

## **NOTICE OF MEETING**

**Shadow Health and Wellbeing Board  
Thursday 14 February 2013, 2.45 pm  
Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

**To: The Health and Wellbeing Board**

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)  
Councillor Dr Gareth Barnard, Executive Member for Children, Young People & Learning  
Barbara Briggs, Local Involvement Network  
Glyn Jones, Director of Adult Social Care, Health & Housing  
Dr Janette Karklins, Director of Children, Young People & Learning  
Dr Lise Llwellyn, Director of Public Health for Berkshire (East)  
Timothy Wheadon, Chief Executive, Bracknell Forest Council  
Dr William Tong, Bracknell Forest & Ascot Clinical Commissioning Group  
Mary Purnell, Bracknell Forest & Ascot Clinical Commissioning Group

ALISON SANDERS  
Director of Corporate Services

### **EMERGENCY EVACUATION INSTRUCTIONS**

- 1 If you hear the alarm, leave the building immediately.
- 2 Follow the green signs.
- 3 Use the stairs not the lifts.
- 4 Do not re-enter the building until told to do so.

If you require further information, please contact: Priya Patel  
Telephone:  
Email:  
Published: 5 February 2013



**Health and Wellbeing Board**  
**Thursday 14 February 2013, 2.45 pm**  
**Council Chamber, Fourth Floor, Easthampstead House,**  
**Bracknell**

**AGENDA**

Page No

1. **Apologies**

To receive apologies for absence and to note the attendance of any substitute members.

2. **Declarations of Interest**

Members are requested to declare any Personal Interests. Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer In attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

3. **Urgent Items of Business**

Any other items which the chairman decides are urgent.

4. **Minutes from Previous Meeting**

To approve as a correct record the minutes of the meeting of the shadow Health and Wellbeing Board held on 6 December 2012.

1 - 6

5. **Matters Arising**

6. **Health & Wellbeing Strategy - Governance Arrangements**

To establish appropriate governance arrangements to ensure the implementation of the Health and Wellbeing Strategy.

7 - 14

7. **Draft Clinical Commissioning Group's Plan for 2013/14**

The purpose of this report is to share with the Health and Wellbeing Board the latest draft plans for 2013/14 produced by NHS Bracknell and Ascot CCG, and seek the views of the Board members to inform the final plan for 2013/14.

15 - 26

8. **Alignment of Service Plans with the Joint Health & Wellbeing Strategy**

To indicate the alignment of the proposed Service Plans for the Adult Social Care, Health and Housing and the Children, Young People and

27 – 62

Learning department with the Joint Health and Wellbeing Strategy.

9. **Funding Streams 2013/14**

The purpose of this report is to review last year's expenditure in relation to NHS Funding for Social Care and to set out proposals for the Health and Wellbeing Board to comment on in relation to the NHS Funding for Social Care for 2013/14. This follows an initial discussion between officers in Adult Social Care and Bracknell & Ascot CCG.

63 - 68

10. **Actions Undertaken Between Meetings**

Board members to report on any actions undertaken since the last meeting.

11. **Forward Plan**

Board members are asked to consider the forward plan and are invited to make amendments or additions to it.

69 - 76

12. **Date of Next Meeting**

At the last meeting, the Board agreed the following meeting dates:

*11 April 2013*

*13 June 2013*

*22 August 2013*

*24 October 2013*

*12 December 2013*

Since the last meeting, further consideration has been given to the number of meetings needed each year and where these meetings should fall to ensure that the Board operates in an effective and streamlined way. It is therefore proposed that the Board agrees the following dates for 2013/14:

**11 April 2013**

**4 July 2013**

**5 September 2013**

**12 December 2013**

**13 February 2014**

**10 April 2014**

Please amend your diaries accordingly, revised appointments will be sent.

This page is intentionally left blank

**SHADOW HEALTH AND WELLBEING  
BOARD  
6 DECEMBER 2012  
2.00 - 3.50 PM**



**Present:**

Dr Tong, Bracknell Forest & Ascot CCG (Chairman)  
Councillor Dr Barnard, Executive Member for Children, Young People & Learning  
Janette Karklins, Director of Children, Young People & Learning  
Debra Ogles, Local Involvement Network (substitute)  
Mary Purnell, Bracknell Forest & Ascot CCG  
Tim Wheadon, Chief Executive

**Apologies for absence were received from:**

Councillor Birch, Executive Member for Adult Services, Health & Housing  
Barbara Briggs, Local Involvement Network  
Glyn Jones, Director of Adult Social Care, Health & Housing  
Dr Pat Riordan, Director of Public Health for Berkshire (East)

**Also Present:**

Councillor Virgo, Chairman of the Health O&S Panel  
Sandra Davies, Children's Trust Business Manager  
Zoe Johnstone, Chief Officer, Adults and Joint Commissioning  
Lise Llwellyn, Health consultant  
Kieth Naylor, Joint Commissioning Officer

**32. Declarations of Interest**

There were no declarations of interest.

**33. Urgent Items of Business**

No items of urgent business were raised.

**34. Minutes from Previous Meeting**

**RESOLVED** that the minutes of the Board meeting held on 11 October 2012 were confirmed as a correct record.

**35. Matters Arising**

*Minute 28: Special Educational Needs (SEN) Arrangements*

At the last meeting of the Board, the Director of Children, Young People & Learning was asked to headline the specific SEN duties/expectations that would be made on the CCG so that the appropriate colleague could participate in the discussions.

The Director CYPL reported that the specific duties and responsibilities for CCG's were detailed on pages 7 and 8 of the agenda papers. The legislative framework for SEN was also provided, it was anticipated that legislation would receive Royal Assent

in April 2013; this would lead to changes in the way that SEN was currently funded coming into force in April 2013.

The Director CYPL stated that she was happy to follow up this information with meetings to discuss issues in greater detail.

Dr Tong stated that he would take this information back to his governing body for further discussion. It was clear that mechanisms needed to be established, between the local authority and CCG to progress this work and to meet statutory responsibilities.

Mary Purnell stated that Children's Services was an area that the CCG needed to provide greater focus upon to ensure that mechanisms were in place.

Kieth Naylor stated that work around Children's Services and in particular SEN, would need to be demonstrably aligned to the Health & Wellbeing Strategy and would need to take account of the future requirements of the JSNA. It was clear that the Board were at a stage where they were identifying and connecting. The Board agreed to consider SEN arrangements at their next meeting in February 2013, to monitor how much progress had been made in this area, as significant progress would be required before April 2013.

The Director CYPL reported that the pathfinder reporting had been delayed to 2013-14, which created difficulties in terms of learning from pathfinder experiences.

It was noted that local Healthwatch would be in place by April 2013 and they could be commissioned to carry out some work around this area.

In summary, the Board would work to:

Ensure that an equal and explicit obligation to determine arrangements to secure the commissioning of quality, consistent and comprehensive health and local government services for all, including children, young people, parents, families and carers, through the:

- a) preparation of an enhanced JSNA in accordance with Section 192 of the Act and subsequent Regulation 1 that considers:
- b) use existing or commission in partnership new mechanisms as required to engage with and involve patients and the public, including children and young people, parents and families, to secure and evidence their views and inform the deliberations of the Board and its business.
- c) Agreement of the Local Healthwatch forward plan in the spirit of section 26 of the Act.
- d) Development of a Joint Health and Wellbeing Strategy in accordance with Section 193.
- e) Agreement of CCG commissioning plans in accordance with Section 26 of the Act.

## 36. **Local Safeguarding Children's Board Recommendations**

The Board was asked to note the LSCB's Annual Report regarding the effectiveness of safeguarding and child protection practice in the Bracknell Forest locality and to note the recommendations included on page 2 of the supplementary agenda papers.

Ms Alex Walters, LSCB Independent Chair attended the meeting and reported the following to the Board:

- The LSCB was a statutory partnership and its profile and expectations had been strengthened recently by the government. The role of independent chair was to provide an independent voice which was independent of all partner organisations.
- The LSCB's Annual report reflected the activity of the LSCB, its achievements and challenges. The LSCB existed to make a real difference to children's lives and the implementation of the LSCB's action plan aimed to make these real changes.
- The LSCB's strategic priorities for 2011-2013 were detailed on page 8 of the supplementary agenda papers.

Dr Tong thanked Ms Walters for her presentation and stated that the Board had a statutory responsibility to ensure connections were strong and effective. A critical role in this work would be the CCG's Practice Nurse who was yet to be appointed. A recruitment exercise had taken place but an appointment was not made. It was anticipated that an appointment would be made in the upcoming weeks.

Ms Walters advised that the Board may wish to consider requesting that the LSCB provide them with a report that detailed the changes that have been proposed as a result of the findings of the recent serious case review and the evidence from partner organisations that these changes have been made.

The Board agreed that this would be useful and a report in six months time from the LSCB would be timely, six months would allow organisations an opportunity to establish changes. It would be useful for the report to include detail of each organisations performance in relation to safeguarding. It was agreed that this report would be submitted to the June 2013 Board meeting.

The Board noted that part of the challenge was that the recommendations arising from the serious case review were directed to specific organisations, some of these organisations no longer existed, this would make the process more difficult.

The Board noted that whilst some recommendations were organisation wide, others were specific to individuals and would need to be tackled with individual GP's. This would need to be done through the appraisal process for these GP's. Dr Tong commented that the CCG could provide a steer on this.

The Board noted the recommendations made by the LSCB to the Board as follows:

**Recommendations to the Health & Wellbeing Board:**

- 1) To ensure that CCG and other commissioned health providers adhere to Bracknell Forest LSCB's minimum safeguarding standards and have completed a satisfactory Section 11 self-assessment.
- 2) To ensure that the CCG has oversight of the recommendations from the Serious Case Review relating to General Practice and Health providers and ensures that the learning from the review informs the performance monitoring and quality assurance systems for CCGs and General Practice.

- 3) To ensure that the Health & Wellbeing Board and the local CCG has oversight of the recommendations from the 4 Case Review relating to General Practice, Health Visiting and Midwifery and ensures that the learning from the review informs the performance monitoring and quality assurance systems for CCGs.
- 4) That the Health & Wellbeing Board considers the advice provided by community health professionals on co-sleeping or bed-sharing and promotes safe sleeping arrangements for infants and small children.
- 5) That the Health & Wellbeing Board consider the potential application of the Exemplar Safeguarding Audit Tool to audit the child protection practice of health economy providers.

### 37. **Joint Health & Wellbeing Strategy**

The Chairman of the Health Overview and Scrutiny Panel was invited to present the views of the Overview and Scrutiny Working Group to the Board.

Councillor Virgo thanked Zoe Johnstone for all her work on the Strategy and stated that the O&S Working Group had followed the same work model when contributing their thoughts and submissions. He made the following points:

- The working group felt that the Strategy placed a heavy emphasis on children, young people and early intervention and that it was strongly felt that the message of healthy living should be transmitted to all sections of the community. In addition, the working group felt that more emphasis should be given to education in schools and not only to children of a very young age.
- More generally, the working group felt strongly that a strategy of this nature should be aimed at the whole community and not focussed on a specific age group.
- The working group also felt that the strategy should be drafted in very clear language to ensure it was accessible to all.

In conclusion, Councillor Virgo asked that the Board read the version submitted by the working group very carefully and consider incorporating some of their contributions.

The Board thanked Councillor Virgo and the working group for their contributions and agreed that the contributions of the working group would be taken into account when drafting the action plan to the strategy. The Board invited the overview and scrutiny working group to make suggestions as to the content of the action plan, Councillor Virgo welcomed this opportunity.

It was reported that mapping work around the frameworks in the strategy was already underway.

The Board agreed that a letter be sent on their behalf from the Chairman thanking the overview and scrutiny working group for their contributions and to inform them that their contributions would be taken into account when drafting the action plan to the strategy.

It was agreed that the Board would receive a draft of the action plan to the strategy at their April 2013 meeting. The Board agreed that the action plan should create a matrix which showed where accountabilities for delivery lay. The action plan should also show how the Board was adding value to the process.



It was **RESOLVED** that;

- i) the draft 'model' strategy be agreed subject to any amendments arising as a result of the discussion above.
- ii) The Board agreed membership of a working group to develop the approach to ongoing review and refresh of the strategy. (Zoe Johnstone)
- iii) The Board approved and made explicit the expectation that commissioning plans and service plans of relevant organisations responded to the priorities as set out in the Strategy and made appropriate interim arrangements for monitoring and performance management.

**38. The Health & Wellbeing Board: April 2013 Onwards: A Formal Statutory Committee - Protocols**

The Board received a report that advised them of the procedures and protocols that were likely to be necessary once the Board became statutory in April 2013. The Board noted that the Regulations would be laid in January 2013 and arrangements for statutory meetings could then be confirmed.

The Board noted that they would need to agree whether a public participation scheme should be put in place, to manage public engagement at meetings.

