Notice of Meeting

Health and Wellbeing Board

Thursday, 24th September 2015 at 9.00am

at Shaw House, Newbury

Date of despatch of Agenda: Wednesday, 16 September 2015

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss / Moira Fraser / Jo Reeves on (01635) 503124 / 519045 / 5194
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Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire
C O U N C I L

To:	Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Councillor Gordon Lundie (Executive Portfolio: Leader of Council, Strategy & Performance, Legal & Strategic Support)
Also to:	Jessica Bailiss (WBC - Executive Support)

Agenda

Part I

Page No.

9.25 am	9	**Appendices A and C:** **An update report on the Better Care Fund and wider integration programme (Shairoz Claridge/Tandra Forster)** Purpose: To keep the Board up to date on progression with the BCF and wider integration programme.	3 - 58

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.

West Berkshire
C O U N C I L

PROGRAMME	WEST BERKSHIRE BCF PROGRAMME	INTEGRATION LEAD	Patrick Leavey	OVERALL RAG (JCP + PRG)	AMBER
REPORT PERIOD	1 – 31 July2015	REPORT ISSUE DATE	18/8/15	REPORT STATUS	FINAL

AUTHOR	Toby Ellis, Project Manager		18.8.15		
APPROVAL BY	Shannon Coleman-Slaughter, Finance Lead	DATE APPROVED	18.8.15		
	Patrick Leavey, Integration Lead		18.8.15		
	Sue White, BHFT Project Lead		31.7.15		
	Shairoz Claridge, Co-Project Sponsor (JCP & PRG)		18.8.15 (pp Tim Cooling)	RAG RATING PROVIDED FOR:	JCP + PRG
	Ian Mundy, Co-Project Sponsor (PRG)		-		PRG only
	Tandra Forster, Co-Project Sponsor (JCP)		18.8.15		JCP Only

JOINT CARE PROVIDER (inc 7 day services and direct commissioning)
PROJECT/ SCHEMES STATUS

Executive Summary: – The Innovation Phase of the project commenced with a full staff briefing on 1 June and become operational on the following day. A formal one month review was undertaken on 29 June at which the pathway was re-examined on a step by step basis and necessary adjustments made. A further formal review has been undertaken at the end of July. **Finance -** The S75 agreements have been completed and issued for signature. **Milestone Status** – The Project Plan for the project has been revised to take into account the developments outlined above. Suggested revised milestones are now documented within this Report.	**Project Status** (green) **Financial Status** (orange) **Activity Status** (green) **Milestone Status** (green)

KEY ACHIEVEMENTS	
Project Level	1. Initial Innovation Phase period of 2 months completed 2. Formal review of 2 month progress undertaken 3. Further staff feedback gathered to support month 2 review
BCF04 Joint Care Provider	**'Pathway Redesign' Work Package 1 (including products 1a, 1b, 1c, 1d, 1e)** • Process documentation distributed to staff
BCF05 7 Day Services	**'7 Day Working':** • WBC Project Group have reviewed current 7 day working practices prior to building on to revised Innovation Phase pathway
BCF01 Community Nurses Directly Commissioning Care / Reablement Services	**'Trusted Assessor' Work Package 3** • Training for senior carers to operate as Trusted Assessors at planning stage

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NEXT STEPS / PLANNED ACTIVITIES

Project Level	• Continuation of innovation phase agreed • Preparatory work to extend scope of pathway to multiple acute providers scheduled • Expansion of pathway for all hospital discharges scheduled for 1st October Agreement to introduce remaining functionality within the joint care provider project collectively as 2nd phase
BCF04 Joint Care Provider	**Pathway Re-design:** • Ongoing adjustments to pathway to be undertaken to streamline process as development continues • Therapy meeting scheduled to undertake review of skills and competencies across the pathway.
BCF05 7 Day Services	**Work Package 2 – '7 Day Services'** • Review of likely impact of Innovation Phase activity on 7 day services • Initial Proposal for 7 Day development of services to be presented to Integrated Steering Group on September 2nd.
BCF01 Community Nurses Directly Commissioning Care / Reablement Services	**Work Package 3 – 'Trusted Assessor'** • Scheduling of Training Programme to be confirmed for presentation to ISG in September 2015 • Prioritisation sequence: 1) triage nurses and 2) Reablement Officers

NEW ISSUES RAISED THIS PERIOD

None to report

NEW/REVISED RISKS IDENTIFIED THIS PERIOD

No new risks raised this period

PROJECT MILESTONES, DELIVERABLES

Project Milestones *(Include all milestones from last month onwards)*	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	*Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?*
Joint Care Provider (inc 7 day services and direct commissioning)					
Milestone 3: Service Redesign	TE	Jan	May	H	Independent Facilitator engaged.
Milestone 4: Work Package Preparation	TE	Jan	May	H	Dependent on progress of Facilitator
Milestone 5: Work Package Activity	TE	Mar	May /Jun	H	Dependent on progress of Facilitator
Milestone 6: Service Implementation BCF04 Joint Care Provider Innovation Phase One	TE	Apr	Jun	M	Due to commence June for 2 month period
Milestone 7: Service Plan Initial Proposal for implementation of BCF01 and BCF05	TE	Apr	Aug	M	Dependent on implementation of Innovation Phase
Milestone 8: Service Review	TE	May	Aug	M	Approx. 1 month after Innovation Phase One implemented as BAU
Milestone 9: Project Closure	TE	Jun	Aug	M	Dependent on milestone 8

RESOURCE SUMMARY

Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on work stream and actions being taken.*

1 x Project Manager	1	Shared across both projects, until 31 August
0.5 x Project Administrator	0.5	Administrator supports both projects and ICSG, until 31 August
1.4 x Subject Matter Experts	1.4	Shared across both projects

FINANCE *Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?*
See finance tables below

PERSONAL RECOVERY GUIDE/KEY WORKER PROJECT
PROJECT/ SCHEMES STATUS PROJECT/ SCHEMES STATUS

Executive Summary – The scheme launched on 1 July and British Red Cross are actively staffing a desk within the RBH Discharge Lounge during Mon-Fri office hours. **Operational Summary** The providers are recruiting staff to posts, seeking to identify suitable users and promoting the service to RBH departments. All documentation – process guides, protocols, recording templates, care plans, feedback forms – are being prepared for sign-off **Finance -** The Section 75 agreements have been finalised and issued for signature. **Milestone Status** –. The providers remain on target to offer a full service by early September.	**Project Status** **Financial Status** **Activity Status** **Milestone Status**

KEY ACHIEVEMENTS	
BCF03 Personal Recovery Guide / Key Worker (note project has single work package)	• BRC offering reduced service within Discharge Lounge at RBH • Providers have appointed staff and volunteers to identified roles • Monitoring arrangements/KPIs agreed between providers and commissioners • Friends/Family Test agreed (mechanism for feedback from users) • Provider Business Continuity Plan agreed

NEXT STEPS / PLANNED ACTIVITIES	
BCF03 Personal Recovery Guide / Key worker (note project has single work package)	• Referals to service to commence 1 Aug • Initial contract review meeting 4 Aug • Continued preparation for full service launch early September

NEW ISSUES RAISED THIS PERIOD
No new issues this period

NEW RISKS/REVISED RISKS IDENTIFIED THIS PERIOD
No new risks this period

PROJECT MILESTONES, DELIVERABLES					

Project Milestones (Include all milestones from last month onwards)	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?
Personal Recovery Guide					
Milestone 3: Specification completed	TE	Jan	May	H	Final proposal to be agreed with providers
Milestone 4: Contracts signed	TE	Apr	Jun	H	Draft contract prepared. Awaiting s75

					agreement
Milestone 5: Pilot commences (approx. 8 week set-up/recruitment period)	TE	Apr	May	H	Approx. 8 week set up period
Milestone 6: Pilot goes live	TE	Apr	Jul	H	Go live date 1 Jul
Milestone 7: Initial Contract Review/Project Closure	TE	May	Aug	H	Closure to include plans for BAU/contract management of pilot scheme

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on work stream and actions being taken.*
1 x Project Manager	1	Shared across both projects, until 31 August
0.5 Project Administrator	0.5	Administrator supports both projects and ICSG, until 31 August
1.4 x Subject Matter Experts	1.4	Shared across both projects

FINANCE   *Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?*
Call for Action monies to be retained by WBC to fund project slippage from financial year 2014-15 into 2015-16. The local s75 agreement has now been signed and invoicing for quarterly instalments has commenced.

