

Notice of Meeting

Health and Wellbeing Board

Thursday, 4th June 2015 at 9.00am
in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 27 May 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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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, 4 June 2015 (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), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Matthew Tait (NHS Commissioning Board), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Nikki Luffingham (NHS England Thames Valley), Councillor Hilary Cole (Executive Portfolio: Adult Social Care), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing) and Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care)

Also to: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive) and Andy Day (WBC - Strategic Support)

Agenda

Part I		Page No.
	1	Election of Chairman and Vice-Chairman for the 2015/16 Municipal Year
9.00 am	2	Apologies for Absence To receive apologies for inability to attend the meeting (if any).
9.02 am	3	Minutes To approve as a correct record the Minutes of the meeting of the Board held on 26 March 2015. 5 - 14
9.07 am	4	Declarations of Interest To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct .
9.10 am	5	Health and Wellbeing Board Forward Plan For information. 15 - 18
9.12 am	6	Actions arising from previous meeting(s) For information. 19 - 20



Agenda - Health and Wellbeing Board to be held on Thursday, 4 June 2015 (continued)

- 7 **Public Questions**
Members of the Executive to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution.
(Note: There were no questions submitted relating to items not included on this Agenda.)
- 8 **Petitions**
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion.

Items for discussion

Systems Resilience

- 9.15 am 9 **Health and Social Care Dashboard (Tandra Forster/Fiona Slevin-Brown)** 21 - 24
Purpose: To present the Dashboard and highlight any emerging issues.

Integration Programme

- 9.25 am 10 **An update report on the Better Care Fund and wider integration programme (Tandra Forster)** 25 - 60
Purpose: To update the Health and Wellbeing Board about progress on the Better Care Fund schemes and to seek approval of the first quarterly data return.
- 9.40 am 11 **Improving the Frail Elderly Pathway (Tandra Forster/Fiona Slevin-Brown)** 61 - 64
Purpose: To inform the Board on progress with this piece of work.

Commissioning Plans

- 10.00 am 12 **Alignment of Commissioning Plans (Tandra Forster)** 65 - 66
Purpose: To timetable/forward plan the alignment of commissioning plans.

Governance and Performance

- 10.15 am 13 **Health and Wellbeing Development Session (Dr Bal Bahia)** 67 - 68
Purpose: To provide an opportunity for Board Members to discuss objectives for the Development Session.



Agenda - Health and Wellbeing Board to be held on Thursday, 4 June 2015 (continued)

14 Members' Question(s)

Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.

10.55 am **15 Future meeting dates**

30 July 2015
24 September 2015
26 November 2015
28 January 2016
24 March 2016
26 May 2016

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.



DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 26 MARCH 2015

Present: 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 (Portfolio Holder for Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Irene Neill (Portfolio Holder for Children and Young People) and Rachael Wardell (WBC - Community Services)

Also Present: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Lesley Wyman (WBC - Public Health & Wellbeing), Councillor Quentin Webb, Tandra Forster (WBC - Adult Social Care) and Martha Vickers

Apologies for inability to attend the meeting: Councillor Gordon Lundie, Cathy Winfield, Nikki Luffingham and Councillor Keith Chopping.

PART I

93 Minutes

The Minutes of the meeting and subsequent special meeting of the Board held on 22 January 2015, were approved as a true and correct record and signed by the Chairman.

94 Declarations of Interest

Dr Bal Bahia and Dr Barbara Barrie declared an interest in all matters pertaining to Primary Care, by virtue of the fact that they were General Practitioners, but reported that as their interest was not personal, prejudicial or a disclosable pecuniary interest, they determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Marcus Franks declared an interest in Agenda Item 12 and 13, but reported that as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matter.

95 Question Submitted by Martha Vickers to the Health and Wellbeing Board

A question standing in the name of Mrs Martha Vickers on the subject of what measures had so far been enacted or proposed to tackle the extremely disturbing health issues caused by drug abuse, was answered by the Chairman of the Health and Wellbeing Board.

A supplementary question standing in the name of Mrs Martha Vickers on the subject of whether the new contracted service would replace the current provider and if it would be sited in the same location, was answered by the Chairman of the Health and Wellbeing Board.

96 Petitions

There were no petitions presented to the Board.

97 Health and Wellbeing Board Forward Plan

Councillor Marcus Franks briefly updated the Board on the process for dealing with provider quality account documents, as the Board was expected to submit comments.

The timescales for commenting on the documents often did not fit with the timescales that governed the Health and Wellbeing Board. Therefore the Management Group had agreed that the Clinical Commissioning Group and the Council would provide a response to the documents. A summary would then be drafted and circulated to Members of the Board. If any queries were raised the relevant provider could be invited to present to a future meeting of the Board if necessary.

Adrian Barker added that Healthwatch were a statutory consultee and therefore would be submitting a response.

98 Actions arising from previous meeting(s)

Councillor Marcus Franks referred to action point 49, which referred to the report from the Dementia Alliance, which was brought to the last Board meeting in January 2015. An email had been distributed to all Members of the Board to see if there was any resource available to fund the project to ensure it continued in 2015/16. Only one response had been received and therefore it was assumed that Members were not able to support the project.

Shairoz Claridge reported that the request had been sent to the Long Terms Conditions Board, who had stated that this would be revisited as part of its ongoing dementia work however, there was no funding available at that present time.

Councillor Marcus Franks referred to action point 38 and stated that there was one Declaration of Interest Form outstanding. This needed to be sent to Jessica Bailiss as soon as possible.

99 Health and Social Care Dashboard (Tandra Forster/Shairoz Claridge)

Councillor Marcus Franks introduced the item to Members of the Board and invited Tandra Forster to speak to the Adult Social Care section.

Tandra Forster reported that ASC1; Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service was currently on target. The data for the target represented a small cohort and therefore percentages fluctuated very easily.

Regarding AS3 under the acute section of the Dashboard; Average number of delayed transfers of care which were attributable to social care per 100,000 population (18+), Tandra Forster reported that the target was amber and that work was underway to increase social worker presence in hospitals and commissioning in rural areas.

Shairoz Claridge introduced the acute section of the Dashboard. The Royal Berkshire Hospital (RBH) was currently amber on the four hour Accident and Emergency Target (AS1). This was still a reflection of the increase in demand throughout December, however, the RBH was one of the first hospital trusts in the area to show recovery. Shairoz Claridge reported that Newbury and District Clinical Commissioning Group (CCG) was not the lead commissioner for the Great Western Hospital or Hampshire Hospitals NHS Foundation Trusts, both of which were performing below target for the four hour Accident and Emergency indicator however, work would be ongoing to improve this. As of February Shairoz Claridge reported that RBH had achieved 94.7% and therefore was closer to reaching the 95% target.

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Shairoz Claridge drew attention to AS5; Ambulance Clinical Quality – eight minute response time, which was currently red. She reported that due to the Christmas period, there had been pressures experienced across the country. This pressure was now beginning to reduce and a period of recovery had begun. Councillor Marcus Franks queried whether the main pressure was the failure of the Accident and Emergency service or demand. Shairoz Claridge reported that it was a combination of both demand and excessive pressure of Accident and Emergency services. Tandra Forster added that increased pressure was a nation wide issue. Carolyn Lawson stated that the South Central Ambulance Service (SCAS) had reported that calls had increased by a third from the same period last year, so although it was a combination of factors that increased pressure on the system, there was also a underlying increase in numbers.

Shairoz Claridge moved onto the primary care section of the dashboard and reported that once co-commissioning started between the CCG and NHS England, reporting would become more robust. Currently only soft intelligence was being collected and a discussion needed to take place at the Management Group as to whether this information should be reported to the Board, even though it was not suitable for the dashboard.

RESOLVED that Shairoz Claridge would confirm whether soft intelligence gathered from Primary Care was suitable for the Health and Wellbeing Board.

Councillor Franks had noted at a Call to Action event, that appointment information had been available. Dr Bal Bahia was not sure that this information could be used to indicate resilience. Dr Barbara Barrie reported that Call to Action was about access to service, whereas resilience was about what additional resources were required when services were under pressure.

Carolyn Lawson reported that there had been an 8% decrease in minor injuries across the West Berkshire population.

Rachael Wardell introduced the Children's Social Care section of the dashboard. She reported that when the dashboard had come to the Board in January the Children's section had been predominantly green however, she had warned that an increase in pressure would cause targets to be pushed into the red and this was what had happened. Remedial action was detailed on the dashboard regarding red indicators. Looked After Children and child protection plans were only applied when necessary and work was taking place to manage the numbers down through early intervention. Permanent family solutions were being sought for Looked After Children.

Regarding CSC6; Child protection cases, which were reviewed within require timescales, it was a recognised issue that social workers made recommendations for one sibling rather than all and this was being reviewed and training was taking place.

Adrian Barker asked if there was a clear reason why the number of child protection cases had increased. Rachael Wardell reported that it was difficult to pin point however, there were increasing pressures on families including insecurities around work and homes. Despite increased effort around early intervention, it was possible that these was still not enough being done at this important stage and there was little capacity to expand.

100 Winter Resilience Programme (Carolyn Lawson)

Carolyn Lawson reported that on the 13th June 2014, NHS England published a framework to support planning for operational resilience during 2014/15. Planning guidance encouraged systems to move beyond traditional winter planning for urgent care and consider a year round resilience across both urgent and planned care. It acknowledged that emergency services could not be looked at in isolation.

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CCGs had been required to submit an Operational Resilience and Capacity Plan on behalf of their local health and social care economy, addressing the requirements outlined within the planning guidance. The aim was to meet the four hour Accident and Emergency target and the 18 week referral to treatment target.

The plan was approved in October 2014 and £2.6m of resilience money was allocated and divided up as detailed in Appendix A. £500k had been given to each provider. Organisations allocated money were asked to submit bids for schemes they wished to deliver. Carolyn Lawson highlighted that although the amount allocated to RBH (£500k) seemed low being the primary provider for the district, she stated that it had already been allocated a large sum of money from the local emergency tariff.

Looking historically at performance against the Accident and Emergency four hour target, there had been consistent failure to meet it throughout 2013/14. As a result a huge amount of diagnostic work had taken place. Table three under Appendix A linked the diagnostic work to each of the priorities.

The £2.6m was supplemented with other pots of funding dedicated to NHS 111 resilience schemes across the Thames Valley; South and Central Ambulance Service (SCAS) resilience across the Thames Valley and mental health resilience schemes. A further allocation of £1.09m was also received in November 2014. Receiving money so late in the year made it extremely difficult to spend it efficiently.

Carolyn Lawson referred to the description of the schemes detailed on page 36 of appendix A, including Urgent Hospital Assessment and Urgent Care Delivery, which considered issues around rurality.

Carolyn Lawson reported on the outcomes anticipated as a result of delivering the schemes. The 'Fit to Go List' referred to patients in the acute area, but whose medical needs had been addressed and were waiting for onward care. The number of West Berkshire patients on the 'Fit to Go List' had been consistently low. Regarding the average length of stay, West Berkshire was the best performing authority out of three that the CCG worked with. The capacity of community beds was often filled because this involved teams moving patients into the community sector.

Paragraph 4.2 of Appendix A considered in hours access to primary care, during periods of high demand. The CCG would have offered nearly all of the allocation available.

In hours Accident and Emergency attendance seemed to be reducing when compared to the same period in 2013/14, with a 12% reduction in January 2015 and an 8% reduction overall to date.

A key measure of success was the four hour Accident and Emergency Target. As of February the RBH were just below target achieving 94.7%, which was a sign this was improving. This figure was also more positive when compared to the national average.

Carolyn Lawson reported that in 2015/16, monies would be allocated early enough to come into the CCG's baseline budgets. Therefore this could be used to recruit permanent staff. This was well received by the Health and Wellbeing Board.

Councillor Marcus Franks asked if it would be possible to address bank holiday and weekend pressures with the new plans. Tandra Forster reported that seven day work was a key national condition and would be covered in more detail under the Better Care Fund discussions.

Adrian Barker thanked Carolyn Lawson for her report and commended the good news story. He understood that the health and social care economy was made up of various providers and queried if the voluntary sector had been involved. Carolyn Lawson confirmed that the voluntary sector had been involved particularly the Red Cross. There

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was also a Partnership Development Fund of £50k that voluntary sector organisations would be able to bid for in 2015/16.

Adrian Barker also noted that £100k had been allocated to the Alamac system, which he felt seemed a lot of money for a dashboard. Carolyn Lawson reported that not all of the £100k had been spent on this and it had also included intensive support from the company to aid the recovery process. The cost would not be as high going forward.

Adrian Barker queried what the abbreviations ANP and TTO stood for and Carolyn Lawson confirmed that ANP stood for 'advanced nurse practitioner' and TTO stood 'to take out' in relation to drugs.

Dr Barbara Barrie welcomed the fact that money would be made available earlier in the year.

101 **An update report on the Better Care Fund and wider integration programme (Tandra Forster)**

Tandra Forster introduced her report which aimed to inform the Board on the current position regarding the Better Care Fund schemes and sought approval of the revised non elected admission targets.

Tandra Forster explained that things had moved on since the report was written.

Personal Recovery Guide – The Council had agreed to act as a lead commissioner and its Procurements Board had agreed an exemption for the usual procurement requirements. Proposals had been received from three voluntary sector organisations who wanted to collaborate.

Joint Provider Project – Areas for further focus had been identified and the work would go live as of 1st April 2015.

Hospital at Home – a soft launch was taking place in March, with the project going formally live in June 2015.

Enhanced Care and Nursing Homes Support – this project had been repositioned and Local Authorities would be involved in taking it forward.

Shairoz Claridge drew the Board's attention to changes to non elected admission targets under paragraph 1.4 of the report and asked for confirmation that all were happy with the change. The changes had come about as a result of recent audit work that had taken place. Tandra Forster added that since the Hospital at Home Project was reframed, there was a much clearer idea of what needed to be done and therefore the targets had been reviewed as a result.

Rachael Wardell asked if there was payment attached to the targets and queried if the new targets were viewed as attainable. Shairoz Claridge confirmed that they would need to stretch to meet the new targets however felt that they were realistic. Tandra Forster reported that a quarter of a million pounds was being held aside to match the risk.

It was suggested that a leaflet highlighting what was going well with the BCF projects would be helpful. Tandra Forster agreed and felt that this could be something that would be produced in the future.

Councillor Marcus Franks proposed that the Board approve the revised non elected admission targets. This was seconded by Dr Bal Bahia and carried at the vote.

RESOLVED that the Health and Wellbeing Board approved the revised non elected admission targets.

102 Delivery plan for the Health and Wellbeing Strategy (Lesley Wyman/Adrian Barker/Shairoz Claridge/Tandra Forster)

Lesley Wyman introduced her report to the Health and Wellbeing Board, which sought to give an update on the arrangements being put in place to coordinate the action plan for the Health and Wellbeing Strategy. Following the consultation on the Strategy it was agreed by the Board that delivery plans should be developed to support the priorities contained within the Strategy. It had also been acknowledged that where possible, existing strategic/steering groups could focus their work on how the priorities would be addressed.

Lesley Wyman reported that she had met with colleagues from both Adult Social Care and the CCG to discuss what groups were already in place and which groups needed to be set up. She welcomed suggestions from the Board on any other groups in existence that had been missed. Both the Mental Health Strategy Group and the Carers Strategy Group were ones which were already in existence that could take on the role.

