

Bracknell Forest
Health and Wellbeing Board



“Seamless Health”
Bracknell Forest Joint Health and
Wellbeing Strategy
2016-2020



December 2015

Bracknell Forest Council
www.bracknell-forest.gov.uk

Bracknell & Ascot Clinical
Commissioning Group
www.bracknellandascotccg.nhs.uk

Draft

Foreword

Bracknell Forest continues to be a great place to live, work and play, where our residents are amongst the healthiest in the country. This does not mean we will reduce efforts to seek new ways of improving services. There will be greater emphasis on enabling people to look after their own health and wellbeing, as well as providing good quality support and care when people need it.

Building on Bracknell Forest's first Joint Health and Wellbeing Strategy, we are pleased to present this new strategy. We have made it clear that the prevention of ill health is a priority, and that people should be supported to understand what they can do to keep themselves as well and as fit as possible.

As everybody is aware, resources are stretched in public services – both the local authority and the NHS - and we must ensure that they are used where they will have the best effect. We have again focused on joining things up in order to provide better and more coordinated services in response to identified needs and local priorities.

Our emphasis remains on:-

Starting well	making sure our newest residents get the best start in life.
Developing well	ensuring good schools that give people the life skills and education to thrive
Living/working well	staying fit to raise a healthy family in a safe home, and with positive job opportunities in a supportive community
Ageing well	helping older people to live independently in good health for longer.

This strategy must now be turned into detailed action plans by all our partners. It is the responsibility of the Health and Wellbeing Board to monitor how well they are doing, and to make sure that the strategy is reviewed and updated to identify the priorities for local residents.

Councillor Dale Birch
Chairman
Health and wellbeing Board

Dr William Tong
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Draft

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Language

Health and Social Care organisations tend to use language that is not always easy to understand. To make it even more complicated, they don't always understand each other's language either and this can make it difficult for everybody. To help with this there is a Glossary on page 19 to explain what some of the language means. Words or terms in the text that are explained in the glossary are underlined. One of the outcomes of this strategy is that over time, all organisations looking after local people will speak the same language, and it will be one that the public understands.

Executive Summary

Objective

To make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place, and gets good services and support when they need them.

Framework for Improvement

Joining together is a fundamental principle underpinning future developments: this may be joining together roles, teams, provider organisations or commissioning (see page 8)

Principles

1. People will be expected to take responsibility for their own health and wellbeing first. They will know how to look after themselves and their family
2. Everybody will have equal access to treatment or services
3. Organisations will work together to make the best use of all the resources they have to prevent , treat and manage ill-health
4. The support and services that people get should be of the best possible quality regardless of which organisation provides them.

Priorities

The priorities are based on what is known about the health of people in Bracknell Forest, and what they have said is important to them.

- **Prevention: of ill health and the things that cause it.**
- **Mental Health support and services for children and young people**
- **Preventing people becoming socially isolated and lonely**
- **Workforce - having enough people with the right skills, and suitable premises from which to deliver services**

There are many other areas that are important, but the Health and Wellbeing Board considers that they are already being dealt with well. This Strategy only contains the areas where the Health and Wellbeing Board requires organisations to work together better for the benefit of people in Bracknell Forest.

Action

Organisations that commission and/or provide services, including those services that help to prevent ill-health, are expected to take account of the priorities that are set out in this strategy. The Health and Wellbeing Board will be ensuring that this happens.

Objective

The objective of the Health and Wellbeing Board (HWB) and this strategy is to make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place where:-

- people understand that they need to take responsibility for their own health and wellbeing; and
- the services that they need to achieve and maintain good health are available; and
- should people need health or care due to ill health, that wherever they join the health and care system their journey, through the system is smooth, stress free and seamless.

The strategy will guide commissioners and providers of health and social care services to understand how they need to work together to make sure “joined up” services are available both for preventing ill-health and dependency, and for when people become ill or need support.

Greater attention will be paid to ensuring people remain healthy in body and mind for as long as possible. This will involve encouraging and supporting people to change their lifestyle;

- to give up, or not start things that can damage their health, such as smoking;
- to start or continue things that maintain their health, such as exercise; and
- to encourage and support others to improve their health.

It will also mean making sure that things are available that help keep people healthy and maintain well-being such as good housing, good schools and good leisure facilities.

This strategy will guide and direct health and social care service commissioners in the provision of the joined up health services that local people need when they become ill or need support.

This strategy will make sure that more people will stay fitter for longer, people will recover more quickly if they become ill, and will not need as much help as early as they would otherwise do. This will improve the lives of residents because;

- they will be able to work more effectively and for longer; and
- they will be able to contribute to and take part more effectively in family and community life; and
- therefore will remain independent both physically and financially

which in turn will help keep the cost of providing services affordable.

Purpose

The purpose of this strategy is to make sure that local organisations – and local people - understand what they need to do so that everyone in Bracknell Forest stays healthy for as long as possible, and to make sure that when people do need health and social care services, they are the best possible, and are good value for money. As peoples' health and wellbeing are affected by many factors, this involves a wide range of organisations, not only those providing or commissioning health and social care services. Leisure opportunities, housing, the environment (including green spaces), employment and education are just some examples of things that affect health and wellbeing.

