

# Notice of Meeting

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## Health and Wellbeing Board

**Thursday, 26th November 2015**

**at 9.00 am**

**at Shaw House Church Road Newbury**

Date of despatch of Agenda: Wednesday, 18 November 2015

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss on (01635) 503124  
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**WestBerkshire**  
C O U N C I L

**Agenda - Health and Wellbeing Board to be held on Thursday, 26 November 2015**  
(continued)

**To:** Dr Bal Bahia (Newbury and District CCG), 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 Andrew Sharp (Healthwatch)

**Also to:** Jessica Bailiss (WBC - Executive Support)

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## Agenda

### Part I

**Page No.**

9.20 am	9	<b>An update report on the Better Care Fund and wider integration programme (Tandra Forster/Shairoz Claridge)</b> Appendix A – BCF Highlight Reports (for information only)	3 - 32
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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.

<b>PROGRAMME</b>	WEST BERKSHIRE BCF PROGRAMME	<b>INTEGRATION LEAD</b>	Patrick Leavey	<b>OVERALL RAG (JCP + PRG)</b>	<b>AMBER</b>
<b>REPORT PERIOD</b>	1 – 30 September 2015	<b>REPORT ISSUE DATE</b>	1/10/15	<b>REPORT STATUS</b>	<b>DRAFT</b>

<b>AUTHOR</b>	Patrick Leavey, WBC Integration Lead	<b>DATE APPROVED</b>	1.10.15		
<b>APPROVAL BY</b>	Shannon Coleman-Slaughter, WBC Finance Lead				
	Sue White, BHFT Project Lead				
	Shairoz Claridge, Co-Project Sponsor (JCP & PRG)			<b>RAG RATING PROVIDED FOR:</b>	<b>JCP + PRG</b>
	Ian Mundy, Co-Project Sponsor (PRG)				<b>PRG only</b>
	Tandra Forster, Co-Project Sponsor (JCP)				<b>JCP Only</b>

## JOINT CARE PROVIDER (inc 7 day services and direct commissioning)

### PROJECT/ SCHEMES STATUS

**Executive Summary:** – An element of the Joint Care Provider project (condition 1 – Discharge) has been adopted as business as usual and preparation is underway to extend this part of the service to other acute NHS sites. Scoping and delivery timescales for the initial elements of the remaining three conditions are in preparation. Future activity to be undertaken as business as usual. Project closedown undertaken – closure report and post-project actions document prepared.

**Finance** - The S75 agreement has been signed off.

**Milestone Status** – A new project plan concerning the extension of the Discharge condition and the initial stages of the remaining three conditions is in preparation

**Project Status**

**Financial Status**

**Activity Status**

**Milestone Status**

<b>KEY ACHIEVEMENTS</b>	
Project Level	<ol style="list-style-type: none"> <li>1. Initial preparation of extension of Discharge (condition 1) to North Hants, Great Western</li> <li>2. Initial scoping to requirements for conditions 2, 3, 4 for introduction at RBH/WBCH</li> <li>3. Monthly staff survey extended to all involved in Provider scheme (approx. 60 staff)</li> <li>4. Project closure documentation prepared</li> </ol>
BCF04 Joint Care Provider	<p><b>‘Pathway Redesign’ Work Package condition one - Discharge</b></p> <ul style="list-style-type: none"> <li>• Completion of Innovation Phase and adoption of new processes as business as usual</li> <li>• New Pathway to be route for service for all patients from community or full range of hospitals from 1<sup>st</sup> November 15.</li> </ul>
BCF05 7 Day Services	<p><b>‘7 Day Working’:</b></p> <ul style="list-style-type: none"> <li>• Pilot of weekend Social Worker presence at RBH has proved successful and beneficial to maintain momentum in discharge pathway.</li> </ul>

BCF01 Community Nurses Directly Commissioning Care / Reablement Services	<b>'Trusted Assessor' Work Package 3</b>
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**NEXT STEPS / PLANNED ACTIVITIES**

Project Level	•
BCF04 Joint Care Provider	<b>'Pathway Redesign' Work Package condition one - Discharge</b> <ul style="list-style-type: none"> <li>Full implementation of new pathway from 2<sup>nd</sup> November 15.</li> </ul>
BCF05 7 Day Services	<b>Work Package 2 – '7 Day Services'</b> <ul style="list-style-type: none"> <li>Care Management Staff to be operational at Weekends to continue discharge and community care planning processes across 7 days from 2<sup>nd</sup> November 15.</li> <li>Operational Management weekend cover to be established to support enhanced service.</li> </ul>
BCF01 Community Nurses Directly Commissioning Care / Reablement Services	<b>Work Package 3 – 'Trusted Assessor'</b> <ul style="list-style-type: none"> <li>Community Nursing Staff will now have a role in urgent care and undertake rapid response assessments and in that role they will procure care.</li> <li>Council staff under the New Way Of Working within Adult Social Care are able to initiate care where it is appropriate to avoid having to go through a second access route to care provision.</li> </ul>

**NEW ISSUES RAISED THIS PERIOD**

None to report

**NEW/REVISED RISKS IDENTIFIED THIS PERIOD**

No new risks raised this period

**PROJECT MILESTONES, DELIVERABLES**

<i>Project Milestones (Include all milestones from last month onwards)</i>	<i>Task Owner</i>	<i>Original Delivery Date</i>	<i>Planned delivery Date</i>	<i>Conf H/M/L</i>	<i>Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?</i>
<b>Joint Care Provider (inc 7 day services and direct commissioning)</b>					
Milestone 9: Project Closure	TE	Jun	Aug	M	

**RESOURCE SUMMARY**

<i>Number of Main (FTE) Resources Required</i>	<i>Number Now In Post</i>	<i>Explanation for variance, impact on work stream and actions being taken.</i>
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 is operational in pilot phase and some initial referrals have been made within the RBH. Initial feedback from RBH staff very positive. Project closedown undertaken – closure report and post-project actions document prepared.

