



NOTICE OF MEETING

Health and Wellbeing Board

Thursday 15 September 2016, 2.00 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)
Dr Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Lise Llewellyn, Director of Public Health
Rachel Pearce, South Central Sub Region NHS
Mary Purnell, Bracknell & Ascot Clinical Commissioning Group
Mark Sanders, Healthwatch
Fidelma Tinneny, Berkshire Care Association
Hilary Turner, NHS England South Central Region
Linda Wells, Bracknell Forest Homes
Gill Vickers, Bracknell Forest Council
Timothy Wheadon, Chief Executive, Bracknell Forest Council

ALISON SANDERS
Director of Corporate Services

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If you require further information, please contact: Priya Patel
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Email: priya.patel@bracknell-forest.gov.uk
Published: 6 September 2016



Health and Wellbeing Board
Thursday 15 September 2016, 2.00 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

AGENDA

Page No

1. Apologies

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

2. Declarations of Interest

Any Member with a Disclosable Pecuniary Interest or an Affected 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 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 Board held on 29 June 2016.

5 - 8

5. Matters Arising

6. Public Participation

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 Priya Patel: priya.patel@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.

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.

7. **Actions taken between meetings**

Board members are asked to report any action taken between meetings of interest to the Board.

8. **One Public Estate**

An open discussion to be led by the Chairman.

9. **Proposed Housing Development Mapping for Bracknell Forest in respect of Primary Care Mapping**

A verbal update and discussion.

10. **Health & Wellbeing Board: Peer Challenge Feedback**

The Board is asked to consider the feedback as attached on the Peer Challenge.

9 - 44

11. **Healthwatch Annual Report**

The Board is asked to note the Healthwatch Annual Report 2015-16.

45 - 66

12. **Forward Plan**

Board members are asked to make any additions or amendments to the Board's Forward Plan as necessary.

67 - 68

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**HEALTH AND WELLBEING BOARD
29 JUNE 2016
2.00 - 4.25 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
Dr Tong, Bracknell & Ascot Clinical Commissioning Group (Vice-Chairman)
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Dr Janette Karklins, Director of Children, Young People & Learning, Bracknell Forest Council
Lise Llewellyn, Director of Public Health
Mary Purnell, Bracknell & Ascot Clinical Commissioning Group
Mark Sanders, Healthwatch
Gill Vickers, Bracknell Forest Council
Timothy Wheadon, Chief Executive, Bracknell Forest Council

1. Election of Chairman

Councillor Birch was elected as chairman of the Board for the 2016/17 municipal year.

2. Appointment of Vice Chairman

Dr William Tong was appointed vice-chairman of the Board for the 2016-17 municipal year.

3. Declarations of Interest

Councillor Birch declared an interest in Minute 11: Families in a Strong Community, as the Council's representative and a trustee of Involve.

Councillor Dr Barnard declared an interest in Minute 11: Families in a Strong Community, as the Council's representative and trustee of Involve.

4. Urgent Items of Business

There were no items of urgent business.

5. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board held on 3 March 2016 be approved as a correct record and signed by the Chairman subject to Minute 44: Volunteer Passport Scheme, being amended to read that the Scheme was currently being put together and wasn't yet up and running.

6. **Matters Arising**

There were no matters arising.

7. **Public Participation**

No submissions had been received under the terms of the Health & Wellbeing Board's public participation scheme.

8. **Actions taken between meetings**

There were no actions to report.

9. **Sustainability & Transformation Plan**

New Vision of Care (NVC), the Care Act and the Sustainability and Transformation Plan

A presentation was delivered on the New Vision of Care, the following points were made:

- NVC was a model of care for those living with complex conditions, produced in partnership with local people and professionals. The aim of the model was to create a better experience of health and care for individuals and financially sustainable services for the local population.
- The presentation summarised the model, described the approach, showed alignment to the Care Act, outlined steps for delivery and showed alignment to the Sustainability and Transformation Plan (STP).
- It was reported that the NVC was not a traditional programme but rather a social movement to value and build on what already worked well. The commitment to the programme locally had been very promising.
- The Frimley System: The Frimley health and care planning footprint would be the population of 750,000 people registered with GPs in five CCGs; Slough, Windsor, Ascot & Maidenhead, Bracknell & Ascot, Surrey Heath and North East Hampshire and Farnham.
- It was reported that the NVC would be integral to the STP.
- The five priorities for the STP were outlined, which were intended to be addressed over the next five years.
- The six STP initiatives chosen to maximise benefit over the next 12 to 18 months were outlined.

The Director of Adult Social Care, Health & Housing delivered a presentation on the System Sustainability and Transformation Plan and made the following points:

- It was anticipated that the STP would be well received. A Frimley System Wide Leadership Group had been established. The Board noted that the STP would allow collaborative working where needed.
- Overview of gap analysis: Analysis showed that the Frimley system was a good starting point. There was evidence of greater need due to demographic change. Current improvement trajectories were not sufficient to stop gaps widening or to prevent the progress being made to be reversed.
- The CCG Accountable Officer reported that the case for a Frimley based system had to be strongly argued. This had been successful as it was recognised that the Frimley footprint was successful and cogent.
- Priorities would be defined by the themes arising from underlying plans of all in the footprint and would take account of health and social care gaps.

Solutions provided would be intended to provide sustainable solutions for the whole footprint.

- Finances for this work would evolve over the next few months and timescales would be challenging. The indicative budget was attractive, but it was yet uncertain how it would be distributed. The Board noted that the 2% provider efficiency could not be achieved without collaborative working.
- The Chief Executive stated that this was an important piece of work, driven by the NHS, with NHS timescales. It would be critical that challenges were shared challenges with shared outcomes. It was important when looking at whole system problems, that every component benefitted from work carried out. Managing the market would be important, as well as managing the market outside of the footprint. The Board would potentially play a role in removing any blockers to this work.
- The Board noted that local engagement would be critical and part of this would involve communicating implementation plans.
- The Involve representative reported that he was pleased to see that the voluntary sector had been referenced throughout this work, particularly in terms of work around self reliance, where the voluntary sector could play a significant role.
- The Chairman expressed disappointment that elected members had not been engaged with this process to date. Local authorities were well placed to deliver key messages to their communities but this was not possible if they were not actively involved in the process. This could not continue in future, elected members needed to be actively involved and work needed to be collaborative. All partners had ideas and innovation that they could bring to the table, collaboration needed to include local authorities and the voluntary sector and not run by the NHS alone. For example, Bracknell Forest had a bus strategy which could be linked to various strategies to ensure/improve access to various sites. The amount of work that needed to be completed by September 2016 was a concern but it was important that local authorities were included in this work and not presented with a fait au complait. The Chairman was keen to understand the implications for his local community.
- In response NHS representatives stated that all finances had been put together in conjunction with the Council's Borough Treasurer and that various updates were being provided as well as the information provided at Board meeting, however clearly there was more that could be done.
- It was reported that working from the grassroots was important and that the STP provided a great opportunity to do that.
- Board members recognised the need to develop a joint narrative and to work together to produce this.
- Healthwatch stated that a one page plain English narrative would be useful that could be accessed on all websites.
- The Board recognised that a strong and established local voluntary sector existed as well as strong patient participation groups in GP surgeries and that they would be well placed to communicate key messages.

10. Emotional Health & Wellbeing Strategy 2016-19

The following points were made:

- The Director of Children, Young People & Learning thanked all partners for the contribution they had made to the development of the strategy. The strategy had now been approved and was available on the Council's website.
- The Executive Member for Children, Young People & Learning emphasised the importance of this strategy in delivering the best outcomes for local young people. The emphasis on early intervention was particularly important and it

would be vital to measure the impact of the strategy on young people and more widely. Reporting of high level milestones would be useful for the Board. It was encouraging to see a more open culture around emotional health in terms of young people, this was being reinforced by schools and a much greater flow of information around this issue. It was noted that the impact of the strategy would define future funding.

- The Board noted that the strategy was the culmination of much hard work and that it could now move forward to annual review against milestones.
- The Chairman emphasised the need to maintain momentum in delivering the required changes, particularly against waiting times.
- Healthwatch commended all those involved in drafting the strategy for the use of plain language which was accessible to all.