This strategy states what the most important areas are that need to be addressed, and that will be improved by organisations and people working together in partnership, and not in isolation. They must work together, using all their resources, knowledge and skills to work on the things that are most important to local people, and make sure that information, support and services are “joined up”.

This strategy informs people of the priorities, but the Health and Wellbeing Board will not develop an action plan for addressing them. All relevant organisations will need to develop commissioning plans and action plans that say how they are going to work together in partnership on the priorities that are in this Strategy, and that help to keep people healthy and make a positive difference to their wellbeing. Wherever possible local people should have the right to develop local services and support for the local community in line with the Localism Act 2011.

To summarise, the strategy:-

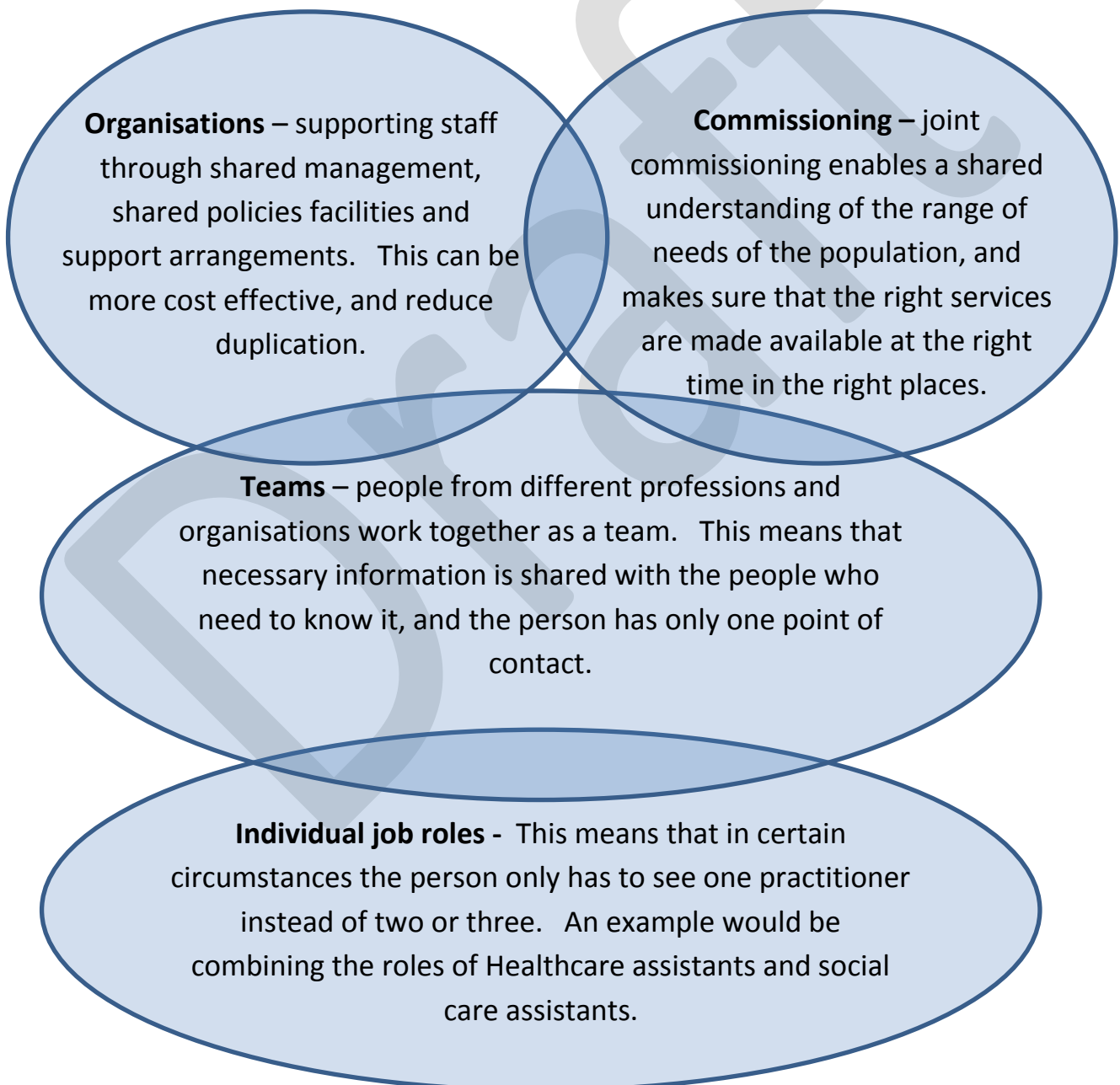
- Clearly prioritises the important areas that need to be addressed
- Establishes a shared understanding of health and wellbeing needs and how these will be met
- Secures better health outcomes, quality of care and value for money by making sure that organisations work together in partnership

Joining Up – The Framework for Improvement

Disjointed and uncoordinated services do not support people well. Unless organisations work together, the services and support to people can be:-

- Confusing for the person receiving them, because they often don't know who does what, and who to contact if there is a problem
- Wasteful of resources, because things can be duplicated or - worse still – missed because people make assumptions about what is needed or what is being provided

The “joining up” of support and services can be done in a number of different ways:-



Principles

The Health and Wellbeing Board (HWB) which is a partnership of people from health and social care organisations, is responsible for developing this strategy. Together, they have agreed some principles. These are:-

- 1. People will be expected to take responsibility for their own health and wellbeing as much as possible** – This includes decisions about things like eating healthily, not smoking or taking non-prescribed drugs, participating in early screening programmes, and getting exercise.
- 2. Everybody will have equal access to treatment or services** – This is called “reducing health inequalities”, and means that there will be no difference in the treatment people get based on things like where they live, how old they are, etc.
- 3. Organisations will work together to make the best use of all the resources they have** – This includes staff and money, and working together to get more things done safely for more people more quickly. This may mean that some organisations have to change the way they work to focus more on **preventing** ill health, as well as than **treating** it.
- 4. The support and services that people get will be of the best possible quality**, and should keep them safe from harm that can be avoided.