The Board also noted that the issue of whether officers should have voting rights was still being debated by the Department of Health.

It was **RESOLVED** that the Board noted the information and protocols required for a formal committee.

**39. Bracknell Forest LINK Legacy Report**

Debra Ogles, LINK Representative, reported that LINK had worked closely with partners to draft the LINK legacy report and that it was intended to provide a platform for the incoming Healthwatch organisation.

The report sought to make an assessment of the LINK against five key criteria suggested by the LGA and Department of Health:

- Outcomes and Impact
- Learning
- Relationships
- Capacities
- Public Engagement

The Board asked that their thanks be put on record to the LINK for all their work and the value that had been added as a result of their work.

Kieth Naylor reported that all potential providers of Healthwatch would be provided with the LINK legacy report to provide them with a foundation.

The Board noted that Healthwatch would need to be a strong organisation and individuals would need to be appointed primarily by skills competencies. In addition, the chair of Healthwatch would play a key role and would need to hold sufficient public weight as well as genuinely represent the views of local people. Processes

would need to be robust, transparent and open to challenge. It was noted that a tender for the organisation would be issued in the following week.

40. **Forward Plan**

Board members asked that the following items be added to the forward plan:

- Serious Case Review Learning: June 2013
- LSCB Business Plan: June 2013
- CYP&L Service Plan: December 2013 and December 2014
- Shaping the Future Results: April 2013

Board members raised the query as to who would take ownership of Shaping the Future as of January 2013. It was possible that stakeholders would hold differing views on this area of work. Dr Tong agreed to investigate who would be taking ownership of this work as of January 2013.

The Board discussed the issue of publicity around the Board's role as well as the role of the CCG and how this message could be best communicated. It was agreed that the message should be a combined message from both the CCG and the Board and must be communicated before the end of March 2013. The Chief Executive stated that the Council's Communications team would contact Mary Purnell to make arrangements for publicity. Consideration would also need to be given as to how Healthwatch would be publicised.

The Board agreed that the role of the Board needed to be clearly identified in any publicity and a distinction needed to be made between the Board's role and the role of Overview and Scrutiny, Healthwatch and any other health organisations.

The Board also considered the opportunity to use the April 2013 Board meeting as a launch meeting.

41. **Dates of Future Meetings**

The Board agreed future dates as follows:

11 April 2013  
13 June 2013  
22 August 2013  
24 October 2013  
12 December 2013

It was agreed that Board meetings scheduled on 21 February 2013 and 20 February 2014 would be rescheduled as they clashed with GP Council meetings.

**CHAIRMAN**

**TO: SHADOW HEALTH AND WELLBEING BOARD  
14 FEBRUARY 2013**

---

**HEALTH AND WELLBEING STRATEGY – GOVERNANCE ARRANGEMENTS  
DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND HOUSING**

**1. PURPOSE OF REPORT**

- 1.1. To establish appropriate governance arrangements to ensure the implementation of the Health and Wellbeing Strategy (HWBS)

**2. RECOMMENDATIONS**

- 2.1. **That the strategy is publicised through a launch event alongside the launch of the CCG and the Health and Wellbeing Board (HWBB), and through consistent presentations at all relevant Partnership Boards and Project/Programme Boards or equivalent. A provisional list of the relevant groups is attached as annex A.**

- 2.2. **That the implementation of the strategy is monitored and coordinated through three workstreams / groups, the focus of which will be:-**

- **Prevention – Public Health Lead**
- **Intervention and Treatment – Clinical Commissioning Group (CCG) lead**
- **Long term support – Children’s Social Care lead**

**Progress will be reported to the Board via these workstreams / groups**

- 2.3. **That the Leads/chairs of these workstreams / groups form the core of the group that will refresh/review the HWBS. This group to be chaired by representative from Adult Social Care.**

- 2.4. **That the relevant Board members nominate the chairs for the workstreams / groups, and the strategy review group.**

**3. REASONS FOR RECOMMENDATIONS**

- 3.1. **It is essential to ensure that there is a clear understanding of the status of the strategy, and the responsibilities of all relevant groups to respond. This will represent a significant change for some groups, and this approach will emphasise this responsibility and enable discussion and clarity. This approach will also enable consultation on the current strategy as agreed by the Health and Wellbeing Board. Specific areas for consultation have been agreed as:-**

- **Format and style of the document**
- **Appropriateness of the objectives**
- **Clarity of priorities**
- **Relevance of priorities**

- **Governance arrangements – structures and reporting arrangements to ensure that the strategy is implemented appropriately**
  - **Arrangements for continual review and updating**
  - **Whether the priorities have been identified from the best available data**
- 3.2. **This approach will use the existing strategic development arrangements, but will also facilitate those groups to consider options for pooling resources and working in partnership to address the priorities in the HWBS.**
- 3.3. **The leads/chairs of these workstreams / groups will be in a position to gather information on local needs that will be used to inform the ongoing review and development of the HWBS.**

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1. For each relevant Partnership Board or Programme Board to report directly to the Health and Wellbeing Board. The numbers would be prohibitive, and this would not facilitate consideration of further partnership opportunities between the groups.
- 4.2. For the coordination of information and monitoring to be through workstreams / groups arranged according to different themes. These could, for example, be the themes within the HWBS:
- Long Term Conditions,
  - Sexual Health
  - Safeguarding
  - Cancers
  - Mental health and wellbeing.

Again, there would be a larger number of groups, and opportunities for recognising relevance of particular strategies to health and wellbeing, and for consideration of wider partnership approaches to achieving the required outcomes may be limited.

#### **5. SUPPORTING INFORMATION**

- 5.1. The Health and Wellbeing Strategy is the mechanism by which the Health and Wellbeing Board discharges its duty to address priority health and wellbeing needs within Bracknell Forest. Implementation of the strategy involves a wide range of organisations and partnerships, and the HWBB must have mechanisms for ensuring that:-
- The priorities identified within the HWBS are addressed and the required outcomes achieved
  - Where the identified outcomes are not achieved, the relevant issues are identified and action taken to ensure compliance

- All opportunities for pooling resources and working in partnership to enhance outcomes and efficiency are recognised and exploited
- 5.2. Many of the organisations and partnerships that need to take action to achieve the identified outcomes may not yet be aware of their responsibility to respond to the HWBS, or of the need to measure outcomes as defined in the National Outcomes Frameworks. There will need to be an early emphasis on developing this knowledge and the associated skills. It would not be reasonable to expect all relevant strategies to be re-written immediately with this in mind, but all relevant groups should be expected to reflect the requirements in their future planning and monitoring arrangements.
- 5.3. The suggested approach builds upon existing mechanisms for implementation and monitoring of strategic objectives, and minimises the requirement for additional structures or arrangements (annex 1). Using the Partnership Boards and their sub-structures in this way has the added benefit of reaching a wider number of organisations and group. In brief, the purpose of the workstreams / groups would be to:-
- Collate information about how the strategies and/or plans of each Partnership Board / Programme Board are contributing to the identified outcomes in the HWBS
  - Identify where there are gaps, and work with relevant Boards and organisations to develop plans to achieve the outcomes
  - Facilitate the identification of opportunities to work in wider partnerships to achieve better outcomes, or increase efficiency
  - Collate monitoring information to report to the HWBB, and identify where intervention of the Board or its members may be required.
- 5.4. It is proposed that each workstream / group has a small core membership of officers as delegated by the relevant Board members, with a relevant lead clearly identified. With an early emphasis on facilitating understanding of responsibilities in relation to the HWBS, the focus of the work will change over time. Once the requirements of the HWBB have been established and accepted by all of the relevant Partnership and Programme Boards, the information gathering and facilitation functions can be undertaken in a variety of ways including:
- Submission of monitoring reports, reporting cycle to be agreed, but to be coordinated with the existing reporting cycles where possible
  - Meetings and focussed workshops. These would probably be most useful for identifying where additional work is required to deliver the required outcomes, and for identifying opportunities for wider partnership working.

The most relevant ways of working will be different for each of the workstreams / groups, as the number and range of organisations involved is very different. Some of the relevant groups and/or plans, and how they relate to workstreams are indicated in Annex 2.

- 5.5. It is possible that, until all groups and organisations have recognised and accepted the relevance of the Health and Wellbeing Strategy, and the authority of the Health and Wellbeing Board, there may be some initial challenges in achieving appropriate

engagement from some of the Boards and / or organisations. Should this prove to be the case this will be escalated to the Board, or the relevant Board member in a timely manner.

Ongoing review and refresh of Health and Wellbeing Strategy

5.6. It is recommended that the group responsible for this will be comprised of, as a minimum

- the lead officers for each of the workstreams / groups,
- the JSNA lead officer, and
- Chaired by a representative from Adult Social Care.

From their work with the workstreams / groups, each of these officers would have a clear picture of progress in achieving the required outcomes, identified difficulties and/or gaps and the reasons for these, and emerging needs.

**6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

Borough Solicitor

6.1. The relevant legal provisions are contained within the main body of the report.

Borough Treasurer

6.2. The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Councils limited resources to key priorities.

In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Councils services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore, an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect

Equalities Impact Assessment

6.3. n/a

Strategic Risk Management Issues

6.4. Not applicable

Other Officers

6.5. Not applicable

**7. CONSULTATION**

Principal Groups Consulted

7.1. Representatives of CCG, Public Health and Bracknell Forest Council

Method of Consultation

7.2. Through meetings

Representations Received

7.3. Supportive of the approach

Background Papers

Contact for further information

Zoë Johnstone, Adult Social Care, Health and Housing - 01344 351609  
Zoë.johnstone@bracknell-forest.gov.uk

## **Annex 1**

### **Relevant Partnership Boards and Project groups/ strategic development plans.**

#### **Children and Young People**

Children and Young People's Partnership  
CAMHS Board  
Local Safeguarding Children Board

#### **Adults:**

Older Persons Partnership Board  
Learning Disabilities Partnership Board  
ASD Partnership Board  
Mental Health Partnership Board  
Dementia Partnership Board  
Intermediate Care Partnership Board  
Carers' issues group  
Safeguarding Adults Partnership Board  
Drug and Alcohol Action Team

#### **Health**

CCG Commissioning Plan  
Area Team Commissioning Plan  
Specialist Health Commissioning Pan

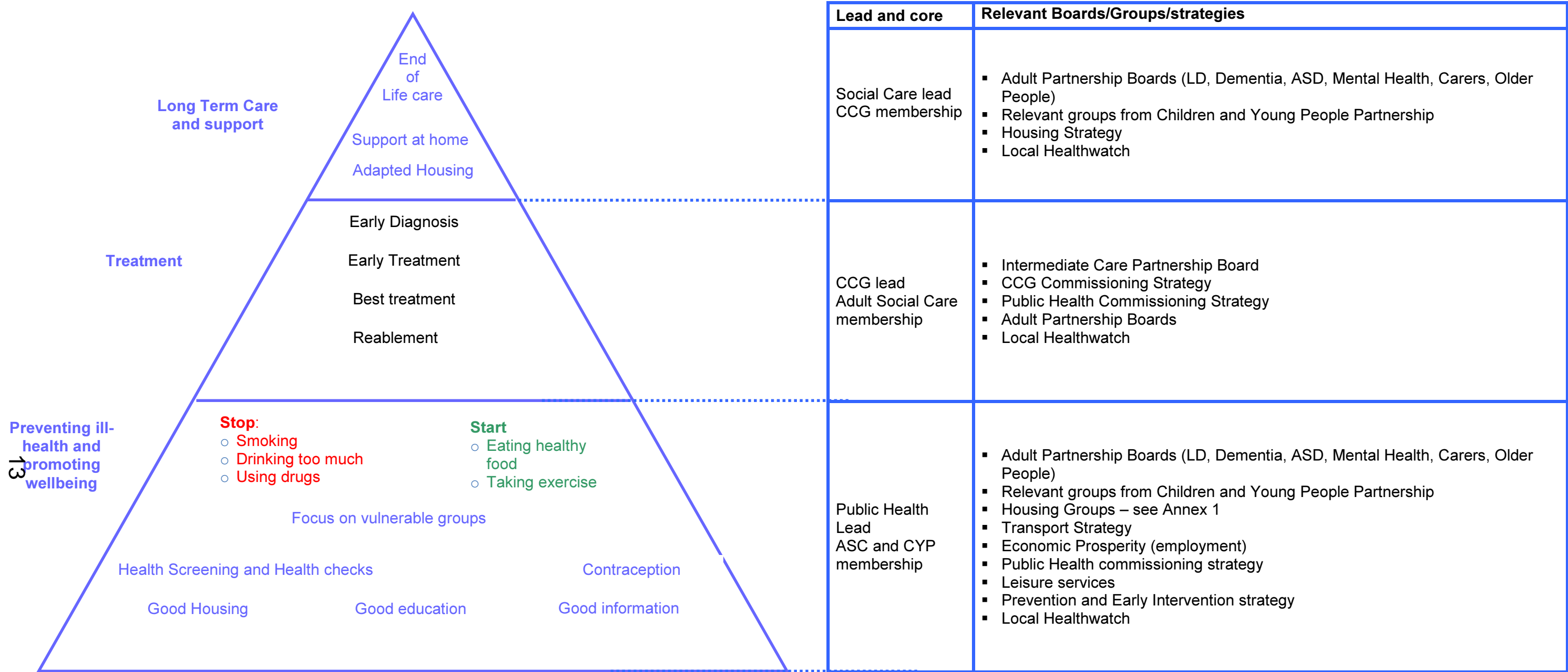
#### **Housing issues**

There are a number of strategic groups that exists to take forward strategic housing issues such as the preferred partner registered provider forum , the landlords forum and benefit customer user group. Together these groups address the overall housing strategy.