It was suggested in the report that the three priorities, relating to the health and wellbeing of children and young people should be developed by a single group. Rachael Wardell agreed that this would be helpful and coherent. She was concerned however that children's issues were a minority interest for the Board. Following feedback from a recent Ofsted Inspection, it had been clear that children's issues had not carried the weight that they should. Rachael Wardell felt that the proposed children's delivery group should be flexible with the ability to consider other issues when necessary outside of the three priorities.

Councillor Marcus Franks noted that children's issues cut across many others and therefore asked if the children's group would pick up on these. Lesley Wyman stated that there would end up being a matrix of adult's and children's issues.

Rachael Wardell felt that links between the groups needed to be made explicit and reiterated that the children's group needed to remain flexible.

Adrian Barker highlighted that the Health and Wellbeing Strategy would be the linking document. Since the Strategy was approved, Adrian Barker stated that the NHS Forward View had been developed and therefore queried if the Strategy should be taking a longer view including the integration agenda and a better model for care. The NHS Forward View had gained support from all major partners and consisted of the themes; prevention; patient and care empowerment; integrated care and Innovation. Adrian Barker felt that if changes were to be made to the Strategy in the future then it was likely they would fall under these themes and therefore suggested the delivery groups should be asked to work to these. Lesley Wyman reported that she was pulling together a draft template for the delivery groups to use and would explore using these themes in doing so.

Adrian Barker further queried what timescales were in place for delivery groups and Councillor Franks stated that the Terms of Reference and action plantemplate would be agreed at the first meeting of each delivery group.

The Health and Wellbeing Board supported Lesley Wyman's report as a way forward in coordinating the action plan for the Health and Wellbeing Strategy.

RESOLVED that the Terms of Reference and Action Plan template be drafted for each Delivery Group and agreed by the Management Group. These will then be discussed/agreed at the first meeting of each delivery group.

103 Hot Focus Session Report (Lesley Wyman)

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Lesley Wyman introduced her report to the Board, which proposed an outline for the first Hot Focus session on 23rd April 2015. Initially it had been intended that the first Hot Focus session should focus on Looked After Children, however given a change of staffing within West Berkshire Council Children's services, this had now been changed to promoting mental health and wellbeing of adults. Each of the hot Focus Sessions would be based on using a continuum approach:

- Prevention and promoting positive mental health and wellbeing;
- Early diagnosis and intervention;
- Treatment
- Rehabilitation

The session was an opportunity to bring together relevant partners and would help support the strive towards commissioning alignment.

Each provider in attendance would be asked to showcase their work. To ensure there was time for this within the three hour session, each service would be given four minutes to share what services they offered; who this was aimed at; what they were proud of and what challenges were being faced. Lesley Wyman reported that she had attended a showcasing session, which had been run in a similar manner and it had worked very well. Providing the information in writing was another option however, it was felt that hearing from the provider would be more powerful. Lesley Wyman asked the Board for their comments on the draft agenda under Appendix A.

Shairoz Claridge acknowledged that the mental health and wellbeing of adults was a difficult topic to cover and felt that the session would act as a useful mapping exercise. Dr Lise Llewellyn noted that the event was a showcasing event and an opportunity to identify any gaps in services.

Councillor Franks stated that the objectives he had expected to be met by the event were awareness raising; identification of gaps; opportunities for integration and what more needed to be done. Lesley Wyman was concerned that there was a limit to what could be done in three hours. Dr Bal Bahia agreed that the session needed to be kept simple for example; three things providers were proud of and one thing they would like to change.

Rachael Wardell felt that the session was an opportunity for an important message to be portrayed. Many mental health patients were also parents and this was one of three in a toxic triangle with regards to safeguarding children. Rachael Wardell felt that partners needed to leave the session with a clear understanding of their safeguarding responsibilities.

Leila Ferguson expressed her support for the session and the four minutes showcasing opportunity. She felt that if mapping was to take place at the event then this needed to be followed by monitoring to see how the gaps were rectified. Lesley Wyman stated that this role would be picked up by the relevant delivery group via the delivery plans.

Adrian Barker queried where the event was taking place and if the public was invited. It was confirmed that the event was taking place at Shaw House and could be opened up to the public.

Councillor Franks stated that health visiting was vital in identifying post natal depression and therefore suggested that this be added to the list of showcases.

104 The Health and Wellbeing Annual Conference (Andy Day/Lesley Wyman)

Andy Day referred to his report, which proposed that the Council hold a conference in November 2015, which would bring together key partners in order to consider how the

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wider determinants of health could add value to the overall Health and Wellbeing Strategy.

After the demise of the Local Strategic Partnership it had been agreed that priorities around some of the wider determinants of health should include input from a wider range of stakeholders and that this should be a key purpose of the annual event. This wider discussion would help align the wider determinants of health more closely with the overall delivery of the Health and Wellbeing Strategy.

Leila Ferguson expressed her support for the event and a focus on the wider determinants of health. It was suggested that focus on the delivery groups rather than the priorities would help focus discussions. Lesley Wyman acknowledged that the focus on all the priorities would be too much for the event to cover.

Nick Carter added that the event was an opportunity for all stakeholders to come together and for partners to talk about what they were doing. It would provide an opportunity for a focus on how the wider determinants of health must also be prioritised.

Andy Day reported that originally they had been minded to tie the event to three priorities as the event would only take place over a half day. However it has been felt that the event would provide an opportunity for a wider set of partners to come together and share what work was taking place. The Safer Communities Partnership and Housing currently felt isolated from the work of the Board and this would provide an opportunity to close some of the gaps and focus resources.

Adrian Barker suggested that work completed by the delivery groups could be made available prior to the conference.

Rachael Wardell informed the Board of work taking place under the 'Brilliant West Berkshire' Project. This was currently being carried out across the Communities Directorate however, was not confined to this area. With the event taking place in November there was plenty of time to shape what it should look like.

RESOLVED that the Health and Wellbeing Board supported the report and that further work needed to take place to develop the detail of the conference. Another report would be presented to the Board in due course.

105 Joint Self Assessment for Learning Disabilities (Tandra Forster)

Tandra Forster drew attention to her report which aimed to inform the Health and Wellbeing Board about the Joint Health and Social Care Learning Disabilities Self Assessment for West Berkshire.

Tandra Forster reported that the Self Assessment had to be completed on an annual basis. It had been developed collaboratively by learning disability specialists from the former Strategic Health Authority Offices, the Association of Directors of Adult Social Services, NHS England and members of the Winterbourne View Joint Improvement Board.

Tandra Forster reported that she had circulated the key points rather than the whole document. There was still work that needed to take place around what could be done for adults with learning disabilities. An Action Plan would be drawn up as a result of the Self Assessment.

Leila Ferguson felt that the Self Assessment seemed a little light touch and queried whether it referred to paid employment for those with learning disabilities. Tandra Forster reported that it referred to paid employment as well as voluntary opportunities. It was difficult to identify opportunities for paid employment however, it was possible and the

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key to this was support. Tandra Forster confirmed that she could provide comparative data however, stated that the performance shown was benchmarked against other areas.

Leila Feguson queried if it was an ongoing programme of work. Tandra Forster confirmed that the Assessment was carried out on an annual basis. Tandra Forster reported that there was a more comprehensive version of the assessment that she could circulate to Members. The action plan could also be circulated once ready.

RESOLVED that comparator data to be provided regarding the Joint Self Assessment for Learning Disabilities

RESOLVED that the Learning Disability Action Plan to be circulated to Board Members along with a more comprehensive version of the Self Assessment document.

106 FGM Report (Rachael Wardell)

Rachael Wardell introduced her report to the Board, which presented the findings from the Local Safeguarding Children Board's (LSCB) Task and Finish Group. The report proposed that Female Genital Mutilation (FGM) should be a matter raised at the Health and Wellbeing Board in order to ensure that addressing FGM was a priority for all agencies and that it was seen as a family and community issue.

Rachael Wardell reported that FGM was a safeguarding issues for children; a wellbeing issue for woman and an allegations management issue. Rachael Wardell stressed that the issue needed the Board's attention. It would also be picked up by the new children's delivery group. This group would then report progress back to both the LSCB and the Health and Wellbeing Board.

Councillor Marcus Franks noted that practitioners were required to record cases and therefore asked how many cases there had been in the district, to help indicate to the Board the size of the issue. Rachael Wardell reported that she would put this question to the Task and Finish Group. She was aware that the numbers in West Berkshire were low however, they were not zero. Rachael Wardell reported that the proposed quarterly meeting was the main concern for the Health and Wellbeing Board. It also needed to ensure that the necessary steps were being taken.

It was suggested that the Children's Delivery Group should not be time limited like the others.

RESOLVED that the children's delivery group be discussed further at the Management Group, including whether it should be a permanent group rather than time limited like the other delivery groups.

107 Pharmaceutical Needs Assessment (Lise Llewellyn)

Dr Lise Llewellyn introduced the report to Members of the Board, which sought approval of the final Pharmaceutical Needs Assessment (PNA) document following consultation and revisions.

Dr Llewellyn reported that there had been a consultation process on the document and although there were low numbers of comments, all key stakeholders had participated.

One of the major areas highlighted in the responses to the consultation included the need to identify and publish the individual opening hours of pharmacies in the area and map these against local GP opening hours. A more in depth description of dispensing doctors and their role was also required. Dr Llewellyn reported that the Health and Wellbeing Board needed to agree the changes in document, which were outlined within the report.

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Councillor Quentin Webb queried if anyone could use dispensing practices. Dr Llewellyn confirmed that they could not. Only patients who did not live within a one mile radius from a pharmacy were able to use dispensing practices.

Dr Lewellyn stated that the PNA might require reviewing at some point in the future.

Councillor Marcus Franks proposed that the Board approved the final PNA document. This was seconded by Councillor Gwen Mason and carried at the vote.

RESOLVED that the Health and Wellbeing Board approved the final PNA document following consultation and revisions.

108 Members' Question(s)

There were no questions from Members.

109 Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 4th June 2015.

(The meeting commenced at 9.00 am and closed at 11.00 am)

CHAIRMAN

Date of Signature

Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?	Comments
4th June 2015							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	7th May	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
Integration Programme							
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	7th May	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I	
Improving the Frail Elderly Pathway	To inform the Board on progress with this piece of work.	For Information and discussion	7th May	Stuart Rowbotham		Part I	
Commissioning Plans							
Alignment of Commissioning Plans	To update the Health and Wellbeing Board on alignment of commissioning plans and to recommend a way forward.	For Information and discussion	7th May	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I	
Governance and Performance							
Health and Wellbeing Development Session	To provide an opportunity for Board Members to discuss objectives for the Development Session.	For discussion and agreement	7th May	Dr Bal Bahia	Health and Wellbeing Management Group	Part I	
11th June 2015 - half day Hot Focus session							
Health and Wellbeing Strategy Hot Focus: Looked After Children and those at risk	To introduce the hot topic to the Board followed by a briefing on activity planned for the next three months.			Catherine Parry/Children's Services			
30th July 2015							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	2nd July	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
Primary Care Strategy	To update to Board on commissioning arrangements of Primary Care.	For information and discussion	2nd July	Bal Bahia/Angus Tallini	Health and Wellbeing Management Group	Part I	
Integration Programme							
Children and Young People Wellbeing Survey	To give an overview of the Survey result for West Berkshire to the Board.	For information and discussion	2nd July	Ali Roe/The Children's Society	2000 children and young people in West Berkshire	Part I	
Child and Adolescent Mental Health Service	To raise the Board awareness of the CAMHs Service.	For information and discussion	2nd July			Part I	
Child Sexual Exploitation	To bring the issue to the attention of the Board.	For information and discussion	2nd July	Racheal Wardell		Part I	
Other information not for discussion							
Delivery Group Strategies	To give the Board insight into the strategies belonging to the delivery groups prior to performance reporting commencing in September.	For information	2nd July	Delivery Groups		Part I	
30th July 2015 - Health and Wellbeing Development Session							
Health and Wellbeing Board Development Session				Liam Hughes (Local Government Association)	Health and Wellbeing Management Group		
24th September 2015							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	27th August	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
Integration Programme							
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	27th August	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I	
Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
Health and Wellbeing Conference	To brief the Board on the Conference and provide them with a final draft of the agenda.	For information and discussion	27th August	Andy Day	Health and Wellbeing Management Group	Part I	
Joint Strategic Needs Assessment	To present a snapshot of the JSNA, which includes any changes the Board needs to be aware of.	For information and discussion	27th August	Lesley Wyman	Health and Wellbeing Management Group	Part I	
Feedback on the Health and Wellbeing Strategy Hot Focus: Mental Health and Wellbeing in Adults.	To feedback on activity that has taken place over the last three months.	For information and discussion	27th August	Lesley Wyman/Rachel Johnson	Health and Wellbeing Management Group	Part I	
Commissioning Plans							
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans	For Information and discussion	27th August	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I	

Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?	Comments
Public Engagement							
Draft Strategy for community engagement	To present the draft strategy to the Board for comment.	For discussion and agreement	27th August	Adrian Barker	Health and Wellbeing Management Group	Part I	
Governance and Performance							
Delivery Plan Performance Report	To provide exception reports from each delivery group .	For information and discussion	27th August	Lesley Wyman	Health and Wellbeing Management Group	Part I	
Community Sub-Partnership Terms of Reference	To present the Terms of Reference for this group to the Health and Wellbeing Board.	For discussion and comment	27th August	Andy Day/Nick Carter	Health and Wellbeing Management Group	Part I	
Development Plan							
Development Plan for the Health and Wellbeing Board	To keep an overview of the Boards progression	For Information and discussion	27th August	Nick Carter/Marcus Franks	Health and Wellbeing Management Group	Part I	
Other Issues for discussion							
Retender of the Berkshire Community Equipment Service	To bring the service to the attention of the Board.	For Information and discussion	27th August	Trish Guest	Health and Wellbeing Management Group	Part I	
Other information not for discussion							
22nd October 2015 - half day Hot Focus session							
Health and Wellbeing Hot Topic: Falls Prevention	To introduce the hot topic to the Board followed by a briefing on activity planned for the next three months.			Lesley Wyman/April Peberdy			
5th November 2015 - HEALTH AND WELLBEING ANNUAL EVENT							
26th November 2015							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	29th October	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
Integration Programme							
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	29th October	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I	
Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
Feedback on the Health and Wellbeing Strategy Hot Focus: Looked After Children	To feedback on activity that has taken place over the last three months.	For information and discussion	29th October	Lesley Wyman/Head of Children's Services	Health and Wellbeing Management Group	Part I	
Governance and Performance							
Delivery Plan Performance Report	To provide exception reports from each delivery group .	For information and discussion	29th October	Lesley Wyman		Part I	
28th January 2016							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	17th December	Tandra Forster/Shairoz Claridge/Jes	Health and Wellbeing Management Group	Part I	
Integration Programme							
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	17th December	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I	
Governance and Performance							
Delivery Plan Performance Report	To provide exception reports from each delivery group the Board.	For information and discussion	17th December	Lesley Wyman		Part I	
February/March (date tbc) - DELIVERY PLAN PROGRESS CHECK - (Informal meeting between Members of the Board and the Delivery Groups)							
24th March 2016							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	25th February	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
Integration Programme							
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	25th February	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I	
Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
Feedback on the Health and Wellbeing Strategy Hot Focus: Falls Prevention	To feedback on activity that has taken place over the last three months.	For information and discussion	25th February	Lesley Wyman/TBC	Health and Wellbeing Management Group	Part I	
Governance and Performance							
Health and Wellbeing Strategy Performance Reporting	To present a performance report against the performance framework for the Health and Wellbeing Strategy.	For Information and discussion	25th February	Lesley Wyman	Health and Wellbeing Management Group	Part I	

Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?	Comments
Delivery Plan Performance Report	To provide exception reports from each delivery group .	For information and discussion	25th February	Lesley Wyman			
26th May 2016							
Items for Discussion							
System Resilience							
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	28th April	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
Integration Programme							
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	28th April	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I	
Governance and Performance							
Delivery Plan Performance Report	To provide exception reports from each delivery group .	For information and discussion	28th April	Lesley Wyman			

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RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
51	26-Mar-15	Shairoz Claridge to seek confirmation on whether soft intelligence gathered by Primary Care is suitable for the Health and Wellbeing Board.	Shairoz Claridge	CCG	Health and Social Care Dashboard	The Primary Care Strategy will be presented to the Board at its meeting on 30th July 2015.
52		Terms of Reference and Action Plan template to be drafted for each Delivery Group and agreed by the Management Group. These will then be discussed/agreed at the first meeting of each delivery group.	Lesley Wyman	WBC	Delivery Plan for the H&WBS	Circulated and agreed at the Management Group on 14th May 2015.
53		Comparator Data to be provided regarding the Joint Self Assessment for Learning Disabilities	Tandra Forster	WBC	Joint Self Assessment for Learning Disabilities	There is currently no service manager in place for learning disabilities. This information will be provided as soon as the post is recruited to.
54		Learning Disability Action Plan to be circulated to Board Members along with a more comprehensive version of the Self Assessment document.	Tandra Forster	WBC	Joint Self Assessment for Learning Disabilities	There is currently no service manager in place for learning disabilities. This information will be provided as soon as the post is recruited to.
55		Rachael Wardell to ask LSCB Task and Finish Group on number of FGM in West Berkshire.	Rachael Wardell	WBC	FGM Report	Rachael Wardell has raised the question and is waiting to hear back from the task and finish group.
56		It was suggested that the Children's Delivery Group should not be time limited. This would be discussed further at the Management Group.	Marcus Franks/HWB Management Group	WBC	FGM Report	It was decided at the Management Group on 1st April that this group did not need to be time limited.