The Health and Wellbeing Board will require all relevant organisations to show that they are working in this way, and how this is improving the health and wellbeing of the people in Bracknell Forest.

Progress on Seamless Health

For information on what has been done about the priorities that were in the strategy for 2012-2016, please see Appendix 2.

Developing the Strategy for 2015 – 2018

In the time since *Seamless Health* was published, the Health and Wellbeing Board has:-

- Consulted with the public to see what they think about the “look and feel” of the strategy, and whether they think the priorities are the right ones.
- Gathered detailed information on what is happening in the areas that had originally been identified as possibly needing more work. This has helped the Board to be really clear on where it needs to require organisations to work together to support better outcomes for people
- Refreshed the Joint Strategic Needs Assessment (JSNA) to get more up-to-date information on the priorities for local residents.
- Taken into consideration the views of the public that were given during the consultations on the Joint Commissioning Strategies. The recent ones were for people with dementia, learning disabilities, autism and for carers.

What People Said

Quite a few people made comments about things they thought should exist. However many of these things are already available, which probably means that organisations need think about how they communicate better about what they are doing, and how people can access advice or support when they need it. It is a requirement within this strategy that each member organisation communicates better with residents.

What is already happening

The information about what was happening to improve or develop services in the areas that were thought to be important showed that there was a great deal already happening, but that the Health and Wellbeing Board had not necessarily been aware of everything. Some things could be done better if organisations did them together, whilst others were just being developed or were very new. Anybody who wants more detail on what is being done about particular issues can find out more by contacting ASCHH CommissioningTeam ASCHH.CommissioningTeam@bracknell-forest.gov.uk who will direct you to the most appropriate team or organisation with the information.

If the Health and Wellbeing Board is satisfied that plans are in place to address the areas of concern, these are no longer seen as a priority for the Health and Wellbeing Strategy.

This does not mean that they are not important, but the Strategy focusses on the things where the Board does not feel enough action is being taken, or they want to monitor what is happening.

Priorities for 2015-18

The Health and Wellbeing Board has taken account of

- all of the work that is already being done in Bracknell Forest, and
- issues brought to our attention by Healthwatch Bracknell Forest
- the needs identified in the Joint Strategic Needs Assessment, and
- What people have told us when we have consulted for the Joint Commissioning Strategies

and has agreed that the following areas are priorities for 2015 – 2018. This is either because not enough work is being done to address the needs of the people living and working in Bracknell Forest, or because the work is still in very early stages.

- **Prevention: of ill health and the things that cause it.**
- **Mental Health support and services for children and young people**
- **Preventing people becoming socially isolated and lonely**
- **Workforce - having enough people with the right skills, and suitable premises from which to deliver services**

There is more detail on each of these below.

Prevention of ill-health and the things that cause it

There are many things that can be done to help to prevent or delay people becoming ill or less independent, and people need the opportunity to understand

- what these are, and
- how they can make use of them.

Therefore organisations need to make sure that they take whatever actions they can to address the factors that cause ill health, or that prevent people staying independent for as long as possible. This involves many things such as:-

- exercise and fitness – not only providing opportunities, but also making sure people have the information to understand how important this is.
- diet - this is not just about weight, but is about eating healthy food and drinking enough fluids.
- air quality
- good housing
- smoking
- levels of alcohol consumption
- transport – to access to community opportunities which may include exercise, social opportunities, etc.

As an example, it is well known that if older people fall, and injure themselves, this can have a significant effect on their independence and – sadly – often on how long they survive if they have - for example - broken a hip. Preventing falls is therefore crucial, and there are many things that can be done to help prevent this. These include appropriate diet, fitness and making sure there are no trip hazards in the home.

Every organisation should think about all aspects of how they can help towards preventing ill health and maximising independence in their commissioning or action plans

Mental Health Services for Children and Young People

The national framework for these services is set according to severity of need, and the different levels or types of support are described as “tiers”. The responsibility for commissioning these services is very complicated, and unless commissioners work very closely together to understand what is needed, and make sure that the providers of the various different services work together to provide a coordinated approach, this can lead to multiple problems. For example, it might result in too much of one kind of service and not enough of another, or organisations not understanding how to contact other services, and make referrals when they need to.