#### **Others**

Community Safety Partnership  
Economic Development Partnership  
Transport Plan arrangements (tbc)  
Town Centre Partnership





13

Long Term Care and support

Treatment

Preventing ill-health and promoting wellbeing

End of Life care

Support at home  
Adapted Housing

Early Diagnosis  
Early Treatment  
Best treatment  
Reablement

**Stop:**  
 ○ Smoking  
 ○ Drinking too much  
 ○ Using drugs

**Start**  
 ○ Eating healthy food  
 ○ Taking exercise

Focus on vulnerable groups

Health Screening and Health checks

Contraception

Good Housing

Good education

Good information

This page is intentionally left blank

**TO: HEALTH & WELLBEING BOARD  
14 FEBRUARY 2013**

---

**Draft Plans 2013/14: NHS Bracknell & Ascot Clinical Commissioning Group (CCG)  
Director of Adult Social Care, Health & Housing**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to share with the Health and Wellbeing Board the latest draft plans for 2013/14 produced by NHS Bracknell and Ascot CCG, and seek the views of the Board members to inform the final plan for 2013/14.

**2 RECOMMENDATION**

- 2.1 **The Health and Wellbeing Board is asked to review the plans and comment on them**

**3 REASONS FOR RECOMMENDATION**

- 3.1 The draft plan set out in the attached presentation results from the annual planning cycle which commenced with the JSNA, and subsequently the JHWS. It takes into account national priorities as set out in the "Everyone Counts" planning guidance, and sets out priorities and targets for the year which take us nearer to our goal of achieving outcome based, cost effective services for our local population now and in the future.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 none

**5 SUPPORTING INFORMATION**

- 5.1 The full guidance can be found at:

<http://www.commissioningboard.nhs.uk/everyonecounts/>

**6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

Borough Solicitor

- 6.1 n/a

Borough Treasurer

- 6.2 n/a

Equalities Impact Assessment

- 6.3 Will be applied to individual projects within the annual plan

Strategic Risk Management Issues

- 6.4 Risks associated with the delivery of the 2013/14 plan will be addressed by the BACCG risk management processes

Other Officers

- 6.5 Glyn Jones, Director of Adult social care, housing and health in his capacity as BACCG Governing body member

**7 CONSULTATION**

Principal Groups Consulted

- 7.1 HWBB are the principal group to be consulted. Internal consultation has included BACCG Governing Body and GP Council (member practice forum). The draft plan has also been shared with BF HOSC for their information

Method of Consultation

- 7.2 Meetings

Representations Received

- 7.3 n/a

Background Papers

Contact for further information

Mary.purnell@nhs.uk

**Vision**

**"To commission local outcome based, cost effective services, for the health benefit of our local population now and in the future"**

**Strategic Aims**

**General Practice**

- Deliver high quality medicines management and efficiencies
- Commitment by all member practices to refer appropriately (reduce clinical variation)
- Implement integrated care teams around clusters to reduce NEL admissions and A&E attendances
- Deliver excellence in primary care access and patient experience
- Support and shape the Joint Health and Well-being Strategy

**In 2013/14 we will deliver improved patient experience of General Practice and prescribing savings**

**Trajectory 2015/16**  
Excellence in primary care

**Planned Care**

- Deliver a new Musculoskeletal pathway
  - Manage outpatient activity through contracting mechanisms and audit working towards national benchmarking
  - Deliver new Dermatology community service
  - Support clinicians through education to delivery evidence based clinical care
- Deliver on the National domain:
- *Ensure that people have a positive experience of care*

**In 2013/14 we will realise efficiency savings through planned pathway improvements and reduce follow up to national benchmarks**

**Trajectory 2015/16**  
Deliver the most efficient and effective planned pathways in line with the needs of our patients

**Unplanned Care**

- Deliver new Urgent Care Centre in Bracknell
  - Implement a local integrated care model for Long Term Conditions management through partnership working
  - Embed self care and public engagement throughout our programmes
  - Implement 111
- Deliver on the National domain:
- *Preventing people from dying prematurely*
  - *Enhancing quality of life for people with long term conditions*
  - *Helping people to recover from ill health or following injury*

**In 2013/14 we will strive to reduce inappropriate unplanned hospital admissions**

**Trajectory 2015/16**  
Achieve national benchmarks in efficient use of unplanned care services

**Quality Assurance**

- Strong clinical leadership working proactively with all providers to ensure high quality safe services
  - Implement robust safeguarding arrangements for both adults and children with particular attention to the post Winterbourne recommendations
  - Monitor quality schedules from providers using incident reporting systems to triangulate quality information
- Deliver on the National domain:
- *Treating and caring for people in a safe environment and protecting them from avoidable harm*

**Effective Partnership**

- Working in partnership to deliver the local Health and Well-being Strategy and CCG Commissioning Plan across our complex health and social care environment:
- East Federation of CCGs
  - Frimley system collaborative
  - Health and Well Being Board and Joint Health and Well Being strategy
  - Patient and public (Healthwatch and Patient Reference Groups)
  - Bracknell Forest Council
  - Royal Borough of Windsor and Maidenhead
  - All Providers

**Deliver the Bracknell and Ascot Quality Innovation Productivity and Prevention (QIPP)**

**Corporate Priorities**

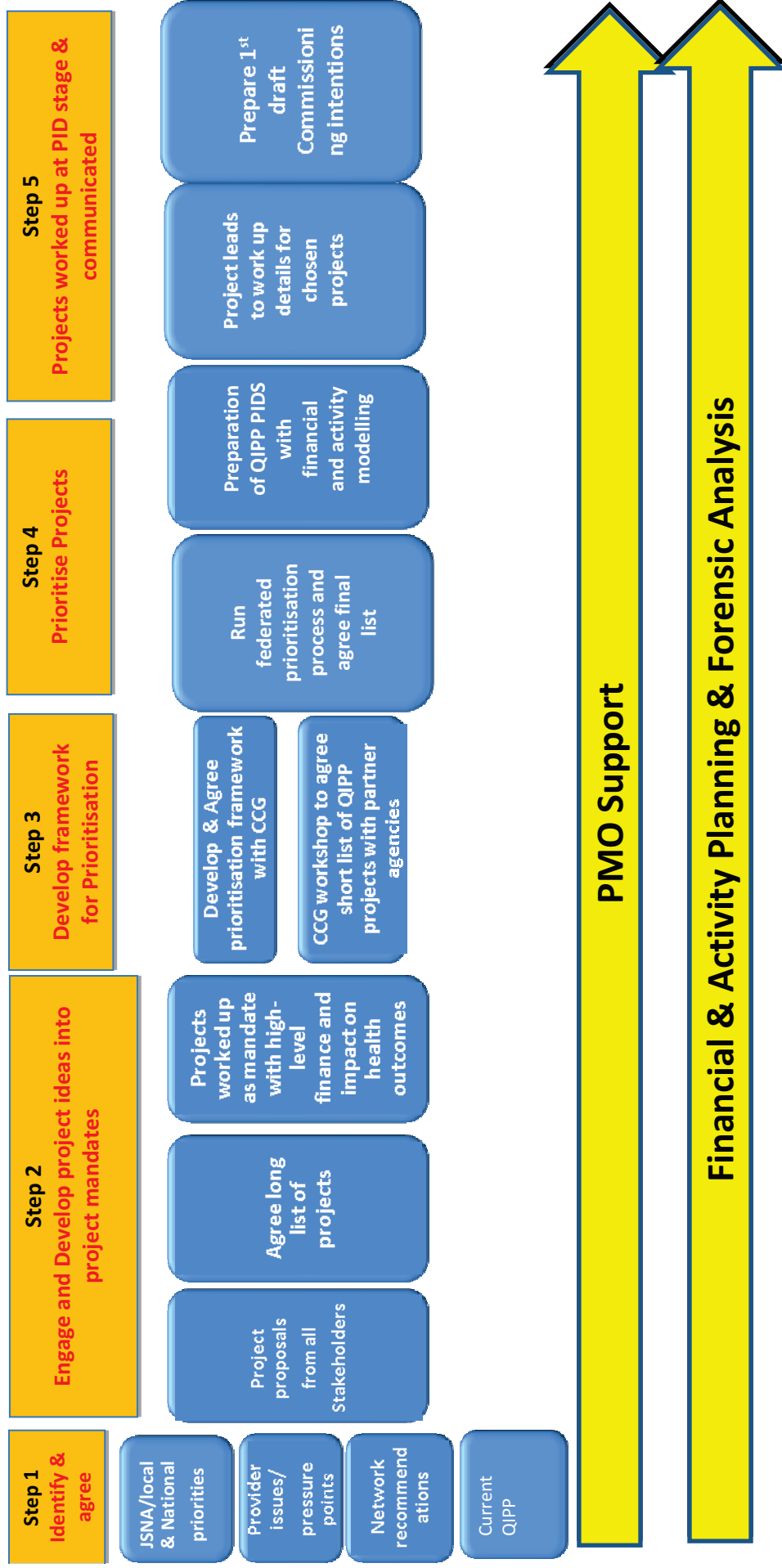
- Establish the CCG as a statutory body for 1<sup>st</sup> April 2013
- Implement Public and Patient Engagement plan to engage patient in planning and service design

- Corporate Governance and assurance to members and public
- Implement Organisational Development plan to ensure skills and capacity are in place to deliver agreed outcomes

This page is intentionally left blank

Planning submission  
(submitted to NHS Commissioning  
Board Area Team 23 Jan 2013)  
Dr William Tong

# Development of Our Plan





# SELF CERTIFICATION

i) Do your plans ensure that the performance standards in the NHS Constitution will be delivered throughout 2013/14? Yes/No

If No, please provide commentary (max 4000 characters)

ii) Do your plans ensure that the performance commitments in the Mandate will be delivered throughout 2013/14? Yes/No

If No, please provide commentary (max 4000 characters)

iii) Have you assured provider CIPs are deliverable without impacting on the quality and safety of patient care? Yes/No

If No, please provide commentary (max 4000 characters)

iv) Do you plan to manage HCAs so that your local population have a maximum number of C.Difficile infections as set by your local CDI objective? Yes/No

If No, please provide commentary (max 4000 characters)

- i. NHS Constitution: embedded in CCG vision and values
- ii. NHS Mandate: adopted national and local priorities e.g. maternity services, self care for children and LTCs
- iii. CIP: from all providers we are lead commissioners
- iv. C.Diff trajectory of 25: We plan to achieve this by implementing a local plan including prescribing guidelines for antibiotics

## **NHS CIPs of our main provider who we are the lead commissioner:**

**Acute provider:** Frimley Park Hospital & Heatherwood & Wexham Park Foundation Trust

**Community & Mental Health Provider:** Berkshire Healthcare Foundation Trust

**Ambulance provider:** South Central Ambulance Services

**Out of Hours:** East Berkshire Primary Care OOHs

## **Process:**

1. The CCG Nurse Director and GP Quality lead to liaise with the Nurse Director and Medical Directors in our 3 main providers (HWPH, BHCFT and SCAS) to review the CIPs and gain assurance from them that they are satisfied that delivery of the Trust CIPs will not adversely affect the quality of patient care.

2. The outcome of this review and associated assurance will be initially presented to the CCG's Quality Committee on the 13 Feb 2013.

3. The final assurance with CCG Governing Body recommendations will be taken to the Federated QIPP and Performance Committee on 27th March 2013.

# IAPT AND DEMENTIA TRAJECTORIES

IAPT	13/14 Predicted number seen	13/14 Apportioned Eligible Population	% of Eligible Population Seen in 13/14
BA CCG	1642	13420	12.24%

CCG trajectory derived from Berkshire East PCT.

23

DEMENTIA	Number of people diagnosed	Prevalence of dementia	% diagnosis rate
Current diagnosis	499	1321	37.8%
2013/14	645	1389	46.4%.
2014/15	780	1418	55%

The following projects which have been funded by SoE innovation fund will support the CCG's to achieve this trajectory .