Actions carried over from previous meeting

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
38		All Board Members to fill out the Declarations of Interest Form in line with the Council's Code of Conduct.	All Board Members	All agencies on the Board	Health and Wellbeing Board Governance	One form outstanding

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System Resilience Health and Social Care Dashboard

Arrow key	
↑	Latest data is positive compared to the last quarter
↓	Latest data is negative compared to the last quarter
↔	Latest data is the same as the last quarter

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data	Remedial Action
ASC1	Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service	West Berkshire Council Adult Social Care	Quarterly		90%	↑	93.0% (Q4)	
ASC2	Number of assessments completed in last 12 months leading to a provision of a Long term service (excludes Carers)	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↓	396 (Q4)	Figures are currently provisional - Figures for the reporting year will need to be confirmed once statutory reporting validations have been completed.
ASC3	Proportion of clients with Long Term Service receiving a review in the past 12 months	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↔	62% (Q4)	

Children's Social Care								
Ref.	Indicator	Basis	Frequency	Normal Range	2014/15 Target	Positive or negative trend (see key)	Latest data	Remedial Action
CSC1	The number of looked after children per 10,000 population	West Berkshire Children's Services	Quarterly	Between 38 and 46 per 10,000		↑	48 (Q4)	awaiting from Children's Services
CSC2	The number of child protection plans per 10,000 population	West Berkshire Children's Services	Quarterly	Between 28 and 34 per 10,000		↑	36 (Q4)	awaiting from Children's Services
CSC3	The number of Section 47 enquiries per 10,000 population	West Berkshire Children's Services	Quarterly	Between 20 and 25 per 10,000.		↓	35 (Q4)	awaiting from Children's Services
CSC4	To maintain a high percentage of (single) assessments being completed within 45 working days	West Berkshire Children's Services	Quarterly		70%	↓	70% (Q4)	
CSC5	Looked after children cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↓	97% (Q4)	Discussion will take place at the newly established Performance Board in order to rectify recording issues.
CSC6	Child Protection cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↑	100% (Q4)	

Acute Sector									
Ref.	Indicator	Basis	Frequency	Baseline data	2014/15 Target	Positive or negative trend (see key)	Latest data	Remedial Action	
AS1	4-hour A&E target - total time spent in the A&E Department (% is less than 4 hours) [standard is 95% of patients seen within 4 hours]	Royal Berks NHS Foundation Trust	Monthly		95%	↑	94% (Q4)	<p>During February, 92.1% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. This was a deterioration on January when performance was at 92.6%. The YTD position is at 94.6%. The deterioration in performance in February prompted a request to RBFT for an investigation into the reasons for the high number of breaches. RBFT produced an 'Operational Performance – Exception Report' which was discussed at the February meeting of the Urgent Care Programme Board. RBFT reported that there are large numbers of breaches occurring during the 'out of hours' period. RBFT are moving staffing into the evening period but it is not sufficient to meet the demand. SCAS were also asked whether they had seen a shift in pattern of demand and they too said that capacity is really stretched between 4 and 8pm.</p> <p>On 26th January RBFT implemented a new model of care with GP NEL referrals and patients assessed as being medically and surgically stable are being diverted into a new unit. This equates to an average of 30 patients per day being diverted away from A&E which will support ED in managing increasing demand. The Trust are also meeting with SCAS to</p>	
		Hampshire Hospitals NHS Foundation Trust				↓	93.2% (Q4)		The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes.
		Great Western Hospitals NHS Foundation Trust				↑	91.9% (Q4)		The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes.
AS2	Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↓	1.4 (Q4)		
		Great Western Hospitals NHS Foundation Trust				↓	1.0 (Q4)		
		Hampshire Hospitals NHS Foundation Trust				↓	2.3 (Q4)		
		Oxford University Hospitals NHS Trust				↑	1.0 (Q4)		
		Royal Berks NHS Foundation Trust				↑	3.8 (Q4)		
		Total West Berkshire				↓	9.6 (Q4)		

Acute Sector (continued)								
Ref.	Indicator	Basis	Frequency	Baseline data	2014/15 Target	Positive or negative trend (see key)	Latest data	Remedial Action
AS3	Average number of Delayed Transfers of Care which area attributable to social care per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↔	1.1 (Q4)	
		Great Western Hospitals NHS Foundation Trust				↓	0.3 (Q4)	
		Hampshire Hospitals NHS Foundation Trust				↓	2.2 (Q4)	
		Oxford University Hospitals NHS Trust				↑	0.1 (Q4)	
		Royal Berks NHS Foundation Trust				↑	0.7 (Q4)	
		Total West Berkshire			4		↓	4.5 (Q4)
AS4	Community Services Average number of Delayed Transfers of Care (all delays by patients delayed)	Berkshire Healthcare Trust as a provider	Monthly		No Target	↑	9.1 (Feb)	
AS5	Ambulance Clinical Quality - Category A 8 Minute Response Time - Red 2 [Category A Red 2 incidents: presenting conditions that maybe life threatening but less time critical than Red1 and receive an emergency responses irrespective of location in 75% of cases]	Berkshire West	Monthly		75%	↑	75.4% (Feb)	
AS6	A&E Attendances	Royal Berkshire Foundation Trust for Berkshire West	Monthly	1256 average monthly figure from 13/14		↑	1,108 (Feb)	
		Hampshire Hospital Foundation Trust for Berkshire West	Monthly	300 average monthly figure from 13/14		↑	320 (Feb)	
		Great Western Hospital for Berkshire West	Monthly	168 average monthly figure from 13/14		↑	163 (Feb)	
AS7	Number of non elective admissions	Royal Berkshire Foundation Trust for West Berkshire	Monthly	547 average monthly figure from 13/14		↑	554 (Feb)	
		Hampshire Hospital Foundation Trust for West Berkshire		157 average monthly figure from 13/14		↑	163 (Feb)	
		Great Western Hospital for West Berkshire		84 average monthly figure from 13/14		↑	85 (Feb)	
AS8	Total number of 111 calls (Answered in 60 seconds)	Berkshire wide	Monthly			↑	55,895 (Q4)	

Primary Care								
Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data	Remedial Action
PC1(a)	GP referrals to secondary Care	Newbury & District CCG	Quarterly		N/A		3831 (e) (Q4)	
PC1(b)	GP referrals to secondary Care	North & West Reading CCG	Quarterly		N/A		3953 (e) (Q4)	
PC2	Friends and Family Test	TBC	TBC		TBC			
PC3	Access metric to be defined	TBC	TBC		TBC			

Community Services								
Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data	Remedial Action
CS1	Mental Health - Crisis response % of responses with 4 hours	Berkshire West	quarterly from Q2		85% Q2, 90% Q3 and 95% Q4		Data not available	
CS2	Rapid access to Community Services: 2 hour crisis reponse by Community Nursing and Rapid Response	Berkshire West	quarterly from Q2		90%	↑	100% (Q4)	

Appendices

Appendix 1 - Indicator/Target Narrative

Appendix 1

Adult Social Care		
Ref.	Target/Data Narrative	Further explanation on indicator
ASC1	<p>Figures represent a small cohort that may fluctuate quarter to quarter due to unexpected deaths, health alerts or severe weather i.e. extremely cold winter - events which are outside of our control.</p> <p>Data is based on 3 monthly reporting of hospital discharges to rehabilitation/enablement and outcome at 91 days after discharge.</p>	<p>Adult Social Care Framework 2B Part 1</p> <p>The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This measures the effectiveness of reablement services.</p>
ASC2	<p>Figures are currently provisional - Figures for the reporting year will need to be confirmed once statutory reporting validations have been completed</p> <p>An increase in the figure indicates increased demand on services.</p> <p>The use of data from the previous year is not appropriate for setting a baseline due to the new statutory reporting framework (SALT). The reports to extract relevant data aligned to statutory reporting are still to be completed. Therefore there is no national data or comparator group data or England average to measure against at this point.</p>	<p>Service Plan Performance Indicator</p> <p>This measure provides an overview of activity in Adult Social Care for the provision of long term services</p>
ASC3	<p>Figures are expected to increase for this indicator in Q3 due to data recording issues that are being addressed.</p> <p>In previous years, the denominator included clients with electrical equipment services, respite and short term services but excluded professional support. The denominator is now based on Long Term Service clients in the year so now includes Community Mental Health Team, professional support but excludes all short term services and low level support.</p> <p>The use of data from the previous year is not appropriate for setting a baseline due to the new statutory reporting framework (SALT). The reports to extract relevant data aligned to statutory reporting are still to be completed. Therefore there is no national data or comparator group data or England average to measure against at this point.</p>	<p>Service Plan Performance Indicator</p>

Children's Social Care		
Ref.	Target/Data Narrative	Further explanation on indicator
CSC1	<p><i>Target numbers for CSC 1, 2 and 3 have been set by Children's Services and are set on the basis of the level that the service aspire to get the figures back to. Target numbers are what are considered as more manageable for the service. Trend data is based on the last quarter.</i></p> <p>Slight decrease in the number of LAC since last quarter.</p>	<p>Looked after child: These are children who are looked after by the authority</p>
CSC2	<p>Slight decrease in the number of CP Plans since last the last quarter</p>	<p>Child Protection Plan: A detailed inter-agency plan setting out what must be done to protect a child from further harm, to promote the child's health and development and if it is in the best interests of the child, to support the family to promote the child's welfare.</p>
CSC3	<p>Slight increase in the Section 47 enquiries in the last quarter places increased pressure on the service.</p>	<p>Section 47 Enquiry: Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the local authority is required under s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.</p>
CSC4	<p><i>Target Numbers for CSC 4, 5 and 6 come from those set in Children's Services' Service Plan. Trend data is based on the last quarter.</i></p> <p>Large volume of incoming work in the last quarter has resulted in slightly reduced performance for the year.</p>	<p>Single Assessments: The single assessment is a new assessment document. It is gradually replacing the initial and core assessments by combining both within one document.</p>
CSC5	<p>The reduction in performance is likely to be the result of recording issues.</p>	
CSC6	<p>All recording issues are now resolved and performance is at 100%</p>	

(Appendix 1 continued)

Acute Sector		
Ref.	Target/Data Narrative	Further explanation on indicator
AS1	Data is based on provider as a whole	
AS2	Data is based on Provider figures for West Berkshire residents only. (Data has been backdated to ensure reporting methodology matches that used for AS3)	(Adult Social Care Framework 2C Part 1)
AS3	Data is based on Provider figures for West Berkshire residents only. Data for AS2 and 3 is sourced from NHS England and is a monthly snapshot of delays taken on the last Thursday of the month at midnight. The Total West Berkshire figure is reported on nationally.	(Adult Social Care Framework 2C Part 2) This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This is a two-part measure that reflects both the overall number of delayed transfers of care per 100,000 population aged 18 and over (part 1 - AS2) and, as a subset, the number of these delays which are attributable to social care services and to both (health and social services) (part 2 - AS3).
AS4		
AS5	Data is based on Berkshire West as a whole.	Category A Red 1 incidents: Presenting conditions that may be immediately life threatening and the most time critical and should receive an emergency response irrespective of location in 75% of cases. Category A Red 2 incidents: Presenting conditions that may be life threatening but less time critical than Red1 and receive an emergency response irrespective of location in 75% of cases.
AS6	Data is based on Provider figures for Berkshire West.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider
AS7	Data is based on Provider figures for West Berkshire.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed
AS8	Data is based on Berkshire as a whole	NHS 111 is a new service that was introduced to make it easier for people to access local NHS Services in England. 111 can be called when medical help is required quickly however, it's not a 999 emergency.

Primary Care		
Ref.	Target/Data Narrative	Further explanation on indicator
PC1(a)	No target can be provided because an increase or decrease in appropriate referrals is neither good or bad. (data provided will sometimes be an estimate and will be marked with an (e) accordingly if so)	Secondary (or 'acute') care is the healthcare that people receive in hospital. It may be unplanned emergency care or surgery, or planned specialist medical care or surgery
PC1(b)	No target can be provided because an increase or decrease in appropriate referral is neither good or bad. (data provided will sometimes be an estimate and will be marked with an (e) accordingly if so)	
PC2		
PC3		

Community Services		
Ref.	Target/Data Narrative	Further explanation on indicator
CS1		
CS4		

Agenda Item 10

Title of Report:	Better Care Fund – Progress Report
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	4 th June 2015

Purpose of Report: To update the Health and Wellbeing Board about progress on the Better Care Fund schemes and to seek approval of the first quarterly data return.

Recommended Action: For information and approval.

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council’s Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
--	-------------------------------	---

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 type="checkbox"/>	<input checked="" type="checkbox"/>
• Is it a major policy, significantly affecting how functions are delivered?			<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Will the policy have a significant impact on how other organisations operate in terms of equality?			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
• Does the policy relate to an area with known inequalities?			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outcome Where one or more ‘Yes’ boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.				

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Councillor Graham Jones (01235) 762744
E-mail Address:	Gjones@westberks.gov.uk

Contact Officer Details	
Name:	Tandra Forster
Job Title:	Head of Adult Social Care
Tel. No.:	01635 519736
E-mail Address:	tforster@westberks.gov.uk

Executive Report

1. Programme Status

- 1.1 Work is underway on all of the schemes in the West Berkshire BCF programme. The two locality projects are currently rated as amber, remedial actions have been agreed to ensure projects are on track.

