

Notice of Meeting

Health and Wellbeing Board

Nicola Airey, Frimley CCG
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Neil Bolton-Heaton, Healthwatch
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Jane Hogg, Frimley Health NHS Foundation Trust
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Sonia Johnson, Bracknell Forest Council (Children's Social Care)
Councillor Michael Karim, Bracknell Forest Council
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
Dave Phillips, Bracknell Forest Safeguarding Board
Jonathan Picken, Bracknell Forest Safeguarding Board
David Radbourne, South Central Sub Region NHS
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Fidelma Tinneney, Berkshire Care Association
Councillor Megan Wright, Bracknell Forest Council



Tuesday 6 June 2023, 2.00 - 4.00 pm
Zoom Meeting

Agenda

All councillors at this meeting have adopted the Mayor's Charter which fosters constructive and respectful debate.

Item	Description	Page
1.	Election of Chair	
2.	Appointment of Vice-Chair	
3.	Apologies	
	To receive apologies for absence and to note the attendance of any substitute members.	
4.	Declarations of Interest	
	Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting. 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.	

EMERGENCY EVACUATION INSTRUCTIONS

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	Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.	
5.	Urgent Items of Business	
	Any other items which the chairman decides are urgent.	
6.	Minutes from Previous Meeting	5 - 10
	To approve as a correct record the minutes of the meeting of the Board held on 21 February 2023.	
7.	Matters Arising	
8.	Public Participation	
	<p>QUESTIONS: If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk at committee@bracknell-forest.gov.uk at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.</p> <p>PETITIONS: A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.</p>	
9.	Health and Wellbeing Strategy Performance Dashboard	11 - 70
	<p>To approve the Health and Wellbeing Strategy performance dashboard and receive the delivery update in quarter one on the following:</p> <ul style="list-style-type: none"> • Community map (priority 1 and 3) • Self-harm (Priority 2) • Mental health awareness training (Priority 2) • Green volunteering (Priority 3) • Impact of Covid -health survey (Priority 4) • Whole system approach to obesity (Priority 5) 	
10.	Better Care Fund - Year End Report	71 - 76
	To approve the Better Care Fund year-end report and receive additional information about the performance against national metrics spend of the	

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	Adult Social Care Discharge Fund 22/23 and local achievements in 22/23.	
11.	Better Care Fund Plan 2023-25	77 - 86
	To inform the Health and Wellbeing Board of the national planning requirements for the Better Care Fund (BCF) 2023-2025 and the Bracknell Forest approach, and to seek approval to delegate authority to the Executive Director: People, Bracknell Forest Council to sign off the BCF 23-25 Plan by 28 June 2023 in order to ensure national compliance.	
12.	Agency Updates	
	To receive any other updates from members.	

Published: 27 May 2023

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**HEALTH AND WELLBEING BOARD
21 FEBRUARY 2023
2.00 - 3.40 PM**

Present:

Councillor Dale Birch (Chair)
Nicola Airey, Frimley CCG (Vice-Chair)
Gabriel Agboado, Bracknell Forest Council (Public Health)
Councillor Dr Gareth Barnard, Bracknell Forest Council
Philip Bell, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Tessa Lindfield, Healthwatch
Dave Phillips, Bracknell Forest Safeguarding Board
Tess Scott, Healthwatch
Grainne Siggins, Bracknell Forest Council (People)
Rebecca Willans, Bracknell Forest Council (Public Health)

Apologies for absence were received from:

Nicholas Durman
Susan Halliwell
Sonia Johnson
Melanie O'Rourke
Jonathan Picken
Heema Shukla

87. Declarations of Interest

There were no declarations of interest.

88. Urgent Items of Business

There were no urgent items of business.

89. Minutes from Previous Meeting

The minutes of the meeting held on 1 December 2022 were approved as a correct record.

90. Matters Arising

There were no matters arising.

91. Public Participation

No petitions had been received, nor had anyone indicated a wish to put a question to the Board.

92. **Winter Pressures**

The Board received a report on the ongoing winter pressures experienced across the Frimley Integrated Care System and it detailed the local and system wide response to these pressures with considerations for learning and next steps.

There were pressures across the system and issues to be addressed, with an increase in GP and 111 demands in particular, along with emergency care and pediatric services. On 29 December 2022 an out of hours critical incident had been declared. There was a lot of collaboration with a task and finish Group to improve discharge and flow. Communication was key and collaborative working from Gold Call through a number of organisation. There was an improvement into January but there were still capacity issues and taking steps to help with discharge flow. A critical incident though had also been received on 6 January 2023. During this time, tracking data was utilised which were grouped into four enabling urgent and Emerging Care Strategic objectives.

It was outlined that there was joint planning taking place to support discharge into the community and home care. There was also homecare services and guest accommodation when required. The funding supported this. There was also additional funding which had been acquired for the Integrated Care Funding process. Collaborative care had also been critical.

A Discharge and Flow task and finish group had been set up across the Frimley ICS and they had received a total of £433,000 in Government funding. Strengths and weaknesses had been identified with several next steps to implement. Most notably that they would continue to submit fortnightly reports on ASC DF until 31st March (the end of winter). Furthermore, BCF End of Year report (May 23) and they would be assessing the impact of schemes and evaluating the value of service continuity.

The update was **NOTED**.

93. **Census Data for Bracknell Forest on Health Related Matters**

The Board was provided with the headline information on key demographic and socio-economic changes that had occurred in Bracknell Forest according to the 2021 Census which would impact on service and other plans of all agencies.

The detailed report outlining the key findings from the 2021 census compared with those from the 2011 census was received by the Board and included the following:

- The population of Bracknell had increased by 10% to 124,608 in 2021.
- The age structure included an 18.5% increase in the 4-15 year old age group and 26.2% in the elder population (50+). Bracknell Forest still had a younger population than the rest of the South East, however, there had been a 33% increase in the population of the 65+ age group – something that wasn't uncommon with people living for longer.
- Those in the population affiliated to no religion was 40.4% which was a 11.9% increase from 2011. This was a similar increase to in England as a whole.
- There had been a slight increase in English proficiency of around 1.3%.

The Board found the census data useful and noted the changes in the overall population structure and the related demographic and socio-economic attributes. Agencies were advised to take due cognisance of these changes in their service planning and delivery.

A question was raised of “What Next” to do with this data. Agencies were advised that they would be doing further analysis and would be sharing the detail to organisations to place on their own websites. It was suggested that the JSNA website would be a good place to start.

Particularly for some agencies it would be useful to know more about the levels of deprivation in certain areas. However, it was noted that from 4 May 2023, the Electoral Commission was changing the ward boundaries, and this may make comparison data slightly less reliable.

94. **Bracknell Forest Safeguarding Board Annual Report 2021/22**

The Board received a report and presentation from Brian Boxall, Independent Chair of the Bracknell Forest Safeguarding Board on the Bracknell Forest Safeguarding Annual Report 2021/22 outlining the key points covering the period 1 April 2021 to 31 March 2022. Support was requested for its further circulation. This was the third report from the Safeguarding Board.

The Board was reminded that under the Care Act 2014, the Safeguarding Board was required to publish an annual report that must clearly state what both the Board and its members had done to carry out and deliver its objectives and should set out the content of its strategic plan.

During 2022, the Board had agreed to extend the duration of the plan to 2023.

The plan adopted a systems approach to ensure approaches to statutory safeguarding responsibilities and was underpinned by the following strands:

1. Prevention – Partners working together.
2. Protection – Ensuring a robust outcome focused approach to protect people at risk experiencing abuse and neglect.
3. Partnership – Will seek out assurance about the effectiveness of local partners and collaborations to safeguarding
4. People – Will seek out assurances that people who use the services are involved in the safeguarding process.

The overarching strategic direction for 2023-2023 was:

“Working together, and as individual partners, we will be vigilant to be able to identify, understand, prioritise and respond quickly to risks and issues arising throughout our local community, particularly those caused or intensified by the impact of Covid-19 as captured in the Board’s risk register.”

The report outlined the Safeguarding Board’s structure and multi-agency safeguarding arrangements and it was noted that, although there were a number of joint learning sessions, it was also down to each partner to complete its own individual training to staff. Partners were asked to report back on training completed. There were supported learning events with the Fire Service to discuss safeguarding and also an individual session with the Thames Valley Police to see what safeguarding was in place.

All agreed that there had been very good partnership working as detailed in the Strategy with a completed risk register, however, it was noted that there were budget pressures, an increase in demand, staff fatigue and mental health workforce pressures and recruitment and retention risks to keep in mind.

Information sharing was going well with the Memorandum of Understanding in place as well as working together to avoid all working on the same thing and not duplicating each other.

There had been a 10% increase in contacts in the past year, but only 18% had led to referrals into the Children's Service. One of the concerns was around what was happening to the other significant amount of information that had come in and that had been reviewed as part of the MASH. The number of reports relating to adults was less. There was an audit taking place to look at that at whether the information was correct and whether it was going to the right places. The figures to the end of December indicated 7000 contacts so far relating to children with around 18% leading to referrals. Contacts relating to adults were around 700 with around 30% leading to inquiries, a significant increase.

While Covid-19 had continued to provide challenges to the Board and partners during 2021-22 they would continue to review the emerging priorities and would formulate plans that addressed both short and long-term issues. In line with the Board's Strategic Plan, the following challenges would be addressed through the work of the Board and its subgroups:

- Serious violence and exploitation including developing work to gain assurance of adult exploitation.
- Contextual safeguarding.
- Understanding roles and responsibilities.
- Evaluating the impact of training, learning from case reviews and the work of the Board itself.
- Evaluating impact of partners' prevention and early help work.
- Maintaining focus on understanding the safeguarding environment as a result of COVID-19 and taking account of extra pressures due to the cost-of-living crisis and war in Ukraine.
- Maintaining focus on co-production and understanding lived experiences.

There would be an independent review of the report shortly before being circulated and published.

The Board **NOTED** the report.

95. **Early Help Strategy**

The Board received a detailed report outlining the Early Help Strategy 2023-2026.

This strategy aimed to create a shared approach to meeting enhanced needs across the wider children's early help workforce, recognising the need to support agencies to develop the skills and expertise to do so. Just as this strategy created and endorsed a principle of working with families, not doing to them, it established a way of working together with partners to facilitate a more productive shared approach.

The approach being taken was to ensure early identification, community support, acute and targeted services, and family safeguarding.

What was consistent was the reasoning for not accessing services/activities, which were as follows:

- Lack of confidence and anxiety
- Too high a cost
- The service/activity was not right for them

- The timing and accessibility mainly due to lack of public transport

The service had completed diagrams to put words into pictures and the strategy was still being reviewed. It would be brought back to the Board again to discuss in detail.

96. **Sexual & Reproductive Health Commissioning**

The Board would not be discussing the detailed annexes containing exempt information so the meeting would not proceed into a private session.

The Board received an introduction to the presentation which outlined the work that had been undertaken in 2022. The report was seeking approval for the procurement of sexual and reproductive health services.

Funding for sexual and commissioning sexual health services came from local authorities, clinical commissioning groups and NHS England. This procurement was specific to the local authority funded elements for specialist sexual and reproductive health provision.

The Board noted the arrangements for the re-procurement of sexual and reproductive health services which was detailed in a presentation. There would be a stakeholder event and continuation of the joint commissioning arrangements.

The next steps would include a sexual and reproductive health needs assessment. The work was ambitious, and some activities would need wider engagement, such as through infrastructure implementation.

The Board **AGREED** to the procurement and to a health needs assessment being completed.

97. **Agency Updates**

The Board was reminded that the elections would be taking place on 4 May 2023. This would mean that the pre-election period would commence on 22 March 2023 and there would have to be limited communication, particularly around political messages and decision making.

If anyone was not sure if something could be published, they should contact the elections team - elections@bracknell-forest.gov.uk.

CHAIRMAN

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To: **Health and Wellbeing Board**
6 June 2023

HWB Strategy Dashboard and Q1 reports Director of Place, Planning and Regeneration

1 Purpose of Report

- 1.1 The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. The function and the statutory duties of the Health and Wellbeing Board remains unchanged under the Health and Social Care Act 2022. Bracknell Forest Health and Wellbeing Board published its 4-year joint Health and Wellbeing Strategy in June 2022. ([Bracknell Forest Health and Wellbeing Strategy \(bracknell-forest.gov.uk\)](https://bracknell-forest.gov.uk)).
- 1.2 The strategy has six priority areas and is aligned to the Frimley ICS strategy. The Board approved the approach and format for the delivery plan at the September 2022 meeting and the detailed action plans for delivering in December 2022 with implementation and monitoring against progress from 2023. The purpose of this report is to
 - i. Seek approval of the dashboard to monitor the progress on key milestones and indicators in the delivery plans
 - ii. To consider the progress against the key projects for Q1 2023-2024

2 Recommendations

- 2.1 **To approve the dashboard**
- 2.2 **To consider the six project reports for discussion and provide feedback on the project delivery and progress**

3 Reasons for Recommendation(S)

- 3.1 The Health and Wellbeing action plans for delivery of the priorities include a number of process outputs and quantitative indicators to deliver against the 37 agreed outcomes for improving the health and wellbeing of residents across the five key priorities, within Bracknell Forest.
- 3.2 There are number of organisations and partners delivering actions within the HWB strategy each with its own reporting systems. To enable all partners to input progress against the priorities, a simple excel spreadsheet has been set up so that progress data collection is in one location and feeds into a single dashboard.
- 3.3 The dashboard attached in Appendix 1 provides an oversight of the progress against all five priorities. As the first year delivers interventions/projects, progress monitors against process outputs and milestones. There is a separate tab with all process outputs and milestones. For year 2 onwards there are tabs for each priority for quantitative indicators.

- 3.4 To provide further details on the actions project leads viewed this as an opportunity to present a brief report and receive feedback.
- 3.5 This approach allows the Board to monitor progress and the brief reports presented by the project leads provide an opportunity for detailed discussion.