- Dementia awareness in communities
- Dementia Directory

# 3 LOCAL PRIORITIES

Our process of agreeing the priorities:

- Identified key areas through the JSNA, both draft JHWBS, CCG and UA outcomes benchmarking support packs and CCG commissioning plan for 2013/14
- Four areas initially discussed with CCG Performance Review Group
- Four areas recommended to Members forum, where three priority areas were determined
- Operational Leadership Team to sign off draft local priorities (23<sup>rd</sup> January 2013)
- Draft priorities to be presented at both HWB meetings (insert dates)

Indicator definition and local measure chosen (max 4000 characters)	Numerator	Denominator	Measure
Patient experience of GP service (c4i)	2071	2301	90%
People feeling supported to manage their conditions (c2.2)	478	736	64.9%
Improving outcomes from planned treatments for hips (c3.3a)	tbc	tbc	tbc
Prevalance of Depression	tbc	tbc	tbc

# Activity trajectories

Planning assumptions:

- Submission will be done on forecast outturn
- Use seasonal variation
- First OP- not to include nurse clinics and assume that no direct access is included
- To add maximum take
- Spilt the non-identified activity by fair share to each of the CCG's
- Taking out of planned QIPP reductions

Activity Trajectories	CB_S3	CB_S1	CB_S2	CB_S4
	i) Elective FFCEs	ii) Non-elective FFCEs	iii) First Outpatient Attendances	iv) A&E Attendances <sup>2</sup>
2013/14				
April	987	691	2212	
May	1037	760	2509	
June	1090	750	2676	
July	1051	740	2352	
August	1016	719	2346	
September	1068	808	2422	
October	1016	811	2034	
November	1048	803	2138	
December	920	793	1939	
January	999	780	2062	
February	1008	768	1991	
March	1149	830	2207	
<b>2013/14 Total</b>	<b>12389</b>	<b>9253</b>	<b>26888</b>	<b>36220</b>
<b>2012/13 Forecast Outturn<sup>3</sup></b>	<b>12683</b>	<b>9698</b>	<b>27975</b>	<b>37966</b>
<b>Forecast growth in 2013/14</b>	<b>-2.3%</b>	<b>-4.6%</b>	<b>-3.9%</b>	<b>-4.6%</b>

Plan on a page

- See separate sheet

**TO: SHADOW HEALTH AND WELLBEING BOARD  
14 FEBRUARY 2013**

---

## **ALIGNMENT OF SERVICE PLANS WITH JOINT HEALTH AND WELLBEING STRATEGY**

**Director of Adult Social Care, Health and Housing**

**Director of Children, Young People and Learning**

### **1 PURPOSE OF REPORT**

- 1.1 To indicate the alignment of the proposed Service Plans for the Adult Social Care, Health and Housing and the Children, Young People and Learning department with the Joint Health and Wellbeing Strategy. At this stage with the Public Health function yet to transfer, the Adult Social Care, Health and Housing Plan is not sufficiently detailed in this area and will be added to in the first quarter of 2013/14.

### **2 RECOMMENDATIONS**

#### **2.1 That the Board:**

- **Endorses the conclusion from the assessment that the Service Plans for Adult Social Care and Children's Social care are aligned with the themes and priorities of the Joint Health and Wellbeing Strategy**
- **On the basis of the analysis, consider opportunities for integrated working arrangements between partners and for the pooling of resources**
- **Recommends the analysis is conducted for all local authority service plans and other commissioning plans for health and social care services**

### **3 REASONS FOR RECOMMENDATIONS**

- 3.1 To use the Duty to Integrate to maximise the delivery of the respective service plans through joint or integrated working where possible.

### **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 There is no legal requirement to assess the future delivery of adult or children's social care services against the Joint Health and Wellbeing Strategy. However, the Board has determined that it would be prudent to do so for reasons outlined in the body of the report. The analysis, if extended to all service plans across the Council, will allow for strategic connections to be identified across all areas of the council to ascertain functions with a health related outcome.

### **5 SUPPORTING INFORMATION**

- 5.1 From 1 April 2013, Health and Wellbeing Boards will be subject to a Duty to integrate requiring them to improve the health outcomes and reduce health inequalities of the local population by connecting common priorities for health improvement, develop integrated solutions between members of the Board and if appropriate collectively pool resources to deliver them. This must be directed by:

- The production of a joint strategic needs assessment (JSNA)
- The development of a joint health and wellbeing strategy (JHWS)
- Securing the necessary information from members of the Board for the delivery of statutory functions above
- Ensuring the alignment of CCG commissioning plans against the JHWS
- The use of Section 75 agreements to pool resources

5.2 With this in mind social care service plans have been assessed to identify opportunities for the connection and integration of commissioning and the pooling of resources where possible for greatest impact on the health outcomes and reduce health inequalities of local people.

## JHWS

5.3 Following an assessment of the JSNA and strategic plans by a working group of commissioners from both adult and children's services, public health and the Bracknell and Ascot Clinical Commissioning Group, it was possible to set out in the JHWS a number of common themes and priorities to improve the health and wellbeing of the people of Bracknell Forest from pre-cradle to grave (see Appendix A for descriptions):

### **Theme 1: Long-term conditions**

- Weight management, diet and nutrition and physical activity
- Tobacco and smoking cessation
- Support for people who have had stroke
- Prevention of alcohol & substance misuse
- NHS Healthchecks
- Falls
- Diabetes and diabetic retinopathy
- Dementia - Early diagnosis, treatment and support
- Respiratory Illness
- Appropriate/adapted Housing

### **Theme 2: Sexual Health**

- Sexual health, including HIV, Chlamydia, Syphilis, hepatitis B and cervical screening

### **Theme 3: Safeguarding**

- Prevention of Domestic abuse
- Prevention of alcohol & substance misuse
- Vulnerable children and young people

### **Theme 4: Cancers**

- Cancers
- Tobacco and smoking cessation
- Prevention of alcohol & substance misuse
- NHS Healthchecks

### **Theme 5: Mental Health and wellbeing**

- Appropriate/adapted Housing
- Weight management, diet and nutrition and physical activity
- Reduction of high rates of depression
- Prevention of Social and Emotional Isolation
- Prevention of Domestic abuse
- Prevention of alcohol & substance misuse
- Vulnerable children and young people
- Education, skills and employment
- Dementia - Early diagnosis, treatment and support



## Methodology

- 5.4 In the consideration of this analysis, the following assumptions should be noted:
- links to the JHWS are defined as “*actions which are connected to and may impact on JHWS themes and priorities, either directly or indirectly*”
  - the analysis seeks only to demonstrate connection between the high level themes and priorities of the JHWS with the high level strategic actions of the relevant departments as highlighted in Service Plans
  - the Equality Act 2010 protected characteristics, including carers and people from lower socio-economic backgrounds, sit across all themes and priorities and will be assessed by relevant Equality Impact Assessments in underpinning strategies, plans, policies and procedures

## Conclusion

- 5.5 This analysis concludes that there is considerable alignment of the service plans for Adult Social Care and Children’s Social Care.
- 5.6 The current analysis would allow partners to indicate at a high level where integration and possible pooling of resources might be possible but this would be subject to the determination of implementation plans and actions and the identification of outcomes and measures (subject to the finalising of the new Outcomes Frameworks)

ASCHH Medium Term Objectives and Key Actions

5.7 The ASCHH Service Plan is aligned to the following JHWS themes and priorities:

<b>MTO 1: Re-generate Bracknell Town Centre</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>1.7 Promote residential development in the town centre, where viable, to take pressure off of our countryside to deliver housing</b>				
<i>Supported by the following sub-actions</i>				
1.7.2	Support the housing regeneration in the town centre	March 2014	Chief Officer: Housing	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate / Adapted Housing</li> </ul>

<b>MTO 4: To support our younger residents to maximise their potential</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>4.8 Ensure all children and young people feel safe, are protected from harm and abuse, have their views respected and gain confidence as a member of the local community</b>				
<i>Supported by the following sub-actions</i>				
4.8.6	Commission a full range of substance misuse services which ensure that young people, their families and friends have access to advice, information and support.	Ongoing	Head of Drugs and Alcohol Action team	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> <li>• Vulnerable children and young people</li> <li>• Reduction of high rates of depression</li> <li>• Prevention of Social and Emotional Isolation</li> </ul>

<b>MTO 6: Support Opportunities for Health and Wellbeing</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>6.9 To support people who misuse drugs and/or alcohol to recover by providing appropriate interventions</b>				
<i>Supported by the following sub-actions</i>				
6.9.1	Ensure that people who misuse substances have access to blood- borne virus services and to monitor the effectiveness of these services.	Ongoing	Head of Drugs and Alcohol Action team	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> <li>• Sexual health</li> </ul>
6.9.2	Provide training to local pharmacies to improve the level of advice offered on reducing harm caused by drugs and alcohol abuse	July 2013	Head of Drugs and Alcohol Action team	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> </ul> An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs
6.9.3	Work with all relevant agencies and departments to increase access to housing employment and training to improve outcomes for people who misuse substances	Ongoing	Head of Drugs and Alcohol Action team	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> <li>• Appropriate housing</li> <li>• Education, skills and employment</li> </ul>

<b>MTO 6: Support Opportunities for Health and Wellbeing</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				<ul style="list-style-type: none"> <li>Reducing rates of depression</li> <li>Prevention of social and emotional isolation</li> </ul> <p>An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs</p>
6.9.4	Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes	Ongoing	Head of Drugs and Alcohol Action team	<p><b>Themes</b></p> <ul style="list-style-type: none"> <li>Long-term conditions</li> <li>Safeguarding</li> <li>Mental Health</li> </ul> <p><b>Priorities</b></p> <ul style="list-style-type: none"> <li>Prevention of alcohol &amp; substance misuse</li> </ul>
<b>6.10 Support the Bracknell &amp; Ascot Clinical Commissioning Group to focus on improving local health services for our residents</b>				
<i>Supported by the following sub-actions</i>				
6.10.1	Work with health and the voluntary sector to improve hospital discharge for people living with dementia.	November 2013	Head of Long Term Community Support and Continuing Healthcare	<p><b>Themes</b></p> <ul style="list-style-type: none"> <li>Long-term conditions</li> </ul> <p><b>Priorities</b></p> <ul style="list-style-type: none"> <li>Dementia - Early diagnosis, treatment and support</li> </ul>
6.10.2	Monitor delivery of End of Life Care to ensure high standards of care	Ongoing	Head of Community Response and Reablement	<p><b>Themes</b></p> <ul style="list-style-type: none"> <li>Safeguarding</li> <li>Mental Health</li> </ul> <p><b>Priorities</b></p> <ul style="list-style-type: none"> <li>Prevention of social and emotional isolation</li> </ul>
6.10.3	Work with Health and the voluntary sector	Ongoing	Head of Long Term	<b>Themes</b>

<b>MTO 6: Support Opportunities for Health and Wellbeing</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
	to develop robust and early supported discharge for people suffering from stroke		Community Support and Continuing Healthcare	<ul style="list-style-type: none"> <li>• Long-term conditions</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Support for people who have had stroke</li> </ul>
6.10.4	Work with health agencies as part of the 'shaping the future programme' to establish sustainable local health trusts	March 2014	Director of ASCH&H	<b>Not applicable for the purposes of this analysis</b>
6.10.5	Work with partners to improve the sustainability of Brants Bridge Health Facility	March 2014	Director of ASCH&H	<b>Not applicable for the purposes of this analysis</b>
<b>6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough</b>				
<i>Supported by the following sub-actions</i>				
6.2.1	Develop the mechanism and timescales to renew the Joint Health and Wellbeing Strategy	March 2014	Chief Officer: Adult and Joint Commissioning	<b>Not applicable for the purposes of this analysis</b>
6.2.2	Work with the Clinical Commissioning Group to improve outcomes for residents	March 2014	Director of ASCH&H	<b>Not applicable for the purposes of this analysis</b>
<b>6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice</b>				
<i>Supported by the following sub-actions</i>				
6.3.1	Monitor local Healthwatch and review to ensure successful delivery	October 2013	Chief Officer: Older People and Long Term Conditions	<b>Not applicable for the purposes of this analysis</b>
<b>6.5 Integrate the new responsibilities for Public Health within the Council</b>				
<i>Supported by the following sub-actions</i>				
6.5.1	Develop a Public Health action plan for the Borough	December 2013	Director of ASCH&H / consultant in Public Health	The whole population approach will be recognised by the alignment of the JHWS with the Public Health Outcomes Framework
6.5.2	Establish the necessary governance frameworks for hosting the Public Health structure in Berkshire	April 2013	Director of ASCH&H	<b>Not applicable for the purposes of this analysis</b> Although a whole population approach at a local level will