2. BCF Quarterly Data Collection

- 2.1 The Department of Health (DoH) has introduced a quarterly template to enable the Health and Wellbeing Boards to track performance on the delivery of the Better Care Fund Programme of work. The first of these, see appendix C, focuses on the work carried out in 2014/15.
- 2.2 As part of the assurance process the return requires Health and Wellbeing Board approval. This would normally be completed prior to submission to the DoH however timeframes this time did not allow this.
- 2.3 Going forward the Board will have to approve further quarterly returns and arrangements will be put in place that ensure this is achieved before it is submitted.

3. Non Elective Target for the Better Care Fund

- 3.1 As part of the annual planning cycle for NHS Commissioning organisations, the Berkshire West CCGs have been required to revisit their activity assumptions for the coming year including the Better Care Fund targets.
- 3.2 Over 2014/15 the CCGs have seen an increase in emergency admissions, with a more significant increase in activity from November 2014 onwards. In that context our original assumptions are no longer accurate and we have been challenged by NHS England on the achievability of our original plans, this is despite the pressure we have been under in the development of our BCF plans to show a reduction in avoidable NEL activity – the national target was 3.5% reduction.
- 3.3 As you know we have always argued that a reduction in NEL in our system was ambitious given our current low rate of admissions when benchmarked nationally and the ongoing demographic pressures locally.
- 3.4 Following a discussion with NHS England we have revised our plans to start with forecast outturn for 14/15, applying growth and then netting off the impact of the CCGs QIPP savings plans and the impact of our local BCF schemes. The resulting figures provide a more robust basis for planning whilst remaining challenging for our system. This does however change all three of the BCF targets which now show a planned net increase in NEL admissions.
- 3.5 The updated Better Care Fund calculations take into account:
- Growth in non-elective activity for 2014-15 for each CCG (includes all providers), forecast for year end from month 9. The figures suggest an average aggregate increase across all the CCGs of almost 7%. This calculation resets the baseline activity levels for NELs for 15/16.
 - The quarter 4, 2014/15 predicted outturn has increased in light of the marked increase in activity in December (This is the baseline quarter for the BCF (January-March 2015)).
 - Revised assumptions for those BCF schemes which are expected to have an impact on reducing NEL activity in 15/16 including Care Homes, and including all

the CCG and Better Care Fund projects which are expected to have an impact on NEL activity in the coming year.

- The revised pathway for Hospital at Home which now has a greater emphasis on early supported discharge. Those patients who are assessed at the front door of the RBFT prior to going onto the pathway still technically count as an admission and therefore we do not expect to see a direct reduction in NEL numbers from this scheme, however more of these patients will be counted as short stay admissions for which the CCGs would expect to pay a reduced price.

3.6 The financial impact of the revised BCF NEL targets will mean that the performance fund will remain with the CCGs, but the guidance is clear that this must be used to fund NHS out of hospital services to address system wide pressures and the plans for spending this funding need to be agreed by the local HWBs.

West Berkshire

Better Care Fund NEL	West Berkshire
September 2014 Version	
2014 FOT	10301
Growth	412
QIPPs	-518
2015 Plan	10195
% Change	-1.0%
	West Berkshire
April 2015 Version	
2014 FOT	10788
Growth	394
QIPPs	-175
2015 Plan	11007
% Change	2.0%

Performance Fund Value (September submission)

West Berkshire	Reading	Wokingham	Total
£'000	£'000	£'000	£'000
243	719	448	1,410

4. BCF Projects progress

(1) **Hospital At Home**

The business case has now been reframed to shift the focus to early supported discharge and admission avoidance. Further work has been completed on the costs/benefits assessment and, this is to be reviewed by the Hospital at Home Project Group. The focus is on health provider provision but any impact for social care services will be kept under close review as the scheme commences

(2) **Integrated Health and Social Care Hub**

The Health Hub is already successfully operating as a conduit for referrals from Health to Local authorities. The scope of the project has been to develop a single triage point for all referrals to Health and the Local Authorities. This development would contradict the new approach to Adult Social Care that the Council is adopting where the emphasis is on a detailed engagement with clients at the first point of contact in order to link individuals with universal services, and where necessary funded services as quickly as possible to minimise dependency on Council funded services. The position that the Council is taking is that the current function of the Hub is helpful, however, the Council would not transfer its resources to the proposed Health and Social Care Hub to support a Triage function being carried out on behalf of West Berkshire Council. The project is expected to proceed on the basis that it will provide the Triage function as planned for Wokingham Council.

Enhanced Care and Nursing homes support

Scheme is focussed on preventing admissions to hospital. It is investing in a Pharmacist and Speech and Language Therapist to support the delivery of care in care homes. New NICE guidance may result in a shift in focus to include more engagement with local authorities to reflect our new responsibilities under the Care Act.

(3) **Joint Care Provider Project** (incorporating 7 day working and direct commissioning by specified health staff)

The project will simplify access to and reduce duplication in the delivery of care by BHFT Intermediate Care, and the Council's Maximising Independence and Reablement care Services. The Innovation phase of the project, testing the new 'Pathway' for all individuals being discharged from Hospital is planned to commence on June 1st followed by a Consolidation Phase responding to community referrals as well as hospital discharges from September 2015.

(4) **Personal Recovery Guide**

The scheme will provide a Guide to vulnerable residents who are using the complex network of health and social care services. Negotiations with Red Cross, AgeUK and the Volunteer Centre West Berkshire (VCWB) to provide this joint service in a pilot phase are expected to be completed for commencement by the end of May 2015; proving the value of this service is planned to lead to an ongoing contract through competitive tender from April 2016.

Appendix A has Highlight reports for both the Personal Recovery Guide and Joint Provider Project. Appendix B provides detail of the overall programme.

5. Equalities

- 5.1 Projects contained within the Better Care Fund programme are focused service improvement and should result in a better service for all.

6. Recommendations

- 6.1 That the quarterly data collection return be approved, as set out in paragraph 2.2 of this report.

Appendices

Appendix A – Highlight Report

Appendix B – Integration Portfolio Status Report and Risk Register

Appendix C - BCF Quarterly Data Collection 14/15

Consultees

Officers Consulted: Toby Ellis, Paul Coe, Steve Duffin, Shairoz Claridge, Patrick Leavey

Other: Not applicable

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PROGRAMME	WEST BERKSHIRE BCF PROGRAMME	INTEGRATION LEAD	Patrick Leavey	OVERALL RAG (JCP + PRG)	AMBER
REPORT PERIOD	1-30 April 2015	REPORT ISSUE DATE	12/05/15	REPORT STATUS	FINAL

AUTHOR	Toby Ellis, Project Manager	DATE APPROVED	6 May	RAG RATING PROVIDED FOR:		
APPROVAL BY	Shannon Coleman-Slaughter, Finance Lead		7 May pp Steve Duffin			
	Patrick Leavey, Integration Lead		6 May			
	Sue White, BHFT Project Lead		6 May			
	Shairoz Claridge, Co-Project Sponsor (JCP & PRG)		12 May			JCP + PRG
	Ian Mundy, Co-Project Sponsor (PRG)		11 May			PRG only
	Tandra Forster, Co-Project Sponsor (JCP)		12 May			JCP Only

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

PROJECT/ SCHEMES STATUS

<p>Executive Summary: – The project will simplify access to and reduce duplication in the delivery of care by BHFT Intermediate Care, and the Council’s Maximising Independence and Reablement Care Services. The Innovation phase of the project, testing the new ‘Pathway’ for all individuals being discharged from Hospital is planned to commence on June 1st followed by a Consolidation Phase responding to community referrals as well as hospital discharges from September 2015.</p> <p>During the Innovation and Consolidation Phases the ‘Pathway’ will be refined and critically will be tested and developed for an appropriate level of ‘7 Day Response’; it will also provide the framework for testing a ‘Trusted Assessor’ route into the service for District Nurses, allowing direct access to initiate care services. Care Provider staff will also broaden their remit to begin to carry out limited reviews and finalise cases during these phases.</p> <p>The resourcing of the project has now been extended to 31st August 2015</p> <p>Finance A number of options are being considered regarding funding the delivery of the project in 2015/16, the final decision is expected to be taken at the next Finance Group meeting.</p> <p>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.</p>	Project Status
	Financial Status
	Activity Status
	Milestone Status

KEY ACHIEVEMENTS	
Project Level	<ol style="list-style-type: none"> Updated Project Plan to accommodate new scheduled activity Introduction of Joint Response to Hospital Discharge referrals: the key objective to develop a single gateway for all hospital referrals, irrespective of whether to council or health services was effected from 28th April. Introductory session with facilitator Sam Newman on 24th April leading to planning of Innovation Phase.
BCF04 Joint Care Provider	‘Pathway Redesign’ Work Package 1 (including products 1a, 1b, 1c, 1d, 1e)

	<p>1a – Pathway Redesign</p> <ul style="list-style-type: none"> • Programme developed for Innovation Phase to commence on 1st June.(see next steps below) <p>1b – Workforce</p> <ul style="list-style-type: none"> • Adjustment to WBC and BHFT Staff contracts to include 7 day working as option for new staff under negotiation with Human Resources. <p>1c – Transfer to Long Term Care</p> <ul style="list-style-type: none"> • Current transfer to long term care arrangements confirmed. <p>1d – IT Systems</p> <ul style="list-style-type: none"> • Governance protocols between WBC and BHFT still to be finalised, linking with the Connected Care Project. <p>1e – Data/Performance</p> <ul style="list-style-type: none"> • Project performance updated via March Highlight Report to BW10 Delivery Group. • KPI framework dependency on Innovation Phase confirmed.
<p>BCF05 7 Day Services</p>	<p>‘7 Day Working’:</p> <ol style="list-style-type: none"> 1. A table of existing services showing how they cover 7 days has been completed. 2. BW10 & Day working Project Group has approved the West Berkshire approach as follows: <ol style="list-style-type: none"> a. The proposal for future changes to weekend cover will be based on each component of the service as defined by the Pathway being tested to determine <ol style="list-style-type: none"> 1. Whether there is sufficient existing 7 day cover to facilitate the new pathway; 2. Whether it is necessary to develop 7 day cover because of a known shortfall; 3. Whether it is necessary to develop 7 day cover in anticipation of changes to other sections of the BW10 group.
<p>BCF01 Community Nurses Directly Commissioning Care / Reablement Services</p>	<p>‘Trusted Assessor’ Work Package 3</p> <ul style="list-style-type: none"> • BHFT have scoped proposed Trusted assessor roles within the community nursing team, which will include the nurse rotating into the Triage Nurse role (to be co- located in Hillcroft House and operational from 1st June • Agreement for Senior Carers to operate as Trusted assessors from 15th June following training.

NEXT STEPS / PLANNED ACTIVITIES

<p>Project Level</p>	<p>Project continuing to 31st August 2015</p>
<p>BCF04 Joint Care Provider</p>	<p>Pathway Re-design: the process for developing the new pathway around which the resources from the current 3 teams will be built has commenced on the following basis:</p> <ul style="list-style-type: none"> • 24.4.15: ‘Innovation phase’ model adopted so that the focus of all staff, using the fictional character of ‘Sam’(sourced from King’s Fund/Elderly Care Pathway), will be part of <ul style="list-style-type: none"> ○ A single view of Sam; ○ A single Plan for Sam; ○ A single coordinated package of resources marshalled for Sam. • 29.4.15: Timetable for ‘Innovation Site’ proving the new model and leading to detailed Pathway Re-design agreed as follows: <ul style="list-style-type: none"> ○ 8.5.15 – ‘Innovation Phase’ operational brief finalised. ○ 11.5.15 – 22.5.15 Briefing of ‘Innovation Phase’ staff ○ w/c 1.6.15 – ‘Innovation Phase’ to commence with RBH discharge referrals and weekly monitor structure. ○ w/c 13.7.15 - Facilitated Workshop to review and learn from Hospital Discharge ‘Innovation Phase’ and plan implementation of Single Joint Provider response to include referrals for Admission Avoidance, Carer Breakdown, Action to stop deterioration, thus covering all possible referrals to the service. ○ 17.8.15 – ‘Project Consolidation Phase’ to commence operation. ○ w/c 7.9.15 - - Facilitated Workshop to commence stage two of Pathway Re-design based on ‘Consolidation Phase’ experience and to plan for . 4. (NOTE: Hospital at Home Early Supported Discharge Patients will not be subject to this pathway) 5. Work Package Documentation being revised following Core Team facilitated session 8th May.

BCF05 7 Day Services	<p>Work Package 2 – ‘7 Day Services’</p> <ul style="list-style-type: none"> Innovation and Consolidation Phases to test all services to determine: <ul style="list-style-type: none"> Whether there is sufficient existing 7 day cover to facilitate the new pathway; Whether it is necessary to develop 7 day cover because of a known shortfall; Whether it is necessary to develop 7 day cover in anticipation of changes to other sections of the BW10 group. 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	<p>Work Package 3 – ‘Trusted Assessor’</p> <ul style="list-style-type: none"> A BHFT Triage Nurse function and an Administrator will be located at the Hillcroft offices from 1st June 2015; Staff rotating into the triage role will be trained to operate as Trusted Assessors supporting agreed trusted assessors within the community teams through their co-location and direct link between District Nursing Services and Council and BHFT care delivery. WBC Reablement Care Team Senior Carers are being trained to carry out care reviews during and at the close of the simpler Reablement programmes. This will reduce the number of different staff that ‘Sam’ has to engage with as well as developing these staff roles. <ul style="list-style-type: none"> 26th May –15th June - Senior Carer Training on Care Review Principles, use of Review Documentation and RAISE System. 15th June – WBC Senior Carers will take over selected reviews from Maximising Independence with a view to developing the activity more widely in the Team.

NEW ISSUES RAISED THIS PERIOD

Project approached independent facilitator (Sam Newman) for steer on engagement with full workforce incorporating a deliberate focus on the benefits of change to the individual as represented by ‘Sam’ (from the King’s Fund) of the Elderly Care Pathway.

NEW/REVISED RISKS IDENTIFIED THIS PERIOD

New joint risk across both projects identified COMB13. Joint Care Provider risk JCP19 raised and risks JCP20 newly identified this month and reported to ICSG via this report. See below.

BW 10 Joint Care Provider/Personal Recovery Guide Project Risks Log

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO and Monitor/ Review body	Residual Risk Score and Rating		
				L	I	RR				L	I	RRR
Combined Risks												
COMB13	Delivery	30/04/2014	A single BHFT, WBC & N&DCCG team is engaged to deliver both the JCP and PRG projects. During peak periods resource has to be carefully managed to ensure continued delivery.	3	3	9	Recognition that additional resource cannot be allocated and that quality cannot be reduced so flexibility required with regards task management/scheduling	Monthly	Integrated Steering group	3	2	6
Joint Care Provider only												
JCP19	Delivery	09/04/2015	Availability of preferred external facilitator to provide services during April/May	3	3	9	Seek alternative external facilitator	Monthly	Integrated Steering group	1	1	1
JCP20	Delivery	30/04/2015	Hospital at Home scheduled to launch on 15 Jun on same date as Innovation Phase for JCP. BHFT Integration Team unlikely to have capacity to introduce all changes simultaneously	4	3	12	Close monitoring of launch dates for both schemes required. If both remain 15 Jun then decision to be taken on 12 Jun with regards which project to be delayed	Monthly	Integrated Steering group	3	3	9

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>
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 implemented as BAU
Milestone 9: Project Closure	TE	Jun	Aug	M	Dependent on milestone 8

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

PERSONAL RECOVERY GUIDE/KEY WORKER PROJECT

PROJECT/ SCHEMES STATUS PROJECT/ SCHEMES STATUS

Executive Summary –

The contract with the pilot providers has been drafted and will be agreed and signed during May. The providers will then commence the recruitment process and work with commissioners to finalise all operational details. The service will go live in July as scheduled.