### Operational Summary

VCWB has recruited a Team Manager and are appointing volunteers . British Red Cross has appointed a manager, two Care Navigators and 1 Personal Recovery Guide. Age UK have also appointed a PRG Team Manager.

By 30 September 18 referrals to the service had been made leading to 16 patients being supported by the scheme.

**Finance** - The Section 75 agreements has been signed off.

### Milestone Status –

The providers remain on target to offer an incrementally building service through all 3 charities by 1<sup>st</sup> October 15.

**Project Status**

**Financial Status**

**Activity Status**

**Milestone Status**

### KEY ACHIEVEMENTS

BCF03 Personal Recovery Guide / Key Worker (note project has single work package)

- Red Cross providing 7 day cover from 10am to 7pm from mid September.
- AgeUK staffed to Manager plus 2 Personal Recovery Guides(PRG) by 30 September; 2 further PRG's being recruited.
- West Berkshire Volunteer Centre: 1 PRG commenced on 1<sup>st</sup> September and volunteers being recruited.
- Second contract review meeting completed
- Publicity material for the scheme received on 1<sup>st</sup> October.
- Project closure documentation prepared

### NEXT STEPS / PLANNED ACTIVITIES

BCF03 Personal Recovery Guide / Key worker (note project has single work package)

- Extend referrals to GPs – publicity is now available for distribution.
- Outcomes monitoring in development
- Develop contract specification as preparation for upcoming tender exercise.

### 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 7: Initial Contract Review/Project Closure	TE	May	Aug	H	Closure to include plans for BAU/contract management of pilot scheme
NEW PLAN REQUIRED TO DETAIL MONTHLY CONTRACT REVIEW MEETINGS AND AGREE GO/NO GO DATE FOR START OF TENDER PROCESS FOR PILOT REPLACEMENT CONTRACT					

**RESOURCE SUMMARY**

<i>Number of Main (FTE) Resources Required</i>	<i>Number Now In Post</i>	<i>Explanation for variance, impact on work stream and actions being taken.</i>
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 PRGI s75 agreement has now been signed and invoicing for quarterly instalments has commenced.

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)
	<b>Summary</b>									
	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			
	<b>Total</b>		9,533	9,533	1,703	6,286	-3,247			
	<b>West Berkshire Council Hosted Schemes</b>									
<b>BCF01</b>	<b>BCF01 - Community Nurses Directly Commissioning Care/ Reablement Services</b>									
BCF01	No financial implications		0	0	0	0	0			
<b>BCF01</b>	<b>BCF01 - Community Nurses Directly Commissioning Care/ Reablement Services</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>	<b>250</b>	
<b>BCF03</b>	<b>BCF03 - Patient's Personal Recovery Guide / Keyworker</b>									
BCF03	Payment to providers		310	310	0	310	0			
BCF03							0			
<b>BCF03</b>	<b>BCF03 - Patient's Personal Recovery Guide / Keyworker</b>		<b>310</b>	<b>310</b>	<b>0</b>	<b>310</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>BCF04</b>	<b>BCF04 Joint Care Provider</b>									
BCF04	Staffing (protecting social care service - national condition)		400	400	67	400	0			
<b>BCF04</b>	<b>BCF04 Joint Care Provider</b>		<b>400</b>	<b>400</b>	<b>67</b>	<b>400</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>BCF05</b>	<b>7 Day Week Service</b>									
BCF05	Staffing		250	284	95	284	0			
BCF05	Payment to providers		250	216	0	216	0			

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									



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			

	<b>Enabler Connected Care (NHS number/Interoperability of IT)</b>		<b>248</b>	<b>248</b>	<b>0</b>	<b>0</b>	<b>-248</b>			
	<b>Total Schemes</b>		<b>2,833</b>	<b>2,833</b>	<b>0</b>	<b>0</b>	<b>-2,833</b>	<b>0</b>	<b>0</b>	
	Contingency		171	171			-171			
	Performance Fund		243	243			-243			
	<b>Total</b>		<b>414</b>	<b>414</b>	<b>0</b>	<b>0</b>	<b>-414</b>	<b>-1</b>	<b>0</b>	
	<b>Total Newbury &amp; District CCG Hosted schemes</b>		<b>3,247</b>	<b>3,247</b>	<b>0</b>	<b>0</b>	<b>-3,247</b>			
	<b>Total BCF</b>		<b>9,533</b>	<b>9,533</b>	<b>1,703</b>	<b>6,286</b>	<b>-3,247</b>			

**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.

<b>PROGRAMME</b>	Connected Care	<b>PROGRAMME MANAGER</b>	John Macdonald	<b>OVERALL RAG</b>	<b>A</b>
<b>REPORT MONTH END</b>	September 2015	<b>REPORT ISSUE DATE</b>	05 October 2015	<b>REPORT STATUS</b>	Final

PROJECTS/ SCHEMES STATUS		
<b>Phase 1 - complete</b>	<b>A</b>	<b>Project Status</b>
<b>Phase 2</b>	<b>G</b>	<b>Financial Status</b>
<ul style="list-style-type: none"> <li>Connected Care Board has agreed to move into the procurement process.</li> <li>Procurement documentation is being prepared, looking to issue materials to the market week starting 19 October.</li> <li>Funding sources have been identified (CCG's priming the project via existing funding streams) – subject to confirmation.</li> <li>Pilot project user acceptance testing has identified significant issues.</li> </ul>	<b>A</b>	<b>Activity Status</b>
<b>Phase 3 – not started</b>	<b>A</b>	<b>Milestone Status</b>