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Ref	BCF scheme Name	Budget Manager	Original Budget £k	Revised Budget £k	YTD as at dd/mm £k	Forecast to 31/03/16 £k	Variance £k	Variance (%)	FSG Tolerance £k	Report triggered (Y/N)
	Summary									
	West Berkshire Council Hosted Schemes	Tandra Forster	6,286	6,286	1,703	6,286	0			
	Newbury & District CCG Hosted Schemes		3,247	3,247	0	0	-3,247			
	Total		9,533	9,533	1,703	6,286	-3,247			
	West Berkshire Council Hosted Schemes									
BCF01	**BCF01 - Community Nurses Directly Commissioning Care/ Reablement Services**									
BCF01	No financial implications		0	0	0	0	0			
BCF01	**BCF01 - Community Nurses Directly Commissioning Care/ Reablement Services**		**0**	**0**	**0**	**0**	**0**	**#DIV/0!**	**250**	
BCF03	**BCF03 - Patient's Personal Recovery Guide / Keyworker**									
BCF03	Payment to providers		310	310	0	310	0			
BCF03							0			
BCF03	**BCF03 - Patient's Personal Recovery Guide / Keyworker**		**310**	**310**	**0**	**310**	**0**	**0**	**0**	
BCF04	**BCF04 Joint Care Provider**									
BCF04	Staffing (protecting social care service - national condition)		400	400	67	400	0			
BCF04	**BCF04 Joint Care Provider**		**400**	**400**	**67**	**400**	**0**	**0**	**0**	
BCF05	**7 Day Week Service**									
BCF05	Staffing		250	284	95	284	0			
BCF05	Payment to providers		250	216	0	216	0			

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BCF05	**7 Day Week Service**	**500**	**500**	**95**	**500**	**0**	**0**	**0**
	Protecting Social Care Services							
	Care Act Impact - eligibility change	1,213	1,213	404	1,213	0		
	Care Act Impact - new carer entitlements	294	294	98	294	0		
	Previous S256 transfer - Reablement Services	425	425	142	425	0		
	Previous S256 transfer - Integrated crisis and rapid response	425	425	142	425	0		
	Previous S256 transfer - Early Supported Discharge	370	370	123	370	0		
	Previous S256 transfer - other universal preventative services	573	573	191	573	0		
	Previous S256 transfer - carers support	321	321	107	321	0		
	Protecting Social Care Services	**3,621**	**3,621**	**1,207**	**3,621**	**0**	**0**	**0**
BCF06	**BCF06 Hospital at Home**							
BCF06	tba - combination of staffing and providers	390	390	0	390	0		
BCF06	**BCF06 Hospital at Home**	**390**	**390**	**0**	**390**	**0**		
	WBC Contingency	**60**	**60**	**0**	**60**	**0**		
	Total Revenue	**5,281**	**5,281**	**1,368**	**5,281**	**0**		
BCF CAP	**Capital**							
BCF CAP	DFG Schemes	726	726	242	726	0		
BCF CAP	Capital Schemes	279	279	93	279	0		
BCF CAP	**Capital**	**1,005**	**1,005**	**335**	**1,005**	**0**	**0**	**0**
	Total West Berkshire Council Hosted Schemes	**6,286**	**6,286**	**1,703**	**6,286**	**0**		
	Newbury & District CCG Hosted Schemes							

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BCF02	**BCF02 - Access to Health and Social Care Services through a single Hub**						0
BCF02	tba		70	70			-70
BCF02							0
BCF02	**BCF02 - Access to Health and Social Care Services through a single Hub**		**70**	**70**	**0**	**0**	**-70**
BCF05	**7 Day Week Services**						
BCF05	tba		870	870			-870
BCF05							
BCF05	**7 Day Week Services**		**870**	**870**	**0**	**0**	**-870**
BCF06	**BCF06 Hospital at Home Service**						0
BCF06	tba		738	738			-738
BCF06							0
BCF06	**BCF06 Hospital at Home Service Total**		**738**	**738**	**0**	**0**	**-738**
BCF07	**BCF07 Enhanced Care and Nursing Home Support**						0
BCF07	tba		167	167			-167
BCF07							0
BCF07	**BCF07 Enhanced Care and Nursing Home Support**		**167**	**167**	**0**	**0**	**-167**
	Protecting Existing CCG Reablement Service						0
	tba		740	740			-740
							0
	Protecting Existing CCG Reablement Service		**740**	**740**	**0**	**0**	**-740**
	Enabler Connected Care (NHS number/Interoperability of IT)						0
	tba		248	248			-248
							0

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Enabler Connected Care (NHS number/Interoperability of IT)		248	248	0	0	-248	
Total Schemes		2,833	2,833	0	0	-2,833	0	0
Contingency		171	171			-171		
Performance Fund		243	243			-243		
Total		414	414	0	0	-414	-1	0
Total Newbury & District CCG Hosted schemes		3,247	3,247	0	0	-3,247		

Total BCF		9,533	9,533	1,703	6,286	-3,247		

Finance Comments

The S75 agreement have been completed, it is expected that both the CCG and LA will then be able to draw down BCF funds in accordance with the agreed Expenditure Plan.

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West Berkshire Highlight Report

PROGRAMME	BW Frail Elder People Model of Care	PROGRAMME MANAGER	Richard Smale	OVERALL RAG	
REPORT MONTH END	July 2014	REPORT ISSUE DATE	7th August 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS

The Project is transitioning from the initiation phase into delivery. The governance arrangements are in place and project resources are coming on stream. Links to the wider BW10 Transformation Programme are in place. Baseline data and stakeholder engagement activities are commencing. Initiating the project during the holiday period has presented some challenges, but these are largely being overcome.	**G** Project Status **G** Financial status **G** Activity Status **G** Milestone Status

KEY ACHIEVEMENTS

SROs appointed and project forum established.	SRO forum established and operational on a weekly basis.
SCWCS/EY Project Team recruited.	The SCWCS/EY Project Team has been established and is now operational.
Provisional information requirements defined.	Information requirements have been drafted.
Project processes established.	Project plan, Risks and Issues, Assumptions/dependencies

NEXT STEPS / PLANNED ACTIVITIES

Initiate wider stakeholder involvement	Establish involvement across the BW10 Partner organisations from key stakeholders in the FEP. Conduct 1:1 meetings where appropriate.
Schedule MOC Events	Schedule the MOC events and 1:1 sessions.
Commence data collection	Issue information requests to BW10 organisations and establish any information gaps.

NEW ISSUES RAISED THIS PERIOD

BI capacity for providing the information from the LA is not available –appointment of an information analyst to support the LA's in supplying the information.

NEW RISKS IDENTIFIED THIS PERIOD

Availability of key data required to complete activity and financial modelling – Initial data requirements developed for issuing to BW10 Partners. This will enable us to identify any information gaps.

PROJECT MILESTONES, DELIVERABLES

Project Milestones (Include all milestones from last month onwards)	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?
Project Initiation	RS	31st July	31st July	H	
Contract sign off	SRO/RS	31st July	7th Aug	M	Process of clarification around Project Team and amendments to the call off order.
Project plan	RS	31st July	14th Aug	H	Initiation, Phase 1&2 documented. Phase 3 approach to be discussed with SROs on 7th August.

Confirm the key contacts across the BW10 organisations and issue a request for existing model of care information.	RS	31st July	7th Aug	H	Draft communication to be reviewed by SRO on 7th August prior to issue.
Model of Care Design events	RS	31st July	7th Aug	H	Model of care event design being reviewed by SROs on the 7th Aug.
Contractual milestones (Contractual delivery date 31/3/2016)					
1. A quarterly (July, September, December) status report with a clear set of findings, and options to be considered by the partnership	SCWCS	Sept 15, Dec 15, Mar16		H	
2. An operational reporting solution to provide monthly output reports to the Authority using the Authority's existing business intelligence tools and solutions	SCWCS	Mar 16		M	
3. Providing the Authority with project reporting requirements	SCWCS	Aug15-Mar 16		H	
4. A financial baseline of the cost of the existing frail elderly pathway by sector and individual organisation	SCWCS	30th Oct 15	9th Oct	M	
5. A Financial model which allows short and medium term scenarios to be tested, taking account of the regulatory context.	SCWCS	27th Nov 15	10th Nov	M	
6. A full financial impact analysis including identifying the risks and benefits (including stranded costs) to individual organisations, with a focus on the "Hospital at Home Pathway" as a worked example of pathway and payment redesign.	SCWCS	18th Dec 15	19th Nov	M	
7. A list of appraised contracting options/market interventions and pricing mechanisms	SCWCS	27th Nov 15		H	
8. Assessments of the impact this will have on system sustainability, local provider landscape and workforce models; and	SCWCS	29th Jan 16		M	
9. A phased management plan for operationalization of the elected model(s) of care which enables implementation to have started from 1st April 2016. The plan must have full consideration of the Contracting round and cover Y1 (2016/17) and Y2 (2017/18).	SCWCS	18 Mar 16		M	

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on workstream and actions being taken.*
1		Information analyst to support Local Authority Data collection.

West Berkshire Highlight Report

PROGRAMME	Integrated Carers Commissioning	PROGRAMME MANAGER	Janette Searle	OVERALL RAG	green
REPORT MONTH END		REPORT ISSUE DATE	31.07.2015	REPORT STATUS	Final

PROJECTS/ SCHEMES STATUS

A Berkshire West Carers Commissioning Forum (BWCCF) has been established under the chairmanship of the CCGs Director of Joint Commissioning to oversee the future commissioning and development of carer support across Berkshire West. This is one of the enabling work streams within the BW10 Integration Programme, The BWCCF leads on the development of strategic plans and commissioning arrangements for supporting carers across Berkshire West, and also informs the development of other plans and arrangements which have the potential to improve outcomes for carers. The aim is to move towards single pot funding for all carer support across the West of Berkshire and to offer a consistent range of services, particularly to improve the experience of carers supporting others across local authority boundaries.		Project Status
		Financial Status
		Activity Status
		Milestone Status

KEY ACHIEVEMENTS

Carer Information Advice & Support Contract	Online provider survey completed to indicate likely interest under different commissioning approaches.
Carers Needs Assessment	Completed modules for West Berkshire, Reading and Wokingham presented to Forum meeting 13.07.2015
Carers breaks provision and support	Continuity of local respite / contingency planning provision secured via take over by another branch. Reading draft VCS Wellbeing Bidding Framework launched 06.07.2015.