<b>MTO 6: Support Opportunities for Health and Wellbeing</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				be recognised by the involvement of the strategic and local PH teams in the development of the JSNA and JHWS
6.5.3	Ensure that the local authority has the ability to report on the Public Health Outcomes framework in conjunction with the core Public Health team	September 2013	Performance Manager	<b>Not applicable for the purposes of this analysis</b>
6.5.4	Establish and embed Public Health teams into the local authority workforce	May 2013	Head of HR	<b>Not applicable for the purposes of this analysis</b>
6.5.5	Absorb and induct Public Health teams into Adult Social Care Health & Housing and wider council	May 2013	Head of HR	<b>Not applicable for the purposes of this analysis</b>
6.5.6	Develop monthly budget monitoring for Public Health	May 2013	Senior Departmental Accountant	<b>Not applicable for the purposes of this analysis</b>

<b>MTO 7: Support Our Older &amp; Vulnerable Residents</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>7.1 Secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes</b>				
<i>Supported by the following sub-actions</i>				
7.1.1	Work with housing, health and community groups to provide extra care housing for 65 households	Ongoing	Head of Long Term Community Support and Continuing Healthcare	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate housing</li> <li>• Falls</li> <li>• Dementia - Early diagnosis, treatment and</li> </ul>

<b>MTO 7: Support Our Older &amp; Vulnerable Residents</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				support
7.1.2	Monitor and report on the action plan within the Long Term Conditions Commissioning strategy	December 2013	Chief Officer: Older People and Long Term Conditions	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate housing</li> <li>• Falls</li> <li>• Diabetes and diabetic retinopathy</li> <li>• Respiratory Illness</li> </ul>
7.1.3	Develop the Prevention and Early Intervention Commissioning Strategy	July 2013	Head Joint of Commissioning	
7.1.4	Assist in developing the Joint Strategic Needs Assessment	Ongoing	Head of Joint Commissioning	
7.1.5	Develop Action Plan following development of Older People Commissioning Strategy and subsequent monitoring arrangements	June 2013	Chief Officer: Older People and Long Term Conditions	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate housing</li> <li>• Reduction of high rates of depression</li> <li>• Dementia - Early diagnosis, treatment and support</li> <li>• Falls</li> <li>• Preventing social and emotional isolation</li> </ul>
7.1.6	Participate in Dementia Awareness Week	May 2013	Locality Manager for Adult and Older Persons Mental Health Services	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> </ul> <b>Priorities</b>

<b>MTO 7: Support Our Older &amp; Vulnerable Residents</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				<ul style="list-style-type: none"> <li>• Dementia - Early diagnosis, treatment and support</li> </ul>
7.1.7	Undertake the Dementia Friendly Community consultation of people affected by dementia	July 2013	Locality Manager for Adult and Older Persons Mental Health Services	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Dementia - Early diagnosis, treatment and support</li> </ul>
7.1.8	Develop Workforce Development Strategy to ensure efficient delivery of personalised approaches	March 2014	Chief Officer: Adults & Joint Commissioning / Chief Officer: Older People & Long Term Conditions	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Long-term conditions</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> </ul>
<b>7.2 Work with all agencies to ensure people feel safe and know where to go for help</b>				
<i>Supported by the following sub-actions</i>				
7.2.1	Ensure the safe and effective transfer of increased DOLS responsibilities from the PCT	April 2013	Head of Adult Safeguarding	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Mental health</li> </ul>
7.2.2	Develop and implement a Quality Assurance programme to ensure social care assessments continue to be compliant with the Mental capacity Act	July 2013	Head of Adult Safeguarding	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Mental health</li> </ul>
<b>7.4 Continue to modernise support and include new ways of enabling the delivery of that support</b>				
<i>Supported by the following sub-actions</i>				
7.4.1	Implementation of the Assistive Technology Strategy	Ongoing	Head of Learning Disabilities	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Mental health</li> <li>• Safeguarding</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate / adapted</li> </ul>



<b>MTO 7: Support Our Older &amp; Vulnerable Residents</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				housing • Falls
7.4.2	Develop Learning Disability Commissioning Strategy	January 2014	Head of Learning Disabilities	All themes could be relevant to people with Learning Disabilities
7.4.3	Develop a market position statement in order to improve choice and quality for people who need support.	July 2013	Head of Joint Commissioning	An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs
7.4.4	Carry out assessments of all applicants not automatically eligible for Blue Badges and develop suitable appeals systems	June 2013	Head of Long Term Community Support and Continuing Healthcare	<b>Themes</b> • Mental health <b>Priorities</b> • Prevention of social and emotional isolation
7.4.5	Review of carers services provided at Waymead	August 2013	Head of Learning Disabilities	All themes could be relevant to carers
7.4.6	Further develop and expand support for carers known only to their GPs in partnership with health, carers and the voluntary sector	January 2014	Head of Long Term Community Support and Continuing Healthcare	<b>Themes</b> • Mental health <b>Priorities</b> • Prevention of social and emotional isolation An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs
7.4.7	Provide support and training to enable carers to return to paid or voluntary work.	March 2014	Head of Long Term Community Support and Continuing Healthcare	<b>Themes</b> • Mental health <b>Priorities</b> • Education, skills and employment • Prevention of social and emotional isolation

<b>MTO 7: Support Our Older &amp; Vulnerable Residents</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
7.4.8	Identify training needs to enable the service to deliver new ways of working by analysing the calls that come into the service	March 2014	Head of Emergency Duty Services	
7.4.9	Evaluate the implementation of the new operational model in the Emergency Duty Service	January 2014	Head of Emergency Duty Services	
7.4.10	Review the needs of people who receive out of hours services and develop a model that meets these needs.	Ongoing	Chief Officer: Older People & Long Term Conditions	<b>Themes</b> • Safeguarding
7.4.11	Expand the function of Bridgewell to include establishment of a Community Dentistry clinic and a Telecare clinic	March 2014 (Community Dentistry) and August 2013 (Telecare)	Head of Community Response and Reablement	<b>Themes</b> • Long-term conditions <b>Priorities</b> • Weight management, diet and nutrition and physical activity • Appropriate / adapted housing
7.4.12	Establish a separate Autistic Spectrum Disorder Community Team within Adult Social Care & Health	August 2013	Head of Learning Disabilities	All themes could be relevant to people with autistic spectrum disorders
7.4.13	Monitor delivery of domestic support provided for compliance against contract	October 2013	Chief Officer: Older People & Long Term Conditions	<b>Themes</b> • Safeguarding
<b><i>7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care</i></b>				
<i>Supported by the following sub-actions</i>				
7.5.1	Improve the range of specialist accommodation for older people by developing Extra Care Housing Scheme which will enable more people to be supported outside residential and nursing	March 2014	Chief Officer: Housing	<b>Themes</b> • Long-term conditions • Mental health <b>Priorities</b>

<b>MTO 7: Support Our Older &amp; Vulnerable Residents</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
	care			<ul style="list-style-type: none"> <li>• Appropriate / adapted housing</li> </ul>
7.5.3	Work with Bracknell Forest Homes to develop the proposed new extra-care facility at Garth site	March 2014	Chief Officer: Housing	

<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse</b>				
<i>Supported by the following sub-actions</i>				
7.6.1	Monitor and evaluate advocacy contract and guidance in relation to the Advocacy Policy and Best Practice Safeguarding guidance.	November 2013	Head of Learning Disabilities / Head of Adult Safeguarding	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>
7.6.2	Implement the safeguarding empowerment strategy to enable people to safeguard themselves and feedback on people's experiences of the process	March 2014	Head of Adult Safeguarding	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>
7.6.3	Promote better understanding of Autistic Spectrum Disorder by delivering training and awareness across the department.	December 2013	Head of Learning Disabilities	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> </ul> An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs
<b>7.7 To target financial support to vulnerable households</b>				
<i>Supported by the following sub-actions</i>				
7.7.1	Implement the Council's local council tax benefit scheme and revise the scheme	April 2013 to implement the scheme, January 2014 to review the scheme	Chief Officer: Housing	<b>Not applicable to this analysis</b>

7.7.2	Review the financial advice and support provided to households in Bracknell Forest by the Council and voluntary organisations	September 2013	Chief Officer: Housing	<b>Not applicable to this analysis</b>
-------	---	----------------	------------------------	--

<b>MTO 8: Work with the Police and other partners to ensure Bracknell Forest remains a safe place, including work to:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>8.1 Continue to seek to reduce overall crime levels, focusing particularly on domestic violence, sexual crimes and burglary</b>				
<i>Supported by the following sub-actions</i>				
8.1.5	Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending	Ongoing	Head of Drugs and Alcohol Action team	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> </ul>

<b>MTO 10: Encourage the provision of a range of appropriate housing:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>10.1 Ensure a supply of affordable homes</b>				
<i>Supported by the following sub-actions</i>				
10.1.1	Ensure a supply of affordable homes by enabling affordable housing development at Jennets Park, the Parks, Broughs and Rothwell house (funded by HCA and the RPs). Bracknell's role is to steer schemes through the development process and negotiate where they are consequence of planning agreement.	March 2015	Chief Officer: Housing	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate housing</li> </ul>
10.1.2	Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre	March 2014	Chief Officer: Older People and Long Term Conditions	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Mental Health</li> <li>• Safeguarding</li> </ul> <b>Priorities</b>

<b>MTO 10: Encourage the provision of a range of appropriate housing:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				<ul style="list-style-type: none"> <li>• Appropriate housing</li> </ul>
10.1.3	Develop a new sensory needs service for Bracknell Forest by working in partnership with people who use our services and voluntary organisations	January 2014	Head of Long Term Community Support and Continuing Healthcare	<b>Themes</b> <ul style="list-style-type: none"> <li>• Mental health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of social and emotional isolation</li> </ul>
<b>10.2 Support people who wish to buy their own home</b>				
<i>Supported by the following sub-actions</i>				
10.2.1	Enable a programme of support for households to buy their own home on low cost basis	March 2014	Chief Officer: Housing	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate housing</li> </ul>
10.2.2	Support the following schemes with Council stock transfer receipt:: Extra care scheme, Rainforest Walk, Santa Catalina, and home ownership schemes funded from carry over from 2012-13	March 2014	Chief Officer: Housing	<b>Not applicable to this analysis</b>
<b>10.3 Continue to find ways to enable people to secure a suitable home</b>				
<i>Supported by the following sub-actions</i>				
10.3.1	Support those households who need to move home due to welfare changes through financial support and advice	Ongoing	Chief Officer: Housing	<b>Themes</b> <ul style="list-style-type: none"> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Appropriate housing</li> </ul>
10.3.2	Redesign the housing and benefit service so that households income and independence is maximised	Ongoing	Chief Officer: Housing	<b>Not applicable to this analysis</b>

<b>MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<b>11.5 Develop appropriate and cost effective ways of accessing council services</b>				

<b>MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
<i>Supported by the following sub-actions</i>				
11.5.4	Maintain the i-hub to enable people in the community to access relevant and up to date information to plan their support and activities and also enable providers to maintain their own records on the system to ensure accuracy.	February 2014	Head of Joint Commissioning	An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs
11.5.5	Plan and implement changes to the cost centre structure brought about by both the Zero Based Review and the transfer of responsibilities to Public Health to ensure compliance with new reporting requirements	March 2014	Senior Departmental Accountant	Consideration of reporting requirements against the JHWS will need to be undertaken
11.5.6	Review Forestcare services to ensure they meet customer demand	March 2014	Chief Officer: Housing	<b>Theme</b> • Safeguarding
<b>11.7 Work with partners and engage with local communities in shaping services</b>				
<i>Supported by the following sub-actions</i>				
11.7.4	Work with Wexham Park, Frimley Park and Royal Berkshire Hospitals to create a whole systems approach to hospital discharge	June 2013	Head of Community Response and Reablement	<b>Themes</b> • Long-term conditions • Cancers • Mental health <b>Priorities</b> • Weight management, diet and nutrition and physical activity • Support for people who have had stroke • Falls • Diabetes and diabetic retinopathy • Dementia - Early

<b>MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
				diagnosis, treatment and support <ul style="list-style-type: none"> <li>• Respiratory Illness</li> <li>• Tobacco and smoking cessation</li> <li>• Reduction in rates of depression</li> <li>• Prevention of social and emotional isolation</li> <li>• Prevention of alcohol &amp; substance misuse</li> </ul>
11.7.7	Contribute to the Dementia Service Directory	January 2014	Locality Manager for Adult and Older Persons Mental Health Services	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Dementia - Early diagnosis, treatment and support</li> </ul> An asset based assessment of information and support will be a requirement of new, Enhanced JSNAs
11.7.8	Work with Sebdoc to explore opportunities for co-location and joint working	March 2014	Head of Emergency Duty Services	<b>Not applicable to this analysis</b>
11.7.9	Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to create an integrated service for adults with long term conditions.	May 2013	Chief Officer: Older People and Long Term Conditions	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> </ul>
11.7.10	Establish a clinical governance post	June 2013	Head of Community	<b>Themes</b>