Although it may not be helpful to think in terms of “tiers” the responsibility for commissioning different parts of the services lies with different organisations, so there has to be some way of clarifying who is responsible for which services. The tiers and commissioning responsibilities set nationally are:-

“Tier”	What is it?	Commissioner
1	Services or actions to prevent young people becoming ill. This can include work undertaken in schools, <u>children’s centres</u> and interventions with young people, for example interventions to support young people showing early signs of becoming emotionally ill.	n/a – included in normal service provision.
2	Specific programmes for young people who have been identified as having particular needs that require a targeted intervention.	Bracknell Forest Council / Schools / Public Health
3	Treatment in the community by a specialist service – <u>Child and Adolescent Mental Health Service</u> (CAMHS). The CAMHS team includes psychiatrists, psychologists, Community Psychiatric nurses, etc.	CCG
4	Specialist in-patient services (hospitals)	NHS England

Mental Health services for children and young people have been identified as being poor nationally as well as in Bracknell Forest, and therefore there has been a national review to understand the problems and what need to happen to make improvements. The problems in Bracknell Forest have been:-

- Lack of services at “Tier 2” has resulted in long waiting lists for CAMHS because there are a lot of young people being referred inappropriately. Not only are young people who do need this service not receiving the support or treatment they need for a long time, but this can have a serious effect on their education, and on the rest of their family.
- Not enough hospital beds, and few that are near to Bracknell Forest. There are some in Wokingham, then the nearest are in Oxford.
- GPs not having enough information about what services there are to help young people
- Lack of coordinated working between the different services

- Not enough understanding of ways to preventing young people becoming ill, or intervening very early to stop young people becoming more ill.
- The arrangements for planning support for people as they approach adulthood have often been poor.
- Young people with Autistic Spectrum Disorders can receive specialist medical treatment until they are 18 years old, but there is nothing for adults.

The commissioners of the services were not working together well enough to understand the needs of young people in Bracknell Forest, and how they could work together better to make sure the balance of services was right. This work has started. It is very complex and in its early stages and the Board needs to drive action and monitor progress.

Long waiting times for children and adolescent mental health services (CAMHS) have proved a challenge. As a start to tackling the whole area of work and in order to make support more readily accessible, Public Health, together with the Clinical Commissioning Group (CCG), have commissioned a new service that delivers counselling and therapy online. The 'Kooth' service, is fully linked in with other local agencies, including the existing face to face counselling service, schools, health services and safeguarding teams – and as such compliments and works with existing systems. The aim of all interventions is to ensure that young people experiencing poor mental well-being get accessible, safe and effective support at the right time.

Preventing people becoming socially isolated and lonely

There is plenty of evidence to prove that when people become isolated and lonely, with very little social contact with other people, this can lead to a number of health problems, including depression. People may become isolated for a number of reasons, such as:-

- they find it difficult to get out of the house,
- family and friends do not live locally any more,
- they are shy and don't like to go to new places or activities on their own
- they may have to look after somebody else, and don't have the time or energy to get out and about
- they are afraid of being bullied or laughed at if they go out

- they may have a condition – such as autism – or a disability – such as a hearing impairment – that makes it difficult to make friends or to socialise with other people.

In Bracknell Forest, The JSNA has some information about social isolation for older people. jsna.bracknell-forest.gov.uk/ageing-well/living-well/isolation-and-exclusion-older-people

Every year, Councils that have responsibility for Adult Social Care services send out a survey to people who have support arranged by the Council – this is a requirement from the Government. One of the questions is *“Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?”* This year only 38% of people said they had enough social contact.

Consultation for all of the Joint Commissioning Strategies, and many individual assessments identified that many people – and their carers – feel isolated and there are not sufficient suitable opportunities for them to meet people and undertake activities outside of the home. Of course many activities will also help with preventing physical ill-health as well.

The Council and local NHS organisations are setting up a Programme Board to develop a strategy, building on current opportunities, but this is in very early stages of development. It is anticipated that the strategy will involve actions from a wide range of partners across the whole community such as leisure services, voluntary organisations and local businesses.

For more information, please see Appendix 3

Workforce – having enough people with the right skills, and suitable premises from which to deliver services

Almost every provider of social care and healthcare services in Bracknell Forest reports a difficulty in recruiting staff. For many roles, this is a problem nationally, not just in Bracknell Forest. In Bracknell Forest there are particular difficulties in recruiting good:-

- Domiciliary care workers (home care)
- Residential care workers, especially registered managers
- Social Workers

- Approved Mental Health Practitioners (AMHPS)
- District Nurses
- Geriatricians
- General Practitioners

As the Bracknell Forest population is growing, good access to health services and places from which they are delivered will be needed, so there needs to be a plan for making this happen. There is a Task and Finish group working on this, and the HWB will drive and monitor progress, as this is so complex, involving a number of different organisations. It must be recognised that there is a national shortage of people in some professions, and this cannot be resolved by local action alone.

All of these staff shortages can create difficulties for other services, as well as for the people who need the support or treatment. For example, not having enough domiciliary care workers means that people who need support may not be able to leave hospital as quickly as they could. Obviously this is not good for the person concerned and their family, but it creates difficulties for the hospitals as they need the beds for other people.

Bracknell Forest is within an affluent area with high employment. There may be opportunities to work with other Local Authorities and CCGs, and these are currently being explored.

Next Steps

There is already a Programme Board or Task and Finish group in place for most of the priorities in this strategy, but the work is in early stages. The HWB will monitor progress, and determine how to address any challenges that may arise that the groups cannot solve on their own.

In addition, the CCG and other commissioners of Health services, and different departments in the Council need to make sure that their commissioning plans, or service plans take into account the priorities that have been written about in this strategy. Different priorities will be more relevant to some organisations than others, but they should all think about what they need to do to prevent people becoming ill or unhealthy.