NEXT STEPS / PLANNED ACTIVITIES

Carer Information Advice & Support contract	BW commissioners to agree most appropriate procurement method to ensure service continuity from April 2016. Commissioners to develop final service specification (to be used pan Berkshire).
Governance	Section 75 agreements to be finalised setting out respective roles of health and social care commissioners in relation to carers funding allocated within Better Care Fund plans
Carers breaks provision and support	Internal delivery plans and Service Level Agreements to be confirmed in light of Section 75 arrangements. (In principle agreements reached and communicated to providers.)

NEW ISSUES RAISED THIS PERIOD

Nil

NEW RISKS IDENTIFIED THIS PERIOD

Nil

PROJECT MILESTONES, DELIVERABLES					
Project Milestones (Include all milestones from last month onwards)	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	Number Now In Post	Explanation for variance, impact on workstream and actions being taken.

West Berkshire Highlight Report

PROGRAMME	Connected Care	PROGRAMME MANAGER	John Macdonald	OVERALL RAG	A
REPORT MONTH END	July 2015	REPORT ISSUE DATE	12 August 2015	REPORT STATUS	Final

PROJECTS/ SCHEMES STATUS		
Phase 1 - complete **Phase 2** • Infrastructure: Technical environments required for the pilot are complete • Financial planning has been re-drafted based on a West/East joint implementation. • Funding sources and options have been identified. Indicative cost model has been provisionally approved by FDs and SROs pending minor revisions. • Outline Business Case is complete pending updated financial case. Distribution planned 18th August. • Preparation activities for the procurement are being progressed. • Connected Care detailed requirements: 25% partner sign-off, 25% partner agreement in principle. On-schedule to "lock-down" the requirements by 17th August **Phase 3** – not started	A	Project Status
	G	Financial Status
	A	Activity Status
	A	Milestone Status

KEY ACHIEVEMENTS	
Commercial	Project budget has been identified for FY15-16, CCG funding via the BCF. Breakdown of budget has been provided to the finance lead. Outline business case is complete pending minor revisions to phase 3 partner cost model / cost allocations. Funding sources and options have been identified. Outline business case is complete, pending minor revisions to financial case. Partnership Board and East CCG Board meeting dates identified to submit for approval. Specialist procurement services have been brought in to bolster the CSU procurement team's efforts to prepare the business facing documentation and complete all pre-procurement activities. BHFT has been nominated as the vendor contract host partner organisation.
Deployment	Project PID submitted with FY15-16 costs. Infrastructure: development, test and production technical environment builds are complete. Orion portal build has commenced. All sharing agreements required for the pilot have been signed. West LA preparation (IG, N3) is on track for phase 3 engagement. LAs will not be able to engage in pilot. Partner requirements localisation: Round 1 - 89% partner response rate. Round 2 - 79% partner response rate. Round 3 (sign-off) - 25% partner sign-off, 25% partner agreement in principle. Orion (pilot portal vendor) service delivery is improving satisfactorily. Weekly calls are in place to monitor progress closely.
IG	Steering Group: 2nd meeting complete. Dr Rawlinson (LMC) appointed as Chair. 70% of partners have agreed IG principles and ToR. HSCIC's head of IG Shane Dark has expressed his support and has commended the project on the IG work undertaken so far. The steering group will join the HSCIC Information Governance Alliance by forming a strategic network representing the whole of Berkshire.
Benefits	Joint East/West communications plan is complete and will be submitted for board approval this month. Interview with OOHs clinician focussing on benefits to patients has been edited and will be uploaded to CCG websites pending approval.

NEXT STEPS / PLANNED ACTIVITIES	
Commercial	Submit Outline Business Case to Connected Care and Partnership Boards for review. Define and agree the OBC partner sign-off process and time-line. We need to identify the partner boards / individuals who need to be involved. Finalise partnership agreement that will act as the commercial vehicle to enable BHFT to act as the vendor contract host.
Deployment	Complete the infrastructure build. Complete pre-procurement preparation activities; finalise vendor selection process and scoring mechanism/weightings, localise procurement templates and prepare all business facing documentation to

	enable sufficient vendor notification periods.
	Lock-down the interoperability solution requirements by completing face to face "closure" meetings and if required seek partner organisation internal board sign-off.
IG	Monitor partner ToR and IG principles approval responses (70% of partners have already approved so far) and chase up any outstanding responses
	Create IG steering group "key decision / collateral sign-off" time-line to provide advanced notice to members of key meeting dates.
	Start to prepare the IG collateral that supports the Berkshire IG principles starting with; patient consent model, patient information programme and patient opt-out processes.
	Meet with HSCIC to discuss next steps to enable to formation of the Berkshire Strategic Information Governance Network.
Benefits	Joint West / East communications plan to be submitted to Connected Care board for approval
	Expand benefits group to cover the phases 2 and 3. Meetings have been re-scheduled directly after Connected Care board meetings to facilitate this.
	CSU to arrange a filming session in RBFT's ED department with Dr Nafousi (ED consultant) focussing on benefits of access to patient data for physicians and patients.

NEW ISSUES RAISED THIS PERIOD

BHFT's RiO merger project is delayed and is not forecast to complete (including data-checking) until mid-October (forecast comp date was mid-June.

- IMPACT
  - BHFT Data cannot be extracted for the portal database until the RiO project and associated data checking is complete.
  - BHFT data go-live milestone has slipped to early-November.
  - This will result in a phased portal go-live (RBFT and GP data in Sept. followed by RiO data in Nov.)
- MITIGATION
  - BHFT have agreed to prepare the required hardware, software and connections in advance of mid-October to enable the data to be uploaded immediately after the RiO project and data checking is complete.
  - Meeting scheduled for 17th August to review technical work that needs to be undertaken prepare the database that will feed the portal with community data.

NEW RISKS IDENTIFIED THIS PERIOD

Future funding for phase 3 (post pilot) has not been confirmed.

- MITIGATION
  - West / East FDs and SROs met (6th Aug) to review indicative cost model and cost allocations. Funding sources and options have been identified.
  - Due to aggressive time-scales CCGs are investigated options to finance a substantial proportion of costs with existing funding streams. CCGs are leaning towards a reduced capital funding model. Final updates to cost model and cost allocations based on input from East / West FDs and SROs underway. Partnership Board and East CCG Board meeting dates identified to enable submission and review of costs model and cost allocations for approval.

West Berkshire Highlight Report

PROJECT MILESTONES, DELIVERABLES					
Project Milestones *(Include all milestones from last month onwards)*	*Task Owner*	*Original Delivery Date*	*Planned delivery Date*	*Conf H/M/L*	*Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?*
Infrastructure in place, build complete		13-Jul-15	17-Jul-15		Complete
Data sharing Phase 2 Schedule D sign-off		13-Mar-15	22-Jun-15		Complete
Orion build complete		10-Aug-15	21-Aug-15	M	No further slippage since last report.
MIG data go-live		07-Sep-15	21-Sep-15	M	Dependants on Orion build. No further slippage.
BHFT DB build		13-Jul-15	10-Aug-15	H	See issues
RBFT data go-live		07-Sep-15	21-Sep-15	M	Dependant on Orion build. No further slippage
RiO data go-live		07-Sep-15	21-Sep-15	H	See issues
Portal solution review		17-Nov-15	17-Nov-15	H	
Interoperability procurement starts		31-Oct-15	31-Oct-15	H	

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on workstream and actions being taken.*

West Berkshire Highlight Report

PROGRAMME	Workforce	PROGRAMME MANAGER	Alison C-M Forfar	OVERALL RAG	
REPORT MONTH END	July 2015	REPORT ISSUE DATE	16 August 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS		
Scoping of the workforce transformation agenda has been completed and an Action Plan agreed which identifies the priorities to be: 1. The development of new 'generic' roles 2. A skills development programme 3. The development of joint recruitment plans 4. Leadership development 5. Improving workforce data quality 6. Supporting cultural change		Project Status
		Financial Status
		Activity Status
		Milestone Status

KEY ACHIEVEMENTS	
Work programme	Development of a BW10 Workforce Project Initiation Document (PID) has been completed which underpins all required high level activities to ensure successful delivery of the BW10 Workforce Programme in building an integrated Health and Social Care business model (from a workforce planning perspective) with a primary focus on the design and delivery of new Job Descriptions which will integrate Health Care Support Workers and Social Care Support Workers. In the new Health and Social Care environment the new Job Description will be known as General Support Worker (GSW).
Embedded Working Arrangements	After careful consideration given to dependencies and value for money for the delivery of the BW10 Workforce Programme it has been agreed that to appoint a project delivery manager engaged for an initial 12 weeks (3 day per week) and look to utilisation of cost savings by securing a workforce administrator 2 days per week.
Generic Support Worker (GSW)	A Pilot roll out of new GSW role supported by identified local Community Nursing and Social Care service lead will span across • Reading Intermediate Care Teams • Wokingham Domiciliary care Teams • West Berkshire The final development stage of design and sign off of the new integrated General Support Worker (GSW) Job Description is near completion pending the final report from Skills for Health commissioned to lead/facilitate this activity. Expected final summary and full report to be completed and received no later than Thursday 20th August 2015

NEXT STEPS / PLANNED ACTIVITIES	
Work programme	• Sign off Workforce Project Initiation Document • Recruit Workforce Project Delivery Manager responsible for the delivery of the agreed BW10 Workforce Project Plan clearly defining key activities, deliverables and milestones. Identification of Risks, Issues, Assumptions & Dependencies (RAID), and RAG rated to ensure BW10 Workforce Programme is delivered in line with the BW10 Programme. • Workforce Delivery Project Manager engaged 9th September 2015 • Build workforce action/activity plan taking into consideration • Current workforce in post and vacancies for Health and Social Care support workers across agree pilot areas • Build and finalisation of statutory and mandatory training requirements for new GSW role • Build and finalisation of joined up recruitment plans and activities
Embedding working	

arrangements	Development of joint up workforce and plan to include
Generic Support Worker	- Communication & engagement - Recruitment & Retention - Training & Development - Organisation & Culture change - Measuring success Integrated Workforce Development Group - Final sign off GSW role arising from workshops - Final sign off Pilot roll out sites for GSW role - Final sign off recruitment/plan strategy - Discussion document (Skills for Health) Communication and Engagement

NEW ISSUES RAISED THIS PERIOD

BW10 Workforce Project Plan required to ensure key deliverables identified together with clear understanding of partnership roles and responsibilities, activities and actions.