RESOLVED that the Board noted the Emotional Health & Wellbeing Strategy 2016-19.

11. **Families in a Strong Community**

The Director of Children, Young People & Learning presented a report to the Board and made the following points:

- The Families in a Strong Community project aimed to reduce social isolation, and develop communities which were more resilient and better placed to look after their own health. Bracknell Forest had received a grant of £87,500 through the DCLG 'Delivering Differently Through Neighbourhoods' programme. This was used to develop a Bracknell Forest volunteering training scheme to support vulnerable families from within the community and had been hugely successful to date..
- The model had proved beneficial for both vulnerable families and the volunteers, with a proportion having been able to access employment opportunities through upskilling and increased mental health and wellbeing.
- Links had also been made for volunteers to access other services that they may need. Involve would be continuing to take this work forward. This work had developed capacity in schools and community centres and created a means of informal sign posting to services within the community. In particular, some of the most vulnerable communities in Bracknell Forest.
- The Involve representative stated that the project had been successful on many levels and had attracted different people to volunteering. The project had created resilience in vulnerable communities as well as encouraged self sufficiency.

The Board agreed that the Director of Children, Young People & Learning and her team put together a bid to be submitted to the Better Care Fund to seek funding to continue this work.

12. **Forward Plan**

There were no additions to the forward plan.

CHAIRMAN



Councillor Dale Birch, Deputy Leader & Chair of the HWB
Timothy Wheadon, Chief Executive
Bracknell Forest Council
Easthampstead House
Town Square
Bracknell
Berkshire
RG12 1AQ

5th September 2016

Dear Dale and Timothy,

Health and Wellbeing Peer Challenge 29th June – 1st July 2016

On behalf of the peer team, I would like to thank you for the courtesy and support we received during the recent Health and Wellbeing Peer Challenge.

The Health and Wellbeing Peer Challenge is part of the Local Government Association's (LGA) Health and Wellbeing System Improvement Programme. It is based on the principles of sector led improvement that:

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area
- Councils are primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement
- Councils have a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc.)

Challenge from one's peers is a proven tool for sector led improvement. Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Bracknell Forest Council were:

- Cheryl Coppel - Ex-Chief Executive, London Borough of Havering
- Cllr. Sue Woolley - Chair of the Health and Wellbeing Board, Lincolnshire County Council
- Rachel Spencer-Henshall – Director of Public Health, Kirklees Council
- Judith Wright - LGA Associate

- Terry Dafter - Care & Health Improvement Advisor, LGA
- Rajpreet Khara – Programme Support Officer, LGA (Shadowing)
- Satvinder Rana, Programme Manager, LGA

Scope and focus of the peer challenge

The purpose of the health and wellbeing peer challenge is to support councils in implementing their statutory responsibilities in health, by way of a systematic challenge through sector peers in order to improve local practice. It also supports health and wellbeing boards to become more confident in their system wide strategic leadership role; to have the capability to deliver transformational change; to develop effective strategies to drive the successful commissioning and provision of services; and to create improvements in the health and wellbeing of the local community.

Our framework for the challenge was five headline questions:

1. To what extent is the purpose and role of the health and wellbeing board (HWB) established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?
4. To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?
5. To what extent is there a clear approach to engagement and communication?

In addition, you asked the peer team to specifically focus on the following questions:

- i. Does the HWB have a clear vision & strategy to improve health and wellbeing?
- ii. Are the vision and strategy clearly shared by all partners?
- iii. Are the vision and strategy underpinned by clear plans and actions in each partner organisation?
- iv. Is the HWB functioning effectively? If not, what needs to be done to remedy this?

It is important to stress that this was not an inspection. Peer challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and observed, and the material they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Bracknell Forest Council and its HWB have made whilst stimulating debate and thinking about future challenges.

1. Headline Messages

- 1.1 Bracknell Forest is a stable council delivering a good range of services and major projects, such as regeneration of the town centre. This is driving much of the work of the Council and will assist the economic prosperity of the place by bringing in new businesses and jobs.
- 1.2 Your Health and Wellbeing Board (HWB) is strong and you have the right partners and the right people around the table to provide strong system leadership. There is clear commitment to working in partnership and fully utilising the capacity and assets that exist in Bracknell Forest. People want to be there, but are perhaps not yet clear about how to make a difference.
- 1.3 Your Sustainability and Transformation Plan (STP) and Better Care Fund (BCF) are developed around nationally recognised good practice; and your (relatively) financially stable local health economy offers opportunities to create cutting-edge responses to local needs. You have already demonstrated this with your 'Urgent Care Centre'.
- 1.4 We heard about the good work that is going on at operational levels within and across organisations and were told about a range of initiatives being delivered on the ground. This was positive and provides a very good basis from which to develop your future responses to the health and wellbeing needs of the local population. You should continue seeking opportunities to cross-reference this work with your strategy.
- 1.5 We found there to be no 'burning platform' in Bracknell Forest which requires an immediate or urgent response. You therefore have the capacity and time to think of creative ways to focus your efforts locally to simplify pathways to health and social care and further improve services for your citizens.
- 1.6 However, that said, there is no room for complacency because there are challenges around the corner for health and wellbeing in Bracknell Forest which need thinking through now. Some of these include:
 - A growing and ageing population
 - Increasing demand for health and social care services and supply not keeping up
 - Increasing workforce pressures - particularly across the provider system, including the independent and voluntary sector. We heard some innovative thinking about how this challenge could be met but this is a system wide problem that will need addressing in the wider context the HWB offers
 - Silo working across the health and wellbeing system and the Council; there are some excellent examples of integrated working but these do not seem set within a wider strategic approach to integration between health and social care

- Making £23m savings across the Council and a potential funding gap in the Clinical Commissioning Group (CCG) of £33m by 2019. It was not clear to what extent there was a level of commitment towards pooling budgets to improve efficiencies through more joint commissioning.

1.7 We think if there was to be shared ownership of health and wellbeing issues and potential solutions (and with the right delivery mechanisms and constructive relationships), there is a huge opportunity to improve outcomes for Bracknell Forest.

1.8 This will require health partners to more clearly show how their sub-regional strategic plans are relevant to Bracknell Forest; and for the Council to ensure that health and wellbeing is a critical part of the 'Council Plan' and is fully integrated into it. This is because the 'Council Plan' creates the operational structure and driving force for activities for the Council and with its partners.

1.9 In moving forward, it is recommended the partnership should develop a strategy for the HWB in Bracknell that clearly spells out what the HWB is responsible for delivering and how the rest of the Council is going to deliver the wider determinants of health. It should also include how the HWB relates to other systems, including consideration of how it can play a positive and influential role in the emerging Sustainability and Transformation Plan (STP). This should provide a clearer strategic focus around what good health and wellbeing means for the people of Bracknell Forest, and how that can become a reality through productive partnership working. This will help establish the HWB's role as the system leader which is vital for the delivery of the financial, demand management and workforce challenges currently facing the system.

2. To what extent is the purpose and role of the health and wellbeing board (HWB) established?

2.1 You have strong and visible leaders within your system and they are all committed to working in partnership. However, they indicated that they are not clear about how to make a difference. This is partly due to a lack of clarity about the purpose and role of the HWB and its leadership position within the system; and partly due to a lack of an agreed plan to deliver shared ambitions for Bracknell Forest.

2.2 There is a Joint Health and Wellbeing Strategy (JHWS) but it does not seem to drive the business of the Council or partner organisations. It has no action plan to deliver it, is not linked to the 'Council Plan' or the strategic plans of partner organisations, lacks an effective system-wide delivery and accountability structure, and needs a robust performance management framework to track achievements.

2.3 The HWB meets infrequently and in very formal settings. We were told the agendas are laden with items that are data-heavy or items for noting,

which leave little space for discussion and decision making. We observed and were also told that the HWB behaves more like a scrutiny committee than a leadership board and that this is getting in the way of the partnership making the impact it could across the system.