KEY ACHIEVEMENTS	
Commercial	<ul style="list-style-type: none"> <li>As interoperability is an enabler, the CCG's across Berkshire West and East have agreed in principle to fund the project via: the BCF, the Primary Care Infrastructure Fund and the GPIT budget.</li> <li>Wokingham CCG have agreed to host the commercial contract with the selected vendor – subject to a robust and agreed partnering agreement (with the other CCGs funding the programme) being in place.</li> <li>Connected Care project Board have agreed to start the procurement process – progressing at risk (see Risks for further details).</li> </ul>
Deployment	<ul style="list-style-type: none"> <li>Procurement market engagement has started. Framework and selection process agreed subject to some minor changes.</li> <li>Pan Berkshire requirements have been agreed, no material changes expected prior to issuing the ITT.</li> <li>Scenarios (based on Sam's story) have been finalised, no material changes expected prior to issuing the ITT.</li> <li>Orion pilot (including BHFT, GP practices, RBFT): user testing is underway – significant issues encountered, looking at rollout options (see Issues for further details).</li> </ul>
IG	<ul style="list-style-type: none"> <li>IG principles agreed and development of supporting collateral has started. Timeline for completion has been agreed.</li> </ul>
Benefits	<ul style="list-style-type: none"> <li>Patient groups have been approached.</li> <li>Joint East/West communications plan is being updated.</li> </ul>

NEXT STEPS / PLANNED ACTIVITIES	
Commercial	<ul style="list-style-type: none"> <li>Start the development of the FBC and associated (CCG) partnering agreement.</li> <li>Start the development of the participating organisation partnering agreement.</li> <li>Develop the sign off governance map (which Board has authority to sign off, who needs to be informed, etc.).</li> </ul>
Deployment	<ul style="list-style-type: none"> <li>Issue the ITT week starting 19 October.</li> <li>Develop the ITT briefing pack for those directly involved in the marking process.</li> <li>Orion pilot: Deploy to the identified teams.</li> </ul>
IG	<ul style="list-style-type: none"> <li>Continue to develop the supporting collateral.</li> </ul>
Benefits	

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). BHFT Data cannot be extracted for the portal database until the RiO project and associated data checking is complete.

- IMPACT: BHFT data go-live milestone has slipped to November.

User Acceptance Testing of the Orion pilot is progressing at a slower pace than planned.

- IMPACT: Delayed deployment of the pilot to the user groups. Looking to release portal with limited functionality, e.g. primary care data and ADT, followed by Labs.

#### NEW RISKS IDENTIFIED THIS PERIOD

FY15-16 Primary Care Infrastructure Fund has not been confirmed and may not be confirmed until late Q4. Future multi-year funding for phase 3 (full deployment of selected solution) has not been confirmed.

- IMPACT: Move into the procurement in the knowledge that it may need to be cancelled if no Primary Care Infrastructure funding is available (project becomes unaffordable).
- IMPACT: Build the multi-year cost model on sensible assumptions. Ensure protection for Wokingham CCG via the Partnering Agreement.

IG steering group needs to have the appropriate attendees otherwise decisions and recommendations will be made without full participation. BHFT need to ensure their Caldicott has full oversight of what's being recommended by the steering group.

- IMPACT: Decisions made during the procurement process could be undermined by (late) changes made to the IG principles due to lack of IG engagement.

## PROJECT MILESTONES, DELIVERABLES

<i>Project Milestones (Include all milestones from last month onwards)</i>	<i>Task Owner</i>	<i>Original Delivery Date</i>	<i>Planned delivery Date</i>	<i>Conf H/M/L</i>	<i>Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?</i>
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		Complete
MIG data go-live		07-Sep-15	09-Oct-15	L	Dependants on UAT (see issues).
BHFT DB build		13-Jul-15	02-Nov-15	M	See issues
RBFT data go-live		07-Sep-15	09-Oct-15	L	Dependant on UAT (see issues).
RiO data go-live		07-Sep-15	09-Nov-15	M	See issues
Portal solution review		17-Nov-15	17-Nov-15	H	
Interoperability procurement starts		31-Oct-15	31-Oct-15	H	

## RESOURCE SUMMARY

<i>Number of Main (FTE) Resources Required</i>	<i>Number Now In Post</i>	<i>Explanation for variance, impact on workstream and actions being taken.</i>

## Project Budget / Cost Summary (£000s) as at DATE

Funded From:	Better Care Fund (2015-16)				GPIT Budget (2015-16)				Council Funding				Explanation – please use box below if further space is required	
Cost Type	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2016	Forecast To Completion of scheme	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2016	Forecast To Completion of scheme	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2015	Forecast To Completion of scheme		
Programme and Project Management costs														
MIG					£58,000									
Phase 2	£713,000													
Sub Total	£713,000	£0	£0	£0	£58,000	£0	£0	£0	0	0	0	0		
Pump Priming for Go Live														
Sub Total	0	0	0	0	0	0	0	0	0	0	0	0		
Totals	£713,000	£0	£0	£0	£58,000	£0	£0	£0	0	0	0	0		

FINANCE Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?

**GPIT Budget:** Being used to fund the MIG year 2 license renewals. Impact expected in Oct. 2015.

**Better Care Fund:** Being used to pump prime Connected Care to the end of phase 2 (pilot and procurement activities). BCF Budget (£713k) breakdown:

\* £100k pilot portal infrastructure

\* £333k implementation team costs for Phase 2 (to October 2015) and then Phase 3 implementation to March 2016.

\* £28k additional (known) backfill costs

\* £150k additional hardware costs in preparation for full system  
\* £102k for phase 3 items (comms, licenses, year 1 maintenance, etc.).