4 Supporting Information

- 4.1 The draft dashboard is attached as appendix 1. The six reports for Q1 2022-23 are attached as appendices 2-7
- Appendix 2: Community map (priority 1 and 3)
 - Appendix 3: Self-harm (Priority 2)
 - Appendix 4: Mental health awareness training (Priority 2)
 - Appendix 5: Green volunteering (Priority 3 and contributes to Priority 5)
 - Appendix 6: Covid -health survey (Priority 4)
 - Appendix 7: Whole system approach to obesity (Priority 5)

5 Consultation and Other Considerations

Consultation and other considerations such as equality impact were considered for the Health and Wellbeing Strategy.

Strategic Risk Management Issues

- 5.1 The HWB strategy considered the Frimley ICS strategy in particular the starting well and living well aspirations (priorities 1 and 5 of the HWB strategy). The refresh of the ICS strategy remains unchanged in priority key areas set out in the original plan. The refresh of the local mental health transformation plan continues to deliver HWB Strategy Priority 2 actions. The Early Help strategy developed by the Council supports HWB strategy priority 1. Hence the resources and actions agreed remain in place across partners.

Contact for further information

Heema Shukla Deputy Director Public Health, Local Public Health - [01344 355365](tel:01344355365)
Heema.shukla@bracknell-forest.gov.uk

Draft –Health and wellbeing strategy Dashboard

Example of process output and quantitative dashboard

Year 1 Priority 1 Dashboard on process milestones

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		Key	Risk of not achieving	Delayed	on track/delivered			
Priorit	Key Tasks (input)	Process milestones and outcome indicators	End date	June-Dec 2022	April-Jun 2023	Jul-Sept 2023	Oct-Dec 2023	Jan-Mar 2024
1	1. Develop and implement a CYP engagement plan to gain insights into participation in and attitudes to peer led social activities; and what would constitute a good offer of activities	Milestones a. Peer led process for engagement agreed	Sept 2023					
	2. Map existing opportunities and groups within Bracknell Forest for CYP and include in the community map- mapping under the 5 ways to wellbeing headings this includes get active and get	Milestones a. Baseline of current activities established b. Unmet need described	March 2023		Final report on gap analysis waiting			
	3. Work with local community organisations and CYP to develop a network that builds on the current assets/offer	Milestone a. A CYP health and wellbeing network established	March 2025					
	4. Undertake a review of the usage of the public health Thrive and Healthier Together webpages and using the information develop a survey and focus groups to improve the reach and experience of the	Milestone a. Baseline established	March 2024 Mar 2023					
	5. Review current MHST model which uses CYP undergoing therapy to support others who might need support and build on this to include a wider	Milestone a. Model agreed b. Implementation plan	March 2025					
	6. Review the reach (engagement) with current 0-5 year parent groups identifying what is working well, barriers in accessing the groups, identify gaps in provision.	Milestone a. Scope and specification of review agreed c. Report received	June 2024					
	7. Review training offer and participation in parenting, emotional and mental health,	Milestone a. Baseline established	Dec 2023					
	8. Conduct a baseline review of CYP services for inclusivity, in particular with regards to gender (male	Milestone a. Scope and service specification agreed	June 2024					
	9. Review refreshed local transformation plan to include actions relevant to delivering outcomes	TBA	TBA					
	10. Map and publish all available services that provide emotional health and wellbeing early mental health support (health commissioned, council commissioned services and voluntary and community sector) for families with SEND and analyse gaps to inform commissioning needs.	Milestones a. Mapping completed b. Commissioning intentions agreed	TBA					

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Let's Face It! Mental Health Awareness Training

Update for Health and Wellbeing Board 6 June
2023

Louise Duffy
Senior Public Health Strategist, Public Health
louisem.duffy@bracknell-forest.gov.uk

Priority 2 Project

- Key Action within Priority 2 of the Health and Wellbeing Strategy
- Three areas of public mental health across the life course:
 - mental health promotion
 - prevention of mental health problems and suicide prevention
 - reducing premature mortality, supporting recovery and improving inclusion of people living with mental health problems
- Mental health needs across the population magnified post covid-19 pandemic



Purpose of training

Equipping our frontline professionals and volunteers with knowledge and skills around mental health.

- Understand mental health and how to take steps to look after their own mental health whilst supporting others
 - Recognise what some common and less common mental health difficulties look like to reduce stigma around mental health.
 - Recognise what distress might look like in the context of mental health difficulties.
 - Feel equipped to have brief and informal conversations around mental health.
 - Understand local sources of support for mental health difficulties and signpost to these.
- *Important that not expecting people to be experts in mental health, but to help with a basic understanding and awareness of local support.*

Training delivery

- 10 half-day sessions delivered (Eight virtually and two face to face) between September 2022 and February 2023
- Each session up to 18 participants.
- Participants were from a mix of organisations from within and outside the council, including:
 - Libraries, Citizens Advice, Benefits Advice and Debt Recovery, Outreach Team, Waste and Recycling, Youth Work, Commissioning, Community Hub, Substance Misuse, Employment and Skills advice, Lexicon.
- Training was widely advertised to frontline organisations via council communications to reach a broad range of participants.
- Developed by Reading University and delivered by trained Mental Health Practitioners from local Increasing Access to Psychological Therapies (IAPTs) team.
- Pre- and Post-training evaluation forms administered.

Key outcomes

Question area	PRE (Average score out of 10)	POST (Average score out of 10)
Knowledge & understanding of mental health difficulties	5.30	8.00
Confidence to talk to someone in distress	6.00	8.10
Feel able to signpost someone to services/further support	5.40	7.90

Main outcomes:

- Being more mindful of language used to reduce stigma
- Confidence to have conversations around mental health
- Showing empathy and active listening

Outcomes

Making more of an effort to check on the team around me. Understanding more the affects different mental health can cause on different people.

Reflect, take more time to think about the person with Mental Health issues - actively listen

Over 90% of participants strongly agreed or agreed that they:

- **feel better able to look after their own mental health,**
- **understand the stigma around mental health and its impact**
- **will apply what they learnt to their own practice when working with others.**

I will monitor the language I use in everyday life and be more sensitive to the stigma of mental health

The physical difficulties from all of the mental health conditions discussed and understanding the impact on their everyday lives

The importance of supporting, listening, not trying to fix a problem

Next steps

- Additional monthly training sessions available between June and December 2023
- Wide advertising to encourage frontline professionals, volunteers and community leads to participate
- Dedicated session for Councillors and Parish Councils
- Continue to evaluate outcomes and impact

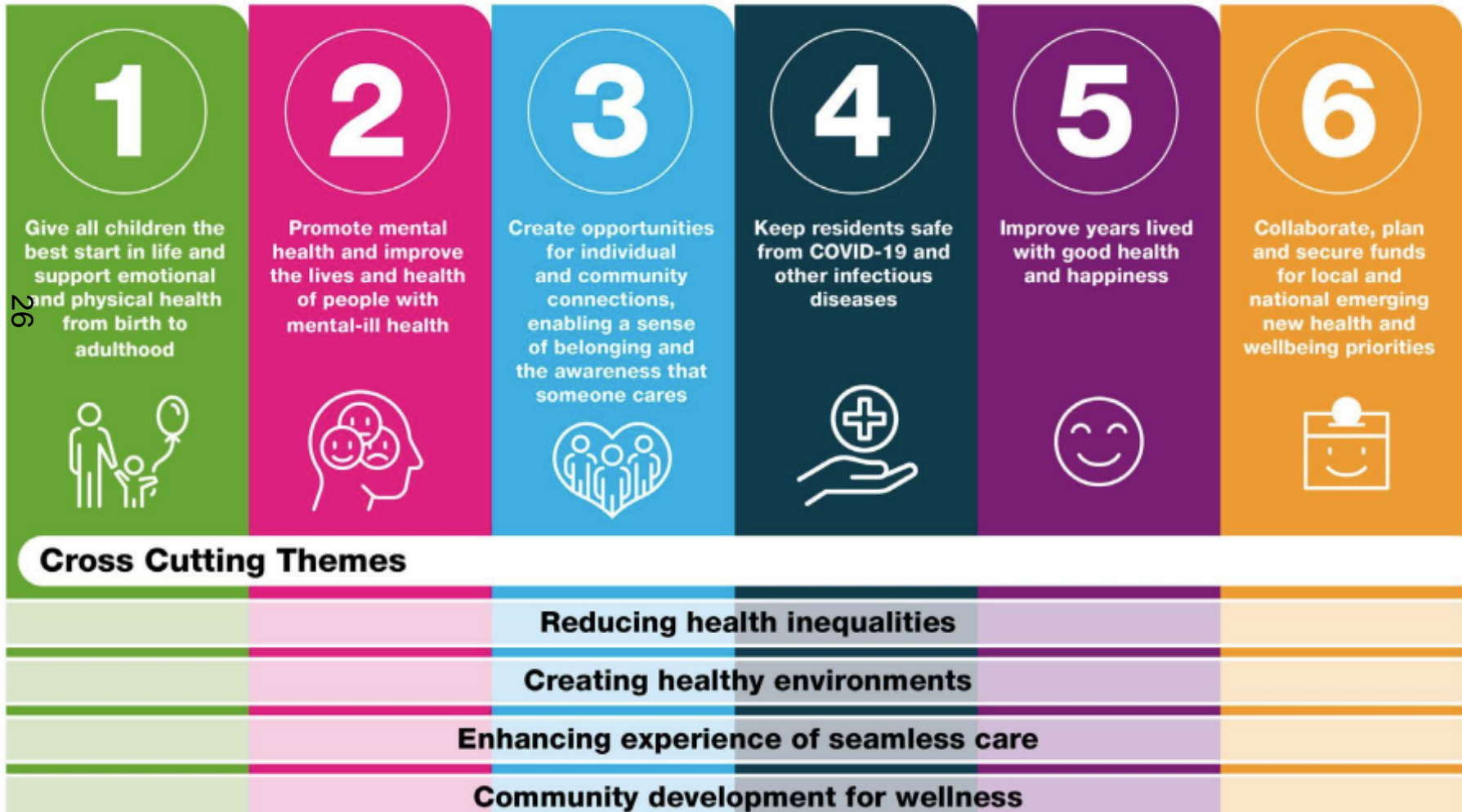
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Bracknell Forest self-harm workforce project

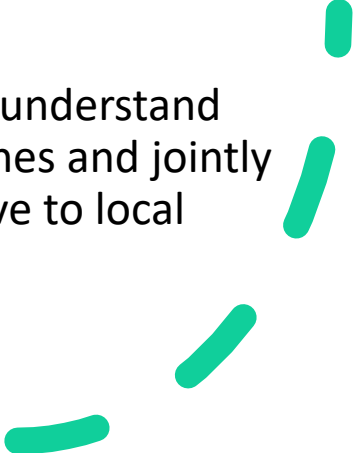
for the children and young people's
workforce in Bracknell Forest
Update

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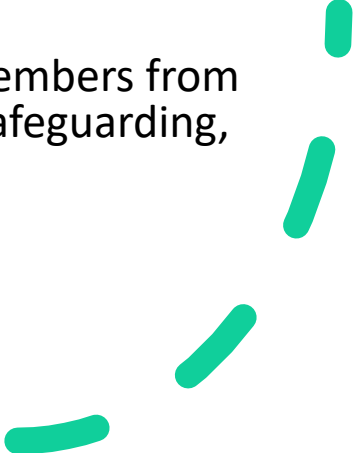
HWB Strategy – Priority two



Context

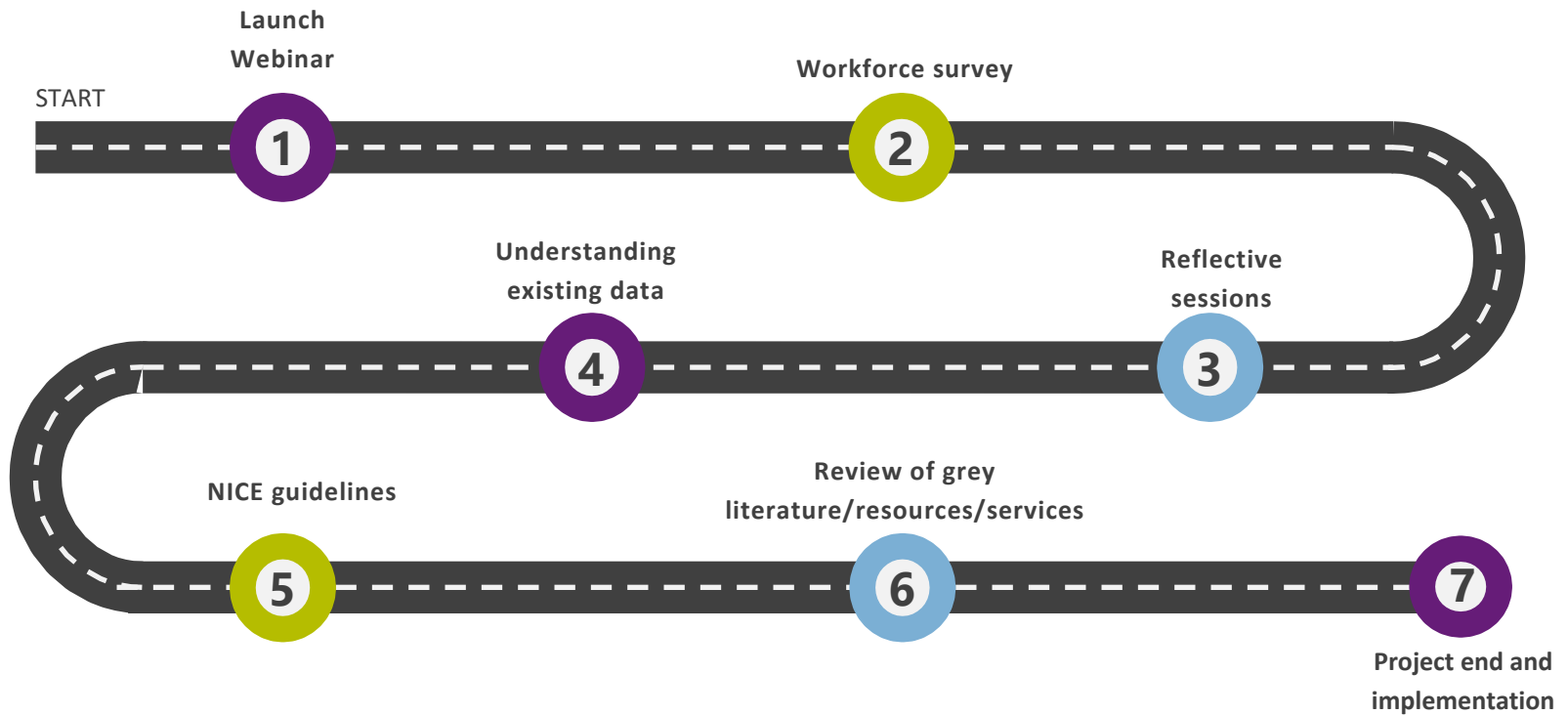
- Although people of all demographics self-harm, it is particularly common among adolescents
 - New NICE guidance on identifying and helping manage self-harm (published September 2022)
 - First update in over a decade
 - For the first time has advice for schools
 - Locally and beyond, training offers, resources and non-clinical services aiming to support young people who self-harm- are they making a difference?
 - Limited attention has been given to understand self-harm collectively across disciplines and jointly owning a solution which is responsive to local needs and preferences.
- 