2.4 We think the HWB could be much more effective in its system leadership role. It needs to be driving delivery and focusing on outcomes; and it needs to be able to forcefully articulate 'what Bracknell needs' and ask 'is it right for Bracknell Forest'. We think the time is right for you to refresh, refocus and re-energise the HWB. Our recommendation is that you look at the following areas to make changes:

- a) The purpose of the HWB needs to be clearly understood and its position as the system leader established. There should be clarity about the roles and responsibilities of Board members to the Board so that they are coming together to drive service improvements and help deliver the Bracknell plan in partnership. The Board should see its role as facilitating effective joint working between partners rather than acting as just a decision making or scrutiny body. This will involve a culture shift in the way the HWB operates and our recommendation is that you put in place development sessions for the HWB to work through how the Board acts and works as a team. As part of this you may wish to consider team building activities such as taking the Myers-Briggs Type Indicator (MBTI) instrument as a team.
- b) Be aspirational and develop a shared narrative for health and wellbeing in Bracknell Forest and an effective delivery and accountability structure so key stakeholders have a better understanding of the Board's responsibilities and authority. Back up this narrative with clear objectives and priorities for the HWB.
- c) Put in place a robust partnership-wide implementation/delivery plan that directly supports and reflects the agreed priorities of the HWB. Your implementation/ delivery plan should identify lead officers and Board sponsors for each of the priorities as well as outcome based performance measures against specific actions and projects, which are then monitored on a regular basis.
- d) Develop a strong implementation architecture to sit underneath the HWB that underpins the delivery of your priorities so that there is clarity and an understanding of who is the single person responsible for providing leadership on a particular action. This will mean wiring the HWB into the rest of the Council and partner services to ensure delivery.
- e) Develop your proposed key indicators into a dashboard to help the HWB manage performance against the priorities. This dashboard should also be used by scrutiny and similar functions in other partner organisations to scrutinise and manage performance. Consider how to ensure that the performance framework behind your priorities is clearly understood by all stakeholders within the system, and its links with the Council's health overview and scrutiny panel and equivalent accountability structures in partner organisations established. We

recommend that you keep your performance management arrangements simple. This is because the Board is accountable to the public and needs to be able to account for its progress against a narrative understood by the residents of Bracknell Forest.

- f) Review key partnership boards that currently sit around the HWB to ensure that they are aligned with the priorities of the HWB. We recommend that you look at the linkages between all these partnership boards in order to establish where roles and responsibilities lay and how each can support the work of the others so that duplication is minimised. This has potential to create capacity in the long run and lead to better outcomes for people.
- g) Make the HWB meetings feel less council dominated by alternating meetings between council and partner environments, because there is a perception that this is acting as a barrier to progress. This will require a significant shift in the way the Board meetings are structured and chaired to make them less adversarial and more like a discursive and decision making forum with a greater focus on reports that call for strategic debate, initiate action, drive decisions, and manage performance. We also heard suggestions from several stakeholders that the chairmanship of the HWB should be rotated between partner agencies, this is something for you to consider and determine locally.
- h) Consider making the workings of the Board more 'user-friendly' in terms of members of the public who are in attendance. It was evident from our attendance at the Board meeting that some of the agenda items were difficult to follow and the presentation facilities unhelpful in terms of gaining insight into what was being discussed and decided.
- i) Agree a communications and engagement plan that feeds into all partner organisational strategies to enable the HWB to communicate key messages to the community, staff, providers and partners. The communication and engagement plan will also help you to handle sensitive matters around service reconfigurations and system redesign that are around the corner; as well as demonstrating accountability back into the corporate governance arrangements within partner organisations and the Council, particularly cabinet.
- j) Ensure the HWB maintains a balance around providing leadership across the system; championing health improvement and wellbeing; and pushing for better services. All three elements are important to improving and protecting the health and wellbeing of the local population.

2.5 We believe that the above changes will help you to provide more focus, collective drive, effective communication and pace to turn your ambitions into real measurable impact on the ground.

3. How strong is work with key partners to develop system leadership?

3.1 There is strong day to day joint working across the system and there are some really good health and wellbeing programmes being delivered on the

ground. For example, 'Smoking Quitters', 'Falls Free 4 Life', 'Substance Misuse', 'Diabetes Care Processes (Primary Care)' are some of your top performing services.

- 3.2 You have also been innovative in developing creative responses to critical issues such as 'Children's Mental Health Early Intervention', 'Care Home Quality Programme', 'Use of Social Media for Prevention'. You have some impressive asset based community development initiatives in place such as 'HealthMakers', 'Families in a Strong Community', 'Year of Self Care', and 'Back to Fitness'. But what has been most impressive has been your outcome for the fastest regional reduction in avoidable premature mortality rates.
- 3.3 You have committed partners at sufficient seniority around the table and this provides a good platform for strong system leadership. Your HWB is wide and engaging where key service providers are represented as full members of the HWB, thus providing opportunities for them to be involved in the strategic discussions about the health and social care system in Bracknell Forest.
- 3.4 However it is clear that some partners currently feel the Board acts as a means of providing them with updated information on what is happening locally rather than feeling they have an opportunity to contribute in a more purposeful way to decision making. We were told that you have had lots of circular discussions and no action when partners were experiencing issues they felt needed to be addressed by the HWB, for example capacity in social care provision (not just workforce), de-commissioning of voluntary sector thereby leading to reduced capacity, and financial and service strain in parts of the system. The HWB should therefore focus on driving improvement by looking forward and facilitating new, more effective ways of working, rather than looking back and acting as a scrutiny panel.
- 3.5 We recognise it is challenging for a small Unitary council to see its place within a complex health and social care economy that is set up in two different sub-regional groupings. This sometimes conflicts with expectations of a more local 'place based' approach, as was demonstrated with the recent restructure of Clinical Commissioning Group (CCG) staff into East Berkshire focused roles. Therefore, we strongly feel that health partners need to recognise this and assist in bringing a greater clarity and focus to Bracknell Forest as a place.
- 3.6 The Council itself also needs to clearly establish what it wants and then work with partners to achieve it; and the HWB should reflect on why the links between the HWB and the Council Plan are not as strong as they could be. We would therefore urge the Council to ensure its wider functions are engaged with the HWB in a systematic way to meet key priorities of the HWB, particularly in relation to addressing the wider determinants of health. For example, there is an opportunity to connect spatial regeneration and improved health and wellbeing with a focus on both people and place.

3.7 To strengthen your partnership working further we suggest that you put in place arrangements to enable organisations not on the HWB to be able to engage with and contribute to the work of the HWB. For example, local delivery partners such as GPs, Pharmacies, Ambulance Trust, Police, Fire and Rescue Service and the wider voluntary and community sector need to see how they fit in. This is not to say they should all be members of the HWB, but there needs to be a mechanism through which these organisations can engage with the Board and help to deliver its broad objectives.

3.8 We also recommend you find ways to ensure 'equal partnership' in agenda setting, forward planning and the determination of the big ticket items. This means actively involving partners in determining the big issues of debate for the HWB. All partners should be able to propose agenda items that are in line with the priorities of the HWB. This can be addressed through a review of processes, and forward planning. We think if you had a robust implementation plan for the delivery of your priorities then this will help you to engage with partners in a more co-ordinated way, thus leading to more meaningful discussions at the HWB.

4. To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?

4.1 You have a refreshed JHWS in place called 'Seamless Health' which identifies 'Active & Healthy Lifestyles', 'Mental Health in Children & Young People', 'Tackling Social Isolation', and 'Workforce Development' as the key priorities for Bracknell Forest. You also have a comprehensive web-based interactive Joint Strategic Needs Assessment (JSNA) which is accessible and easy to read.

4.2 The refreshed JHWS supersedes your previous Health and Wellbeing Strategy which was developed long before the creation of HWBs around the country. This foresight needs to be applauded and demonstrates the long term commitment you have to improving the health and wellbeing of your citizens.

4.3 However, your current JHWS does not reflect the vision and ambitions for the area and nor does it cover the 'life course' approach, despite the fact that your JSNA does. Furthermore, it is, as yet, neither fully owned nor is it embedded across the health and wellbeing system. There are a number of priorities across the system that are not all aligned. This means there is no system-wide strategy that harnesses your capacity, provides strategic direction, and captures your achievements so they can be appraised and celebrated in a systematic way.