<b>MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:</b>				
<b>Ref</b>	<b>Key Action Description</b>	<b>By when</b>	<b>Lead Officer</b>	<b>Links to JHWS</b>
	which ensures that intermediate care services operate safely and effectively and to a high standard		Response & Reablement	<ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> </ul>
<b>11.8 Implement a programme of economies to reduce expenditure</b>				
<i>Supported by the following sub-actions</i>				
11.8.7	Develop proposals to help the Council produce a balanced budget in 2014/15	March 2014	Chief Officer: Performance & Resources	<b>Not applicable to this analysis</b>
<b>11.2 Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need</b>				
<i>Supported by the following sub-actions</i>				
11.2.6	Deliver appropriate training within the department in relation to adult safeguarding.	March 2014	Head of Adult Safeguarding	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>
11.2.7	Ensure that the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice.	March 2014	Head of Drugs and Alcohol Action team	<b>Themes</b> <ul style="list-style-type: none"> <li>• Long-term conditions</li> <li>• Safeguarding</li> <li>• Mental Health</li> </ul> <b>Priorities</b> <ul style="list-style-type: none"> <li>• Prevention of alcohol &amp; substance misuse</li> </ul>
<b>11.1 Ensure services use resources efficiently and ICT and other technologies to drive down costs</b>				
<i>Supported by the following sub-actions</i>				
11.1.4	Implement Electronic Monitoring within Community Intermediate Care and monitor the financial and activity impact	December 2013	Chief Officer: Performance & Resources	<b>Themes</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>
11.1.6	Complete options appraisal and undertake tender process for IAS Contract.	March 2014	IT Manager	<b>Not applicable to this analysis</b>
<b>11.3 Publish information about the Council to promote openness, cost effectiveness and accountability</b>				
<i>Supported by the following sub-actions</i>				
11.3.3	Publicise advice and information options for people who fund their own support	January 2014	Head of Joint Commissioning	An asset based assessment of information and support will be a requirement of new,



MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:				
Ref	Key Action Description	By when	Lead Officer	Links to JHWS
				Enhanced JSNAs

**Children, Young People and Learning Service Plan**

5.8 The CYP&L Service Plan is aligned to the following JHWS themes and priorities:

MTO 4: Support our younger residents to maximise their potential, including work to:				
Ref	Key Action Description	By when	Lead Officer	Links to JHWS
<b>4.1 Provide accessible, safe and practical early intervention and support services for vulnerable children and young people in the Borough</b>				
4.1.1	Embed and monitor the impact of the Early Intervention Hub	March 2014	Head of Performance Mgt and Governance	<p><b>Themes</b> Safeguarding</p> <p><b>Priorities</b> Vulnerable children and young people. Prevention of Social and emotional Isolation</p>
4.1.3	Implement the Troubled Families Initiative and work with families who meet the criteria for Family Focus.	3 year project 2012- 2015	Head of Early Intervention	<p><b>Themes</b> Safeguarding Mental Health and Wellbeing</p> <p><b>Priorities</b> Vulnerable children and young people. Prevention of Social and emotional isolation Education Skills and Employment</p>
4.1.4	Provide targeted support to young carers via commissioned service Kidz.	March 2014	Chief Officer Strategy, Resources and Early	<p><b>Themes</b> Safeguarding</p>

Unrestricted

			Intervention	<p>Mental Health and Wellbeing</p> <p><b>Priorities</b> Vulnerable children and young people. Prevention of Social and emotional isolation</p>
--	--	--	--------------	--

**4.2 Increase the number of foster carers and adopters recruited to meet the needs of Looked After children and young people**

***Supported by sub-actions:***

4.2.1	Recruit at least 8 adoptive families in 2013/14 to meet the needs of children requiring adoption	March 2014	Head of Service Looked after Children	<p><b>Themes</b> Safeguarding</p> <p><b>Priorities</b> Vulnerable children and young people.</p>
4.2.2	Recruit at least 12 foster carer households in 2013/14	March 2014	Head of Service Looked after Children	<p><b>Themes</b> Safeguarding</p> <p><b>Priorities</b> Vulnerable children and young people.</p>

**4.3 Increase opportunities for young people in our youth clubs and community based schemes**

***Supported by sub-actions:***

4.3.1	Increase number of youth work sessions offered by the Youth Service.	Ongoing	Acting Head of Youth Service	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevention of Social and emotional isolation Vulnerable children and young people.</p>
4.3.2	Contribute to an increase in the number	Ongoing	Acting Head of Youth	<b>Themes</b>

Unrestricted

	of youth club style sessions in the borough provided by others		Service	<p>Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevention of Social and emotional isolation Vulnerable children and young people.</p>
4.3.3	Develop on-line access to information regarding positive activities for young people	Ongoing	Acting Head of Youth Service	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevention of Social and emotional isolation</p>
4.3.4	Implement Phase three of the Modernisation of the Youth Service Programme, including the development of a Town Centre Hub.	2014	Chief Officer Strategy, Resources and Early Intervention	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevention of Social and emotional isolation</p>

47

<b>4.4 Provide targeted support for families in need through our network of Children's Centres to support early intervention and prevention.</b>				
4.4.2	Provide targeted Family Outreach support from Children's Centres	Ongoing	Head of Early Years childcare and Play	<p><b>Themes</b> Safeguarding Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevention of domestic abuse Vulnerable children and young people Prevention of social and emotional isolation</p>
4.4.3	Provide targeted early intervention parenting programmes from Children's Centres.	Ongoing	Head of Early Years childcare and Play	<p><b>Themes</b> Safeguarding Mental Health and Wellbeing</p>

				<b>Priorities</b> Prevention of domestic abuse Vulnerable children and young people Prevention of social and emotional isolation
--	--	--	--	---

**4.5 Encourage and facilitate enough high quality, affordable, inclusive childcare places for those working parents that require one**

4.5.1	Encourage and facilitate enough high quality, affordable inclusive childcare places for those working parents that require one	Ongoing	Head of Early Years childcare and Play	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment
-------	--	---------	--	---

**4.6 Support a wide range of flexible respite services for the carers of children and young people in need**

*Supported by sub-actions:*

4.6.1	Continue to implement the support and services within the Aiming High Initiative, and seek ongoing opportunities to further develop support and services.	March 2014	Head of Service Specialist support	<b>Themes</b> Long Term Conditions  <b>Priorities</b> Vulnerable children and young people
-------	---	------------	------------------------------------	--

**4.7 Prioritise the safety, health and well being of all young residents in all of our plans for them**

*Supported by sub-actions:*

4.7.1	Ensure the priorities are communicated across partnerships via meetings, presentations and reports.	Ongoing	Head of Performance and Governance	<b>Themes</b> Safeguarding  <b>Priorities</b> Vulnerable children and young people
4.7.2	Ensure performance reporting highlights	Ongoing	Head of Performance and	<b>Themes</b>

	relevant issues of safety and health and wellbeing through monitoring, inspection and quarterly reporting mechanisms		Governance	Safeguarding  <b>Priorities</b> Vulnerable children and young people
--	--	--	------------	---

**4.8 Ensure children and young people feel safe, are protected from harm and abuse, have their views respected and gain confidence as a member of the local community**

***Supported by sub-actions:***

4.8.2	Children’s Views are listened to and form part of the plan for work with the family	Ongoing	Head of Service Safeguarding	Underpinning Principle in ensuring the voice of the child informs planning and strategic priorities.
4.8.4	Workforce Strategy in place to support recruitment of skilled and experienced staff across the Department.	Ongoing	Head of Human Resources	<b>Themes</b> Safeguarding  <b>Priorities</b> Vulnerable children and young people
4.8.5	Safer Workforce Training in place and regularly reviewed.	Ongoing	Head of Human Resources	<b>Themes</b> Safeguarding  <b>Priorities</b> Vulnerable children and young people

**4.9 Continue to improve outcomes for looked after children in education, and employment**

***Supported by sub-actions:***

4.9.1	Continued focus on the development of support for Care Leavers to improve education/ employment and training opportunities.	Ongoing	Head of Service Looked after Children Learning, Development and Commissioning Manager	<b>Themes</b> Safeguarding Mental Health and Wellbeing  <b>Priorities</b> Vulnerable children and young people
-------	---	---------	---	---

				people Education skills and employment
--	--	--	--	---

**MTO 5: Work with schools and partners to educate and develop our children, young people and adults as lifelong learners:**

Ref	Key Action Description	By when	Lead Officer	Links to related strategies/plans
-----	------------------------	---------	--------------	-----------------------------------

**5.1 Continue to work with early years providers to close the attainment gap**

***Supported by sub-actions:***

5.1.2	Implement the Every Child a Talker Programme to further improve and develop speech and language skills of children in early years.	Ongoing	Head of Early Years childcare and Play	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Education, skills and employment Vulnerable children and young people</p>
5.1.3	Implement the disadvantaged funding for two year olds in 2013.	March 2014	Head of Early Years childcare and Play	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Education, skills and employment Vulnerable children and young people Prevention of social and emotional isolation</p>
5.1.4	Track progress of two year olds to monitor impact of additional funding / resources	Ongoing	Head of Early Years childcare and Play	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Education, skills and employment Vulnerable children and young people</p>

**5.2 Increase the number of schools in the Borough rated 'good' or 'outstanding' by Ofsted by raising levels of attainment and progress across all phases of learning for all pupils**

<b>Supported by sub-actions:</b>				
5.2.1	Provide training and support for headteachers and governors in relation to the judgments made by Ofsted and seek to ensure teaching is of the highest quality.	Ongoing	School Advisory Team	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment
5.2.2	Undertake supported school reviews to ensure that school self-evaluation is accurate and that school's have identified the correct priorities for improvement.	Ongoing	School Advisory Team	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment
5.2.3	Monitor the outcome of inspections of schools, and adult learning provision and provide support as appropriate	Ongoing	Chief Officer Learning and Achievement	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment

<b>5.3 Support school leaders and governors when considering alternative forms of governance, including forming federations or Academy trusts</b>				
<b>Supported by sub-actions:</b>				
5.3.1	Provide information and support to governors and interface with Government agencies and DfE when schools are considering a change of status.	Ongoing	Chief Adviser Learning and Achievement	.

<b>5.4 Increase the number of young people achieving five or more good GCSE passes including English and mathematics and improve the performance of all underperforming groups of children and young people</b>				
<b>Supported by sub-actions:</b>				
5.4.1	Analysis of primary schools performance data and track pupil progress in order to plan and implement appropriate interventions.	Ongoing	School Advisory Team	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment

5.4.2	Analysis of secondary schools performance data and track pupil progress in order to plan and implement appropriate interventions.	Ongoing	School Advisory Team	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment
-------	---	---------	----------------------	---

#### 5.5 Increase the average point score of students taking 'A' level examinations

##### **Supported by sub-actions:**

5.5.1	Analyse post 16 results and option choices and discuss progress with headteachers.	Ongoing	School Advisory Team	<b>Themes</b> Mental Health and Wellbeing  <b>Priorities</b> Education, Skills and Employment
-------	--	---------	----------------------	---

#### 5.6 Support children and young people with special needs, where possible at appropriate provision within the Borough

##### **Supported by sub-actions:**

5.6.1	Progress plans to develop a new SEN resource to meet the increase in demographic changes	April 2014	Chief Officer Learning and Achievement	<b>Themes</b> Long Term Conditions  <b>Priorities</b> Vulnerable children and young people
5.6.2	Continue to support schools to meet the needs of children with Special Educational Needs	Ongoing	Head Of Targeted Services	<b>Themes</b> Long Term Conditions  <b>Priorities</b> Vulnerable children and young people
5.6.3	Implement the changes required by the emerging draft legislation on Reform of provision for children and young people with Special Educational Needs and the DfE reform of school funding for SEN	Sept 2014	Senior Adviser for Inclusion and Diversity	<b>Themes</b> Long Term Conditions  <b>Priorities</b> Vulnerable children and young



	pupils.			people
--	---------	--	--	--------

**5.8 Encourage and support residents to become school governors**

*Supported by sub-actions:*

5.8.1	Continue with campaign to recruit school governors through publicising the work of governing bodies and providing support and training.	Ongoing	Chief Adviser Learning and Achievement	
-------	---	---------	--	--

**5.9 Increase the participation of school leavers in employment, education or training**

*Supported by sub-actions:*

5.9.1	Continue to work with schools to identify young people at risk of disengaging in education, employment or training and ensuring appropriate interventions are put in place.	Ongoing	Learning Development and Commissioning Manager	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Vulnerable children and young people. Education, skills and employment</p>
-------	---	---------	--	--