About the project

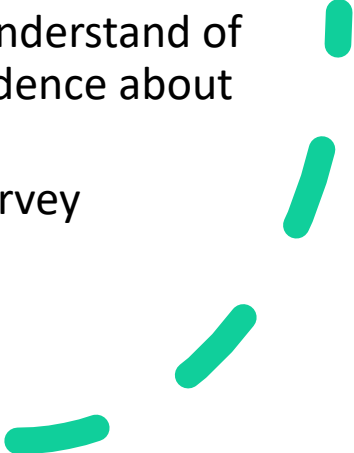
- Public Health team commissioned December 2022
 - Oxford Academic Health Science Network successful
 - Project aims to develop a holistic and place-based approach to enable professionals/volunteers to come together to better understand and respond to self-harm
 - The project is underpinned by the fact that understand and responding to self-harm require:
 - A collaborative approach involving multiple perspectives across the CYP workforce
 - A focus on earlier intervention
 - A cross discipline learning journey approach to develop skills and knowledge and build capacity
 - Project oversight group including members from CAMHS, Public Health, Education, Safeguarding, Frimley ICB
- 

Project elements

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Launch webinar & learning network

- 84 professionals attended launch webinar
 - Learning network
 - place to share insights and information related to the project
 - Provide learning opportunities for professionals
 - 111 professionals signed up to receive updates
 - 67 attended Mental Health Awareness week webinar on self-harm by A/Prof Rohan Borschmann (University of Oxford)
 - Workforce survey
 - form a deeper understanding of professionals' knowledge and understand of self-harm and gauge their confidence about how best to offer support
 - 89 completed workforce survey
- 

Reflective sessions

- Delivery of a series of face to face reflective learning sessions for the CYP workforce
 - Cross-discipline
 - Develop a shared understanding of self-harm
 - Clarify respective roles of the range of CYP workforce involved
 - Network
 - To promote knowledge equity
 - 22 professionals attended across 5 sessions
 - Representation from CAMHS, Education, Early Help, Children's Social Care, Voluntary Sector, Safeguarding, Frimley ICB



NICE Guidelines Baseline Assessment

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- To help us to evaluate current practice in line with the national recommendation and plan and future activity to meet the recommendations
- Task and Finish group consisting of colleagues from CSC, Early Help, CAMHS, Ambulance, Acute, Education,
- Final meeting 12 June to discuss completed plan

NICE
National Institute for
Health and Care Excellence



Next steps - Understanding the data & Review if grey literature/resources/services

Data

- Analysis of published data and insights from Oxwell survey
- Build a local picture

Review grey literature

- Develop a coherent picture of training, guidance documents/toolkits, services and resources relating to self-harm that are on offer locally and beyond
- Support an understanding of what exists and its impacts



Final Report

- Due end of July 2023
- Learning and insights will inform the co-design of a holistic and place-based response to self-harm which will aim to:
 - Build knowledge and understanding of self-harm amongst the CYP workforce
 - Develop confidence in those professionals/volunteers about how to best provide support
 - Clarify respective roles of the range of professional involved
 - Help young people who self-harm to access appropriate support and information

For more information

- For more information and overview of the project visit:

<https://www.patientsafetyoxford.org/clinical-safety-programmes/mental-health/bracknell-forest-self-harm-workforce-project/>

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- Or to sign up to the learning network visit

https://forms.office.com/Pages/ResponsePage.aspx?id=utWcKggkR0OEAHxdiMJ3-53XS_FrDhtHnI-MP73HvgVUMlo4WjBTWFZNTTIMWDBOM1dEOVIVRVRZQy4u

- Or contact Katherine Davies (Public Health Programme Officer):
Katherine.davies@bracknell-forest.gov.uk

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Let's Face It! Mental Health Awareness Training

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Louise Duffy
Senior Public Health Strategist, Public Health
louise.m.duffy@bracknell-forest.gov.uk

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 - Libraries, Citizens Advice, Benefits Advice and Debt Recovery, Outreach Team, Waste and Recycling, Youth Work, Commissioning, Community Hub, Substance Misuse, Employment and Skills advice, Lexicon.
- Training was widely advertised to frontline organisations via council communications to reach a broad range of participants.
- Developed by Reading University and delivered by trained Mental Health Practitioners from local Increasing Access to Psychological Therapies (IAPT) team.
- Pre- and Post-training evaluation forms administered.

Key outcomes

Question area	PRE (Average score out of 10)	POST (Average score out of 10)
Knowledge & understanding of mental health difficulties	5.30	8.00
Confidence to talk to someone in distress	6.00	8.10
Feel able to signpost someone to services/further support	5.40	7.90

Main outcomes:

- Being more mindful of language used to reduce stigma
- Confidence to have conversations around mental health
- Showing empathy and active listening

Outcomes

Making more of an effort to check on the team around me. Understanding more the affects different mental health can cause on different people.

Reflect, take more time to think about the person with Mental Health issues - actively listen

Over 90% of participants strongly agreed or agreed that they:

- **feel better able to look after their own mental health,**
- **understand the stigma around mental health and its impact**
- **will apply what they learnt to their own practice when working with others.**

I will monitor the language I use in everyday life and be more sensitive to the stigma of mental health

The physical difficulties from all of the mental health conditions discussed and understanding the impact on their everyday lives

The importance of supporting, listening, not trying to fix a problem

Next steps

- Additional monthly training sessions available between June and December 2023
- Wide advertising to encourage frontline professionals, volunteers and community leads to participate
- Dedicated session for Councillors and Parish Councils
- Continue to evaluate outcomes and impact

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4

Keep residents
safe from
infectious disease
and address the
long-term impacts
of COVID-19



DELIVERY UPDATE – PRIORITY 4 HEALTH AND WELLBEING STRATEGY

SURVEY TO UNDERSTAND THE IMPACTS OF COVID-19 ON BRACKNELL FOREST

The following slides are extracts from interim reports. The final reports and raw data are expected in mid-June which will enable full analysis.

Gabby Haffner Senior Public Health Strategist , Bracknell Forest Council



METHODOLOGY - IMPACTS OF COVID-19 SURVEY



Quantitative survey

A quantitative survey of residents was conducted by telephone.

- Over 1,800 residents participated
- Survey was representative in terms of ward, gender, age and ethnicity



Qualitative survey

Qualitative work was conducted to supplement the above aiming to unpack the survey findings and draw out learning and insights. This was conducted using focus groups, a workshop and in-depth interviews following an agreed discussion guide and included:

- Representative mix of residents including those who may have shielded
- Parents and school representatives
- Asian, Black, Eastern European, Nepalese and Hong Kong residents
- Residential Care Managers and Stakeholders representing children and young people

Summary 1 – Experience of COVID-19 Virus and Vaccination Status

Experience:

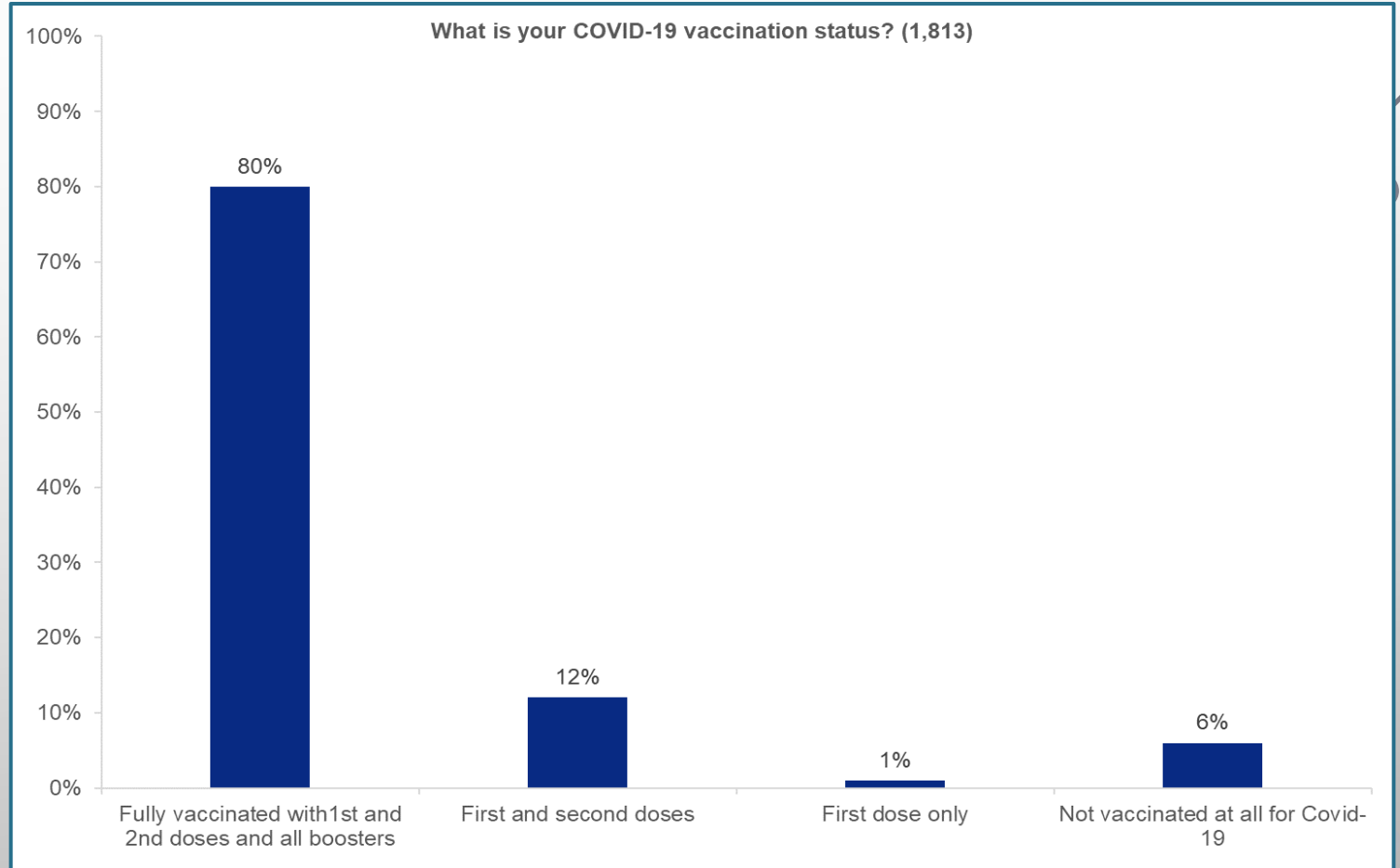
7-in-10 residents reported having Covid-19 (most of which just once), with younger age groups and non-White British residents most likely to have had Covid-19.

Very small proportions of residents were hospitalised with Covid-19 and/or suffered with long-Covid, with those with underlying health conditions more likely to do so.

Vaccinations:

Four fifths of residents are fully vaccinated and 6% are not vaccinated at all, with younger age groups especially less likely to be vaccinated.

Following their experience of Covid-19 vaccinations, over half of residents are more likely to have future vaccinations, although 32% are more cautious, less likely or no longer prepared to be vaccinated, especially younger residents.

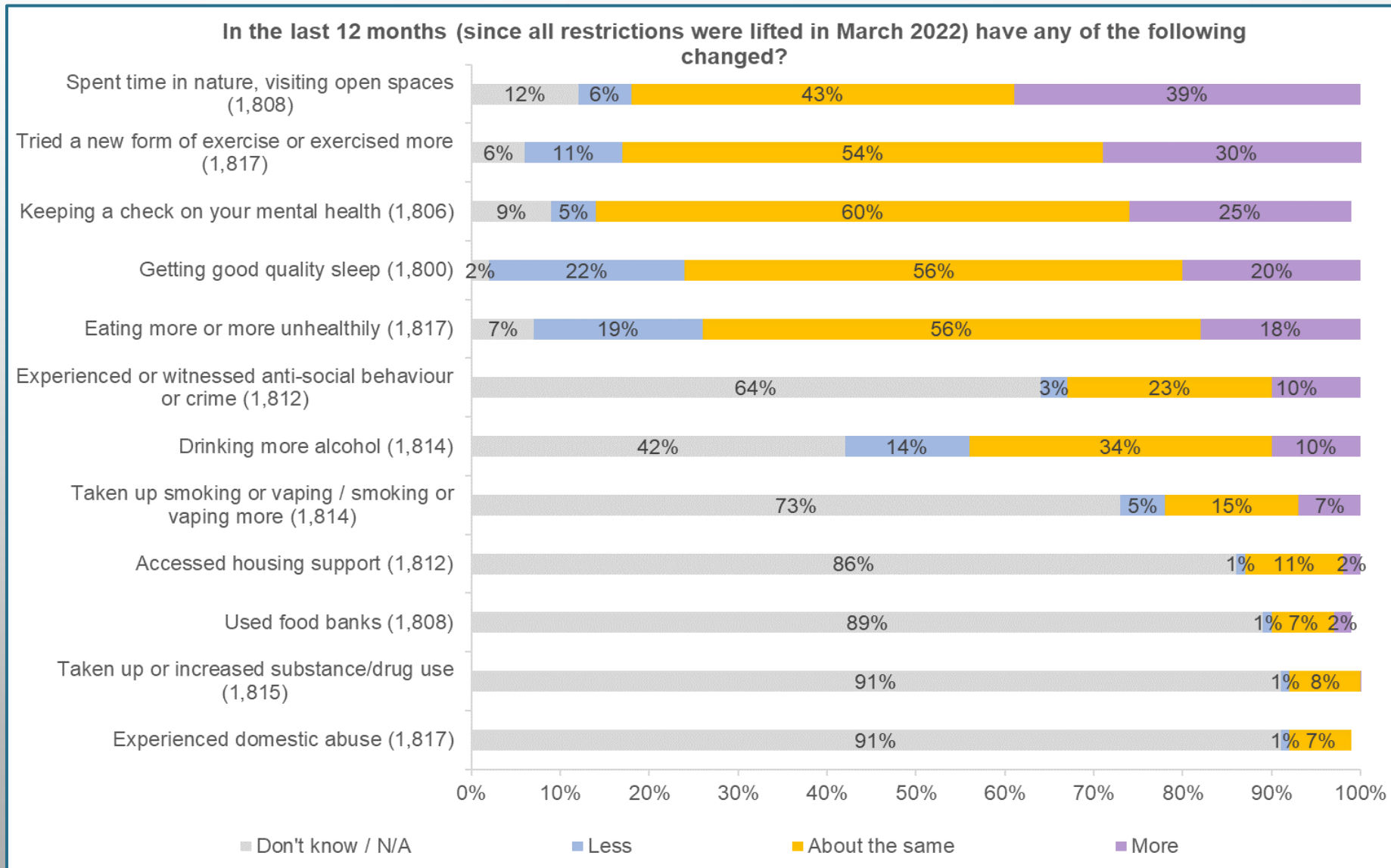


Differences by demographic breakdown:

- 84% of women are fully vaccinated compared with 77% of men.
- 61% aged 18-34 are fully vaccinated compared with 82% aged 35-54 and 94% aged 55+.
- 88% of those that shielded are fully vaccinated compared with 78% of other residents.

