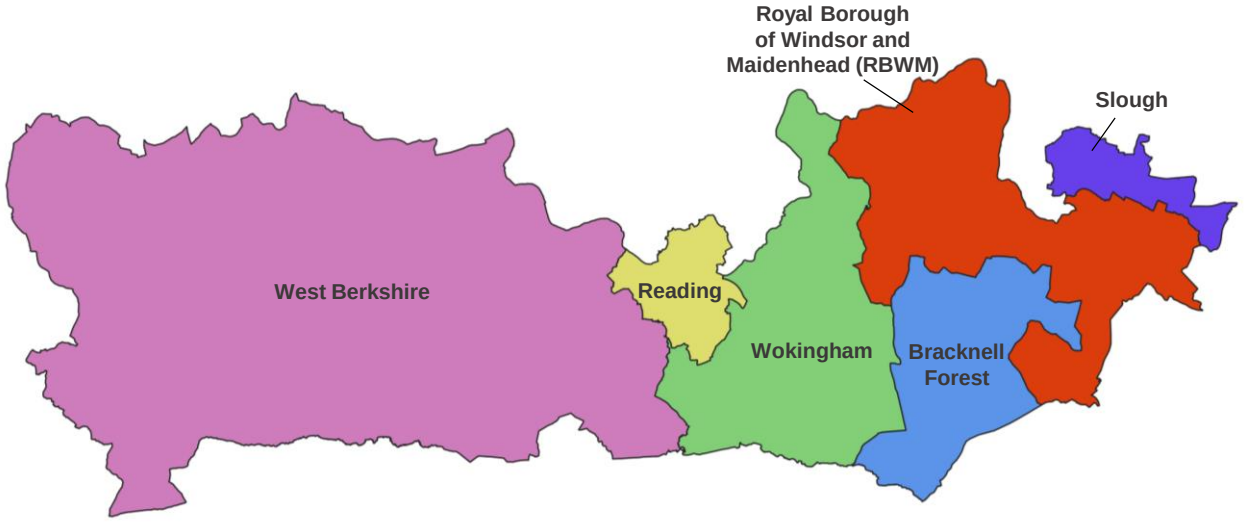
with work, not least how we replace the social interactions we have with our colleagues. If we are looking at good workforce health as a foundation for later life, we need to take this changing context for work and think differently about workplace health.

We also need to think beyond individual worker's wellbeing, organisations not only influence the health of their employees but also their families and the communities they form. Employing individuals from a range of different backgrounds and abilities should not be underestimated. This not only helps the individual concerned but also enhances the working environment for other employees and adds to the wellbeing of the organisation.

This 2019 Annual Public Health Report outlines what we know about employment and health in Berkshire and offers some ideas to improve the health of our workforce in our ever changing workplaces. The aim is to start a conversation, to inspire us to do more to improve the health of our workforce and our population.

Workplace health presents a win:win for business and population health. We have an opportunity, working together, to make Berkshire an even better place to work.

Tessa Lindfield
Strategic Director of Public Health for Berkshire



CONTENTS

The Long Walk, Windsor Great Park

SEGRO Business Park, Slough

KEY MESSAGES

The Win:Win

There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business.

The work place is an ideal venue for improving health.

Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire.

Workplace health is a win:win for population health, employees and employers.

Working in Berkshire

We are privileged in Berkshire to enjoy relatively high levels of employment, so addressing health in the workplace means we can reach a large number of people.

Berkshire hosts a large number of well-known companies and a significant proportion of our residents also work in large public sector organisations.

The top industries in Berkshire are Professional, Scientific & Technical, Information and Communication and Construction.

We have a higher proportion of people in managerial and professional positions jobs than average for Great Britain.

KEY MESSAGES

Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, the number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation.

Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving the health of the workforce assists productivity.

Workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work. It is important to consider how workplaces enable a healthy inclusive workforce, taking account of physical, mental and cultural needs of all workers.

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

KEY MESSAGES

What can we do?

The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing workforce health needs and measuring progress.

Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are the default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

Some organisations are bedded strongly in communities over generations. These are known as anchor institutions and are especially influential within their communities.

NEXT STEPS

1. Start a better conversation in your organisation about improving health ***and listen***
2. Use the evidence on what works to make a plan and ***start somewhere***
3. Measure change and ***adapt your approach***
4. Share your learning with others and ***learn from them***

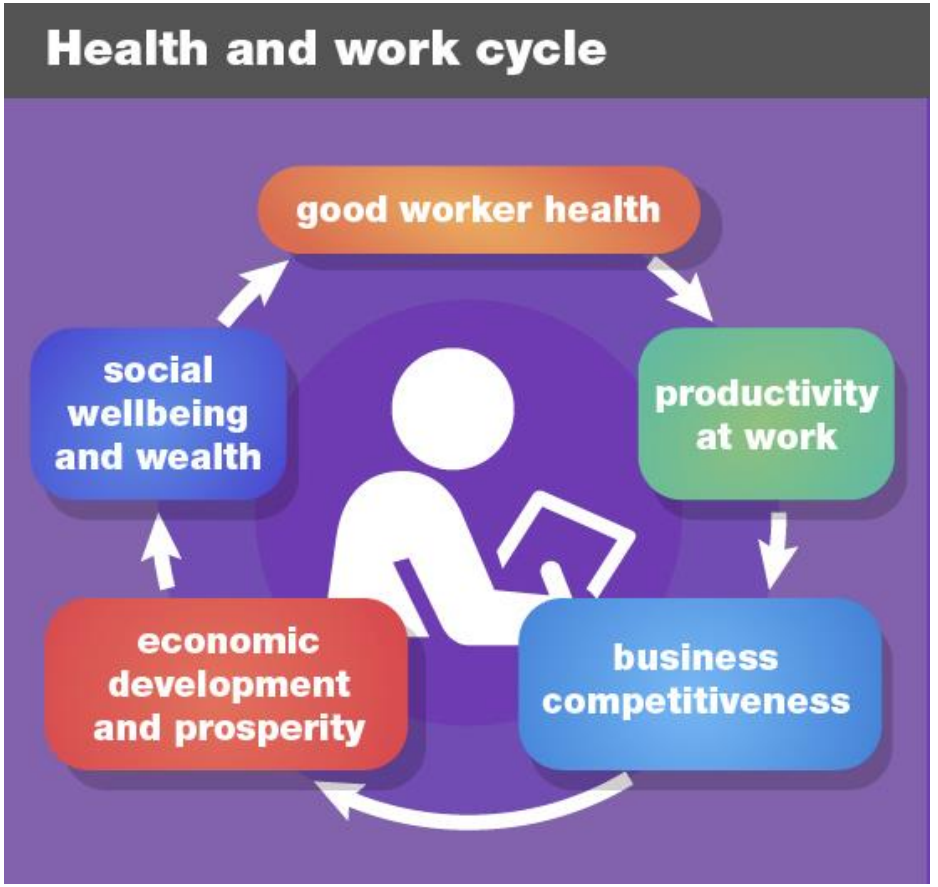
71

CHAPTER 1: THE WIN:WIN

There is a strong relationship between work and health.

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identity and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health, health harming behaviour and suicide.

The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business. In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year (Public Health England 2016).



Public Health England; Health Matters: Health and Work

What do we mean by good work?

It is more than a workplace that is safe. Good work gives a sense of security, autonomy, communication within an organisation and good line management. As Sir Michael Marmot's studies illustrated, it is not just having work that makes a difference, but the quality of our jobs (Marmot et al, 1991).

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

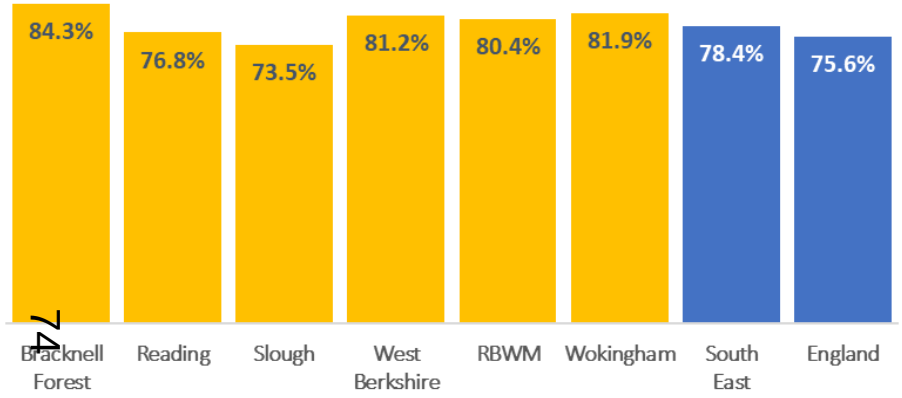
Investing in workplace health makes sense. There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

- Reduced sickness absence
- Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems
- Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities

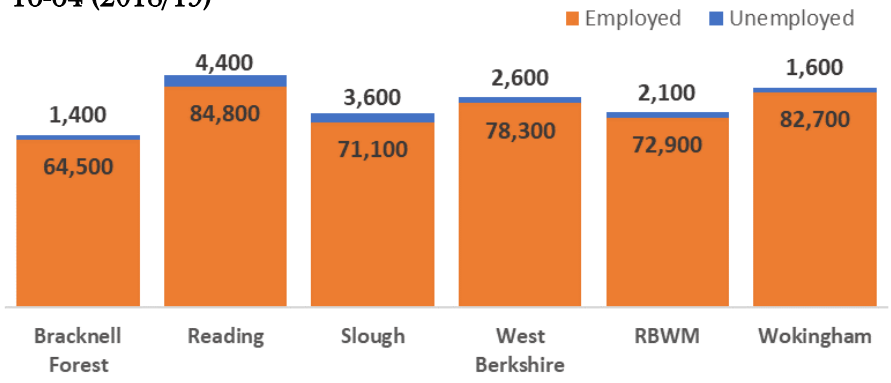
CHAPTER 2: WORKING IN BERKSHIRE

In Berkshire we have a robust economy and one of the highest employment rates in Europe.