Monitoring commissioning plans

As well as writing this strategy, the Health and Wellbeing Board is responsible for checking and making sure that any commissioning plans made by the local authority or the health service take into account the priorities that have been identified for this strategy. All commissioning strategies and plans will be considered by the HWB to ensure that they address the priorities. All will have robust programme management arrangements in place, overseen by Programme Boards or Partnership Boards, and the HWB can ask for progress reports at any time. Where progress is problematic, the HWB will consider what actions it can undertake to assist in re-establishing appropriate progress.

Measuring outcomes

The Health and Wellbeing Board will see if improvements in health and wellbeing are made by a number of different measures:

- There are number of statutory "indicators" that must be used when measuring progress towards improving health and wellbeing outcomes and reducing health inequalities. The measures which are important to the priorities for people in Bracknell Forest are in Appendix 2.
- The HWB will receive information on progress on the identified priorities using the indicators that have been agreed for each programme of work.

All reports submitted to the HWB will make reference to the HWB priorities, and progress made against them.

Driving Progress

The HWB is keen to drive progress on all the priorities identified in this strategy. The relevant organisations and/or Programme Boards will be required to submit plans and regularly report on progress and outcomes. Where there is difficulty in making appropriate progress, the HWB will consider what needs to be done to address any identified issues.

Where there are a number of projects or programmes that contribute to addressing the priorities – for example, **Prevention: of ill health and the things that cause it** - the HWB will appoint a lead officer/member to coordinate information on all strands of work. This will be with a view to ensuring that all aspects of prevention are considered, and that where appropriate, partnership approaches are taken to maximise efficiency.

Glossary

Action Plan	The steps that must be taken, or activities that must be done well, for a strategy to succeed
Approved Mental Health Practitioner (AMHP)	Trained specialist workers who provide advice and assessment under the Mental Health Act 1983.
Autism or Autistic Spectrum Disorders (ASD)	Autism is a lifelong developmental condition, sometimes referred to as Autistic Spectrum Disorder (ASD). The word spectrum is used because while all people with autism share three main areas of difficulty: 'social communication', 'social interaction', and 'social imagination', their condition affects them in different ways
Better Futures for All	<p>The primary care transformation programme in B&A CCG. The programme will address improved access in primary care in line with what local people say is important to them. It will also tackle workforce issues in primary care making the most creative use of scarce skills and people.</p> <p>Details are on the CCG website www.bracknellandascotccg.nhs.uk/our-work/better-futures-for-all/</p>
Children's Centres	Community-based Centres that provide a range of information, advice and services for families with children under 5.
Child and Adolescent Mental Health Service (CAMHS)	A multi-disciplinary team working in the community providing a specialised service for young people with severe disorders, with team members including psychiatrists, social workers, clinical psychologists, and other specialist clinicians
Child Sexual Exploitation	Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money) as a result of them performing sexual activities. In all cases, those exploiting the child/young person have power over them; violence, coercion and intimidation are common.

Chlamydia is an infection that is usually passed from one person to another during sex. If it is not treated it can cause damage that means that women may not be able to have babies.

Clinical Commissioning Group (CCG) Clinical Commissioning Group – a group of GP practices that are working in partnership to arrange health services for local people.

Commission To authorise or have a contract with a person or organisation to make something specific happen. This might be to provide a particular service such a nursing care. Often commissioners pay the providers to run a particular service.

Commissioners The people or organisations that commission other people or organisations to do things. The Local Authority commissions Social Care services, and the PCT (until 2013) and the CCG (from April 2013) commission local Health services. NHS England commission some specialist health services.

In November 2013 NHS England Right Care, Public Health England delivered bespoke Commissioning for Value insights packs to all 211 CCGs, with an offer of follow-up events and support.

Commissioning for Value pack These packs are for use by the local health community and its partners, GP commissioners and leaders and CCG Senior Management Teams and Health and Wellbeing Boards. They support local discussion about prioritisation and utilisation of resources.

Commissioning for Value pack These packs are the first stage in identifying where local health economies can prioritise their efforts to have the most impact in healthcare improvement for populations – where to look.

They use existing data about Programme Budget spend, Health Outcomes and healthcare variation to identify the best “value opportunities” which CCGs may want to priorities in their strategic commissioning planning.

These Commissioning for Value packs are now publicly available www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Commissioning organisations	See Commissioners
Commissioning Plan	The plan that says exactly what commissioning organisations are going to pay or authorise other people or organisations to run. They should be quite detailed about the standards that are expected and the times by which they want things done.
Commissioning Strategy	Strategies are more “high level” than plans, and say the kinds of things that will be done to meet the needs and wishes that have been identified. Commissioning plans should be based on commissioning strategies.
Contraception	Contraception describes the different ways to prevent pregnancy. It is also known as birth control,
Dementia	The loss of the ability to remember things, or understand things, or think things through. People can become very confused and unable to look after themselves
Dementia Action Alliance	Dementia Action Alliance is a movement to bring about a society-wide response to dementia. It encourages and supports communities and organisations across England to take practical actions to enable people to live well with dementia and reduce the risk of costly crisis intervention.
Depression	Low mood which is so bad that it affects a person’s life to the extent that they are unable to take part in the things they usually do, like work or social activities.
Diagnosis	When the reason for a problem or illness is identified
Domestic violence or domestic abuse	Violent or abusive behaviour by one person against another person in the same family or household.