Operational Summary

The Project Team and the Pilot Providers are finalising KPIs for use with contract monitoring.

Finance - A number of options are being considered regarding funding the delivery of the project in 2015/16, the final decision is expected to be taken at the next Finance Group meeting

Milestone Status –

The project remains on schedule to deliver the pilot scheme as per existing milestones. Note that the initial contract review/project closure is now scheduled for 3 August.

Project Status

Financial Status

Activity Status

Milestone Status

KEY ACHIEVEMENTS

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

- Specification agreed
- Costs agreed
- KPIs identified
- Outcomes identified
- Outputs identified
- Payment terms and schedule agreed

NEXT STEPS / PLANNED ACTIVITIES

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

- Contract to be approved by Project Team May meeting
- Contract to be approved by ICSG May 2015 meeting
- Contract to be signed
- Recruitment/Set-up period to commence
- Operational documentation to be agreed
- Go Live date to be confirmed (will be approx. 8 weeks after Set-up period commences)

NEW ISSUES RAISED THIS PERIOD

Go Live date likely to be 1 Jul following 8 week set-up/recruitment period. Subsequent Contract management to be undertaken by Patrick Leavey (Service Manager) and WBC Contracts & Commissioning Team as part of their BAU.

NEW RISKS/REVISED RISKS IDENTIFIED THIS PERIOD

New joint risk across both projects identified COMB13. PRG13 newly added this period. See below

BW 10 Joint Care Provider/Personal Recovery Guide Project Risks Log

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO and Monitor/ Review body	Residual Risk Score and Rating		
				L	I	RR				L	I	RRR
Combined Risks												
COME 13	Delivery	30/04/2014	A single BHFT, WBC & N&DCCG team is engaged to deliver both the JCP and PRG projects. During peak periods resource has to be carefully managed to ensure continued delivery.	3	3	9	Recognition that additional resource cannot be allocated and that quality cannot be reduced so flexibility required with regards task management/scheduling	Monthly	Integrated Steering group	3	2	6
Personal Recovery Guide only												
PRG 14	Financial	30/04/2015	Potential overpayment of suppliers given request for payment in advance on basis of 100% recruitment and/or not achieving agreed target number of people (62 persons) at any given time	3	4	12	Claw back' clause to be inserted to allow payments to be reclaimed if recruitment and/or service targets not achieved	Monthly	Integrated Steering group	3	1	3

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	May	H	Draft contract requested
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?

Included within JCP finance section above.

West Berkshire Highlight Report

Ref	BCF scheme Name	Budget Manager	Original Budget £k	Revised Budget £k	YTD as at 30.4.15 £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	396	6,286	0			
	Newbury & District CCG Hosted Schemes		3,247	3,247	62	1,154	-2,093			
Total			9,533	9,533	457	7,440	-2,093			
West Berkshire Council Hosted Schemes										
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!	250.0	REPORT REQUIRED
BCF03	Payment to providers		310	310	0	310	0			
BCF03	BCF03 - Patient's Personal Recovery Guide / Keyworker		310	310	0	310	0	0.0%	0.0	No
BCF04	Staffing (protecting social care service - national condition)		400	400	33	400	0			
BCF04	BCF04 Joint Care Provider		400	400	33	400	0	0.0%	0.0	No
BCF05	tba - combination of staffing and providers		500	500	0	500	0			
BCF05	7 Day Week Service		500	500	0	500	0	0.0%	0.0	No
BCF06	tba - combination of staffing and providers		390	390	0	390	0			
BCF06	Hospital at Home		390	390	0	390	0	0.0%	0.0	No
	Care Act Impact - eligibility change		1,213	1,213	101	1,213	0			
	Care Act Impact - new carer entitlements		294	294	25	294	0			
	Previous S256 transfer - Reablement Services		425	425	35	425	0			
	Previous S256 transfer - Integrated crisis and rapid response		425	425	35	425	0			

West Berkshire Highlight Report

	Previous S256 transfer - Early Supported Discharge		370	370	31	370	0			
	Previous S256 transfer - other universal preventative services		573	573	48	573	0			
	Previous S256 transfer - carers support		321	321	27	321	0			
	Protecting Social Care Services		3,621	3,621	302	3,621	0	0.0%	0.0	No
	Contingency		60	60	0	60	0			
	Contingency		60	60	0	60	0	0.0%	0.0	No
	Total Revenue		5,281	5,281	335	5,281	0			
BCF	Disabled Facilities Grant		726	726	61	726	0			
BCF	Social Care Capital		279	279	0	279	0			
BCF	Capital		1,005	1,005	61	1,005	0	0.0%	0.0	No
	Total West Berkshire Council Hosted Schemes		6,286	6,286	396	6,286	0			

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	Newbury & District CCG Hosted Schemes									
BCF	BCF02 Health and Social Care Hub		70	70			-70			
BCF	BCF05 7 Day Week Services		870	870			-870			
BCF	BCF06 Hospital at Home Service		738	738			-738			
BCF	BCF07 Enhanced Care and Nursing Home Support		167	167			-167			
	Protecting Existing CCG Reablement Service		740	740	62	740	0			
Enabl	er Connected Care (NHS number/Interoperability of IT)		248	248			-248			
	Total Schemes		2,833	2,833	62	740	-2,093	-73.9%	0.0	No
	Contingency		171	171	0	171	0			
	Performance Fund		243	243	0	243	0			

West Berkshire Highlight Report

Total		414	414	0	414	0	0.0%	0.0	No
Total Newbury & District CCG Hosted schemes		3,247	3,247	62	1,154	-2,093			
Total BCF		9,533	9,533	457	7,440	-2,093			

Finance Comments

West Berkshire Council does not undertake detailed budget monitoring and forecasting until month three of the financial year.

PROGRAMME	Integrated Carers Commissioning	PROGRAMME MANAGER	Janette Searle	OVERALL RAG	green
REPORT MONTH END		REPORT ISSUE DATE	08.05.2015	REPORT STATUS	Final

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>	Project Status
	Financial Status
	Activity Status
	Milestone Status

KEY ACHIEVEMENTS	
Carer Information Advice & Support Contract	In principle agreement reached with East Berkshire commissioners and VCS infrastructure leads to host a Berkshire wide provider event to inform new service specification.
Carers Assessments	New Carers Assessment tools (Care Act compliant) embedded by each LA. Options for partner support to complete self-assessments being explored.

NEXT STEPS / PLANNED ACTIVITIES	
Carers Needs Assessment	Wokingham and Reading components to be developed by Berkshire Shared Services Public Health team.
Carer Information Advice & Support contract	Provider and carer engagement to inform specification for re-commissioned service.
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

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>

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Berkshire West 10 Integration Portfolio Status Report Reporting Period: 10 April 2015 to 18 May 2015

Scheme / Programme	Description / Key Achievements	Responsible Lead	Next Steps	BRAG Rating	Issues / Actions/ Item to Note	
Frail Elderly	<ul style="list-style-type: none"> Agreed Terms of Reference for the group, and membership adjusted to include BW10 PMO lead and Finance. Specification for Strategic Partnership Tender to support with the development of new models of care to deliver the pathway agreed at the March meeting Partners written to asking for funding commitment confirmation Initial Mapping Exercise nearing completion paper considered and agreed by Reading HWB; West Berkshire HWB considering paper at its 4 June meeting 	SRO Stuart Rowbotham Fiona Slevin-Brown	<p>Confirmation of commitment by all partners to the external support and the sharing of the funding of this work is not universal at this point in time. The methodology for the contributions and the funding options to be suggested by the FSG.</p> <p>Initial gap analysis from the Mapping and Gapping work to be shared at the next FEP</p> <p>External support contract tendering process to commence over the coming weeks, with a partnership panel decision making process.</p> <p>Clarification needed with regard to the Hub as a key dependency within the FEP.</p>	Green		
Berkshire West Programmes	Health and Social Care Hub	<p>PID/Business Case - The draft PID/Business Case has been presented to the Hub Task and Finish Group and has been amended to take account of comments raised. As of 11th May the PID / Business Case is available for distribution to the Delivery Group.</p> <p>Presentation Slides - A presentation to accompany the Business Case has been presented and discussed at the Hub Task and Finish Group. The presentation highlighted the functional aspects of the Integrated Hub and the assumptions made with regard to staffing and call volumes.</p> <p>Partner Commitment - West Berkshire Council and Reading Borough Council have clarified their position with regard to the Integrated Health and Social Care Hub. They will continue to develop their individual service models in conjunction with 'Partners for Change' prior to making any further commitment to the BW10 aspiration to develop a whole system approach through an Integrated Health and Social Care Hub with a single telephone number for Berkshire. BHFT and Wokingham Borough Council have confirmed their ongoing commitment to an integrated Health and Social Care Hub.</p> <p>Directory of Services - Web Design Managers from each of the three Local Authorities have agreed to further investigate the possibility of merging their web based information of local social care services to create a single Shared Directory of Services for Berkshire West.</p> <p>Shared Information - The Hub Task and Finish Group have committed to developing a shared, consistently worded, minimum data-set that will comprise the demographic and 'ask only once' questions within the referral and assessment process.</p>	Task & Finish Group Lead- Katie Summers PM John Rourke	<p>Present exception report to the Delivery Group and Partnership Board: In the light of the action taken recently by West Berkshire Council and Reading Borough Council, a paper will be presented to the Partnership Board on 21st May to describe work done to date and to seek their view on the way forward towards integrated services.</p>	Red	<p>New Issue - Exception report expected at Delivery Group and Partnership Board</p> <p>The original project brief to develop a single point of access with single telephone number to health and social care services within Berkshire West will not now be realised within the anticipated timescale. A change management process is required to address risk and impact analysis with timescale and cost implications for the overall BW10 integration programme and to discuss viable options for a BW10 Integrated Health and Social Care Hub.</p>
	Hospital at Home	<ul style="list-style-type: none"> The Hospital at Home pathway implementation phase has commenced post approval of the revised business case. It is envisaged that the pathway will go live on the 1st July 2015 with a soft launch planned for the 15th June 2015. The activity impact has been factored into the revised NEL target figures for the BCFs for 2015/16 which are in the process of being signed off by the relevant Health and Wellbeing Boards. The funding allocation in the BCF remains unchanged. There is a part-time PM with responsibility for driving the project forward and for completing regular reports for the Partnership Board and it is proposed that from June 2015 a 1 year fixed term joint post between RBFT and BHFT is recruited to drive the operational delivery of the pathway. Funding for this post through the Integration PMO resourcing schedule. Investment funding for the pathway will be phased from April and added into the contract between the Berkshire West CCGs and BHFT for 15/16. Activity onto the pathway is due to commence from 15th June 2015 and in the first instance will focus on early supported discharge patients until additional staff are recruited. The recruitment of staff remains one of the most significant risks to the go-live date of July 2015 and is being monitored through the Operational Delivery group. Communication and engagement drafts with SRO, Pre-launch workshop took place 14th April BHFT locality staff engagement meetings took place April 2105 BHFT/RBFT tele health training took place Meeting to agree escalation for pathway (as alternative to NEWS) 30th April BHFT/CCG Meeting to agree West Berkshire Consultant Geriatrician work plan took place 24th April Care Plans finalised with input from RBH Hub internal process written, Respiratory pathway confirmed Pharmacy pathway agreed across BHFT/ RBH 	SRO Fiona Slevin-Brown - Providers Operational Lead - Katie Summers - CCG PM - Kate Turner	<ul style="list-style-type: none"> Frequency of Operational delivery groups stepped up to weekly Revised community service specifications due end of May 2015 Final draft SoP due 13th May 2015 BHFT/CCG Meeting for Wokingham Consultant Geriatrician work plan took place 5th May Training sessions as part of the overall training plan to be undertaken across all localities Set up Telehealth User rights and Visual Display within the Health Hub Fine tune Adastra care plan with clinical feedback received from training sessions Prepare and agree default KPI spreadsheet and reporting pathways Escalation arrangements to be agreed for insertion into the SOP 	Amber	<ul style="list-style-type: none"> The overall status of the scheme as of end of April 2015 for the 15/16 BCF is Amber as the key milestone for soft launch has slipped to 15th June 2015 due to concerns raised by RBFT regarding medical cover which are being addressed. The remaining milestones for delivery in the plan are currently on target. There remains however a financial risk to the CCG that the QIPP savings identified within the business case will not be delivered should a local tariff not be agreed with the RBFT for the ESD activity. Negotiations are ongoing with the Trust. Gaps in medical cover Single 24 hour alert for tele health equipment meeting date for Reading CCG/Community Geriatrician New Risk - Business Continuity Plan required for loss of tele health provision (technical failure of IT system)
	Enhanced Services for Care Homes (QIPP Scheme)	<p>Workstreams</p> <p>CES - GP Community Enhanced Scheme. Outcome of 30% reduction in Non-Elective Admissions. Care Home CES is now being rebranded as the Anticipatory Care CES – expanding work programme to Care Planning to Care Home patient as well as those on the 2% risk register.</p> <p>Enhanced Training - Outcome of 35% reduction in A&E and NEL admissions. A leadership programme is to be delivered by Thames Valley Leadership Academy, commencing in June 2015 encompassing care home managers and their deputies in the three Local Authorities of Berkshire West. It has been agreed by CCGs and BHFT that the training being delivered by the Care Home Support Team is to be reviewed. The intended outcome is for a rolling training programme to include deteriorating patient and early recognition of admission avoidance conditions.</p> <p>Recruitment - Speech and Language Therapist (SLT). A nurse at Band 6 has been appointed at the beginning of February 2015 on a part-time basis and the outstanding hours have now been recruited to the Care Home Support Team.</p> <p>Medicines - Enhanced Community Pharmacist. Outcome of a reduction of £100 per patient on prescription costs. Pharmacist commenced on 1 April 2015. This is being led by the medicines management team of Berkshire West CCGs, awaiting programme of delivery.</p> <p>Current status;</p> <ul style="list-style-type: none"> Project: RAG scored amber due to the huge progress made in Q4. Financial RAG score red; The intended reduction in non-elective admissions has not been met for month 11 – refer to page 6. Final document nearly completed by CCGs. Activity: Reduction in non-elective admissions not met for month 11. Refer to page 5 for figures. Milestone: Not all milestones met, due to delay in recruitment of Care Home Pharmacist and delay in implementing the Leadership Programme. Training to commence in June 2015. 	CCG Lead - Katie Summers Berkshire West CCGs QIPP Scheme Lead Nina Vinnall CSU Support	<ul style="list-style-type: none"> To agree the Anticipatory Care CES. Draft specification completed. Enhanced Training - Outcome of 35% reduction in A&E and NEL admissions A scheduled training programme is now doing to be developed by Berkshire Healthcare Foundation Trust to ensure a consistent standard and content of training for all care homes. The training is to include more specific clinical skills relating to deteriorating patients. Leadership Programme to commence in June 2015, delivered by the Thames Valley Leadership Academy. Recruitment - Speech and Language Therapist (SLT) To appoint the outstanding days to ensure a Whole Time Equivalent post in order to provide Dysphagia training and assessment to all care homes. Medication - Enhanced Community Pharmacist. Outcome of a reduction of £100 per patient on prescription costs To provide enhanced patient medication reviews and training to CH staff on medicines management. The pharmacist will undertake medicine reviews with patients and provide training to care home staff. Development of Good Practice Guidance Key members have been identified to develop a Berkshire West guidance of good practice for all care homes. To set up a start/finish group to look at and bring together a consistent package of good practice guidance There is development of good practice guidance from care home working group members currently under review 	Red	<p>DG with support from Reading taking forward scoping of a BW10 Care Homes programme, linked to requirements within the integration programme</p> <p>The GP Community Enhanced Service Specification and relevance to the existing Admission Avoidance work stream has been discussed at the QIPP and Finance Committee in February's meeting and the CES will no longer be part of this project going forward. Now part of the Anticipatory Care Planning Business Case – in draft.</p>
Reading	Amber	<ul style="list-style-type: none"> Integration Programme Manager recruited and in post 27 April. DTA up and running albeit with reduced capacity due to recruitment pressures. Delays in formalising the S75 may delay release of the BCF funds and if not resolved will have adverse impact upon capacity. Project Manager for Neighbourhoods clusters is now in post Age UK neighbourhood project plan approved at GP Council. 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 will be undertaken during the next month. 		Amber	<ul style="list-style-type: none"> Continuing issues related to pan Berkshire governance delaying the agreements. Revolve around existing authority (or lack of) of the BW10 partnership board to make decisions on cross Berkshire schemes and how this fits with original BCF submissions and local governance via HWBB. Reading have again proposed splitting the funds into local and pan Berkshire Section 75s to enable parties to at least sign off the majority of funding and schemes under a local S75. This approach does not directly address governance issues surrounding the pan Berkshire schemes, but using a dedicated pan Berkshire principle will make producing 	
	Scheme 1 - Discharge to Assess (DTA)	<p>Services commenced 01 April but is operating at reduced capacity due to recruitment issues across both Health and Social Care – no impact on service safety but may impact on performance i.e. throughput and BCF target impact.</p> <p>We have increased the step down beds in the dementia unit to an extra one, bringing the total up to two.</p>	Scheme Sponsors Suzanne Westhead & Brigid Day PPM's Melanie O'Rourke	<ul style="list-style-type: none"> Recruitment of Health and Social staff on-going. All posts to be in place by end of Q1 Continue service 'ramp up' as new staff come on board and beds become available at Willows Confirm funding for GP support to Willows Finalise operating manual (update pathways, GP cover and KPI sections) Finalise performance reporting framework for CRT/I/I Finalise contract/SLA with BHFT for additional nursing and therapist staff Evaluation to identify the effectiveness of the existing bed has been requested 	Green	
Whole System Whole week	Scheme 2 - Whole System Whole Week 1) Neighbourhood Clusters	<ul style="list-style-type: none"> Model now shared with lead councillors. Dedicated project manager now in post Age UK social prescribing project plan now in early implementation stage. Two Living Well coordinators have been appointed, to cover the geographical area of the CCG. Age UK Berkshire is working with a task and finish group to ensure that pathways, processes, performance indicators and governance are in place for a start date of the beginning of June. Age UK presentation on Social Prescribing at the April Neighbourhood Clusters Steering Group. Pilot hosted by Tilehurst Surgery and the Reading Walk-in Health Centre, with two part-time social prescribers. 	Scheme Sponsors -Suzanne Westhead & Brigid Day PPM's Melanie O'Rourke / Jan Caulcutt	<ul style="list-style-type: none"> Finalise PID and key milestones. Social Care model to be presented to Neighbourhood steering group in June. Set up communication strategy. A Nepalese speaking worker to be appointed as Social Prescriber as part of Age UK pilot who will respond to the patient population at the Walk-in Centre. 	Green	
	Scheme 3 - Whole System Whole Week 2) 7 day access	<ul style="list-style-type: none"> DTA Services in place and operating 7 days for admission and discharge Linkages now made to the Acute Frailty Network at RBH, to explore issues and opportunities. Social workers are in situ for 7 day working OOH CRT coordinator role in place – able to admit 7 days a week Community assessor role in place – able to provide simple items of equipment to prevent hospital admission and to facilitate discharge 7 day template developed and to be completed and now being refined Community assessor role in place – able to provide simple items of equipment to prevent hospital admission and to facilitate discharge 		<ul style="list-style-type: none"> 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 has started. 	Green	
	Scheme 4 - Whole System Whole Week 3) GP Access 7/7	<p>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.</p>	Scheme Sponsor - Eleanor Mitchell	<ul style="list-style-type: none"> Ongoing work between CCG's and GP surgeries. Detail of extended hours and Saturday surgery opening for GPs now being formulated. 	Green	