EMPLOYMENT RATES FOR PEOPLE AGED 16-64 (2018/19)



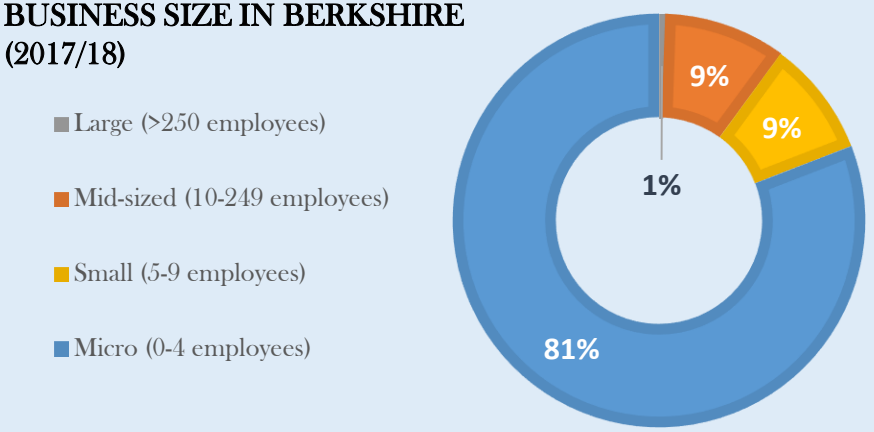
NUMBER OF PEOPLE EMPLOYED AND UNEMPLOYED AGED 16-64 (2018/19)



Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

The majority of Berkshire businesses are micro-businesses, employing four or fewer staff. Despite fewer than 1% of business in Berkshire being large enough to employ over 250 staff, they provide approximately 38% of local employment. This presents a great opportunity to maximise our ability to protect, improve and promote good health in the workplace.

BUSINESS SIZE IN BERKSHIRE (2017/18)



Thames Valley Berkshire LEP; Business in Berkshire 2018

TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

1. Professional, scientific & technical
2. Information & communication
3. Construction
4. Wholesale & retail trade; repair of vehicles
5. Administrative & support service activities

Thames Valley Berkshire LEP; Business in Berkshire 2018

EMPLOYMENT BY OCCUPATION (2018)

	Thames Valley Berkshire (numbers)	Thames Valley Berkshire (%)	South East (%)	Great Britain (%)
SOC 2010 major group 1-3	259,100	55%	51%	46%
1. Managers, directors and senior officials	56,400	12%	12%	11%
2. Professional occupations	116,700	25%	22%	21%
3. Associate professional and technical	86,100	18%	16%	15%
Soc 2010 major group 4-5	87,000	19%	20%	20%
4. Administrative and secretarial	48,700	10%	10%	10%
5. Skilled trades occupations	38,300	8%	10%	10%
Soc 2010 major group 6-7	65,500	14%	16%	17%
6. Caring, leisure and other service occupations	36,400	8%	9%	9%
7. Sales and customer service occupations	29,100	6%	7%	8%
Soc 2010 major group 8-9	58,600	13%	13%	17%
8. Process plant and machine operatives	21,100	5%	4%	6%
9. Elementary occupations	37,400	8%	9%	10%

Notes: Numbers and % are for those aged 16 and over. % is a proportion of all persons in employment

Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

LARGEST BUSINESSES IN BERKSHIRE (2017/18)

Name	Number of employees (local estimate)
NHS	16,500
6 local authorities	9,300
Vodafone	5,000
AWE	4,500
University of Reading	3,500
Waitrose (HQ & distribution centre)	3,400
Microsoft	3,000
Telefonica O2	2,500
GSK	2,000
Merlin (Legoland)	2,000
Oracle	2,000
Royal Mail	2,000
SSE	2,000
Fujitsu	2,000

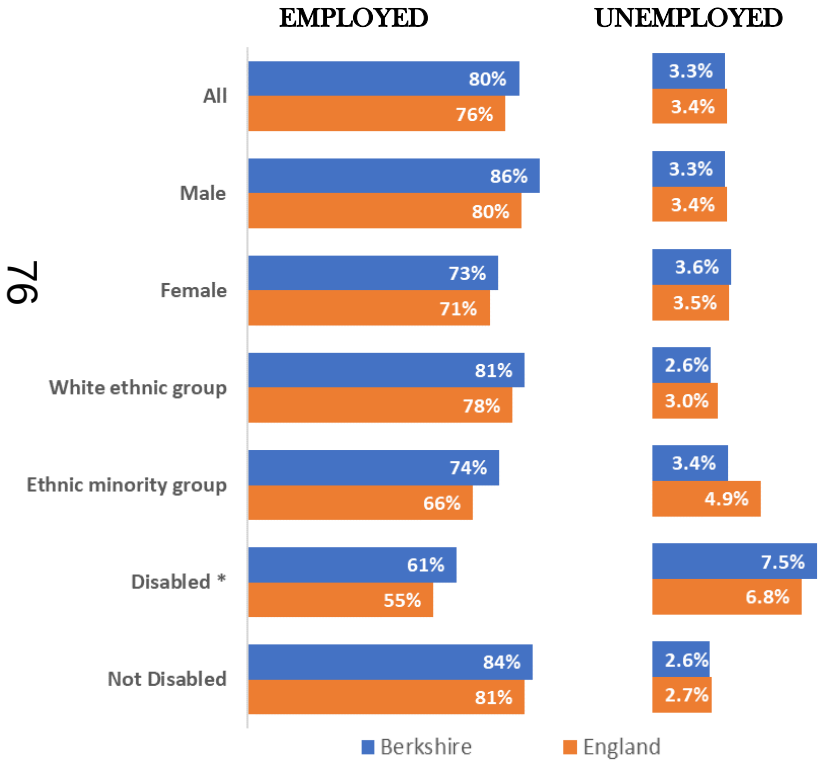
Thames Valley Berkshire LEP; Business in Berkshire 2018

Over 50% of Berkshire employees work in occupations that are classified in the top three major groups of the Office for National Statistics Standard Occupation Classification (SOC). In particular 25% of employees in Berkshire have professional occupations. This is a significantly higher proportion than the South East England and Great Britain workforces.

Gaps in the local workforce

Berkshire's employment rates are higher than the national figures across all population groups. However, it is clear that there are still gaps and inequalities locally which may prevent people from becoming employed.

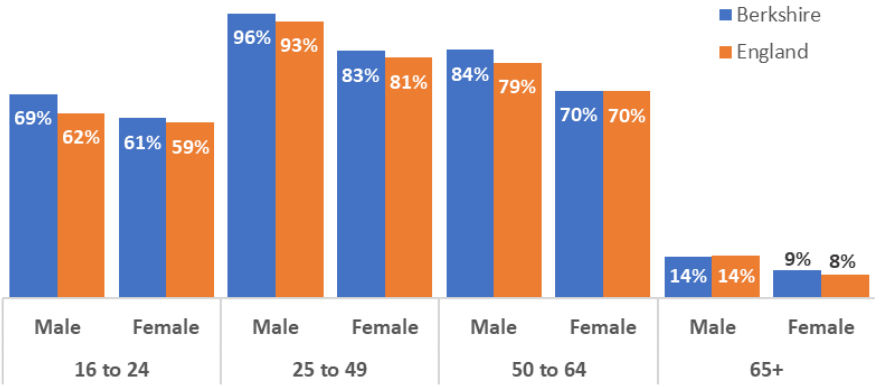
EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)



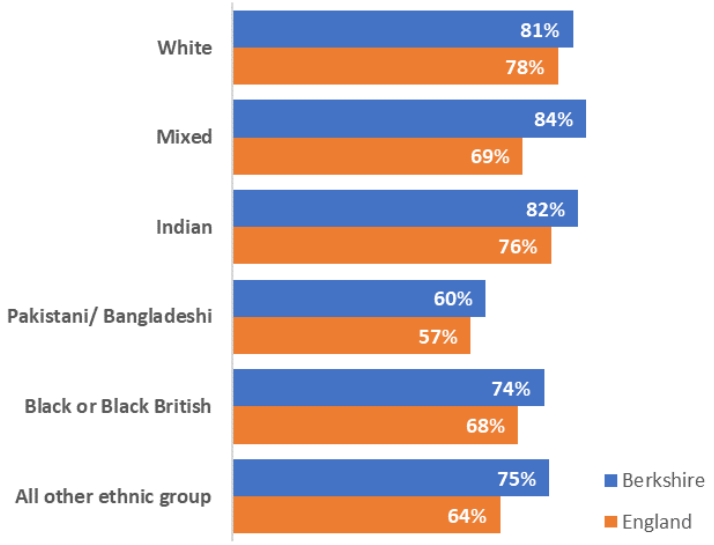
** Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.*

Office for National Statistics; Annual Population Survey

EMPLOYMENT RATES BY SEX AND AGE GROUP (2018/19)



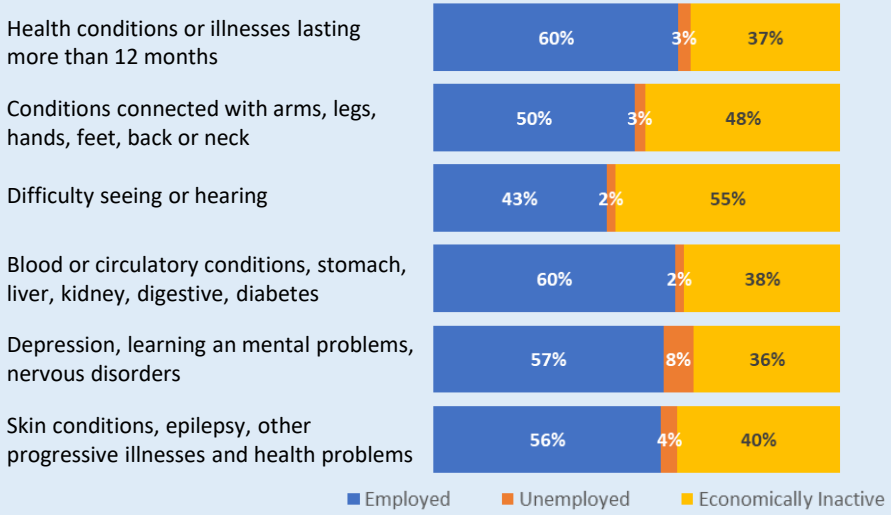
EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)



Individuals with disabilities, mental health conditions and limiting long- term health condition face greater barriers to move into employment. Despite a new record high overall employment rate of 76.1% nationally (Office for National Statistics, 2019) the employment gap between these group of individuals compared to people with no health condition remains high.