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<b>PROGRAMME</b>	Care Home	<b>PROGRAMME MANAGER</b>	Katie Summers SRO	<b>OVERALL RAG</b>	<b>A</b>
<b>REPORT MONTH END</b>	September 2015	<b>REPORT ISSUE DATE</b>	05 October 2015	<b>REPORT STATUS</b>	Final

PROJECTS/ SCHEMES STATUS					
<p>The aim of the project is two-fold; to set up a Care Home Working Group to support the 8 work streams identified as;</p> <ol style="list-style-type: none"> <li>1. Analysis of activity data</li> <li>2. Improving access to services</li> <li>3. Developing clinical pathways/standards/protocols</li> <li>4. Skills development for staff</li> <li>5. Leadership development and management in care homes</li> <li>6. Medication Optimisation</li> <li>7. Communication and engagement</li> <li>8. Resident and relative views</li> </ol> <p>Secondly is the monitoring of key deliverables on the following objectives;</p> <ol style="list-style-type: none"> <li>1. Community Enhanced Service – Delivery of the Anticipatory Care Planning CES (monitored by CCGs) – Aims to commission a primary care based service which: <ul style="list-style-type: none"> <li>• is in addition to that already commissioned through the core GP contract and the National DES for Avoiding Unplanned Admissions</li> <li>• promotes medicines management</li> <li>• demonstrates case finding, care planning and case management is focused on the elderly, mental health patients, vulnerable patients and those affected by socio-economic deprivation and aims to include all patients within nursing and residential homes</li> <li>• demonstrates closer integration and coordination of care between GPs and hospital clinicians, social services and community services across the care pathway</li> <li>• promotes multidisciplinary interventions</li> <li>• promotes self-management and patient empowerment</li> <li>• promotes preventative care in the community</li> <li>• promotes multidisciplinary case management outside the hospital</li> <li>• will be evaluated based on clear outcomes including impact on defined non elective admission cohorts</li> </ul> </li> <li>2. Training - All care home staff will receive training on health and crisis management. This will provide the skills that the staff requires to escalate concerns on health or other issues relating to the patients.</li> <li>3. A Speech and Language Therapist to be employed to the already existing BHFT Care Home Support team to provide an enhanced service for patients identified or suspected of dysphagia.</li> <li>4. An enhanced Community Pharmacist to review all medicines and prescriptions to reduce the cost and polypharmacy.</li> </ol> <p>Current status; Project; RAG scored green due to all the recruitment necessary has now been met. Refer to achievements listed below; Financial; The intended reduction in non-elective admissions has not been met for month 4 – refer to page 6. Activity; A reduction in activity has been met for the first time with the revised HRG codes. Refer to page 5. Milestones; One milestone outstanding; monitoring of accurate data on admissions.</p>			<b>G</b>	<b>Project Status</b>	
			<b>A</b>	<b>Financial Status</b>	
			<b>G</b>	<b>Activity Status</b>	
			<b>A</b>	<b>Milestone Status</b>	

KEY ACHIEVEMENTS	
<b>Recruitment - Speech and Language Therapist (SLT)</b>	<ul style="list-style-type: none"> <li>• Ongoing training and assessment in place.</li> </ul>
<b>Medicines – Care Home Pharmacist. Outcome of a reduction of £100 per patient on prescription costs</b>	<ul style="list-style-type: none"> <li>• Report received demonstrating a £26k monthly savings in medicine management</li> </ul>

<u>Care Home Best Practice Group</u>	<ul style="list-style-type: none"> <li>The group has met once with a further meeting planned for September 2015. Various work streams have been identified; monitoring of poor discharges, quality assurance tool, a protocol for use by care homes (includes areas of best practice), admission alert tool, possibility of medication passports</li> </ul>
<u>Analysis of Care home data</u>	<ul style="list-style-type: none"> <li>Comprehensive database in development, currently includes health data by care home on 999 calls, A&amp;E activity, hospital admissions and frequent flyers. Care Home Working Group agreed to include Council data on provider performance.</li> </ul>
<u>Care Home Leadership Programme</u>	<ul style="list-style-type: none"> <li>14 care homes from Berkshire West attending course, final day planned for the 14<sup>th</sup> October.</li> </ul>

**NEXT STEPS / PLANNED ACTIVITIES**

Hospital at Home	<ul style="list-style-type: none"> <li>Hospital at Home programme to consider opportunities for identifying care home resident at risk of NELs</li> </ul>
Market Management	<ul style="list-style-type: none"> <li>Review market management scheme and links to Care Home Scheme to develop potential Quality Surveillance initiatives</li> </ul>
Care Home Best Practice Group	<ul style="list-style-type: none"> <li>To finalise best Practice guidance by November 2015</li> </ul>

**NEW ISSUES RAISED THIS PERIOD**

<ul style="list-style-type: none"> <li>How the scheme links to Market management scheme</li> <li>Ensure all stakeholders are informed on the initiatives of the Care Home scheme</li> <li>Establishment of quality surveillance initiative</li> </ul>
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**NEW RISKS IDENTIFIED THIS PERIOD**

Ensure LA engagement is maintained in Care Home working group .

- IMPACT: LA Contracting knowledge on scheme initiatives will be compromised

Ongoing risk of the accuracy of monitoring of non-elective admissions continue; validation by analytics completed and to be discussed at coding meeting with RBFT on the use of appropriate available codes to monitor all non-elective admissions from care homes (nursing and residential).

- IMPACT – NEL activity monitoring could in correct

**PROJECT MILESTONES, DELIVERABLES**

<i>Project Milestones (Include all milestones from last month onwards)</i>	<i>Task Owner</i>	<i>Original Delivery Date</i>	<i>Planned delivery Date</i>	<i>Conf H/M/L</i>	<i>Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?</i>
BHFT Care Home Support Team fully recruited		13-Jul-15	17-Jul-15		Complete
Care Home Pharmacist recruited		13-Mar-15	Apr -15		Complete
Care Home Leadership Programme Rolled Out		July-15	July -15		Complete
Anticipatory Care CES rolled out		Aug -15	Aug -15		Complete
Data analysis to include Council provider information		Sept -15	Oct -15	M	CSU in contact with LA