Berkshire West 10 Integration Portfolio Status Report Reporting Period: 10 April 2015 to 18 May 2015

Scheme / Programme	Description / Key Achievements	Responsible Lead	Next Steps	BRAG Rating	Issues / Actions/ Item to Note
Wokingham	Overall project amber due to key staff vacancies impacting on BCF schemes 2,3,4 Financial status amber due to uncertainty regarding DoH funding for change in eligibility criteria and knock on risk to BCF there is funding for 15/16 from Council reserves and further CCG monies, ongoing risk for 16/17. Scheme 2- WISH- Concern that grading of service manager post will not attract right candidate Scheme 4- AT model and how it will fit with the Hub needs to be understood Scheme 8- Note revised plans for pilot projects across the Neighbourhood Clusters Scheme 9 – Note the implications of the new CES or Burma Hills and Wilderness practices. Overall- Section 75 queries meaning Section 75 not signed by 1/4/15 and still not signed. - Possible impact on payments for temporary staff- mitigation CCG confederation to circulate a letter of comfort for partners to sign.			Amber	
	Scheme 2 - Integrated short term health & social care team Health Liaison team commenced 7 day working pilot 7/3/15, agreed to renew pilot until Sep 2015 WISP workshop agreed outline vision for team. Briefing for HWBB circulated to partners presented to WBC's HWBLT and CLT, JD for head of service drafted and evaluated by BHFT	Scheme Sponsor - Stuart Rowbotham PM James Burgess	<ul style="list-style-type: none"> Ongoing evaluation of Health Liaison team 7 day working pilot Briefing paper regarding WISH to be presented to HWBB, project manager position to be advertised. 	Amber	
	Scheme 3 - Step up Step Down <ul style="list-style-type: none"> Referral pathway from HLT WISH team for Step Down element of service drafted and circulated. Support service specification drafted, service costs agreed with Optalis, who have secured staff for the scheme. Occupancy agreement completed by WBC legal team and template prepared for Optalis staff, lease signed by WBC solicitors awaiting signing by other organisations. Check in and out process drafted between partners on site and equipment. Furnishings and equipment ready for purchase once lease has been signed Quotes obtained for replacement flooring Quotes obtained for additional laundry facilities FAQs drafted and circulated for comment 	Scheme Sponsor - Stuart Rowbotham PM James Burgess	<ul style="list-style-type: none"> Furnish and equip 2 identified units Lay new flooring requested. Circulate FAQs and referral pathway Launch service pilot 	Amber	
	Scheme 4 - Domiciliary Care Plus AT service specification being re-drafted following comments from partners.	Scheme Sponsor - Stuart Rowbotham PM James Burgess	Evaluate AT service specification feedback and decide procurement approach; examine resources needed to progress project, outline project manager requirement for project and secure approval to recruit.	Amber	
	Scheme 8 - Self-Care and Primary Prevention & Neighbourhood Cluster Teams <p>Neighbourhood Cluster Teams: 2nd meeting of the NCT Steering group, 28th April: planning and design of Cluster projects considered in greater detail. GPs looked instead at priorities and sustainability for local practices and have proposed 2, rather than 3 key projects, to be piloted in all, rather than individual clusters: a) a focus on managing demand, (specifically urgent care - people who need/want to be seen on the same day), to relieve the increasing pressure on the system; exploring establishing Cluster Urgent Care centres providing same-day appointments from one site, sharing resources across the cluster and working in partnership with 111. Work underway to identify potential numbers / profiles per Cluster b) a focus on care planning using a multidisciplinary team approach; this requires significant investment of time to do properly, which practices currently don't have. If urgent care is moved to local urgent care centres, this should release time for practices to concentrate more on effective care planning, particularly for those with LTC's. Voluntary sector involvement would play a key role within this project, e.g.: a voluntary Community navigator working with people who are sub- eligible but who need help to be signposted to appropriate services and support.C23 <ul style="list-style-type: none"> Agreed to share ideas / information about NCTs with Reading, although not to share a Project Manager as the scope, pace, complexity and size of the NCT projects was too extensive for one PM. Steering group also agreed Terms of Ref with a few minor changes; draft PID to be updated in light of new plans for Cluster projects. Will need to agree a "Memorandum of Understanding" for the NCT project. High-level outline identifying whole system responsibilities is being developed, to be clear about how the proposed developments connect with existing teams Draft Report into recent public "Have your Say" events and online engagement received from Comms – once finalised and approved, can be made available on organisations' websites. <p>Self Care / Primary Prevention: <ul style="list-style-type: none"> The need to develop the role of staff and equip them with the necessary skills to support people to self-care and prevent ill-health has been put forward to the BW 10 Workforce group Healthwatch project re access to information: Consideration being given to a joint information strategy across all organisations in the Borough Still awaiting update on revised timescales for completion of WBC Prevention strategy+C23 </p> </p>	Scheme Sponsor - Stuart Rowbotham PM James Burgess	<p>Neighbourhood Cluster Teams</p> <ul style="list-style-type: none"> Continue to progress detailed planning and design of Cluster Core projects and pilot projects, incl identification of fundamental principles and expected outcomes, risks and co- dependencies. Appoint Full time Project Manager Outline presentations about Neighbourhood Clusters to H&WB Board workshop on 14th May Key messages are to be presented at the June meetings of Council exec and senior leadership team, CCG board, BHFT exec etc. Involve bid to be registered with Health and Social Care Volunteering Fund by 8th May; complete bid to be submitted by 22nd May Mapping of need, of potential demand for urgent care and of community assets continues "Memorandum of Understanding" to be drafted Next steering group meeting: 02 June 2015 <p>Self Care / Primary Prevention:</p> <ul style="list-style-type: none"> Discussions to take place with Healthwatch re linking their work on accessing information with proposals for Neighbourhood Clusters Incorporate plans to improve self care & primary prevention through Neighbourhood Cluster proposed projects, particularly care planning and Community navigators 	Amber	
	Scheme 9 - Access to General Practice A business case for a redesigned Community Enhanced Service was approved by Joint Primary Care Co-Commissioning Committee on 13th May 2015. Key features of the Enhanced Access CEs are: <ul style="list-style-type: none"> Practices must provide a minimum of 5 additional hours a week Saturday clinics provided every Saturday Funding for additional appointments within normal business hours Practices with a patient list size of less than 5,800 will only be able to provide the CES by working together with one or more other practices to offer the minimum level of additional capacity to their patients. Wokingham CCG has two practices with a list size below 5,800 – Burma Hills and Wilderness. 	Scheme Sponsor - Stuart Rowbotham PM James Burgess	The QIPP and Finance Committee must approve the revised CES for adoption. The new scheme is due to start on 1st July 2015.	Amber	
West Berkshire	<p>Joint Care Provider The resourcing of the project has now been extended to 31st August 2015 Finance A number of options are being considered regarding funding the delivery of the project in 2015/16, the final decision is expected to be taken at the next Finance Group meeting. 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. Personal Recovery Guide The contract with the pilot providers has been drafted and will be agreed and signed during May. The providers will then commence the recruitment process and work with commissioners to finalise all operational details. The service will go live in July as scheduled. The Project Team and the Pilot Providers are finalising KPIs for use with contract monitoring. Finance - A number of options are being considered regarding funding the delivery of the project in 2015/16, the final decision is expected to be taken at the next Finance Group meeting Milestone Status – The project remains on schedule to deliver the pilot scheme as per existing milestones. Note that the initial contract review/project closure is now scheduled for 3 August. Finance Comments</p>			Amber	
	<p>Project Level 1. Updated Project Plan to accommodate new scheduled activity 2. Introduction of Joint Response to Hospital Discharge referrals: the key objective to develop a single gateway for all hospital referrals, irrespective of whether to council or health services was effected from 28th April. 3. Introductory session with facilitator Sam Newman on 24th April leading to planning of Innovation Phase.</p> <p>BCF04 Joint Care Provider 'Pathway Redesign' Work Package 1 (including products 1a, 1b, 1c, 1d, 1e) 1a – Pathway Redesign - Programme developed for Innovation Phase to commence on 1st June.(see next steps below) 1b – Workforce - Adjustment to WBC and BHFT Staff contracts to include 7 day working as option for new staff under negotiation with Human Resources. 1c – Transfer to Long Term Care - Current transfer to long term care arrangements confirmed. 1d – IT Systems - Governance protocols between WBC and BHFT still to be finalised, linking with the Connected Care Project. 1e – Data/Performance - Project performance updated via March Highlight Report to BW10 Delivery Group. <ul style="list-style-type: none"> KPI framework dependency on Innovation Phase confirmed. </p> <p>BCF05 '7 Day Working' 1. A table of existing services showing how they cover 7 days has been completed. 2. BW10 & Day working Project Group has approved the West Berkshire approach as follows: <ol style="list-style-type: none"> The proposal for future changes to weekend cover will be based on each component of the service as defined by the Pathway being tested to determine Whether there is sufficient existing 7 day cover to facilitate the new pathway; Whether it is necessary to develop 7 day cover because of a known shortfall; Whether it is necessary to develop 7 day cover in anticipation of changes to other sections of the BW10 group. </p> <p>BCF01 Community Nurses Directly Commissioning Care / Reablement Services - 'Trusted Assessor' Work Package 3. <ul style="list-style-type: none"> BHFT have scoped proposed Trusted assessor roles within the community nursing team, which will include the nurse rotating into the Triage Nurse role (to be co-located in Hillcroft House and operational from 1st June Agreement for Senior Carers to operate as Trusted assessors from 15th June following training </p>	<p>Scheme Sponsors Shairoz Claidge & Tandra Forster</p> <p>Patrick Leavey</p> <p>Iain Mundy</p> <p>Toby Ellis</p>	<p>BCF04 Joint Care Provider Pathway Re-design: the process for developing the new pathway around which the resources from the current 3 teams will be built has commenced on the following basis:</p> <ul style="list-style-type: none"> 24.4.15: 'Innovation phase' model adopted so that the focus of all staff, using the fictional character of 'Sam'(sourced from King's Fund/Elderly Care Pathway), will be part of <ul style="list-style-type: none"> A single view of Sam; A single Plan for Sam; A single coordinated package of resources marshalled for Sam. 29.4.15: Timetable for 'Innovation Site' proving the new model and leading to detailed Pathway Re-design agreed as follows: <ul style="list-style-type: none"> 8.5.15 – 'Innovation Phase' operational brief finalised. 11.5.15 – 22.5.15 Briefing of 'Innovation Phase' staff 16.15 – 'Innovation Phase' to commence with RBH discharge referrals and weekly monitor structure. 13.7.15 - Facilitated Workshop to review and learn from Hospital Discharge 'Innovation Phase' and plan implementation of Single Joint Provider response to include referrals for Admission Avoidance, Carer Breakdown, Action to stop deterioration, thus covering all possible referrals to the service. 17.8.15 – 'Project Consolidation Phase' to commence operation. 7.9.15 - Facilitated Workshop to commence stage two of Pathway Re-design based on 'Consolidation Phase' experience and to plan for . (NOTE: Hospital at Home Early Supported Discharge Patients will not be subject to this pathway) Work Package Documentation being revised following Core Team facilitated session 8th May. <p>BCF05 - Work Package 2 - '7 Day Services'</p> <ul style="list-style-type: none"> Innovation and Consolidation Phases to test all services to determine: <ul style="list-style-type: none"> Whether there is sufficient existing 7 day cover to facilitate the new pathway; Whether it is necessary to develop 7 day cover because of a known shortfall; Whether it is necessary to develop 7 day cover in anticipation of changes to other sections of the BW10 group. Initial Proposal for 7 Day development of services to be presented to Integrated Steering Group on September 2nd. <p>BCF01 Community Nurses Directly Commissioning Care / Reablement Services Work Package 3 - 'Trusted Assessor'</p> <ul style="list-style-type: none"> A BHFT Triage Nurse function and an Administrator will be located at the Hillcroft offices from 1st June 2015; Staff rotating into the triage role will be trained to operate as Trusted Assessors supporting agreed trusted assessors within the community teams through their co-location and direct link between District Nursing Services and Council and BHFT care delivery. WBC Reablement Care Team Senior Carers are being trained to carry out care reviews during and at the close of the simpler Reablement programmes. This will reduce the number of different staff that 'Sam' has to engage with as well as developing these staff roles. <ul style="list-style-type: none"> 26th May –15th June - Senior Carer Training on Care Review Principles, use of Review Documentation and RAISE System. 15th June – WBC Senior Carers will take over selected reviews from Maximising Independence with a view to developing the activity more widely in the Team. 	Amber	<p>New Risk:Joint Care Provider risk JCP19 raised and risks JCP20 newly identified this month and reported to ICSG</p> <p>New Issue: Project approached independent facilitator (Sam Newman) for steer on engagement with full workforce incorporating a deliberate focus on the benefits of change to the individual as represented by 'Sam' (from the King's Fund) of the Elderly Care Pathway.</p>