4.4 Even within the Council your current JHWS and the programmes you are delivering are not clearly linked to the 'Council Plan'. This means your JHWS sits outside of any effective delivery mechanisms because the 'Council Plan' is the main delivery mechanism for council business. For

example, your regeneration programme recognises health and social care system issues, but this is not a core component. Town centre regeneration should, therefore, explicitly take into account the health and wellbeing issues of residents, including mental health, healthy living and accessibility.

- 4.5 There seems to be two streams of work around health and wellbeing in Bracknell Forest which need to be brought together. One is the delivery of your JHWS and the other is the work being delivered through the 'Council Plan'. For example, 'People live active and healthy lifestyles' is one of the key themes in the 'Council Plan', but how its wider delivery links to HWB's agendas and delivery plans needs more consideration.
- 4.6 As suggested above, a more place-based and system-wide strategy that is co-produced by the partnership and which articulates priorities, action plans and who exactly is responsible for delivering them across the system would assist to clarify matters. As a start, we recommend that you now begin work to consolidate your health and wellbeing objectives and align them across the Council so that there is connectivity between them on paper and implementation on the ground. In addition, the HWB should also seek alignment of partner organisations' plans to the agreed strategy so that there is a system-wide approach to delivering it.
- 4.7 Your JHWS generally lacks an effective delivery and accountability structure and there is no JHWS implementation/delivery plan that identifies lead officers and/or Board champions against each objective. Nor does it have performance data or updates on progress around projects to enable the HWB to determine progress being made in delivering its key objectives and priorities. So actually monitoring the difference the JHWS is making is not happening at the moment. We would therefore urge you to develop an implementation/delivery plan into an aligned and robust mechanism by which you can deliver your objectives and manage performance.

5. To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

- 5.1 There is integrated working across the sub-region. The Berkshire public health shared agreement involves joint commissioning and delivery between six councils that is supported by a central shared Public Health team, hosted by Bracknell Forest. The shared team is led by the Strategic Director of Public Health who provides strategic direction across all six councils.
- 5.2 There is willingness and commitment to provide seamless health and care services for the citizens of Bracknell Forest. We heard examples of how front line staff are working well together and we were told about some good examples of integrated working at the operational level, for example, 'Falls Prevention Pathway' 'Intermediate Care', 'Social Care Hospital In-Reach Service'. However, partnership working at the strategic level seems under-developed in establishing and resolving root causes and

problem solving, for example, the rising elective admissions to hospital and Delayed Transfers Of Care (DTOC).

5.3 You have so far managed the financial pressures in adult social care well and therefore the big financial pressures faced by many other local authorities in adult social care have not had a significant impact in Bracknell Forest. This puts you in a good position to really deliver a strong programme around the key themes of your strategy and improving pathways to health and social care for older people.

5.4 You will know that in the near future there is likely to be a budget gap across the health economy. As the leaders of the system you need to start thinking about what you will do when you have to make severe reductions in your budget. We recommend that, as part of your HWB development programme, you discuss that and together develop your options to deal with it. Some of the options you might consider could include more integration of services; smarter partnership working; an absolute focus on prevention, early intervention and demand management; and dealing with the wider determinants of health in a much more systematic, co-ordinated and planned way.

5.5 Your service users and citizens must be central to your plans for future integration and service transformations to ensure that services are planned around the service user. This will mean maximising independence and quality of life, helping people to stay healthy and well for longer, and providing clearer and simpler pathways to services.

6. To what extent is there a clear approach to engagement and communication?

6.1 You have a local and national reputation for health communication through your social media work. A recent analysis of the social influence of your Twitter account @BFC_Health indicates that it has grown significantly and is now equal to that of the main council Twitter account; achieving around 235k impressions, 5.6k profile visits, and very positive feedback. We think this is to be celebrated and you should now take this work to the next level by developing a coherent engagement and communication strategy across your health and wellbeing system.

6.2 You have a committed Healthwatch with links to patients and service users, an active voluntary and community sector (VCS), and elected members acting as community champions in their wards; all of whom are standing members of the HWB. We suggest that you utilise these resources more effectively to deliver key health and wellbeing messages to your communities, and support the evaluation of impact of your delivery programmes.

6.3 You should also continue involving citizens in evaluating the effectiveness of your services and strategies. The work being done to bring together

patient reference groups into a Patient Assembly should go some way in enabling the patient/citizens' voice to be heard.

- 6.4 The HWB, working alongside member organisations, should agree a communication and engagement strategy for the community, staff, providers and partners. A refreshed focus on what health and wellbeing improvements means in local areas would enable the Council and its partners to engage the community in their own health and wellbeing and deliver more effective messages about where and how to get the right care when they need it. This type of outreach work, using existing channels from across the system, will help to develop the HWB's engagement with the public and other partners (e.g. GPs, Pharmacies, etc).
- 6.5 In addition, the role of your health scrutiny function can be further enhanced so that it can both engage with the public and demonstrate accountability back to the public. Furthermore, better coordination with your health and overview scrutiny panel will help more clearly define the role of the HWB as a forward looking system leader rather than as a place for retrospective scrutiny. Clearly, as in many local authority areas, there is work to be done on thinking this through. We therefore recommend that support be provided to your health and overview scrutiny panel to consider the benefits of further aligning and coordinating its work plan with the HWB themes. This will enable it to scrutinise the delivery and impacts of the priorities of the HWB. It can do this by scrutinising work through commissions and deep-dives around key work programme areas, strategic priorities, and critical health and wellbeing issues in Bracknell Forest.

7. Specific questions you asked us to comment on:

- 1) *Does the HWB have a clear vision & strategy to improve health and wellbeing?* We have outlined in Sections 2 and 4 above that whilst there is a JHWS in place, it does not seem to drive the business of the Council or partner organisations; nor does it have a place-based focus or follow the life-course approach. Furthermore, it has no action plan to deliver it as it is not linked to the 'Council Plan' or to the plans of partner organisations. This means there is no agreed system-wide strategy that harnesses your capacity, provides strategic direction, and captures your achievements so they can be appraised and celebrated in a systematic way.
- 2) *Are the vision and strategy clearly shared by all partners?* We have outlined in Section 4 above that your current JHWS is neither fully owned nor is it embedded across the health and wellbeing system. Even within the Council there seems to be two streams of work around health and wellbeing which need to be brought together. One is the delivery of your JHWS and the other is the work being delivered through the 'Council Plan'. This is also replicated with partner organisations; and partners should actively reflect on how this lack of ownership occurred so as to inform future collaborative working.

- 3) *Are the vision and strategy underpinned by clear plans and actions in each partner organisation?* We have outlined in Section 4 above that your JHWS generally lacks an effective delivery and accountability structure and there is no JHWS implementation/delivery plan that identifies lead officers and/or Board champions against each objective. Nor does it have performance data or updates on progress around projects to enable the HWB to determine progress being made in delivering its key objectives and priorities. So actually monitoring the difference the JHWS is making is not happening at the moment.
- 4) *Is the HWB functioning effectively? If not, what needs to be done to remedy this?* We have outlined in Section 2 and 3 above that whilst you have strong, committed and visible leaders within your system and they are all eager to working in partnership, they are not clear about how to make a difference. This is partly due to a lack of clarity about the purpose and role of the HWB and its leadership position within the system; and partly due to a lack of an agreed plan to deliver shared ambitions for Bracknell Forest. We have made a number of recommendations in Section 2 to help you to remedy this.

8. Moving forward

In moving forward our key recommendations are:

1. *In consultation with partners clarify the purpose, role, remit and scope of the HWB and ensure everyone understands it.* Partners in the system should meet together and think through what you want the Board to be; what functions it should carry out; where the lines of accountability lay; and how the Board can best be organised to deliver those requirements. They should also be clear about the roles and responsibilities of Board members to the Board and how different stakeholders can engage with the Board and promote its ambitions.
2. *Develop a strong and shared narrative for health and wellbeing in Bracknell Forest and position the HWB as the system leader.* You should do this by developing a strong narrative about how health and wellbeing services will be delivered in local areas across Bracknell Forest. The HWB should then be supported to take the lead in articulating what services are needed, how they will be delivered locally, and what would make it easier for people to access them. This narrative and the HWB's ambitions for Bracknell Forest should be backed up with a clear delivery plan and communicated widely.
3. *Focus on developing the health and care system at the local level:* You should expend effort in working out how your health and wellbeing services will be delivered in local areas; and work out ways to ensure there are clear pathways to health and care services as part of your service integration and transformation work. This includes developing new approaches to provider and commissioning services.
4. *Put in place a robust implementation/delivery plan and a performance management framework with clear accountabilities.* Be clear how the

HWB is going to deliver the agreed strategic priorities i.e. within a HWB strategy, but through council and partner plans. Your implementation/ delivery plans should have clear targets, actions and responsibilities to sit underneath the HWB's priorities. Make sure there is clear strategic alignment between these priorities and the Council's service plans, strategies and corporate delivery arrangements. Support the delivery of these priorities with an integrated and robust performance management framework that is aligned with corporate performance management frameworks of all partner organisations.