**5.10 Encourage all residents to continue as learners, both in relation to future employment and recreation**

*Supported by sub-actions:*

5.10.1	Promotion of Lifelong Learning activities available in Bracknell Forest	Ongoing	Head of Adult and Community Learning	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevent social and emotional isolation Education, skills and employment</p>
5.10.2	Work with strategic partners to ensure a wide and varied offer for residents	Ongoing	Head of Adult and Community Learning	<p><b>Themes</b> Mental Health and Wellbeing</p>

				<p><b>Priorities</b> Prevent social and emotional isolation Education, skills and employment</p>
5.10.3	Source alternative funding to support the provision of Lifelong Learning	April 2014	Head of Adult and Community Learning	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Prevent social and emotional isolation Education, skills and employment</p>

**5.11 Ensure systems in place for effective pupil and school place planning**

***Supported by sub-actions:***

5.11.2	Robust Planning for School Places, to accurately forecast future requirements.	Ongoing	Commissioning and Policy Manager	
5.11.3	Provision of Sufficient Pupil Places, through the Education Capital Programme to meet Basic Need.	Ongoing	Head of Property and Admissions	<p><b>Themes</b> Mental Health and Wellbeing</p> <p><b>Priorities</b> Education, skills and employment</p>

**5.12 Coordinate Services to Schools**

***Supported by sub-actions:***

5.12.1	Prepare and promote a range of services for schools to buy for a three year period from 1 April 2013.	Ongoing	Policy and Commissioning Manager	<p><b>Themes</b> Safeguarding Mental Health and Wellbeing</p> <p><b>Priorities</b></p>
--------	---	---------	----------------------------------	--

				Vulnerable children and young people Education skills and employment
5.12.2	Monitor take up of Services to Schools.	Ongoing	Policy and Commissioning Manager	

**MTO 6: Support Opportunities for Health and Wellbeing**

Ref	Key Action Description	By when	Lead Officer	Links to JHWS
<b>Support the Health and Wellbeing Board to bring together all those involved in delivering health and social care in the Borough</b>				
<b>Supported by sub-actions:</b>				
6.2.4	To work collaboratively with colleagues in health to develop joint working and delivery of services for children and young people	Ongoing	Director Children, Young People and Learning	<b>Themes</b> Long Term Conditions Sexual Health Safeguarding Mental health and wellbeing  <b>Priorities</b> All those that impact on children, young people and families that require a joint working approach

**MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money:**

Ref	Key Action Description	By when	Lead Officer	Links to JHWS
<b>11.8 Implement a programme of economies to reduce expenditure</b>				
<b>Supported by sub-actions:</b>				
11.8.5	Develop proposals to help the Council produce balanced budget in 2013/14	Ongoing	Director Children, Young People and Learning	

**11.10 Children and Young People's Partnership provides the opportunity to develop and agree joint priorities for improvement.**

<b>Supported by sub-actions:</b>				
11.9.1	Review the Progress made against the priorities in the Children and Young People's Plan during 2012.	May 2013	Head of Performance Management and Governance	<p><b>Themes</b> Sexual Health Safeguarding Mental health and wellbeing</p> <p><b>Priorities</b> Sexual health Prevention of Domestic Abuse Prevention of alcohol and substance misuse Vulnerable children and young people Reduction in rates of depression Prevention of social and emotional isolation Education, skills and employment</p>
11.9.2	Identify new actions for the final year of the Children and Young People's Plan	May 2013	Head of Performance Management and Governance	As Above
11.9.3	Develop a new three year Children and Young People's Plan [2014 – 2017]	March 2014	Director Children, Young People and Learning	To be decided.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 The Borough Solicitor has noted the contents of this report.

### Borough Treasurer

- 6.2 The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Councils limited resources to key priorities.

In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Councils services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore, an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect

### Equalities Impact Assessment

- 6.3 The JHWS is based on key strategic documents which have been subject to equality assessments as well as the JSNA which is itself a key source equalities evidence.

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 A working group of professionals from health, public health, children's and adults social care.

### Method of Consultation

- 7.2 Regular meetings and workshops for the development of the strategy.

### Representations Received

- 7.3 Notes of meetings and decisions made.

### Background Papers

Appendix A –Priority Descriptions  
Appendix B – ASCHH Service Plan Actions  
Appendix C – CYPL Service Plan Actions

### Contact for further information

Unrestricted

Glyn Jones, Adult Social Care, Health and Housing - 01344 351936

Glyn.Jones@bracknell-forest.gov.uk

Janette Karklins, Children, Young People and Learning - 01344 354182

Janette.Karklins@bracknell-forest.gov.uk

Sandra Davies, Children, Young People and Learning - 01344 354017

Sandra.Davies@bracknell-forest.gov.uk

Kieth Naylor, Adult Social Care, Health and Housing - 01344 351587

Kieth.naylor@bracknell-forest.gov.uk

## APPENDIX A

# Priorities affecting the health and wellbeing of local people in Bracknell Forest

### Appropriate/adapted Housing

Settled and appropriate accommodation improves people's feelings of safety and security and helps reduce their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital of more costly residential care and ensures a positive experience of social care.

### Respiratory Illness

Respiratory disease is one of the top causes of death in England in people under the age of 75. Smoking is the major cause of major respiratory diseases. These measures will focus attention on the prevention of smoking and other environmental factors that contribute to people getting respiratory disease. Prevention and timeline treatment is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance.

### Dementia - Early diagnosis, treatment and support

There are an estimated 610,000 people in England with dementia, a number expected to double in the next 30 years. Dementia accounts for more expenditure than heart disease and cancer combined and costs society over £20bn a year. These indicators recognise the importance of recognising and minimising the effects of dementia or preventing it through promoting better lifestyle and exercise, as half of dementias have a vascular component.

### Diabetes and diabetic retinopathy

Diabetes is on the increase and diabetic complications (including cardiovascular, kidney, foot and eye diseases) have a detrimental impact on quality of life. In the majority of cases, type 2 diabetes is partially preventable and can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

Diabetic retinopathy is the leading cause of preventable sight loss in working age people in the UK and early detection through screening halves the risk of blindness.

### Education, skills and employment

(Also proxy measures for prevention of social and emotional isolation)

The recent review "Is work good for your health and wellbeing?" concluded that work was generally good for both physical and mental health and wellbeing. Young people who are not engaged in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

### Falls

Falls are the largest cause of emergency hospital admissions for older people. One in three people end up leaving their own home and moving to long-term care (resulting in social care

costs) and one in one in three sufferers of hip fractures return to their former levels of independence. Hip fractures are almost as common and costly as strokes and the incidence is rising. Fall prevention and providing appropriate treatment should they occur will have a major impact on people's independence and quality of life.

## **NHS Healthchecks**

Local health organisations will have to provide NHS Health Checks and an increased uptake is important to identify early signs of poor health leading to opportunities for early interventions and preventative action.

## **Vulnerable children and young people**

With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional wellbeing issues is very important. Looked-after children are a particularly vulnerable group at risk of developing mental health problems. These indicators seek to address risks to this group of increased rates of undiagnosed mental health problems, placement breakdown, alcohol and substance misuse, convictions and care leavers not in education, employment or training.

## **Prevention of alcohol & substance misuse**

People who misuse substances often commit crimes to pay for their drugs or alcohol. There is significant evidence that treatment interventions for the management of substance misuse can help to reduce re-offending. These indicators will be measures of successful outcome of treatment interventions in the community.

It will also serve as a measure of primary and secondary prevention work on the development of problematic substance misuse among vulnerable groups.

Alcohol and drug misuse is a known factor in Domestic Abuse.

## **Prevention of Domestic abuse**

In addition to psychological conditions, the wider social, economic and environmental determinants of health also impact on individual resilience and good mental health. A range of factors which can occur at any and all stages of the life course, can combine to create stressors which lead to the harming of others, including sexual and domestic violence.

## **Sexual health**

Sexually transmitted infections cause avoidable sexual and reproductive ill-health, including symptomatic acute infection (i.e. infections with immediate symptoms) and later complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. It has been demonstrated that Chlamydia control activities result in changes in chlamydia prevalence (and thereby to changes in ill-health). Increasing the diagnostic rate will reduce the prevalence of asymptomatic infections (i.e. infections that show no immediate symptoms, and may therefore go undetected).

## **Prevention of Social and Emotional Isolation**

Social participation and social support available to individuals are associated with reduced risks of common mental health problems. Social isolation is an important risk factor for both



deteriorating mental health, self-neglect, self-harming, the harming of others, psychological and behavioural disorders, drug and alcohol abuse and suicide.

### **Reduction of high rates of depression**

Teenage parents are at increased risk of postnatal depression and poor mental health in the three years following birth.

The prevalence rate of depression and anxiety disorders in veterans is estimated at 53% and 18% respectively. Treatment of veterans should be prioritised of their mental health difficulties are related to their military service, but whether an individual is a veteran is not consistently recorded<sup>1</sup>. An outcome indicator for this will be developed.

### **Support for people who have had stroke**

Cardiovascular disease (CVD) including heart disease and stroke, is one of the major causes of death in people aged under 75 in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

### **Tobacco and smoking cessation**

Smoking is the primary cause of preventable illness and premature death, accounting for 81,400 deaths in England in 2009, some 18% of all deaths of adults aged 35 and over. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life and reducing the uptake of smoking among children is as important as reducing the prevalence of smoking among adults.

The Tobacco Control Plan includes a national ambition to reduce adult (aged 18 or over) smoking prevalence in England to 18.5% or less by the end of 2015.

### **Weight management, diet and nutrition and physical activity**

England, along with the rest of the UK, has one of the highest rates of obesity in Europe and one of the highest in the developed world. Excess weight is a leading cause of type 2 diabetes, heart disease and cancer, and blights lives affected by back pain, breathing problems or infertility leading to low self-esteem and reduced quality of life.

### **Cancers**

The prevalence of male cancers generally is not currently available. Incidence (2007-9) prostate cancer 109.5 per 100000.

---

<sup>1</sup> Raising awareness of Veterans' needs within Berkshire. M Nicholson 2012.

This page is intentionally left blank

**TO: HEALTH AND WELLBEING BOARD  
14 FEBRUARY 2013**

---

**FUNDING STREAMS 2013/14  
Director of Adult Social Care, Health and Housing**

**1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to review last year's expenditure in relation to NHS Funding for Social Care and to set out proposals for the Health and Wellbeing Board to comment on in relation to the NHS Funding for Social Care for 2013/14. This follows an initial discussion between officers in Adult Social Care and Bracknell & Ascot CCG.
- 1.2 The paper also sets out details of bids, submitted to the SHA in relation to 'Winter Pressures' and the Enhanced Intermediate Care.

**2 RECOMMENDATIONS**

**The Health and Wellbeing Board is asked to:-**

- 2.1 **Comment on the proposals in 3.13.**
- 2.2 **Endorse the approach to utilising the NHS Funding for Social Care.**
- 2.3 **Agree the reporting mechanisms back to the Board.**

**3 SUPPORTING INFORMATION**

- 3.1 The Department of Health has issued a letter detailing 'What to expect' in terms of the funding transfer from Social Care in 2013/14. With the abolition of the PCT, this transfer will be carried out by the National Commissioning Board, under Section 256 (5A)(5B) of the 2006 NHS Act. The letter is set out at Annexe A.
- 3.2 The allocation for Bracknell Forest is £1,295,071 and the criteria are contained in the letter. In essence, there is a condition that Local Authorities agree with its Health partners how the funding is best used within Social Care, recognising the Health and Wellbeing Board is the natural place for these discussions.
- 3.3 The backdrop to this report is that for BFC, the local government settlement was worse than had been feared and that this may require further savings to be made. Early analysis indicates that the following year could be as bad as faced in the first year of the government's financial reforms. Having said all of that, there is recognition of the role that Adult Social Care in partnership with Health has on the residents of the Borough and support is there for not simply taking the increase in this funding stream for other purposes.

### Background

- 3.4 This is the third year of the funding and the following paragraphs detail the agreed funding for 2012/13 and an analysis of the impact and outcomes for people. The four areas agreed were:-
- Managing Demographic and System Capacity Pressures (£770k)
  - Carers Support (£100k)
  - Stroke Support (£26k)
  - Dementia Adviser (£35k)
- 3.5 The funding in relation to managing demographic and system capacity pressures has ensured that the department has not overspent causing potential pressures for the Council and the need for further efficiencies. It has providing ongoing social care support for people and ensured that the capacity is available to respond to the pressures within the Health system.
- 3.6 More pertinently performance in key areas of Adult Social Care has continued to be at the high levels established. 2012/13 is seeing no change in this. The ability to respond to admission avoidance/hospital discharge has remained strong as funding has been able to be used for throughput on ongoing care packages with no delays. Performance remains in top quartile, despite having to deal with 3 acute hospitals. So delayed transfer of care as a performance measure remains strong and we have been complemented on our approach by HWPT/FPH in particular. Other outcome measures released by NCB also show BFC in a positive light in terms of fewer admissions to Residential/Nursing Care and people's views on services.
- 3.7 The carers support funding has been used across Adults and Children's Social Care. The resource in relation to Adults has enabled transformation of the approach. The funding for carers has helped reshape the services, with the then current service being decommissioned and a new offer and provider in place now. This brought a platform for which the CCG could invest their resources taking advantage of the new local arrangements. In year performance shows a significant increase in the numbers of carers being supported.
- 3.8 The stroke investment has enabled support for ESD in Frimley and helped people and their carers retain a service that would otherwise have been lost, due to the withdrawal of 2 year funding.
- 3.9 The Dementia Adviser has been influential in signposting people through statutory services and voluntary sector and enable people to have confidence following diagnosis and reducing referral rates to CMHT(OA).