Summary 2 – Changing behaviour and experiences

On balance, residents reported spending more time in nature tried a new form of exercise, kept a check on their mental health or drank less alcohol.

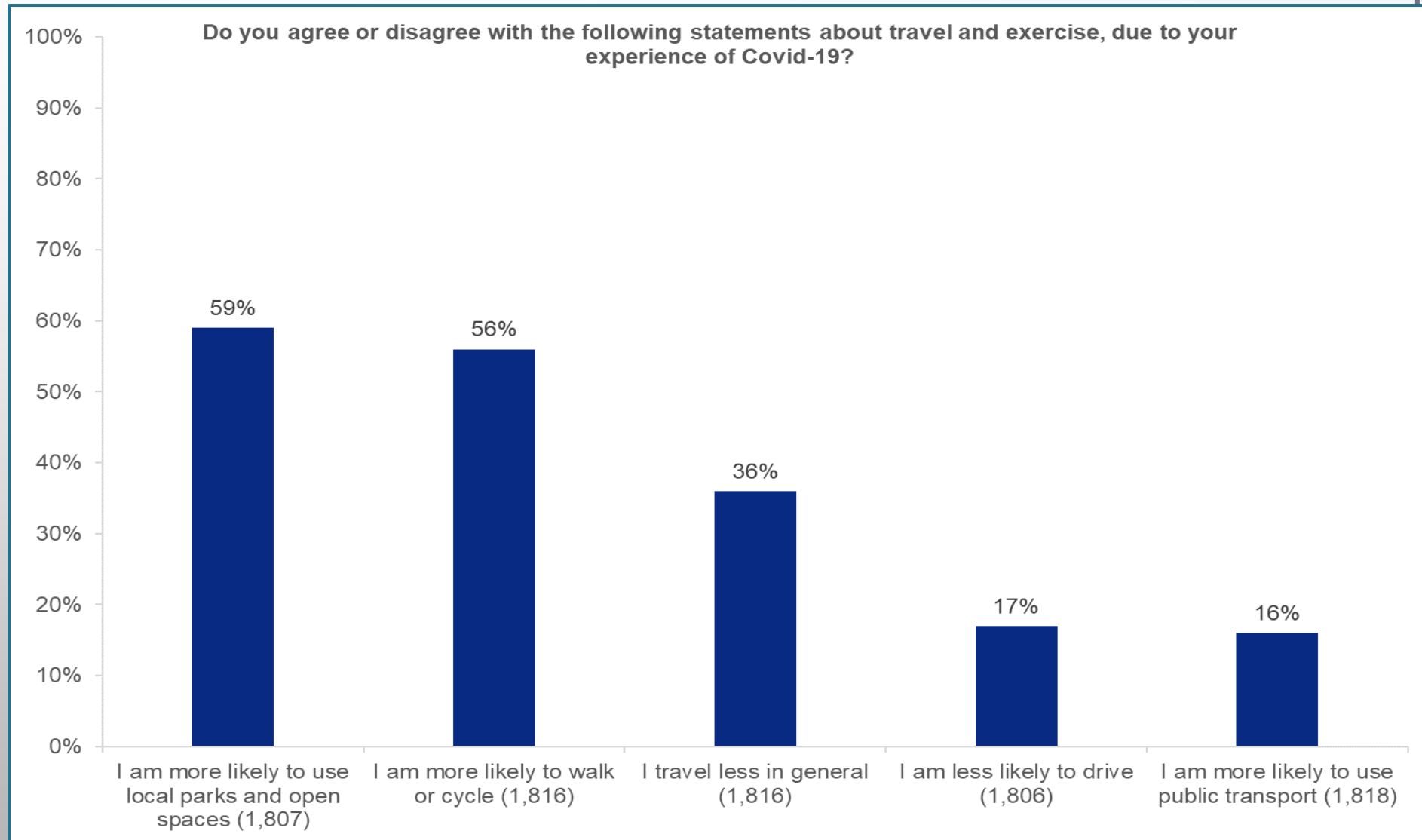


Summary 3 – Changes in travel and use of green spaces

Travel and transport:

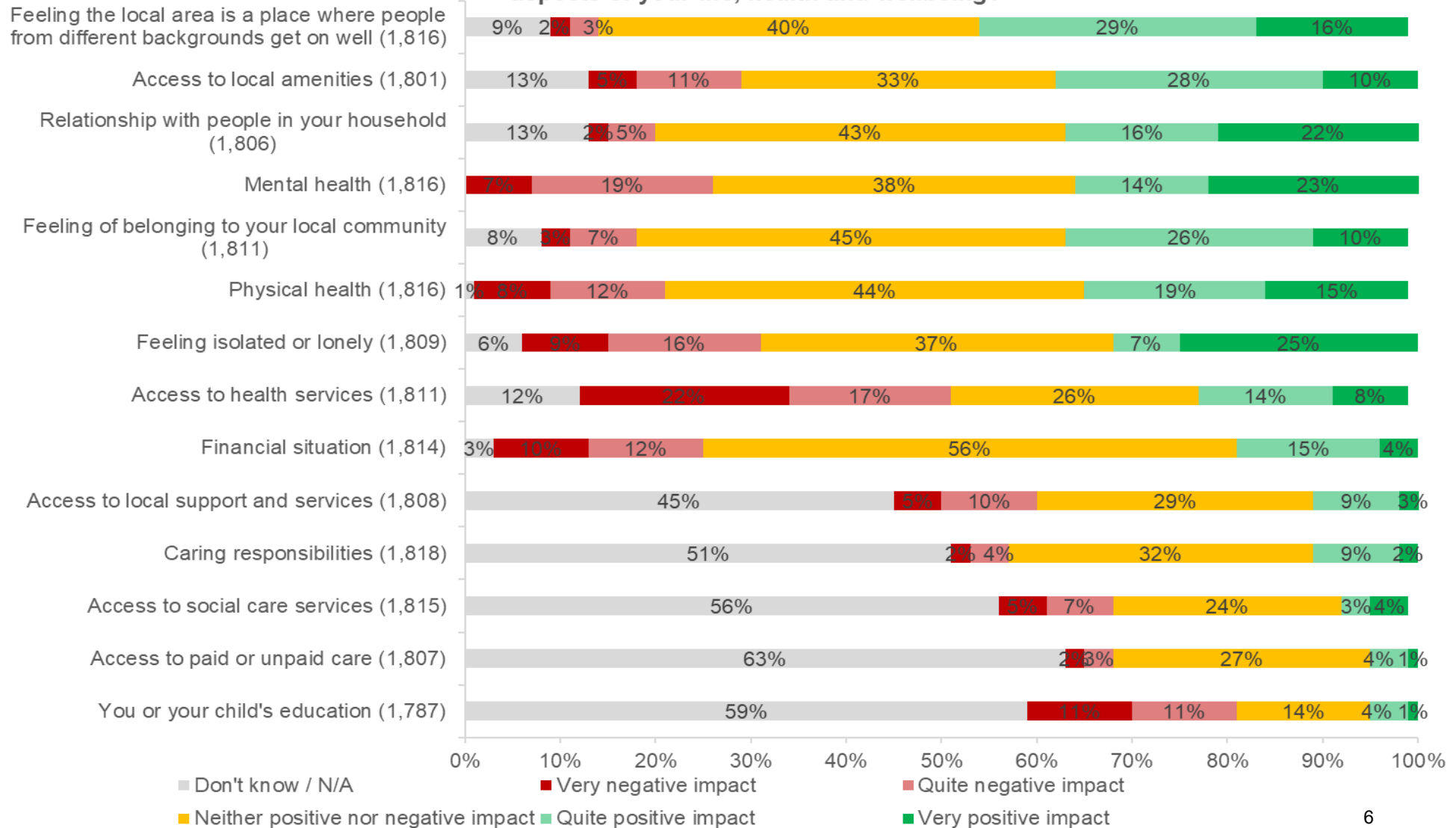
Respondents report an increase in sustainable forms of travel and transport due to the pandemic, with more walking, cycling, public transport use and less driving and travel in general.

This is especially the case with non-White British-Irish residents, disabled residents, younger people and residents in lower social grades.



Summary 4 – Impact on life, health and wellbeing

How much, if at all, has the pandemic had a positive or negative impact on each of the following aspects of your life, health and wellbeing?



Summary 4 – Impact on life, health and wellbeing: Demographic differences

Relationship with people in household

Younger residents are more likely than older residents to have a positive impact. For example, 56% of residents aged 18-24 said that the pandemic had a positive impact on relationships and just 4% negative, compared with over 55s where 25% said the pandemic had a positive impact and 8% negative impact.

Mental health

Women (31% positive and 29% negative), residents aged 35-54 (29% positive and 34% negative), non-White British-Irish residents (32% positive and 33% negative), disabled residents (19% positive and 46% negative) and residents from lower social grades C2DE (21% positive and 33% negative) are the least positive about the impact of the pandemic on their mental health.

Physical health

Younger residents are more positive than older residents about the impact of the pandemic on their physical health. For example, 57% of 18-34 year olds said the pandemic had a positive impact on their physical health and 19% negative, compared with 26% of older residents that are positive and 21% negative. In contrast, disabled residents are more negative than other residents – 9% positive and 53% negative compared with 39% positive and 15% negative of other residents. Likewise, residents from lower social grades C2DE (22% positive and 29% negative) are less positive than residents in higher social grades (43% positive and 15% negative).

Financial situation

Disabled residents (10% positive and 34% negative) are more likely than other residents (20% positive and 20% negative) to have a negative impact. Similarly, residents from lower social grades C2DE (8% positive and 23% negative) are more likely than residents from higher social grades (25% positive and 21% negative) to have a negative impact.

Summary 5 – Children and young people

Impact on children and young people:

Negative impacts outweigh positive for children and young people.

Specifically for 0-4 year olds, social skills, relationships and speech and language development were notably negatively impacted.

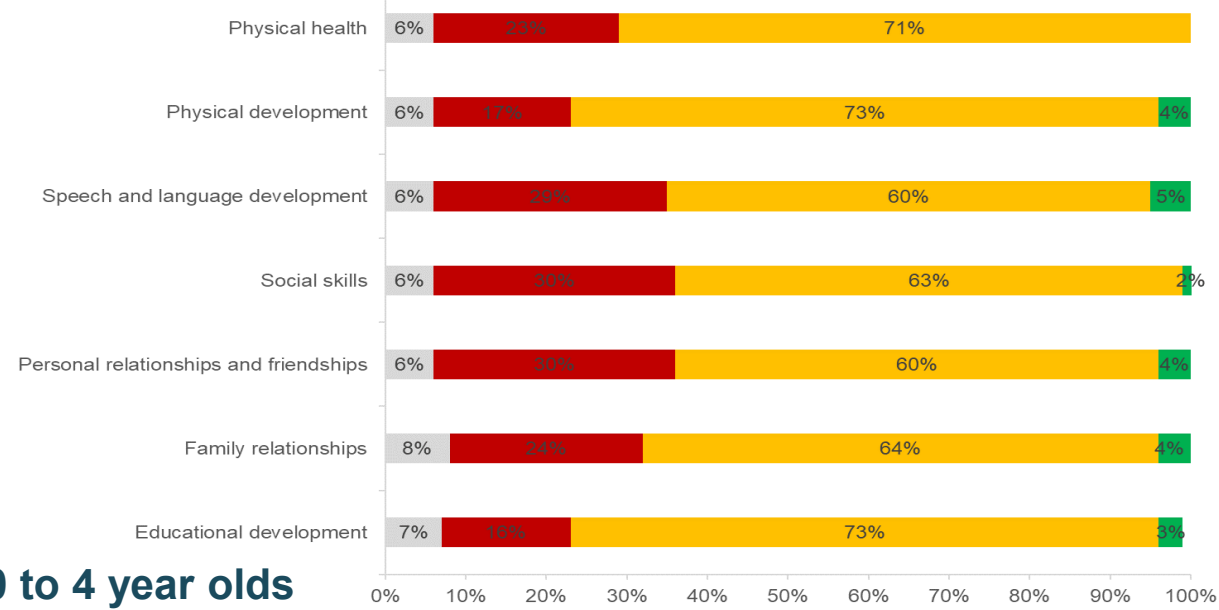
Among older children and young people, mental health, educational development and isolation showed a negative impact.

