

Notice of Meeting

Health and Wellbeing Board

Thursday, 24 July, 2014 at 9.00am
in the Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 16 July 2014

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
e-mail: jbailiss@westberks.gov.uk

Further information and Minutes are also available on the Council's website at
www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 24 July 2014 (continued)

To: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Councillor Gwen Mason, Councillor Graham Pask, Rachael Wardell (WBC - Community Services) and Councillor Quentin Webb

Also to: John Ashworth (WBC - Environment), Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Balwinder Kaur (WBC - Adult Social Care), Matthew Tait (NHS Commissioning Board), Louise Watson (Thames Valley Area Team), Cathy Winfield (Berkshire West CCGs) and Lesley Wyman (WBC - Public Health & Wellbeing)

Agenda

Part I

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9.25 am	10	Integration Programme (Tandra Forster/Phil McNamara) Purpose: To update the Health and Wellbeing Board of progress on the West Berkshire Better Care Fund programme of work.	1 - 12
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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.

Title of Report:	Moving towards Health & Social Care Integration
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	24 July 2014

Purpose of Report: To update the Health and Wellbeing Board of progress on the West Berkshire Better Care Fund programme of work.

Recommended Action: The Health and Wellbeing Board to note.

Reason for decision to be taken: N/A

Other options considered: N/A

Contact Officer Details	
Name:	Tandra Forster
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Implications

Policy:

Financial: Better Care Fund – 2014/15 S256 transfer includes £417k to start preparation for project delivery. £205k ‘Call to action’ funding has been allocated to support project work ensuring readiness for April 15 delivery 2015/16 contains £8.5m which will be released upon successful delivery of the projects.

Personnel:

Legal/Procurement:

Property:

Risk Management:

Is this item relevant to equality?	Please tick relevant boxes		Yes	No
Does the policy affect service users, employees or the wider community and:				
• Is it likely to affect people with particular protected characteristics differently?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Is it a major policy, significantly affecting how functions are delivered?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Will the policy have a significant impact on how other organisations operate in terms of equality?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?		<input type="checkbox"/>	<input type="checkbox"/>	
• Does the policy relate to an area with known inequalities?		<input type="checkbox"/>	<input type="checkbox"/>	
Outcome (Where one or more ‘Yes’ boxes are ticked, the item is relevant to equality)				
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia				<input type="checkbox"/>
Not relevant to equality				<input type="checkbox"/>

Executive Report

1. Introduction

1.1 This report is to assure the Health and Well-being Board as to progress on West Berkshire's Better Care Fund Programme of work.

2. Better Care Fund overview

2.1 The Better Care Fund (BCF) is a Government initiative established to promote integrated working with the NHS; £3.8bn of investment was created to fund projects that deliver more joined up patient/service user pathways.

2.2 Our programme of work comprises projects that are being delivered both on a 'Berkshire West' and West Berkshire basis, ensuring a 'local' flavour where it makes sense. For clarification:

2.3 'Berkshire West' is composed of the ten main health and social care organisations in the area, a mix of both commissioning and provider agencies: Wokingham Borough Council, Reading Borough Council, West Berkshire Council, North & West Reading Clinical Commissioning Group (CCG), South Reading CCG, Newbury & District CCG, Wokingham CCG, Berkshire Healthcare Foundation Trust, Royal Berkshire NHS Foundation Trust, South Central Ambulance Service.

2.4 West Berkshire comprises, Newbury & District CCG, North & West Reading CCG and the Council.

2.5 The BCF programme is shaped by three overarching priorities; Elderly Frail, Children and Mental Health. Although work is being completed within each element Elderly Frail is the main focus for the first phase of the programme.

2.6 There are 5 projects within the West Berkshire plan (see appendix A). :

(1) Hospital at Home – Berkshire West

providing acute care in people's homes, as an alternative to a stay on an in-patient ward

(2) Joint Care Provider – West Berkshire

creating an integrated health and social care short term re-ablement team, accessed by a single assessment process

(3) Nursing and Care Homes – Berkshire West

health practitioners working with local residential/nursing home providers to improve care delivery, and reduce non elective admissions.