The Family Nurse Partnership is a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two.

Family Nurse Partnership

The Family Nurse Partnership programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

Geriatrician

A doctor who specialises in the care of older people

GP
(General Practitioner)

Most people are registered with a GP. Groups of GPs who work in the same surgery are often referred to as a GP Practice.

Hearing impairment

This is a term used to describe a person who has a lower level of hearing than someone who has been found to have 'normal' hearing.

Indicator

Things that can be counted or measured that tell organisations how well they are doing. Organisations often set targets for Key Indicators to make sure they improve and reach good standards.

Integrated Care Teams

A team of people with different specialisms who work together to coordinate the care and treatment for a person who has a number of illnesses or other problems. Team members may be different for each person depending what illnesses they have.

Joint Commissioning Strategies

These are commissioning strategies that are developed jointly between the Council and the Clinical Commissioning Group. They address both social care and health needs.

Joint Strategic Needs Assessment (JSNA)

An assessment of the health needs of the local population, which then identifies where there are particular problems that need attention.

Learning Disability (LD)

A significant inability to learn or remember a range of things. There are a lot of different causes, but the term learning disability is usually used when the disability has been there from birth or a very young age.

Learning Disability or Difficulty (LDD)	Learning Disability or Difficulty – learning difficulty is often used for things like dyslexia
Local Authority	Refers to County Council, Borough Council, District Council, etc. For this strategy the Council is Bracknell Forest Council
Healthwatch	An independent organisation that will give local people and communities the route to influence how health and social care services are developed and delivered locally.
Localism Act 2011	This is an Act of Parliament that changed the powers and duties of Local Authorities, so that more decisions could be made locally rather than by Government.
Long Term Condition	These are health conditions for which a person needs ongoing treatment and/or support. They include things like diabetes, COPD, epilepsy.
Mental health	Mental wellbeing, good mental functioning or having no particular problems in thinking, feelings or behaviour
National research	The gathering of information, data and facts from across the country, to help develop knowledge and understanding.
NHS	National Health Service in England
NHS England	
Outcomes	Something that happens as a result of action: it is important to focus on the OUTCOMES for people rather than actions which may not have the outcomes people want.
Partnership	An arrangement when organisations or people work together on things that they all have some responsibility for.
Priorities	The most important or urgent things to work on. Things might be a priority because of the number of people affected, or because of what might happen if nothing is done.
Public Health	The prevention and management of diseases, injuries, etc. through the promotion of healthy behaviours and environments.

A series of services for people who have long term illnesses that cause respiratory (breathing) problems. The aims of the services are to:

Pulmonary
Rehabilitation

- To reduce symptoms
- To improve knowledge of lung condition and promote self-management
- To increase muscle strength and endurance (peripheral and respiratory)
- To increase the exercise tolerance
- To reduce length of hospital stay
- To help to function better in day to day life
- To help in managing anxiety and depression

Screening

Regular checking for certain health conditions even though people may have no signs of having those conditions. Screening programmes are commissioned by NHS England, not by local teams.

Self-esteem

A person's overall subjective emotional evaluation of his or her own worth – how good they feel about themselves.

Sexual health

a state of physical, emotional, mental and social well-being in relation to sexuality

Social care

Support for people in relation to personal care, social support and prevention of harm for people who are unable to be independent in those areas.

Statutory

Prescribed or authorised by law

Stroke

Rapid loss of brain function(s) due to a disturbance in the blood supply to the brain

Task and Finish (TAF)
Group

A team of people who work to address one particular issue (task), and disband when the work is completed.

Year of Care

Year of care is to ensure a standard approach to the care of long term conditions which puts the person in control of their care in partnership with the professionals.

www.yearofcare.co.uk

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Appendix 1 - Performance Indicators

How we will know that things have improved on the priorities within this strategy.

Priority 1: Prevention of ill-health and the things that cause it

The Better Care Fund (BCF) programme of work already has a number of performance indicators that measure key aspects of prevention. These are:-

BCF - National

- Protecting social care services
- 7-day services to support discharge
- Data-sharing
- Joint-assessments and accountable lead professional

BCF - Local

- Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Improving the health related quality of life of people with one or more Long Term Condition (Based on EQ5D Patient Survey)
- Emergency admission due to injury, poisoning and certain consequences of external causes (ICD-10 S00 to T98X)

Priority 2: Mental Health support and services for children and young people

The 5 high level placeholder domains are¹: (“Placeholders” because they may change):

- 1 – Promoting resilience, prevention and early intervention
- 2 – Improving access to effective support – a system without tiers
- 3 – Care for the most vulnerable
- 4 – Accountability and Transparency
- 5 - Developing the workforce

A number of Performance Indicators / Measures will be identified from a review of a number of YPMH services and support offers in place in Bracknell Forest, e.g.

- Behaviour Support Team
- Family Intervention Team
- Children’s Specialist Support Team
- Education Psychology Service
- DAAT – Young people’s support
- Youth service
- Youthline youth counselling
- Anti-bullying co-ordinator
- Youth Offending Service (YOS)
- Inclusion Support Officer
- Pupil Referral Service
- Early Years Inclusion
- Access to Play Scheme
- Child Care and Play team inclusion service
- Kooth counselling

The measures will be target driven and outcome based, and the timeline for this to be completed is November 2015.