**Table 1: Amount of time the Care Home Support Team provided training to care homes  
Newbury**

Topic	Formal/Informal	Home	Date	minutes
Role of CHST	Informal	Hungerford Care Home	6.8.15	90
Dementia awareness	Informal	Hungerford Care Home	6.8.15	60
Environment	Informal	Hungerford Care Home	6.8.15	60
meaningful activity	Informal	Chestnut Walk	6.8.15	60
Role of CHIRT	Informal	WB Council	12.8.15	120
Care processes Apple	Formal	CCG	13.8.15	60
MCA	Formal	Argyles	18.8.15	120
dementia awareness	Formal	Donnington	19.8.15	60
dementia awareness		Willows	20.8.15	120
clinical reviews	Informal	Walnut	24.8.15	80
Role CHST & CES	Informal	Eastfield House	24.8.15	75
Role CHST & CES	Informal	Falklands surgery	26.8.15	60
Care Planning & Documentation	Informal	Birchwood	27.8.15	60
End of Life	Informal	Walnut	28.8.15	30

**Reading**

Topic	Formal/Informal	Home	Date	minutes
Challenging behaviours Informal	Informal	The Boltons	05/08/2015	30
Care Planning upskilling	Informal	The Boltons	05/08/2015	90
Falls and safeguarding	Informal	The Boltons	06/08/2015	180
Diabetes management	Informal	The Boltons	06/08/2015	60
Upskilling on Liaison	Informal	The Boltons	06/08/2015	30
EOL	Informal	The Boltons	07/08/2015	90
MCA and BI	Informal	The Boltons	07/08/2015	30
MUST/Nutrition	Informal	Lifecare	10/08/2015	40
EOL upskilling	Informal	Lifecare	10/08/2015	30
Delerium/infection	Informal	lifecare	10/08/2015	50
Upskilling	Informal	The Willows	10/08/2015	120
Falls and infection	Informal	Mulberry	13/08/2015	10
COPD	Informal	Mulberry	13/08/2015	20
Diabetes management	Informal	Mulberry	13/08/2015	20
Upskilling and coaching	Formal	The Boltons	17/08/2015	90
Support and supervision	Formal	Northcourt Lodge	17/08/2015	75
MUST Scoring	Informal	The Willows	18/08/2015	75
person centred care	Informal	Mulberry	17/08/2015	25
Clinical care: ileostomy	Informal	Lakeside	25/08/2015	75
Support and supervision	Formal	Beecher Hall	25/08/2015	60
EOL upskilling	Informal	Lifecare	26/08/2015	40
EOL	Informal	Lifecare	27/08/2015	60
Medication safeguarding	Formal	Lakeside	27/08/2015	90

Topic	Formal/Informal	Home	Date	minutes
Mental capacity Act	Formal	AH	11.08.2015	60
Care planning	Formal	SL	05/08/2015	60
MCA	Formal	BG	05/08/2015	120
EoL Care	Formal	AH	06/08/2015	490
MHA	Informal	AH	10/08/2015	60
Care planning	Formal	SL	10/08/2015	60
Skin integrity	Formal	WH	10/08/2015	120
Skin integrity	Formal	WH	11/08/2015	120
Skin integrity	Formal	WH	12/08/2015	120
Skin integrity	Formal	WH	13/08/2015	120
Care planning	Informal	BG	13/08/2015	120
Antipsychotic Medication	Informal	AH	18/08/2015	60
EoL Care	Formal	BCH	19/08/2015	120
MCA	Formal	WH	25/08/2015	180
MCA	Formal	WOK	24/08/2015	360
Care planning	Formal	WH	25/08/2015	120
Challenging behaviours	Informal	WH	27/08/2015	30
EoL Care	Informal	AH	24/08/2015	60

A total of 4825 mins spent on training either formal or informal for August 2015, a total of 80 hours provided by the nurses.

Therapists have provided a total of 96.5 hours of training and speech and language therapist has provided 1 x assessment in Reading for 45 minutes and 1 x assessment in Wokingham for 1 hour

#### RESOURCE SUMMARY

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

## Hospital @ Home Pathway Highlight Report

<b>PROGRAMME</b>	Hospital @ Home Project	<b>PROGRAMME MANAGER</b>	Fiona Slevin-Brown, SRO Rhian Warner, PM	<b>OVERALL RAG</b>	Red
<b>REPORT MONTH END</b>	30 <sup>th</sup> September 2015	<b>REPORT ISSUE DATE</b>	2 <sup>nd</sup> October 2015	<b>REPORT STATUS</b>	

PROJECTS/ SCHEMES STATUS					
<b>Project Status</b> <ul style="list-style-type: none"> <li>The H@H project has formally been paused: due to a lack of activity going onto the agreed pathway. During the soft launch period only 1 patient was successfully accepted out of the 36 patients identified as potentially suitable.</li> <li>BHFT have been asked to suspend further recruitment at this time to allow for consideration of next steps.</li> <li>Staff including advanced nurse practitioners and a Community Geriatrician have already been appointed to and are in post.</li> <li>A multi-agency task and finish group has been tasked with developing a proposal for the immediate redeployment of the staff already in post to support current system pressures and winter resilience.</li> <li>The group has also been tasked to explore potential options for the future to be considered jointly between the LAs and CCGs in the context of the wider integration programme and the 16/17 planning round. These proposals will be required to go through the local integration groups, CCG QIPP and Finance Committee for onward to the HWBs for approval.</li> <li>Interim staff work plan proposals were shared with the 3 LA DAs and Senior leads and presented to the Urgent Care Programme Board on 24<sup>th</sup> September, in order to gain support on the immediate redeployment of staff to support system resilience.</li> </ul>		<b>Project Status</b>			
		<b>Financial status</b>			
		<b>Activity Status</b>			
		<b>Milestone Status</b>			
	<b>Next Steps</b> <p>The detailed proposals for the remainder of 15/16 which are being worked up with the local teams will need to be shared with the Health and Well-Being boards for agreement. These are:</p> <ol style="list-style-type: none"> <li>To increase the capacity within local integrated Rapid Response and reablement teams to provide crisis response and treatment in the community including into Care Homes</li> <li>The additional Community Geriatrician who starts on the 12<sup>th</sup> October will provide senior medical input into the community rapid response teams</li> <li>To provide in-reach Community Geriatrician and Therapy input into the OPMH wards at PPH to support reduced LOS, and improved outcomes</li> <li>To move the in-year underspends to BCF contingency and as agreed at the August FSG and Partnership Board, used to fund over performance in NEL activity at the RBFT.</li> </ol>				
<b>Current status</b> <ul style="list-style-type: none"> <li>Service specifications, communications/information and pathway model being developed within the task and finish group to be written and agreed by all parties 9<sup>th</sup> October.</li> <li>Communications to all stakeholders on the interim arrangements to commence 9<sup>th</sup> October and continue throughout October. Communications to care homes will be delivered face to face.</li> <li>Referrals to commence from Monday 19<sup>th</sup> October 2015</li> </ul>					

*Project status:* RAG scored red as project has not achieved its core aims to date. requires further decision making in order to move forwards from here

*Financial status:* RAG scored red as no savings have been seen to date with the project and expenditure already committed.