In Berkshire, over 100,000 people aged 16 to 64 have a long-term disability that substantially limits their day to day activities or affects the kind or amount of work that they might do. This is approximately 18% of the working-aged population. 61% of this group were in employment during 2018-19 and a further 7.5% were unemployed, but seeking employment (Office for National Statistics, 2019)

EMPLOYMENT ACTIVITY FOR PEOPLE AGED 16 AND OVER WITH A DISABILITY IN BERKSHIRE (2018/19)



Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

GAP IN THE EMPLOYMENT RATE BETWEEN KEY GROUPS AND THE OVERALL EMPLOYMENT RATE (2017/18)

Area	People with a Learning Disability	People in contact with Secondary Mental Health services	People with a long-term health condition
Bracknell Forest	74%	68%	5%
Reading	73%	67%	11%
Slough	74%	66%	14%
West Berkshire	77%	69%	15%
RBWM	65%	69%	9%
Wokingham	64%	57%	11%
England	**69%**	**68%**	**12%**

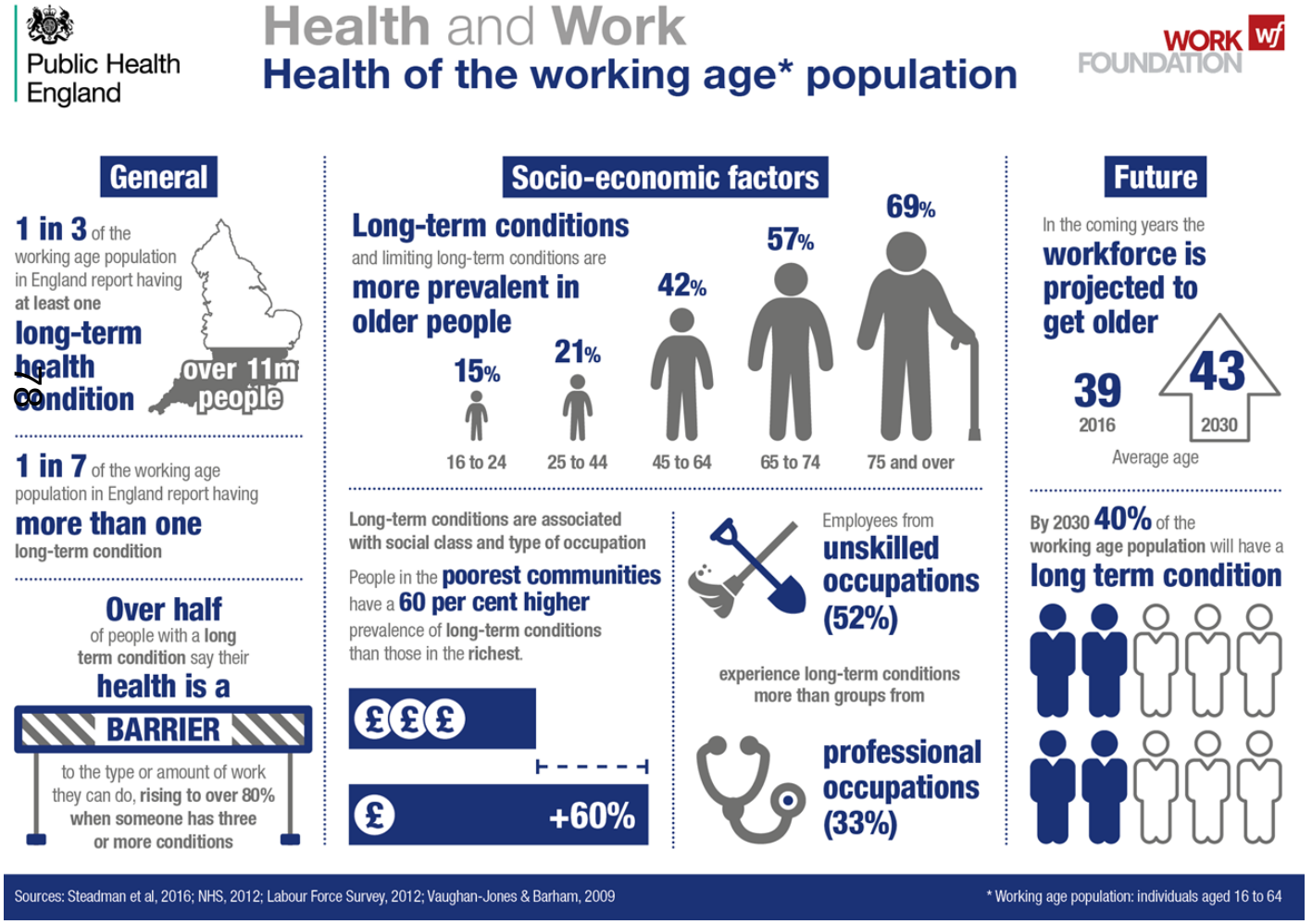
Public Health England; Public Health Outcomes Framework

Around £13bn is spent annually on health-related benefits. Supporting people back into work does not only empower individuals, but can also bring about returns to the local economy by about £14,436 per person per year (Public Health England, 2016).

In March 2018, 3,672 people claimed unemployment-related benefits in Berkshire. This is a 23.3% decrease compared to March 2010. Many people claiming such benefits would like to work, provided they find the right job and support that accommodates their health needs (Office for National Statistics, 2018).

Where are the inequalities?

This useful infographic from Public Health England and the Work Foundation shows that long term health conditions are more common in unskilled occupations, compared to those in professional occupations. The prevalence of long-term conditions also increases with age.



Public Health England; Health and Work: Health of the working age population

In Berkshire, 12% of workers are employed in the two least skilled occupations groups (process plant and machine operatives; elementary occupations).

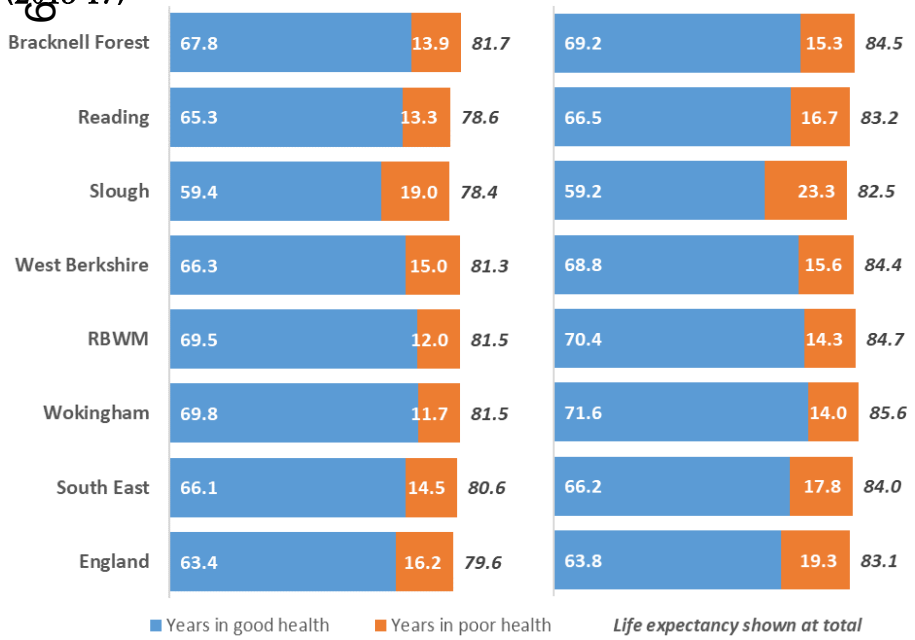
The proportion of workers from a Pakistani/ Bangladeshi ethnic group who were employed in these occupations in 2018/19 was much higher at 23%, with 19% of Black British workers also employed in these roles.

Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

CHAPTER 3: MEETING THE CHALLENGE

We are living and working longer. The state pension age is increasing and life expectancy stands at 80.6 and 84.0 years for men and women across the South East region (Public Health England, 2019). The number of years living in good health is lower, which means that that more people will be working later into life with long-term health conditions, particularly those from poorer communities and in unskilled occupations (Public Health England, Health Profile for England: 2018).

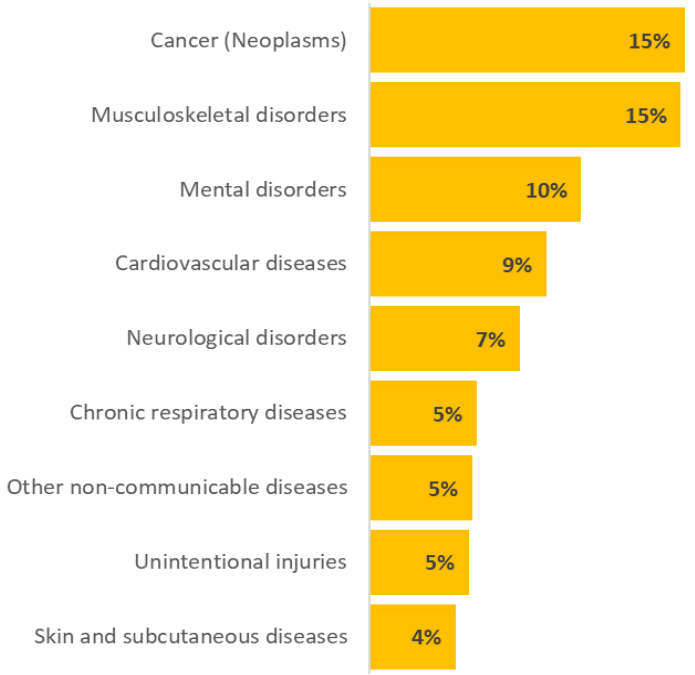
LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH (2015-17)



Public Health England; Public Health Outcomes Framework

The conditions that cause early death and disability across Berkshire are shown in the graph below, with cancers, musculoskeletal disorders and mental orders identified as the main causes. Many of these have preventable elements and opportunities to limit progression.

MAIN CAUSES OF DISABILITY-ADJUSTED LIFE YEARS (DALYS) IN BERKSHIRE FOR PEOPLE AGED UNDER 75 (2017)



DALYS measure the overall burden of disease in an area by estimating the number of years of life lost to ill-health, disability or premature death (deaths before the age of 75).

Institute of Health Metrics and Evaluation; Global Burden of Disease Compare tool

Some groups have particular issues when it comes to health and work.

Shift work

14% of us work shifts outside regular daytime hours of 7am to 7pm, including healthcare professionals, the police, the fire brigade, manufacturing and transportation industries, all integral members of the Berkshire workforce (Health and Safety Executive, 2006).

Shift work disrupts our body clock and metabolism, leading to:

Short term effects	Long term effects
Poor quality rest and sleep	Indigestion
Shortened attention span	High blood pressure
Impaired memory and decision making	Increased susceptibility to minor illnesses (e.g. colds and flu)
Mood changes	Diabetes

In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder (The Parliamentary Office of Science and Technology, 2018).

In a 2017 survey, more than 50% of NHS junior doctors reported being involved in an accident or near miss after driving home from a night shift (McClelland et al, 2017).

The Gig Economy

Whilst all employers have the same legal responsibility to protect the health and safety of employees, workers on zero hour contracts, temporary contracts and gig economy work may not be receiving as much support as permanent, full-time employees.