¹ From BA CCG Transformation Plan Working Group

Priority 3: Preventing people becoming isolated and lonely

Social isolation is a sensitive issue: people find it hard to say they are lonely which means it is significantly under reported, and therefore people could miss out on services and support which might help them feel less alone and more involved with the community in which they live.

The group will consider the different ways of measuring social isolation and then find a way of asking very delicate questions in a consistent way across all services. The Campaign to End Loneliness advises that the only way to measure the effectiveness of interventions is to ask the same questions repeatedly over a number of years.

To this effect, any organisation offering services that might impact positively on loneliness will be asked to carry out an annual survey using the questions determined by the working group. If the service is one commissioned by the Council or the CCG, this will be written into the contract.

In this way, the Health and Wellbeing Board can establish the extent of social isolation now and every year over the 5 year life of the Health and Wellbeing Strategy.

Priority 4: Workforce – having enough people with the right skills, and suitable premises from which to deliver services

Themes

- **Capacity** – enough staff to do the jobs the standards of quality care required
 - Number of health professionals in place per head of population as prescribed in guidance
 - Ratio of health professionals to patients against a safe level
 - Ratio of staff in care homes to number of residents (as prescribed under applicable CQC criteria)
- **Development** – making the best of the workforce we have
 - Policies and procedures in place to ensure workforce have the training they need appropriate to their job tasks and career expectations
- **Sustainability** – ensuring employers have policies and processes in place to assess risk and ensure business continuity
 - Number of contracted providers with a risk register in place addressing workforce issues
 - Number of contracted providers with a business continuity plan in place addressing workforce issues
 - Staff turnover rates
 - Staff vacancy rates
 - Time to recruit from time to advertise
 - Absence rates and nature of absence
- **Resilience** – appropriate support is in place to support the workforce in times of heavy demand
 - Ratio of staff to workload
 - Number of staff working beyond allocated hours

Appendix 2 - Progress on Seamless Health 2012-1016

In 2012/13, the Health and Wellbeing Board developed its first Health and Wellbeing Strategy (HWS), ***Seamless Health***, which built on the Council's original strategy from 2007.

Seamless Health identified a number of areas where it was thought that further work between relevant partner organisations might be needed to make sure that people living and working in Bracknell Forest have the best possible opportunities to look after their health and wellbeing, and have the right services when they need them.

Based on the information that was available at the time, the priorities that were identified were:-

- ***Children***
- ***Mental Health***, including dementia
- ***Long Term Conditions***, including respiratory illness, diabetes and cardio-vascular disease
- ***Cancers***
- ***Sexual Health***
- ***Safeguarding***
- ***Vulnerable Groups***

More detail on each of these can be seen in *Seamless Health*. A brief update on progress is given below, but more detail on any of the action can be found by contacting the Joint Commissioning Team who will ensure your query is sent to the most appropriate person. You can contact them by email ASCHH.CommissioningTeam@bracknell-forest.gov.uk or by telephone - 01344 352000

- ***Children***. Support to young people is now focused at those young people with specific, identified needs, such as;
 - sexual health,
 - drugs and alcohol or
 - self-esteem concerns.

Support to young mothers and families with children under 5 has developed through:

- Children's Centres, with 3,814 families benefiting;

- Family Nurse Partnership work, with 45 families benefiting from this intensive programme.
- In Phase 1 of the Family Focus programme, there was a 100% turnaround of targeted families (115).

Support to schools has developed in such areas as:

- physical activity in all schools, with 16 schools taking advantage of the specialist physical education and school sports programme;
- family work, where 27 primary schools have a specialist family support adviser.

Support to address emotional health needs has also developed at a range of ages and levels of need. Nurture groups have been established in five primary schools with a resultant decrease in behaviour related incidents. The Bracknell Forest Healthy Schools Programme has been customised to help schools promote emotional health and well-being.

- **Mental Health**, including Dementia

The rates for diagnosis of Dementia are currently meeting the national target.

Under the Better Care Fund (BCF) programme of work, there is a project to work with local Care homes to improve – where necessary - the quality of the care that they provide, including to people with dementia. More detail can be found here.

www.bracknell-forest.gov.uk/bettercarefund

In 2014/15 the Council commissioned the Alzheimer's Society to facilitate the establishment of a Dementia Action Alliance in Bracknell Forest. Many local organisations – including the Council – have signed up and committed to specific actions to improve the way they respond to people with dementia and their families.

More detail on what has been achieved, and what is planned can be found in the Joint Commissioning Strategies:-

www.bracknell-forest.gov.uk/Healthy-Minds-strategy.pdf

www.bracknell-forest.gov.uk/Dementia-strategy-2014.pdf

- **Long Term Conditions**, including respiratory illness, diabetes and cardio-vascular disease. The programme of work funded through the Better Care Fund includes a number of initiatives particularly designed for improving wellbeing of people with long term conditions. These include Integrated Care Teams and Pulmonary Rehabilitation. Patients rate the programmes highly, but the work on diabetes needs further attention to enable better outcomes for people. This will be a focus of the Year of Care programme.
- **Cancers** - Whilst the treatment that people receive for cancer is good, more can be done to ensure that people are diagnosed earlier, and therefore increase the chances of successful treatment. While uptake is relatively high in Bracknell Forest, work will continue to promote screening programmes to all who are eligible. More opportunities will be made available to people for screening, including some weekend access for working people, which has been identified as an area for improvement from the Commissioning for Value pack. This is currently being worked up under the Better Futures for All Programme. The extended access has been designed with involvement from local people and will also be based on what is sensible and practical to provide. Extended hours services will be offered from October in one site in Bracknell with a view to rolling out to more sites once this has evaluated.