(4) Health and Social Care Hub – West Berkshire

creating a single point of access for health and social care

(5) Personal Recovery Guide/Key Worker – West Berkshire

A role that will support patients who require short/long term support to ensure safe discharge from hospital.

2.7 All projects are underpinned by key enablers, these include:

- (1) System interoperability – agreement about how we can safely share data, use of NHS number as the unique identifier and putting in place a technical solution that allows us to use our systems to share information.
- (2) 7 day working, enabling patients/users to have access to health and social care services across the week to promote greater flexibility for safe hospital discharge.
- (3) Workforce - development of Berkshire West Strategy that builds capacity, creates flexibility and resilience.

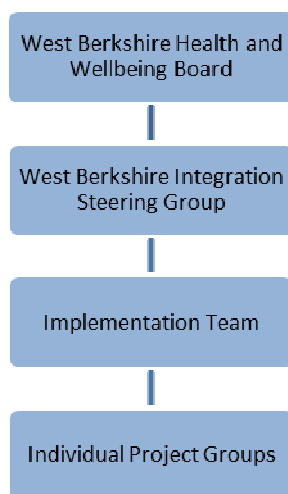
2.8 Formal approval for these projects was provided by Health and Wellbeing Board in March 2014. Preparatory work is now actively underway so that all projects can meet the April 2015 implementation deadline, see Appendix B.

3. Programme Principles – Summary Matrix

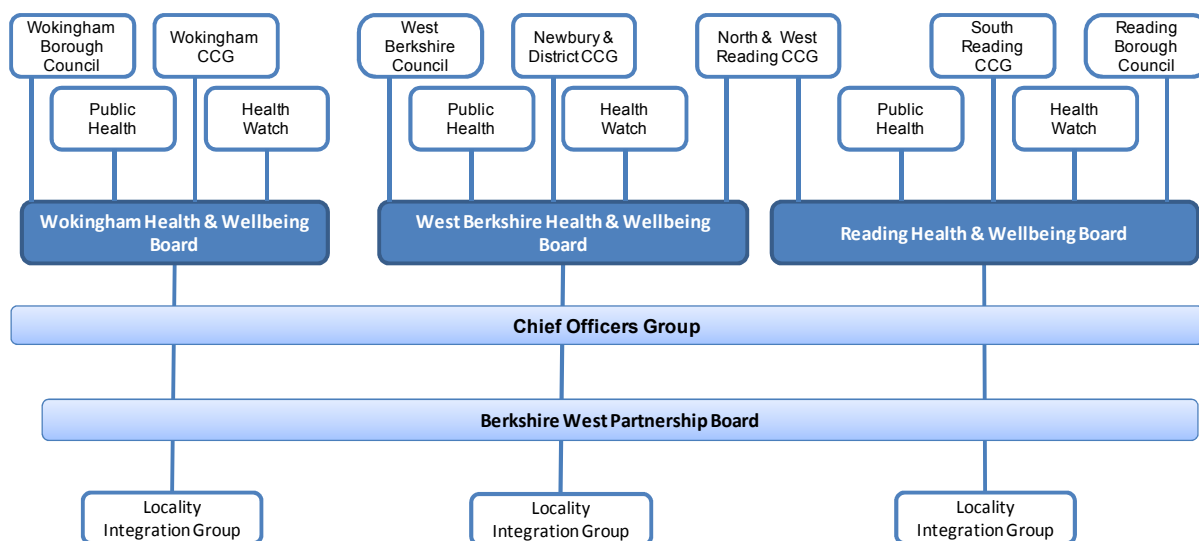
Projects	Principles					
	Integration	Resilience	Admission Avoidance	7 Day Service	Reduced LOS	Care Closer to Home
Hospital at Home	✓	✓	✓	✓	✓	✓
Joint Care Provider	✓	✓		✓	✓	✓
Nursing & Care Homes	✓	✓	✓			✓
Health & Social Care Hub	✓	✓	✓	✓		✓
Personal Recovery Guide / Key Worker	✓		✓	✓	✓	✓