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KEY:

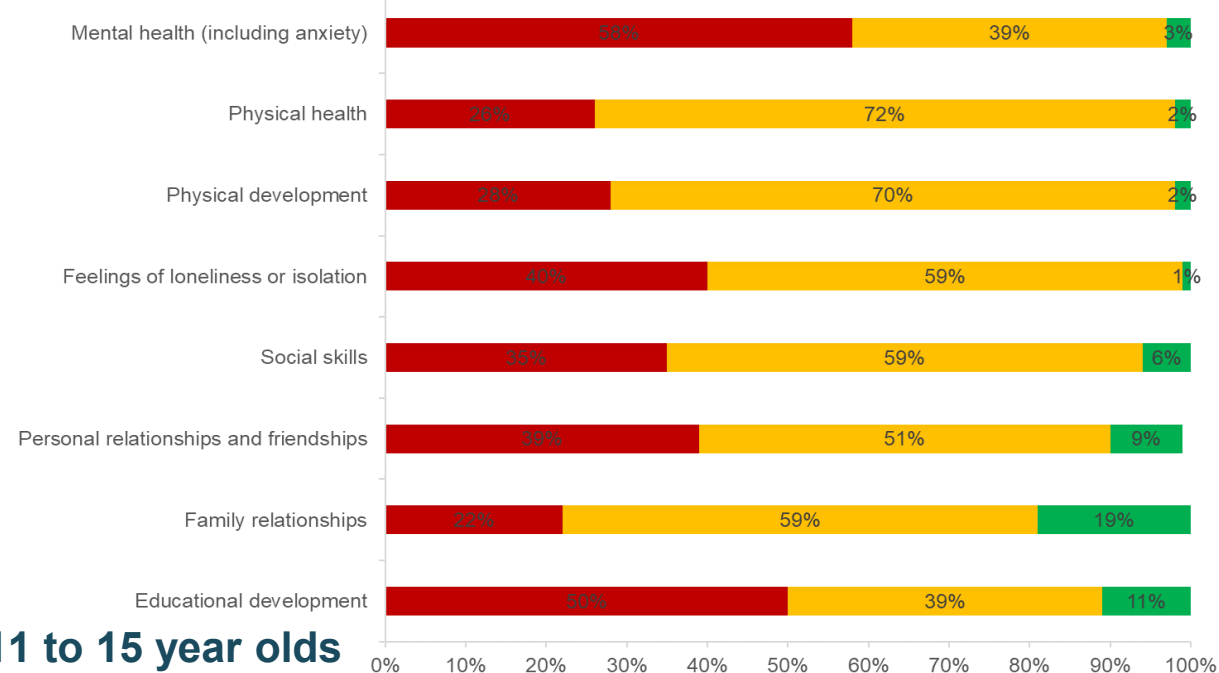


For each of the following aspects, how has the pandemic impacted your children aged 0-4 years old, if at all? (184)



0 to 4 year olds

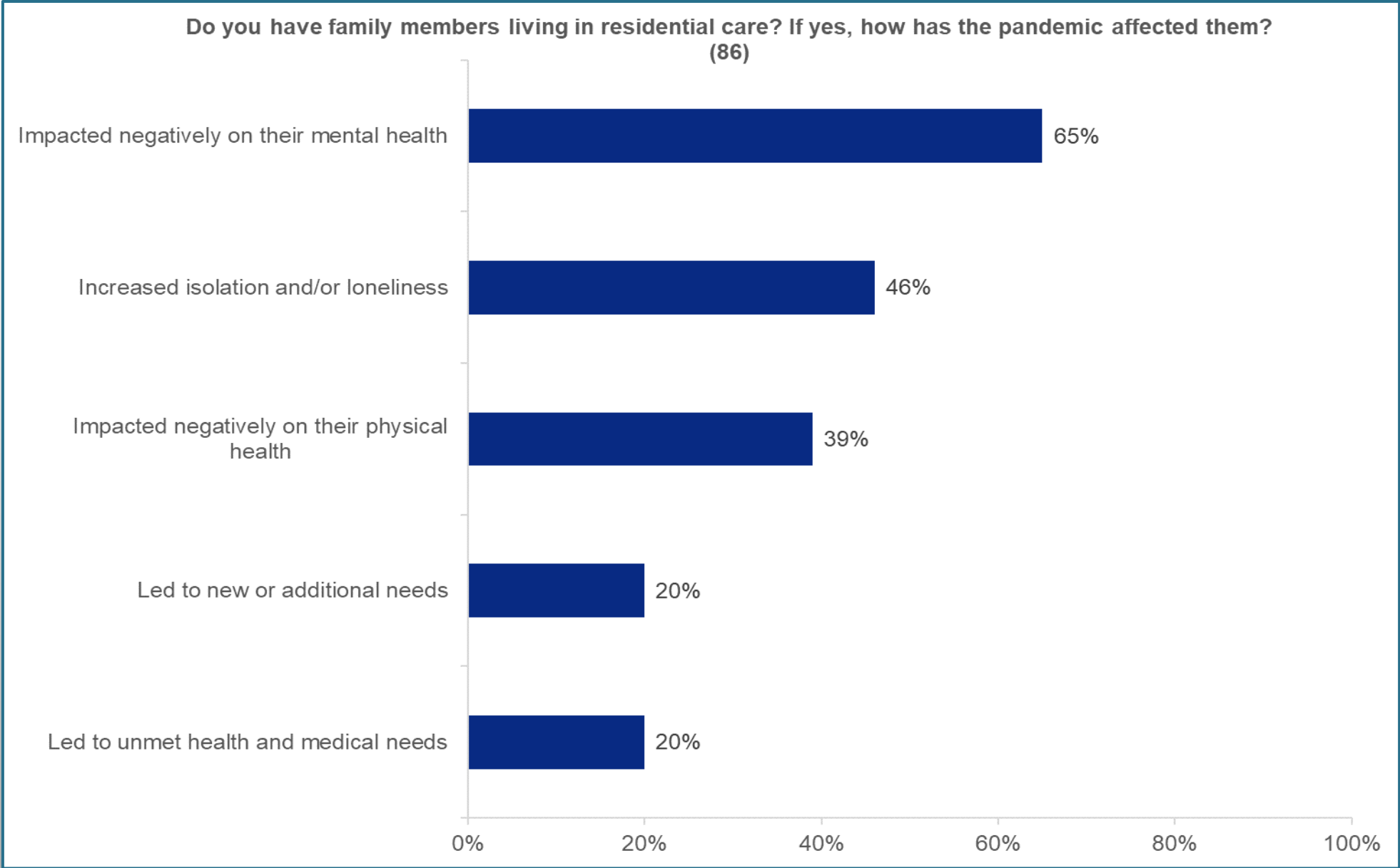
For each of the following aspects, how has the pandemic impacted your children aged 11-15 years old, if at all? (272)



11 to 15 year olds

Summary 6 – Impact on family members in residential care

Of the 5% of households who have a family member in residential care, the greatest impacts were reported in mental health, isolation and physical health issues

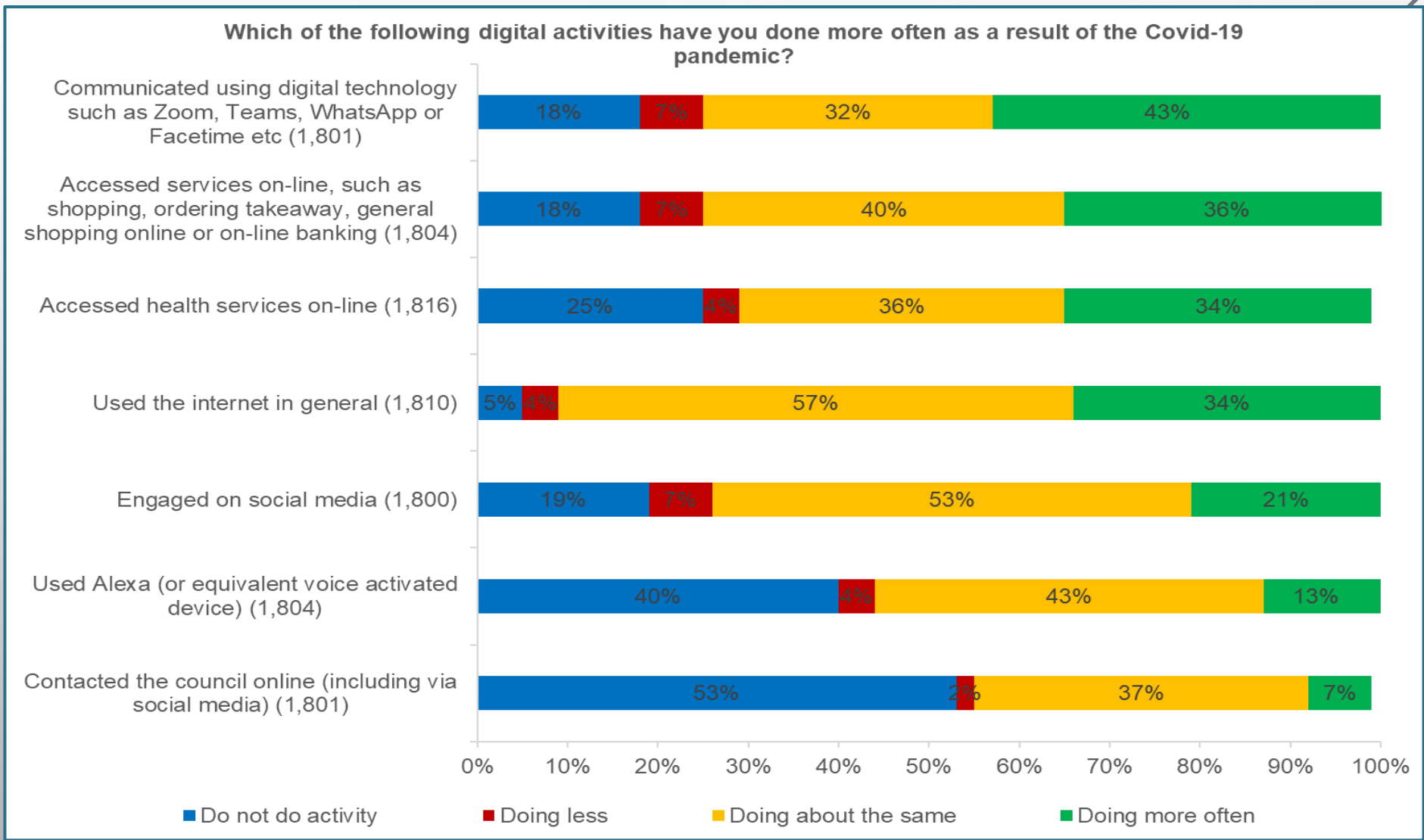


Summary 7 – Changes in digital activity

Digital:

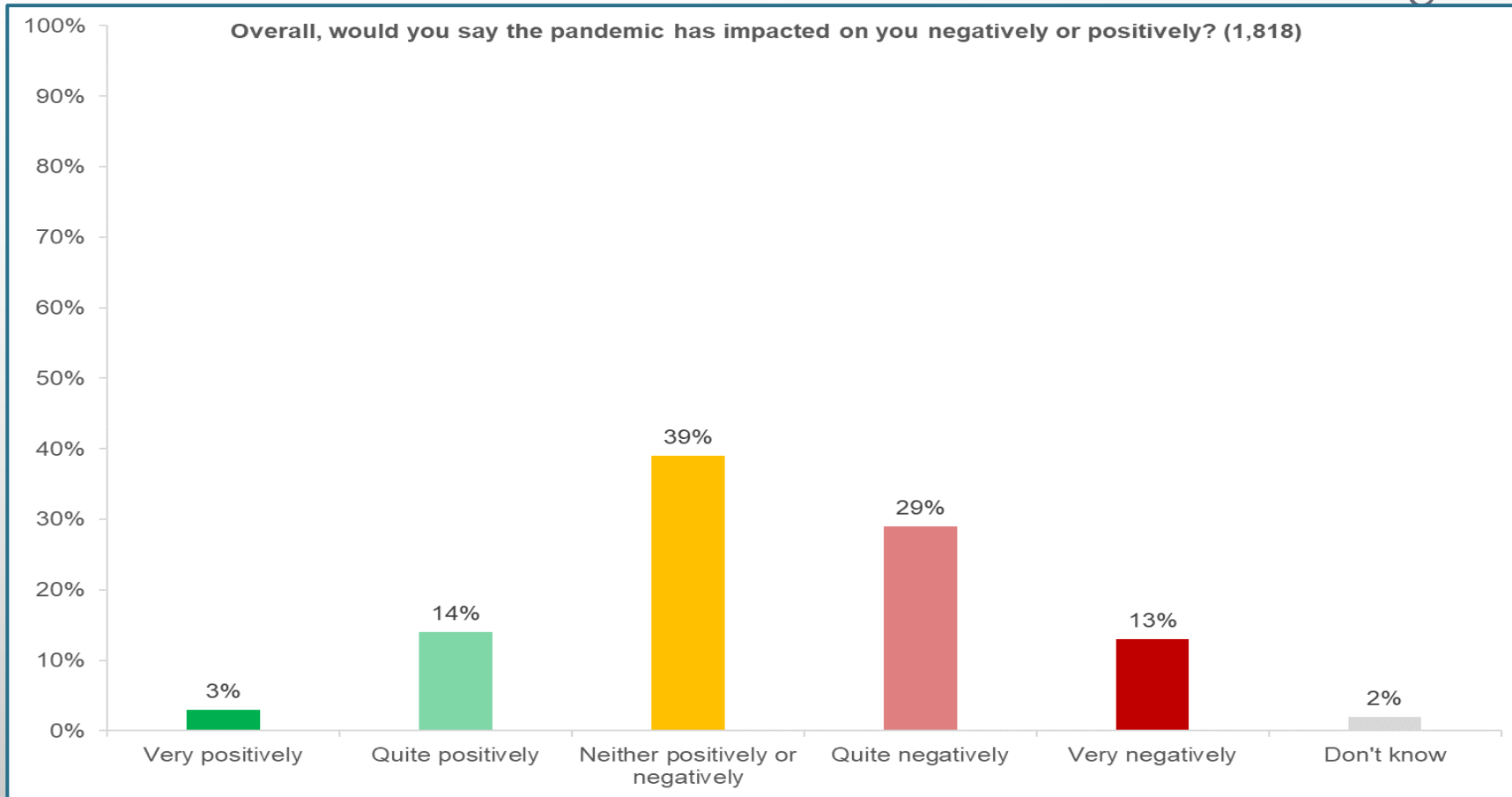
There has been an increase in digital activity amongst residents, especially communicating using digital technology, accessing services on-line, accessing health services on-line and using the internet in general.