5. *Review the support architecture around the HWB.* This should be done with the aim of delivering the priorities of the Board, clarifying accountabilities, improving effectiveness, and avoiding duplication to boost capacity. The communication and reporting lines to and from the HWB to other partnership boards and the corporate governance of the Council, as well as partner organisations should be mapped out clearly so that it can discharge its statutory responsibilities.
6. *Put in place a programme of development sessions for the HWB.* This will enable the HWB to create a safe space for it to do some creative thinking around the challenges it is facing and improve current relationships. These development sessions should be well planned and take place in informal settings and in private.
7. *Develop a communications and engagement plan.* This should assist the implementation of the strategic priorities of the HWB and the design of your future health and wellbeing system in local areas. It should also help to clarify what messages partners are taking into their organisations and what messages you are sending out to the public.

Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how the Council wishes to take things forward.

As part of the peer challenge process, there is an offer of continued activity to support this and a peer team revisit in a year's time. Mona Sehgal, Principal Adviser for South East (Berkshire, Brighton and Hove, East Sussex, Oxfordshire, Surrey), is the main contact between your authority and the Local Government Association and she can provide access to our resources and any further support. Mona can be contacted at mona.sehgal@local.gov.uk (or tel. 07795 291006).

In the meantime, all of us connected with the peer challenge would like to wish the Council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

Satvinder Rana
Programme Manager
Local Government Association

Tel: 07887 997 124

Email: satvinder.rana@local.gov.uk

On behalf of the peer challenge team

Bracknell Forest Council

Health and wellbeing peer challenge
29th June – 1st July 2016

Introduction

- LGA's health and wellbeing system improvement programme, co-created with a number of national organisations
 - Health and wellbeing peer challenge is one of the elements
 - We were made to feel very welcome and people have been open and candid
 - 24 • Feeding back key points from what we have seen, heard and been told
 - In three days: 29 sessions; 5 Councillors; 34 Staff and Partners; and 41 documents
-

The team

25

- Cheryl Coppel - Ex-Chief Executive, London Borough of Havering
 - Cllr. Sue Woolley - Chair of the Health and Wellbeing Board, Lincolnshire County Council
 - Rachel Spencer-Henshall – Director of Public Health, Kirklees Council
 - Judith Wright - LGA Associate
 - Terry Dafter - Care & Health Improvement Advisor, LGA
 - Rajpreet Khera – Programme Support Officer, LGA
 - Satvinder Rana, Programme Manager, LGA
-

Methodology

Five headline questions:

1.To what extent is the purpose and role of the health and wellbeing board (HWB) established?

2.How strong is work with key partners to develop system leadership?

26 3.To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?

4.To what extent is there a clear approach to engagement and communication?

5.To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

Specific questions you asked us to comment on....

- Does the HWB have a clear vision and strategy to improve overall health and wellbeing in the Borough?
- Is any vision and strategy clearly shared by all partners?
- Is any vision and strategy underpinned by clear plans and actions in each partner organisation?
- Is the HWB functioning effectively? If not, what needs to be done to remedy this?

Quotes – what we heard

“ The GPs were responsible for setting priorities – weren’t they?”

“Good things happen in Bracknell Forest ”

“Known as a well managed and well led council ”

28
“The HWB is untethered operating in a parallel universe”

“No matter what we did, it wouldn’t be good enough”

“We’re glad to be at the table and we want to make a difference“

Headline messages

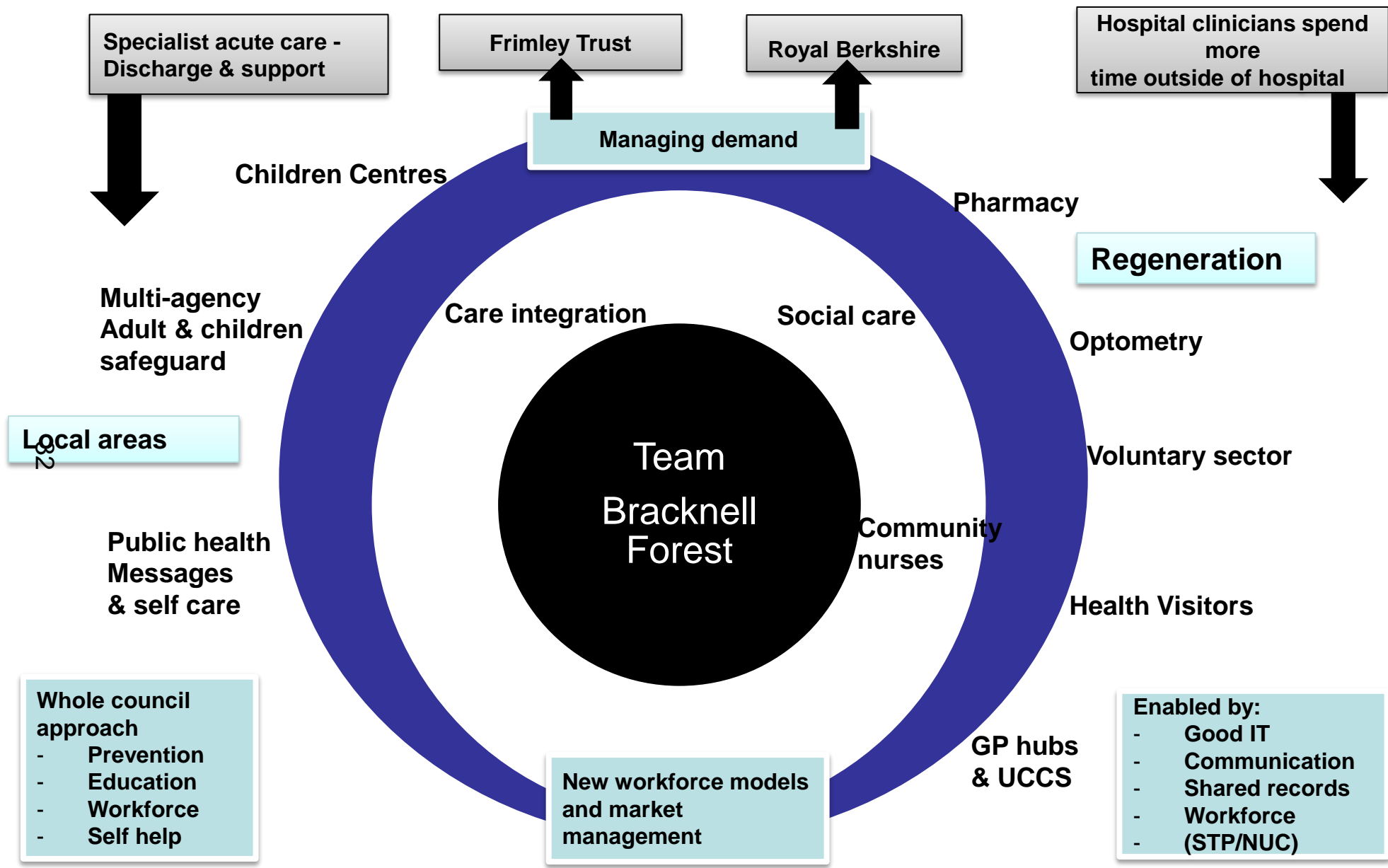
- Bracknell Forest is a stable council delivering a good range of services and major projects, such as regeneration
- There are some good examples of health and wellbeing initiatives being delivered across the piece e.g. Green Gym
- There is no 'burning platform' in Bracknell Forest
- However, there are challenges around health and wellbeing in Bracknell Forest, so no room for complacency:
 - You have a growing and ageing population
 - Demand for health and social care services is increasing and supply is not keeping up
 - Increasing workforce pressures, particularly across the provider system
 - There is silo working across the system and council
 - £23m savings to make across the council over the next 3 years

Continued....