A recent survey undertook by the Institution of Occupational Safety and Health (IOSH) reveals that amongst non-permanent workers:

1 in 2

receive full base safety induction

4 in 10

work without paid holiday that they are entitled to

1 in 3

have access to support from occupational health

Sitting and sedentary behaviour

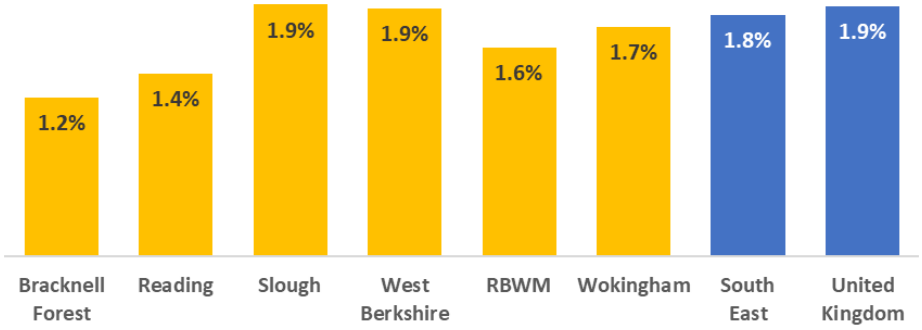
Excessive sitting can increase the risk of diabetes, obesity, heart disease and musculoskeletal problems (NHS, 2019). For certain occupations like long distance lorry drivers or taxi drivers, incorporating physical activities into the working day pose a significant challenge. It is estimated that 10% or more HGV drivers are overweight or obese compared to their peers (National Institute of Health and Research, 2018).

Productivity

There is ongoing debate about measuring productivity, with a move to include the quality as well as the quantity of work produced. Data is limited, but the UK is not performing as well as it might compared to other G7 economies (Office for National Statistics, 2018).

Sickness absence adversely affects productivity. Latest figures show that in the UK, employees took an average of 4.1 sickness absence days in 2017. Interestingly, there is a difference in the sickness absence rates in the private (1.7%) and public (2.6%) sectors. There is also a difference between occupations, with the highest rate in public sector health workers (3.3%) and the lowest in managers (0.9%). Absence rates are lower for professional occupations (1.7%) and higher for elementary occupations (2.6%) and process, plant and machine operatives (2.2%) (Office for National Statistics, 2018).

SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINDOM, 2017



Office for National Statistics; Sickness absence in the UK Labour Market

When comparing the size of organisations, those in large businesses report the highest sickness absence rates (2.3%) compared to smaller businesses employing less than 25 people (1.6%) (Office for National Statistics, 2018).

Causes of sickness absence

In the UK, 131 million working days are lost each year to sickness absence, and the leading causes are minor illnesses, musculoskeletal (MSK) disorders and mental health issues (namely stress, depression and anxiety) (Public Health England, 2019).

Mental health conditions

14.3 million days lost

19% long-term sickness in England attributed to mental ill health

£33-£42 billion annual cost to employers

Only 40% of organisations have trained line managers to support staff mental wellbeing

Health and Safety Executive, 2018

Mental health affects how we think, feel and behave. Having good mental health allows us to cope with challenges we face and helps us build healthy relationships.

People working in professional jobs (comprising a significant proportion of the Berkshire workforce) have the highest rate of work-related stress, depression and anxiety. This is especially prevalent in healthcare, welfare, teaching, educational, legal and customer service sectors.

The most common work-related mental health issues are stress, anxiety and depression. The main factors leading to this include:

1. high workload pressure
2. insufficient managerial support
3. lack of clarity of role and responsibilities
4. experience of violence, threat, bullying in the workplace
5. lack of employee engagement when business undergoes organisational changes

Musculoskeletal Health (MSK)

28.2 million days lost

33% long-term sickness in England attributed to MSK

14 working days lost per year for each case

£7 billion annual cost to the UK economy

Business in the Community, 2017

Musculoskeletal conditions are the second most common cause of global disability.

Musculoskeletal disorder may develop from an injury or be due to conditions like arthritis. Heavy lifting or sitting for long periods in front of a workstation can contribute to back pain, whereas repetitive movement like typing and clicking can lead to wrist and hand injuries. Maintaining a healthy weight and staying strong and active helps protect against musculoskeletal conditions.

Musculoskeletal conditions can be episodic and transient, whereby the pain resolves and recurs again, or they may become chronic and irreversible. They may impair quality of life and mental wellbeing and can limit our ability to work efficiently and participate in social role and activities (Health and Safety Executive, 2018).

Presenteeism

In 2017, **131 million days** lost due to sickness compared to 178 million days lost in 1993

Presenteeism increased by **three times** since 2010

Only **30%** of managers take initiatives to identify the underlying cause of presenteeism

Office for National Statistics 2018

Chartered Institute of Personnel and Development 2018

Although the number of sickness absence days have fallen steadily, presenteeism is on the rise. This is when an individual spends more time at work than is required, including when they're ill and in need of a rest. On average, employees spend nearly 2 weeks at work when they are unfit. According to a business research report by Nottingham Trent University, the leading presenteeism conditions are hand or wrist pain, arthritis and anxiety and depression. This can lead to employees feeling unmotivated and unable to fully engage at work (Whysall et al, 2017).

Presenteeism also contributes to lower workplace morale and decline in workplace atmosphere. Employees who are unwell at work may take longer to recover and are also more likely to make mistakes or produce work of lower standard.

The changing nature of work

In the UK, as many as **1 in 10** working-age adults now work on gig economy platforms

There are now **6,075** flexible working spaces in the UK alone, which has grown by **7%** over the last 6 months alone

In 2018, there were approximately **12 million** millennials in the UK

Trades Union Congress, 2019

Instant Offices, 2019

Office for National Statistics, 2019

Workers and workplaces are changing. We are moving away from traditional employee, employer relationships.

Commentators talk about the gig economy where people hold multiple roles, working as freelancers.

Technology offers ever more solutions for tasks and even the office or formal workplace is under threat, with people in unrelated jobs working in shared spaces or at home.

Employees are expected to continually develop and learn and the much quoted millennial population is looking for more than a pay check as a reward for work (Marr, 2019).

CHAPTER 4: WHAT CAN WE DO?

There are actions that all employers can take to ensure the health and wellbeing of their workforce, regardless of their organisation size or the sector that they work in. A range of Public Health England resources and Business in the Community (BITC) toolkits are available in the January 2019 edition of Health Matters, which focuses on Health and Work.

Public Health England; Health Matters: Health and Work

This chapter highlights some examples of what employers could do within Berkshire to improve and protect the health of their employees, starting with actions for all employees and then focussing on some particular groups

Healthy workplace policies are the essential foundation for a healthy workforce

Understand employees needs

- Ongoing anonymous surveys and open dialogue at all levels
- Co-design of new policies and interventions with employees
- Continuous monitoring of impact
- Provide employees with access to confidential support services and adjustments to support return to work

85

Health and Safety Executive, 2019

Review organisational policy

- Ensure adequate workplace assessment, adjustment and interactions
- Review workplace design using HSE management standards
- Provide training for line managers to identify employees with health needs early and to offer support
- Support managers to feel confident to handle sensitive conversations and signpost to appropriate external support where required
- Consider employee health and wellbeing in the context of organisational change – poor communication and uncertainty about roles and responsibilities are key triggers for workplace stress

Health and Safety Executive, 2019

Work with employees

- Organise group activities to improve workplace wellbeing, listening to employee preferences
- Promote a positive culture around physical and mental health for all employees
- Identify and encourage employees to become wellbeing champions
- Ensure policies, processes and culture enables early identification of employees who are struggling and enables them to receive support

Health and Safety Executive, 2019

Awareness raising can help to break down stigma	
1-31st October annually: Stoptober	7th February 2020: Time to Talk Day
11-15th November 2019: Anti-Bullying Week	16-22nd March 2020: Nutrition and Hydration week
4-8th November 2019: International Stress Awareness Week	13th May 2020: World Sleep Day
1st December 2019: World AIDS day	18-24th May 2020: Mental Health Awareness Week

A workplace that supports healthy living

Increasing physical activity

For good physical and mental health adults should aim to be physically active every day. Any activity is better than none and more is better still. The scientific evidence continues to support 150 minutes of moderate to vigorous physical activity per week spread across the week (Chief Medical Officer, 2019).

What can employers do?

- Encourage and support employees to walk and stand more.
- Implement sit-stand adjustable desks to enable workers to vary between seating and standing easily.
- Implement incentives to support active travel such as Cycle to Work Scheme alongside facilities such as showers and bike storage.

Healthy food at work

Office cake culture makes it harder to eat well at work (Walker, 2019).

Eating together socially is important but this can be done with healthier options. Reducing the number of 'special occasions' cake days may enhance their social benefits further.

What can employers do?

- Use Public Health England and Business in the Community's Toolkit to start the conversation to create a positive environment for food.
- Take steps to ensure that employees have easier access to healthier food and drink.
- Consider adoption of Government Buying Standards for Food and catering Services (GBSF).

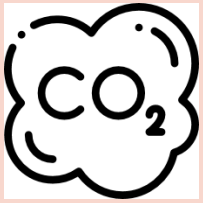
Smoke free

A smoke free work site supports the health of all employees. Giving up smoking is one of the best things people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion (Department of Health, 2019).

What can employers do?

- Make information on local stop smoking support services widely available at work.
- Be responsive to individual needs and preferences. Provide on-site stop smoking support where feasible.
- Allow staff to attend smoking cessation services during working hours without loss of pay.
- Develop a smoking cessation policy in collaboration with staff and their representative as one element of an overall smoke free workplace policy.