These changes are most pronounced amongst younger residents, non-White British-Irish residents, women and disabled residents.



Summary 8 – Overall impact of the pandemic

The negative impact of the pandemic outweighs that of the positives for residents, although neutrality is the most cited response



Differences by demographics/variables:

Older residents are more likely than younger ones to cite negative impacts. For example, 50% of residents aged 55+ cited negative impacts compared with 39% aged 35-54 and 35% aged 18-34.

Similarly, 60% of disabled residents cited negative impacts compared with 39% of other residents.

Likewise, 50% of residents in lower social grades C2DE also cited negative impacts compared with 37% of residents in social grades ABC1.

85% that were hospitalised with Covid-19 said it impacted them negatively, as do 71% that suffered from long-Covid.



Next Steps

On receipt of the full reports, raw data and the results of a rapid review, further analysis will be undertaken to break down the data by age group, ethnicity etc. This will aid and inform:

- How best to mitigate the impacts of the pandemic on residents and services
- Preventative work such as maintaining improved handwashing (particularly in higher risk settings)
- Health and wellbeing communication improvements to better target all residents
- Understand barriers to vaccination
- Improve planning for future pandemics

Whole Systems Approach to Obesity in Bracknell Forest

Progress update for the Health and Wellbeing Board

Tanvi Barreto , Senior public health strategist

Bracknell Forest Council

Project in partnership with Southampton University

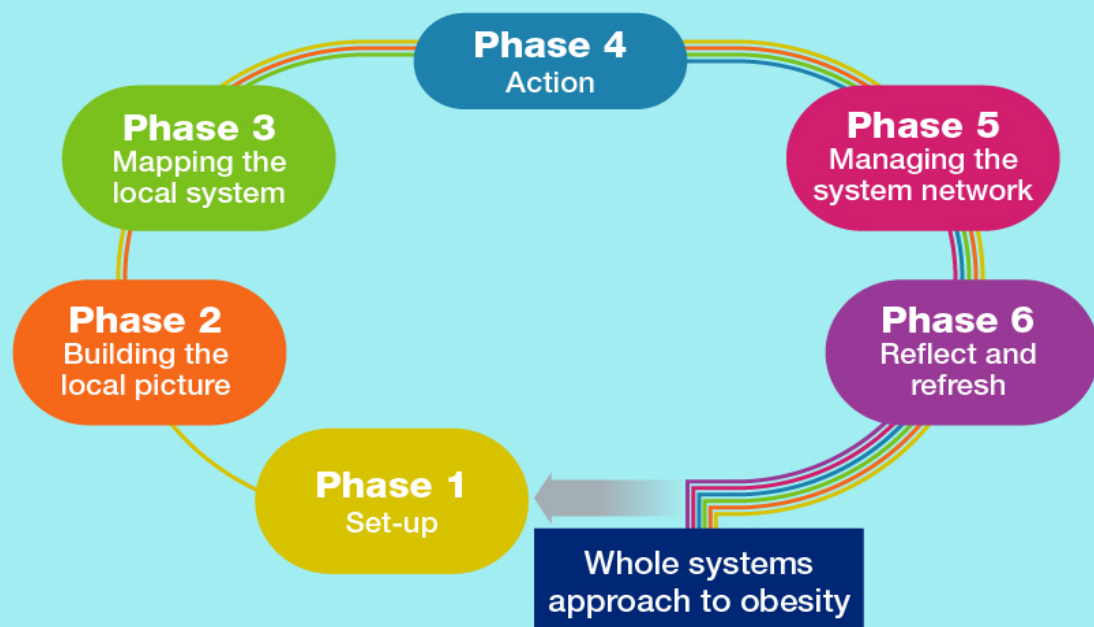
6th June 2023



Whole systems approach to obesity – process and benefits

- Evidence suggests that a whole systems approach can help tackle complex issues like obesity
- A whole systems provides the opportunity to engage stakeholders across the wider system, to develop a shared vision and actions that tackle the upstream drivers of obesity outside the realms of public health

Overview of the whole systems approach

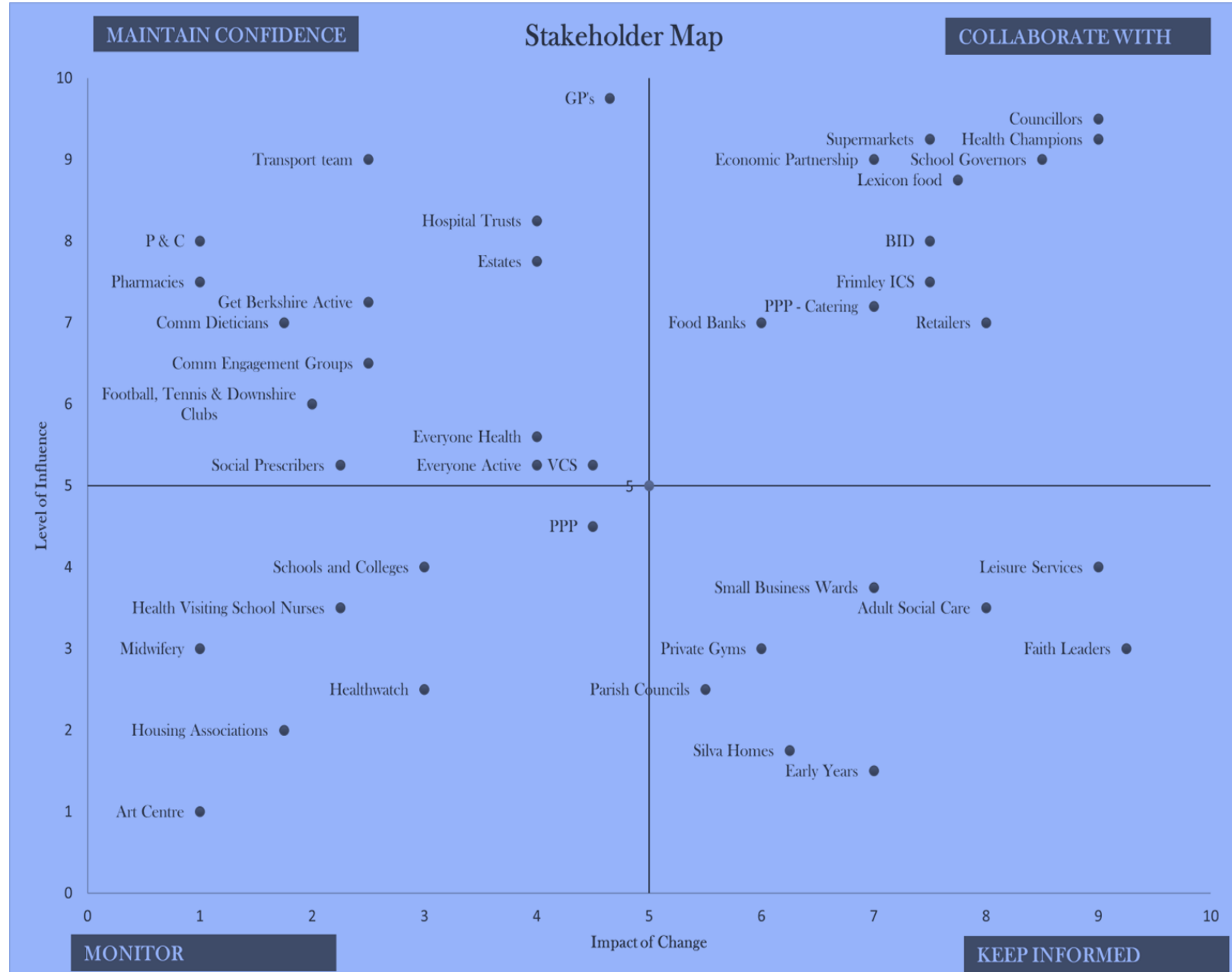


The benefits of a whole systems approach to obesity



Phase 1: Setting up the Joint Strategic Group and Stakeholder mapping

- To take forward this project a JSG was set up with representation from the NHS, Council (officers and elected members), voluntary sector and relevant providers and forums. The Steering group was chaired by Cabinet member.
- Project group produced a stakeholder map



Phase 2: Stakeholder engagement at Opportunistic events

The project group attended opportunistic events

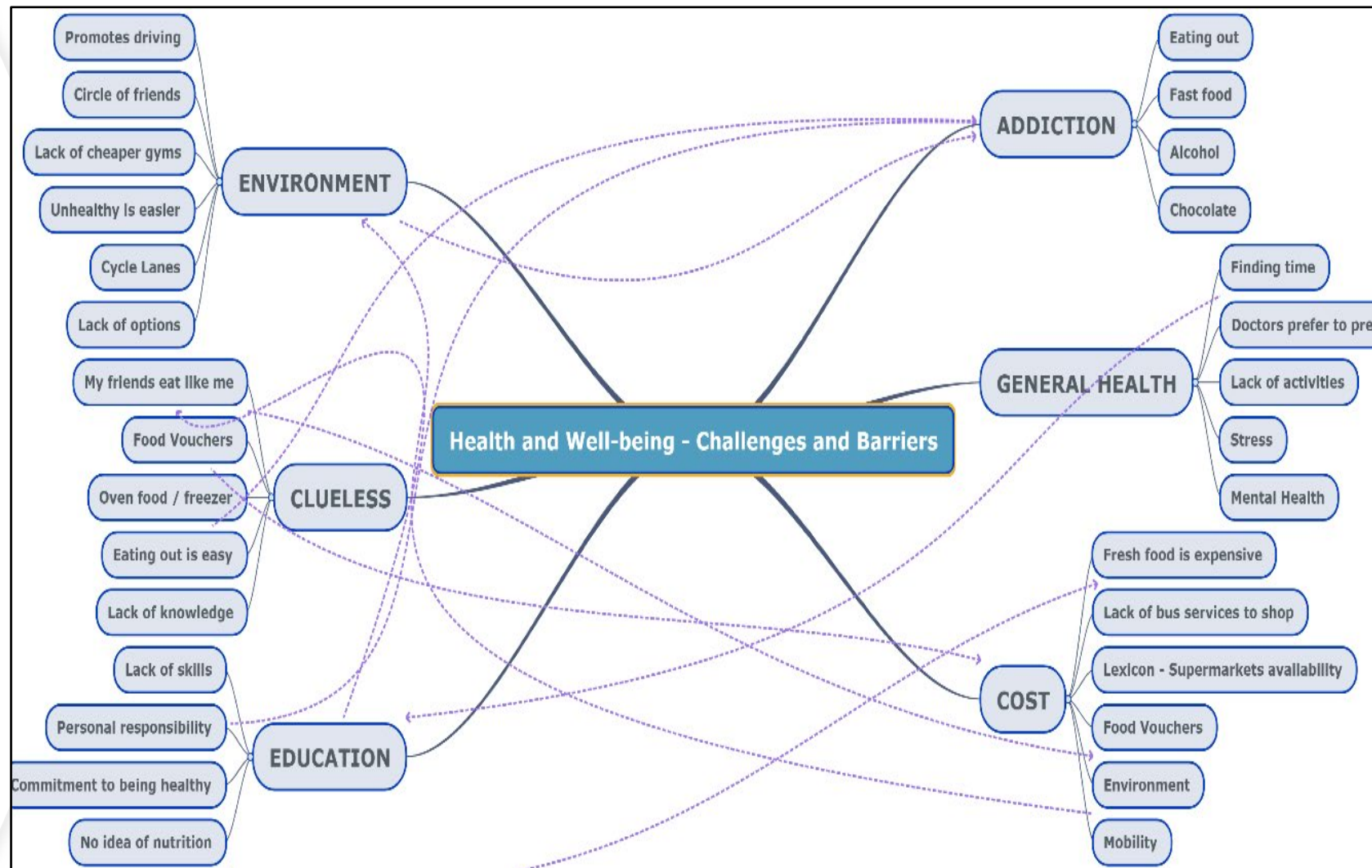
- Return of the Tree Giants at the Lexicon
- Community conversations
- Hypertension Bus
- Economic Skills Development Partnership Event

A total of 187 residents were consulted at these events. In addition, a number of professionals and key players from the obesity system were spoken to.



Concept map

- Following on from these events and conversations, the insights collected were presented in concept maps.
- Concept map looks at the challenges and barriers faced by residents when it comes to leading a healthy lifestyle in Bracknell Forest.



Phase 2: Survey and Focus Groups

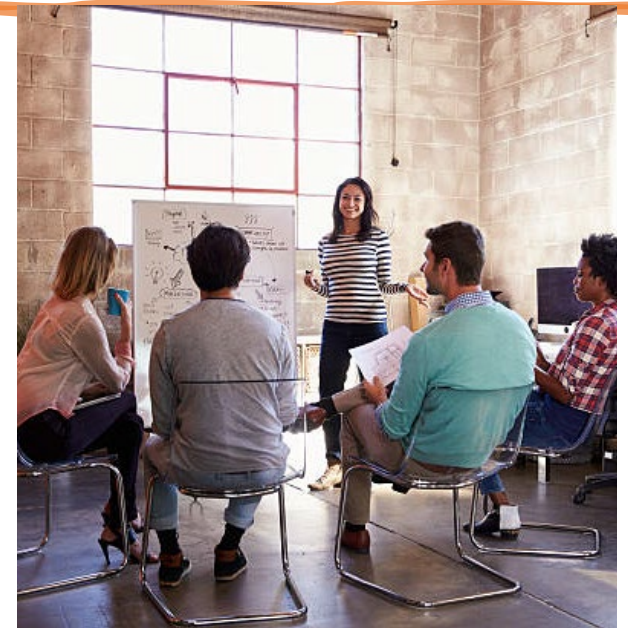
The project group designed a survey to gather more in-depth feedback from residents on t

- Physical Activity
- Smoking
- Alcohol
- Weight Management
- Lifestyle
- General Health

A total of 312 resident completed the survey. Residents who completed the survey were from a range of different age groups, ethnicities, and occupations. 3 focus groups were also held with residents.