NEW RISKS IDENTIFIED THIS PERIOD

Communication could be a single point of failure and therefore the Workforce Programme Manager has ide4ntified this as a high risk that without a BW10 communications and engagement lead for both internal and external communication and engagement activities the workforce BW10 programme may not be achieved. Recommendations (not exhaustive)

- Appoint Communications Engagement Lead to:
- Design and implement BW10 Landing page
- Design and implement BW10 logo
- Internal and external PR/Press release
- Local engagement strategy, plan and roll out
- Responsible for BW10 internal and external updates
- Central point for all internal and external communications
- Collation and publication of BW10 documentation

PROJECT MILESTONES, DELIVERABLES

Project Milestones (Include all milestones from last month onwards)	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?
Develop rolling programme for implementation of GSW	Workforce Project Delivery Manager		Sept 2015		In progress awaiting final summary report from commissioned Skills for Health
Develop and commission joint training programme to support skills development required to deliver FEP	Workforce Project Delivery Manager		Sept 2015		In progress awaiting new Project Delivery Manager to be in post Monday 7th September 2015
Identify leadership development cohort of front line leaders/managers	Workforce Project Delivery Manager		Sept 2015		In Progress awaiting set up of small workforce project steering group
Develop HR strategy & Plan(s)	Workforce Project Delivery Manager		July/August 2015		High level recruitment strategy drafted for discussion at next Workforce Programme Board
Develop Communication & Engagement Strategy &	Workforce		September/October		In Progress – commissioning Skills for Health to

Plan(s)	Project Delivery Manager		2015		support this activitiy. Date slipped due to Summer Annual Leave period.
BW10 Workforce Programme Budget spend/forecast	Workforce Project Delivery Manager		Ongoing		

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on workstream and actions being taken.*
Workforce Programme Manager (Interim)	0.00	As part of the Workforce Project Manager's roll it was identified next steps and value for money would be to engage a workforce delivery project manager and a workforce administrator for a similar costing of the workforce programme manager. Therefore the workforce programme manager having completed the initial design stage of the GSW has now identified suitable replacement(s)
Workforce Delivery Manager	1 (3 days per week)	Start date 7th September 2015 – (12 week review)
Workforce Delivery Administrator		To be recruited (2 days per week)

West Berkshire Highlight Report

PROGRAMME	Hospital @ Home Pathway	PROGRAMME MANAGER	Fiona Slevin-Brown, Provider SRO Katie Summers, CCG SRO	OVERALL RAG	RED
REPORT MONTH END	31ᵗʰ July 2015	REPORT ISSUE DATE	10 August 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS

Programme Soft Launch
The Hospital at Home soft launch began on 22 June 2015.

Initial Patient Numbers
As of 31ᵗʰ July 33 potential patients identified, 2 have been admitted to H@H pathway. 1 completed process; 1 deteriorated prior to discharge to H@H. In addition 3 patients / carers rejected H@H as an option [of the remainder 10 of those reviewed were still unwell; 12 were discharged home; 5 went with other community support; I was End of Life]. .

Staff Recruitment
2.8 out of projected 4 ANP recruited; 5.6 out of 8 Band 6s recruited
Community geriatrician recruitment proceeding
Other recruitment halted pending options review.

Communications
Soft launch comms completed. Poster in all wards. Targeted comms to all matrons . Targeted comms o residential and nursing home managers for home s with the highest rates of admission

Telehealth
Final contract between MSD and HRS agreed. Final wording of SLA between NRS and BHFT agreed.
Letter of intent issued allowing 12 initial sets of equipment to be released before contract sign off
Final Sign off to be completed by 21 August when signatories are back from leave

Funding
The funding allocation in the BCF remains unchanged. Investment funding for the pathway has been added into the contract between the Berkshire West CCGs and both RBFT and BHFT for 15/16.

Project Status
Red due to slow progress in identifying suitable patients. Options appraisal being prepared for QIPP meeting will include
- Improvement to current operations: including Integration of community pathway referrals to avoid competition between pathways; In-reach presence from experienced community nurse; improved working with GP referral unit to return patients more quickly
- Extension of scope : including step up options to avoid admissions; Rapid response for care homes; joint development of Respiratory and Renal ESD
- Decommissioning: taking into account reputational damage from staff already recruited

Options paper to be delivered to QIPP meeting on 25 August 2015

	Project Status
	Financial status
	Activity Status
	Milestone Status

KEY ACHIEVEMENTS FOR JUNE

List	Soft Launch	Initial referral completed
		Initial comms and development of H@H pathway with Nursing Homes
		Initial Pathway development with renal team
	Recruitment	On-going recruitment for community geriatrician position
	Communications	Posters agreed and in place in all wards at RBFT to promote the pathway
		Targeted comms to all matrons . Targeted comms to residential and nursing home managers for home s with the highest rates of admission
	Telehealth	Tele health equipment contract between NRS and MSD finalised

		SLA between NRS and BHFT finalised Letter of Intent sent to MSD allowing for early release of 12 sets of equipment MSD software and business continuity arrangements in place BHFT N3 connection for H@H active Acceptance Testing Completed

NEXT STEPS / PLANNED ACTIVITIES FOR JULY

List	Soft Launch Telehealth	Completion of Options review for Phase 2 Telehealth contract in place

NEW ISSUES RAISED

July	Slow uptake in referrals

NEW RISKS IDENTIFIED

PROJECT MILESTONES, DELIVERABLES

Project Milestones (Include all milestones from last month onwards)	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?
Receipt of letter of intent to commission additional pathway staffing from BHFT	CCG	6th Feb	20th March	High	Complete: Commencement of recruitment linked to receipt of letter from CCGs. Minimum of three months required to apt all staff.
Finalisation of medical model	RBFT	28th Feb	31st March	High	Complete Work plans of the community geriatricians agreed. Soft launch possible within current capacity, single consultant model full launch dependent on appointment.
Pre- launch workshop	RBFT/ BHFT	14th April	14th April	High	Complete. Outstanding operational issues identified at work shop to be addressed through Standard Operating Procedure
Final Draft Standard Operating Procedure	RBFT/ BHFT	22nd April	22nd April	High	Complete Draft SoP complete
Integration of specialist nursing	BHFT	30th April	30th April	High	Complete
Up skilling and training of current community health and care teams	BHFT	30th April	30th April	High	Complete Rolling training programme commenced, up skilling of staff for soft launch complete, training dates in place for delivery through to full go live
Agreement of single function for integrated discharge at the RBFT	RBFT	30th April	30th April	High	Complete Established as part of RBFT patient flow redesign programme
Soft launch	RBFT/ BHFT	12th May	22th June	High	Complete Soft Launch 22 June 2015 without Telehealth Awaiting contract with NRS for tele health equipment
Purchase of tele-health equipment	CSU	30th April	17th July	High	Letter of intent sent to MSD which as allowed the release of equipment before contract signature Contractual method and wording agreed Sign off by 21 August 2015
Recruitment of additional community staff	BHFT	30th April	30th August	High	Additional recruitment for staff not yet appointed halted pending Options appraisal except for Community Geriatrician substantive post which is proceeding
Phase 2 Full Go Live	RBFT/	31st	31st	High	Dependant on option appraisal

		BHFT	August	August		

West Berkshire Highlight Report

PROGRAMME	BCF Programme for Reading	PROGRAMME MANAGER	Sally Palmer	OVERALL RAG	
REPORT MONTH END	August 2015	REPORT ISSUE DATE	5th August 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS

DTA up and running but GP cover still to be finalised	-	Project Status
2 pilots for neighbourhood clusters up and running. Health model reviewed with possibility of partnership working with Social Care and to restart in September 2015.	↑	Financial Status
	-	Activity Status
Social Care and community nursing and therapy services operating 7 day cover. Acute and GP surgeries yet to implement whole systems 7 day cover.	-	Milestone Status
Delays in formalising the S75 may delay release of the BCF funds. S75 with CSU and due to be signed off imminently.		

KEY ACHIEVEMENTS

| Scheme 1 Discharge to Assess (DTA)

1/08/15 | 62 people admitted to The Wils since 1/04/15. 46 people discharged. 56 admitted via acute, 4 as rapids from the community and 2 as planned community admissions. Tracker spreadsheet still being refined in order to give comprehensive performance data.