4. Governance Arrangements

4.1 The governance structure for West Berkshire is detailed in the chart below:



4.2 As set out in 2.2 because the local health and social care economy works across our Berkshire West boundaries these will be subject to a wider governance arrangement – see below:



5. Programme update – March to July 2014

- (1) Berkshire West BCF plans are currently subject to fast track quality assurance by the Department of Health, this is to test their relevance to the key priorities, robustness around delivery.
- (2) A programme structure is in place, projects have been mapped and project teams are being developed. Two project managers have been identified, further placements will take place during August 2014 led by both West Berkshire Council and Newbury & District CCG
- (3) Two projects are already at an advanced stage of preparation:
 - (a) Hospital at Home

Project has been scoped, details of how the service will work has been used to develop an operation manual. This work was required as staff from all 10 organisations will be involved in service delivery. The project team plan to test the system in July, initially with a pretend patient but in August there will be a further trial with 6 patients going through the service across Berkshire West; 2 from each locality.

(b) Nursing and Care Home

Health staff are already working directly with care homes to improve how they work with residents to support them to avoid unnecessary hospital admission. The aim is to reduce non-elective hospital admissions from care homes through Introducing a GP enhanced community service. It will do this through strengthening partnership working between care home providers, community geriatricians, health and care staff to improve the quality of life for residents by reducing the number of falls, and the prescribing of multiple medications to elderly people. This will in turn improve the overall health and wellbeing of care home residents.

- (4) Project Initiation documents will be developed by September for the remaining three projects.
- (5) Work is underway Berkshire wide to support progress on interoperability, this includes representation from the Council's corporate IT department. A bid has been submitted to the CCG to fund a project manager across all three localities; the main challenge will be for local authorities to achieve Information Governance compliance in line with Health requirements.

West Berkshire is taking through a business case for system replacement.

The Project team have identified an interface that should deliver a technical solution to sharing information across the different IT systems.

- (6) Skills for Health and Care are supporting all localities to map the current status of the workforce with a view to supporting the development of an integrated strategy. This work has been funded through Health Education Thames Valley.

- 5.2 DoH are finalising arrangements for the pay for performance element of the fund and, as part of that, putting in place a clear framework for local risk sharing. They are asking each Health and Wellbeing Board to propose their own performance pot based on their level of ambition for reducing emergency admissions – with a guideline reduction of at least 3.5 per cent. A proportion of our current performance allocation (i.e. our area's share of the national £1bn performance element of the fund) will be paid for delivery of this target. The proportion will depend on the level of ambition of our target. Where local areas do not achieve their targets the money not released will be available to the CCGs, principally to pay for the unbudgeted acute activity.

Appendices

Appendix A – Programme structure

Appendix B – Programme map

Consultees

Local Stakeholders: *

Officers Consulted: Phil McNamara, Director of Operations, Newbury and District
CCG