- Nationally recognised good practice in Sustainability and Transformation Plan and Better Care Fund; and relatively stable financial local health economy offers opportunities
 - When we looked at the HWB, we found the right partners and the right people are around the table to provide strong system leadership – and they want to be there but are not clear about how to make a difference
 - 30 • If there was to be shared ownership of health and wellbeing issues and potential solutions (and with the right delivery mechanisms and constructive relationships), there is a huge opportunity to improve outcomes for Bracknell Forest
 - This will help everyone because it is vital for the delivery of the financial, demand management and workforce challenges facing the system
 - Health partners need to more clearly show how their sub-regional strategic plans are relevant to Bracknell Forest
-

Continued....

- The council plan creates the operational structure and driving force for activities for the council and with its partners. Health and wellbeing is a critical part of this plan and needs to be fully integrated into it
 - For example, the town centre regeneration takes into account the health and wellbeing issues of residents, including mental health, healthy living and accessibility
 - Regeneration workforce development recognises health and social care system issues, but this is not a core component and there is an opportunity for the health economy to benefit from this by linking it to the delivery mechanisms of the wider council plan
 - We think it would help if you develop a Bracknell plan for health and wellbeing
-



To what extent is the purpose and role of the health and wellbeing board (HWB) established?

- The purpose of the HWB needs clarity and understanding; and its position as the system leader needs to be established
 - There is a Joint Health and Wellbeing Strategy but it does not seem to drive the business of the council or partner organisations; and has no action plan to deliver it as it is not linked to the council plan
 - The HWB needs to develop a shared narrative for health and wellbeing for Bracknell Forest
 - 33 • The HWB should be wired into the rest of the council and partner services to ensure delivery
 - Because the meetings are infrequent and formal, the HWB is not making the impact it could across the system
 - We would strongly recommend the HWB meets in more informal settings to establish a clearer understanding of priorities and the necessary relationships to deliver them
 - If HWB has a very clear vision and strategy then scrutiny could complement this more effectively
-

How strong is work with key partners to develop system leadership?

- It is challenging for a small Unitary council to see its place within a complex health and social care economy that is set up in two different sub-regional groupings
- Partners need to recognise this and assist
- The council needs to clearly establish what it wants and then work with partners to achieve it
- The council's wider functions need to engage with the HWB in a systematic way to meet key priorities of the HWB
- Find ways to ensure 'equal partnership' in agenda setting, forward planning and the determination of the big ticket items
- Sub structures to support the HWB need developing to allow the work to be undertaken with a greater focus and alignment for delivery

To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?

- There are some really good health and wellbeing programmes being delivered on the ground
- There is no system-wide strategy that captures these so they can be celebrated, focused or reviewed in a systematic way
- There is no clear linkage to the council plan, and as this is the main delivery mechanism for council business the current Health and wellbeing Strategy sits outside of any effective delivery mechanism
- As suggested, a more holistic system-wide strategy that articulated priorities, action plans and who exactly is responsible for delivering them across the system would greatly assist to clarify matters

Continued.....

- Local delivery partners such as GPs and the voluntary and community sector need to see how they fit in
 - ‘People live active and healthy lifestyles’ is one of the key themes in the council’s corporate plan, but how its wider delivery links to HWB’s agendas and delivery plans needs more consideration
 - 36 • The HWB needs to develop an effective delivery and joint accountability structure to include; identified lead officers and Board champions against each priority of the HWB, a clear delivery plan, and a performance management framework – not necessarily always through the HWB
-

Continued....

- Business of the HWB needs a collective approach to agenda setting, a robust delivery plan, an agreed forward plan which picks up decision making from the Health and Wellbeing Strategy, good communication, and meetings should be held in less council controlled environments
 - 37 • The HWB needs more infrastructure to support it and needs to use other mechanisms to deliver its priorities e.g. the Systems Resilience Group
 - As suggested, informal meetings between the formal meetings and informal topic group sessions will help in collective problem solving
 - Agendas divided between decision making, performance management and open discussions with topics suggested by partners would be closer to best practice
-

To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

- There are some good examples of integrated working at the operational level e.g. Intermediate Care, Mental Health, Inreach Service
 - We heard examples of how front line staff are working well together
 - You have so far managed the financial pressures in adult social care
 - However, partnership working seems under-developed in establishing and resolving root causes and problem solving e.g. DTOC
 - Service users must be central to the integration agenda which must develop and show clear pathways to services
-

To what extent is there a clear approach to engagement and communication?

- A refreshed focus on what health and wellbeing improvements means in local areas would enable the council and its partners to engage the community in their own health and wellbeing and deliver more effective messages about where and how to get the right care when they need it
 - This will develop the HWB's engagement with the public and other partners (e.g. GPs, Pharmacies, etc.) through more outreach work and by using existing channels
 - Use scrutiny to both engage with the public and demonstrate accountability back to the public on health and wellbeing matters
 - The HWB, working alongside member organisations, should agree a communication and engagement strategy for the community, staff, providers and partners
-

Key recommendations

- In consultation with partners clarify the purpose, role, remit and scope of the HWB
 - The system needs to develop a strong and shared narrative for health and wellbeing in Bracknell Forest
 - Position itself as the partnership and system leader by bringing a greater and clearer Bracknell Forest focus to its ambitions
 - 40 • Communicate its narrative about its ambitions for Bracknell Forest
 - Be clear how it is going to deliver the agreed strategic priorities – within a HWB strategy, but through council and partner plans
 - Develop a strong ‘golden thread’ from its ambitions to action to impact and put in place a robust performance monitoring and evaluation system
-

Continued....

- Put in place a programme of HWB development sessions and create a safe space for it to do some creative thinking around the challenges it is facing and improve current relationships
- Review the support architecture around the HWB; ensuring that the Board is inclusive, is able to conduct its business more effectively, continues to deliver the Health and Wellbeing Strategy, and is managing performance against key priorities
- Focus on developing the health and care system at the local level
- Ensure there are clear pathways to health and care services as part of your service integration and transformation work

Next steps

- Summary report within 3-4 weeks for you to comment
- Offer of follow-up support
- On-going relationship with LGA Principal Adviser, Mona Sehgal

Thank you

Comments and questions

For more information please contact

Satvinder Rana, Programme Manager,
Local Government Association

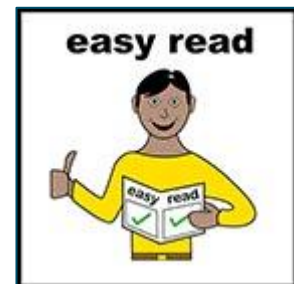
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healthwatch
Bracknell Forest

Annual Report 2015/2016



This report is about the work of Healthwatch Bracknell Forest



This report is about the work we have done from April 2015 to March 2016



This report will tell you about what we will be doing next year



This report is for people that live in, use, or provide health and care services in Bracknell Forest

Contents

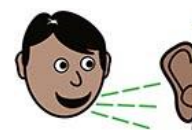
Page 3 Message from the Operational Lead



Pages 4 - 6 Who we are



Page 7 Listening to people who use health and care services



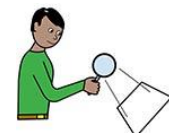
Pages 8 - 9 Giving people advice and information



Pages 10 - 13 How we have made a difference



Pages 14 - 15 Our work in focus



Page 16 Our plans for next year



Pages 17 - 19 Our people



Page 20 Our finances



Page 21 Contact us



Message from the Operational Lead



Welcome to our annual report for 2015/2016.

We want to make sure that Healthwatch Bracknell Forest is a voice for all members of the community, so we have made our report easier to read this year.

It was a very busy year. People ask what I do as Operational Lead and the answer is - I sit in a lot of meetings.

We have also been busy visiting GP surgeries and meeting people who live and use health and care services in Bracknell Forest.

The staff have had lots of help and support from our volunteers and I would like to thank them for their time and hope they continue to work with us in the coming year.