Reducing carbon emissions



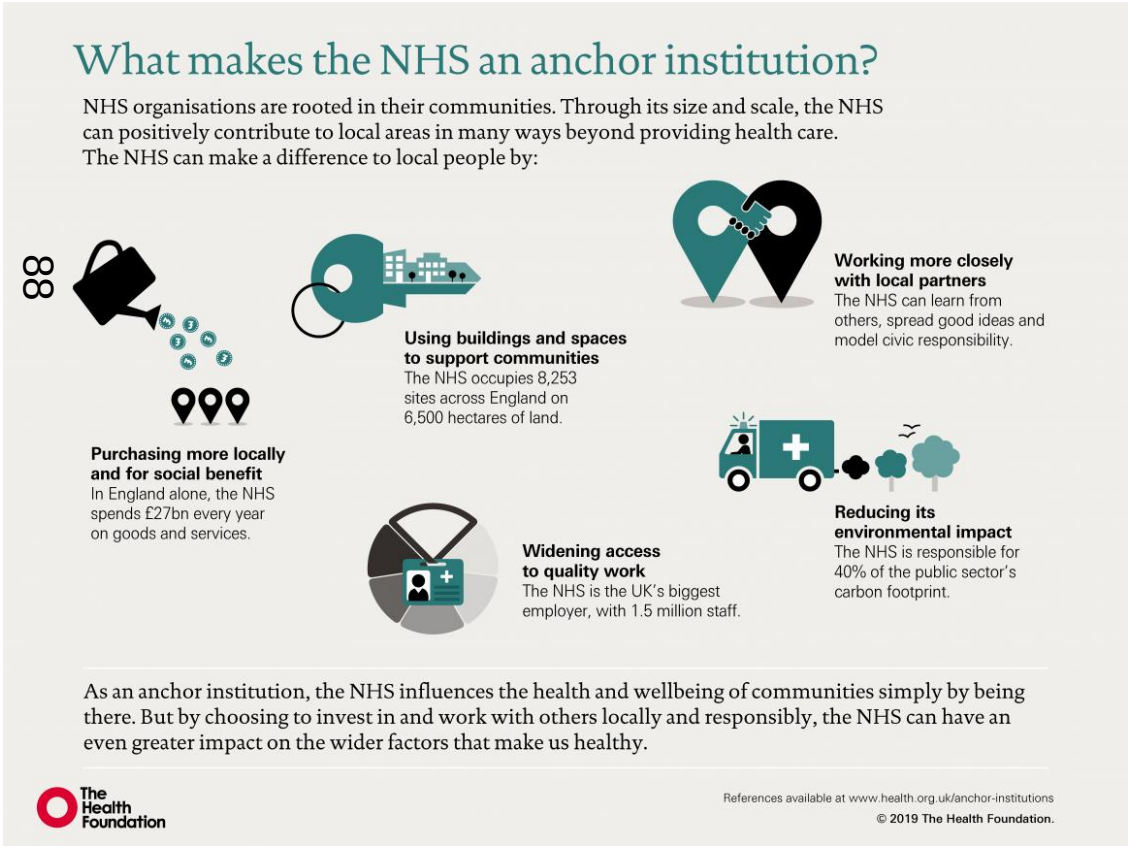
Research has shown that air pollution is bad for both human health and businesses. Researchers found that as pollution increased, consumers are more likely to stay indoors, affecting local sales (New Climate Institute, 2018). Actions to decrease carbon emissions and improve air quality can have additional benefits for employee health and wellbeing.

Ideas include:

- Creating staff gardens to help reduce greenhouse gas emissions and to provide a space for staff to rest and unwind
- Offering working from home or teleconferencing option to minimise commuting (in line with culture of flexible working)
- Creating incentives for use of shared transport, public transport or cycling - increasing social contact and physical activity
- Encouraging employees to switch off lights after using, or install automatic timer or motion sensor
- Offering healthy food options in the canteen from a sustainable supply chain
- Ensuring taxi or other work vehicles are not allowed to idle when waiting to be used

Harnessing the power of anchor institutions

Anchor institutions are the kind of organisations that are rooted in a place, unlike corporations that tend to shift location all over the world. The UK Commission for Employment and Skills defines an anchor institution as one **which, alongside its main function plays a significant and recognised role in a locality by making a strategic contribution to the local economy**. Local Authorities (Councils), universities and hospitals are examples of anchor institutions. A recent report from The Health Foundation focussed on the role of the NHS as an anchor institution and noted the opportunities in the graphics below.



UK Commissions for Employment and Skills, 2015

Examples of some work done by anchor institutions

- Between 2004 and 2011 the University of Lancaster ran LEAD 2 innovate, a programme aimed at promoting business growth by developing the leadership abilities of small business owners.

- Nottingham University Business School initiated a partnership with the city council to deliver the Growth 100 Programme, helping small firms in the local area to devise and successfully implement business plans.

- A local enterprise partnership in the North East of England is setting up a Business Growth Hub in partnership with business networks, universities and professionals. The Hub will target micro and small firms in the region, signposting where support is available, especially for hard-to-reach businesses in rural areas.

Some groups may need specific actions

Shift workers

Shift work is undertaken outside regular daytime hours of 7am to 7pm.

What can employers do?

- Periodic review of shift work scheduling
- Gather employees feedback
- Provide employees with support to prepare for and recover from shift works

The Parliamentary Office of Science and Technology, 2018

Older workers

We want employees to keep in the best possible health and to prevent health conditions developing.

What can employers do?

- Offer flexible hours, locations and adaptations that meet individual needs and help manage health conditions.
- Consider introducing a "mid-life MOT" to allow people to take stock, manage transitions and plan holistically for the short, medium and longer term focussing on their job, health and finances. This requires management buy-in, as well as HR equipping line managers with support to provide the programme.
- Women over the age of 50 are the fastest growing segment of the workforce and most will go through the menopause transition during their working lives. Guidance is available from Chartered Institute of Personnel and Development.

Business in the Community, 2019

New mothers

Breastfeeding exclusively is recommended for around the first 6 months, followed by breastfeeding alongside solid foods. Therefore, it is likely working mothers will be breastfeeding on their return to work. Breastfeeding reduces child sickness and increases staff morale and retention.

What can employers do?

- Comply with workforce regulations to provide suitable facilities for pregnant or breastfeeding women to rest.
- The Health and Safety Executive good practice is for employers to provide a private, healthy and safe environment to express and store milk.

NHS, 2019

People with long term conditions

What can employers do?

- Make reasonable adjustments to support varying needs and fluctuating conditions.
- Recognise that LTCs can impact negatively on mental health and motivation
- Provide an open and supportive environment.
- Be aware of specialist support available, such as occupational therapists, physiotherapists and the Fit for Work Service and Access to Work scheme

The Work Foundation, 2019

Carers

There are growing numbers of informal carers in the UK. Providing care impacts carers' employment outcomes as well as health and wellbeing.

What can employers do?

- Commit to flexible and remote working
- Seek to create a supportive workplace culture with 'carer friendly' policies
- Set up carers' peer groups or support forums
- Provide an online resource to help carers source practical advice and expert support on topics including care, legal and financial information
- Offer online or telephone counselling
- Train line managers to identify and support carers.

The Work Foundation, 2019

People with disabilities

7.7 million people of working age report that they have a disability. Of these 4.1 million were in employment (House of Commons, 2019).

What can employers do?

- Develop more flexible and accommodating workplaces
- Prevent people falling out of work with early implementation of return to work plans
- Develop supported employment programmes with intensive personalised support to help individuals at work
- Structured long-term support for people whilst in work
- Work with other agencies to enable people with disabilities to access specialist 'job coaches' or employment advisers

Department for Work and Pensions, 2013

Part time working

Part-time work negatively impacts promotion and affects more mothers than fathers. Women are more likely to work reduced hours and men and women both reported that it was easier for women to take time off work for eldercare than it was for men. *Working Families: Modern Families Index, 2019*

What can employers do?

- Challenge assumptions that reduced hours means reduced commitment
- Assess the career opportunities for part-time workers and demonstrate it is possible to progress whilst working part-time
- Develop strategies to ensure men understand the part-time and flexible working options open to them and encourage them to use them
- Anytime, anywhere doesn't mean all the time, everywhere
- Develop human-sized jobs that don't require long hours or unreasonable workloads

One size doesn't fit all

Other groups that may requires additional support include military families, armed forces veterans, people who use drugs or alcohol, people in temporary or unstable accommodation and those who are new to the UK.

Resources and toolkits for employers

These are just some of the many resources available to help employers create a healthy workplace

Advisory, Conciliation and Arbitration Services (ACAS) – Health, Work and Wellbeing booklet
https://m.acas.org.uk/media/854/Advisory-booklet---Health-Work-and-Wellbeing/pdf/Health-work-and-wellbeing-accessible-version.pdf

Department for Business Innovation & Skills – Does worker wellbeing affect workplace performance?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf

Mental Health at Work – Training, toolkits and resources
https://www.mentalhealthatwork.org.uk/resource/?resource_looking-for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating

Business in the Community (BITC) – Musculoskeletal Health toolkit
https://www.mentalhealthatwork.org.uk/resource/musculoskeletal-health-toolkit-for-employers/?read=more

Business in the Community (BITC) – Physical activity, healthy eating and healthier weight toolkit
https://www.mentalhealthatwork.org.uk/resource/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Sleep and recovery toolkit
https://www.mentalhealthatwork.org.uk/resource/sleep-and-recovery-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Drugs, alcohol and tobacco toolkit
https://www.mentalhealthatwork.org.uk/resource/drugs-alcohol-and-tobacco-a-toolkit-for-employers/?read=more

Public Health England – Local Healthy Workplace Accreditation guidance
https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance

Public Health England – Workplace Health Needs Assessment
https://www.gov.uk/government/publications/workplace-health-needs-assessment

Chartered Institute of Personnel and Development (CIPD) – Wellbeing at work
https://www.cipd.co.uk/knowledge/culture/wellbeing

National Institute of Health and Care Excellence (NICE) – Management practices
https://www.nice.org.uk/guidance/NG13

Department for Work and Pensions – Workplace wellbeing tool
https://www.gov.uk/government/publications/workplace-wellbeing-tool

The following section showcases some work that local business are doing to improve the health and wellbeing of their employees and communities. There are many more examples of good practice in our area, but there is also a lot more to do.

By sharing good practice and evidence of what works, organisations can learn from each other and take steps to make Berkshire an even healthier place for everyone to work and live.

CASE STUDY 1: JOBCENTRE PLUS

Jobcentre Plus (JCP) is a platform that helps people who are unemployed and claiming benefits to find work. JCP has been running a Work and Health programme for over 18 months to help customers whose health issues pose a barrier to employment but whom are likely to return to work within a year, to receive support from specialist advisers in moving towards work. This is important as those not in employment are more likely to suffer from health issues, and therefore initiatives within JCP are highly critical in facilitating return to work. In the context of workplace health, JCP can be seen as a proxy employer for those not currently in work.

Staff Training

Jobcentres recruited Community Partners to bring in lived or professional experience of health issues (for example: addictions, learning disabilities, mental health) to share their knowledge with JCP staff. For example, work coaches receive mental health training to improve their understanding of the health issues faced by JCP customers; and **specialist employer advisors are equipped to work with micro-employers and ensure they were supported to take on people with health issues.**

Collaborative Working

Across East Berkshire, mental health partner meetings are held on a quarterly basis to discuss collaborative working. JCP partners include the Community Mental Health Team (CMHT), Improving Access to Psychological Therapies (IAPT), Individual Placement Support (IPS), BucksMind, Samaritans, Citizens Advice Bureaus, community learning, voluntary work organisations, police and ambulances. This has led to partners making offers to support the JCP with customer workshops and community engagement events and IAPT employment specialists co-locating within the JCP

Reaching Out

In West Berkshire, JCP had arranged for JobCentre staff to locate for part of the week in their surgeries. This provides the opportunity for JCP to engage and support customers in a different setting. **JCP are also working with employers to ensure they understand potential health issues faced by individuals with health issues and the adjustments that they may require in the work place.** This includes promoting the Disability Confident agenda and upskill on Access to Work to ensure employers feel equipped to provide the right support to employees.

CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITIATIVES

Morning & Lunchtime Yoga

Running for 2 years with 10-15 keen participants weekly. Morning yoga sessions start prior to the workday to help staff utilise their time.

"The sessions help clear my mind, and reduce my anxiety to enable me to relax and switch off"

Mindfulness Session

10 minutes of guided meditation takes place weekly during lunchtime. Running for 4 months with an average of 17 participants.

"We really enjoy the sessions. Thanks for running the meditation sessions – It's a great idea and I enjoy attending regularly as I find it really important to take some time out."

Cycling

Setting up My Journey information stand on cycling travel information. Organise and promote lunchtime cycle rides, Cycle to Work Day, Bike Week, Urban Limits tour of Berkshire and Love to Ride Challenges. Provide adult cycle training for staff and general public.

Football

Running for 3 years twice a week. Staff ages range from 22 up to 60. Hosted a 'Mini World Cup' in summer 2018 which saw 5 teams compete in a round robin format. Players often enjoy a well-earned refreshment together after games.

Local partnership with local leisure centre to offer 'before work and lunchtime swims'. Staff can swim for £1.00 at selected times during the week.

New shower facilities provided in the office for staff.

CASE STUDY 3: PANASONIC MENTAL HEALTH AND

Robin's Story

"Running was a sport I hated as a child. During my late 30s all forms of physical sport had been replaced by fast food, beer and armchair participation to the point where in 2012 when I was honoured to be a London Torch Bearer I was also at my heaviest weight tipping the scales at 123kgs. Not long after this, I entered into a team to take part in the Panasonic Global 100 Step Challenge that was on offer as part of our Corporate Wellbeing Initiatives. During the challenge one of my team mates challenged me to run in a 5km and a 10km race. I trained hard for this and could not believe how unfit I had become, so once I completed these two races I decided that I enjoyed the runners high so much that I would continue to be a runner.

During the last 6 years I joined my local running club, trained as a Leader in Running, joined my local ParkRun and subsequently became ParkRun Run Director and Ambassador. I have now competed in about 25 half marathons, 6 marathons and have 2 more in the pipeline! This has resulted in me losing 38kgs since 2012 when I first joined the team taking part in the Panasonic Global 100 Step Challenge.

For me this is all thanks to being given the opportunity to make these healthier lifestyle changes as a direct result of the Panasonic Wellbeing Initiative. I would recommend to anyone to take part and above all make it enjoyable and fun!"

Panasonic has had an Employee Wellbeing Programme for 3 years. One of the key elements of employee support has been mental health. This includes:

Procedural Support

- A stress risk assessment based upon the HSE stress guide
- A whistleblowing hotline
- A stress at work guide
- An agile Working Process
- A flexible working policy
- A harassment and bullying policy
- A monthly event programme, including yoga, reflexology and mindfulness

Training

- An e-learning stress awareness training course for all staff to raise awareness
- Training for a team of Mental Health First aiders (from across the business)
- Specific people manager awareness training

Panasonic collects anonymous sickness and absence data in 4 categories, one of which is days lost to mental health issues. This data helps us to complete trend analysis and highlights departments within the business with specific challenges with mental health. Moreover, at Panasonic, employee wellbeing programme activities are reported on at senior executive managers meetings.

In summary, at Panasonic we understand the value of an Employee Wellbeing Programme. A recent employee survey revealed a feeling of being appreciated raise morale. We believe the Programme is also instrumental in staff recruitment and retention.

CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING

SEGRO
SLOUGH ESTATES GROUP

I attended on-site training to become a Mental Health Ambassador for our company. The course was run by a military veteran who is fighting his own battle with PTSD and who provided a brave and inspiring account of what he's dealing with, and how. His knowledge and understanding or mental health and wellbeing made me feel positive that SEGRO can put a supportive plan in place to help break the taboo, openly talk about and tackle this topic."

Mental Health Ambassador, SEGRO

In 2018, SEGRO committed to raising the profile of mental health within the workplace, **encouraging others to recognise changes in colleagues, to create an environment that enables employees to talk openly about the subject.**

During the year, **more than 25 employees across the group were trained as Mental Health Ambassadors**. These ambassadors received guidance as to:

- how to spot early signs of changes in mental health
- how to encourage colleagues to speak openly about it
- If needed, how to guide people to appropriate support

In 2019, SEGRO are furthering the training programme, **hoping to provide all SEGRO line managers with awareness training on the subject.**

The Mental Health Ambassadors have now **formed a working group to plan in events and discussions around mental health and wellbeing,** which helps to encourage ongoing openness around this topic.

SEGRO aims to continually promote mental health awareness within the workplace through a number of initiatives including blogs, employee forums, videos, printed materials and events. **A wealth of support and information is also available on SEGRO's website.**

CASE STUDY 5: ROYAL BERKSHIRE HOSPITAL MENTAL HEALTH & PHYSIOTHERAPY SERVICE

Royal Berkshire NHS Foundation TRUST (RBNHFT) recognises that musculoskeletal and mental health are the two main reasons for staff absence.

Occupational Health Staff Physiotherapy Service

Since August 2017, RBH Occupational Health has been providing a dedicated physiotherapy service to Trust staff. From April 2018 to March 2019:

- **379** staff were referred to the service
- **98%** of staff were discharges and felt their symptoms had improved
- **17%** decrease in MSK-related sickness absence
- **1,600** working days saved

The OH staff physiotherapy service has now started to visit areas within the Trust to provide proactive advice to help reduce the potential for musculoskeletal absence at work.

Mental Health Support

The RBNHFT provides staff with access to an Employee Assistance Programme which provides face-to-face advice, support and counselling to staff for both work and personal issues.

During 2018/19, the Employee Assistance programme dealt with over 370 enquiries from Trust staff. This service allows staff to access a confidential support 24/7, 365 days a year via telephone, internet or smartphone app.

A range of training courses are also available to staff and managers which aim to support the mental health of staff as they carry out their roles in the Trust, such as Let's talk mental health, improving your Impact and Assertiveness at work.

CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST

Mental health first aiders are a **catalyst for engagement** and have inspired a cultural revolution at Thames Water.

Confidence has grown throughout the company with people now much more willing to come forward, talk and seek support at their time of need, with records showing **there has been five mental health first aid interventions for every physical one over the last year** (2018/19).

At Thames Water, mental health is considered just as important as physical health, if not more so. With more than 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments. **Thames Water's 'Time to Talk' mental health strategy** places a continued focus on mental health and wellbeing in the workplace.

Mental Health First Aid (MHFA) England training is an integral part of this strategy, which overall has resulted in a **75% reduction in work-related stress, anxiety and depression over the last five years.** Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place and opening the door to conversation.

Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue.

CHAPTER 5: NEXT STEPS

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Subject:	Royal Borough of Windsor and Maidenhead – Adult Social Care Transformation Programme
Reason for report:	To present the council's Adult Social Care Transformation Programme
Responsible officer and senior sponsor:	Hilary Hall, Director of Adults, Health and Commissioning
Date:	14 January 2020

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

SUMMARY

This paper presents the council's Adult Social Care Transformation Programme. It is an ambitious programme of transformation which has, at its heart, a vision for people in the Royal Borough of Windsor and Maidenhead to be enabled to live independent and fulfilled lives. Six workstreams will drive the achievement of the vision for the next two years.

1 BACKGROUND

1.1 Enabling residents of the Royal Borough of Windsor and Maidenhead to live independent and fulfilled lives is at the heart of the council's Adult Social Care Transformation Programme, see appendix 1.

1.2 Four key areas of focus run through the Programme:

- Prevention – promoting healthy lifestyles and intervening early to avoid crisis and loss of independent.
- Community – investing in communities and their assets and connecting individuals to them.
- Choice – shaping solutions around outcomes that matter to individual people.
- Values – treating everyone with compassion, respect and dignity.

2 KEY IMPLICATIONS

2.1. The Transformation Programme has implications for our residents, partners and staff. The focus is on maximising people's strengths and independence. This means that the strengths based approach has to be embedded in all that we do.

3 DETAILS

3.1. Six workstreams have been identified initially to deliver the vision for the council. These are:

- Promoting a strengths based approach to working with individual people
- Delivering in partnership with our staff, our communities, our providers, and other council and health services
- Focusing on quality and continuous improvement and celebrating success
- Keeping people safe from abuse and neglect
- Investing in digital innovation and technology enabled care
- Maximising the use of our financial resources to secure efficiency and value for money

3.2. The activities and projects described against each of the six workstreams make up the initial two years of this programme – activities will be reset and reshaped annually based on evaluation of impact and performance.

3.3. Overarching outcomes for the Programme have been identified, see point X.X, but the effectiveness of individual activities/projects will be assessed and evaluated against metrics in three key areas which will be agreed at the start of each activity. The three areas are:

- Demand management
- Process and cost efficiency
- Quality provision

3.4. The Adult Social Care Transformation Programme will be led by the Director of Adults, Health and Commissioning and overseen by a Programme Board.

3.5. The Programme Board will review progress against activity and ensure that the benefits of individual projects are realised, as well as the overall outcomes of the Programme.

Outcomes

3.6. The overarching outcomes for the Programme have been identified, see figure 1.

Figure 1: Adult Social Care Transformation Programme outcomes

For residents…

- ✓ More people are enabled to live independently for longer in their communities.
- ✓ Services are designed and delivered in partnership with residents and communities.
- ✓ People with care and support needs, and their carers, never stop talking about their positive experiences of the care and support they receive.
- ✓ Integrated health and social care services are the norm.
- ✓ The services we commission are increasingly more outcome-based, offering care and support tailored to the needs of individual people.

For partners…

- ✓ We are able to recruit and retain staff in all areas who are proud to work in the borough and are enabled to be the very best they can be every day.
- ✓ We have even more provider collaboration and alliances operating as part of joined-up provision.
- ✓ We are an active, effective and valued partner in the Integrated Care System.

For the council…

- ✓ Digital innovation is embraced and welcomed by the people who use services, their carers, staff and providers.
- ✓ Resources are managed as efficiently as possible, built on robust use of data and analysis to make informed decisions.
- ✓ Performance in key areas is sustained in line with the targets we have set ourselves.
- ✓ We are proud to report on what we are doing through internal and external reviews and reports.