*Activity status:* RAG scored red as only 1 patient has been through the service to date against plan of 60.

*Milestone status:* Red; activity and savings milestones not achieved for September

## Hospital @ Home Pathway Highlight Report

**KEY ACHIEVEMENTS FOR SEPTEMBER**

Communication	Options paper developed with input from a range of health and social care stakeholders and presented to QIPP and Finance, UCPB and verbally shared with colleagues' week commencing 20th September.
Tele-Health	Tele-health contracts have been agreed and the equipment is ready for use.

**NEXT STEPS / PLANNED ACTIVITIES FOR OCTOBER**

	<p>Presentations to Health and Well-being Boards.</p> <p>Geriatrician starts on 5<sup>th</sup> October</p> <p>Interim staff work plans to be implemented from 19<sup>th</sup> October, this will be providing rapid response and treatment for care homes and medical and therapy input into the Older Peoples Mental Health (OPMH) inpatient units at Prospect Park Hospital.</p> <p>Agreement of addendums to service specifications in the CCG contract with BHFT to include the pathway model.</p> <p>Comms to all partners about rapid response and treatment for care homes and OPMH inpatients.</p> <p>Referrals from care homes to start from 19<sup>th</sup> October.</p> <p>PM attending GP Council meetings as required updating GPs about project status and plans.</p>
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**NEW ISSUES RAISED**

Posts vacated in BHFT from staff who are now H@H are being held by BHFT at present to mitigate risk of decommissioning
Future funding and proposals for alternative models needs to be agreed as soon as possible – continued risks to CCGs on NEL activity growth

**NEW RISKS IDENTIFIED**

Elevated risk to delivery of CCGs QIPP savings linked to H@H and impact on year end position which will affect 16/17 planning assumptions
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**PROJECT MILESTONES, DELIVERABLES**

<i>Project Milestones (Include all milestones from last month onwards)</i>	<i>Task Owner</i>	<i>Original Delivery Date</i>	<i>Planned delivery Date</i>	<i>Conf H/M/L</i>	<i>Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?</i>
Revised proposal for QIPP and Finance and Health and Well-being Boards	PM	31 <sup>st</sup> Oct	31 <sup>st</sup> Oct	High	Interim work plan proposals presented to QIPP and finance 22 <sup>nd</sup> September. No agreement for 16/17 to date.
Write and Agree addendums to service specifications and pathway model	PM	9 <sup>th</sup> Oct	9 <sup>th</sup> Oct	High	
Comms for all partners to be written and disseminated.	PM	13 <sup>th</sup> Nov	13 <sup>th</sup> Nov	High	
Referrals to rapid response to commence	Care Homes GPs, A&E, SCAS	19 <sup>th</sup> Oct	19 <sup>th</sup> Oct	Med	

<b>PROGRAMME</b>	Integrated Carers Commissioning	<b>PROGRAMME MANAGER</b>	Janette Searle	<b>OVERALL RAG</b>	<b>amber</b>
<b>REPORT MONTH END</b>		<b>REPORT ISSUE DATE</b>	02.10.2015	<b>REPORT STATUS</b>	Final

is

PROJECTS/ SCHEMES STATUS	
<p>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,</p> <p>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.</p>	<b>Project Status</b>
	<b>Financial Status</b>
	<b>Activity Status</b>
	<b>Milestone Status</b>

KEY ACHIEVEMENTS	
Carer Information Advice & Support Contract	BW CCGs, Reading BC and West Berkshire LA have continued to develop service descriptions in preparation for re-commissioning carer information advice and support services in lots as a transitional arrangement to develop the provider market. Wokingham BC is not a party to these arrangements.
Carers breaks provision and support	Ongoing consultation in Reading on a Wellbeing Bidding Framework which includes funding opportunities for carer support – now extended to include cares of disabled children as well as carers of adults. Similarly, West Berkshire is engaging with VCS providers to develop their second Voluntary Sector Prospectus. Wokingham is reviewing currently commissioned carer services through one to one engagement with providers.

NEXT STEPS / PLANNED ACTIVITIES	
Carer Information Advice & Support contract	Host a provider event to help finalise details of the bidding framework approach and then formally invite bids.
Carers breaks provision and support	Finalise Bidding Framework for Reading and Prospectus for West Berkshire. Concluded review in Wokingham. New arrangements to be reviewed within development of Better Care Fund arrangements from April 2016.
BW Carers Commissioning Strategy	Outline and Project Plan to be prepared for to the BW Carers Commissioning Forum,

NEW ISSUES RAISED THIS PERIOD
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NEW RISKS IDENTIFIED THIS PERIOD
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The fragmentation of commissioning arrangements for carers information advice and support provision is likely to detract from the stated aspiration to move towards single pot funding for all carer support across the West of Berkshire.

**BW10 Integration Programme**  
Integrated Carers Commissioning **Highlight Report**

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

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



## Project Budget / Cost Summary (£000s) as at DATE

Funded From:	s256				CTA			Council Funding				Explanation – please use box below if further space is required
Cost Type	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2015	Forecast To Completion of scheme	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2015	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2015	Forecast To Completion of scheme	
Programme and Project Management costs												
Programme Manager												
Sub Total	0	0	0	0	0	0	0	0	0	0	0	
Pump Priming for Go Live												
Sub Total	0	0	0	0	0	0	0	0	0	0	0	
Totals	0	0	0	0	0	0	0	0	0	0	0	

FINANCE Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?