203 people admitted to CRT from 1/04/15 to 22/06/15. Average 3 admissions as rapids per week (prevention of hospital admission). 186 people discharged. Of these, 27 discharged with no further need, 13 EOL, 32 admitted to hospital, 12 non starters and 28 discharged with a package of care.

Funding for GP cover for 12 beds agreed. Detail to be finalised before going out to tender for service.

Additional posts filled with the exception of some vacant care hours. Vacant care hours for support staff to be expected considering the size of the services. Additional physiotherapist in post with a weekly session provided by CPN to support the service.

Operating policy for service completed in draft form and under review by Discharge to Assess task and finish group. |
|---|---|
| Scheme 2 Whole System Whole Week: 1) Neighbourhood Clusters | Reading Voluntary Action pilot hosted by Tilehurst Surgery and the Reading Walk-in Health Centre, with two part-time social prescribers including a Nepali worker operational. Likely to exceed the targets set for June.

Age UK Berkshire pilot taking referrals, making appointments. 2 Personal Independence Coordinators making appointments. Volunteer team being recruited

Health model reviewed and to restart September 2015. Paper for RIB on combining Health and Social Care models. |
| Scheme 3 Whole System Whole Week: 2) 7 day access | Community and bed based intermediate care now operating 7 days a week.

Linkages now made to the Acute Frailty Network at RBH, to explore issues and opportunities.

Social workers responding to demand for cover on Saturdays to facilitate hospital discharge. |

Scheme 4 Whole System Whole Week 3) GP Access 7/7	A pilot has been agreed to open two surgeries in the North cluster for extended hours Monday to Friday and on Saturday mornings. The new times are in place as a result of what people said in patient surveys. Details of how this will be resourced have yet to be agreed. Plan to roll out pilot in N and W Reading being developed further. Aim to start pilot Autumn 2015
S75 Agreement	All S75 agreements now with CSU who are leading on the sign off process. Sign off expected in August 2015.
Mental Health Integration	At the Mental Health Partnership Strategic Board meeting the following key actions were agreed. • At request of service user and carer reps a draft procedure on user and carer reward and recognition is drawn up with their involvement. Draft to be fed into the integration board. • Comms group to be set up regarding mental health strategy communication "you said, we did" to build in a feedback loop • Draft strategy sub groups to be formed. • Final recommendations taken to ACE committee 29 June. Approval given.

NEXT STEPS / PLANNED ACTIVITIES	
Reading Integration Programme	Workshop taking place August to review progress of Reading BCF to date, lessons learnt and to agree way forward.
Scheme 1 Discharge to Assess (DTA)	Specification for GP cover for The Wils to be agreed before going out to tender for the service. Finalise operating manual Finalise performance reporting framework for Discharge to Assess Draft contract with BHFT for additional nursing and therapist staff completed and to through legal for scrutiny. Agree detail of project evaluation
Scheme 2 Whole System Whole Week: 1) Neighbourhood Clusters	Review of pilot projects in Reading and how they fit with BCF to be undertaken. Review of TOR and membership of group to be undertaken once workshop has taken place in RIB.
Scheme 3 Whole System Whole Week: 2) 7 day access	Further work with RBH to address issues regarding medication and consultant discharge. Emergency Duty Service contract is up for renewal and initial discussion about our requirements going forward have started.
Scheme 4 Whole System Whole Week 3) GP Access 7/7	Ongoing work between CCG's and GP surgeries. Detail of extended hours and Saturday surgery opening for GPs now being formulated.
Section 75 Agreement	Gain cross Berks agreement to the 'split' approach proposed by Reading

	Draft both local and pan Berkshire S75 templates All BCF scheme specifications finalised for S75 agreement

NEW ISSUES RAISED THIS PERIOD

Recent conversations regarding some of the Berkshire wide projects has highlighted the need to reframe the purpose and outcomes we expect to achieve through delivery. Further discussions required at the Partnership Board.

Identified the need to review milestones for all projects. This is ongoing work which will be finalised once the detail of projects has been signed off by the Partnership Board.

PROJECT MILESTONES, DELIVERABLES

PROJECT MILESTONES, DELIVERABLES	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?
Scheme 1 Discharge to Assess at The Willows					
Scheme 1 Discharge to Assess at The Willows					
Pathway completed and communicated to teams	JP / HE	11/14	11/14 02/15		Service awareness comms with key teams and stakeholders on-going
Social Care staff recruitment	JP	11/14	11/14 01/15		Most posts filled with vacancies covered by agency staff. This has cost implications for budget holders.
Health Care staff recruitment	HE	11/14	01/15		Vacant posts covered through use of agency staffing. BHFT keeping within envelope of money.
Staff training completed	JP / HE	01/15	01/15 03/15		Slippage, oxygen management training outstanding
Start to use the assessment flats	LM	09/14	01/15		Completed
Scheme 2: Discharge to Assess in the Community					
Pathway completed and communicated to teams	JP/ HE	11/14	02/15		Service awareness comms with key teams and stakeholders on-going
CRT (health and Social) recruitment completed	SK	11/14	11/14		Some vacant hours unfilled. Rolling advert for recruitment of staff in place.
Staff training completed	HE / JP	01/15	03/15		On-going as new recruits join
Commence trial of those with Long term conditions on the scheme	SK / HE	09/14	04/15		Completed
Scheme evaluated and reviewed	JC	03/15	06/15		Slippage, format to be agreed
Changes to service model based upon the evaluation implemented.	JC / HE / JP	04/15	06/15		Slippage, as above
Scheme 3: Neighbourhood Cluster Teams					
Scoping document submitted to Reading Integration Board	MO'R / EM	01/15	01/15		Completed
Action plan developed	MO'R / EM / RS	12/14	02/15		Slippage – pending workshop for Integration Board
Model Determined	MO'R / EM / RS	12/14	12/14		Completed
Stakeholder event to share proposed model	MO'R / EM / RS	01/15	03/15		Timescale changed in order to accommodate final scoping of 4 cluster models
Pilot cluster identified	MO'R / EM / RS	02/15	02/15		completed

West Berkshire Highlight Report

Pilot commences	MO'R / EM / RS	03/15	05/15		Timescale changed to accommodate need for scoping document to be signed and stakeholder event completed
Model completely operational across Reading locality	MO'R / EM / RS				No time scale
Scheme 4: Mental Health Integration					
Action plan developed	12/14	12/14	01/15		Completed
Establish benefits realisation - costs of current service and possible efficiencies	12/14	12/14	02/15		On track
Review current pathways and identify opportunities for integration	12/14	12/14	02/15		On track
Issues log established	11/14	11/14	01/15		completed
Staff survey devised, completed and analysed	11/14	11/14	09/02/15		Survey now completed and being analysed
Workshops arranged for all staff	12/14	12/14	01/15		Timescale changed to accommodate the need for the survey to be completed first
Service user and carer survey and workshops	12/14	12/14			Survey now completed and being analysed

RESOURCE SUMMARY: SCHEME 1 - DISCHARGE TO ASSESS SERVICE (Willows)		
Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on workstream and actions being taken.*
1.0 FT x Advanced Nurse Practitioner	TBC	Complete
1.0 FT Senior Occupational Therapist	TBC	No interest with initial advert. Berks wide recruitment issues. Re-advertised, locum retained.
1.0 FT x Physiotherapist	TBC	Part time hours secured, locum covering. Remaining hours to be re-advertised
1.0 FT x Senior Nurse	TBC	No agency secured, post re-advertised. Considering MH Nurse as alternative
1.0 FT (Band 5) Nurse	TBC	Out to advert, locum in place
3.0 FT x Senior Therapy Assistant	TBC	1 FTE in post/ 1 Locum in place and retain pending full recruitment.

West Berkshire Highlight Report

PROGRAMME	WEST BERKSHIRE BCF PROGRAMME	INTEGRATION LEAD	Patrick Leavey	OVERALL RAG (JCP + PRG)	AMBER
REPORT PERIOD	1 – 31 July2015	REPORT ISSUE DATE	18/8/15	REPORT STATUS	FINAL

AUTHOR	Toby Ellis, Project Manager		18.8.15		
	Shannon Coleman-Slaughter, Finance Lead		18.8.15		
	Patrick Leavey, Integration Lead		18.8.15		
	Sue White, BHFT Project Lead		31.7.15		
APPROVAL BY	Shairoz Claridge, Co-Project Sponsor (JCP & PRG)	DATE APPROVED	18.8.15 (pp Tim Cooling)	RAG RATING PROVIDED FOR:	JCP + PRG
	Ian Mundy, Co-Project Sponsor (PRG)		-		PRG only
	Tandra Forster, Co-Project Sponsor (JCP)		18.8.15		JCP Only

JOINT CARE PROVIDER (inc 7 day services and direct commissioning)
PROJECT/ SCHEMES STATUS

Executive Summary: – The Innovation Phase of the project commenced with a full staff briefing on 1 June and become operational on the following day. A formal one month review was undertaken on 29 June at which the pathway was re-examined on a step by step basis and necessary adjustments made. A further formal review has been undertaken at the end of July. **Finance -** The S75 agreements have been completed and issued for signature. **Milestone Status** – The Project Plan for the project has been revised to take into account the developments outlined above. Suggested revised milestones are now documented within this Report.	**Project Status** (green) **Financial Status** (orange) **Activity Status** (green) **Milestone Status** (green)