External validation

3.7. There is no overarching inspection regime for adult social care and therefore external validation of the impact of this transformation programme will be measured through:

- Those individual regulated services which are subject to inspection by the Care Quality Commission will be expected to achieve and maintain a rating of at least Good by March 2020, moving to, and then maintaining, a rating of Outstanding by March 2022.
- Every year, in September, we will produce a local account of adult social care services and in particular, the impact of this transformation programme on managing demand and promoting independence. This will be subject to public scrutiny by the council's Overview and Scrutiny Panel, as well as by residents, providers and partners.
- Independent scrutiny through the multi-agency safeguarding arrangements will provide assurance around the quality of adult social care delivery in the borough, including the extent to which learning from safeguarding adult reviews and serious incidents has been disseminated to all staff and has impacted positively on practice.
- Enhanced independent quality assurance of adult social care practice delivered through Optalis will be introduced from May 2020 to support commissioners in managing the contract.
- A reduction in the number of complaints that are escalated to the Local Government and Social Care Ombudsman, with a target of no more than three each year, will be achieved together with an increase in the number of complaints that are not upheld through the council's complaints process.
- Aspects of social care delivery will be independently peer reviewed throughout the lifetime of the programme, through the sector-led improvement support of ADASS.

4 RECOMMENDATION

4.1. That the Health and Wellbeing Board note the Adult Social Care Transformation Programme.

www.rbwm.gov.uk

Royal Borough of Windsor & Maidenhead

Royal Borough of Windsor and Maidenhead

Adult Social Care Transformation Programme

2019-2024

“Building a borough for everyone – where residents and businesses grow, with opportunities for all”

Our vision is underpinned by six priorities:

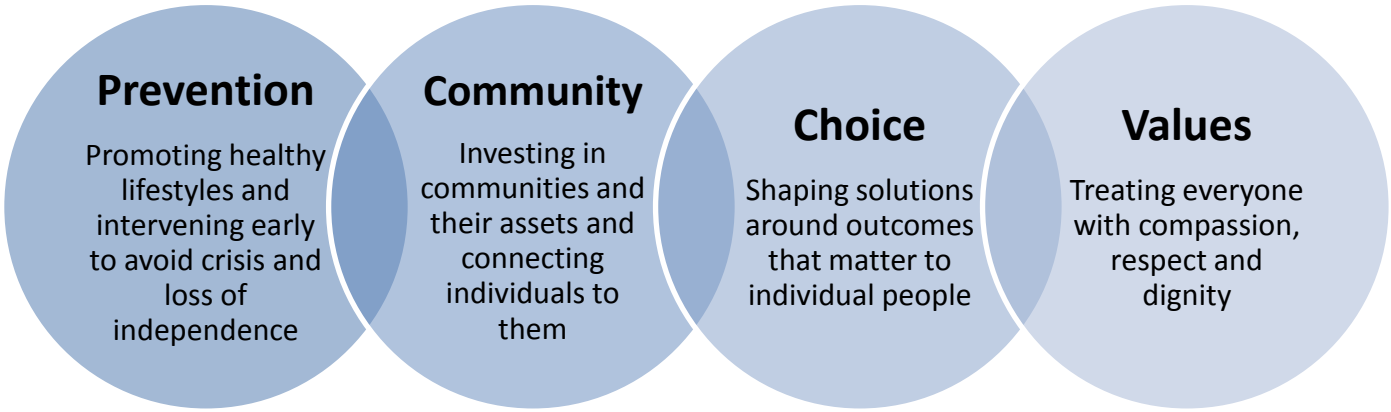
Healthy, skilled and independent residents
Growing economy, affordable housing
Safe and vibrant communities
Attractive and well-connected borough
An excellent customer experience
Well-managed resources delivering value for money

Our **vision** for adult social care is

To enable people in the Royal Borough of Windsor and Maidenhead to live independent and fulfilled lives.

We recognise that our vision is about people and its **delivery** depends on people – carers, both informal and formal, staff, providers, partners and leaders….

Therefore, to deliver our vision, we will **focus** on:



We will **achieve** this by:

- Promoting a strengths based approach to working with individual people
- Delivering in partnership with our staff, our communities, our providers, and other council and health services
- Focusing on quality and continuous improvement and celebrating success
- Keeping people safe from abuse and neglect
- Investing in digital innovation and technology enabled care
- Maximising the use of our financial resources to secure efficiency and value for money

And we will have **succeeded** when:

For residents…

- ✓ More people are enabled to live independently for longer in their communities.
- ✓ Services are designed and delivered in partnership with residents and communities.
- ✓ People with care and support needs, and their carers, never stop talking about their positive experiences of the care and support they receive.
- ✓ Integrated health and social care services are the norm.
- ✓ The services we commission are increasingly more outcome-based, offering care and support tailored to the needs of individual people.

For partners…

- ✓ We are able to recruit and retain staff in all areas who are proud to work in the borough and are enabled to be the very best they can be every day.
- ✓ We have even more provider collaboration and alliances operating as part of joined-up provision.
- ✓ We are an active, effective and valued partner in the Integrated Care System.

For the council…

- ✓ Digital innovation is embraced and welcomed by the people who use services, their carers, staff and providers.
- ✓ Resources are managed as efficiently as possible, built on robust use of data and analysis to make informed decisions.
- ✓ Performance in key areas is sustained in line with the targets we have set ourselves.
- ✓ We are proud to report on what we are doing through internal and external reviews and reports.

ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

To deliver this vision and strategy will require an ambitious programme of transformation. The activities and projects described against each of the six workstreams make up the initial two years of this programme – activities will be reset and reshaped annually based on evaluation of impact and performance.

Overarching outcomes for each workstream have been identified but the effectiveness of individual activities/projects will be assessed and evaluated against metrics in three key areas which will be agreed at the start of each activity:

Demand management	Process and cost efficiency	Quality provision

In addition to the overarching outcomes, performance against these metrics will be routinely monitored by the Programme Board.

PRINCIPLES

The key principles that underpin the delivery of this transformation programme and its individual activities/projects are:

- Co-design and co-production with residents, providers, staff and partners.
- Focus on outcomes, performance and delivery.
- Zero tolerance of poor practice.
- Innovation and agility.

GOVERNANCE

The Adult Social Care Transformation Programme will be led by the Director of Adults, Health and Commissioning and overseen by a Programme Board.

The Programme Board will review progress against activity and ensure that the benefits of individual projects are realised.

The Programme Board will comprise:

- Managing Director (Chair).
- Lead Member for Adult Social Care, Children's Services, Health and Mental Health.
- Director of Resources.
- Director of Adults, Health and Commissioning.
- Chief Executive – Optalis.
- Chief Operating Officer – Optalis.
- Accountable Officer – CCG (or place based Director/lead once appointed).

The programme will be managed by the Transformation and Systems Manager, supported by two Transformation Project Managers.

A risk log for the programme will be maintained which will be reviewed quarterly by the Programme Board.

EXTERNAL VALIDATION

There is no overarching inspection regime for adult social care and therefore external validation of the impact of this transformation programme will be measured through:

- Those individual regulated services which are subject to inspection by the Care Quality Commission will be expected to achieve and maintain a rating of at least Good by March 2020, moving to, and then maintaining, a rating of Outstanding by March 2022.
- Every year, in September, we will produce a local account of adult social care services and in particular, the impact of this transformation programme on managing demand and promoting independence. This will be subject to public scrutiny by the council's Overview and Scrutiny Panel, as well as by residents, providers and partners.
- Independent scrutiny through the multi-agency safeguarding arrangements will provide assurance around the quality of adult social care delivery in the borough, including the extent to which learning from safeguarding adult reviews and serious incidents has been disseminated to all staff and has impacted positively on practice.
- Enhanced independent quality assurance of adult social care practice delivered through Optalis will be introduced from May 2020 to support commissioners in managing the contract.
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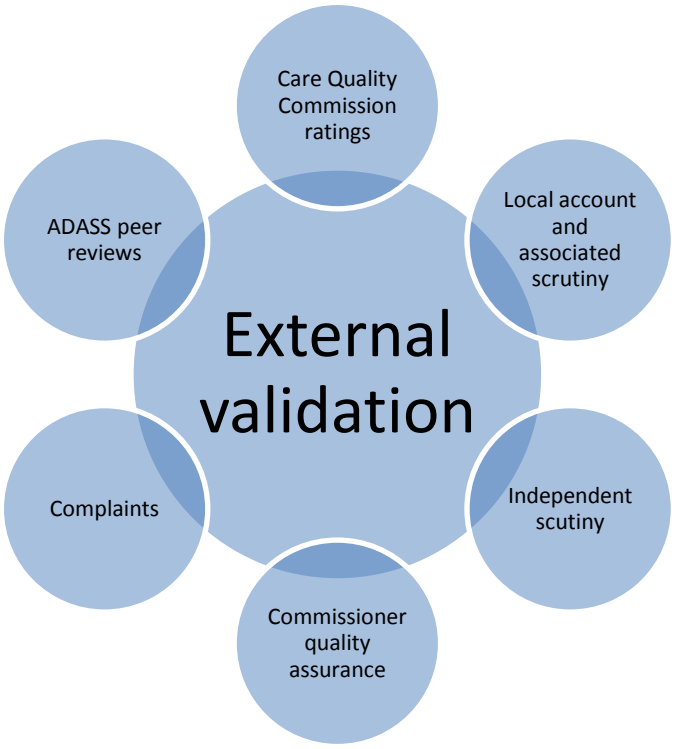
- Aspects of social care delivery will be independently peer reviewed throughout the lifetime of the programme, through the sector-led improvement support of ADASS.



✓ We are proud to report on what we are doing through internal and external reviews and reports.

Objective 1: **Promote a strengths based approach to working with individual people**

Intended outcomes:

- ✓ More people are enabled to live independently for longer in their communities.
- ✓ Services are designed and delivered in partnership with residents and communities.

Activity	Timescale	Owner	Resources
Implement strengths based approach to working with all service users across the whole workforce.	March 2020 (review)	Assistant Director – Statutory Services	Heads of Service HR team
Evaluate the Each Step Together implementation and implement agreed amendments	November 2019	Assistant Director – Statutory Services	Transformation Manager – Optalis Systems Team
Reshape the Supported Employment Service to provide a service that maximises independence.	April 2020	Head of Commissioning – People	Commissioning Manager Procurement team
Complete and launch Know Your Neighbourhood2 to support signposting to community capacity	January 2020	Healthy Ageing Lead	Transformation and Systems Manager IT
Update the Royal Borough and Optalis websites to provide clear signposting to information, advice and guidance	January 2020	Customer Experience Champion	Communications and Marketing Team Digital Team
Explore the feasibility of implementing Brain in Hand as a personalised support system for people with learning disabilities	April 2020	Transformation and Systems Manager	Brain in Hand Systems Team Optalis
Implement an integrated “whole life” approach to physical and learning disability focused on promoting independence	March 2024	Director of Adults, Health and Commissioning	Director of Children's Services Achieving for Children Optalis
Undertake a review of supported living block contracts, spot placements and day opportunities for people with a learning disability to ensure that there is sufficient, good quality and personalised support available in the borough	March 2021	Head of Commissioning – People	Commissioning team Optalis Project resource
Explore opportunities for supporting community based support services, as an alternative to domiciliary care.	March 2020	Head of Commissioning – People	Commissioning team Optalis Project resource
Identify and deliver appropriate supported accommodation for people with learning disabilities and those with mental health challenges	March 2024	Director of Adults, Health and Commissioning	Head of Housing RBWM Property Company and other developers

Objective 2: **Deliver in partnership with our staff, our communities, our providers, and other council and health services**

Intended outcomes:

- ✓ Integrated health and social care services are the norm.
- ✓ We have even more provider collaboration and alliances operating as part of joined-up provision.
- ✓ We are an active, effective and valued partner in the Integrated Care System.