Full description of any areas of concern/ to highlight from costs table above

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PROGRAMME	BW10 Market Management	PROGRAMME MANAGER	Stuart Rowbotham (SRO)	OVERALL RAG	A
REPORT MONTH END	September 2015	REPORT ISSUE DATE	06 October 2015	REPORT STATUS	

PROJECTS/ SCHEMES STATUS		
<p>Project group re-convened early September following 2 month absence due to vacant Project Manager (PM) post (PM role now delivered via BW10 PMO). Group reviewed position of current initiatives and the required next steps to complete. Group also considered position of the project in relation to the wider Joint Commissioning aspirations and general consensus was that projects should merge. This will be further explored upon completion of current initiatives and at October project group (<i>meeting date 08 October 15</i>).</p> <p>Current work streams:</p> <ul style="list-style-type: none"> <li><b>Market Management Information System</b> - 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</li> <li><b>Market/Provider Failure protocols</b> – Collectively meet Care Act requirements and consider how partners work together to anticipate and mitigate provider/market failure</li> <li><b>Fair Pricing for Residential/Nursing Care</b> - Understand and manage the actual cost of residential and nursing care within Berkshire</li> </ul>	A	Project Status
	G	Financial Status
	A	Activity Status
	A	Milestone Status

KEY ACHIEVEMENTS	To Date
<p>Market Management Information System</p> <p><b>Previously</b> - Feasibility Study for an Information Market Management System (IMSS)</p>	<ul style="list-style-type: none"> <li>Feasibility study and activity report completed (<i>using data from Reading, Wokingham and RB Windsor &amp; Maidenhead</i>) – report circulated to partners</li> <li>Bracknell Forest BC approached re involvement in the project</li> <li>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</li> </ul>
Market/Provider Failure Management	<ul style="list-style-type: none"> <li>Locality protocols in place</li> </ul>
Fair Pricing – Residential and Nursing Care	<ul style="list-style-type: none"> <li>Data collection templates drafted</li> <li>Task/finish group established with partner reps and (ToR drafted)</li> </ul>

## NEXT STEPS / PLANNED ACTIVITIES

Market Management Information System	<ul style="list-style-type: none"> <li>• Compile Data Hub/Directory business Case and circulate to group for comments and clarification prior to next project group - Yes/No decision on progress at October meeting (08 October)</li> <li>• Contact Bracknell lead to reaffirm interest in the data hub project</li> <li>• Investigate and confirm the available procurement options</li> </ul>
Market/Provider Failure Management	<ul style="list-style-type: none"> <li>• Review local protocols and align processes, where appropriate, and identify areas where partner collaboration can strengthen management/failure policy (<i>for example, sharing of resources, date/information, management of related national policy i.e. ordinary residence</i>)</li> </ul>
Fair Pricing – Residential and Nursing Care	<ul style="list-style-type: none"> <li>• Partner leads to supply existing local OP resi/nursing costing models (i.e. locally tailored L&amp;B tool kits) to PM</li> <li>• PM to compare (against local and national benchmarks) and summarise cost models supplied. For review at October meeting</li> </ul>

## NEW ISSUES RAISED THIS PERIOD

None

## NEW RISKS IDENTIFIED THIS PERIOD

None

## PROJECT MILESTONES, DELIVERABLES

<i>Project Milestones (Include all milestones from last month onwards)</i>	<i>Task Owner</i>	<i>Original Delivery Date</i>	<i>Planned delivery Date</i>	<i>Conf H/M/L</i>	<i>Explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved by appropriate Board?</i>
Date Hub/Directory Business Case Complete	PM	Oct 15	Oct 15	H	
Decision on Hub project Progress confirmed at October Project Group	PM	Oct 15	Oct 15	M	
Local OP resi/nursing cost models reviewed with summary report back to Project Group	PM	Oct 15	Oct 15	M	
Review of local provider failure protocols	PM	Nov 15	Nov 15	H	

## RESOURCE SUMMARY

<i>Number of Main (FTE) Resources Required</i>	<i>Number Now In Post</i>	<i>Explanation for variance, impact on work stream and actions being taken.</i>
0.4 Project Manager	0.4	

## BW10 Integration Programme

### Workforce Planning Highlight Report

<b>PROGRAMME</b>	Workforce Planning	<b>PROGRAMME MANAGER</b>	John Rourke	<b>OVERALL RAG</b>	
<b>REPORT MONTH END</b>	September 2015	<b>REPORT ISSUE DATE</b>	30 <sup>th</sup> September 2015	<b>REPORT STATUS</b>	Draft

PROJECTS/ SCHEMES STATUS					
<ul style="list-style-type: none"> <li>New PM appointed 7<sup>th</sup> September 2105 to implement the Workforce Action Plan signed off by the Partnership Board.</li> <li>The SRO and two NHS members of the group have left the service. A new SRO is required as are two new NHS representatives. September meeting very poorly attended. New meeting times, dates and venues being re-arranged.</li> <li>Funding for the project continues to be drawn from the from HETV award. No BCF funding.</li> </ul>					<b>Project Status</b>
					<b>Financial Status</b>
					<b>Activity Status</b>
					<b>Milestone Status</b>

KEY ACHIEVEMENTS	
Skills for Health Workshop / GSW JD created,	<ul style="list-style-type: none"> <li>Report received from Skills for Health following three successful workshops. The report outlines the project methodology, outcomes and Next Steps/Recommendations. The workshop successfully defined the role of the Generic Support Worker and is represented in a Job Description Template. The Report has been circulated to the Steering Group for comment.</li> </ul>