KEY ACHIEVEMENTS	
Project Level	1. Initial Innovation Phase period of 2 months completed 2. Formal review of 2 month progress undertaken 3. Further staff feedback gathered to support month 2 review
BCF04 Joint Care Provider	**'Pathway Redesign' Work Package 1 (including products 1a, 1b, 1c, 1d, 1e)** • Process documentation distributed to staff
BCF05 7 Day Services	**'7 Day Working':** • WBC Project Group have reviewed current 7 day working practices prior to building on to revised Innovation Phase pathway
BCF01 Community Nurses Directly Commissioning Care / Reablement Services	**'Trusted Assessor' Work Package 3** • Training for senior carers to operate as Trusted Assessors at planning stage

NEXT STEPS / PLANNED ACTIVITIES	
Project Level	• Continuation of innovation phase agreed • Preparatory work to extend scope of pathway to multiple acute providers scheduled • Expansion of pathway for all hospital discharges scheduled for 1st October Agreement to introduce remaining functionality within the joint care provider project collectively as 2nd phase
BCF04 Joint Care Provider	**Pathway Re-design:** • Ongoing adjustments to pathway to be undertaken to streamline process as development continues • Therapy meeting scheduled to undertake review of skills and competencies across the pathway.
BCF05 7 Day Services	**Work Package 2 – '7 Day Services'** • Review of likely impact of Innovation Phase activity on 7 day services • Initial Proposal for 7 Day development of services to be presented to Integrated Steering Group on September 2nd.
BCF01 Community Nurses Directly Commissioning Care / Reablement Services	**Work Package 3 – 'Trusted Assessor'** • Scheduling of Training Programme to be confirmed for presentation to ISG in September 2015 • Prioritisation sequence: 1) triage nurses and 2) Reablement Officers

NEW ISSUES RAISED THIS PERIOD
None to report

NEW/REVISED RISKS IDENTIFIED THIS PERIOD
No new risks raised this period

PROJECT MILESTONES, DELIVERABLES					
Project Milestones *(Include all milestones from last month onwards)*	*Task Owner*	*Original Delivery Date*	*Planned delivery Date*	*Conf H/M/L*	*Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?*
Joint Care Provider (inc 7 day services and direct commissioning)					
Milestone 3: Service Redesign	TE	Jan	May	H	Independent Facilitator engaged.
Milestone 4: Work Package Preparation	TE	Jan	May	H	Dependent on progress of Facilitator
Milestone 5: Work Package Activity	TE	Mar	May /Jun	H	Dependent on progress of Facilitator
Milestone 6: Service Implementation BCF04 Joint Care Provider Innovation Phase One	TE	Apr	Jun	M	Due to commence June for 2 month period
Milestone 7: Service Plan Initial Proposal for implementation of BCF01 and BCF05	TE	Apr	Aug	M	Dependent on implementation of Innovation Phase
Milestone 8: Service Review	TE	May	Aug	M	Approx. 1 month after Innovation Phase One implemented as BAU
Milestone 9: Project Closure	TE	Jun	Aug	M	Dependent on milestone 8

RESOURCE SUMMARY

West Berkshire Highlight Report

Number of Main (FTE) Resources Required	Number Now In Post	Explanation for variance, impact on work stream and actions being taken.
1 x Project Manager	1	Shared across both projects, until 31 August
0.5 x Project Administrator	0.5	Administrator supports both projects and ICSG, until 31 August
1.4 x Subject Matter Experts	1.4	Shared across both projects

PERSONAL RECOVERY GUIDE/KEY WORKER PROJECT
PROJECT/ SCHEMES STATUS PROJECT/ SCHEMES STATUS

Executive Summary –

The scheme launched on 1 July and British Red Cross are actively staffing a desk within the RBH Discharge Lounge during Mon-Fri office hours.

Operational Summary

The providers are recruiting staff to posts, seeking to identify suitable users and promoting the service to RBH departments. All documentation – process guides, protocols, recording templates, care plans, feedback forms – are being prepared for sign-off

Finance - The Section 75 agreements have been finalised and issued for signature.

Milestone Status –.

The providers remain on target to offer a full service by early September.

Project Status	
Financial Status	
Activity Status	
Milestone Status	

KEY ACHIEVEMENTS	
BCF03 Personal Recovery Guide / Key Worker (note project has single work package)	• BRC offering reduced service within Discharge Lounge at RBH • Providers have appointed staff and volunteers to identified roles • Monitoring arrangements/KPIs agreed between providers and commissioners • Friends/Family Test agreed (mechanism for feedback from users) • Provider Business Continuity Plan agreed

NEXT STEPS / PLANNED ACTIVITIES	
BCF03 Personal Recovery Guide / Key worker (note project has single work package)	• Referals to service to commence 1 Aug • Initial contract review meeting 4 Aug • Continued preparation for full service launch early September

NEW ISSUES RAISED THIS PERIOD
No new issues this period

NEW RISKS/REVISED RISKS IDENTIFIED THIS PERIOD
No new risks this period

Project Milestones (Include all milestones from last month onwards)	Task Owner	Original Delivery Date	Planned delivery Date	Conf H/M/L	Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?
PROJECT MILESTONES, DELIVERABLES					
Personal Recovery Guide					
Milestone 3: Specification completed	TE	Jan	May	H	Final proposal to be agreed with providers
Milestone 4: Contracts signed	TE	Apr	Jun	H	Draft contract prepared. Awaiting s75 agreement
Milestone 5: Pilot commences (approx. 8 week set-up/recruitment period)	TE	Apr	May	H	Approx. 8 week set up period
Milestone 6: Pilot goes live	TE	Apr	Jul	H	Go live date 1 Jul
Milestone 7: Initial Contract Review/Project Closure	TE	May	Aug	H	Closure to include plans for BAU/contract management of pilot scheme

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	Number Now In Post	Explanation for variance, impact on work stream and actions being taken.
1 x Project Manager	1	Shared across both projects, until 31 August
0.5 Project Administrator	0.5	Administrator supports both projects and ICSG, until 31 August
1.4 x Subject Matter Experts	1.4	Shared across both projects

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BCF Programme Highlight Reports

PROGRAMME	Wokingham BCF Programme highlight report	PROGRAMME MANAGER	James Burgess	OVERALL RAG	WISP TO DECIDE
REPORT MONTH END	August	REPORT ISSUE DATE	04 August 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS	
Overall project delayed due to key staff vacancies impacting on BCF schemes 2,3,4 Financial status risk receding due to DoH conceding principle of Council's challenge regarding change in eligibility criteria and knock on risk to BCF. Detail of additional impact on the Council still to be agreed with DoH though. Local Section and returned local Section 75, cross Berks West Section 75 not yet signed.	**Project Status- WISP TO DECIDE** **Financial Status WISP TO DECIDE** **Activity Status WISP TO DECIDE** **Milestone Status WISP TO DECIDE**

KEY ACHIEVEMENTS	
Overall	Local section 75- agreement completed and sent to CCG for signing. CCG have informed Council they have signed it and returned it by post Contract agreed between WBC and BHFT to recruit joint post WISH head of service. WISP agreed additional project support resource and replacement Finance Manager post. JDs written and will be advertised shortly
Scheme 1- Health and Social Care Hub	PID and Project plan drafted, project group emerging, BHFT operational manager identified. Project manager appointed Scoping workshop arranged. Technical options paper drafted and circulated
Scheme 2 – Integrated short term health & social care team	WISP workshop agreed outline vision for team. Briefing for July HWBB circulated to partners agreed in principle by to WBC's HWBLT and CLT, plus BHFT's Executive. WBC and BHFT agreed contract to employ joint head of service post WISH paper approved by HWBB in July
Scheme 3 –Step Up Step down	HLT manager in the WISH appointed SUSD service lead. Pilot service commenced 6/7/15. First customers entered and exited service with a positive outcome. Project impact recording being undertaken measuring savings/cost impact, customer experience feedback forms being used Additional laundry facilities ordered We have begun holding properties that become void in order to expand the service after the trial period
Scheme 4- Domiciliary Care Plus	Stakeholder meeting held to look at delays to project delivery and suggest remedial action Agreed with Optalis brokerage and support team (where the assistive technology sits) to support project support required. Initial meeting held with Optalis senior management regarding domiciliary care service being expanded to a 24 hour service. Optalis have produced service proposal, general principles are fine but further discussion of detail of proposal is required.
Scheme 8 – Self Care / Primary Prevention / Neighbourhood Cluster Teams	Neighbourhood Cluster Teams Workshop took place to consider outstanding governance and organisational issues. Useful conversations, however a number of associated risks and concerns need more consideration, along with agreement about which services could be clustered / when, so further discussions planned. Memorandum of Agreement being signed by all key stakeholders. Public Health team have produced profiles for each of the 3 Clusters for presentation to HWB. These will be very useful as plans for Clustered services progress Arranged for Vitality Partnership (and possibly Hurley Group) to talk to GP council as examples of alternative ways of working; also meeting with Capsticks to discuss legal framework. Community Navigator project – Community Navigator Co-ordinator advert attracted 12 applicants. Interviews held w/c 3rd Aug. Overview & Scrutiny Review: Scrutiny Board should approve the review Terms of Reference on 29 Sept

	and the review itself is expected to start in October. Self Care / Primary Prevention: WBC has begun a review of all prevention services; in particular looking to ensure services are targeted to appropriate populations.
Scheme 9 – Access to general practice	. The specification for the new enhanced service for additional hours has been circulated to practices.