Work will be undertaken to understand the reasons why people do not take up screening offered to them and they will be encouraged to do so.

- **Sexual Health** – Work to promote good sexual health has contributed to a range of positive outcomes. For example, rates of under-18 conceptions in Bracknell Forest continue to decline, in line with the national picture and are now at an all-time low of 14.6 per 1,000. Recent data also shows that efforts in Bracknell Forest to raise awareness of Chlamydia infection and the importance of getting tested are working well, with the proportion of 15-25 year olds being tested almost doubling, with 19.4% tested in 2013, compared to 11.6% in 2012. This increase in the uptake of testing is the highest in Thames Valley and has been due in part to expanding the range of places and options for getting tested.

In January 2014 a consultation commenced with local stakeholders, including specialist sexual health providers, GPs, Council staff, Healthwatch and elected members to help shape and improve the delivery of sexual health services in

Bracknell Forest. In response to the feedback received a number of changes have been made. For example, a comprehensive list of sexual health services has been collated and is now hosted on a dedicate webpage. An innovative “specialist nurse outreach” service has been commissioned aimed at women who live in challenging circumstances and who are at high risk due to substance misuse or other issues. Since the service started in October 2014, 51 referrals have been made by Children’s Social Care and of those, 33 are now using long acting reversible contraception.

- **Safeguarding** – There was concern that children might be at risk if they were living in circumstances where other people drank too much, took drugs, or had mental ill-health, and that this might not be identified. In fact there are strong links between relevant adult services and children’s services within the Council, so any identified risks are dealt with quickly. There is also a lot of work being done to tackle domestic violence, and this includes safeguarding children in families where this is happening.

Adult Social Care is also represented on the groups that are tackling Child Sexual Exploitation (CSE), so ensure that where appropriate, action is still taken when vulnerable young people become adults.

- **Vulnerable Groups** – The Equality Act 2010 says that some people can be vulnerable because they do not have the same access as other people to services and support because of their age, disability, marital or civil partnership status, gender, sexual orientation, race, religion or belief. However, some people can be defined as “vulnerable” for different reasons. People can become vulnerable because of a change in life circumstances, for example, carers can become socially isolated and can find it more difficult to manage their own health and wellbeing because of their caring role. People can also be vulnerable because they can’t access information and advice about the support and services they need, so providing information in a range of accessible formats is essential. That’s why New Joint Commissioning strategies have been developed for a people with a range of care needs. These can be found on the Council’s website and the CCG’s website. In addition, whenever new services are commissioned, the specifications must be clear that they must meet the needs of people who may be vulnerable for reasons other than the issue that the service is specifically addressing. For example, it is

important that services to help people stop smoking are available for people with an Autistic Spectrum Disorder, and that people with dementia are helped to maintain healthy blood pressure levels, low cholesterol and a healthy BMI. This is because these things indicate risk of heart disease, stroke, some cancers and several other conditions which could make the dementia worse. All commissioners of services (Public Health, Adult Social Care, Children's Social Care, the CCG and NHS England) should ensure that service providers do this.

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Appendix 3 - Social Isolation

The Social Care Institute for Excellence (SCIE) has done a lot of work in understanding how social isolation can affect people, and this is from one of their publications²:-

Key messages

- Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness impact upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.
- The interventions to tackle social isolation or loneliness include: befriending, mentoring, Community Navigators, social group schemes.
- People who use befriending or Community Navigator services reported that they were less lonely and socially isolated following the intervention.
- The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.
- Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service.
- Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or going back to hobbies and participating in wider community activities.
- Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users' preferences.
- When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.
- We need to invest in proven projects. Community Navigator interventions have been shown to be effective in identifying those individuals who are socially isolated. Befriending services can be effective in reducing depression and cost-effective.

As well as feeling unhappy or depressed, being isolated can mean that people don't have access to a whole range of information, including information on how to keep themselves well, such as:-

- Falls prevention service
- Help with giving up smoking
- The “Helping You to Stay Independent” guide
- How they may be able to get support with getting out and meeting new people.

This is a problem which is set to grow as the population ages and more people move into Bracknell to take advantage of the new housing opportunities. There is some good work being done in Bracknell Forest, but organisations will need to work together to build on these strong foundations to ensure there are sustainable community networks that help people in Bracknell Forest stay active and happy for longer.

There are a number of interesting studies that can help partners to understand how they can identify people who are socially isolated and how they can all work together to help people to become socially “connected” again.

1. “Promising approaches to reducing loneliness and isolation in later life” – Campaign to End Loneliness / Age UK January 2015 See www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf
2. “Hidden Citizens – How can we identify the most lonely older adults?” – Campaign to End Loneliness / University of Kent – March 2015 See <http://www.campaigntoendloneliness.org/hidden-citizens/> (This paper featured on Channel 4 News as well as BBC news – see www.bbc.co.uk/news/uk-england-32201957)