Looking forward to next year we will finish visiting all the GP surgeries in the area and continue to represent you at the meetings we attend. We will continue to try and make the changes you tell us need to happen to make services better.

I hope you find the report interesting.

A handwritten signature in black ink, appearing to read 'Mark Sanders'.

Mark Sanders

Who we are

Every local authority in England has a local Healthwatch. In Bracknell Forest your Healthwatch is made up of local groups and members of the public - a consortium.

Groups in the consortium:



Every year 3 members of the public are chosen, by voting, to join them. In 2015/2016 these were:



Louise Kirkham



Susan O'Sullivan



Peter Tobin

Healthwatch Bracknell Forest is based at The Ark's offices and had 4 members of staff during the year.

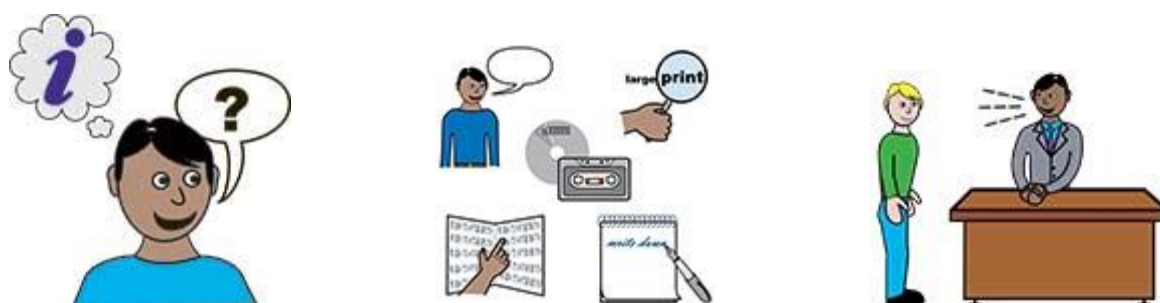
Our purpose

To make health and care services work for the people who use them.

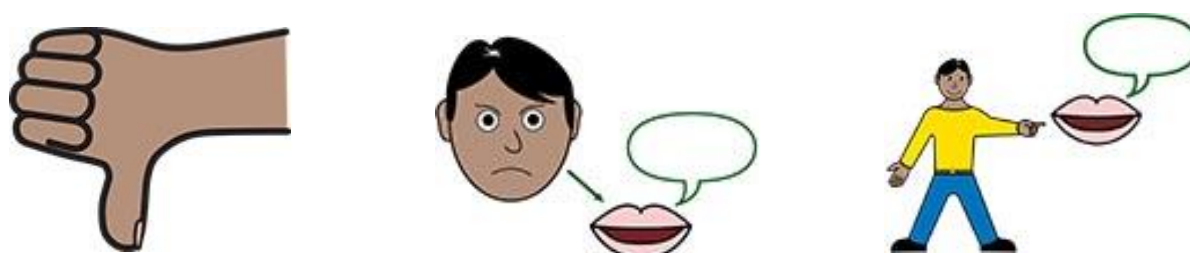
How we do this



We listen to people who use health and care services, we tell the organisations that provide these services what people are saying and we represent the public at meetings about health and care services.



We provide information and advice about local health and care services to the public.



When things go wrong we can tell you how to make a complaint and, if you want or need support, refer you to local advocacy services.



We can ask for information from providers of health and care services.



We can visit health and care services. This is called an **Enter and View** visit.

Our vision



Every voice counts, everyone matters

Our priorities in 2015/2016

- 1 Letting people know about Healthwatch Bracknell Forest and the work it does, especially younger people and people who work in care.
- 2 Improving access to Primary Care services. Primary Care services include GPs and dentists.
- 3 Working with the patients at Broadmoor Hospital. This is a residential, high secure hospital for people with mental illness.
- 4 Improving access to hospital out-patient clinics.

Listening to people who use health and care services

We talk to local people and organisations on social media



We have visited 17 local services and spoken to people



We have met lots of people at 53 community events



We have received 1,377 pieces of feedback about services



Giving people advice and information



You can ask us for information and advice by:

- Visiting the office
- Talking to us at an event
- Telephone
- Email
- Visiting the website
- Letter
- Social media

During the year 348 people asked us for information and advice.



Email bulletin

We sent people on our email mailing list health and care information every 2 weeks.

At the start of the year we had 306 people on our email mailing list. By the end of the year we had 1180.



An excellent document yet again. Thank you!

Very helpful and provided a lot of useful information

Website

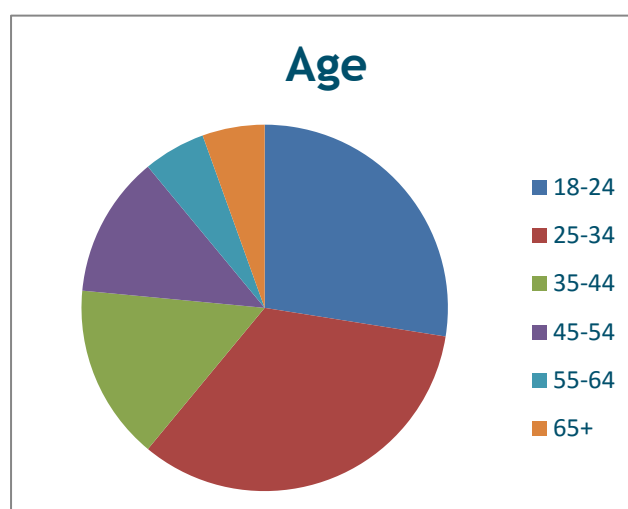
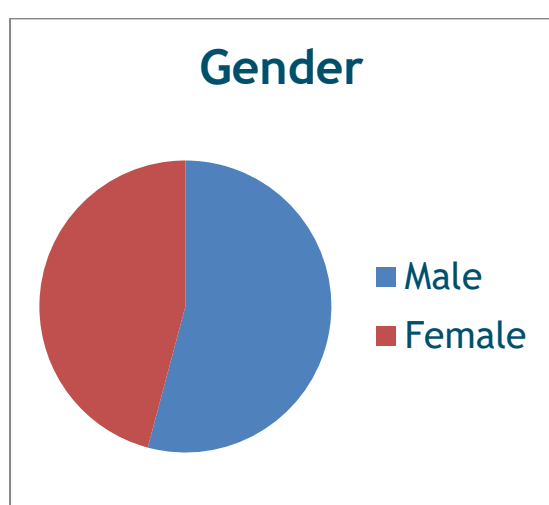
Our website has lots of information about us. It also has information about local health and care services.

We post news from other organisations such as Public Health.



8600 people looked at our website during the year. They looked at 40852 web pages of information.

Who visits the website?



Social Media

We 'tweeted' and 'posted' 412 times in the year

We interacted with 2011 people

We reached almost 35000 people



Interacted means people got involved. They might have re-tweeted to their followers, asked a question or started a conversation with us.

Reached means the amount of people who saw our posts.

How we have made a difference

Our reports and recommendations



After we have done an ‘Enter and View’ visit we write a report. This tells people about what we saw and what patients or people using the service have told us. We make recommendations (ideas) about how the **provider** of the service could make changes to make the service better for the people who use it.

Providers are the people or organisations responsible for the service. This could be a GP Practice, an NHS Trust, a company running a care home or the local authority.

We have written **15** reports and recommendations.



We also attend lots of meetings with **providers** and are able to give our recommendations to improve their services. This is why it is important for you to tell us about your experiences of health and care services, good and bad.

Some of the meetings we attend representing the public are:

- **Berkshire Healthcare NHS Foundation Trust Patient Experience and Engagement Group (PEEG)**

Heads of Service (community services, mental health, district nursing) meet with Healthwatch Bracknell Forest and other patient representatives to talk about what has been working well for patients and to try to make things better when it has not worked so well. It meets every 3 months.

- **Better Futures for All**

People from hospitals, the fire service, the local authority, GPs, the Clinical Commissioning Group (who pay for local health services), Healthwatch Bracknell Forest and patient representatives meet every month to talk about plans for new local services and how well other services are doing.

- **Learning Disability Partnership Board**

One of the Healthwatch consortium partners, Wokingham, Bracknell and Districts Mencap, are a member of this Board. They meet every 3 months and work with the local council and other local groups to make services and activities for people with learning disabilities in Bracknell Forest better.