Themes from initial analysis of the survey and focus groups

- Improved access to more affordable healthier options
- More readily available fresh food items
- More education around healthy eating and exercise for children and parents
- Healthier food options in schools
- Improve cooking skills
- Reduce availability of ultra-processed foods
- More access to exercise and fitness classes
- Have community kitchens where people from different cultures can hold cooking classes for the community
- Use green spaces for growing vegetables that community can be part of
- More holistic programmes
- Need to understand people's journeys and barriers and accordingly design programmes

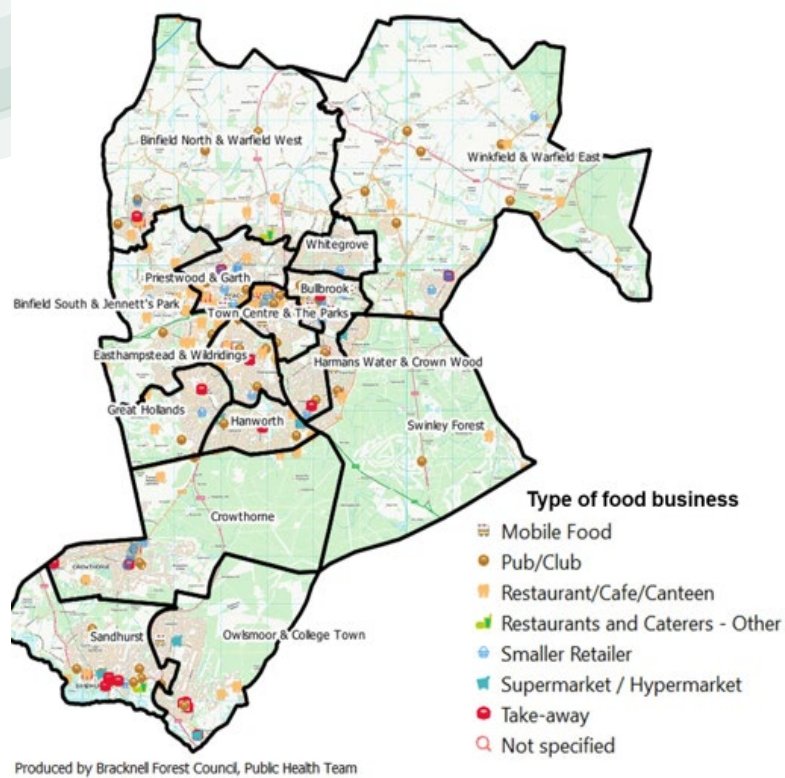


Phase 3 & 4: Strategic Action Initiatives (SAIs)

4 SAIs were agreed
by the steering
group workshop as
important for
Bracknell Forest
based on
consultations



SAI 1: Map the food environment



Purpose: To map the current food environment in Bracknell Forest. This mapping by ward level will help understand the different types of food options available to residents, identify food deserts and look into catering options available in our schools, workplaces and other key locations. This will help identify the key issues and help consider what action needs to be taken to change or improve the environment

Key actions

- Map the food environment in Bracknell Forest to include food outlets by type, fast-food outlets near primary and secondary schools, areas with high levels of obesity and high concentration of fast-food outlets
- Target 4 areas with high levels of obesity and overweight number with specific evidence-based interventions
- Work with restaurants and catering outlets to make healthier options available
- Work with schools to develop a healthy schools programme to increase physical activity and healthy eating

SAI 2: Enabling changes in diet, chefs and supermarket engagement



Purpose: To explore and develop the concept of healthy cooking made easier using a menu of recipes and buying the ingredients without having to work out calories etc. This group will engage with chefs and supermarkets to develop new solutions that are economically viable for residents.

Key actions:

- Develop a digital platform to share healthy recipes, cooking tips from local chefs, local stories of changes to lifestyles

SAI 3: Health champions and self- help groups



Purpose: to identify and develop a network of “Health Champions/Leaders” in the community. This will also include the creation of various self-help groups bringing together engagement activities for various community groups who need support with the behavioral changes towards developing a healthy lifestyle that is sustainable. Sustainable changes at the heart of the community will create a positive camaraderie and support network that will benefit individuals and families.

Key actions:

- Create a network of health champions/leaders, create and develop self- help groups

SAI 4: Design and Display within stores



Purpose: to analyse aspects of food display and location in all the retail food outlets across the region. This will include small and medium stores in all the wards, the Lexicon and all the bigger supermarkets. Experts from across various disciplines have highlighted the importance of the environment where we work, live and play in having a massive impact on our health, including obesity-related factors. Retail grocery stores are considered to be pivotal sites for possible interventions to improve population health as they are the primary locations for food purchases

Key actions:

- Plan a feasibility study to test whether placing certain healthy foods at the checkout or at the front of the store will influence people's shopping and healthy eating behaviors

Workshop with key stakeholders

- A stakeholder workshop was held in March 2023. The purpose of the workshop was to share the findings from the consultations and SAI action plans and get feedback. The workshop was interactive with a mix of presentations, group work and team building exercises. It was well attended by stakeholders from across the NHS, council, voluntary sector and residents.



Next Steps

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Get final report from the University by end July



Report presented to Joint Steering for decisions on refining key actions from SAIs action plan to take forward



Finalise actions to take forward with DMT and HWBB and agree timelines to deliver these

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To: **Health and Wellbeing Board**
6 June 2023

Better Care Fund – Year End Report 2022/2023
Executive Director, People

1 Purpose of Report

- 1.1 The government's mandate to the NHS, published in March 2020, set a deliverable for the NHS to 'help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF)'.
- 1.2 Health and Wellbeing Boards (HWB) are required to provide an end of year reconciliation to Departments and NHS England/ Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the NHS minimum contribution.
- 1.3 This report asks the HWB to approve the attached Year End template. The report also provides additional information about the performance against national metrics spend of the Adult Social Care Discharge Fund 22/23 and local achievements in 22/23

2 Recommendation(s)

- 2.1 To approve the Year End Report for the Bracknell Forest Better Care Fund 2022/23
- 2.2 To note that the Year End Report Tab 7 Adult Social Care Discharge Fund 22/23 was submitted to Better Care Fund England 2nd May 2023 through delegated authority to the Executive Director: People as per the national deadline.
- 2.3 To note that the Year End Report 23/24 was submitted to Better Care Fund England 23rd May 2023 through delegated authority to the Executive Director: People as per the national deadline.

3 Reasons for Recommendation(S)

- 3.1 To comply with the NHS and Departments' requirement to submit HWB approved Year End Report.

4 Alternative Options Considered

- 4.1 No alternative to approving the Year End report has been considered as this is a national requirement.

5 Supporting Information

National Metrics

5.1 The BCF 22/23 reported against four national metrics:

Metric	Definition	Summary
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (i.e., diabetes, high blood pressure, epilepsy etc)	At the time of reporting there was no available data to determine progress against this metric. Data was available for Q1 whereby we met our quarterly target.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	Not on track to meet target of 93% - we achieved 90.5% Mitigating factors – we are seeing an increase in people discharged with complex health issues and pathway 3 discharges therefore requiring a higher level of care than previously received prior to hospitalisation. Increased evidence of hoarding making discharge to normal place of residence more difficult. Families also wanting wrap around care for their loved one.
Residential Admission	Rates of permanent admissions to residential care per 100,000 population 65+	Target of 563 per 100,000 was not met – 589.4 per 100,000 achieved. In real terms that means we had an aim of 110 people over the year admitted to permanent residential care but instead placed 115 people
Reablement	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement	Target of 87.5% (70 /80) not met – we achieved a target of 85.3% (87/102 people) This links to the increase in complex needs at the point of discharge – ICS receiving more people that are not fit enough to be re-abled and are requiring more hands-on care whilst they become well enough.

Key successes observed towards driving the enablers for Integration

- 5.1 Partners across Health, Social Care and Housing noted strong integrated partnership-working across health and social care in Bracknell Forest Place. Colleagues meet weekly at the joint seasonal capacity planning meetings whereby the opportunity to troubleshoot any barriers to system flow, discuss what is going well and sound out innovative ideas takes place.
- 5.2 In addition, ongoing building of relationships across place and effective communication. For example, Team Manager for Adult Community Team and the Hospital Discharge Team rotate themselves and staff to be based within the acutes - this has enabled more effective communication, being closer to the safeguarding team and enabled liaising with other local authorities as well.
- 5.3 The Adult Social Care Discharge Fund 22/23 – whilst presented challenges in the swift turnaround required to propose, agree and mobilise funding for various

schemes over the winter period – these were carried out effectively and contributed to system flow with health and social care working together to support system needs and demands.

Key challenges observed towards driving the enablers for Integration

- 5.4 One of the ongoing challenges has been the data available to evidence narrative and drive forward performance and a person-centred approach. More information about individuals admitted to hospital is required earlier to ensure they are on the right pathway for discharge. This is being addressed and good progress made with staff now having access to EPIC
- 5.5 Resource and capacity across the system and the amount of time the trust is under Opal level . This makes it difficult to plan and support staff across the system and leads to an unsustainable level of hospital discharges and associated activities as well as managing the expectations of families. Having less permanent resource across the system also impacts on cost – as does the shortage of nursing staff in care homes. This limits a person’s choice and increases cost.
- 5.6 Please see Appendix A Bracknell Forest HWB 2022-2023 End of Year report.

6 Consultation and Other Considerations

Legal Advice

- 6.1 Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Partnership Agreement is such an arrangement which enables the management of BCF schemes in accordance with the national conditions. The year-end reporting requirements have been considered elsewhere in the body of this report and the Council plans to comply with such requirements.

Financial Advice

- 6.2 Finance have completed the financial elements of the NHS year-end template. There are no financial implications from this report.

Other Consultation Responses

- 6.3 The Year End report received input from financial, operational and strategic stakeholders from the local authority and Frimley ICB.

Equalities Impact Assessment

- 6.4 No formal EIA was completed as part of the delivery of the 22/23 BCF. However, it is anticipated that the provision of the Better Care Fund schemes has had an overall positive effect on residents with protected characteristics, especially older people, those with disabilities or long-term conditions and carers.

Strategic Risk Management Issues

- 6.5

Risks	Mitigations
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Lack of assurance of all BCF schemes in order to determine impact and outcomes	New business cases required to identify strategic links, outcomes and KPI's to be reported to Broader reporting of BCF dashboard Approval to recruit BCF programme manager as a dedicated FTE focus on the delivery of the BCF
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Climate Change Implications

- 6.6 The recommendations in Section 2 above are expected to have no impact on emissions of CO₂.

The reasons the Council believes that this will reduce emissions/have no impact on emissions are/To reduce the impact of this increase, the Council will

Health & Wellbeing Considerations

- 6.7 The BCF programme supports the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

Background Papers

Bracknell Forest Better Care Fund – Year End report 22/23

Contact for further information

Sarah van Heerde, Commissioning- 01344 351 329

Sarah.van-heerde@bracknell-forest.gov.uk

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Bracknell Forest

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

■

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

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Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
Pathway 3 practitioner	Home Care or Domiciliary Care	Domiciliary care packages	£40,000	£40,000	760	Hours of care	No		Yes	19 individuals were supported with a minimum of three assessments each. This information refers to both pathway 3 practitioner posts (D14 and D22)	For future it would be helpful to have from the organisation easy tools for
7 day working homecare	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£25,000	£0	0	Hours of care	Yes	Despite anticipating through evidence based demand modelling a need for packages of care to be implemented over the weekend, whilst there were discharges that took place over 7	No	please see L15 for an explanation - however the impact of this funding was experienced as evidenced in line N19	We still anticipate that a system progression towards 7 day working will be
Facilitated Discharge from A&E Senior Social Worker and support worker	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£62,040	£62,040	6	Hours of care	No		No	This scheme took a while to mobilise given the due process required for recruitment set against the swift turn around requirement for the implementation of this grant. BFC only	Please note, the unit of measure is not hours of care, the number of people
Heathlands ICS trusted assessor	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£35,000	£35,000	39	Hours of care	No		Yes	This scheme is in conjunction with the care home physio scheme. 27 people were supported back to care homes with the Care Home Physio Scheme. The vast majority were supported on the	Please note the unit of measure is number of people not hours. This
Home preparation	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£10,000	£10,000	6	Hours of care	No		Yes	See brief case study example: SU living alone in ground floor flat, access visit from hospital OT determined he was unable to return unless property cleared to make room for equipment. SU	Please note, the unit of measure is not hours of care, the number of people
Homecare	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£60,000	£85,000	2,755	Hours of care	Yes	We increased the spend utilising the underspend from the 7-day working homecare scheme	Yes	Having the additional funding to swiftly step up complex packages of home care enabled and supported swifter discharge from the acutes. Some case examples: Individual was discharged	Knowing that additional funding is available has facilitated swifter decisions
IT grab bags	Assistive Technologies and Equipment	Telecare	£20,000	£20,000	69	Number of beneficiaries	No		Yes	Frimley x3 grab bags, Heathlands x2 to support discharge. ASC x4 residents supported with tech/care for hospital prevention in addition we provided 60 pendants to the three acutes to be	Healthwatch reported to us that they had received feedback from patients who
Multi-therapy assistant post Care Homes	Residential Placements	Discharge from hospital (with reablement) to long term care	£24,863	£24,863	27	Number of beds	No		Yes	This scheme has worked well and supported people back to their care homes from hospital in a timely way with rapid access to physiotherapy, giving care homes confidence to accept residents	This scheme is considered successful and will be considered for being
Pathway 3 practitioner	Home Care or Domiciliary Care	(blank)	£40,000	£40,000	760	N/A	No		Yes	19 individuals were supported with a minimum of three assessments each. Having an allocated worker dealing with hospital discharge	For future it would be helpful to have from the organisation easy tools for
Physiotherapy Intervention in Care Homes	Residential Placements	Discharge from hospital (with reablement) to long term care	£46,513	£46,513	27	Number of beds	No		Yes	This scheme has worked well and supported people back to their care homes from hospital in a timely way with rapid access to physiotherapy, giving care homes confidence to accept residents	This scheme is considered successful and will be considered for being
Temporary accommodation	Residential Placements	Other	£30,000	£30,000	3	Number of beds	No		Yes	The SU was discharged on 11/3/23 from a community hospital bed to one of the guest flats in a sheltered scheme as home was not fit for purpose. The only other option would have been a	Review the referral process and agree what info is needed to enable quicker
Thames Hospice at Home	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£20,000	£20,000	7	Hours of care	No		Yes	The core contract provides a service for those at end of life up to 6 weeks. This additional funding gave hospice@home some flexibility to support people home with a prognosis of over 6	Please note, the unit of measure is not hours of care, the number of people
The Ark	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£20,000	£20,000	19	Hours of care	No		Yes	Approx 19 people have been supported out of hospital. This has provided extra capacity to the Red Cross contract for supporting people out of hospital, ensuring people have access to basic	Please note, the unit of measure is not hours of care, the number of people

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To: **Health and Wellbeing Board**
6 JUNE 2023

Better Care Fund 23-25 Plan
Executive Director: People

1 Purpose of Report

- 1.1 To inform the Health and Wellbeing Board of the national planning requirements for the Better Care Fund (BCF) 2023-2025.
- 1.2 To inform the Health and Wellbeing Board of our approach and planning undertaken to date.
- 1.3 To seek approval for the Health and Wellbeing Board to delegate authority to the Executive Director: People, Bracknell Forest Council to sign off the BCF 23-25 Plan by 28 June 2023 in order to ensure national compliance.