Berkshire West 10 Integration Portfolio Status Report Reporting Period: 10 April 2015 to 18 May 2015

Scheme / Programme	Description / Key Achievements	Responsible Lead	Next Steps	BRAG Rating	Issues / Actions/ Item to Note
Personal Recovery Worker	<p>Executive Summary – The contract with the pilot providers has been drafted and will be agreed and signed during May. The providers will then commence the recruitment process and work with commissioners to finalise all operational details. The service will go live in July as scheduled.</p> <p>Operational Summary - The Project Team and the Pilot Providers are finalising KPIs for use with contract monitoring.</p> <p>Finance - A number of options are being considered regarding funding the delivery of the project in 2015/16, the final decision is expected to be taken at the next Finance Group meeting</p> <p>Milestone Status - The project remains on schedule to deliver the pilot scheme as per existing milestones. Note that the initial contract review/project closure is now scheduled for 3 August.</p> <p>Key Achievements</p> <ul style="list-style-type: none"> • Specification agreed • Costs agreed • KPIs identified • Outcomes identified • Outputs identified • Payment terms and schedule agreed 	Scheme Sponsors Shairoz Claridge and Ian Mundy Programme Manager Patrick Leavey Project Manager Toby Ellis	<ul style="list-style-type: none"> • Contract to be approved by Project Team May meeting • Contract to be approved by ICSG May 2015 meeting • Contract to be signed • Recruitment/Set-up period to commence • Operational documentation to be agreed • Go Live date to be confirmed (will be approx. 8 weeks after Set-up period commences) 	Amber	<p>New Issue: Go Live date likely to be 1 Jul following 8 week set-up/recruitment period. Subsequent Contract management to be undertaken by Patrick Leavey (Service Manager) and WBC Contracts & Commissioning Team as part of their BAU.</p> <p>New Risk: PRG13 newly added this period.</p>
Enabling Programmes					
Connected Care	<ul style="list-style-type: none"> • Commercial - Joint procurement BW/BE SRO/FD discussion completed. BW SRO supporting a joint procurement. Project cost analysis complete – assumptions need to be tested. Financial status remains "Green" until clarification received. RBFT obtained quotes for infrastructure hosting (see issues). Orion deliverables for work completed to date now finalised. Orion have been stood down. 3rd party consultancy engaged to assist with Business Case (Rushmore). Due to start in May. • Deployment - Re-planning complete, critical path is the infrastructure procurement (see issues). BHFT have confirmed their dates for the provision of RfO data. BHFT and RBFT data-sets for phase 2 have clinical sign off – now awaiting ISA signature (scheduled D). Procurement strategy and recommendation complete – decision required. Working to better engage with the LA's – approach being defined. • IG - Data sharing for Phase 2, GP schedule D's now complete. BHFT IG meeting complete – no issues with signing their ISA schedule D. RBFT IG meeting complete – no issues with signing their ISA schedule D. • Benefits - Phase 2 pilot teams (Sam's story) scenarios: 18 of 18 complete. Awaiting verification. BW10 schemes scenarios: 5 of 13 complete. Awaiting verification. 	Operational Lead - Katie Summers Programme Manager John MacDonald	<ul style="list-style-type: none"> • Commercial - Decision required re: West/East joint procurement. Start the Business Case. • Deployment - Select infrastructure vendor. Identify the procurement documents required (based on procurement strategy decision) for phase 3. Start to localise these. Document partner procurement engagement, i.e. how to ensure agreement on requirements and scoring criteria. • IG - BHFT to sign the ISA. RBFT to sign the ISA. LA IG meeting scheduled – purpose to raise awareness and possible phase 2 inclusion. Agree membership of cross organisational IG steering group – the purpose of this group will be to work through the potential Phase 3 issues. Clinical direction/input will be required. • Benefits - Complete newsletter, due for distribution in May. Complete pilot team and BW10 scenarios. Identify the membership of a broader (phase 2 and 3) benefits group. Start to document the stakeholder map and associated comms plan. 	Amber	<ul style="list-style-type: none"> • Project Status - Project plan was re-baselined to align with the RBFT infrastructure dates (agreed at the March Project Board meeting). Infrastructure procurement is on the critical path. New dates are at risk as there has been a delay in the procurement decision – this has now been resolved and the impact on the dates is being assessed. • New Issue - The BW10 schemes have IT requirements that are outside the terms of reference of the Connected Care project. There is a potential mismatch between current project deliverables and expectations.
Market Management	<p>Feasibility Study-A report has been presented to the participating 3 LA (RBWM, Wokingham, and Reading additional LA West Berkshire) on the 9th April including commissioning and procurement leads. This report identifies: potential savings, anomalies in spend across the 3 LA where the same provider is being commissioned etc. The benefits of the data warehouse and its functionalities and the various reports and evidence based information which can be used to initiate engagement and negotiation with providers. A practitioner workshop on data warehouse system took place also on the 9th April which then free variability of the data warehouse systems.</p> <p>Market Failure Policy-The 3 LA Market Failure Policy have been circulated to the MM Members to initiate discussion on local responses and where resources could be shared and/or used more effectively. This will contribute to the development of the BW Market Failure Protocol/Policy. The ADASS and the LGIU are developing further guidance at a national level what LA should include to respond to provider failure in June. Assessments on various client groups have been carried out before using the toolkits.</p> <p>Fair Pricing -Develop a template in order to collect a sample of this data required to analysis cost breakdown and the variation of costs before and after using the toolkit This will also enable benchmarking with same providers across the 3 LA. This information collation will take 6-8 weeks to collate from the 3 LA.</p>	SRO - Stuart Rowbotham Programme Manager - Amina Begum	<p>Feasibility Study-A meeting was scheduled to discuss and agree the way forward on the Data Warehouse system and/or directory the 27th April. This meeting was unfortunately cancelled due to high numbers of apologies and rescheduled to 13th May.</p> <p>Market Failure-Outcomes of the discussions from the meeting 25th April and also the national guidance by ADASS which will be published in June-July on provider failure to feed into to process of supporting provider failure. Fair Pricing-Developed a template to collect data already used fair pricing toolkits for LD, OP, MH) across the 3 authorities. To carry out data analysis of the finding and further targeted work with providers. Awaiting for information which can take 6-8 weeks.</p>	Green	
Integrated Carers Commissioning	<p>Carers information Advice and Support Contract: In principle agreement reached with East Berkshire commissioners and VCS infrastructure leads to host a Berkshire wide provider event to inform new service specification.</p> <p>Carers Assessment: New Assessment tools (Care Act compliant) embedded by each LA. Options for partner support to complete self assessments being explored.</p>	SRO: Gabrielle Alford Operational lead: Janette Searle / Sarita Rakhra	<p>Carers Assessment: Wokingham and Reading components to be developed by Berkshire Shared Services Public Health team.</p> <p>Carer Information Advice and Support Contract: Provider and carer engagement to inform specification for re-commissioned service.</p> <p>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</p> <p>Carers Breaks 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.</p>	Green	
Whole System Organisational Development	<ul style="list-style-type: none"> • Jill and Matt to provide Steering group with an outline of the agenda for the residential session on the 29th/30th April for approval. • Next steering group meeting scheduled for the 20th April • Feedback from the Network and attendees for future events to be agreed 	SRO's Fiona Slevin-Brown & Rachael Wardell	Write up on systems leadership to be presented at Partnership Board on May 21st	Green	
Integrated Workforce Development	<p>An Action Plan which details short medium and long term activities has been developed and agreed with the Partnership Board. New arrangements for ensuring that the workforce agenda is embedded in work of partner organisations include:</p> <ul style="list-style-type: none"> • Extending membership of the Workforce Group to include the L & D leads for each of the main provider partners • Appointing a Project Manager to lead the delivery of the Action Plan (replacing the current Programme Manager) <p>Agreed plan to explore the Generic Support Worker role at pilot sites (Reading – Intermediate care Teams: Wokingham – Domiciliary care Teams: West Berkshire – To be finalised but likely to focus on joint working between Community Nursing and Social care Teams) including:</p> <p>Agreement with Skills for Health to support programme</p> <p>Workshops (04/06/15 and 01/07/15) to enable local service leads to develop implementation plans for their pilot sites</p>	Operational Lead - Brigid Day Programme Manager - Derek Williams	<ul style="list-style-type: none"> • Agree workforce strategy to fit with the Action plan • Appoint Project Manager to work alongside L & D Leads in delivering Action Plan • Establish new Terms of Reference for Workforce Group • Agree action plans for piloting the GSW role arising from workshops • Agree draft Job Description for GSW role • Agree 'issues log' for implementation of GSW for consideration by the Workforce Group • Develop training plan to identify planned training activities associated with the BW10 prog 	Green	
7 Day Working including BCF National Condition	<p>Local Authorities: mapping of 7 day services, current and future requirements, has been completed in Wokingham, but is subject to further review in West Berkshire and Reading. This review work is not expected to be completed until July 2015.</p> <p>BHFT: Work on SDIP continues. This will cover mapping of current, future and proposals for change in relation to 7 day working requirements.</p> <p>RBFT: Improvement plan being developed to implement 7 day working in key areas across the Trust.</p> <p>GPs: New Community Enhanced Service under development which is likely to provide a degree of evening and Saturday morning services across all localities. Westcall/Walk-in Centre continue to be operational across 7 days.</p> <p>SCAS (Non-emergency Patient Transport Service): Current contract provides Saturday and Sunday transport service between 8am – 8pm. Contract is to be re-procured which may extend provision further.</p> <p>Community Pharmacy: Mapping exercise completed which shows adequate range of 7 day services across all localities.</p> <p>All of the above actions will ensure that a comprehensive picture of 7 day services is available across the system to identify critical gaps.</p>	Sub Group Lead - Gerry Crawford PM TBC	<p>Local Authorities: mapping of 7 day services, current and future requirements, has been completed in Wokingham, but is subject to further review in West Berkshire and Reading. This review work is not expected to be completed until July 2015.</p> <p>BHFT: Work on SDIP continues. This will cover mapping of current, future and proposals for change in relation to 7 day working requirements.</p> <p>RBFT: Improvement plan being developed to implement 7 day working in key areas across the Trust.</p> <p>GPs: New Community Enhanced Service under development which is likely to provide a degree of evening and Saturday morning services across all localities. Westcall/Walk-in Centre continue to be operational across 7 days.</p> <p>SCAS (Non-emergency Patient Transport Service): Current contract provides Saturday and Sunday transport service between 8am – 8pm. Contract is to be re-procured which may extend provision further.</p> <p>Community Pharmacy: Mapping exercise completed which shows adequate range of 7 day services across all localities.</p> <p>All of the above actions will ensure that a comprehensive picture of 7 day services is available across the system to identify critical gaps.</p>	Amber	Given Local Authority reviews being undertaken completion of mapping delayed until July
Integration Programme Delivery Group & Finance Sub Group	<ul style="list-style-type: none"> • Second dependency mapping workshops conducted with all programmes leads to identify links across and between programmes • Capacity issues impacting development and quality of programme documentation PIDS/ Milestone plans/ Dependencies, Risks etc. • Development of Blueprints for 7 Day working and FEP expected in next period • Further work on Section 75 agreements - See FSG report • Development of overarching programme timeline 	Naseema Khan	<ul style="list-style-type: none"> • Capacity issues impacting development and quality of programme documentation PIDS/ Milestone plans/ Dependencies, Risks etc. • Development of Blueprints for 7 Day working and FEP delayed until next period • Further work on Section 75 agreements required 	Amber	Gaps in resources, PMO Support, Comms Lead and support to fast track PMO activities New Starter - Perry Lewis - Shared Finance lead between BW10 PMO and CCG Finance

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BW10 Integration Portfolio - Risk Register as at 18th May 2015

Likelihood x Impact = Risk					
Level	Detail Description examples				
1	Rare: May occur only in exceptional circumstances				
2	Unlikely: Could occur at some time				
3	Possible: Might occur at some time				
4	Likely: Will probably occur in most circumstances				
5	Almost certain: Is expected to occur in most circumstances				

Likelihood	Impact				
	1	2	3	4	5
1	L	L	L	L	L
2	L	L	M	M	M
3	L	M	M	M	H
4	L	M	M	H	H
5	L	M	H	H	H