NEXT STEPS / PLANNED ACTIVITIES	
Overall	Sign Berks West section 75 agreement Sign off PIDS for local schemes Recruit local project support posts
Scheme 1- Health and Social Care Hub	Initial scoping of what should be in each phase of implementation Hub provided with existing pathways between customer service and ASC Site visits to develop understanding of existing operational procedures Project Manager appointed Workshop planned for early September to finalise scoping and begin staff engagement
Scheme 2 – Integrated short term health & social care team	JD for head of service advertised Shortlist and interview Head of Service
Scheme 3 –Step Up Step down	Alexandra Place resident meeting to update about the SUSD service held late July and consultation event to follow to look at impact of SUSD on wider. Additional laundry facilities to be installed. Hold additional void properties Feedback to commissioners on financial and social impact of scheme.
Scheme 4- Domiciliary Care Plus	Deploy Optalis brokerage and support team project management resource Complete negotiations with Optalis LTS regarding expanding Domiciliary Care service to 24/7.
Scheme 8 – Self Care / Primary Prevention / Neighbourhood Cluster Teams	Neighbourhood Cluster Teams Further workshop planned to identify which services could be clustered and the risks and benefits of each; discussions about governance and organisational issues to continue – need to demonstrate we are heading towards an overarching cluster model. Overview & Scrutiny Review expected to start in October Expectation that the Community Navigator Co-ordinator will be in post in Sept. Anticipated that the first few volunteer navigators would be 'appointed' and trained by Dec / Jan Vitality Partnership / Hurley group and Capsticks to meet with GP Council Self Care / Primary Prevention: Public Health's Berkshire West-wide evidence-based, stand-alone website "Ageing Well" – awaiting date to 'go live' and for work to subsequently start on development of locality-wide Prevention strategies
Scheme 9 – Access to general practice	Practices continuing to work to existing enhanced service pending signing up to new service. Practices have been requested to provide completed plans by 31st August 2015. The CCG is ideally looking for practices to start the new service as soon as possible and will therefore review plans as they come in with a view to practices that want to move to the new service quickly being in a position to do so.

NEW ISSUES RAISED THIS PERIOD
Scheme 3 –Step Up Step down - Although it is early days some concern at slow pace of referrals- MA, SW discussing how this can be improved for Step Down, no referrals received for Step Up
NEW RISKS IDENTIFIED THIS PERIOD

No new risks reported

PROJECT MILESTONES, DELIVERABLES					
Project Milestones *(Include all milestones from last month onwards)*	*Task Owner*	*Original Delivery Date*	*Planned delivery Date*	*Conf H/M/L*	*Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?*
Scheme 1- Health & Social Care Hub	DC				
Appoint Project Manager	DC	July 15	August 15		Action complete
Scope initial specification	TW	Aug15	Sept 15		Completed
Team engagement workshop	DC	Aug 15	Sept 15		Delayed due to the appointment of PM
WBC customer pathway shared with BHFT	SW	Aug 15	Aug 15		Completed
Scheme 2- Integrated short term health & social care team	DC				
Approval from HWBB for appointment of joint Head of Service hosted by BHFT	JB	June 15	Jul 15		
Agree Contract between WBC and BHFT to host Head of Service	SR/DC		Jul 15		Completed
Advertise for Head of Service	DC	Jul 15	Aug 15		In progress
Interview for Head of Service	DC		Sep 15		
Scheme 3- Step Up Step Down	JBu				
Consultation with Alexandra Place residents regarding siting SUSD units there	JBu		28th Nov 14 complete		Action complete
Evaluate consultation responses	JBu		Early Dec 14		Action complete
Develop Step up and Step down pathways	JBu		drafted		Complete
Expand project group to include WISH managers	JBu		Nov 14 complete		Action complete
Specify service required	JBu	Dec 14 complete	Feb15 draft to be finalised		
Agree lease agreement with landlord for first 2 flats	JBu	Dec 14 being drafted	End of Mar 15		Delayed but signed 26/06/15- Action complete
Equip first 2 flats	JBu	Feb 15	End of June 15		Delayed due to lease not being signed now complete
Agree service structure and provider	JBu		Jan 15 complete		Action complete
Launch trials service with first 2 flats	JBu	01/01/15	1/7/15		Slippage due to lease not being concluded and equipment and furnishing not being in place- Action complete
Phase 2 of project to expand no of units from 2 to 6	JBu		Sept 15		Delayed by lease not being signed and pilot not starting until June 15, anticipated review of pilot stage will be ongoing paper will go to WISP ref expansion Sept 15
Scheme 4- Domiciliary Care Plus					
Presentation to WISP regarding expanded AT element	SC/JBu		Nov 14 complete		
Appoint project manager	PM/JBu	Jan 15	Mar 15		Slipped – required action- Optalis Brokerage and Support to project manage from Aug 15
Establish project group	PM		Dec 14 complete		Needs to be re-constituted and re-established- to be completed by 3/8/15

Review service specifications for provision and installation of AT hardware and response service	PM and commissioning team				
Agree service specifications and procurement approach	PM and commissioning team				
Procure AT requirements	PM	Aug 15	Jan 16		
Expand Domiciliary Care services to cover 24/7			Sept 15		Pilot proposal received from Optalis
Agree referral pathways to out of hours domiciliary care services			Aug 15		
Review existing night sitting services and identify gaps			Aug 15		
Scheme 8 – Self Care / Primary Prevention / Neighbourhood Cluster Teams					
Neighbourhood Cluster Teams:					
					Complete
PID - further amendments are likely as the project progresses; updates will be approved by the NCT steering group.	JBr/AP	Apr 15	ongoing		
Quarterly meetings with Reading to share plans for NCT development	JBr/AP/JBu		¼ ly		Next meeting due early Sept
Detailed planning & design of Neighbourhood Cluster model to be further developed in consultation with key stakeholders Business Case, project implementation plan, service spec and KPIs to be refined as proposals are defined and agreed – incl consideration of resources required for Clusters and plans to improve self care & primary prevention	St grp	May 15	End Sept 15		2nd workshop planned to provide clarification about purpose, outcomes and governance issues around NCTs, along with detailed plans for Cluster development incl services to be included
Vitality Partnership (and possibly Hurley Group) to talk to GP council as examples of alternative ways of working; to be followed by meeting with Capsticks to explore legal framework	JZ / KS		Sept 15		
Community Navigator Coordinator to take up post in Sept; first volunteer navigators to be 'appointed' and trained by Dec / Jan	JBr/PC		Sept 15 Dec / Jan		
Key messages are to be presented at future meetings of Council exec and senior leadership team, CCG board, HWB, BHFT exec etc.	KS/SR		June 15		Delayed until plans progressed further through workshop (see above)
Memorandum of Understanding to be signed by all parties - all group members to ensure that key people in their organisation are clear about the intentions and agree to the MoU prior to signing	St grp		Aug 15		In progress
Overview & Scrutiny Committee review to commence Oct 15	JBu/St grp		? Jan 16		
"Who's who" directory of staff by Cluster to be drafted	JBr		Aug 15		In progress
Clarify existing posts with similar 'co-ordinator' titles across organisations	JBr		Aug 15		In progress
Self-Care / Primary Prevention					
Comments from Self care / maximising independence workshop to be fed into NCT development plans	JBr	Apr 15	ongoing		
Wokingham Healthwatch event regarding developing an agreed Borough standard around information provision to take place in conjunction with launch of volunteer community navigator service	JBr		? Dec 15		
Further scoping / refine detail / development of options for progressing self care & primary	JBr		ongoing		

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prevention incl mapping dependencies between this and other local & Berks W wide projects					
Public Health's Berkshire West-wide evidence-based, stand-alone website "Ageing Well" to go live ? date. Awaiting update on revised timescales for work on locality-specific Prevention strategy	JBr		? Sep 15		
WBC review of all prevention services underway	JBu		? Jan 16		26	P a g e
Scheme 9 – Access to general practice					
Joint Primary Care Co-Commissioning Committee consider proposal	NJ		May 15		Complete
Consultation on proposal with providers	NJ		June 15		
QIPP and Finance to approve proposal	NJ		June 15		Consultation ends 15 June
Issue specification and contract	NJ		~~June 15~~		Issued July 15
New CES starts	NJ		~~Jul 15~~		Starts Sept 15 .