2 Recommendations

- 2.1 For the Board to note and review joint planning undertaken to date and agree the recommended approach.
- 2.2 For the Board to note that all planning is subject to continuous development following ongoing consultation, development and the collation of data.
- 2.3 For the Board to award delegated authority to the Executive Director: People for clearance of the final Bracknell Forest BCF Plan 2023/25 for submission to Better Care Fund Support England by the national deadline on 28 June 2023.
- 2.4 For the Board to receive the completed BCF Planning Template and BCF Narrative Plan.

3 Reasons for Recommendation(S)

- 3.1 To ensure compliance with the BCF Framework 2023/25 and associated submission and assurance process.

4 Alternative Options Considered

- 4.1 None

5 Supporting Information

- 5.1 The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities have published a Better Care Fund policy framework 2023 – 2025¹ for the implementation of the BCF over a two-year period. This

¹ [Better Care Fund policy framework 2023 to 2025 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

document sets the national conditions, metrics and funding arrangements for the Better Care Fund in financial years 2023/24 and 2024/25.

- 5.2 The vision for the BCF 23-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person.
- 5.3 This vision is underpinned by two core principles:
- Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time
- 5.4 The BCF Policy Framework sets out the following national conditions for the BCF in 2023-2025 that are required to be met in order to be approved.
- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
 - Implementing both policy objectives listed in 5.3.
 - Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF) and investment in NHS commissioned out of hospital services.
- 5.5 The Adult Social Care Discharge Fund (ASC DF) 23-25
This fund will also be administered through the Better Care Fund Framework in 2023-2025 with a focus in 2023-2024 on growing social care capacity in ways that have the greatest impact on:
- Reducing delayed hospital discharges
 - Planning services sufficiently far in advance to enable providers to make appropriate workforce capacity plans
 - Learning from evaluation of the impact of the previous discharge funding 23/24
 - Improving collaboration and information sharing across health and social care services.
- 5.6 Following on from our End of Year 22/23 reporting – strong partnership relationships are in place and key partners across the ICB, adult social care, mental health, commissioning, access to resources and housing meet on a weekly basis to discuss capacity, service developments and share information. Working well together and supporting each other and system needs has led to a creative and innovative space. Building on the learning from the ASC DF 22/23 and joint planning conversations please see Appendix 1 ASC DF 23/24 proposed schemes.
- 5.7 Metrics
The BCF Plan 2023 – 2025 will see the introduction of some new metrics:
- Provide people with the right care, at the right place, at the right time**
In 2023 to 2024:
- Discharge to usual place of residence
 - (new) discharge metric ahead of winter 2023
- In 2024-2025:
- Discharge to usual places of residence
 - (new) discharge metric ahead of winter
 - (new) proportion of people discharged who are still at home after 91 days
- Enabling people to stay well, safe and independent for longer**
In 2023to 2024:

- Admissions to residential and care homes
 - Unplanned admissions for ambulatory sensitive chronic conditions
 - Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services
 - (new) emergency hospital admissions due to falls in people over 65
- In 2024 – 2025)
- Admissions to residential and care homes
 - Unplanned admissions for ambulatory sensitive chronic conditions
 - Emergency hospital admissions due to falls in people over 65
 - (new) outcomes following short-term support to maximise independence

5.8 Approach to setting metrics

Over the last 10 years from 2011 – 2021 the Bracknell Forest population increased by 10.1%² (higher than the South-East average increase which is 7.5%). Even though our ageing cohort 65+ is low compared to our population, it still saw an increase of 32.2% This gives an indication of the increase in demand on our services we are experiencing.

In addition, referencing the EoY 22/23 report we are seeing an increase in people with complex needs, a shortage of nursing staff and other workforce challenges, and our acutes are operating at black opal 4 levels for prolonged periods of time placing additional pressure across the system.

However, these challenges are supported by a flexible and responsive Integrated Intermediate Care Service, Heathlands bed-based Intermediate Care, a robust Home-Care market, a proactive hospital discharge team and ongoing work to improve our Home-First and Assistive Technology approaches.

Therefore, it is important to find a balance when setting our targets against the above metrics to ensure we continuously seek improvement against the previous year's targets - set within realistic performance expectations.

5.9 Better Care Fund Priorities 23-25

Whilst the national conditions and national objectives are fixed requirements for all BCF Plans, each Health and Wellbeing Board is at liberty to set and identify priorities for their local BCF Plan.

The BCF Plan 22-23 saw the priorities refreshed and revised following extensive consultation and engagement with key stakeholders. Final BCF 22/23 plans were submitted in September 2022 and after discussion with key stakeholders it is agreed that the recently set priorities remain relevant. Work to meet these priorities is ongoing and allows for additional developments to take place over the next planning period.

² [Bracknell Forest population change, Census 2021 – ONS](#)

The priorities proposed for the 2023-2025 period are

- Build on Integrated Care Decision Making for early discharge planning and admission avoidance
- Improving the pathway from acute to the community
- Ageing well and frailty support
- Develop and enhance a technology first approach
- Improve quality assurance oversight of provider markets
- Integrated Community transformation
- Prevention and Early Intervention collaborative working

5.10 Key changes to date since the BCF 22/23 plan:

- Understanding demand and capacity across our system – EPIC and dashboards is progressing
- 23-25 will see the initial implementation of the carers’ strategy
- Joint re-development of the ASC operating model
- Enhanced Integrated Community Mental Health Support
- Increased pace in the development of our technology first approach and strategy

5.11 Timetable:

BCF planning requirements published	5 April
Optional Draft planning submission	19 May
BCF planning submission	28 June
Scrutiny of BCF plans by regional assurances, assurance panel meetings and regional moderation	28 June – 28 July
Regionally moderated assurance outcomes sent to BCF Team	28 July
Cross-regional calibration	3 August
Approval letters issued giving formal permission to spend	8 September
All S75 agreements to be signed and in place	31 October

6 Consultation and Other Considerations

Legal Advice

6.1 Ongoing legal advice will be sought in the planning of the S75 2023-2025

Financial Advice

6.2 Finance leads across Frimley ICB and Bracknell Forest Council engage with the completion and planning of the BCF.

Other Consultation Responses

- 6.3 The draft plan is being shared for input with stakeholders from Frimley ICS, housing, social care, community engagement, public health, the Health and Wellbeing Chair.

Equalities Impact Assessment

- 6.4 No EIA has been completed however consideration has been given to equalities and health inequalities in Appendix “

Strategic Risk Management Issues

- 6.5

Risk	Mitigation
Plan not covering all aspects/ not all stakeholders have contributed to date due to short time frame	Recognition of BCF regional team re challenges of completing the plan in a short turnaround time Ongoing engagement with partners
Approval not given by BCF / DHSC	Current draft has been submitted to the BCF regional team for assurance. Feedback due by the end of May 2023 Ongoing support through BCF regional team
Metrics estimated at incorrect levels	BCF regional team recognise challenges of forecasting Outlined rational in metrics

Climate Change Implications

- 6.6 The recommendations in Section 2 above are expected to:

Reduce emissions of CO₂/Increase emissions of CO₂/Have no impact on emissions of CO₂.

The reasons the Council believes that this will reduce emissions/have no impact on emissions are/To reduce the impact of this increase, the Council will

Health & Wellbeing Considerations

- 6.7 The BCF programme supports the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

Background Papers

Appendix 1 ASC DF 23-25 Proposed Schemes

Contact for further information

Sarah van Heerde, Commissioning - 01344 351 329

Sarah.van-heerde@bracknell-forest.gov.uk

Bracknell Forest Place Discharge and Flow Plan 23/24

Action / Scheme	Rationale	Detail	Expected Impact	Lead
D2A Social Worker	<p>To support with complex pathway 3 / D2A discharges within the Adult Community Team</p> <p>Previous scheme run shows the resource is better allocated towards complex D2A instead of facilitating discharge from A&E.</p> <p>Additional staff needed to support community teams undertaking assessment and arranging ongoing care.</p>	1 x social worker (locum)	<p>Our current hospital discharge team are still supporting D2A (following patient discharge) which can take between 6 weeks to 6 months depending on the complexity. Therefore, by having a dedicated resource to focus on these assessments, the hospital discharge team will be able to maintain their focus on the timely allocation and flow of discharges.</p>	Anna McCafferty, ACT Team Manager
Care Home Physiotherapy Pilot	<p>To provide physiotherapy and reablement to people returning to a care home placement following hospital discharge.</p> <p>To support activity leads in the care homes with appropriate exercise</p> <p>Proposal to extend for 9 months, reviewing the pilot and then seeking recurrent funding through the BCF</p>	<p>1 x Physio</p> <p>1 x Multi-therapy assistant</p>	<p>27 people were supported between Dec-Mar. The majority were supported on the same day or within a day of referral. Support falls prevention, preventative therapy, and rehabilitation.</p> <p>Supporting people back to care homes in a timely way with rapid access to physiotherapy.</p> <p>Enabling care homes to feel confident to accept residents back after hospitalisation</p>	Claire Collins EHCH lead
CHMTOA Pathway 3 Social Workers	To provide complex pathway 3 and D2A assessments for people in the Mental Health Older Age team	2 x practitioners (locum)	<p>19 individuals were supported between Dec 22 - Mar 23 with a minimum of 3 assessments each.</p> <p>Dedicated resource focused on the hospital discharge process supports system flow, integrated working through improved relationships with the ICB, continuity of the assessments and good quality communication with the families.</p> <p>Additional staff needed to support community teams undertaking assessment and arranging ongoing care.</p>	Mari Longworth, Team manager for the Community Mental Health Team, Older Adults

Bracknell Forest Place Discharge and Flow Plan 23/24

Assistive Technology Grab Bags	<p>To provide people with monitoring equipment at the point of hospital discharge</p> <p>Improve patients' confidence on discharge from hospital.</p> <p>Supports with Bracknell Forest Council's pursuit for an improved technology first approach.</p>	Access to a range of assistive technology equipment	<p>9 people were supported with grab bags or pendants Jan – Mar 23</p> <p>Frimley x3 grab bags</p> <p>Heathlands x2 to support discharge</p> <p>ASC x4 residents supported with tech/care for hospital prevention</p> <p>60 pendants sent to the three acutes to be readily available to the patient at the point of hospital discharge.</p> <p>Confidence to families and patients at the point of discharge when leaving the acute to return home</p>	Marney Ahmed, Forest Care
Complex Home Care	<p>To provide complex packages of homecare to ensure and support hospital discharge</p> <p>Supports swifter discharges from the acutes with a quick step up of complex packages of home care.</p> <p>POCs have been sourced and started within 24hrs which helps to speed up discharge as they are not having to wait for a residential or nursing home assessment.</p>	Homecare Framework	<p>Supported with 2755 hours of care between Dec-Mar. Supported SU's on discharge with 2x12hr support.</p> <p>These either then get reduced over time or shows the need for 24hr care within a placement.</p> <p>Facilitates swifter discharge through immediate access to funding of complex packages.</p>	Sue Halligan, AtR Manager
Temporary Accommodation and Home Preparation	<p>To provide temporary accommodation for a person who is medically fit for discharge, whilst their home is prepared for safe habitation. Prevent unnecessary admission into residential care.</p> <p>Enable early intervention, promote, and encourage independence with a focus on what the person can do.</p>	<p>Accessible Guest suites facilitated by Silva Homes</p> <p>Rapid access to cleaners</p>	<p>The temporary accommodation scheme supported 3 people during the winter period and was successful in reducing bed days lost whilst home preparations were made</p> <p>The home preparation scheme supported 6 people between Dec-Mar.</p>	Anna McCafferty, ACT Team Manager

Bracknell Forest Place Discharge and Flow Plan 23/24

	Prevent delays to discharge while waiting for the home to be in a suitable condition.			
ICS Discharge Assessor	To support discharge from bed-based intermediate care with reablement. Supported the care home physiotherapy scheme to help people back to care homes	1 x locum trusted assessor / discharge coordinator	Coordinated discharge will increase flow through the community beds	Bethan Spickett, Heathlands ICS Manager
Home First Social Worker	Dedicated social care to support people to achieve independence following discharge. Track wrap around care provided to support an enhanced home service Facilitate assessment for ongoing care to be undertaken outside of hospital supporting Enhanced Home First approach	1 x locum social worker	Prevent Discharge delay due to risk averse and concerned families and discrepancies between acute/ community assessments	Anna McCafferty, ACT Team Manager
Support Coordinator	Based in FPH enhancing communications between Iris, wards and hospital discharge team – supporting the home-first narrative and liaising with families to provide assurance and information	1 x support coordinator (5 months)	Prevent Discharge delay due to risk averse and concerned families and discrepancies between acute/ community assessments	Anna McCafferty, ACT Team Manager

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