### Looking Forward 2013/14

- 3.10 The funding document identifies a growth for 2013/14 from £932k to £1295k, an increase of £363k (as far as we can tell - there are no other funding streams that have been rolled into this). In the guidance letter, it is expected that:-
- The funding must be used to support Adult Social Care Services in each Local Authority, which also has a Health benefit. However, beyond this broad condition, the department wants to provide flexibility for local areas to determine how this investment in Social Care Services is best used.

## Unrestricted

3.11 The starting position for the 2013/14 allocation is that 2012/13 expenditure should be carried forward to ensure that the standards and outcomes achieved are maintained and mainstreamed.

3.12 New allocations are proposed as follows, again with the intention of mainstreaming at this stage:-

- Public Health £100k  
With new responsibilities for Local Authorities coming into effect on 1 April 2013, the Council is keen to identify a sum of money that can be identified to ensure "quick wins" and as a resource to encourage change. (At a strategic level, it is expected that the current contracts will be rolled over for year 1 so this will reduce early flexibility).

This chimes with the Joint Health and Wellbeing Strategy (JHWBS) and a focus with the CCG on self care.

- Supporting People with Autism £80k  
The changing emphasis on supporting people with Autism following the national strategy has caused additional pressures for the department in year so it is proposed to fund an element of this from the available resources.

The remaining allocations are intended to be one off initially in the hope that the outcomes will help reduce pressure on social care budgets, given the proposed overall settlement for Local Government.

- Supporting People with Dementia £73k  
This is a priority in the JHWBS and for the CCG who have targets to improve the diagnosis rate for people with dementia. If this occurs, then there would be an increase in demand for elements of Social Care.
- Supporting People with Long Term Conditions £71k  
Another national priority in which Local Authority activity is well aligned and proposals about to be implemented this financial year. It is anticipated that there could be additional demand for rehabilitation or social care support and that this allocation will ensure good progress.
- Additional Programme Support £40k  
Critical to success in 2012/13 was the use of the 'Winter Pressures' monies for 2012 in which it was agreed to enhance the programme development capacity. This has helped accelerate developments and ensure implementation. This capacity is due to finish and this funding is a means to deliver that capacity going forward.

3.13 The following table summaries the value of the proposals.

<b>Area</b>	<b>£,000s</b>
	770
Carers Support	100
Stroke Care	26
Dementia Advisor	35
Dementia Support	73
Public Health Initiatives	100
Autism Support	80

Unrestricted

Long Term Conditions/Integrated Care	71
Improving Capacity to Support Programmes	40
<b>TOTAL</b>	<b>1295</b>

**4 WINTER PRESSURES FUNDING**

- 4.1 The DH has identified additional funding to “Support Local Resilience during Winter and Maintaining Access in 2013/14”. This is being administered by NHS South of England, there is £82.5 million available and a minimum of £25 million be invested in Social Care.
- 4.2 The Council was notified by the CCG just prior to Christmas following the DH letter on 20 December 2012 and ‘bids’ had to be back on 7 January 2013. The following bids were made on behalf of the CCG and BFC.

<b>Scheme Detail</b>	<b>Cost (£k)</b>
Increased clinical input to Bridgewell - increased nursing, medical (GP) and pharmacist support to prevent failure of reablement. Case mix is more complex following change of registration to accommodate dementia and hospital readmissions have occurred. Also need to extend admission to Ascot residents and increase throughput to optimise outcomes.	50
Extra funding for End Of Life Care which is extended beyond the anticipated period to ensure people die in place of choice and do not absorb reablement resource.	20
Locum hospital social worker to cover vacancy and cover 3 acute and support increased throughput.	12
Increased funding for joint equipment loans service and transport for patients to community alternatives to admission to hospital for assessment, diagnostics and care.	20
Support to the Frimley Park systems resilience through winter to help manage Berkshire Share of activity within Frimley. Specifically, this will contribute to social work support for A&E, staffing in AMU and CDU and in reach support.	80
Funding for increased demands for social care packages as a result of the integrated care teams implementation which will increase risk stratification and identification of unmet need for ongoing social care support.	30

- 4.3 As at 24 January 2013, despite the date for notification, no news had been received.

**5 ENHANCED INTERMEDIATE CARE**

- 5.1 The letter from DH assumes that the funding for Reablement Services is incorporated into the recurrent allocations (Annexe A – Para 1), so it is not anticipated that there will be any change to this.

Background Papers

Contact for further information

Glyn Jones, Adult Social Care and Health - 01344 351458  
glyn.jones@bracknell-forest.gov.uk

This page is intentionally left blank



## HEALTH & WELLBEING BOARD: FORWARD PLAN 2013/14

### Work in Progress/Outstanding Issues:

- Memorandum of Understanding for the HWBB (Mary/Kieth) – work in progress.

### Last meeting of the Board: December 2012

Item	Decision	Responsibility	Submitted to Board:
Bracknell Forest Partnership Risk Analysis	To <b>agree</b> the risk register prior to submission to the partnership in relation to the Act.	Glyn Jones	To be circulated by email.
LINK legacy	To <b>agree</b> the LINK legacy and transfer of assets to LHW	Barbara Briggs	<b>SUBMITTED</b>
LCSB Recommendations (see <a href="#">separate section</a> below)	To <b>agree</b> arrangements for delivering the arrangements in the LCSB Annual Report	Janette Karklins	<b>SUBMITTED</b>
Meetings in Public	To <b>agree</b> arrangements for the conduct of meetings in public for the Statutory Board	Glyn Jones	<b>SUBMITTED</b>

### Future Meetings:

#### February 2013

Item	Decision	Responsibility	Submitted to Board:
ASCH&H and CYP&L Service Plan Alignment	To <b>formally assess and comment</b> upon the ASCH&H Service Plan and its alignment with the JHWS	Glyn Jones	<b>SUBMITTED</b>
Health and Social Care Act Regulations <i>(legal status of board, governance arrangements, membership, overview and scrutiny arrangements)</i>	To receive <b>information</b> report on the impact of secondary legislation.	Glyn Jones	<b>SUBMITTED</b>
SEN Arrangements	To <b>review</b> progress.	William Tong/Janette	To be reported under action

Item	Decision	Responsibility	Submitted to Board:
		Karklins	between meetings.
Assisted Conception	Ensure alignment with JHWBS.	Kieth Naylor/Zoe Johnstone	To be reported under action between meetings.
Relationship of the Health and Wellbeing Board with the NHS Commissioning Board	To <b>agree</b> protocols for working with the NHS Commissioning Board	Mary Purnell / William Tong	To be deferred.
Integrating Commissioning Strategies	To <b>agree</b> arrangements to receive and provide comment upon commissioning strategies to connect, integrate and resource outcomes	Glyn Jones / Janette Karklins	To be deferred.
Cross-border working	To <b>agree</b> protocols for working across boundaries with identified partners	BF HWB and RBWM HWB??	To be deferred.
Section 75 agreements	To <b>agree</b> protocols for establishing section 75 agreements	Glyn Jones	To be deferred.
Arrangements during Election Periods	To agree arrangements for representation at the Board for members who are subject to election processes	Priya Patel	Will be covered by the Constitution.
Bracknell Forest Partnership Review	To <b>agree</b> working arrangements with the Bracknell Forest Partnership	Glyn Jones (Genny Webb)	To be deferred.

## April 2013

Item	Decision	Responsibility	Submitted to Board:
HWB Annual Report	To <b>agree</b> to publish the HWB Annual Report	Dale Birch / William Tong	
LINK Annual Report	To <b>receive and comment upon</b> the Local Healthwatch Annual Report and Accounts	LHW Representative	
Shaping the Future Results	To be considered by	William	

Item	Decision	Responsibility	Submitted to Board:
	the Board	Tong/Mary Purnell?	

## June 2013

Item	Decision	Responsibility	Submitted to Board:
Local Healthwatch Forward Plan	To <b>assess and comment upon</b> the Local Healthwatch Forward Plan and its alignment with the JHWS	LHW Representative	
Bracknell Forest Partnership Risk Analysis	To <b>agree</b> the risk register prior to submission to the partnership in relation to the Act and subsequent regulations	Glyn Jones	
Serious Case Review Learning	To monitor learning from SCR	Janette Karklins/ Sandra Davies	
LSCB Business Plan	Information	Janette Karklins/ Sandra Davies	
LSCB report on the performance of partner organisations on safeguarding.	For consideration	Janette Karklins/ Sandra Davies	

## December 2013

Item	Decision	Responsibility	Submitted to Board:
CYP&L Service Plan Assessment	To <b>formally assess and comment upon</b> the CYP&L Service Plan and its alignment with the JHWS	Jeanette Karklins	


**December 2014**

<b>Item</b>	<b>Decision</b>	<b>Responsibility</b>	<b>Submitted to Board:</b>
CYP&L Service Plan Assessment	To <b>formally assess and comment</b> upon the CYP&L Service Plan and its alignment with the JHWS	Jeanette Karklins	

## On the horizon

### *Health and Social Care Act - Issues subject to commencement*

<b>Item</b>	<b>Decision</b>	<b>Responsibility</b>
Charges for specific health services	To <b>receive information</b> on section 50 regulations relating to the application of application of Charges to Health Improvement and Health Protection Measures and to <b>decide</b> future action	CCG / LA
Personal health budgets	To <b>receive information</b> on section 55 regulations relating to personal health budgets and to <b>decide</b> future action	CCG
Mental Health Advocacy	To <b>receive information</b> on section 55 regulations relating to mental health advocacy and to <b>decide</b> future action	LA
Pharmaceutical Needs Assessment	To <b>agree</b> the process of developing, updating and publishing the Pharmaceutical Needs Assessment	LA
Enhanced Joint Strategic Needs Assessment	To <b>agree</b> the process of refreshing the JSNA	LA/CCG
Application of the duty to integrate to health-related services	To <b>agree</b> a process to assess the commissioning of decisions of executive bodies against the JHWS	
Establishment of Care Trusts	To <b>agree</b> the protocols for establishing Care Trusts between the LA and the CCG	

***Draft Care and Support Bill – subject to legislative drafts***

**From April 2013**

<b>Item</b>	<b>Decision</b>	<b>Responsibility</b>
Draft Care and Support Bill - Carers' Support	To <b>agree</b> arrangements for the joint working of the NHS CB, CCG, LA and carers' organisations and agreeing plans and budgets to support carers	William Tong/ Glyn Jones/Janette Karklins/NHS CB Representative
Community Asset Mapping	To <b>agree</b> arrangements to identify skills and capacities of communities through the JSNA and JHWS	
Preventative practice and early intervention	To <b>agree</b> arrangements for the application of the duty to incorporate preventative practice and early intervention in the commissioning arrangements of the Board	

***BF Local Safeguarding Children Board Annual Report 2011/2012 – Subject to approval of document***

<b>Item</b>	<b>Decision</b>	<b>Responsibility</b>
??? Section 11 Safeguarding Assessments	To <b>agree</b> protocols for ensuring the Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board adhere to Bracknell Forest LSCB minimum safeguarding standards	Janette Karklins
??? Serious Case Review Recommendations	To <b>agree</b> protocols for ensuring the Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board are sighted on Serious Case Reviews and lessons learned are integrated into CCG and General Practice quality assurance systems	Janette Karklins
General Practice, Health Visiting and Midwifery Case Review	To <b>agree</b> protocols for ensuring the Board and	

Item	Decision	Responsibility
Recommendations	Clinical Commissioning Group and other health providers commissioned through the Health and Wellbeing Board are sighted on Case Reviews and lessons learned for General Practice, Health Visiting and Midwifery Case Review Recommendations are integrated into CCG and General Practice quality assurance systems	
Co-sleeping and bed-sharing for infants and small children	For the Board <b>to give a view</b> on community health professionals' advice on co-sleeping and bed-sharing for infants and small children	Janette Karklins
Child protections practice of health economy providers	For the Board <b>to give a view</b> on the potential application of the Exemplar Safeguarding Audit Tool to audit the child protections practice of health economy providers	Janette Karklins
Single and Inter-agency Training	<i>There is covered in section 4 – does the Board need to take a view on extending this throughout the new health economy?</i>	

This page is intentionally left blank