Trade Union: N/A

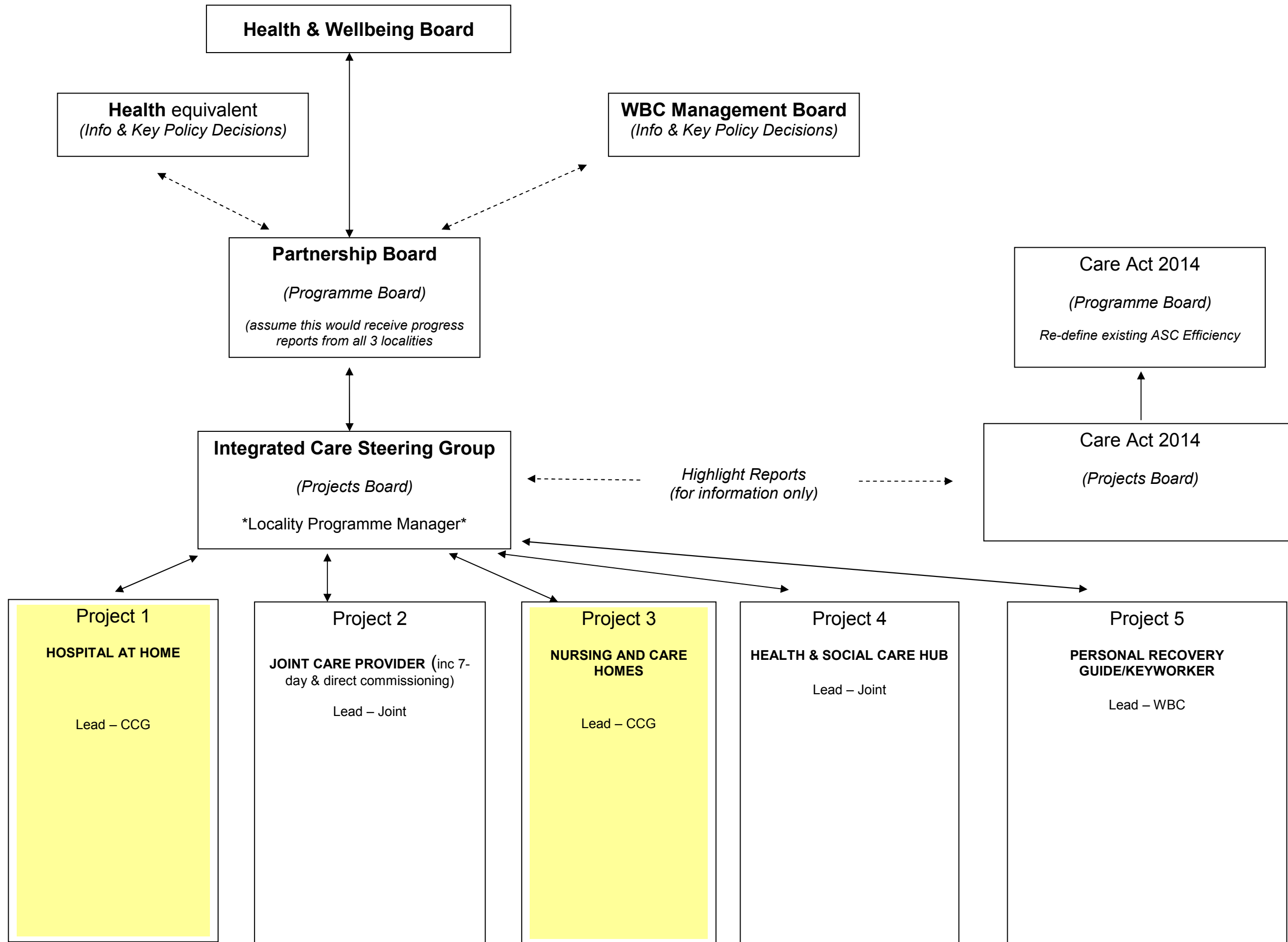
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BETTER CARE FUND

SPONSORING LEVEL

PROGRAMME LEVEL

PROJECTS LEVEL



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BETTER CARE FUND – HIGH LEVEL LOCALITY PROGRAMME PLAN v1

1/5/14

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Project 1: Hospital at Home (CCG QIPP Scheme) Whilst this project is not subject to locality governance it will have service and cost implications for the LA that need to be planned

Project 2: Joint Provider including 7 day working at direct commissioning by specified categories of Health staff

Project 3: Nursing and Care Homes (CCG QIPP Scheme) – expect to be low impact for LA but needs to be monitored to ensure does not drive up costs

Project 4: Health Hub

Project 5: Personal Recovery Guide / Keyworker

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