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO / Monitor/ Review body	Residual Risk Score and Rating			Open / Closed / Moved / Filter
				L	I	RR				L	I	RR	
BW10 IP Risk 02	Finance	02/12/14	Better Care Fund Schemes will not succeed in reducing permanent admissions into residential care, leading to higher costs for the Local Authority	3	4	12	Integration Programme Portfolio reporting established through Partnership Board. Individual scheme project groups established with clear reporting mechanisms through to Partnership Board – via Locality Programme Managers Common BW10 performance dashboard developed to track and monitor BCF KPI Individual scheme/project KPI established that link through to BW10 performance dashboard and that are regularly reported through to Partnership board	Monthly	FSG	3	3	9	Open
BW10 IP Risk 03	Finance	03/12/14	Better Care Fund Schemes will not reduce delayed transfers of care, leading to higher costs for the CCG and/or Acute	5	3	15	Integration Programme Portfolio reporting established through Partnership Board. Individual scheme project groups established with clear reporting mechanisms through to Partnership Board – via Locality Programme Managers Common BW10 performance dashboard developed to track and monitor BCF KPI Individual scheme/project KPI established that link through to BW10 performance dashboard and that are regularly reported through to Partnership board	Monthly	FSG	3	3	9	Open
BW10 IP Risk 05	Delivery	05/12/14	Resource and capacity demands on Partner (LA, CCG, Acute) organisations to achieve the successful delivery of the Integration Portfolio	5	3	15	Track resource and capacity issues through the Delivery Group escalating as required to the Partnership Board. 20 Nov - NK to be develop a resource schedule	Monthly	DG/ Partnership Board	3	3	9	Moved to Issue Log
BW10 IP Risk 06	Delivery	BCF - Risk Share Agreement 19/09/14	Possibility that one or more partner organisation may overspend on the delivery of a BCF Scheme	3	3	9	Tracking of scheme spends to be compiled by the Finance Sub Group Monitoring of scheme spends to be overseen by the FSG and monitored locally through the locality steering groups Monthly financial reporting via the Highlight report	Monthly	FSG & DG	3	3	9	Open
BW10 IP Risk 07	Engagement	BCF - Risk Share Agreement 19/09/15	Potential that patients and the public are not adequately engaged with the BW10 Integration Programme and as a result there is dissatisfaction around the changes to services.	5	3	15	CTA events to address communication with patients and public Requirement for an aligned communications and engagement strategy between localities and BW10 PMO Comms, identification of resource required to oversee and ensure consistency across all 10 organisation comms, request to Partnership Board BW10 Comms lead appointed in March Alignment process started, currently a gap in activity	Monthly	DG/ Partnership Board	2	3	6	Open
BW10 IP Risk 07a	Engagement	BCF - Risk Share Agreement 19/09/15	Provider engagement - engagement with Providers community and voluntary sectors lacking causing a reputational risk	5	3	15	Requirement for an aligned communications and engagement strategy between localities and BW10 PMO Comms, identification of resource required to oversee and ensure consistency across all 10 organisation comms, request to Partnership Board BW10 Comms lead appointed in March Alignment process started, currently a gap in activity	Monthly	DG/ Partnership Board	2	3	6	Open
BW10 IP Risk 08	Engagement	01/10/14	A lack of capacity within private and voluntary sector services (primarily home care and nursing homes) to facilitate timely move on from acute and BCF schemes. Resulting in increased delayed transfers of care and increased admissions to residential leading to increased cost to CCG, Acute and LA.	4	5	20	Early and continues engagement with private and vol. sector care providers to identify key issues and capacity blocks Workforce development strategy to address recruitment and retention issues Market Management project to explore joint commissioning options that improve system resilience and better manage placements and capacity Individual partner commissioning strategies identifying and addressing local capacity issues (communicated via MPS)	Monthly	MM Programme & Lead Commissioners	3	3	9	Open
BW10 IP Risk 10	Finance	01/09/14	Possibility that the CCG fails to deliver on its overall QIPP programme on which the BCF funding is dependent.	4	4	16	The CCG has a programme of QIPP schemes which are monitored monthly via QIPP & Finance prompting remedial action if a scheme is under performing. Planning for QIPP schemes outside of the BCF which underpin the achievement of the performance around NELs for 2015/16 is already underway.	Monthly via CCG QIPP and Finance Committee	Janet Meek via Partnership Board	4	4	16	Open
BW10 IP Risk 11	Programme Management	01/09/14	Better Care Fund schemes are delayed, resulting in a larger than planned underspend in the pooled budget and inefficient use of resources	5	3	15	To be monitored through monthly reporting as defined in the Section 75 schedule 6 Reporting and performance monitoring	Monthly	Locality PMs monthly through the FSG	3	3	9	Open
BW10 IP Risk 13	Finance	Apr FSG	Section 75 Agreement not signed as per agreed deadline. Potential impact of schemes being stopped if funding is not available.	5	5	25	NK action to investigate again the option of an overarching Section 75 agreement (as proposed in Jan by FSG) and references to the BW Partnership Board in relation to the BCF's. Agreed way forward to develop x2 Section 75 agreements reviewed at April PB and FSG meeting, 1x local schemes and 1 for Pan Berkshire Schemes. Action with BW10 Finance Lead to develop overarching Section 75 Agreement, Action with PD to develop ToR associated with Pan Berkshire governance arrangements	Monthly	FSG Group & BW10 PMO FL & PD	4	4	16	Open
BW10 IP Risk 14	Finance	March FSG	PIDS/Business Cases not completed for 1st April deadline meaning that a robust business case for schemes and programmes will not be in place to draw down funds.	3	5	15	The risk has been realised. Original deadline set within DG was end of Jan A number of different issues impacted including capacity and support. Also impacting completion of the Schedule 1 Scheme specifications for the Section 75 Actions include: Finance leads to support programme managers with development of business cases. PMO office looking to provide additional targeted PID/Business Case development support.	Monthly	Delivery Group & FSG Group	3	5	15	Moved to Issue Log
BW10 IP Risk 14	Integrated H&SC Hub	T&FG Meeting 29-April	The original project brief to develop a single point of access to health and social care services within Berkshire West will not now be realised within the anticipated timescale. West Berkshire Council and Reading Borough Council have announced (29/04/15) that they no longer wish to be included in Phase 1 of the Integrated Health and Social Care Hub Project in preference to working with the consultancy 'Partners for Change' for a pilot period of approximately nine months.	5	5	25	A change management process is required to address viable options for a revised brief, risk analysis, timescale and cost impact. The exception report to be presented to the Delivery Group and Partnership Board on 21st May	Fortnightly	DG & Partnership Board	5	5	25	Open
BW10 IP Risk 15	Delivery	H@H	Hospital at Home scheduled to launch on 15th June, potential clash with WB JCP Scheme launch as both programmes accessing same staff pool within BHFT	4	3	12	Close monitoring of launch dates for both schemes required, JCP lead to link with H@H PM and delivery meetings	Monthly	H@H and WB ICSSG	3	3	9	Open
BW10 IP Risk 16	Finance / Delivery	Connected Care Highlight Report May-15	Delays in agreeing the joint procurement and the procurement strategy will have an impact on the validity of the Business Case development.	3	5	15	Identify the most expedient procurement strategy. Possible NHS Framework agreement.	Monthly	CCG QIPP & Finance	3	3	9	Open
BW10 IP Risk 17	IT / Delivery	Connected Care Highlight Report May-15	The BW10 schemes have IT requirements that are outside the terms of reference of the Connected Care project. There is a potential mismatch between current project deliverables and executive expectations.	4	5	20	Identify the IT requirements, costs and timescales to delivery and the impact on other BW10 integration projects.	Monthly	DG/ Partnership Board	3	4	12	Open

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Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health &

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by

This initial Q4 Excel data collection template focuses on the allocation, budget arrangements and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and

Content

The data collection template consists of 4 sheets:

- 1) Cover Sheet** - this includes basic details and question completion
 - 2) A&B** - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
 - 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
 - 4) Narrative** - please provide a written narrative
- To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.

Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?

If the answer to the above is 'No' please indicate when this will happen.

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

Fund Planning Guidance are still on track for delivery (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

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Cover and Basic Details

Q4 2014/15

Health and Well Being Board West Berkshire

completed by: Perry Lewis

e-mail: perrylewis@nhs.net

contact number: 0118 982 2752

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.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

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Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?

Yes

If the answer to the above is 'No' please indicate when this will happen

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

No

If the answer to the above is 'No' please indicate when this will happen

30/06/15

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Selected Health and Well Being Board:

0

Data Submission Period:

0

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 comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No	Planned discharges can be supported as can less complex cases where care is already in place or small care packages are needed to support discharge; these arrangements meet the current level of demand from the acute sector, however, as the hospital services increase their capacity to effect weekend discharges the community response will develop under the Joint Care Provider Project.
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	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No	Details of Information sharing protocols are being worked up through the Connected Care Project.
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	This is the focus fo the Joint Care Provider Project which enters it's Innovation Phase from 1st June 2015.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	No	Under discussion

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

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:

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

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 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

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

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Selected Health and Well Being Board:

West Berkshire

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

32,039

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

As the deadlines for Operational returns did not fit with the timetable of Health and Wellbeing Board meetings this has been signed off by the Corporate Director for Communities with a recommendation to Health and Wellbeing Board that it is approved. There is currently no scheme of delegation in place that will allow this to be approved outside of the full board, the meeting will take place on the 4th June.

Agreements are in process of approval. Due to complexity and multi-party S75 agreements covering a number of LAs and CCGs this is taking some time, but we anticipate it will be resolved by 30/6/2015.

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Agenda Item 11

Title of Report:	Berkshire West Frail Elderly Pathway
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	4 June 2015

Purpose of Report: To seek Health and Wellbeing Board's endorsement of the Frail Elderly Pathway as a design that informs service arrangements

Recommended Action: To endorse the Frail Elderly Pathway as a template for a coherent, person-centred service design, ensuring co-ordination across the Berkshire West health and social care system

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
--	-------------------------------	---

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 checked="" type="checkbox"/>	<input type="checkbox"/>
• Does the policy relate to an area with known inequalities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outcome Where one or more 'Yes' boxes are ticked, the item is relevant to equality. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Councillor Graham Jones (01235) 762744
E-mail Address:	Gjones@westberks.gov.uk

Contact Officer Details	
Name:	Stuart Rowbotham
Job Title:	Director of Health and Wellbeing
E-mail Address:	Stuart.Rowbotham@wokingham.gov.uk

Executive Report

1. Introduction

- 1.1 Work on the Frail Elderly Care Pathway started in 2012 (preceding the Better Care Fund) in recognition of the need to improve older people's experience of services and mitigate – from the patient/ user perspective – against the complex arrangements of care services across the system.
- 1.2 The drivers for this piece of work were the demographic pressures across the system; the scale of the costs of frail elderly care, the austerity across the system, as well as a long established aspiration for health and social care to be integrated.
- 1.3 The Frail Elderly Care Pathway came out of a number of stakeholder workshops, facilitated by the King's Fund, which enabled the whole system to develop a local model. This model is centred round the needs of Sam, as described in Sam's Story, rather than by which services are in place. Berkshire West care partners chose to work towards a model of what "good" looks like for an older person at various stages of health and wellbeing, from "Ageing and living well" to "end of life". The work created a commitment for the whole system to be integrated in its approach.
- 1.4 In the final King's Fund Report, a number of overarching themes were identified to inform future development. These were:
 - (1) Establishing a generic care worker role with identified skills and competencies
 - (2) An underpinning training and development process to enable the transition of the existing workforce into the new generic roles
 - (3) Information systems and IT requirements which communicate and share information across all the practitioners working with patients at any stage of the pathway
 - (4) Development of a centrally-held care record to which all have access, which is shared and updated within a centrally-located information hub
- 1.5 A Frail Elderly Steering Group with senior leadership across the West of Berkshire has been established with the sole purpose of driving the development of a model and acting as the accountable forum for taking this work forward on behalf of the Berkshire West Partnership. This Group will be chaired by a single Senior Responsible Officer for the partnership, and the first task of this group will be to clarify expectations, identify the supporting roles required, and agree key priorities and proposed objectives and key milestones.
- 1.6 It is anticipated that the models that come out of this work will create greater opportunities for integration beyond those already in place. Once this work has been completed, it will be presented to the Health and Wellbeing board for discussion.

2. Equalities

- 2.1 As integration plans are developed and the need for specific policy or service change identified equality analyses will be carried out so that conscious and open minded consideration can be given to the impact of the equality duty in relation to the integration of health and social care locally.

Appendices

Appendix A – Frail Elderly Presentation (contained in separate electronic pack as it is for information only)

Consultees

Local Stakeholders:

Officers Consulted:

Other:

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Title of Report:	Health and Social Care - Alignment of Commissioning Plans
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	4 th June 2015

Purpose of Report: To update the Health and Wellbeing Board on alignment of commissioning plans and to recommend a way forward.

Recommended Action: For discussion and agreement.

<i>When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.</i>		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

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 type="checkbox"/>	<input type="checkbox"/>
• Is it a major policy, significantly affecting how functions are delivered?			<input type="checkbox"/>	<input type="checkbox"/>
• Will the policy have a significant impact on how other organisations operate in terms of equality?			<input 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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.				

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Councillor Graham Jones (01235) 762744
E-mail Address:	Gjones@westberks.gov.uk

Contact Officer Details	
Name:	Tandra Forster
Job Title:	Head of Adult Social Care
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Executive Report

1. Introduction

- 1.1 The Health and Wellbeing Board is responsible for creating a Joint Health and Wellbeing Strategy (JHWBS) which informs the local commissioning process through setting out priorities.
- 1.2 Commissioning plans produced by the Local Authority, Clinical Commissioning Groups and NHS England should be informed by JHWBS.

2. Recommendation

- 2.1 It is essential that the Health and Wellbeing Board is aware of the difference between the commissioning arrangements of the Local Authority and those across health system. In essence the Health and Wellbeing Board needs to have a better understanding of commissioning for all partners.
- 2.2 It is therefore recommended that a presentation on existing commissioning arrangements be given at the next Health and Wellbeing Board on 24th September.
- 2.3 This will also be an opportunity to explore reasons for aligning partner commissioning arrangements, how this should look in practice and what steps are required to reach this aspiration.

3. Equalities

- 3.1 This is an informative item on the alignment of commissioning. Any future commissioning plans would be subject to a full EIA.

Appendices

There are no appendices to this report.

Consultees

Local Stakeholders: Health and Wellbeing Management Group

Officers Consulted:

Other:

Agenda Item 13

Title of Report:	Health and Wellbeing Development Session
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	4 th June 2015

Purpose of Report: To provide an opportunity for Board Members to discuss desired objectives for the Development Session taking place in July.

Recommended Action: To discuss and agree objectives for the Development Session on 30 July 2015.

<i>When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.</i>		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

Is this item relevant to equality?	Please tick relevant boxes		Yes	No x
Does the policy affect service users, employees or the wider community and:				
• Is it likely to affect people with particular protected characteristics differently?			<input type="checkbox"/>	<input type="checkbox"/>
• Is it a major policy, significantly affecting how functions are delivered?			<input type="checkbox"/>	<input type="checkbox"/>
• Will the policy have a significant impact on how other organisations operate in terms of equality?			<input 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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.				

Health and Wellbeing Board Chairman details	
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E-mail Address:	Gjones@westberks.gov.uk

Contact Officer Details	
Name:	Dr Bal Bahia
Job Title:	Vice Chairman of the Health and Wellbeing Board
Tel. No.:	01635 503124
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Executive Report

1. Introduction

- 1.1 The next development session for the Health and Wellbeing Board is due to be held on 30th July 2015 and will be facilitated by the LGA. The last two development sessions that took place during the spring of 2014 largely focused on a vision for the Board, what was going well and what more needed to be done to move the Board towards becoming an Executive Decision Making Body.
- 1.2 Following our last development sessions there has been more structure to the agendas of the Board with the headings of system resilience, integration agenda, Health and Wellbeing Strategy. The members of the board have an opportunity to discuss and debate issues raised.
- 1.3 We have been able to agree priorities to work on in our hot focus sessions this year. To be robust as a board and more effective do we need to develop our vision of what healthy West Berkshire looks like? We all bring different experiences and expectations to this board
- 1.4 The next development session will be an opportunity for the Board to self assess itself against what was agreed at the last two sessions and how well it has been achieved; what outcomes have been achieved in this time; how well the Board is working; the business of the Board and whether this is strategic.
- 1.5 So have we agreed a shared vision for this board?
- 1.6 Consideration needs to be given to the barriers in the way of the Board reaching its vision e.g. time restraints/understanding the remit of others sitting around the table.

Appendices

There are no Appendices to this report.

Consultees

Local Stakeholders: Health and Wellbeing Management Group

Officers Consulted: Jessica Bailiss