NEXT STEPS / PLANNED ACTIVITIES	
Valuation of the GSW Job Description	<ul style="list-style-type: none"> <li>The Generic Support Worker Job Description compiled during the three Skills for Health workshops will be evaluated by each Local Authority HR Team. This evaluation is required to inform the Business Case section of the PID.</li> </ul>
Go / No Go decision required for pilot stage	<ul style="list-style-type: none"> <li>The valuation of the role JD and the perceived impact it would have on the role viability and potential for efficiency gains will inform the decision by the Steering Group whether to proceed with a trial introduction of the GSW role in each locality.</li> <li>The Business Case section of the PID will be further populated with information from the HR teams to allow for an informed decision on whether to progress to the controlled trial introduction of the GSW role within selected community teams.</li> </ul>
Trial Introduction of GSWs	<p>At the SfH workshops, three team leaders offered to pilot the introduction of the GSW role.</p> <ul style="list-style-type: none"> <li>Reablement Team, West Berkshire; Lynda Davison.</li> <li>Reablement Team, Reading; Sue Kelly</li> <li>Intermediate Care Team, BHFT; Cathy Mills.</li> <li>In anticipation of a decision to proceed, a meeting has been arranged with Team Managers to determine the implications for each team e.g. backfill required, current establishment, skills gaps, governance requirements, risk and issues.</li> <li>Wokingham BC has been invited to nominate a representative.</li> </ul>
Workstreams	<p>Irrespective of the number of GSWs involved in a trail introduction, six distinct workstreams will be required to assure that all aspects and requirements of the role are adequately covered to minimise risk and to give the best opportunity for success.</p> <ul style="list-style-type: none"> <li><b>Workforce;</b> Initially, to seek adaptable, interested HCAs and Support Staff to be managed and co-ordinated with clinical supervision in place.</li> <li><b>Comms and Engagement;</b> Essential for developing a shared vision; Reduce resistance to change; Reduce anxiety; Provide reassurance, Promote enthusiasm; Share good experience with peers and patients</li> </ul>

## BW10 Integration Programme

### Workforce Planning Highlight Report

	<ul style="list-style-type: none"> <li>• <b>Learning and Development;</b> Identify skills gaps; Shared H&amp;SC skills development; Joint Leadership Development; Joint H&amp;SC Certification for GSWs. Build confidence and value within the GSW role.</li> <li>• <b>HR/Governance;</b> Provision of data sets for baseline recording i.e. staff numbers, grades, vacancy / sickness factors; Policy and procedures for staff and patient safety; CQC requirements; Reduce risk of litigation.</li> <li>• <b>Finance;</b> Monitor use of HETV funding; Identify existing costs; confirm possible efficiencies; identify quantitative cost benefits i.e. cash / non cash releasing. Add to list of qualitative benefits.</li> <li>• <b>Culture;</b> Bottom up approach supports BW10 aspiration - Not done to, done with; GSWs act as change ambassadors. Embed integrated working as BAU.</li> <li>• Nominations are required from the Steering Group for Workstream Leads.</li> </ul>
PID / Business Case and TOR	A PID / Business Case to the BW10 format is being compiled. The Steering Group ToR agreed at the June meeting is also being revised to the BW10 format.

#### NEW ISSUES RAISED THIS PERIOD

If the valuation of the GSW Job Description is higher than current rates for HCAs and Support Workers the project may not be fully supported.

#### NEW RISKS IDENTIFIED THIS PERIOD

If the project Steering Group does not return full representation from both Health and Social Services, a lack of baseline information / data and essential input to teach workstreams will delay or stop project progress.

#### PROJECT MILESTONES, DELIVERABLES

<i>Project Milestones (Include all milestones from last month onwards)</i>	<i>Task Owner</i>	<i>Original Delivery Date</i>	<i>Planned delivery Date</i>	<i>Conf H/M/L</i>	<i>Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?</i>
Developing new roles (GSW) to drive integration	Workforce Programme Manager		Sept 2015		JD and PS completed. Being evaluated. Prior to approval by the Steering Group.
Providing skills development	Workforce Programme Manager		Sept 2015		Meeting arranged with L&D teams to discuss shared training opportunities and gaps.
Supporting joint recruitment	Workforce Programme Manager		Sept 2015		No action to date.
Leadership Development	Workforce Programme Manager		July/August 2015		To be inked to Clinical Supervisory role required to be in place prior to trial introduction of the GSW role.
Improving workforce information	Workforce Programme Manager		July August/2015		No action to date. HR teams not yet tasked with providing baseline information. Include Governance within this workstream
Supporting Cultural change	Workforce Programme Manager		July 2015		Link to development of the Comms/Engagement Workstream

**BW10 Integration Programme**  
**Workforce Planning Highlight Report**

Project Budget / Cost Summary (£000s) as at DATE													
Funded From:	s256				CTA				Council Funding				Explanation – please use box below if further space is required
Cost Type	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2015	Forecast To Completion of scheme	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2016	Forecast To Completion of scheme	Original budget (in Business Case)	Actual spend to date	Forecast to 31st March 2015	Forecast To Completion of scheme	
Programme and Project Management costs													
Derek Williams					500,000	15,690	15,690						
Alison Forfar						14,250	14,250						
John Rourke							30,000						
Skills for Health						31850	31,850						
Sub Total	0	0	0	0	500,000	61,790	91,790	0	0	0	0	0	
Pump Priming for Go Live													
Developing new (GSW) roles to drive integration							70,000						
Providing skills development							130,000						
Supporting joint recruitment							70,000						
Leadership Development							100,000						
Improving workforce information							29,000						
Supporting Cultural change							42,000						
Project Management							42,000						

**BW10 Integration Programme**  
**Workforce Planning Highlight Report**

Labour Market Report							17,000						
Sub Total	0	0	0	0	0	0	500,000	0	0	0	0	0	
Totals	0	0	0	0	0	0	0	0	0	0	0	0	
FINANCE <i>Explanation for slippage, impact on workstream and actions being taken. Has any re-planning been approved by appropriate Board?</i>													
Full description of any areas of concern/ to highlight from costs table above													