129 **129 meetings attended this year!**

Working with other organisations



Bracknell and Ascot Clinical Commissioning Group (BACCG)

As well as going to meetings where we represent the voice of the public, we are also paid extra money to work with young people and extra money to help the Bracknell and Ascot Patient Assembly. We arrange their meetings, take their minutes and help them plan events.

Health Trusts

We work with Frimley Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and West London Mental Health NHS Trust. As well as meetings we also read and comment on their **Quality Accounts** every year based on what the public has told us.

A **Quality Account** is a report about the quality of services by an NHS healthcare provider.



Local Authority

We give the local authority the public's feedback on the health and care services they provide and we also send out health messages on behalf of the Public Health team. We are a voting member of the Health and Wellbeing Board.

Other local healthwatch and Healthwatch England

There are 150 local healthwatch organisations in England. We share information and work together and form a **network**.



We work very closely with our neighbouring healthwatch organisations and meet regularly. Berkshire has 6 healthwatch so we share some of the work. Healthwatch Bracknell Forest leads on the work with Frimley Health NHS Foundation Trust; other healthwatch pass on any patient feedback to us. Healthwatch Reading takes the leading role on work with Royal Berkshire NHS Foundation Trust.

We all share information with Healthwatch England so they can report on health and care services for the whole country. Healthwatch England also provides us with help and support.



Care Quality Commission (CQC)

The CQC is an independent organisation that checks people get good, safe health and social care and it meets the rules set by Government. If a provider is not meeting the rules the CQC can take action against them to make them improve or, if necessary, close the service to keep people safe.

We provide the CQC with the feedback we have about services before they go and check them.

SEAP

This organisation provides the NHS Complaints Advocacy Service. If you need to make a complaint to the NHS they can help and support you. We share information with each other to highlight problems with local services.





Involve and local community groups

Involve help to support the hundreds of community sector groups in our area. During the year we ran two 'Healthwatch Voices' events together for groups. One was on Safeguarding Adults and the other on services available for unpaid carers.

Involve and Healthwatch Bracknell Forest have also been funded by BACCG to develop an online, interactive map of all the groups in the area. This should be available to the public later in 2016.



Bracknell Forest Safeguarding Adults Partnership Board

Safeguarding is everyone's business. As a member of the board we can alert our partners of potential problems in the community. All staff and volunteers of Healthwatch Bracknell Forest have to undergo Safeguarding Adults training.

Self-Care Week



Self-care is all about people looking after themselves. In Bracknell the first Self-Care Week was in 2012. We are one of the project partners and a member of the Prevention and Self-Care Board. We help with planning the week and putting on the events.

Throughout the year we send out information about how people can look after themselves and manage long-term health conditions.

Our work in focus

Frimley Health NHS Foundation Trust



Frimley Health runs three hospitals - Wexham Park, Heatherwood and Frimley Park. The majority of people in Bracknell (70%) use Frimley Park.

Our Operational Lead, Mark Sanders, meets every month with Claire Marshall, Head of Patient Experience for Frimley Health.

At the monthly meetings we can tell Frimley Health what people in Bracknell Forest have been saying about the hospital and their experiences of being a patient or as a friend/relative of a patient.

These are some of the **outcomes** (results) of these meetings:

- The café and restaurant can now accept payment by debit card
- A change machine will be available
- There are signs in Nepalese in 3 important areas
- Visiting hours are now more flexible
- Family members can now book to see a doctor to discuss their relative's condition on ward G3 (this is a ward for people recovering from a stroke)

We are also working with Frimley Health on the bigger issues of discharge from hospital, **DBS checks** and Safeguarding Training.

DBS checks are checks made with the Disclosure and Barring Service. These checks can tell employers if someone has been in trouble with the police. There are different levels; some only include current criminal convictions, others cover anything that has happened in the past.



NHS Policy about who should have the checks, how often and at what level is unclear.

Working with GP Surgeries

One of our priorities for 2015/2016 was:

Improving access to Primary Care services. Primary Care services include GPs and dentists.

This is a priority because of the amount of feedback we have had from the public. Many people have problems making an appointment with a GP when they need one.

Other issues people have told us about GP surgeries:

- Trouble getting through to the surgery by telephone
- Having to tell receptionists what the problem is
- Not knowing where to find information about health conditions like diabetes and high blood pressure
- Difficulties accessing the surgery if you use a wheelchair or walking stick
- Not being able to see the GP they want
- Privacy at reception



In the year we visited 10 of the 19 surgeries in our area. We then wrote a report and gave recommendations for each surgery. Some of the changes that have already been made include:

- Layout of waiting rooms to make them accessible
- Providing background noise
- Changes to appointment booking system
- Accessible reception desks no longer used for storage
- Changes to websites to make them 'user-friendly'
- Responses to patient feedback

We will be visiting the other 9 surgeries in 2016/2017.

Our plans for next year

At our big public meeting in April 2016 we agreed our priorities for 2016/2017

- 1 Mental Health services
- 2 Dental care
- 3 Care homes
- 4 Care Act Advocacy

We will also continue to let people in the community know about Healthwatch Bracknell Forest and get their feedback on local health and care services.

We have a **Communications and Engagement Plan** that looks at how we let people in the community know about Healthwatch Bracknell Forest and how we talk to them. It is now 3 years old so this year we will be looking at it - in case we need to make any changes.



Accessible Information Standard

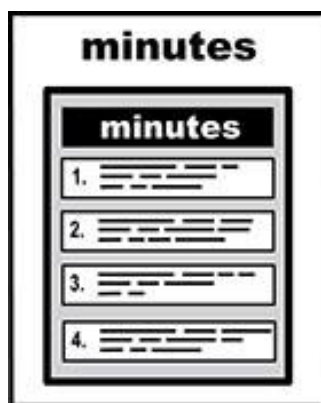
We will be working towards this during 2016/2017.

It means we will provide information in the ways that people have told us they need. This could be easy read, larger print or audio/visual.

Our people

Decision making

Every month members of the consortium, the 3 public members and Healthwatch staff meet. This is called the Project Management Board.



They talk about what the staff and groups have done, what feedback has been received from the public and members of their groups.

They make decisions about the work Healthwatch Bracknell Forest will do.

Members of the public can come to listen to the meeting and can read the minutes (notes) of the meeting on our website.

Our priorities are based on what YOU say.

Volunteers

At the end of the year we had 27 volunteers.

There are lots of ways that people can volunteer for Healthwatch Bracknell Forest:



Put your name forward for the elections for Public Board members that takes place every April.



Become an Enter and View representative.



Become a Community Champion and help us tell people about Healthwatch Bracknell Forest.



All of our volunteers receive training. This training is done in a way that suits you and is accessible.

Contact us if you would like more information about becoming a member of the Healthwatch Bracknell Forest Team.

On the next page you can see some photos of the team in action.....



Our finances

Income	£
Funding from Bracknell Forest Council to deliver local Healthwatch	100,122
Additional income from BACCG	29,526
Total income	129,648
 Expenditure	
Operational costs	28,153
Staffing costs (including training)	63,136
Office costs	8,463
BACCG project costs	29,526
Total expenditure	129,278
 Balance brought forward	370

Income is the money that we received to fund our work

Expenditure is the money we spent doing our work

Balance brought forward is money we can spend next year

Contact us



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This annual report is available on our website and has been sent to Healthwatch England, CQC, NHS England, BACCG and Bracknell Forest Council.

We confirm that we use the Healthwatch Trademark (which covers the logo and Healthwatch brand) when carrying out our work as covered by the licence agreement.

If you require this report in a different format please contact us.

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HEALTH & WELLBEING BOARD: FORWARD PLAN

(Scheduling of agenda items are subject to change)

December 2016

Thames Valley Police Mental Health Street Triage Pilot Update – Gavin Wong/Dave Gilbert

LSCB Annual Report – Alex Walters

March 2017

Year of Self Care Feedback – Lisa McNally

Standing Agenda Items

Health and Wellbeing Strategy Performance Monitoring

Child and Adolescent Mental Health Service (CAMHS) Transformation Tracking - CCG

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