BCF Programme Highlight Reports

PROGRAMME	BW10 Market Management	PROGRAMME MANAGER	Stuart Rowbotham (SRO)	OVERALL RAG	**G**
REPORT MONTH END	August 2015	REPORT ISSUE DATE	15 August 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS

Progress stalled through July/August, due to vacant Project Manager post, and need to review work streams to ensure they match wider integration aspirations. PM role to now be delivered via BW10 PMO and project group reconvened early September (*planned for 09 Sep*) to review and/or renew project objectives. Focus on where BW collaboration will deliver tangible benefits, not simple replace local commissioning activity.	G	Project Status
Current work streams (subject to review at project group): • **Market Management Information System** - Reviewing options to improve Market and Management Information across Berkshire West partners to deliver better market, fee and vacancy management. Including possible procurement of MI system	G	Financial Status
• **Market/Provider Failure protocols** – Collectively meet Care Act requirements and consider how partners work together to anticipate and mitigate provider/market failure	TBC	Activity Status
• **Fair Pricing for Residential/Nursing Care** - Understand and manage the actual cost of residential and nursing care within Berkshire The September project group will also consider the position of the project in relation to the BW10 Joint Commissioning proposals and any related synergies and dependencies. SRO/project group to evaluate and confirm RAG status at September project group.	TBC	Milestone Status

KEY ACHIEVEMENTS	To Date
Implementation of Joint Market Management Information System **Previously** - Feasibility Study for an Information Market Management System (IMSS)	• Feasibility study and activity report completed (*using data from Reading, Wokingham and RB Windsor & Maidenhead*) – report circulated to partners • Bracknell Forest BC approached re involvement in the project • Virtual and in-person sessions set up for partners to test/QA the system and gauge feedback from Authorities already using the data hub and service directory
Market/Provider Failure Management	• Locality protocols in place
Fair Pricing – Residential and Nursing Care	• Data collection templates drafted • Task/finish group established with partner reps and (ToR drafted)

NEXT STEPS / PLANNED ACTIVITIES	
Market Management - Project General	*Subject to review at September project group* Project group to convene for 09 September and review/renew current work streams. The group will also consider the position of the project in relation to the BW10 Joint Commissioning proposals and any related synergies and dependencies.
Implementation of Joint Market Management Information System **Previously** - Feasibility Study for an Information Market Management System (IMSS)	Confirm commitment from partners and/or strength of business case/invest to save potential. Next steps will depend on current position: If still need to test/affirm business case: - Confirm which system modules partners are interested in – Data Hub and/or Service Directory - Reschedule system trial sessions (very limited attendance at last arranged session) - Review business case and conduct QA session with provider If commitment to system is already in place: - Confirm participating partners - Agree lead Commissioner and required resources and partner contributions - Draft re-charge agreements (*standalone or additional schedule to s75*) - Formalise information/data sharing agreements - Draft all contractual/procurement documents - Run procurement
Market/Provider Failure Management	*Subject to review at September project group* - Review local protocols and align processes, where appropriate, and identify areas where partner collaboration can strengthen management/failure policy (*for example, sharing of resources, date/information, management of related national policy i.e. ordinary residence*) - Draft BW template schedule that can be appended to local policies outlining any specific cross Berkshire/partnership process
Fair Pricing – Residential and Nursing Care	*Subject to review at September project group* - Reaffirm drivers, scope and expectations for work stream – identifying and realising efficiencies/savings from outliers, and/or undertaking a more formal review to better understand and quantify the cost of care and market drivers/influences? - Confirm scope of services involved – focus to remain on OP only or extended to include MH/LD

NEW ISSUES RAISED THIS PERIOD
Do the current work streams align with wider BW Integration aspirations? E.g. resolving provider market capacity pressures. Mitigation - The September project group will consider the position of the project in relation to the BW10 Joint Commissioning proposals and any related synergies and dependencies.

NEW RISKS IDENTIFIED THIS PERIOD
None

PROJECT MILESTONES, DELIVERABLES					
Project Milestones (Include all milestones from last month onwards)	*Task Owner*	*Original Delivery Date*	*Planned delivery Date*	*Conf H/M/L*	*Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?*
To be reaffirmed following September project group					

RESOURCE SUMMARY		
Number of Main (FTE) Resources Required	*Number Now In Post*	*Explanation for variance, impact on work stream and actions being taken.*
0.2 Project Manager	0.2	
TBC		*Any additional resources required will be confirmed following September project group meeting*

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Cover and Basic Details

Q1 2015/16

Health and Well Being Board	**West Berkshire**

completed by:	Tandra Forster

E-Mail:	TForster@westberks.gov.uk

Contact Number:	01635 519736

Who has signed off the report on behalf of the Health and Well Being Board:	Rachael Wardell

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

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Budget Arrangements

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	No
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	Yes
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

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National Conditions

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment			
1) Are the plans still jointly agreed?	Yes			1	1	1
2) Are Social Care Services (not spending) being protected?	Yes			1	1	1
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In progress	31/03/16	As part of the contractual process the CCG have negotiated a CQUIN with the Berkshire Health Foundation Trust, to provide 7 days services commencing in 2015/16. For the Royal Berkshire Foundation Trust the CCG and Trust have developed a Service development and improvement plan, utilising the 7 day working template. The Plan includes achieving 5 (as	1	1	1
4) In respect of data sharing - confirm that:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes			1	1	1
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		The Connecting Care Programme as part of the BCF is overseeing the procurement of the portal meeting API requirements, wider data integration, system interfaces and cross	1	1	1
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	31/03/16	Health organisations are all Level 2 IG compliant. West Berkshire Council progressing compliance with target date of 1/04/16.	1	1	1
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	31/03/16	All patients (as identified by risk stratification) on the 2% at risk register as being at the highest risk of an unplanned admission have an agreed assessment and care plan. MDT meetings are held to discuss these residents/patients, the accountable professional is determined at these meeting, this could be the Social worker, community nurse or GP. This will be developed further through the BCF Joint Care Provider Project. Joint Assessment approach being progressed in Joint Care Provider BCF Project. Principles also being applied in	1	1	1
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		Plans jointly agreed with acute providers during original plan formulation and submission. On-going engagement via local and cross authority Partnership Boards and finance sub groups as schemes/programmes of work within the BCF develop. Broader engagement with Private and vol. sector providers also on-going via provider forums and direct contract	1	1	1

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

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Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: West Berkshire

		Baseline			Plan				Actual				% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment				Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
		Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16				Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16			
D. REVALIDATED: HWB version of plans to be used for future monitoring.		2,615	2,626	2,633	2,914	2,679	2,696	2,704	2,928	2,745	2,670			-2.0%	-219	£0	-64	-134	-205	-219	£0	£0	£0	£0	-130	-44			£0	£0			£0	£2,465,000	£0

Which data source are you using in section D? (MAR, SUS, Other)   SUS   If other please specify

Cost per non-elective activity   £2,307

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£0	£0		
Actual payment locally agreed	£0	£0		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	£0		
Actual amount of locally agreed unreleased funds	£0	£0		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable		

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

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Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: West Berkshire

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,383	£2,383	£2,383	£2,384	£9,533	£9,533,000
	Forecast	£2,383	£2,383	£2,383	£2,384		
	Actual*	£2,383					

Please comment if there is a difference between the total yearly plan and the pooled fund	

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,383	£2,383	£2,383	£2,384	£9,533	£9,533,000
	Forecast	£2,080	£2,383	£2,535	£2,535		
	Actual*	£2,080					

Please comment if there is a difference between the total yearly plan and the pooled fund	

Commentary on progress against financial plan:	At the end of Qtr1 actual expenditure against budget was lower against the following BCF progarmmes: Patients' Personal Recovery Guide/Keyworker £78k; Joint Care Provider £33k; Enhanced Access £54k; Hospital at Home £98k; Connected care £38k. Despite a slower than anticipated start to these projects, it is expected that expenditure on both projects will be on budget by 31st March 2016.

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

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Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:	West Berkshire

Local performance metric as described in your approved BCF plan	Offer 90% of eligible carers identified during 2013/14 baseline a Cardiovascular Disease Healthcheck. Baseline data being valadated. The metric will be populated in Q4 of 2014/15

Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	No

If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	Now using: "The Metric describes the daily count of 'Fit to go', or ready for discharge patients from the Royal Berkshire Hospital who require West Berkshire Council social care support." This metric is based on the Alamac Fit to Go lists from RBH

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local performance metric plan and actual	9	5	5	5	3	4		

Please provide commentary on progress / changes:	

Local defined patient experience metric as described in your approved BCF plan	Ensuring people have a positive experience of care and support. People who use social care(and their carers) are satisfied with their experience of care and support services

Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	No

If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	Now using: "Ensuring people have a positive experience of care and support. People who use social care are satisfied with their experience of care and support services" This metric is based on ASCOF data from the Adult Social Care User Survey (ASCOF 3A).

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local defined patient experience metric plan and actual:	60				62			

Please provide commentary on progress / changes:	Based on ASCOF 3A - Overall satisfaction of people who use service with their care and support. ASC user experience survey completed annually thus no quarterly figures to report. Figures will be reported in Q3 and measured against 14/15 outurn.

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

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Support requests

Selected Health and Well Being Board: West Berkshire

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?   5.Measuring success

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	Yes	Central guidance or tools	
2. Delivering excellent on the ground care centred around the individual	Yes	Central guidance or tools	
3. Developing underpinning integrated datasets and information systems	Yes	Central guidance or tools	
4. Aligning systems and sharing benefits and risks	Yes	Central guidance or tools	
5. Measuring success	Yes	Central guidance or tools	
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Central guidance or tools	

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Narrative

Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q1 2015/16

Narrative		Remaining Characters	32,016

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

The two local projects, Joint Care Provider and Personal Recovery Guide have now commenced. Both are aimed at improving the customer experience and a speedier engagement of services to reduce the incidence of unnecessary stays in hospital. Despite a slower than expected start, it is expected that expenditure on both projects will be on budget by 31st March 2016. Progress is also being made on Berkshire West wide schemes such as Connected Care, Hospital at Home, Enhanced Care & Nursing Home Support and Enhanced Acess to GPs. As part of the ongoing monitoring and review process the West Berkshire Locaility integration Board will review expenditure and vire budgets between projects as required, with the approval of the Health & Wellbeing Board.

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