Activity	Timescale	Owner	Resources
Deliver the Frimley Integrated Care System Strategy through the Royal Borough as "place"	March 2024	Director of Adults, Health and Commissioning	Optalis Commissioning team Whole Council
Support implementation of CCG restructure – place based commissioning	March 2020	Accountable Officer – CCG	Director of Adults, Health and Commissioning
Set up and run regular provider forums in the borough	From January 2020	Head of Commissioning - People	Commissioning team Safeguarding development and support team
Embed co-production approach to working with users, carers, partners and providers	From October 2019	Director of Adults, Health and Commissioning	Optalis Commissioning team Partners
Implement the Integrated Care Decision Making model in the borough in partnership with health	From September 2019	Head of Commissioning – People	Commissioning Team Optalis Integration Board
Work with providers to optimise the provision of carers support services in the borough	April 2020	Head of Commissioning – People	Commissioning team Integration Board
Develop and deliver a voluntary and community sector strategy for the borough that support capacity building in communities	April 2020	Director of Adults, Health and Commissioning	Whole council Optalis Achieving for Children
Work with partners to identify opportunities for co-location, focused around neighbourhoods	April 2021	Director of Adults, Health and Commissioning	Clinical Commissioning Group Berkshire Healthcare Foundation Trust Optalis
Secure staff engagement around new ways of working through regular communications and "meet and greets".	From September 2019	Director of Adults, Health and Commissioning	Managing Director Optalis Commissioning team Communications team

Objective 3: **Focus on quality and continuous improvement and celebrate success**

Intended outcomes:

- ✓ People with care and support needs, and their carers, never stop talking about their positive experiences of the care and support they receive.
- ✓ We are able to recruit and retain staff in all areas who are proud to work in the borough and are enabled to be the very best they can be every day.

Activity	Timescale	Owner	Resources
Implement the Quality Assurance Framework for statutory services	From September 2019 (quarterly reports)	Principal Social Worker	All teams in Optalis
Implement bi-monthly liaison between Principal Social Worker and Director of Adults, Health and Commissioning in order to get feedback from the front line	From September 2019	Director of Adults, Health and Commissioning	Principal Social Worker
Promote the work of adult social care in Borough Bulletin, Around the Royal Borough and other media, including social media.	From October 2019	Director of Adults, Health and Commissioning	Customer Experience Champion Optalis
Implement unified care governance approach across East Berkshire	January 2020	Assistant Director – Statutory Services	Bracknell Forest and Slough care governance teams Transformation Manager - Optalis Optalis
Identify funding to secure independent quality assurance, for commissioners, of adults and children's provision	January 2020	Director of Adults, Health and Commissioning	Human Resources Finance

Objective 4: **Keep people safe from abuse and neglect**

Intended outcomes:

- ✓ The services we commission are increasingly more outcome-based, offering care and support tailored to the needs of individual people.

Activity	Timescale	Owner	Resources
Implement the new multi-agency safeguarding adults arrangements	From September 2019 (Review September 2020)	Director of Adults, Health and Commissioning	Safeguarding development and support team Commissioning team Optalis
Contribute to Liberty Protection Safeguards pilot work with CC2i	From July 2019 (Review March 2020)	Transformation and Systems Manager	Optalis
Implement new requirements for Liberty Protection Safeguards	October 2020	Assistant Director – Statutory Services	Optalis
Undertake contract management with all suppliers contracted to the borough in a timely manner, focussing on improving quality	From July 2019 (Review April 2020)	Head of Commissioning – People	Commissioning team Optalis
Retender the Local Healthwatch contract across East Berkshire to ensure a quality service that is value for money and reflects the partnership approach across the Integrated Care System	March 2020	Head of Commissioning – People	Commissioning team Bracknell Forest and Slough councils

Objective 5: **Invest in digital innovation and technology enabled care**

Intended outcomes:

- ✓ Digital innovation is embraced and welcomed by the people who use services, their carers, staff and providers.

Activity	Timescale	Owner	Resources
Working in partnership with Hampshire County Council, undertake a feasibility study to work with Argenti to deliver technology enabled care.	April 2020	Director of Adults, Health and Commissioning	Transformation and Systems Manager Systems Team Optalis
Explore the use of Amazon Connect to manage first line customer contact.	April 2020	Transformation and Systems Manager	AWS Optalis
Implement online financial assessment (BetterCare)	April 2020	Transformation and Systems Manager	Systems Team Revenue and Benefits Team Optalis
Engage with local technology companies to explore what support they could provide as part of their corporate social responsibility impact.	December 2020	Director of Adults, Health and Commissioning	Head of Economic Growth Transformation and Systems Manager
Review the current approach to commissioning spot and block placements and explore opportunities for e-brokerage to streamline and improve the process	October 2020	Transformation and Systems Manager	Systems Team Optalis
Develop and implement staff engagement programme around digital skills transformation	September 2020	Transformation and Systems Manager	Learning and development Systems Team Optalis
Implement MySense for the early onset dementia cohort as a prevention route and to secure predictive analytics to inform future demand planning	From January 2020	Transformation and Systems Manager	Systems Team Optalis
Implement new customer relationship management system as part of a whole council approach to automation and digital transformation	From August 2020	Communications and Marketing Manager	All teams

Objective 6: **Maximise the use of financial resources to secure efficiency and value for money**

Intended outcomes:

- ✓ Resources are managed as efficiently as possible, built on robust use of data and analysis to make informed decisions.
- ✓ Performance in key areas is sustained in line with the targets we have set ourselves.

Activity	Timescale	Owner	Resources
Publish a Market Position Statement to raise awareness in the market of commissioning opportunities in the borough	September 2019	Head of Commissioning - People	Commissioning team Communications team
Deliver domiciliary care recovery plan	March 2020	Head of Commissioning – People	Optalis Commissioning team
Deliver Optalis recovery plan	March 2020	Assistant Director – Statutory Services	Optalis Commissioning team
Recommission domiciliary care provision	August 2020	Head of Commissioning – People	Commissioning team Procurement team
Model future years' savings based on trend analysis	January 2020	Director of Adults, Health and Commissioning	Commissioning team Optalis
Implement approach to demand management based on *Six Steps to managing demand in adult social care,* and incorporating clear performance indicators	From November 2019	Director of Adults, Health and Commissioning	Optalis Commissioning team
Carry out service review of older people's day opportunities and implement recommendations	March 2021	Head of Commissioning – People	Commissioning team Procurement team Project resource
Carry out service review of older people's residential and nursing block provision and implement recommendations	March 2021	Head of Commissioning – People	Commissioning team Procurement team Project resource
Continue to manage the bad debt provision to limit the council's exposure	From July 2019 (Review March 2020)	Head of Commissioning – People	Optalis Revenue and Benefits team
Implement monthly performance and quality meetings to provide assurance around statutory delivery of adult social care services	From September 2019	Director of Adults, Health and Commissioning	Optalis Assistant Director and Heads of Service

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Royal Borough of Windsor & Maidenhead

Better Care Fund 2019/20

Background

- Since 2015, the Better Care Fund (BCF), has played a key role in the journey towards person-centred integrated care to support people to be independent at home.

- Overseen by Health and Wellbeing Boards, Better Care Fund plans should reflecting the local population needs and profile and represent a single, local plan for the integration of health and social care.

- The plans must meet the national conditions and planning requirements:
  - CCGs to pool a mandated minimum amount of funding and
  - Local authorities to continue to pool grant funding from the improved Better Care Fund (iBCF), Winter Pressures funding and the Disabled Facilities Grant.

- The BCF plan 2019/20 for the Royal Borough of Windsor and Maidenhead has been approved.

Better Care Fund Metrics

All BCF plans include **ambitions** for each of the four metrics and plans for achieving these are a condition of access to the fund. For RBWM our local targets for 19/20 remain numerically the same as for 17/19 in the face of challenges arising from our aging population and number of care home beds in our area.

- **Non-elective admissions**
- **Delayed transfers of care (DToC)**
- **Effectiveness of reablement**
- **Admissions to residential and care homes**

Integrated Care and Support

- The approach to integrating care around the person, particularly those with long term health and care needs and includes single assessments, personal budgets, and Integrated Personalised Commissioning (IPC).

Schemes	Outcomes
Integrated Care decision-making - Investment in expansion of joint health and social care team capacity, include mental health support and development of Local Access Points	Regular multidisciplinary meetings/discussions to develop dynamic/responsive plans to reduce risk of hospital and care home admission of people with complex needs.
End of Life Care – investment in hotline services and intensive community support	Immediate access to specialist advice and support from hospice team to community health and social care staff to keep patients out of hospital and enable a peaceful end of life at home.
Dementia Services – development of dementia care adviser team and community based services for patients and carers	One to one and group advice, activities and support for residents of all ages with dementia, and their families/carers, to enable them to continue to live independently and maximise quality of life following diagnosis.

Integrated Care and Support

- Programmes that support self-care and prevention.

Schemes	Outcomes
Social prescribing – locality based service, linked to Primary Care Networks providing targetted one to one advice, guidance and signposting to local services.	Improved quality of life and sustained independence for carers, those at risk of falls and residents with mild/moderate frailty through building greater personal confidence and regular access to local support groups and facilities.
Falls prevention – extensive promotion programme of individual and group exercise activities across local areas, including Keep Safe Stay Well service for housebound residents.	Significant reduction in falls related NEL admissions, particularly for 70+ age group and care home residents.
Paediatric hotline – Access to hospital based consultant advice by GP.	Reduction in avoidable admissions, particularly for anxious parents.
Stroke Association – personalised advice and guidance following hospital discharge.	Promotion of continued independent living for people who have had a stroke and support for family carers.

Integrated Care and Support

Schemes	Outcomes
Care Homes quality programme	Investment in skills training for care home staff and coordinated community health support to meet needs of increasingly frail and complex residents and reduce avoidable hospital admissions
Wide range of advice and support for carers	Increased identification of carers, particularly mutually dependent, aging couples, reduce risk of avoidable crisis and promote continued independence
Primary care service for the homeless and hard to reach, vulnerable groups	Outreach services to support reduction in avoidable A&E attendances/admissions, improved coordinated, cross-organisational health and social care support to meet complex individual needs